



Jessica Brooks-Woods  
CEO



# WELCOME TO NABIP VIDEO



[WELCOME VIDEO](#)



[CLICK HERE](#)



# NABIP's Aim and Vision for the Future

- NABIP is dedicated to ensuring that all Americans have access to high-quality, affordable healthcare through our collective reach
- NABIP advocates for policies that enhance the value of healthcare and to provide resources that empower our members to succeed
- NABIP aims to lead the transformation of the healthcare industry by being the essential voice in healthcare policy and practice. We aim to be recognized as the indispensable partner in healthcare innovation and advocacy



My vision for NABIP:  
Going from being **RELEVANT**  
to being ***ESSENTIAL***.





# How do we make NABIP ESSENTIAL to all Americans?

- “We [NABIP members] are **uniquely positioned to lead the transformation of healthcare quality, access, and delivery as well as the future of affordability.**” - Jessica Brooks Woods

*“To make **NABIP essential** to all Americans, we **must** interweave our services into the **very fabric of their lives**, ensuring that we are not just a choice for healthcare support, but **the cornerstone of it**. We endeavor to become a beacon of **trust, innovation, and advocacy in healthcare**, not just because we can, **but because we must**. It’s about evolving from a resource into a necessity—by aligning with every American’s hope for a healthier tomorrow.”*

**Jessica Brooks Woods, CEO of NABIP**





# Member Voices

## Majority of the feedback:

Highlights the need for improved communication, support for local chapters, and more accessible technology.\*

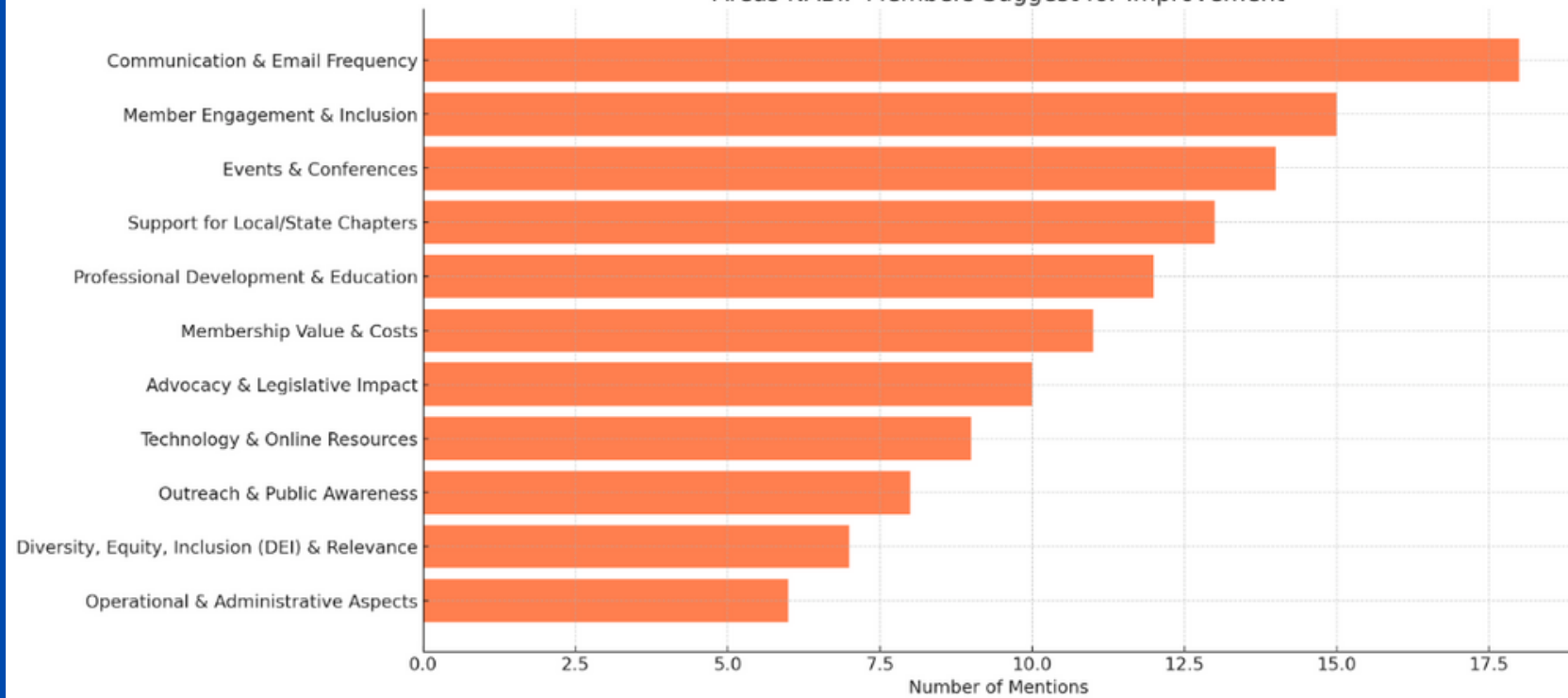
## Members Seek More Value

From their membership, particularly through relevant events, training, and support.

## Balanced View

A balanced view of legislative focus: Some appreciate it, others feel it overshadows other priorities.

Areas NABIP Members Suggest for Improvement



# NABIP

Shaping the future of healthcare





# REBUILDING TRUST

To rebuild trust with our members, we're enhancing communication, offering targeted professional development, driving community initiatives, and modernizing our digital resources. Together, these steps ensure a stronger, more valuable NABIP for all.



## Professional Development Opportunities



Offer tailored training programs, workshops, and mentorship opportunities that focus on equipping members with the skills and knowledge to be essential in the healthcare marketplace.



## Community Engagement and Impact Initiatives

Collaborate with members to identify areas of community need and develop programs that leverage NABIP's resources and expertise for community betterment.



## Enhanced Communication and Transparency

Establish regular communication channels, such as monthly newsletters, webinars, or town halls, to update members on organizational initiatives and decisions. Address any issues or concerns head-on and solicit feedback frequently.



## Digital Transformation and Resources

Modernize the organization's digital platforms to offer a seamless user experience. Provide members with digital resources, like research databases, networking platforms, and AI-driven tools, to enhance their professional capabilities



# APP STORE

Explore NABIP's AI-Powered App Store for Enhanced Chapter Leadership and Membership Experience!



- Discover a suite of tailored applications designed to streamline your responsibilities as a chapter leader, agent, or valued NABIP member.
- From crafting compelling media for your chapter to refining your professional bio and even developing a captivating landing page for your business, our App Store offers a range of solutions to elevate your experience. Start exploring today and unlock new possibilities for efficiency and productivity!"

<https://nabip.app/apps>





# SUPPORT RESOURCES



## **Your Voice Matters App**

The Feedback App is a voice-powered tool that empowers NABIP members, vendors, and staff to share their thoughts and concerns transparently, driving our strategy and innovation towards continuous improvement and excellence.



## **NABIP Instant Answer App**

The NABIP Informant App is a versatile bot that streamlines communication by efficiently collecting inquiries, providing quick AI-generated responses, and routing them to the appropriate personnel, enhancing the understanding of NABIP's value proposition and new programs like the Healthcare Bill of Rights for our members, employees, and the general public.





# NABIP

LEADERSHIP DEVELOPMENT INSTITUTE



aping the

# NABIP's New Cybersecurity Resource



# NABIP's New Cybersecurity Resource

Teaming Up with the US Helpdesk Academy to Launch a Crucial Cybersecurity Training Program

Our Mission:

Fortify Defense against Ransomware and Cyber Attacks

Protect National Security and Healthcare Policy

Key Benefits:

100% Certification Costs Covered by US Helpdesk Academy

Typically ranges from \$5000 to \$8000

Significance for Businesses:

Enhance Cybersecurity Capabilities at No Cost

Vital Protection for Healthcare Systems and Consumer Privacy

Alignment with NABIP's New Healthcare Bill of Rights:

Article 3 Right to Privacy and Confidentiality

Safeguarding Personal and Sensitive Healthcare Information

# Cutting Edge Information!

## NABIP

Healthcare Happy Hour



**ONABIP**  
Shaping the Future of Healthcare

NEWS WIRE  
January 4, 2023

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**SIS** **HAVE A HIGH DEDUCTIBLE HEALTH PLAN?**

- Multiple Carriers Available
- HSA Compatible GAP Plans
- One of Our Custom GAP Plans Can Help
- Customizable Plan Designs
- Composite Rates Available

**Top predictions for health insurers, employers in the new year**

Health Payer Intelligence  
Three years after the first wave of the coronavirus pandemic hit the U.S., the American healthcare system is still feeling the effects. In 2023, the anticipated unwinding of the public health emergency will send shockwaves through the health insurance industry, impacting health insurers and employers alike.

[READ MORE](#)

**FEATURED ARTICLE**

**ACA 1094/1095-C filing season is now open**

Provided by ACA Compliance Solution Service  
ACA Compliance Solution Services is here and ready to assist you and your clients in filing their 2022 1094/1095-C filings with the IRS. As one of the leading ACA filing companies in America our experts are here to take the burden off your clients. We offer white glove services at very low costs.

Contact us now to take advantage of our NABIP discount and feel good knowing your clients are in great hands.

Call us at 977-959-3853 or [Click Here](#) to simplify your clients compliance filings.

**2023: The year Medicare Advantage begins to dominate traditional Medicare**

**NABIP**  
WASHINGTON UPDATE  
November 8, 2018

**Fast Facts**

- As a result of President's executive orders, Democrats will control the House of Representatives, and Republicans will remain in the White House through the 2020 Congress.
- Legislation of interest:
  - A federal election fund will be created for health care related issues, including election financing, which would be created from Medicaid programs.
  - Congress will create new funding through and through the 2020-2021 session. They will need to pass a spending bill by December. To avoid a government shutdown, the first of a continuing budget or a one-year extension of the Continuing Resolution.
  - The health care "funding" bill will be the end of the year.
  - Health CARE will be passed and passed the House of Representatives on and November 8th, but will not be passed in the Senate.
  - The health care "funding" bill will be passed in the House of Representatives on and November 8th, but will not be passed in the Senate.

**Midterm Election Results in 2018 Government and Opportunity to Advance Making's Priorities**

The midterm elections on Tuesday resulted in a historic divided government, as Democrats will control the House of Representatives and Republicans will remain in the White House.

**NABIP Issues Report of Election and Premium Taxes in Late 2018**

Congress will be looking to Washington, D.C. and see for a year later but expect through mid-December. It is of their election is expected to be focused on.

**Healthcare Happy Hour: Can Divided Government Achieve Compromise in Healthcare's Worst of WORST?**

This is the most important question to ask in the weeks to come. It is not just a question of whether we can achieve a compromise, but whether we can achieve a compromise that will protect the health and care of the American people.

**State Spotlight: Utah, Idaho and Nebraska Vote in Favor of Medicaid Expansion**

Three states have passed legislation to expand Medicaid to approximately 2 million more individuals, which would increase coverage for an estimated 2.2 million low-income people.

**IN THIS ISSUE**

- Fast Facts
- ACA 1094/1095-C Filing Season is Now Open
- ACA Compliance Solution Service
- ACA 1094/1095-C Filing Season is Now Open
- ACA Compliance Solution Service
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**NABIP**  
STATE UPDATE  
June 23, 2021

**Welcome to NAHU's State Update!**

Good afternoon! You're reading NAHU's State Update, a newsletter highlighting all the pertinent political and regulatory news at the state level. The State Update will be published the second and fourth Wednesday of every month. If there is legislation or regulation brewing in your state that you think the State Update should cover, please contact us at [states@nahu.org](mailto:states@nahu.org).

**Colorado and Nevada Pass Watered Down "Public Option" Laws**

While proponents of each measure are calling these "public option" laws, it is important to note that these laws do not institute "pure" public options. Since these new laws use the private market to offer standardized plans, health insurance brokers will still play a major role in the marketplaces of Colorado and Nevada... [Read More](#)

**New York Single-Payer Bill Fails to Advance Once Again**

The legislation made less progress than usual, while the bill historically passes at least one chamber, this year the bill did not even make it to the Assembly floor for a vote. The New York Health Act, if passed, would have instituted... [Read More](#)

**Connecticut Ends Legislative Session without a Public Option or Health Insurance Tax**

While the public option was defeated, the potential for a health insurance tax still lingered for some time. The HIT included in the ACA was a sales tax on health insurance that increased the cost for coverage for consumers and employers across the country... [Read More](#)

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**NABIP**  
MEDICARE NEWS

**In This Issue**

- 2020 Year-End Government Relations Report
- 2020 Year-End Government Relations Report
- ACA 1094/1095-C Filing Season is Now Open
- Premiums and Other Costs for 2021
- ACA 1094/1095-C Filing Season is Now Open
- ACA 1094/1095-C Filing Season is Now Open

**2020 Year-End Government Relations Report**

by John Orsini  
NAHU worked closely with CMS early on to express our concerns for the 2021 AEP and the ability of our members to serve millions of beneficiaries. [Read more](#)

**ACA 1094/1095-C Filing Season is Now Open**

by Justin Lubow  
While 2020 was smoother, it was not without some bumps... [Read more](#)

**Premiums and Other Costs for 2021**

by Erin Fisher  
Each November, CMS announces increases in the premiums for Part A and Part B... [Read more](#)

**ACA 1094/1095-C Filing Season is Now Open**

by Ken Schmidt  
"Welcome to Medicare" preventive visits, annual wellness visits and annual physical examinations may sound like the same procedure... [Read more](#)

**ACA 1094/1095-C Filing Season is Now Open**

by Dawn McFarland  
The Medicare Advantage OEP occurs annually between January 1 and March 31. This is often confused with annual enrollment period... [Read more](#)

**Medicare Thru**

Did you know... [Read more](#)

**Miss the Medicare Plan Finder?**

[CLICK to learn more](#)

**Newsletter Tools**

- Email the Editor
- Visit the NABIP Website
- Connect with Members
- View Past Editions

# Transforming Our Reputation in the Marketplace

- Our members serve **individual clients** and employers of all sizes and backgrounds in **every area of the country**, but the consultant is not always seen as an ally.
- We need to **change that viewpoint** and ensure everyone knows the **value that members bring**.
- We need to be willing to be **disruptive enough and futuristic enough** to take that risk.



# Marketplace Trends and Priorities

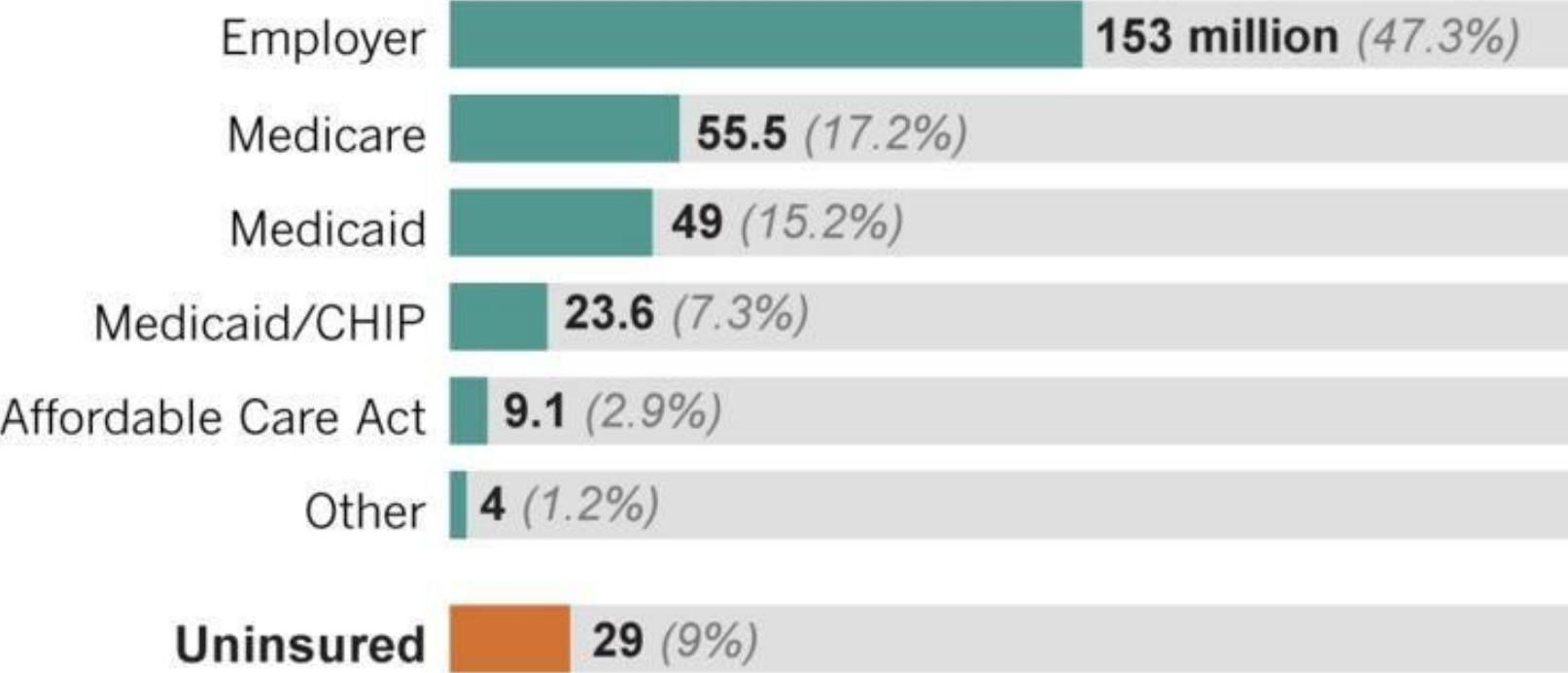


# NABIP

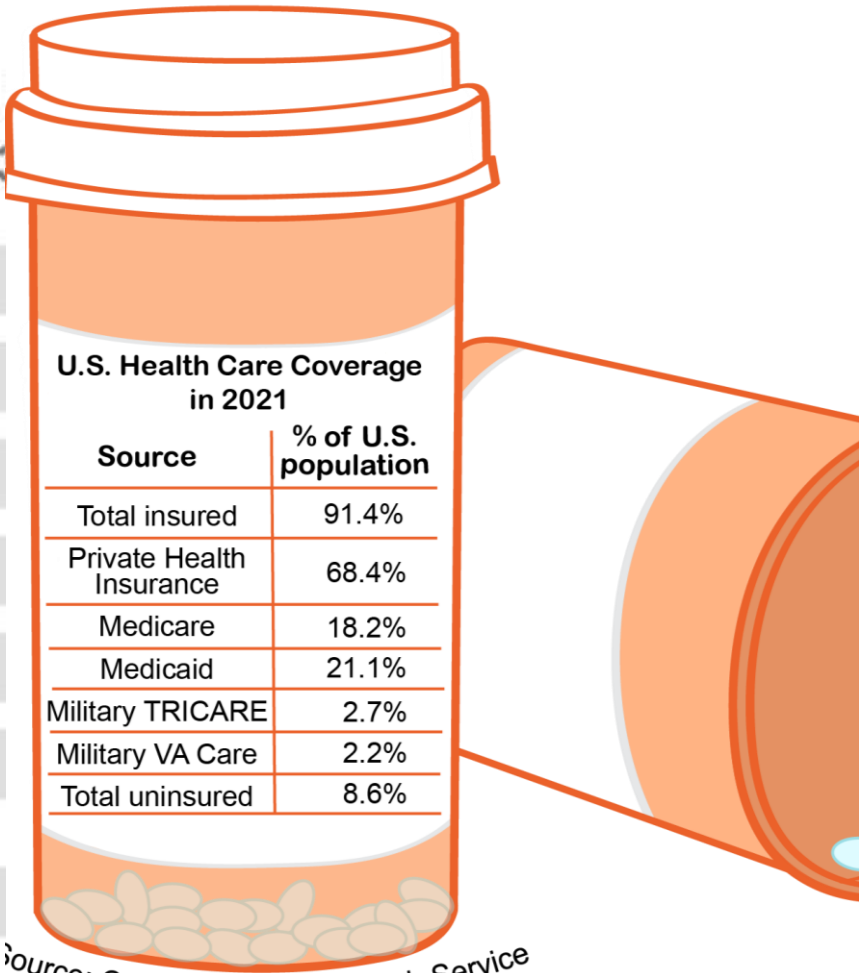
Shaping the *future* of healthcare

# Healthcare coverage in the U.S.

**Insured through:** (number of people insured)



Total U.S. population  
325 million



Source: Congressional Research Service

Source: Charles Gaba / ACASignups.net

@latim

So, where are we today?

# Where's our \$ going?



# EMPLOYERS BRACE FOR 2024

THE WALL STREET JOURNAL

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## Health-Insurance Costs Are Taking Biggest Jumps in Years

Employers and workers are expected to see an increase of about 6.5% or higher in health-plan costs next year

Pharmacy Services	\$1,200	Anesthesia	\$1,000
Supplies	\$800	Physical Therapy	\$500
Laboratory Services	\$600	Occupational Therapy	\$400
Radiology Services	\$400	Emergency Room Services	\$300
Operative Services	\$200	Recovery Room	\$200
Other Services	\$100	EKG/ECG Service	\$100
Totals	\$4,172		

## It's Time For Employers To Bring Health Care Decisions In-House

Christopher M. Whaley, Gloria Sachdev, Marijvn Bartlett, Ge Bai

SEPTEMBER 22, 2022

10.1377/forefront.20220920.289514

### Employee Benefits Package

Summary of Benefits

Whether US employers like it or not, they are in the health care business. Roughly half of individuals with health insurance are covered through their employers. US employers' health care costs have increased by 47 percent in the past 10 years, and the annual cost to provide a family with health care coverage has surpassed \$22,000. Health care costs are typically the second-highest employer expense after wages and benefits, and employers pay for rising health care costs by decreasing wages and benefits.

“Large employers cannot continue to be the piggy bank for a broken system that is unwilling to meet the needs of its customers.”

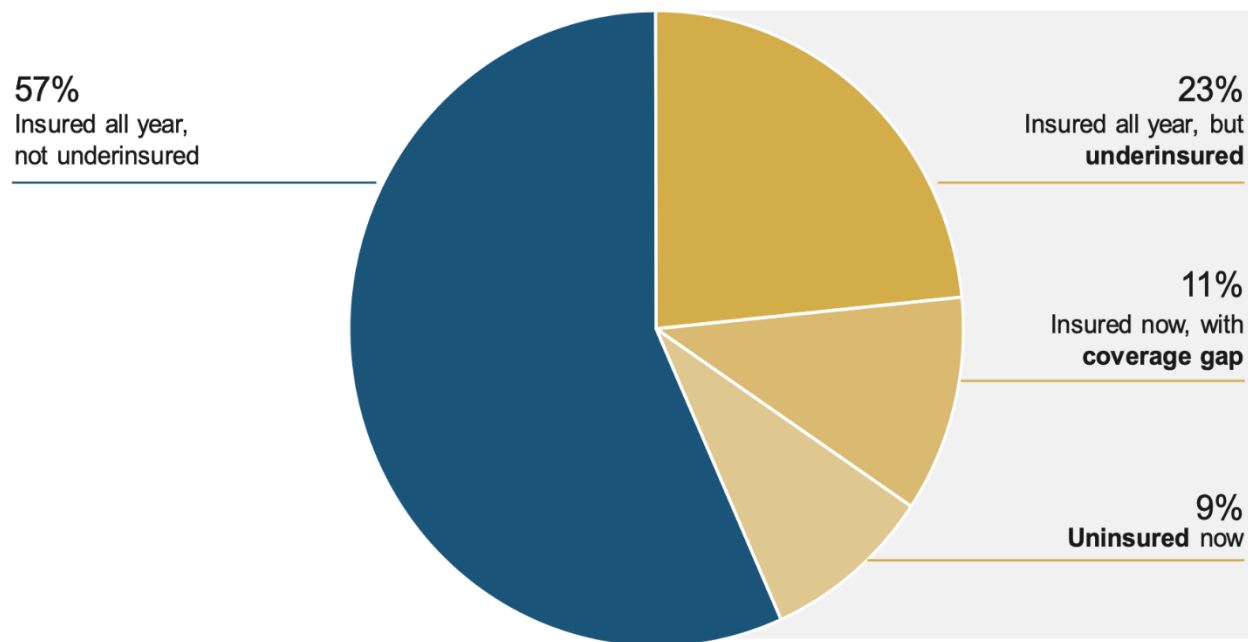
– Elizabeth Mitchell, CEO, PBGH

# The problem extends to those with insurance coverage...

“**Twenty-nine percent** of people with employer coverage and **44 percent** of those with coverage purchased through the individual market and marketplaces were underinsured.”

Finding from the 2022 Commonwealth Fund Biennial Health Insurance Survey

Percentage of adults ages 19–64, by insurance coverage status within the past 12 months



Notes: “Insured all year, but underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of household income; out-of-pocket costs, excluding premiums, equaled 5% or more of household income if low-income (<200% of poverty); or deductibles equaled 5% or more of household income. “Insured now, with coverage gap” refers to adults who were insured at the time of the survey but were uninsured at any point in the 12 months prior to the survey field date. “Uninsured now” refers to adults who reported being uninsured at the time of the survey.

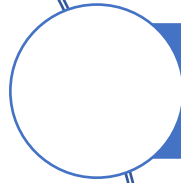
Data: Commonwealth Fund Biennial Health Insurance Survey (2022).

Source: Sara R. Collins, Lauren A. Haynes, and Relebohile Masitha, *The State of U.S. Health Insurance in 2022: Findings from the Commonwealth Fund Biennial Health Insurance Survey* (Commonwealth Fund, Sept. 2022). <https://doi.org/10.26099/73zg-3432>

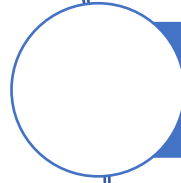




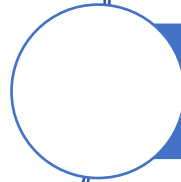
About half of U.S. adults say they have difficulty affording health care costs.



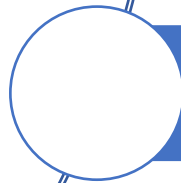
Substantial shares of adults 65 or older report difficulty paying for various aspects of health care



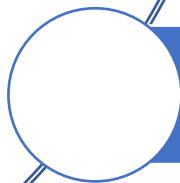
The cost of health care often prevents people from getting needed care or filling prescriptions.



High health care costs disproportionately affect uninsured adults, Black and Hispanic adults, and those with lower incomes



Those who are covered by health insurance are not immune to the burden of health care costs.



Health care debt is a burden for a large share of Americans

# Employer Perspectives on Health Strategies

## Whole Person Health

- - Mental health integration with physical health (+18%)
- Recognizing diversity (+15%)
- Personalized care (+10%)

## Health Equity

- - Improving accountability in service contracts (+38%)
- Evaluating program participation by sub-populations (+15%)
- Access to quality services (+13%)

## Women's Health

- - Mental health support (90%)
- Parental leave (76%)
- Maternity support services (69%)
- Menopause support (43%)
- Reproductive health (22%)

## Mental Health

- - Over 70% provide mental health support
- Promoting cultural competency (37%)
- Integrating behavioral health into primary care (27%)

## LifeStyle and Obesity Programs

- - Lifestyle programs (79%)
- Bariatric surgery (69%)
- Obesity medications (45%)

## Hospital Pricing Mitigation

- - Centers of excellence (41%)
- Site of care strategies (37%)
- Advanced primary care (57%)
- Tiered networks (56%)

# Employer Financial and Fiduciary Strategies

## Integrity and Compliance Concerns

- Services and fees charged by hospitals, PBMs, TPAs, brokers, and consultants (8-49%)
  - Compliance with mental health parity requirements (33%)
  - Transparency requirements (39-43%)

## Hospital Prices and Strategies

- 88% believe hospital prices are unreasonable
  - Mitigation strategies: centers of excellence (41%), site of care (37%)

## Pharmacy Benefit Management (PBM) Control

- - Data ownership (63%)
  - Eliminating advisor conflicts (57%)
  - Full audit rights (55%)
  - Transparency regarding drug costs (59%)

## Policy Reform Interest

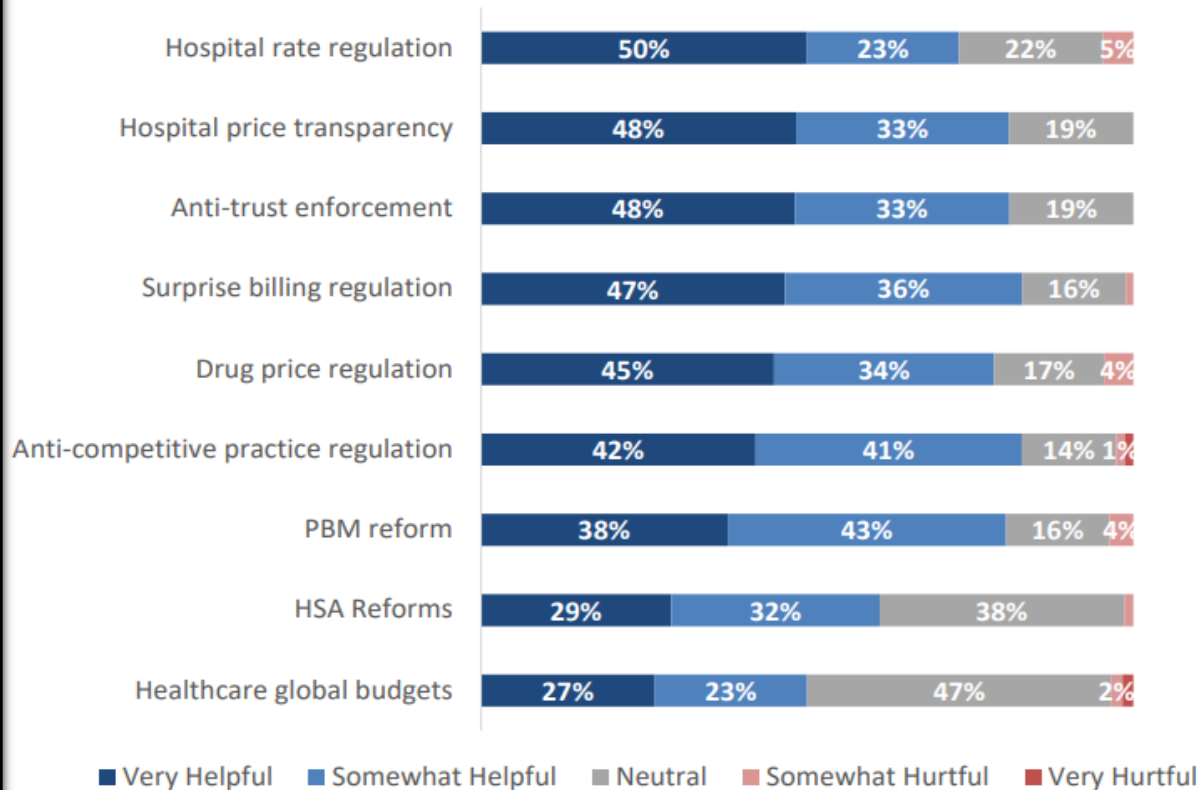
- - Support for policy reforms to improve affordability and value:
  - Hospital rate regulation (+20%)
  - Price transparency (+11%)
  - Surprise billing regulation (+7%)

## Customized Formularies

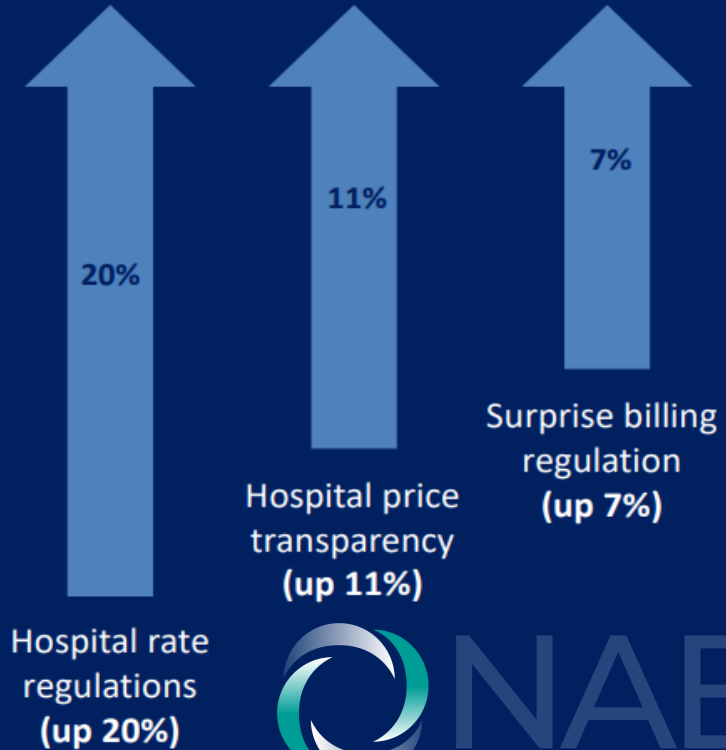
- - Use of value-based formularies (49%)
  - Customized formularies (43%)
  - Promotion of biosimilars (69%)
  - Removal of low-value drugs (50%)

# Employers take greater interest in Policy Reforms

## Employers are increasingly supportive of policy reforms that can improve affordability and value



Interest in hospital policy reforms has increased substantially from 2022 to 2023:





**FOR IMMEDIATE RELEASE**

May 10, 2024

**Press Contact:**

Kelly Lousседes, SVP of Public Relations  
202.595.3074 or [kloussedes@nabip.org](mailto:kloussedes@nabip.org)

**NABIP Responds to CMS Statement on Plan Switching in the ACA Marketplace**

**Washington, D.C.** — The National Association of Benefits and Insurance Professionals (NABIP) wishes to address the recent CMS press release that casts agents and brokers in the ACA Marketplace in an unfavorable and misleading light.

Jessica Brooks-Woods, CEO of NABIP, expresses profound disappointment: "We are deeply troubled by the portrayal of health insurance agents and brokers in the CMS statement. What was not addressed is the possibility that a large number of these unauthorized plan switches are due to technological vulnerabilities that allow automated systems to make the switches, not the unethical practices of agents and brokers."

NABIP has actively collaborated with CMS and other stakeholders since learning about the problem, bringing to light specific technological flaws that allow these systems to manipulate the agent assignment process. "We have presented evidence of systems switching thousands of consumers within mere minutes—a task impossible for humans. This clearly indicates a need for enhanced security protocols within the systems used by CMS," Brooks-Woods adds.

The unique structure of the marketplace, where agents and brokers must work through an intermediary rather than directly with carriers, introduces specific challenges. "One of our members lost 7,000 clients in less than three minutes due to these vulnerabilities," Brooks-Woods states. "These incidents not only represents a significant revenue loss but



## Medicare Update



Last updated 05/29/24

## Ongoing Trends

- **Shift to MA vs. traditional Medicare** (54% of eligible population today, 60% by 2030)
- Proposed bicameral legislation to **expand telehealth flexibilities**
- **2025 Medicare Rule changes** to increase access to behavioral health & Part D covered drugs; impact on MA agent compensation

## Opportunities for Innovation

Improved outcomes & reduced costs via:

- **Technology integration** (AI, EHR, telehealth, remote patient monitoring, HIE)
- **Value-based care models & initiatives** (ACO, bundled payments, PCMH, integrated behavioral care)
- Expanded and diversified **MA supplemental benefit offerings**



## CMS' 2025 Medicare Advantage & Part D Final Rule

(Effective June 3<sup>rd</sup>)

Last updated 05/29/24

### Key Provisions

- **\*Increased compensation for MA enrollments** (a one-time increase of \$100)
- **Restrictions on TPMO** beneficiary data collection and **elimination of payer payments** for TPMO steerage to certain plans
- Expanded MA network requirements for **behavioral health**
- **Part D plan flexibility** to substitute biosimilars for reference drug products

### NABIP Actions

Met with CMS & OMB, had Congressional members send letters, and worked with legal partners to advocate for members:

- Moved from the **originally proposed compensation increase of \$31** to \$100
- **CMS acknowledged** critical role of agents & brokers
- Preserved ability of **FMOs to contract with carriers**
- **Contained rule impact on FMO payments to enrollments** vs. other activities

# Employer-sponsored Health Insurance



## Republican-proposed Changes to ESI Fed Tax Treatment

- House Republican Study Committee FY 2025 budget includes a **federal income tax on ESI**
- Republican-tied think tank proposed capping ESI tax exclusion at **125% of the national average**

## ERISA 50<sup>th</sup> Anniversary & Threats

- Some states looking to circumvent ERISA's **preemption clause**
- J&J lawsuit reemphasizes employer **fiduciary responsibility** in managing employee benefit plans and negotiating fair contracts with benefit providers

## Simplified Employer Reporting Bills

- Relief for employers' compliance with **ACA reporting requirements**
- H.R.3801 Employer Reporting Improvement Act **passed the House**; an identical bill is sitting with the Senate Finance Committee (S. 3204)

## Price Transparency Senate Bill

- Provide employers & unions access to their **health claims data**; make available **negotiated rates & cash prices** between plans & providers
- S. 3548 **Health Care PRICE Transparency Act 2.0** sitting with HELP committee

# Individual Market

## Record-breaking 2024 OEP

- **22 million** Americans signed up for coverage during the 2024 OEP
- Agents and brokers were responsible for **78% of enrollments** in states using the federal ACA platform

## Telehealth Expansion Bills

- Telehealth flexibility **expires end of 2024**
- H.R. 1843 & S. 1001 would **extend flexibilities by 2 years**
- **Bipartisan support** particularly among rural & remote areas; areas facing worker shortages

## STLDI & Fixed Indemnity Plans Final Rule

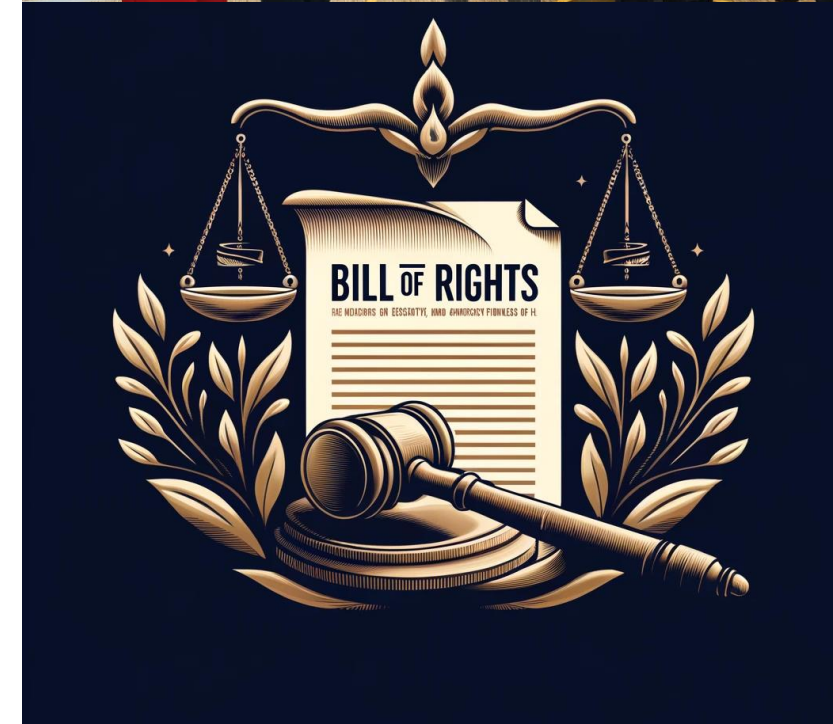
- Caps initial STLDI coverage periods to **3 months** and prohibits stacking policies
- **Consumer notice requirements** to clarify fixed indemnity coverage, emphasizing the difference vs. comprehensive health insurance



# PREAMBLE

WE, THE PEOPLE OF THE UNITED STATES, RECOGNIZING THE IMPORTANCE OF ACCESS TO AFFORDABLE HIGH-QUALITY HEALTHCARE, HEREBY ESTABLISH THIS AMERICAN HEALTHCARE CONSUMER BILL OF RIGHTS. IT IS OUR FUNDAMENTAL BELIEF THAT EVERY INDIVIDUAL DESERVES THE RIGHT TO OBTAIN HEALTHCARE THAT IS COMPREHENSIVE, EQUITABLE, AND COMPASSIONATE. THIS BILL SERVES TO PROTECT AND UPHOLD THESE RIGHTS FOR ALL AMERICANS.

Affordable Healthcare	Quality Care
Privacy and Confidentiality	Individual Autonomy
Health Equity	Health Education
Affordable Medications	Emergency Care
Healthcare Advocacy	State Rights





**Right to Access Affordable Healthcare**

Consumer's needs, regardless of age, gender, race, ethnicity, socioeconomic status, or pre-existing conditions. The healthcare sector shall strive to ensure that essential healthcare services, including preventive care, medical treatments, medications, and mental health and substance abuse disorder services, are accessible and affordable for all individuals.

**Right to Quality Care**

Healthcare services that meet or exceed established standards of care that are transparent and clinically appropriate. **Healthcare providers** and institutions shall be held accountable for maintaining the highest levels of quality, safety, and efficacy in their practices.

**Right to Privacy and Confidentiality**

Every American shall have the right to privacy and confidentiality in all healthcare-related matters. Healthcare providers and institutions shall protect the privacy and confidentiality of patients' medical information, adhering to strict standards and regulations.

**Right to Individual Autonomy**

Every American shall have the right to make informed decisions regarding their healthcare, including the right to refuse or consent to medical treatment. Healthcare providers shall respect and honor the autonomy of patients, providing them with all relevant information to make informed decisions about their health.



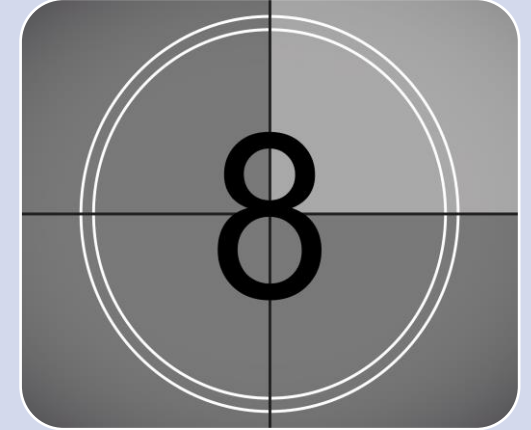
**Right to Health Equity** : equitable, just, and free from discrimination. The healthcare sector shall address and eliminate health disparities, ensuring that underserved populations have equal access to healthcare resources and services. Create awareness of SDOH



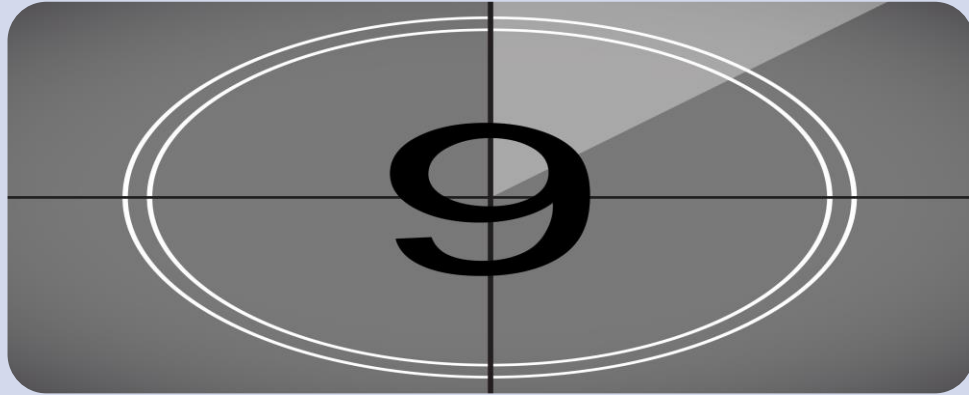
**Right to Health Education**: right to access comprehensive health education and information to promote personal well-being and prevention of diseases. The healthcare sector shall prioritize health education programs, including public health campaigns, to empower individuals



**Right to Affordable Medications**: necessary for their health and well-being. ensure the affordability and availability of essential medications, including oversight and transparency of drug prices and the promotion of generic/biosimilar alternatives.



**Right to Emergency Care** :the right to emergency medical care without fear of financial hardship. shall be obligated to provide emergency care to all individuals in need, regardless of their ability to pay, ensuring that no one is denied life-saving treatment due to financial constraints



**Right to Healthcare Advocacy** Every American shall have the right to an effective and accessible healthcare advocacy system.

Every American shall have the right to complain, refer concerns, grievances and pursue expedited appeal of coverage determinations. The government shall establish mechanisms for individuals to seek assistance and resolve grievances related to their healthcare, ensuring that their rights are protected and upheld.



**States Rights** Consumers access healthcare and insurance markets locally. Each state regulates the healthcare and insurance markets and is charged with protecting the consumer. States will embody these principles of consumer protection and be permitted to have oversight within the healthcare eco-system within its state borders, except to compete directly with the private healthcare market.



# Collective Action



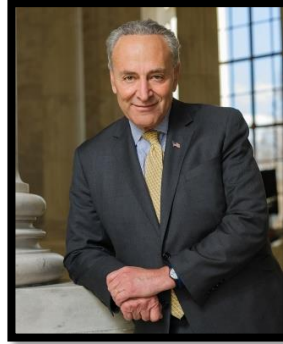
*Our proactive policy endeavors extend to federal legislation, federal regulatory activity, and state government affairs.*



# 118<sup>th</sup> Congress

Party	118 <sup>th</sup> Congress
Democratic	48
Republican	49
Independent	3 *
<b>Total</b>	<b>100</b>

Party	118 <sup>th</sup> Congress
Democratic	212
Republican	218
Independent	0
Vacancies	4
<b>Total</b>	<b>435</b>



**Chuck Schumer (D-NY)**  
Majority Leader



**Mitch McConnell (R-KY)**  
Minority Leader

\*The three Independents caucus with Democrats. Senator Kyrsten Sinema recently changed her party affiliation from Democrat to Independent.



**Mike Johnson (R-LA)**  
Speaker of the House

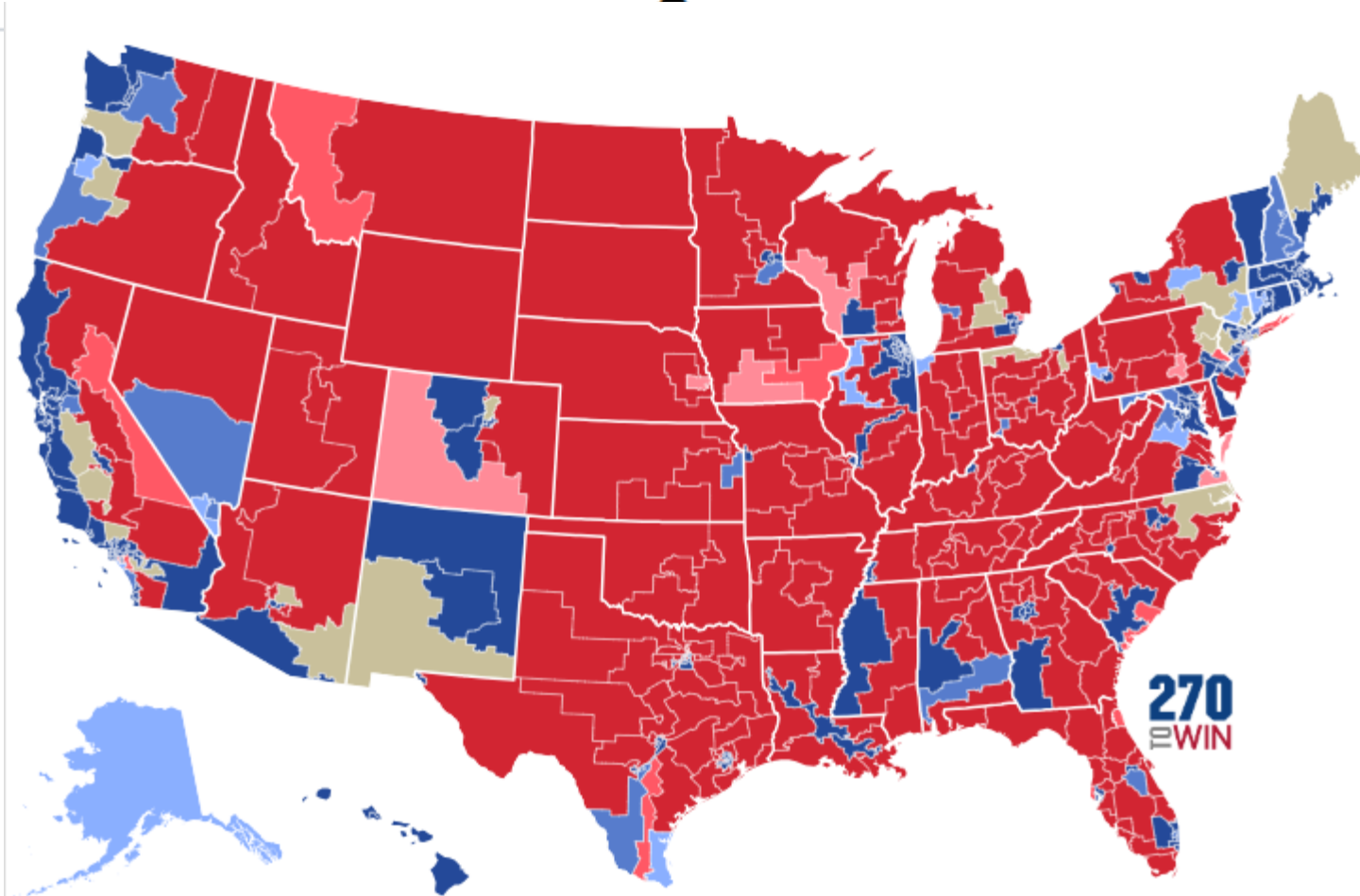
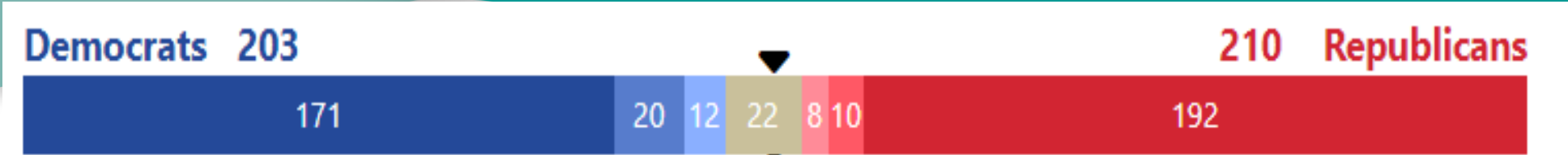


**Steve Scalise (R-LA)**  
Majority Leader



**Hakeem Jeffries (D-NY)**  
Minority Leader

# 2024 Election Outlook, House



Map Updated: Mar. 5, 2024 at 22:38 UTC (5:38 PM EST)



# Advocacy and Legislation

IRA-Medicare Rx  
Payment  
Plan, Part D

ESRD

Employer  
Reporting-Passed  
House

Site-Neutral  
Payment Reform-  
Passed House

Telehealth

Transparency  
S.3548

HSAs



# Regulatory

CMS,DOL, HHS, IRS, Treasury	ACA- Record Breaking 21 million, 78%	STLDI,
Level Funded Plan Arrangements	MA CY25 Policy and Technical Changes	ERISA
CAA-Gag Clause Attestation	Association Health Plan	Mental Health Parity



# NABIP

Shaping the *future* of healthcare

# State Resources Page



## State Reinsurance Programs

State	Year Established	Impact on Premiums	Expiration Year	Markets Impacted	Additional Notes
Alaska	2017	Rates decreased in 2018, 2019, 2020, and 2021.	2027	Individual Market	The initial 1332 Innovation Waiver expired in 2022, however Alaska was granted a 5-year extension of the waiver in 2023.
Colorado	2020	Rates decreased in 2020 but increased slightly in 2021 and 2022.	2026	Individual Market	The program was extended through 2026 by SB 215 (2020) and a new 1332 waiver.
Delaware	2020	Rates decreased in 2020 and 2021 and increased slightly in 2022.	2024	Individual Market	
Georgia	2022	Rates decreased modestly in 2022.	2026	Individual Market	
Idaho	2023	Rates, so far, have decreased modestly.	2027	Individual Market	
Maine	2019	Rates decreased slightly in 2019 and 2020, significantly in 2021, and slightly in 2022.	2024	Individual Market	Maine plans on expanding their reinsurance program to the small group market in 2023.
Maryland	2019	Rates decreased in 2019, 2020, and 2021, but increased slightly in 2022.	2028	Individual Market	
Minnesota	2018	Rates decreased in 2018, 2019, and 2020, but increased in 2021	2025	Individual Market	The program has been extended to run through 2022, with less robust coverage.



Informational Charts

State Legislative Tracker

Grassroots Toolkits

Interactive State Map



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*Jessica Brooks Woods*

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Few other industries are as heavily regulated as health insurance. Your success, and that of your clients, is directly dependent upon the actions of Congress. It is absolutely critical that we help those Congressional candidates who support private sector health insurance.

**Support legislators who fight for agents and brokers  
and the employer-based system!**

NABIP | pac



**Join Us!**



***Jessica Brooks-Woods***  
*Chief Executive Officer, NABIP*  
*jbw@nabip.org*

**Questions?**