



## RURAL POLICY RESEARCH INSTITUTE

### RUPRI Health Panel

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March 11, 2026  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9926-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

By electronic submission at <http://www.regulations.gov>

**RE: 45 CFR Parts 153, 154, 155, 156, and 158 Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program To Whom it May Concern:**

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science based, objective policy analysis to federal policymakers. The Panel welcomes the opportunity to submit comments on the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2027 proposed rule. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule). We hope our comments below serve as valuable input during the proposed rule finalization.

**Cost Sharing for Bronze and Catastrophic Plans (§§ 156.136 and 156.155)**

The proposed rule seeks to alter § 156.136 to increase the permissible cost sharing parameters for *some* bronze plans in the individual market (they would be required to offer at least bronze plan that retains current out-of-pocket limits). Data demonstrates that people in rural communities purchase bronze plans at greater rates than their urban counterparts (Source: [CMS 2025 OEP State, Metal Level and Enrollment Status Public Use File, Table 5](#)). Thus, evidence suggests that bronze plans--with lower premiums, but higher cost-sharing--already attract rural residents that have, on average, lower incomes and higher poverty rates, and this may be more likely to occur in 2026 as premiums rose for marketplace plans. Large increases in permissible cost sharing parameters for bronze plans could result in rural individuals being unable to pay the out-of-pocket cost associated with healthcare services. This will in turn cause rural individuals to seek less care due to a lack of the ability to afford care. Further, it will increase the amount of debt health entities incur to provide care to those in need of care. The panel is concerned that too large of an increase in the amount of permissible cost sharing parameters for bronze plans will disproportionately affect lower income people in rural areas and rural healthcare entities serving them. Therefore, the panel recommends that any policy increasing permissible cost sharing for bronze level plans considers how these increases affect the rural healthcare environment. We suggest carefully assessing impacts and adjust the allowable MOOP accordingly in further rule making.

The proposed rule seeks to alter §156.155 (a) (3) to increase the required cost sharing parameters for individual catastrophic plans, not currently available to most rural residents. As intended, low-income rural individuals will be attracted to plans with the lowest premiums,

despite the higher MOOP. Premiums for metal-level plans, including bronze plans, may be beyond an individual's willingness to pay. While this may provide at least some revenue for rural providers caring for those individuals if they would have not been insured otherwise, low-income people (which are disproportionately rural) will be unable to pay the full cost share, creating a bad debt burden for rural providers who operate at low to negative operating margins. Further, rural individuals are likely to seek less care than they need due to a lack of the ability to afford care. Therefore, the panel recommends that CMS systematically consider and monitor unintended consequences of increasing the required cost sharing parameters for catastrophic plans on rural communities, as we recommend for all policy decisions (see ["Assessing the Unintended Consequences of Health Policy on Rural Populations and Places"](#)).

Respectfully submitted,  
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