



NABIP

Shaping the *future* of healthcare

We Serve:

3 in 4 ACA Marketplace Enrollees



1 in 3 Medicare Beneficiaries



88% of America's Businesses



Background

The **National Association of Benefits and Insurance Professionals (NABIP)** represents over 100,000 health insurance agents, brokers, general agents, consultants, and benefits specialists. We are committed to ensuring affordable and high-quality healthcare for all Americans.

Our Critical Role

Agents, brokers, and benefits specialists play a vital role within our communities. We simplify health plan selection by providing local, friendly assistance and year-round expertise and support to individuals, families, seniors, and employers. We help clients understand their coverage and use their policies effectively to achieve better health outcomes.

We ask Congress to address the following issues:

Price Transparency & Reform

S. 2355 / H.R. 5582 - Cosponsor The Patients Deserve Price Tags Act

- Establishes enforceable, standardized healthcare price transparency across providers, including negotiated rates, cash prices, bundled services, and pricing methodologies.
- Ensures employers and plan sponsors have timely, no-cost access to complete plan, claims, and prescription drug pricing data, while barring contractual restrictions that limit transparency.
- Strengthens accountability and competition by enabling employers to better assess costs, oversee plans, and make informed coverage and purchasing decisions that lower costs for Americans.

Policy Ask: Codify site-neutral payment reform and broader policies that curb anti-competitive practices to tackle structural drivers of healthcare costs.

LET'S PARTNER! PLEASE CONTACT NABIP'S GOVERNMENT AFFAIRS TEAM AT LEGISLATIVE@NABIP.ORG.



Protect Coverage & Choice

Urgent Policy Ask: Partner with us to stabilize the ACA Marketplace and address sharp affordability challenges facing millions of Americans.

Policy Ask: Preserve tax incentives for employer benefits that help over 164 million Americans access healthcare.

H.R. 5463 - Cosponsor the CHOICE Arrangement Act

- Codifies and expands ICRHAs for on and off marketplace plans.
- Allows pre-tax employee contributions via cafeteria plans and creates a temporary small business tax credit to encourage adoption.

H.R. 2082 - Cosponsor the WISH Act

- Establishes a long-term care benefit under Social Security to help retirees with serious disabilities and reduce Medicaid reliance.

Medicare

Policy Ask: Prevent late-cycle Medicare agent compensation changes after October 1 that disrupt beneficiary access to independent, licensed enrollment guidance. Via legislative clarification or direction to CMS to establish guardrails ensuring predictability during AEP.

H.R. 2744 - Cosponsor the Medicare Enrollment Protection Act

- Support for COBRA as Creditable Coverage bill.
- Medicare Enrollment Protection Act allows seniors to transition from COBRA to Medicare without late enrollment penalties for Part B.

S. 2625 - Cosponsor the Independent BROKERS TIME Act of 2025

- Urge HHS to reexamine the regulatory framework governing independent agents, brokers, and third-party marketing organizations under Medicare Parts C and D.
- NABIP worked with Senators Rounds and Cortez Masto to introduce this bill.

LET'S PARTNER! PLEASE CONTACT NABIP'S GOVERNMENT AFFAIRS TEAM AT LEGISLATIVE@NABIP.ORG.

Price Transparency

S. 2355 / H.R. 5582 - Cosponsor The Patients Deserve Price Tags Act

The Patients Deserve Price Tags Act strengthens federal healthcare price transparency by replacing limited disclosures with standardized, enforceable reporting across the health insurance value chain. The bill requires hospitals to publish monthly, machine-readable files detailing gross charges, discounted cash prices, payer-specific negotiated rates, and the methodologies used to calculate those rates, along with consumer-friendly pricing for hundreds of shoppable services. These requirements extend to diagnostic laboratories, imaging providers, and ambulatory surgical centers, including obligations to bundle ancillary services and accept disclosed cash prices as payment in full, giving patients clearer, more reliable information before care is delivered.

For employers and plan sponsors, the bill provides actionable access to health plan pricing and payment data that directly affects premiums and out-of-pocket costs. This new access would include monthly machine-readable files showing in-network rates, historical payments, out-of-network allowed amounts, and prescription drug pricing net of rebates, supported by executive attestations and public reporting of noncompliance. The legislation also guarantees timely, no-cost access to complete claims and payment data while prohibiting contractual provisions that restrict audits, delay access, or obscure pricing and payment methodologies.

Together, these reforms increase accountability across the healthcare system and empower employers, agents, and brokers to translate transparency into lower costs for consumers. By enabling better identification of cost drivers, benchmarking of plan performance, and more informed plan design and vendor selection, the bill supports competition, strengthens fiduciary oversight, and helps reduce unnecessary healthcare spending that ultimately shows up in higher premiums and cost-sharing for families.

Root Causes of Cost

Policy Ask: Codify true site-neutral payment reform and advance broader policies that curb anti-competitive practices to tackle structural drivers of healthcare costs.

Site-neutral payment reform ensures that the same healthcare service is reimbursed at the same rate regardless of where it is delivered, when clinical complexity and patient safety are comparable. Today, Medicare and commercial payers often pay more for services delivered in hospital outpatient departments than for the same services provided in physician offices or ambulatory settings, raising costs for patients, employers, and plan sponsors without improving quality or outcomes.

As provider consolidation accelerates, these payment disparities increasingly reward hospital acquisitions of physician practices, allowing services once delivered in lower-cost settings to be rebilled at higher hospital outpatient rates. This dynamic fuels higher premiums, increased cost-sharing, and unnecessary facility fees while distorting competition in local healthcare markets. Independent experts consistently find that site-neutral payment policies reduce spending without harming access or quality, and the Congressional Budget Office estimates that extending Medicare site-neutral payments to commonly provided outpatient services would reduce the federal deficit by approximately \$157 billion over ten years.

Congress recently took an important step in the Consolidated Appropriations Act by strengthening transparency and oversight of hospital outpatient billing, including clearer identification of off-campus hospital outpatient departments through distinct National Provider Identifiers (NPIs). These provisions improve CMS's ability to track where care is delivered and lay critical groundwork for enforcing future payment reforms. Congress can now take the next step by delivering durable, comprehensive site-neutral payment reform that aligns rates across settings, removes incentives for consolidation-driven price increases, provides certainty of long-term savings and policies, and promotes a more efficient and affordable healthcare system.



ISSUE: COVERAGE & CHOICE

ACA Marketplace

Urgent Policy Ask: Partner with us to stabilize the ACA Marketplace and address sharp affordability challenges facing millions of Americans.

NABIP urges Congress to take action to prevent coverage losses and stabilize the market over the long term. Since the expiration of the enhanced tax credits, 1.2 million Americans have lost their coverage to date, with further coverage losses expected as consumers cancel coverage due to inability to make these payments. Other marketplace participants have enrolled in lower premium plans with basic coverage and high exposure. The policy conversations surrounding the enhanced tax credits have shed a light on the overarching issues of cost in the market.

Agents and brokers are on the front lines of the individual market, working directly with consumers as they navigate rising costs, coverage terminations, and difficult tradeoffs that often carry significant emotional strain and real financial risk. With deep, real-time insight into market conditions and consumer behavior, agents and brokers are uniquely positioned to partner with Congress on practical, workable solutions that stabilize the market and protect access to coverage.

Employer Health Insurance

Policy Ask: Preserve tax incentives for employer-sponsored benefits that help over 164 million Americans access healthcare.

More than 164 million Americans, nearly half of the U.S. population, receive health coverage through their employer. This request calls on Congress to protect the long-standing tax exclusion that allows employer-sponsored coverage to be provided without treating its value as taxable income for employers or employees. These incentives are a key reason workplace coverage remains affordable and widely available. Weakening or eliminating the tax exclusion would increase costs for employers and workers, discourage benefit offerings, particularly among small and mid-sized businesses, and risk destabilizing coverage for millions of working families.

**LET'S PARTNER! PLEASE CONTACT NABIP'S GOVERNMENT AFFAIRS TEAM
AT LEGISLATIVE@NABIP.ORG.**



ISSUE: COVERAGE & CHOICE

ICHRA

H.R. 5463 - Cosponsor CHOICE Arrangement Act

This bill codifies and expands Individual Coverage Health Reimbursement Arrangements (ICHRA), allowing employers to contribute a defined amount toward employees' individual health insurance premiums and medical expenses, including coverage purchased on or off the ACA Marketplace. As traditional group health coverage becomes increasingly unaffordable for many small and mid-sized businesses, ICHRA offers a flexible alternative that preserves employer sponsorship while giving employees greater choice. The legislation also allows employees to use pre-tax dollars to help pay for coverage and creates a two-year small business tax credit to offset startup costs and encourage adoption. By codifying these arrangements in statute, the bill provides businesses long-term certainty and market stability, enabling employers, insurers, and administrators to invest with confidence.

Long-term Care

H.R. 2082 - Cosponsor the WISH Act

This bill establishes a long-term care benefit under Social Security to support retirees who develop serious disabilities later in life by providing modest monthly assistance for home- and community-based care, such as help with daily activities like bathing, dressing, or eating. Long-term care costs pose a significant financial risk for seniors and their families and often force individuals to spend down personal savings in order to qualify for Medicaid. By creating a federally administered, Social Security-based benefit, similar in structure to retirement or disability insurance, the WISH Act would help seniors remain independent longer, reduce reliance on Medicaid as the default payer for long-term care, and ease financial and caregiving burdens on families.

Agent Compensation

Policy Ask: Prevent late-cycle Medicare agent compensation changes after October 1 that disrupt beneficiary access to independent, licensed enrollment guidance. Via legislative clarification or direction to CMS to establish guardrails ensuring predictability during AEP.

Several market forces have destabilized the Medicare Advantage and Part D landscape, including rising utilization, inflationary pressures, and unintended consequences of recent federal policies such as the Inflation Reduction Act. In response, insurers have restricted enrollment channels, reduced service areas and plan options, and adjusted agent compensation to slow enrollment in products that are no longer financially viable during the Annual Enrollment Period. Because beneficiaries begin comparing plans as soon as consultations are permitted, late-cycle compensation changes disrupt access to trusted, independent guidance; without fair and predictable compensation, many agents and brokers will exit the market, leaving roughly one-third of beneficiaries without critical enrollment support.

Avoid Part B Penalties

H.R. 2744 - Cosponsor the Medicare Enrollment Protection Act

Seniors enrolled in COBRA who become eligible for Medicare face a financial penalty if they do not enroll in Medicare Part B within a limited timeframe, even though seniors with similar employer-sponsored coverage are not penalized because their coverage is considered creditable. This often-unclear distinction can force beneficiaries to choose between avoiding a penalty and maintaining continuity of care, particularly when COBRA allows them to keep the same coverage and provider networks. Terminating COBRA early to meet Medicare deadlines may carry financial consequences, while remaining on COBRA can trigger lifetime Medicare premium penalties. Many seniors reasonably choose COBRA for coverage or family needs, and allowing them to transition to Medicare without penalty—consistent with employer-sponsored coverage—would avoid unnecessary financial and coverage disruptions.



ISSUE: MEDICARE

Streamline Regulation

S. 2625 - Cosponsor the Independent BROKERS TIME Act of 2025

This bill directs HHS to reexamine the regulatory framework governing independent agents, brokers, and third-party marketing organizations under Medicare Parts C and D. Recent regulatory changes have imposed increasingly burdensome, one-size-fits-all requirements on licensed agents and brokers that do little to enhance consumer protections but instead increase friction in the enrollment and plan selection process. These rules often fail to distinguish between independent professionals and large, often off-shore lead generation and marketing entities, resulting in unintended disruptions to beneficiary access and market stability. Licensed agents and brokers depend on year-round client satisfaction and long-term relationships, whereas lead generation companies focus on quick turnover. By requiring a comprehensive review of existing regulations, the legislation would help ensure oversight is appropriately tailored, protects consumers, and preserves access to trusted, independent guidance. NABIP worked closely with Senators Rounds and Cortez Masto to advance this bipartisan legislation, underscoring its importance to both beneficiaries and the Medicare marketplace.