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## **NABIP Statement on the Senate Finance Committee's Report on Medicare Advantage Marketing**

### ***Statement from NABIP CEO Jessica Brooks-Woods:***

The National Association of Benefits and Insurance Professionals (NABIP) welcomes the Senate Finance Committee's focus on strengthening Medicare Advantage marketing practices and appreciates the opportunity to contribute to this important dialogue. We are encouraged that the committee has taken seriously the concerns raised by licensed agents and brokers, as reflected in its recent [report](#). We're proud to be a part of a coalition of industry leaders that submitted [a joint letter](#) to the Senate Finance Committee earlier this month, highlighting our shared concerns. We have outlined here our initial review of the report, with further evaluation to be conducted in the near term.

We are encouraged by the committee's efforts to crack down on deceptive marketing practices. The use of misleading terms in advertising—like “new Medicare benefits,” flex cards, and Part B givebacks—creates confusion and often leads seniors to enroll in plans that may not meet their health needs. NABIP strongly supports and recommends CMS enforcement of existing regulations on television marketing of Medicare Advantage plans and increased partnership with the FCC to address complaints.

We also welcome the committee's attention to regulatory simplification. The current patchwork of outdated administrative requirements—including Scope of Appointment forms, mandatory call recording, and lengthy disclaimers—adds complexity without improving consumer protection. NABIP supports modernizing the agent certification process and eliminating rules that create unnecessary burdens for agents and confusion for beneficiaries.

Lastly, we are glad the committee has heard our concerns about third-party marketing organizations (TPMOs) and is beginning to differentiate between these unregulated entities and the licensed professionals who serve beneficiaries with integrity. However, the current TPMP designation still wrongly lumps together offshore call centers, lead generators, licensed agents, and FMOs. NABIP urges CMS to eliminate this blanket categorization and instead focus regulatory efforts on deceptive lead generation, the source of many of the issues we are seeing in the market.

We wish to clarify the following areas of the report:

1. **Marketing Costs and Taxpayer Impact:** Marketing costs do not increase Medicare spending beyond the per-member-per-month payment established by CMS. Medicare Advantage plans must operate within this fixed budget. These costs do not raise premiums for beneficiaries or increase taxpayer contributions.
2. **Marketing Rules:** Medicare Advantage marketing is subject to more restrictive federal regulations than Medicare Supplement products, particularly regarding outbound solicitation. The current system relies on carriers to oversee the agents and entities they contract with. We would welcome additional uniform standards across all Medicare products and better enforcement tools to address bad actors without penalizing the majority of agents who are compliant and consumer-focused.

3. **Plan Selection and Commission Incentives:** Brokers represent the beneficiary, not the carrier. Carriers are steering beneficiaries to or away from plans that carriers prefer through compensation changes and which plans are displayed on agent quoting systems. We agree that all quoting systems should represent all carriers and plans that are available. With regards to enrolling beneficiaries in national vs. regional carrier plans, national networks are often chosen because they best meet the needs of beneficiaries who travel, relocate, or live seasonally in multiple locations—not because of higher commissions. A 2023 NABIP survey demonstrated that the majority of agents enroll beneficiaries into both national and regional plans, depending on beneficiary need.
4. **Role of SHIP Counselors:** SHIP counselors play a role in serving as one of the many actors who can educate beneficiaries. However, licensed independent agents serve as year-round caseworkers—resolving billing errors, assisting with prior authorizations, helping with appeals, and guiding clients through coverage changes.
5. **Proposed Limits on Generic Ads:** We are concerned that proposed regulations limiting “generic” advertisements may go too far. Seniors need a clear path to certified, contracted agents—those best equipped to help them make informed enrollment decisions. At minimum, agents should be allowed to say they specialize in helping Medicare beneficiaries compare coverage options.

Through nationwide outreach, NABIP has gathered more than 11,000 testimonials from Medicare beneficiaries. These personal accounts reflect widespread confusion caused by misleading marketing and emphasize the invaluable role licensed healthcare agents and brokers play in helping individuals make informed decisions.

These recommendations are firmly grounded in [NABIP's Healthcare Bill of Rights](#), our foundational commitment to ensuring every American has access to accurate information, trusted guidance, and the full range of available coverage options. NABIP remains committed to working with Congress and CMS to implement responsible, targeted reforms that protect beneficiaries and strengthen the integrity of the Medicare system.

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[NABIP](#) is the preeminent organization for health insurance and employee benefits professionals, working diligently to ensure all Americans have access to high-quality, affordable healthcare and related benefits. NABIP represents and provides professional development opportunities for more than 100,000 licensed health insurance agents, brokers, general agents, consultants and benefit professionals through more than 150 chapters across America.