

March 5, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear House and Senate Leaders:

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 safeguard seniors' ability to obtain the care and coverage they depend on.** Through nationwide outreach, we have gathered **11,000 testimonials from Medicare beneficiaries** underscoring growing concerns and the critical role healthcare agents and brokers play in helping beneficiaries navigate their options.¹

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), congressional action is more important than ever.²

Protect Access to Trusted Guidance: Ensure Fair Agent Compensation

“Working with my agent is the best thing that ever happened to me. When I lost my employer insurance, I worked with an agent to find the very best coverage. I was then diagnosed with cancer, and my coverage provided a safety net for me through the most challenging period of my life. It ultimately saved my life.”

Independent agents and brokers play a vital role in guiding Medicare beneficiaries through complex healthcare decisions, ensuring they receive the coverage they need. Some carriers have chosen to remove products from agent platforms and restrict enrollments to telephonic or Medicare.gov channels, limiting beneficiary choices. Carriers are effectively steering beneficiaries to select plans carriers prefer. Additionally, lack of regulation and enforcement has allowed carriers to retroactively negate compensation agreements, undermining the premise on which plans were initially sold. Several carriers eliminated commissions with minimal notice, in some cases after the Annual Election Period (AEP) had already begun. These commissions are essential to supporting the work independent agents do to assist beneficiaries, while also

¹National Association of Benefits and Insurance Professionals administers the collection of testimonials.

²Medicare Payment Advisory Commission. January 2025. [The Medicare Advantage Program: Status Report.](#)

enabling them to provide for their families. Independent agents and brokers, unlike SHIP counselors, help beneficiaries with their Medicare coverage for the lifetime of the policy, not just at initial enrollment. If left unaddressed, over 51 million beneficiaries could lose access to this trusted support, shifting the burden to overextended government resources.^{3,4}

We urge Congress to work with CMS to require carriers to:

- **Honor commission agreements for previously sold plans.**
- **Prohibit commission changes after October 1.**
- **Ensure the continuation of lifetime renewal-based commissions.**

Curb Unsolicited Medicare Marketing Calls

“I have major concerns about the marketing of Advantage plans by telemarketers on TV and in the mail. Many ads are deceptive in that they misrepresent the availability of providers and treatments in their network that don’t present the whole picture.”

One in three Medicare beneficiaries **receives seven or more marketing calls weekly** from Unlicensed (i.e., not state-regulated) third-party marketing organizations (TPMOs).⁵ We want to emphasize: **Licensed independent agents and brokers, and the field marketing organizations (FMOs) that train and support them, are not the same as TPMOs**, such as lead generation companies. Unlike independent agents and FMOs, these lead generators prioritize sales over beneficiary needs and are responsible for the problematic national MA and Part D beneficiary-focused TV commercials.

In contrast, independent agents spend countless hours each year correcting poor plan selections facilitated by TPMOs, in some cases saving their clients hundreds or thousands of dollars. Independent agents and FMOs ensure that beneficiaries can access the doctors and prescriptions they need when evaluating plans. Additionally, independent agents and brokers have educated their communities on how to join “Do Not Call” lists and how to file complaints with the FCC.

We support efforts to redefine and regulate TPMOs and ask Congress to work with the FCC to address complaints, ensuring licensed agents and FMOs are not wrongfully implicated.

Prevent Disruptions from Insurance Carrier-Health System Negotiations

“I’m super worried that my health system will no longer accept my Medicare Advantage plan. I’ve been seeing the same doctors for years, and now I don’t know if I’ll have to find new ones or change my coverage.”

³CMS. September 2024. [Medicare Enrollment Dashboard | CMS Data](#).

⁴Deft Research. 2023. AEP Gut Check Study.

⁵Commonwealth Fund. September 2023. [Seniors’ Experiences with Medicare Marketing and Advertising](#).

Negotiations between carriers and health systems often lead to sudden provider network changes, disrupting seniors' access to trusted care. Greater transparency and accountability are needed to prevent beneficiaries from being caught in the middle.

We urge Congress to partner with CMS to explore measures that:

- **Establish clear negotiation parameters to protect beneficiaries.**
- **Prohibit the use of media to instill fear in seniors during disputes.**

Streamline Prior Authorization Processes

“Suddenly, my medications weren’t covered without prior authorization. My agent called the carrier with me and helped me, as it was very confusing and time-consuming! I do not have anyone who can help and I counted on her for answering my questions.”

Prior authorization requests for MA beneficiaries now exceed 50 million annually, with stricter requirements affecting access to prescription drugs and skilled nursing care.⁶ We hear continued concerns from beneficiaries that they are experiencing stricter utilization management requirements within their coverage, particularly in the areas of skilled nursing and prescription drugs. Independent agents continuously share beneficiary feedback that the current process is overly burdensome, delaying critical treatments.

We urge Congress to advance bipartisan solutions that streamline prior authorization while protecting beneficiaries.

Decreased Number of Available Plans Across Counties

“I am concerned that Medicare Advantage plans have been canceled in our region, or not accepted by some providers. I am not sure what I will do - I am grateful to have an appointment soon with my agent because I trust that she will help me figure it out.”

Carriers are increasingly withdrawing from markets, reducing plan options—especially in rural and underserved areas. This forces beneficiaries into plans that may not align with their healthcare needs. Congress and CMS must evaluate strategies to maintain market stability and oversight to ensure MA remains a viable option for all.

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

Health Agents for America, Inc.

Independent Insurance Agents & Brokers of America, Inc.

National Association of Benefits and Insurance Professionals

National Association of Insurance and Financial Advisors

The Council of Insurance Agents & Brokers

⁶Kaiser Family Foundation. [Medicare Advantage Insurers Made Nearly 50 Million Prior Authorization Determinations in 2023](#). January 2025.