



For nearly a century, the **National Association of Benefits and Insurance Professionals (NABIP)**, formerly NAHU, has advocated on behalf of benefits and insurance professionals. NABIP members work to obtain insurance for clients who are struggling to balance their desire to purchase high-quality and comprehensive health coverage with the reality of rapidly escalating medical care costs. As such, one of NABIP's primary goals is to do everything we can to promote access to affordable health insurance coverage.

Preserving and Strengthening Employer-Sponsored Health Coverage

- **NABIP supports relief for employers complying with ACA reporting requirements.** The employer reporting requirements are needlessly burdensome and confusing for employers, consumers, health insurance exchanges, and the IRS. The current system exposes employers to threats of tax penalties and demands unnecessary personal identifying information from individuals. **The Employer Reporting Improvement Act (S. 3204)** and **The Paperwork Burden Reduction Act (S. 3207)** will ease the complex compliance reporting requirements for employers offering health insurance coverage to their employees. The bills allow employers to substitute certain identifying information, provide a larger window of time for employers to respond to IRS letters, limit the window of time for IRS lookback for prior compliance periods in accordance with regulation, and more.
- **NABIP supports ERISA and opposes any attempt to circumvent or preempt the law.** The Employee Retirement Income Security Act of 1974 (ERISA) was enacted to protect the interests of employee benefit plan participants and their beneficiaries. It sets minimum standards for plans while also setting standards for providing information, fiduciary responsibility, procedures for handling benefits, and remedies for beneficiaries. NABIP emphasizes that maintaining ERISA's preemption is essential to avoid a fragmented legal landscape and ensure consistent, effective administration of employee benefit plans nationwide.

Addressing the Cost of Care

- **NABIP supports site-neutral reform to eliminate disparities in cost based on location.** Current practices allow for variable pricing of identical healthcare services depending on whether they are provided in a free-standing clinic or an outpatient hospital setting – even when owned by the same provider. This variation leads to unnecessary costs on employers and consumers.

The **Lower Costs, More Transparency Act (H.R. 5378)** will enact a site-neutral payment policy to ensure that Medicare beneficiaries are paying the same rates for physician-administered (Part B) drugs in off-campus hospital outpatient departments as they do in physician offices. **H.R. 5378 passed the House in December and must be introduced in and passed by the Senate to become law.**

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



- **NABIP supports permanent expansion of telehealth flexibilities.**
Legislative action taken during the pandemic allowed Health Savings Account (HSA)-qualified high-deductible health plans (HDHPs) to cover telehealth services before reaching the deductible. It also provided consumers the ability to choose and purchase telehealth services outside their HDHP without impacting their eligibility for an HSA. These flexibilities will expire at the end of 2024 unless action is taken. Many large employers are already making benefits decisions for the 2025 plan year, and need to know if these flexibilities will be in place. The **Telehealth Expansion Act of 2023 (H.R. 1843 and S. 1001)** would make these flexibilities permanent.

Medicare

- **NABIP opposes unnecessary restrictions that impede seniors' access to licensed and certified agents and brokers.**
Due to the complexity of the plan-selection process, seniors rely on licensed and certified insurance agents to help them identify the coverage and benefits options that best meets their needs. By taking the time to understand the unique requirements and preferences of each beneficiary, agents offer tailored solutions and answer any questions a beneficiary may have throughout the year.

NABIP supports legislation to explicitly exclude independent agents and brokers from the current marketing requirement to record calls with beneficiaries, in addition to any future regulations related 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 opposes proposed changes to the Medicare agent and FMO compensation model.**
Recent proposed regulations by CMS would effectively eliminate the existing model of servicing agents working with and through Field Marketing Organizations (FMOs). These regulations would deny the marketplace of the benefits that FMOs provide to agents, brokers, and Medicare beneficiaries. The proposed rule would also further cap enrollment compensation and reduce fees for certain “administrative services.”

Without licensed and certified agents assisting in enrollments, Medicare beneficiaries will have fewer choices in finding accurate enrollment assistance; without FMOs to provide necessary services to agents, carriers will need create the infrastructure to provide those services – something that would likely increase health insurance premiums for many Americans.

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