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October 19, 2026

The Acting Deputy Director Jeffrey M Zirger
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Rd NE
Atlanta, GA 30329

RE: Proposed Data Collection Submitted for Public Comment and Recommendations (CDC-2026-1387)

Dear Acting Deputy Director Zirger:

The Medicaid and CHIP Payment and Access Commission (MACPAC) appreciates the opportunity to comment on the Centers for Disease Control and Prevention's (CDC) notice with comment period on the systemic redesign of the National Health Interview Survey (NHIS) to be implemented in 2028, published on August 20, 2026. MACPAC is a nonpartisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services (HHS), and the states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP).

The Commission's authorizing statute, Section 1900 of the Social Security Act, outlines several areas for analysis, including coverage and access to care. To support evidence-based and non-partisan policy analysis on these topics, MACPAC uses administrative and survey data sources to assess Medicaid and CHIP beneficiary access and use of health care services using MACPAC's access monitoring framework. The framework outlines three key domains for measuring access: provider availability and accessibility (i.e., potential access), use of services (i.e., realized access), and beneficiary perceptions and experiences (i.e., barriers to care, unmet needs). Additionally, the framework describes existing administrative and national survey data sources that stakeholders use to assess access across all of these domains (MACPAC 2022 and 2011).

MACPAC's June 2022 chapter on creating a new and more robust system for monitoring access to care for Medicaid beneficiaries identifies data gaps for each of the three access domains. For measuring beneficiary perceptions and experiences, the chapter notes that these types of measures are not captured in Medicaid administrative data, and current state activities to monitor these types of access measures are limited in their comparability and applicability to all Medicaid beneficiaries. Instead, many Medicaid-focused stakeholders rely on national population health surveys to assess the Medicaid beneficiary experience with accessing care. Given these findings on existing data gaps and limitations, the Commission recommended that the Centers for Medicare & Medicaid Services (CMS) field an annual federal Medicaid beneficiary survey to collect this type of information, which has yet to be implemented (MACPAC 2022).

In the absence of a federal annual Medicaid beneficiary survey, national population health surveys are essential to MACPAC's work on assessing Medicaid beneficiary access to care and their unmet health care needs. The NHIS, in particular, is an important annual national health survey that facilitates MACPAC's monitoring of the health of adults and children across the United States and, given the consistency in questions asked over time, allows for year-to-year comparisons. Historically, the



NHIS survey has asked extensive demographic characteristic questions, including questions about labor force participation, household income, type of health insurance, and the use of other public health benefits, which are necessary to understand and describe the Medicaid population and its intersection with the broader national health care system. Additionally, it has included questions on a variety of health-related topics, including access to routine and emergency care; access to health care screenings and exams; delayed or difficulties in paying for care or medication; and dental exams and care for adults and children, which allow for assessing Medicaid-beneficiary access to and experiences with care. Further, the rotating content added as part of the NHIS 2019 redesign included several Medicaid policy-relevant topics, such as the mental health assessment and questions on preventive services.

The Commission's comments focus on the important role of national health survey data in understanding the experiences of Medicaid-covered adults and children with accessing health care services, and how MACPAC staff use NHIS data to advance the Commission's Medicaid policy research. The Commission urges the CDC to reconsider the proposed changes to the adult and child questionnaires. MACPAC recognizes the importance of reducing respondent burden, seeking flexibility in data collection, and incorporating emerging topics into the NHIS. At the same time, changes to longstanding questions can affect the continuity, reliability, and policy value of the survey. The Commission is particularly concerned about the proposed changes to the health insurance question because we utilize NHIS to measure health insurance coverage over time and rely on the Medicaid-policy relevant questions in our research and publications, including MACPAC's required March and June reports to Congress, which are shared with Congress, HHS, state Medicaid programs, and the broader health policy community.

Summary of NHIS Proposed Changes

The proposed changes to the 2028 NHIS adult and child questionnaires will maintain certain longstanding core measures and introduce adjustments to shorten the questionnaires. The proposed shorter questionnaires will allow for the inclusion of emerging topics of interest and sponsored content. Some of the core measures included in the proposed questionnaires include those on chronic health conditions, disability and functional status based on the Washington Group Short Set, health insurance coverage, health care utilization, access to care, and medication use.

Some of the proposed changes remove and change key measures that MACPAC has relied on for Medicaid- and CHIP-policy research, which may limit our ability to track and compare health care access and use trends by type of health insurance. In the proposed adult and child questionnaires, the introductory text to the health insurance question and the proposed insurance type categories are inconsistent with how this question has been asked in prior versions of the NHIS. Maintaining consistent question wording and clear introductory text is essential for preserving the reliability, validity, and comparability of NHIS data. The introductory text in the current version of the NHIS includes detailed information about how health insurance can be obtained and specifies that health insurance provides medical care and can help pay medical bills. In the proposed adult questionnaire, the health insurance question does not include any introductory text. Additionally, unlike the current version of the NHIS where Medicaid and CHIP are listed as separate types of health insurance coverage, the proposed questionnaire combines these options. These programs are funded separately and provide health insurance coverage to different populations, so it is important to be able to make this distinction. Altering the health insurance options would prevent MACPAC from tracking specific coverage types consistently over time and evaluating other outcomes by coverage type.

In addition to the proposed changes to the health insurance question, the notice proposes the removal of and modifications to key adult measures, which may limit year-to-year comparisons. For example, for adults, one of the types of income that a respondent can report is receipt of Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). The current NHIS asks about these two types of income separately, so each type of income can be measured individually. In the proposed adult questionnaire, these two types of income are



combined into one question despite the income sources being distinct from each other and serving different demographic populations. The proposed adult questionnaire also removes a question about non-cost related barriers to accessing health care, such as transportation, which are important for understanding beneficiary experiences with accessing care. Additionally, the proposed adult questionnaire does not include questions about preventive health care screenings (e.g. colorectal cancer screening, prostate cancer screening, cervical cancer screening, mammogram). However, in the notice, the CDC writes that the National Center for Health Statistics anticipates including these questions as sponsored content funded by federal agencies.

The proposed adult and child questionnaires include the removal and modification of certain questions that will prevent the measurement of specific Medicaid policy-relevant topics. For children, the current questions about whether they receive special education or early interventions (e.g. individualized education plans) and why they receive these services allow MACPAC to estimate receipt of school-based services, which can include medical care. The modified question asks about learning disabilities more broadly and does not ask about early interventions, so MACPAC will no longer be able to report this measure. Additionally, for adults, the current questions about employment include follow-up questions about reasons for unemployment, which are important for understanding why an individual may be unable to work. Beginning January 1, 2027, many Medicaid-covered adults subject to the Medicaid community engagement requirement will need to demonstrate compliance through employment, education, community service, or other qualifying activities (42 CFR 435.552). It is important to be able to track not only employment status, but also the number of hours typically worked and reasons for unemployment, such as enrollment as a student or inability to work due to health limitations. The proposed employment questions are modified to only ask about employment status and do not include questions about current or usual number of hours worked or reasons for unemployment.

MACPAC's Policy Research

Each year, MACPAC publishes the MACStats data report, policy-related issue briefs, and March and June reports to Congress, all of which rely on multiple sources of data, including those from national health surveys. Over the past decade, MACPAC has used national survey data for over 50 analyses, 19 of which used NHIS data. These NHIS analyses resulted in the annual MACStats data report, 12 access in briefs (one forthcoming), and three chapters in our reports to Congress.

Annual MACStats data report

The MACStats data book is a longstanding MACPAC publication that compiles a broad range of Medicaid and CHIP statistics into a single publication (MACPAC 2026a). MACStats is widely used by Congress, federal agencies, state officials, and policy and health services researchers to inform their own research and analysis. MACStats includes 48 exhibits, 8 of which use NHIS data. These exhibits estimate demographics, health status and conditions, and health care access-related measures for Medicaid-covered adults and children in comparison to individuals covered by other types of insurance and to those who are uninsured. In 2026, MACStats will include a new exhibit focusing on emerging policy issues. This year's exhibit focuses on the new Medicaid community engagement requirement under 42 CFR 435.552. The exhibit will include estimates of compliance with these requirements (e.g., household income, usual hours worked, enrolled as a student), mandatory exemptions (e.g., enrolled in Medicare, receipt of SSI or SSDI), and exclusions (e.g., parent of a dependent under age 14, measures related to medical frailty).

The proposed changes to NHIS will remove and modify a number of questions that are currently included in the MACStats NHIS exhibits. For example, the proposed adult questionnaire will remove certain demographic questions (e.g., changes to question on citizenship), health conditions (e.g., anxiety disorder, dementia, depression), and non-cost related barriers to accessing care (e.g., transportation) that MACPAC has consistently included in its MACStats exhibits. MACPAC will no longer be able to report the estimated percentage of children who receive special education or early interventions. Further, MACPAC will no longer be able to report important



employment measures, such as the number of hours usually worked and reasons for unemployment, which are included in Exhibit 44 and the new emerging issues exhibit on Medicaid community engagement requirements (MACPAC 2026b).

Access in briefs

MACPAC publishes a series of issue briefs on access-related topics (MACPAC 2022b). In recent years, MACPAC has published 12 access in briefs using NHIS data on a variety of topics, including adult and child access to health care services; access to care for adults with disabilities; access to care for Medicaid beneficiaries by race and ethnicity and other demographic characteristics; access to care during the COVID-19 public health emergency, and a forthcoming brief on access to care in urban and rural areas. The analyses typically focus on estimates of health care access-related measures for Medicaid-covered adults and children in comparison to individuals covered by other types of insurance and to those who are uninsured, which rely on the longstanding NHIS health insurance question.

Reports to Congress

MACPAC publishes March and June reports to Congress on Medicaid and CHIP policy and makes recommendations to Congress, HHS, and states on a variety of Medicaid and CHIP-related topics. In recent years, MACPAC has published three chapters in reports to Congress that used the NHIS to assess access to vaccines for adults and the usability and comparability of demographic data from national health surveys, especially in the absence of high-quality demographic information reported to the Transformed Medicaid Statistical Information System (T-MSIS) (MACPAC 2024, 2023, 2022b).

Conclusion

Thank you for the opportunity to comment. The NHIS is necessary for developing a data-driven understanding of the characteristics, needs, and experiences of individuals with Medicaid and CHIP in accessing health care. The Commission appreciates the CDC's efforts to streamline the NHIS adult and child questionnaires. However, the Commission has concerns about some of the proposed removal and modifications of key adult and child questions and urges the CDC to reconsider its proposed changes related to these measures. MACPAC strongly encourages the CDC to: (1) retain the historical and consistent introductory text to the health insurance questions and the separate response categories for Medicaid and CHIP to permit consistent identification of coverage type over time; (2) rescind proposed changes to key adult measures that would prevent year-over-year trend analysis, as this letter describes; (3) restore the questions pertaining to the use of services by children with disabilities, many of which are financed by Medicaid; and (4) maintain the questions about adult employment that will be important for understanding the populations affected by new Medicaid policies established by Congress in the 2025 Budget Reconciliation Act, including the first ever work and community engagement requirement, which the federal and state governments are currently implementing.

We appreciate the work of the CDC in fielding the NHIS, which supports MACPAC's research and the work of the broader research community on which MACPAC relies. Please let us know if there is any further information MACPAC can provide to aid in your consideration of our comments.

Sincerely,



Verlon Johnson, MPA
Chair



Medicaid and CHIP Payment
and Access Commission
www.macpac.gov

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