

October 9, 2025

Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services (CMS)
U.S. Department of Health and Human Services

RE: Urgent Action to Stabilize Medicare Markets, Protect Beneficiaries, and Preserve Their Access to Trusted Guidance

Dear Administrator Oz:

We write to express our concerns about the Medicare Advantage and Medicare Part D markets and to offer recommendations for strengthening your constituents' access to care. Urgent action is needed to address the ongoing instability in these markets and protect seniors' ability to obtain the care and coverage they depend on. As organizations committed to safeguarding America's Medicare beneficiaries, we witness firsthand the challenges they face. With 54% of Medicare beneficiaries, 33.4 million people, now enrolled in Medicare Advantage (MA), agency action is more important than ever.

The Medicare program faces a convergence of pressures that directly undermine beneficiaries' stability. Post-pandemic utilization spikes and unintended regulatory consequences, such as from the Inflation Reduction Act, have placed heavy inflationary cost pressures on carriers. In response, many have developed different approaches to restrict sales of long-term, newly nonviable products. In Medicare Advantage, we now see actual retraction rather than growth: plan exits, service area reductions, and the loss of PPO options that are especially critical in rural areas. In Medicare Supplement, new state "birthday rule" regulations have forced smaller carriers out, resulting in fewer consumer choices and steep premium hikes. And in Part D, only a handful of carriers remain in the market. Across Medicare Advantage and Part D, many carriers are no longer paying agents fair-market new and renewal compensation and limiting plan options available on enhanced direct enrollment platforms (EDEs).

These market dynamics threaten the integrity of Medicare by reducing plan availability, raising premiums, and destabilizing coverage pathways that beneficiaries depend on. Several CMS regulations layered on top of these pressures including extensive agent call-recording mandates and duplicative training requirements have compounded the problem by placing unnecessary burdens on the very professionals who safeguard beneficiaries' access to care. Unlike unregulated lead generators, licensed agents are accountable to state regulators and as equally committed as CMS, to eliminating bad actors.

The human impact is undeniable. NABIP has collected more than 15,000 testimonials from seniors who report anxiety, confusion, and harm as their coverage is disrupted. Agents and brokers are the closest to beneficiaries, resolving disputes, ensuring

continuity of care, and serving as the program's first line of defense against errors and inefficiencies. Yet their ability to perform this function is being eroded.

To restore stability, uphold program integrity, and protect beneficiaries, we request urgent reforms that are practical and bipartisan:

- We've requested no post-October 1 commission changes and that lifetime renewals be honored. Beneficiaries must not lose year-round support because carriers cut commissions mid-AEP.
- We've requested call-recording retention be cut from 10 years to 3 years. The decade-long rule is disproportionate and exposes seniors to heightened privacy risks.
- We've requested a safe harbor from the 48-hour scope-of-appointment rule. Seniors often need urgent help when plans exit or networks shift. A two-day wait harms access.
- We've requested TPMO rules be narrowed to exclude licensed agents and the regulated and licensed field marketing organizations (FMOs) that service and support them with carrier contracting, product training, technology, marketing, and compliant lead generation. Conflating unregulated telemarketers with state-licensed agents and entities undermines enforcement and consumer protection.
- We've requested streamlined, universal CMS-approved training. A single, rigorous certification recognized across carriers is efficient, fair, and protective.

These demands are not about protecting agents for their own sake — they are about protecting seniors and strengthening Medicare's integrity. Without licensed, local professionals, supported by tech-enabled, licensed and regulated FMOs, seniors are left to navigate a shrinking and confusing marketplace alone, while unregulated entities fill the gap. That is neither sustainable nor consistent with the Medicare program's promise.

We respectfully urge CMS to work with us to adopt these reforms, establish a direct cadence of meetings between CMS, agents, and FMOs, and recalibrate regulations to ensure that oversight targets fraud and abuse — not the very professionals safeguarding beneficiaries.

We urge CMS to partner with us to leverage our collective insights and act on the shared goal of protecting and empowering Medicare beneficiaries across the country.

Respectfully,

National Association of Benefits and Insurance Professionals
Health Agents for America, Inc.
Independent Insurance Agents & Brokers of America, Inc.
National Association of Insurance and Financial Advisors