Document Title:
CY 2027 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies (CMS-1848-P)

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CMS-2026-2377-0002

BEFORE

THE UNITED STATES OF AMERICA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER FOR MEDICARE AND MEDICAID SERVICES

COMMENTS OF

NATIONAL HEALTH FREEDOM ACTION

ON THE PROPOSED RULE

Entitled:

Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Comments Submitted August 2026

I. NHFA – Who we are

National Health Freedom Action (NHFA) is a 501(c) 4 non-profit corporation working to protect maximum health care options for consumers.[1] NHFA works to protect the right of all people to access their preferred health care practitioners and health care products, as well as healing arts information and services that resonate with people's paths to health.

NHFA responds to calls year-round from individuals and groups throughout the country that wish to promote legal reform in occupational laws and regulations regarding the broad domain of healing options including complementary and alternative health care on the state level, and federal and international product laws and regulations regarding access to desired products. NHFA educates, empowers, and trains citizens on health freedom principles and on how to develop and pass proactive health freedom legislation that will ensure these rights.

NHFA staff draft model legislation, testify at legislative hearings and public policy meetings, and provide strategic support and lobbying assistance to groups seeking their help. NHFA is a founding member and co-hosts and participates in the US Health Freedom Congress. NHFA staff often assist state leaders in developing local health freedom organizations and have worked with groups in over 30 states and seven countries to support health care reform efforts.

History in the Making: In 2001, NHFA testified numerous times on behalf of consumers at the White House Commission on Complementary and Alternative Medicine[2]. In 2003 NHFA was cofounder of the United States Health Freedom Congress which has convened thirteen times since 2003[3] to promote resolutions for change.

Americans Are Aware and Concerned: Americans are aware that personal choice in health care directly impacts how, and whether, a person will gain a full sense of health and wellness. In addition, Americans are deeply concerned about infringements on their ability to make choices caused by regulatory systems that do not adequately protect a person's ability to choose.

NHFA's Basis for Responding to the Proposed Rule Presented for Comment

NHFA became aware of the proposed rule entitled: *Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part*

[1] National Health Freedom Action, www.nationalhealthfreedomaction.org.
[2] White House Commission on Complementary and Alternative Medicine Policy accessed online August 27, 2026 @ https://ods.od.nih.gov/HealthInformation/White_House_CAM_Commission.aspx
[3] United States Health Freedom Congress, https://healthfreedomcongress.org/

*B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation (*hereinafter Proposed Rule*),* through the Federal Register,[4] and through correspondences sent to NHFA from health freedom organizations and leaders requesting an assessment of the document and the impact and opportunity it might have to expand access to care.

NHFA responded by researching and reviewing the Proposed Rule

Given NHFA's long term work to maximize access to consumer health care options by reviewing, drafting, revising, and generally creating new solution language for public policy documents, legislative initiatives, and literary articles, and given NHFA's active participation in legal reform, and because NHFA's members have an interest in a broad array of health care healing options used by health care seekers of all kinds around the world, NHFA is therefore providing the following comments.

II. NHFA's Requests and Recommendations to HHS

NHFA recommends to HHS the following:

1. End the restrictive nature of insurance coding that does not allow Americans to have insurance coverage and access to all of the health care options that they choose and deem most beneficial for their health.

For over 25 years, NHFA has heard from thousands of Americans seeking health care options that these options are either not available or are available but not covered by insurance. NHFA has focused on expanding laws to make sure that options are available to consumers. We do this with our work in passing state Safe Harbor laws for traditional practitioners such as herbalists and homeopaths, as well as supporting the Expanded Practice Model legislation to protect the right of integrative, complementary, alternative, or holistic medical professionals to practice. We do this work whether these practices are covered by insurance or not. And there are increasingly more options available.

In 2024, the National Institute of Health reported that:

> *"According to data from the 2022 National Health Interview Survey (NHIS) released in January 2024, over a 20-year period—from 2002 to 2022—U.S. adults not only increased their overall use of complementary health approaches but were also more likely to use complementary health approaches specifically for managing*

[4] Federal Register/Vol. 91, No. 135/Thursday, July 16, 2026/Proposed Rules: *Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation*, accessed online Au 2026 @, https://www.federalregister.gov/documents/2026/07/16/2026-14327/medicare-and-medicaid-programs-cy-2027-payment-policies-under-the-physician-fee-schedule-and-other

> *pain. …. The 2022 survey is the fifth conducted by NCHS and NCCIH. In this survey, data was utilized from 2002, 2012, and 2022 NHIS. The following complementary health approaches were consistently captured in all 3 years: acupuncture, guided imagery/progressive muscle relaxation (GI/PMR), massage, naturopathy, and yoga. Questions on chiropractic care and meditation were consistently captured in 2002 and 2022. However, the questionnaire wording was substantially different in 2012, preventing comparisons to the 2002 or 2022 data.*[5]

NHFA's experience in this arena of consumer preferences has shown us firsthand the desire and wishes that all consumers want to be in charge of their health and to be supported in any way possible to access what they believe will help them heal. It is a basic premise now in our culture that health and healing is a very personal matter and people are unique in their preferences. And consumers are more and more aware that one size does not fit all when it comes to healing.

2. End the long-standing monopolistic conflict-of-interest concern articulated in this request for comment:

> "*…concern expressed over the Federal reliance on a private organization with such an obvious conflict of interest as providing information on the time and resource requirements to conduct physician services when this information may influence their own payment. …. that CMS has ''over-relied on specialty societies with a financial stake in the process''…. the historic reliance on the CPT and RUC process as a potential contributor to the development of US health care as a 'sick care' system with limited emphasis on prevention and lifestyle modifications and which may inhibit progress on the Secretarial priority to Make America Healthy Again."*[6]

Common sense tells us that there is profound danger in giving a private group of individuals the ability to recommend their own products, treatments, and services, based on their opinion of what is "medical necessity," and when they may receive payment for their recommendations for an entire population. And to have those recommendations of "medical necessity" be the only ones that qualify for health insurance coverage. Putting a rubber stamp on just one system of healing based on a form of conventional medical necessity science, and ignoring all other cultures, forms, and paths to healing, is using money to narrow health into a conversation of "medical necessity" instead of overall health and healing, i.e., "sick care" instead of "health care."

[5] National Institute of Health: National Health Interview Survey 2022; accessed online @ https://www.nccih.nih.gov/research/national-health-interview-survey-2022

[6] Proposed Rule, page 43952

It has been demonstrated by historical research projects using the ABC coding[7] as pointed out in the White House Commission report, that if consumers are provided with opportunities to use expanded options, including many more types of practitioners, that the consumers will use them and their outcomes will be much better.

3. Consider the recommendations of the **2002 Final Report of the White House Commission on Complementary and Alternative Medicine Policy** and especially consider the research on **Overcoming Barriers to Coverage of Safe and Effective CAM as follows:**

"Gathering a body of evidence will require DHHS, other Federal agencies, states, and private organizations to develop a health services research agenda and to increase funding for studies of the outcomes of CAM interventions in treating acute, chronic, and life-threatening conditions. ...

To conduct health services research, investigators need data from claim and encounter forms, specifically data coded using nationally accepted, standardized systems. National coding systems such as Common Procedure Terminology recognize some CAM interventions, but they are currently limited in scope and specificity. More recently, a coding system for CAM procedures, services, and products-ABCcodes-has been developed and is being used in a number of settings. The National Committee for Vital and Health Statistics and DHHS should authorize a national coding system that supports standardized data on CAM for use in clinical and health services research. In addition, the coding system should support practitioners and insurers who cover CAM services in complying with the electronic claims requirements of the Health Insurance Portability and Accountability Act…."[8]

4. **Increase coding options and coverage, not only for the practitioners under the current coding system recommended by the AMA but also provide coding for additional practitioners that consumers want and need.**

The current CPT coding included the following practitioners and their practices:

> (physicians, nurse practitioners (NPs), physician assistants (PAs), Certified Nurse Midwives (CNMs), clinical psychologists (CPs), licensed marriage and family therapists, mental health counselors,

[7] ABC Coding https://www.abccodes.com/about-us
[8] White House Commission 2002 Final Report of the White House Commission on Complementary and Alternative Medicine Policy, accessed online August 27, 2026, at: https://ods.od.nih.gov/HealthInformation/White_House_CAM_Commission.aspx

and clinical social workers, and, subject to certain conditions, a registered nurse or licensed practical nurse that is furnishing care to a homebound RHC or FQHC patient in an area verified as having shortage of home health agencies.)

There is a plethora of additional practitioners and practices that consumers utilize but that are not generally covered by insurance. Examples of some of them are:

Clinical Nurse Specialist (all specialties)
Clinical Social Worker
Doctor of Chiropractic
Doctor of Oriental Medicine (acupuncturist)
Doctor of Osteopathy (holistic)
Licensed Professional Counselor
Marriage and Family Therapist
Massage Therapist
Medical Doctor (holistic)
Naprapath
Naturopathic Doctor
Non-licensed Practitioner Type
Nurse Midwife
Nurse Practitioner (all specialties)
Nutritionist
Physician Assistant
Practical Nurse
Psychologist, Doctorate
Reflexologist
Registered Dietician
Registered Midwife
Registered Nurse
Spiritual Care Nurse
Spiritual Advisor (all faiths)

In Summary:

NHFA recommends that the federal government do whatever it can to expand the number and types of coding options for health care insurance coverage in order to give consumers maximum choice in health care given their financial circumstances. NHFA further recommends that the federal government avoid being confined by exclusivity of a private organization's recommendations regarding what is the best care. Consumers want and appreciate great medical necessity care. They also want and appreciate many other forms of health care and healing.