Comment on CMS-2025-0041: Essential Community Provider Data Collection (CMS-10561)

Submitted via Regulations.gov

To Whom It May Concern,

I appreciate the opportunity to provide public comment on the proposed continuation of the information collection titled “Essential Community Provider Data Collection to Support QHP Certification” (CMS-10561). I submit this feedback as a graduate student in public health at the George Washington University – Milken Institute School of Public Health and as a retired U.S. military officer with professional experience in strategic planning.

The Essential Community Provider (ECP) standard is a vital mechanism to ensure that Qualified Health Plans (QHPs) include providers that serve medically underserved and low-income populations. As outlined under 45 CFR 156.235, ECPs offer essential access points for care across communities that might otherwise be excluded from the formal healthcare system. The continued collection of accurate, up-to-date ECP data directly enables CMS and HHS to uphold health equity as a regulatory priority.

Support for the Continued Data Collection

I fully support the proposed extension of CMS-10561. Without robust, centralized ECP data, there would be no enforceable way to hold QHPs accountable for meeting federal network adequacy standards for vulnerable populations. This data underpins CMS’s oversight role and ensures consistency across issuers participating in the ACA Marketplace. Furthermore, by maintaining an accurate ECP database, CMS enables issuers to better assess and meet ECP contracting thresholds, strengthening network sufficiency and access across service areas.

Opportunities for Administrative Improvement

That said, I encourage CMS to adopt modest but meaningful improvements to enhance the quality, clarity, and usability of the data collected. Specifically:

1. Reduce Administrative Burden: Many small clinics or community-based organizations—particularly those serving rural, Indigenous, or immigrant communities—lack dedicated compliance personnel. CMS should enable pre-filled renewal forms for returning ECPs and streamline submissions through a mobile-compatible interface. A brief technical assistance series would further support less-resourced providers.

2. Clarify Key Definitions: CMS should better define “available ECPs” and standardize location data entry to reduce geographic misclassification. Ambiguities in definitions lead to gaps in representation and confuse both issuers and regulators.

3. Incorporate Additional Fields: CMS could modernize the dataset by allowing ECPs to indicate telehealth availability, multilingual service capacity, and culturally specific care offerings. These indicators are increasingly relevant for QHP selection and equity-driven plan design.

4. Improve Public Transparency: While the ECP list supports regulatory compliance, aggregated public reporting could support academic research and policy evaluation. Publishing an annual summary report identifying ECP participation trends, regional gaps, and demographic alignment would be of great public value.

## Reinforcing the Equity Mandate

The continuation of this information collection also fulfills a broader federal mandate under Executive Order 13985 on Advancing Racial Equity. Without tools to verify and analyze provider network inclusivity, regulatory policy loses its teeth. CMS-10561 offers an essential equity infrastructure—one that should be strengthened, not weakened.

Without access, policy is just theory—execution makes it real. The ECP dataset ensures that federal health insurance policy translates into real, equitable access to care on the ground. This collection supports that outcome and should be maintained with care.

## Conclusion

In conclusion, I respectfully urge CMS to extend and enhance the Essential Community Provider Data Collection. The continued collection not only fulfills statutory obligations under the ACA but also advances CMS’s commitment to equity, transparency, and community-based care. As a public health professional and former military officer committed to mission-driven service, I view this effort as a foundational element of just and inclusive healthcare delivery.

Respectfully submitted,
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# PUBLIC SUBMISSION

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## Submitter Information

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## General Comment

On Creditable Coverage Disclosure (CMS-10198)

Comment: Annual disclosure requirements can disproportionately burden small employers, unions, and community health plans with limited administrative staff. What steps will CMS take to reduce unnecessary paperwork or offer no-cost technical assistance for such entities?

Supporting Evidence: Small businesses cite administrative complexity as a barrier to offering health benefits (Kaiser Family Foundation, 2023; https://www.kff.org/report-section/ehbs-2023-summary-of-findings/).

On Essential Community Provider (ECP) Data Collection (CMS-10561)

Question: How will CMS ensure ECP data collection accurately reflects the presence of providers serving low-income and rural working-class communities, many of whom may lack staff capacity for complex reporting?

Supporting Evidence: Safety-net providers are often under-resourced, and administrative requirements risk limiting ECP participation (George Washington University Health Policy Institute, 2021; https://publichealth.gwu.edu/projects/rwjf).

Comment: Will CMS publish public-facing dashboards mapping ECP participation and network adequacy, empowering workers and unions to assess access gaps?

Supporting Evidence: Public health mapping tools have improved equity monitoring in Medicaid and ACA networks (Health Affairs, 2020; https://www.healthaffairs.org/do/10.1377/forefront.20201006.75238).

On Transparency in Coverage Reporting (CMS-10572)

Question: Given persistent opacity in insurance billing and coverage decisions, how will CMS enforce plain-language transparency, particularly for non-English-speaking workers and those with limited digital access?

Supporting Evidence: Health literacy barriers undermine the effectiveness of transparency requirements for working-class populations (JAMA Network, 2022; https://jamanetwork.com/journals/jama/fullarticle/2789499).

Comment: Consider partnerships with labor unions and worker centers to disseminate coverage information and support workers in understanding their rights.

Supporting Evidence: Union health funds have demonstrated success in educating members on plan terms (International Foundation of Employee Benefit Plans, 2020; https://www.ifebp.org/resources/research/benefit-surveys/Pages/default.aspx).

On Genetic Information Nondiscrimination Act (GINA) Exception Notice (CMS-10286)

Question: What safeguards are in place to prevent the misuse of genetic data by employers or insurers, and how are workers educated about their rights and recourse under GINA?

Supporting Evidence: Evidence shows ongoing confusion and underreporting of GINA violations, especially among lower-wage workers (U.S. EEOC, 2023; https://www.eeoc.gov/statistics/genetic-information-discrimination).

On Student Health Insurance Coverage (CMS-10377)

Comment: Many working-class students rely on campus health insurance as their only coverage. What mechanisms will CMS use to ensure disclosures about actuarial value and plan limitations are clear and actionable for students balancing work and education?

Supporting Evidence: Student debt and underinsurance disproportionately affect first-generation and low-income students (Brookings, 2023; https://www.brookings.edu/articles/the-student-insurance-gap/).

On Medicare Participating Physician/Supplier Agreement (CMS-460)

Question: For smaller, rural, or minority-serving providers, do the current reporting and participation requirements present any disproportionate administrative or financial challenges, and is CMS evaluating possible simplifications?

Supporting Evidence: Rural and safety-net providers face greater administrative strain complying with Medicare rules (National Rural Health Association, 2024; https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/2024-NRHA-Rural-Health-Policy-Paper.pdf).

On Overall Burden and Technology

Comment: Will CMS provide grants or subsidies to smaller organizations and unions to help cover IT upgrades or staff training required for new or updated collection processes?

Supporting Evidence: Federal support for EHR adoption accelerated compliance in resource-limited settings (Health IT.gov, 2023; https://www.healthit.gov/topic/meaningful-use-and-macra/what-meaningful-use).

Question: Has CMS conducted an equity impact assessment to determine whether any of these information collections may unintentionally increase barriers to care or benefits for working-class people, including those with limited English proficiency or digital literacy?

Supporting Evidence: Federal equity assessments are increasingly standard in major regulatory changes (OMB, 2023; https://www.whitehouse.gov/omb/briefing-room/2023/04/06/omb-issues-guidance-for-implementing-equity-action-plans/).