**Diabetes Leadership Council and Diabetes Patient Advocacy Coalition Urge CMS to Enforce Court Decision on Copay Accumulator Policies in Response to Proposed Marketplace Regulation**

*March 18, 2026*

On March 13, 2026, the Diabetes Leadership Council (DLC) and Diabetes Patient Advocacy Coalition (DPAC) submitted comments in response to the Centers for Medicare & Medicaid Services (CMS) 2027 Notice of Benefit and Payment Parameters (NBPP) proposed rule, which sets standards for marketplace health insurance plans sold through HealthCare.gov and state-based marketplaces (SBMs).

On behalf of patients with diabetes, DPAC and DLC have serious concerns about several provisions in the proposed rule:

- Plans with fewer benefits: Expanded flexibility for insurers to offer plans that provide less coverage would likely lead to higher out-of-pocket costs for enrollees, particularly for those with chronic conditions like diabetes.
- Weaker network standards: Loosening provider network requirements would make it harder for enrollees to find in-network providers and increase the risk for unexpected medical bills.
- Enrollment challenges: The proposals would also make selecting a marketplace plan more challenging for consumers.
- Limited dental coverage: The proposed rule would remove states' ability to add adult dental benefits to their essential health benefits package, a policy that could have led to improved access to dental care.

We are also extremely disappointed to see that CMS has still not addressed copay accumulator adjustment programs (CAAPs), which allow PBMs and insurers to accept drug manufacturer copay assistance without counting it towards a patient's out of pocket maximum or deductible. Many people with diabetes rely on manufacturer assistance programs to be able to afford their medications, and CAAPs only lead to higher out of pocket costs for patients. This lack of enforcement is particularly disappointing in light of court actions to limit CAAPs and protect patients.

"We continue to urge CMS to enforce the court decision and require health plans and PBMs to count cost-sharing payments paid by or on behalf of enrollees for their medications toward the enrollees' annual cost-sharing limit. This would help patients afford the medications they need, the intent of these manufacturer assistance programs, and protect them from these abusive practices by PBMs and insurance companies," said George Huntley, CEO of DLC and DPAC.

In the comment letter, DLC and DPAC also requested that CMS clarify that all prescription drugs covered by a health plan are considered "essential health benefits" subject to annual cost sharing limits. CMS has previously done so for individual and small group plans but has not applied this policy to large group or self-insured plans.