



April 11, 2025

Robert F. Kennedy, Jr.  
Secretary  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

**Re: Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability (CMS-9884-P)**

Dear Secretary Kennedy,

The American College of Physicians (ACP) appreciates the opportunity to comment on the Marketplace Integrity and Affordability Proposed Rule. ACP is the largest medical specialty organization in the United States with members in more than 145 countries worldwide. ACP membership includes 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Annual Open Enrollment Period (§ 155.410(e))

ACP is concerned that the proposed changes to the open enrollment period will confuse our patients, particularly those served by state-based exchanges (SBE) with an extended open enrollment period. A longer open enrollment affords patients additional time to change plans if, for example, they discover their plan's clinician directory included [inaccurate information](#) necessitating enrollment in a new plan that includes their preferred physician in the network. The extended open enrollment period may provide an opportunity for individuals to shop for a different plan if their advance premium tax credit (APTC) amounts change and they need to enroll in a plan that better meets their needs. In addition, [evidence from state-based exchanges](#)

with extended open enrollment periods shows that individuals who newly enroll in January tend to have the lowest prospective risk scores, indicating that extended open enrollment periods may not be associated with adverse selection. **We urge you to not adopt the modifications to the open enrollment period policy for the federally facilitated exchange and SBEs.**

#### Annual Eligibility Redetermination (§ 155.335)

We appreciate the agency's intent to increase engagement and awareness of health plan enrollment activities, particularly to prevent unscrupulous agents and brokers from [switching an enrollee to a different plan](#) without their consent. Eliminating seamless re-enrollment by introducing a \$5 premium for individuals eligible for zero-premium coverage may create confusion and unnecessary administrative burden. Evidence from [health insurance Marketplaces](#) shows that even nominal premiums are associated with reduced enrollment. Adding administrative steps to the application process may also [decrease enrollment](#). Current policy may help ensure patients continue to have comprehensive, affordable coverage and prevent the consequences of being uninsured, including delayed or forgone care. ACP believes that the agency should instead increase funding and resources for patient outreach and education (including funding for the Navigator program) which may help remind enrollees to actively shop for a different health insurance plan. **ACP recommends continuing the existing automatic re-enrollment process.**

#### Prohibition on Coverage of Sex-Trait Modification as an EHB (§ 156.115(d))

ACP policy [recommends](#) that public and private health benefit plans include comprehensive gender-affirming care and provide all covered services to transgender and gender-diverse persons as they would all other beneficiaries. ACP supports access to evidence-based and clinically indicated gender-affirming care that is provided in line with the medically accepted standard of care using an informed consent model. Policymakers should uphold access to evidence-based health care services, care, resources, and information. The College also [supported](#) the agency's prohibition on discrimination based on sexual orientation and gender identity outline in the Notice of Benefit and Payment Parameters for 2023. We continue to strongly oppose efforts to undermine nondiscrimination protections for lesbian, gay, bisexual, transgender, queer, or other sexual and gender minority (LGBTQ+) individuals.

If finalized, this proposal would limit crucial coverage, cost-sharing, and other protections for patients with non-grandfathered individual and small group market plans. Without insurance coverage, the cost of treatment for persons with gender dysphoria may be prohibitively expensive. Gender-affirming surgeries may cost tens of thousands of dollars; this does not include associated costs, such as counseling, hormone replacement therapy, copays, or aftercare. The high costs of treatment can result in persons who cannot access the type of care they need, which can increase their levels of stress and discomfort and lead to more serious health conditions. The proposal may also create confusion and complexity among patients,

physicians, health plans, and other stakeholders if an EHB-benchmark plan already covers gender-affirming care and is required to modify the benefit package to exclude gender-affirming care for the 2026 plan year.

A substantial share of employer plans cover gender-affirming care services. According to a 2024 survey, half of firms with 5,000 or more employees that offer health benefits have [health plans that cover](#) gender-affirming hormone therapy. Twenty-four percent of all large firms that offered health coverage in 2024 provided gender-affirming hormone therapy coverage; 45% reported they “don’t know” if their plan covered such care, potentially indicating that rates may be higher. Twenty-four states and the District of Columbia [prohibit transgender exclusions](#) in health insurance service coverage. Gender-affirming care is explicitly covered by [state employee benefit packages](#) in 24 states and the District of Columbia. **ACP opposes prohibiting coverage of gender-affirming care (referred to as “sex-trait modification” in the rule) as an essential health benefit beginning in plan year 2026.**

Thank you for considering our comments. If you have any questions, please contact Ryan Crowley, Manager, Health Policy at [rcrowley@acponline.org](mailto:rcrowley@acponline.org).

Sincerely,

A handwritten signature in black ink that reads "Jason M. Goldman". The signature is fluid and cursive, with the first name being the most prominent.

Jason M. Goldman, MD, FACP

President

American College of Physicians