

**Subject:** *Hearing on Medicare Advantage: Past Lessons, Present Insights, Future Opportunities*

**Submitted to:** U.S. House Committee on Ways & Means, Subcommittees on Health and Oversight

**Date:** August 5, 2025

## **Statement for the Record**

On behalf of the **National Association of Benefits and Insurance Professionals (NABIP)**, who represents more than 100,000 licensed health insurance professionals nationwide, we thank the Subcommittees for holding this important hearing and for the opportunity to provide this statement for the record. The July 22nd hearing on Medicare Advantage highlighted many of the challenges and opportunities within the program, and we commend the Committee for recognizing the critical role that beneficiary guidance and support play in maintaining the program's integrity and success.

Medicare Advantage now provides coverage to more than 33.4 million Americans, over half of all Medicare beneficiaries, and continues to grow because it offers affordable, high-quality care. However, as witnesses testified during the hearing, the program's complexity poses significant challenges for seniors. Beneficiaries face annual shifts to plan options, provider networks, and pharmacy access, alongside a flood of marketing messages that often confuse rather than clarify. This underscores why licensed Medicare agents are essential to the program's stability and integrity. They are not only trusted guides for individual beneficiaries but also vital safeguards against improper plan selection, coverage disruptions, and the misuse of taxpayer-funded benefits.

During the hearing, Dr. Sachin Jain, M.D., M.B.A. of SCAN Health Plans described brokers as "trusted guides who help beneficiaries navigate coverage, schedule appointments, connect to community resources, and lead health education efforts." Likewise, Dr. Brian Miller, M.D., M.B.A., M.P.H. of Johns Hopkins University and the American Enterprise Institute emphasized that even as technology improves access to information, licensed agents remain indispensable in helping seniors understand benefits, navigate care, and make informed decisions. These observations mirror what NABIP members do every day in communities across the country. Their work ensures that seniors select plans that meet their medical and financial needs, reduces reliance on government call centers, and alleviates strain on an already complex system—all of which are essential to preserving the integrity and performance of Medicare Advantage.

Licensed Medicare agents are unique because they are highly regulated, held accountable by state licensing authorities, and bound by strict compliance standards. Their deep, ongoing relationships with clients allow them to identify issues early, resolve

disputes, and ensure continuity of care. By contrast, unregulated third-party marketing organizations (TPMOs) and offshore call centers, which have been at the center of documented abuses, operate outside this system of accountability. As NABIP emphasized in its March 2025, response to the Senate Finance Committee's report on Medicare Advantage marketing, conflating these bad actors with licensed agents not only misdirects enforcement but also undermines beneficiaries' access to the trusted, local support they need.

Despite the clear value agents bring, recent regulations have imposed burdens that threaten their participation in the program. Call recording requirements with ten-year retention periods create steep compliance costs for small agencies while heightening privacy risks for seniors. The rigid 48-hour scope-of-appointment rule delays urgently needed assistance for beneficiaries seeking immediate help. Duplicative annual certification requirements consume time better spent serving clients and add no meaningful consumer protections. To preserve beneficiary access to assistance, NABIP urges Congress and CMS to narrow TPMO definitions to exclude licensed agents, provide beneficiaries the option to waive the 48-hour waiting period, and streamline certifications into a single, CMS-approved training recognized by all carriers. We have previously delivered these recommendations to both the Office of Management and Budget and the Department of Health and Human Services.

These regulatory pressures are occurring at the same time as carriers are making cuts to sales infrastructure and compensation. In 2025, five major call centers failed, and several major carriers began removing electronic enrollment methods and eliminating commissions for less profitable products, especially PPOs, plans that are widely used by rural seniors. NABIP members report that these shifts signal a tipping point: after years of plan expansion, we are now witnessing actual retraction. Many of the terminated plans served rural areas, leaving seniors with fewer options and no broker support to guide them through coverage transitions.

Stabilizing compensation is equally critical to maintaining program integrity. Mid-AEP commission changes from numerous carriers, including UnitedHealthcare's decision to eliminate commissions for over 100 plans in 20-plus states, disrupt the agent-client relationship and risk leaving seniors without support during the most critical enrollment periods. We urge Congress to prohibit commission changes after October 1, when plan designs are finalized, and to ensure lifetime renewal commissions are honored so agents can continue providing year-round service.

We also strongly support H.R. 2744, the *Medicare Enrollment Protection Act of 2025*, which would designate COBRA coverage as creditable for Medicare purposes. Seniors transitioning from employer plans to Medicare often face penalties and coverage gaps

due to COBRA's current non-creditable status. Addressing this will protect continuity of care, simplify retirement planning, and reduce administrative confusion for beneficiaries and employers alike.

Medicare Advantage has delivered on its promise of lower costs, enhanced benefits, and high satisfaction, but its continued success hinges on preserving access to trusted, licensed professionals who safeguard the program's integrity. As both witnesses and lawmakers observed at the July hearing, the human element embodied by licensed Medicare agents is indispensable. Agents ensure seniors understand their options, select appropriate coverage, and use their benefits effectively, preventing errors and inefficiencies that would otherwise undermine both beneficiary outcomes and program oversight.

NABIP remains committed to promoting ethics, compliance, and transparency. Through our Healthcare Bill of Rights and our Medicare, Medicare Advantage, and Compliance Requirements (MMACR) Certification program, we hold our members to the highest standards, aligning with CMS requirements and reinforcing fraud prevention and beneficiary protections.

In conclusion, we urge Congress and the administration to adopt targeted reforms that stabilize compensation, modernize regulations, curb deceptive marketing, and safeguard the trusted guidance that licensed agents provide. These steps will not only strengthen Medicare Advantage but also ensure its integrity and sustainability for the millions of seniors who rely upon it.

**Submitted respectfully,**

Michael Andel

Vice President of Government Relations

National Association of Benefits and Insurance Professionals (NABIP)

999 E Street NW, Suite 400 | Washington, DC 20004

mandel@nabip.org | (202) 595-3074