

Medicare Legislative Priorities

Mike Smith,
Chairman, NAHU Medicare
Working Group



THE BROKERAGE, INC.
"Linking Producer to Markets"



Who is NAHU

- NAHU is the only trade organization representing professional agents and brokers who work with Medicare beneficiaries and Medicare products
- A long history of working on Medicare issues on Capitol Hill has resulted in strong relationships with legislators
- In addition, growing influence with the Center for Medicare and Medicaid Services (CMS) makes NAHU your valued choice for advocacy and professional development



NAHU Activity

- NAHU recently successfully lobbied for restoration of the option for Medicare beneficiaries to make a one-time change in their plan selection during the first 90 days of the year beginning in 2019
- NAHU is also working on other Medicare-related issues, such as the interaction with HSAs, COBRA, Part B enrollment, and CMS's marketing and compensation issues



NAHU Medicare Working Group

- NAHU's Medicare Working Group is tasked to support staff and the Legislative Council with valuable insights into real world issues affecting Medicare beneficiaries and Medicare producers
- This group draws broad expertise from members with extensive knowledge of Medicare and Medicare program, coordination of benefits, and overlapping financing mechanisms
- Send me your ideas! Mike@TheBrokerageInc.com





NAHU Medicare Portal

Medicare is complex, thus this portal was developed to support members who want to:

- Expand their business and engage in industry best practices in the sale and service of products
- Start a conversation with clients on Medicare's unprotected risks
- The portal provides some basic information and resources on Medicare





MEDICARE LEGISLATIVE INFORMATION



MEDICARE SUMMITS



MEDICARE CERTIFICATION COURSE



MEDICARE INFOGRAPHIC



MEDICARE NEWS FROM NAHU



MEDICARE ADVISORY GROUP

Medicare Legislative Information





Medicare Legislative Information

HR 2477 / S 1280 “BENES Act”

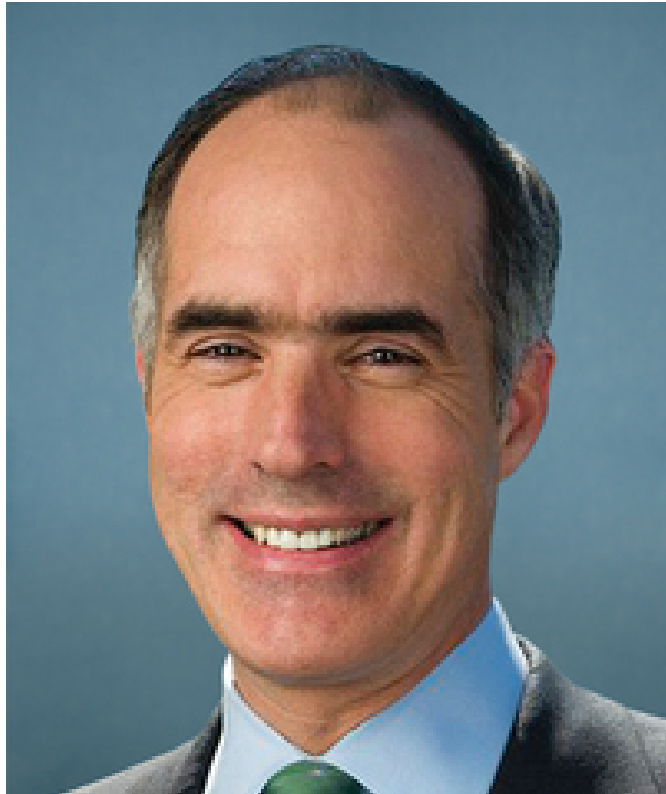
“ establish a system to notify individuals approaching Medicare eligibility, to simplify and modernize the eligibility enrollment process, and for other purposes”

Also relaxes the Scope of Appointment process



HR 2477 / S 1280: The BENES Act

- Senator Robert “Bob” Casey (D-PA)



- “BENES” = Beneficiaries Enrollment Notification and Eligibility Simplification Act
- This bill is brand new, introduced in May 2019
- Would provide some SOA relief



Medicare Broker Bill

Background – CMS Marketing appointment rules regulate the interaction consumers may have with an agent or broker providing guidance to consumers interested in enrolling in Medicare plans. These rules require a “scope of appointment” process which is very restrictive, specifically for those consumers that already have an existing relationship with an agent. Under these rules the agent and consumer agree to a “scope of appointment” 24 hours prior to their meeting. Once the consumer is able to meet with the agent, the consumer may only discuss with that agent the products that were included in the scope of appointment, unless another “scope of appointment” form is completed, even if the consumer already has an existing business relationship with that

“Broker Bill”

- In an effort to improve the consumer experience in enrollment in Medicare plans, we believe that the “scope of appointment” rules should allow for leeway under a standard set of issues that allows for initial needs assessment of financial and medical needs
- Allows consumers to discuss their options under several different Medicare plan arrangements without the need to submit additional “scope of appointment” paperwork, but continues to protect the consumer by prohibiting immediate cross-selling

Scope of Appointment

ma_scope_of_appointment_final.pdf 1 / 2

**Medicare Advantage
Marketing Rules and Scope of Appointment**

In an effort to improve the consumer experience when enrolling in Medicare plans, we believe that the “scope of appointment” rules should be changed to allow for an initial needs assessment of financial and medical needs, and allows consumers to discuss their options under several different Medicare plan arrangements without the need to submit additional scope-of-appointment paperwork, but continues to protect the consumer.

“Medicare for All”
is really “Medicare for
None”!





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Tell Congress to Oppose Single-Payer and Medicare-for-All!



Proponents of a government-run, one-size-fits-all healthcare system will be lobbying federal lawmakers during their "Medicare-for-All Week of Action" from February 9-13, 2019. NAHU wants to ensure that Congress also hears from voices throughout the country on the importance of preserving the current system for providing affordable health coverage choices to all Americans.

More than 180 million Americans are covered by private health insurance that would be threatened under single-payer healthcare, be it incremental approaches such as a public option or Medicare or Medicaid buy-in, or a more sweeping federal takeover of the entire healthcare system to implement a single standardized government-run plan.

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Tell Congress to oppose single-payer and Medicare-for-All proposals!

Fix Medicare's "Two Midnight" Policy!

Take Action today and tell your federal legislators to fix Medicare's "Two Midnight" policy!

Pass H.R. 1398 and S. 172 to Extend the Premium Tax Relief!

Tell Congress to Support H.R. 1398 and S. 172 to Extend the Premium Tax Relief!

Tell Congress to Permanently Repeal the Cadillac/Excise Tax!

Tell Congress to permanently repeal the Cadillac/excise tax!

cqrcengage.com/nahu/app/take-action?engagementId=496217

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Medicare for All

- Estimated to cost \$32T over 10 years
- Annual tax increase \$24,000 per household
- Eliminates 1.5M jobs
 - 500,000 who work directly for insurers
 - 900,000 in closely related jobs
- Hospitals would see \$774B in cuts and possible closures
 - Especially rural areas

Medicare for All


- Delayed treatment
- Disrupted care
- Discouraged innovation
- Elimination of Medicare Advantage and Medicare Supplement plans
- Could lead to ever-increasing taxes to cover the costs


MEDICARE FOR ALL MEANS **ONE-SIZE-FITS-ALL CARE**




Open in Acrobat

MEDICARE FOR ALL WILL ABOLISH PRIVATE HEALTH INSURANCE

 **200 MILLION**
AMERICANS WOULD LOSE EXISTING PRIVATE COVERAGE FOR A ONE-SIZE-FITS-ALL GOVERNMENT PLAN

 **70%**
OF THOSE THAT RECEIVE EMPLOYER-PROVIDED COVERAGE ARE SATISFIED

 **108 MILLION**
MEDICARE AND MEDICAID BENEFICIARIES NATIONWIDE WOULD BE FORCED INTO THIS NEW PLAN

MEDICARE FOR ALL COMES WITH AN UNPOPULAR COST...



HR 1682 / S 753

“Observation Stays”

Allows observation stays to be counted toward the three-day mandatory inpatient stay for Medicare coverage of a skilled nursing facility



HR 1682 (March 2019) “Observation”

- Rep. Joe Courtney (D-CT)



- Rep. Glenn “GT” Thompson (R-PA)



Companion Bill: S 753 “Observation”

Senator Sherrod Brown (D-OH)



- Senator Susan Collins (R-ME)





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Fix Medicare's "Two Midnight" Policy!



Bipartisan legislation is pending in both the U.S. House and Senate that addresses Medicare's "two midnight" policy. 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 3-day inpatient hospital stay. In March 2019, Representatives Joe Courtney (D-CT) and Glenn Thompson (R-PA) introduced [H.R. 1682](#) and Senators Sherrod Brown (D-OH) and Susan Collins (R-ME) introduced [S. 753](#). These bills would allow observation stays to be counted toward the three-day mandatory inpatient stay for Medicare coverage of a skilled nursing facility (SNF).

Currently,

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HR 1398 / S 172

“HIT” = Health Insurance Tax

1. Assesses a tax on all health insurance companies on and off exchange
2. Delay the Health Insurance Tax through 2021
3. Due to add \$500 annually per policy





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Pass H.R. 1398 and S. 172 to Extend the Premium Tax Relief!



On February 27, 2019, Representatives Ami Bera (D-CA) and Jackie Walorski (R-IN) introduced H.R. 1398, the Health Insurance Tax Relief Act of 2019, joining S. 172 introduced in January by Senators Cory Gardner (R-CO) and Jeanne Shaheen (D-NH), to delay the ACA's Health Insurance Tax (HIT) through calendar year 2021. These bipartisan bills would extend the moratorium of the HIT that is effective for 2019, and provide additional time for lawmakers to enact a permanent solution to a tax that is due to add an additional \$500 in premiums per affected family every year.

The tax, dubbed a fee, assesses a tax on all health insurance companies of insured plans both inside and outside the exchange based on their

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HR 2564:
Treating COBRA as
creditable coverage



HR 2564 (May 7, 2019)

Treating COBRA as creditable coverage

- Rep Kurt Schrader (D-OR)



- Gus Bilarakis (R-FL)





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HR 2564

Allow COBRA to be treated as Creditable Coverage for Medicare



On May 7, 2019, Representatives Kurt Schrader (D-OR) and Gus Bilirakis (R-FL) introduced H.R. 2564, legislation that would create a one-time special enrollment period (SEP) for seniors enrolled in COBRA coverage to enroll in Medicare Part B without a penalty. This legislation would effectively treat COBRA as creditable coverage, the same as seniors who remain on similar employer-sponsored coverage and then enroll in Medicare. The SEP would only apply for this scenario and is unrelated to Marketplace SEPs, which allow consumers to enroll in exchange-based coverage outside of the open enrollment period.

Under current law, seniors who are enrolled in COBRA coverage but are eligible for Medicare face

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Background on Medicare COBRA

ISSUE SUMMARY:

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 the beneficiary's 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.

ACTION NEEDED:

We urge Congress to support forthcoming legislation that would allow seniors enrolled in COBRA coverage to transition to Medicare Part B without a penalty. This legislation would effectively treat COBRA as creditable coverage, the same as seniors who remain on similar employer-sponsored coverage and then enroll in Medicare. This one time Medicare special enrollment period would only apply for this scenario.

BACKGROUND:

Take Action!

Medicare COBRA Fix: Share Your Stories

Share your clients stories on why COBRA should be treated as creditable coverage for Medicare.

Allow COBRA to be treated as Creditable Coverage for Medicare

Tell Congress to pass H.R. 2564, to allow COBRA to be treated as creditable coverage for Medicare!

Legislation Details

Federal - HR 2564

A bill to amend title XVIII of the Social Security Act to provide for a special enrollment period under Medicare for individuals enrolled in COBRA continuation coverage, and for other purposes.
Support

NAHU Logo.png

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Type here to search

Taskbar icons: File Explorer, Mail, Chrome, PowerPoint, Excel, Access, Edge, Word, Internet Options, System tray (Network, Volume, Date/Time: 8:12 AM 8/12/2019, Notifications: 1)



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Medicare COBRA Fix: Share Your Stories



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* First Name

Michael

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HR 3796: Health Savings Accounts

Allow HSA contributions
after age 65



HR 3796: Health Savings Accounts

- Rep. Ami Bera (D-CA)



- Rep. Jason Smith (R-MO)





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Medicare

Seniors need good choices in healthcare. Medicare covers over 47 million Americans and is the nation's largest health insurance program for seniors. NAHU has worked diligently to benefit

Issue Resources

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[Cadillac Tax: Share Your Stories](#)

www.Medicare.gov

- Existing Medicare Plan Finder will be taken down September 30, 2019
- Will need to re-enter the Rx list each time
- Better idea: use “Simply Enroll”
- Send comments to MedicarePlanFinder@nahu.org
- Blue Button 2.0
- HIPAA liabilities?

Mobile Version



September 6, 2019

Fast Facts



- The Healthcare Happy Hour features a conversation on the revamped **Medicare Plan Finder** and how NAHU and our members are working to improve the tool ahead of the upcoming plan year.
- The IRS published a **notice** advising insurers of the impending **health insurance premium tax**, currently suspended for 2019, that will take effect again next year. NAHU is a leading proponent of repealing the tax or extending the moratorium to prevent an estimated \$15.5 billion in being passed onto employers and consumers next year.
- Congress is set to return from their annual recess next week



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SEP 06



How NAHU is Working with CMS on the Medicare Plan Finder

SEPTEMBER 06, 2019 | LEGISLATIVE – MEDICARE

CMS launched an updated Medicare Plan Finder last week that will allow users to shop and compare plans with a personalized experience. On this week's episode,

Questions and Comments

Thank you!