



February 18, 2026

AMAC Action Comments for Centers for Medicare and Medicaid Services

Transparency in Coverage Proposed Rule, CMS-9882-P

On behalf of AMAC Action, the advocacy affiliate of the Association of Mature American Citizens (AMAC), with over 2 million members nationwide, we appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services' proposed updates to the Transparency in Coverage (TIC) requirements.

For seniors living on fixed incomes, clarity in healthcare pricing directly affects monthly budgets, access to physicians, and financial security. We commend CMS for acknowledging that the current transparency framework has not functioned as intended and for proposing meaningful technical improvements. At the same time, we urge the agency to strengthen key provisions so that the final rule delivers genuine accountability and usable transparency for patients and purchasers.

CMS recognizes that the existing machine-readable files are excessively large, inconsistently structured, and extremely difficult to use. In practice, posting massive datasets has not translated into information that patients or advocates can realistically navigate. Transparency must be practical and understandable, not merely a compliance exercise. The agency's acknowledgment that reform is necessary is an important step forward.

We also support the proposal's structural enhancements, including standardizing file formats, removing implausible provider-service combinations, and improving indexing and link consistency. These refinements will reduce unusable or misleading data and improve the ability of researchers, employers, and regulators to analyze pricing practices. Better structure and cleaner data ultimately benefit seniors who depend on fair and predictable coverage.

However, the proposed 2028 implementation timeline unnecessarily delays needed improvements. Insurers have operated under the Transparency in Coverage framework since 2022, and the current proposal largely refines existing systems rather than creating entirely new infrastructure. Advancing the compliance deadline to 2027 would promote accountability and deliver meaningful improvements sooner for seniors managing chronic conditions and complex care needs.

We also urge CMS to require executive-level attestation of insurer data. Hospitals must formally certify the accuracy and completeness of their transparency files, and insurers should be held to the same standard. Without clear executive accountability, there is limited assurance that the published data is accurate or complete. Seniors deserve confidence that the information disclosed reflects real and reliable pricing arrangements.

While the proposal improves formatting and organization, it does not yet ensure that published rates reflect how payments are actually determined. Essential payment components, such as outlier methodologies, exclusions, pricing formulas, bundled or capitated arrangements, and clear network definitions, directly influence what patients ultimately pay. Without disclosure of these mechanics, negotiated rates remain abstract numbers that do not provide actionable insight.

The addition of a utilization file is an important development, as it begins to show whether services are actually delivered. However, without claim counts, the data lacks the depth necessary for meaningful comparison and oversight. Including claim volume would significantly strengthen the file's usefulness and help purchasers better understand real-world utilization patterns that affect premiums and cost sharing.

Finally, prescription drug affordability remains a top concern for older Americans. Although prescription drug transparency was contemplated in the original framework, a finalized schema and firm implementation timeline have not yet been established. Net drug prices are central to meaningful affordability efforts, and further delay undermines the promise of comprehensive transparency. CMS should move promptly to finalize and implement clear prescription drug pricing requirements.

Seniors rely on a healthcare system that is transparent, accountable, and understandable. We support CMS's progress and respectfully urge the agency to strengthen the final rule so that it delivers meaningful transparency and accountability for seniors and all consumers.

Signed,

A handwritten signature in black ink, reading "Andrew J. Mangione Jr." with a stylized, cursive script.

Andrew J. Mangione Jr.
Senior Vice President
AMAC Action