

To: Dan Cline
Office of Information and Regulatory Affairs (OIRA)
Office of Management and Budget (OMB)

From: Center for Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare and Medicaid Services (CMS)

Date: March 23, 2026

Subject: Non-Substantive Change Request – Prescription Drug and Health Care Spending
(OMB No: 0938-1407; CMS-10788)

This memo requests approval of a non-substantive change to the approved information collection titled Prescription Drug and Health Care Spending (OMB No: 0938-1407; CMS-10788)

BACKGROUND

On December 27, 2020, the Consolidated Appropriations Act, 2021 (CAA) was signed into law. Section 204 of Title II of Division BB of the CAA added parallel provisions at section 9825 of the Internal Revenue Code (the Code), section 725 of the Employee Retirement Income Security Act (ERISA), and section 2799A-10 of the Public Health Service Act (PHS Act) that require group health plans and health insurance issuers offering group or individual health insurance coverage to annually report to the Department of Treasury, the Department of Labor (DOL), and the Department of Health and Human Services (HHS) (collectively, “the Departments”) certain information about prescription drug and health care spending, premiums, and enrollment under the plan or coverage.

This information will support the development of public reports that will be published by the Departments on prescription drug reimbursements for plans and coverage, prescription drug pricing trends, and the role of prescription drug costs in contributing to premium increases or decreases under the plans or coverage. The 2021 interim final rules, “Prescription Drug and Health Care Spending” (2021 interim final rules), issued by the Departments and the Office of Personnel Management (OPM) implement the provisions of section 9825 of the Code, section 725 of ERISA, and section 2799A-10 of the PHS Act, as enacted by section 204 of Title II of Division BB of the CAA. OPM joined the Departments in issuing the 2021 interim final rules, requiring Federal Employees Health Benefits (FEHB) carriers to report information about prescription drug and health care spending, premiums, and plan enrollment in the same manner as a group health plan or health insurance issuer offering group or individual health insurance coverage.

OVERVIEW OF REQUESTED CHANGES

This non-substantive change request updates the instructions that group health plans and health insurance issuers use for annual data reporting. The only updates made to the previously approved instructions are (1) updating all applicable dates to reflect the new reference year (2025) for the upcoming annual submission due June 1, 2026, and (2) making a handful of minor wording edits to improve clarity and remove redundant phrasing. These updates do not introduce any new reporting requirements, do not change the data elements or calculations that reporting entities must submit, and do not affect the burden previously approved by OMB.

Time Sensitivities

We are requesting approval by the June 1, 2026 reporting deadline. Delayed approval may lead some issuers to misidentify the relevant years.