

The Honorable Morgan Griffith, Chairman
The Honorable Diana DeGette, Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

RE: Subcommittee Markup of Health Transparency Legislation

Dear Chairman Griffith, Ranking Member DeGette, and Members of the Subcommittee:

On behalf of the National Association of Benefits and Insurance Professionals (NABIP), thank you for your leadership in advancing policies that promote healthcare transparency, consumer empowerment, and accountability throughout the healthcare system. As the Subcommittee prepares to consider several healthcare transparency measures, NABIP writes to express our strong support for many of the proposals under consideration and to share our views regarding H.R. 9395, the *Transparency in Medicare Advantage Steering Act*.

NABIP represents licensed health insurance agents, brokers, consultants, and employee benefits professionals who assist millions of Americans in understanding their healthcare coverage options and accessing affordable care. Our members work directly with consumers, employers, Medicare beneficiaries, and families every day to help them navigate an increasingly complex healthcare system.

Support for Price Transparency Legislation

NABIP has long supported efforts to increase transparency throughout the healthcare marketplace. We have consistently advocated for policies that provide patients with meaningful information regarding healthcare costs, strengthen accountability among healthcare stakeholders, and empower consumers to make informed healthcare decisions.

NABIP supports many of the measures before the Subcommittee, including proposals that would strengthen hospital and insurer price transparency requirements, improve disclosure of claims denial and prior authorization practices, increase accountability regarding healthcare ownership and financial arrangements, and provide consumers with clearer information regarding healthcare costs and coverage.

In particular, NABIP has previously endorsed the *Lower Costs, More Transparency Act* and supports the *Prices on Walls Act*. Patients deserve access to accurate pricing information, so they can make informed decisions about their care. Greater transparency helps patients better understand healthcare costs, assists employers in fulfilling their fiduciary

responsibilities, and enables agents and brokers to help consumers identify high-value healthcare options while avoiding unnecessary costs.

Transparency is also essential to identifying waste, fraud, abuse, and inefficiencies that contribute to rising healthcare costs.

H.R. 9395 - Need Greater Attention to Steering and Market Manipulation

NABIP and its members support transparency and accountability in the Medicare Advantage program. Licensed agents and brokers have nothing to hide and support reasonable efforts to better understand how beneficiaries enroll in coverage and the factors that influence enrollment decisions.

NABIP supports the reporting requirements contained in H.R. 9395. However, we believe those reporting requirements should be expanded to capture the full range of practices that influence beneficiary enrollment decisions and contribute to steering in the Medicare Advantage marketplace.

Today, some Medicare Advantage organizations directly influence beneficiary choice by removing plans from distribution channels, eliminating commissions on certain products, or limiting which plans are available through independent agents and brokers. These practices can steer beneficiaries toward certain products and away from others based on carrier distribution strategies rather than consumer needs.

The elimination of commissions and removal of products from agent distribution channels can significantly reduce beneficiary access to independent advice and assistance. When plans are unavailable to agents or compensation is eliminated, beneficiaries lose access to the licensed professionals who help them compare options, understand benefits, and select coverage that best meets their needs.

If Congress seeks to address steering in Medicare Advantage, it should examine the full range of practices that can distort the marketplace, including direct carrier decisions that deter plan access and availability. Focusing solely on compensation paid to agents and brokers risks creating an incomplete and potentially misleading picture of how enrollment decisions are made.

[CMS has already recognized this issue](#) by requiring Medicare Advantage organizations to report information regarding zero-commission plans. To further protect beneficiaries and promote market stability, NABIP urges the Subcommittee to amend H.R. 9395 to require reporting on carrier practices that may influence enrollment decisions, including the use of zero-commission plans, mid-year commission changes, and the removal of plans from distribution channels.

Licensed Medicare agents are often the human infrastructure of Medicare. They help beneficiaries compare provider networks, prescription drug formularies, supplemental benefits, cost-sharing obligations, and other plan features that vary significantly across carriers and geographic markets. Their role extends well beyond enrollment, as beneficiaries routinely turn to their local agents for guidance and assistance when plans, networks, formularies, and coverage needs change throughout the year.

Thank you for your consideration and for your continued efforts to improve transparency, accountability, and consumer protections throughout the healthcare system. We look forward to working with the Subcommittee to advance policies that empower consumers while preserving access to the professional guidance that Americans rely upon when making important healthcare decisions.

Sincerely,

Susan Rider

President

National Association of Benefits and Insurance Professionals (NABIP)