Action Alert:
Submit Comments in Response to Proposed Federal Rule That Rolls Back Affordable Care Act Marketplace Coverage

April 8, 2025

Last month, the Centers for Medicare and Medicaid Services released a proposed rule that, if implemented, will result in **up to 2 million marketplace enrollees losing their coverage**. Comments on the rule are due by **11:59 p.m. ET Friday, April 11**. HIVMA is submitting comments addressing aspects of the rule that will threaten access to health care for people with HIV. **It is important for CMS to hear from HIV clinicians and other infectious diseases providers regarding how the rule would hurt your patients.**

How to Comment

1) Visit the proposed rule.
2) Click on "Document Comments."
3) Click on "Comment" in the upper left corner.
4) Fill in the form and/or attach a file.
5) List your name and credentials, and describe how the rule would harm the patients you serve (see below).

Comments

Please consider the points below when submitting comments. To have the greatest impact, it is important for the comments to be individualized so please include your role in health care or public health and explain why maintaining access to health care coverage is important to your patients.

- **CMS should not shorten the ACA's annual open enrollment period to 45 days and make it harder for individuals to enroll in coverage through Special Enrollment Periods**. Doing so will result in eligible individuals missing opportunities to enroll in coverage. People with HIV who lose coverage could lose access to lifesaving care and treatment.

- **CMS should not take away marketplace and ACA premium tax credit and cost-sharing reduction eligibility from Deferred Action for Childhood Arrivals recipients.** DACA recipients have been in this country since childhood and are working or in school, yet cannot access federal health care programs. For DACA recipients living with or at increased risk of HIV, marketplace coverage access would ensure access to necessary care and treatment and support progress to ending new HIV infections in this country.

- **CMS should abandon its proposal to remove gender-affirming care benefits from Essential Health Benefits coverage requirements.** Prohibiting coverage for gender-affirming care is both arbitrary and illegal. Removing gender-affirming care services from EHB is not only contrary to the clinical standard of care but also amounts to stripping coverage from transgender and nonbinary enrollees impermissibly based on sex, a practice numerous courts have found to be illegal under federal civil rights.

- **CMS should not adopt its proposal to increase the out-of-pocket maximum for individual and small group plans.** The magnitude of the proposed increase will create an unsustainable financial burden for people with HIV in these markets. For people with HIV and other chronic conditions that require a lot of health care services throughout the year, increases in a plan's out-of-pocket maximum will have a significant impact on their ability to afford health care coverage.

You can read more about the proposed rule and the impact it would have in two *Health Affairs* articles:

"HHS Proposes to Restrict Marketplace Eligibility, Enrollment and Affordability in First Major Rule Under Trump Administration" (Part 1 and Part 2)