



National Association of Benefits and Insurance Professionals

NABIP

Shaping the future of healthcare

118th Congress: Federal Talking Points

For nearly a century, the **National Association of Benefits and Insurance Professionals (NABIP)**, formerly NAHU, has advocated on behalf of benefits and insurance professionals. The health insurance and benefits landscape has evolved, and so has NABIP's role in supporting our members and their clients. Over the years, our membership has grown to encompass professionals who sell traditional health insurance products and those who offer non-traditional coverage options. The association has expanded its capabilities to respond to new marketplace dynamics, offering its members a growing selection of professional-educational opportunities, network-building conferences and business-development tools.

NABIP and our new tagline, *Shaping the Future of Healthcare*, protect the association's legacy of leadership while representing our current role in the modern healthcare industry. While our name has changed, our mission and vision remain the same: We believe that all Americans should be empowered to make wise healthcare and benefits decisions and have access to high-quality, affordable healthcare and related services.

Addressing the Cost of Care

- **NABIP supports site-neutral rules to deter location-based gaming of coverage.**
One of the single most important things Congress could do is ensure that the cost of a service does not vary based on the site where it is delivered. The price of the same X-ray, MRI or physician's visit should not differ if it is delivered in a free-standing facility vs. in an outpatient hospital setting.

Preserving and Strengthening Employer-Sponsored Health Coverage

- **NABIP strongly opposes capping or modifying the individual tax exclusion of employment-based coverage.**
For decades, employees and employers have benefited from the preferences in the Tax Code that exclude the employer's contribution toward employment-based health coverage from being considered compensation for tax purposes, allow for the pre-tax payment of an employee's premiums for employment-based health coverage, and enable employers to deduct the cost of health coverage as a business expense. A cap on the exclusion does not address rising medical costs or limit utilization of medical services, and will stifle private-sector innovation of benefits and delivery designs. To tamper with the current tax treatment of employer-sponsored coverage would be especially devastating to businesses and American workers, which could lead to the highest increase in taxes to middle-class Americans in decades.

For more information, please contact our NABIP Government Relations Team at legislative@nabip.org



- **NABIP Supports the Commonsense Reporting Act.**

The Commonsense Reporting Act enables employers to report employer-sponsored health plan information to the IRS prospectively, before annual fall open-enrollment season in the state and federal exchanges instead of 14 months after that open-enrollment period and an entire coverage year has ended. The bill: equips consumers and exchanges with information to determine if an individual is eligible for a tax credit based on their employer's offer of coverage; reduces the likelihood that an individual will have to pay back a premium tax credit incorrectly received; protects employers from having to incur additional accounting and legal costs and business worries, on top of the requirement's compliance costs, to appeal an IRS Letter 226-J tax penalty notice; utilizes the current IRS IT reporting system and Exchange Data Hub, thus does not require additional federal resources; and provides employers with two compliance choices: prospectively report streamlined information authorized under the Commonsense Reporting Act OR continue to utilize the current end-of-calendar-year reporting process.

- **NABIP supports initiatives to innovate HSA-eligible plans.**

Modernize the definition of an HSA-qualified high-deductible health plan (HDHP) to allow primary care visits before application of the plan deductible. HSAs were created nearly 20 years ago, but regulations that define a qualified high-deductible health plan that can be used with an HSA have not kept pace in today's changing benefits landscape.

- **NABIP opposes cost-shifting alternatives to end stage renal disease coverage.**

There have been efforts in Congress to shift the cost of coverage for end stage renal disease (ESRD) from Medicare Secondary Payer (MSP) to employer plans. MSP covers ESRD for individuals entitled to Medicare based on ESRD for a coordination period of 30 months. Proposals to limit this timeframe and shift the cost to employers would create an unnecessary coverage mandate for the care of a specific disease, which could lead to an expansion of mandates for employers beyond what is already required for qualified health plans (QHPs), further driving up the cost of care.

- **NABIP opposes civil monetary penalties on employers for network requirements.**

NABIP supports the need for adequate mental health networks. However, efforts to penalize employers for noncompliance with network-adequacy standards for mental health parity aim to penalize an entity with no control over the network. Employers use networks from carriers or third-party administrators (TPAs) and do not have control over the contracted network. Therefore, we oppose any proposals that would penalize employers for noncompliance with these standards. Instead, Congress should focus on ways to encourage mental health providers to enter into networks, which would truly support network adequacy.



Improving Medicare

- **NABIP supports excluding licensed agents and brokers from burdensome marketing restrictions.**

NABIP supports legislation to explicitly exclude independent agents and brokers from the current requirement to record calls with beneficiaries, in addition to any future regulations that relate to recording calls with beneficiaries. NABIP recognizes the increase in unscrupulous actors in the Medicare market; however, the CMS regulations released last year do not adequately address these entities and inappropriately target licensed and certified agents and brokers committed to acting in the best interest of Medicare beneficiaries.

- **NABIP supports allowing COBRA to be treated as creditable coverage.**

Seniors who are enrolled in COBRA coverage but are eligible for Medicare face financial penalties for not enrolling within the mandated timeframe. However, seniors who are enrolled in similar employer-sponsored plans are not penalized, as their coverage is considered creditable for Medicare. Switching from a COBRA plan to Medicare could be disruptive for beneficiaries' care and may come with financial consequences for terminating their COBRA coverage early to meet the Medicare-enrollment windows. Seniors should be able to remain on their COBRA coverage without penalty, the same as seniors who remain on similar employer-sponsored coverage. We urge Congress to support forthcoming legislation that would allow seniors enrolled in COBRA coverage to transition to Medicare Part B without a penalty.

- **NABIP supports observation status to be treated as inpatient status.**

Many Medicare beneficiaries are classified as being on "observation," which can result in significantly higher claims and prevent Medicare coverage from being applied for nursing home care for patients who do not have a three-day inpatient hospital stay. We urge Congress to support legislation that would allow observation stays to be counted toward the three-day mandatory inpatient stay for Medicare coverage of a skilled nursing facility (SNF).

- **NABIP supports a new Part D open-enrollment period.**

Many Medicare beneficiaries enroll in their plan during the Annual Enrollment Period (AEP) and are locked in to their Part D coverage. Once the plan year begins, however, they are no longer able to switch to another plan if they discover they are not in the right plan for their needs. Medicare Advantage offers a three-month open-enrollment period (OEP) at the beginning of every year to allow beneficiaries to switch between plans if needed. We urge Congress to enact similar consumer protections during the OEP for Part D plans to allow beneficiaries to access the plans that best fit their prescription drug needs.

For more information, please contact our NABIP Government Relations Team at legislative@nabip.org

WHAT YOU NEED TO KNOW ABOUT MEDICARE

Generally, **Medicare is available for people 65 or older**. It has four parts: Part A, Part B, Part C and Part D.



ORIGINAL MEDICARE
Includes **Part A** and **Part B**.

MEDICARE ADVANTAGE
Also known as **Part C**.

Part A is hospital insurance. It has a deductible and copay. It may have a premium.

Part B covers medically necessary services and supplies. It has a deductible, premium and coinsurance.

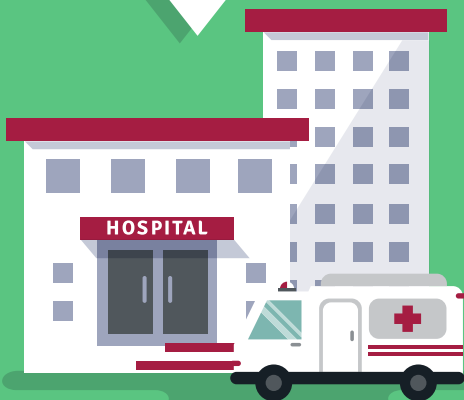
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Medigap

Medicare Supplement insurance can cover copayments, coinsurance and deductibles that are not covered by Part A or Part B.

Part D is prescription drug coverage.

Part C plans cover all of the services included in Original Medicare, have a cap on the annual out-of-pocket costs and include Part D at no additional cost. Medicare Advantage plans are administered by **private insurers**. They feature co-pays, low or no monthly premiums plus additional benefits.



Ready to Enroll?

Talk with a certified health insurance agent who is a member of NABIP. NABIP members can help you make an informed decision. Visit **www.nabip.org** to find a certified agent in your area.

WHO WE ARE

Founded in 1930, NABIP is the premier trade association representing over **100,000** health insurance agents and brokers across more than **200** state and local chapters. Our members help millions of Americans purchase and effectively use health insurance.



WHAT WE DO

DEDICATE OURSELVES TO CONSUMERS

Fortune 500 companies, mom-and-pop shops and individuals all turn to NABIP members to find policies that meet their needs. NABIP members' work continues after the sale. They help clients with claims issues, compliance matters and coverage questions.



2 in 3 small businesses and **1 in 3** individuals count on agents or brokers to help them pick a policy.

STAY INFORMED ABOUT INDUSTRY TRENDS

NABIP members read NABIP publications and NABIP email communications to learn about industry trends, current legislation and more. NABIP members also take NABIP courses to receive the most up-to-date training and obtain certification in topics like Medicare.



3 in 5 agents and brokers spend some or most of their time helping clients resolve claims issues.



Most agents have more than **10 years** of experience in the healthcare industry.



ADVOCATE ON BEHALF OF CONSUMERS

NABIP members have firsthand knowledge of industry trends, employer challenges and the economic reality of the health insurance market. They apply that knowledge to advocate for responsible market solutions that promote access to affordable health insurance.