

Insurance Fraud Accountability Act

Background: Rogue health insurance brokers are enrolling individuals into Affordable Care Act (ACA) Marketplace plans or changing their plans without their consent in order to collect commissions. These rogue brokers are enrolling individuals who have responded to misleading ads [targeting low-income consumers](#) with promises of cash benefits or other rewards that don't actually materialize.

These fraudulent enrollments and health plan changes **are stealing money out of Americans' pockets** by leaving them with uncovered [medical expenses](#), [loss of coverage](#), [disruptions in care](#), and an unexpected [tax liability](#) that could be thousands of dollars out of their own pockets. Americans are receiving tax documents **right now** that may be the first time they realize their plan has been switched.

Fraudsters who engage in this behavior must be held **criminally responsible**. Access to affordable health coverage is necessary for good health and should never be exploited by fraudsters to collect illicit commissions at the expense of working Americans.

While congressional Republicans are using allegations of fraud in the Affordable Care Act as a pretense for not extending the enhanced ACA tax credits, this legislation takes meaningful steps to crack down on real, documented fraud. American families don't want to see a spike in their health insurance premiums - they want Congress to attack health care fraud.

Solution: The *Insurance Fraud Accountability Act* amends the Patient Protection and Affordable Care Act to protect consumers and hold unscrupulous brokers and marketers accountable by:

- Holding agents and brokers submitting false or fraudulent ACA enrollments to civil penalties and criminally responsible for knowingly and willfully providing false or fraudulent information.
- Requiring the Secretary to establish a consent verification process for new enrollments and coverage changes that includes notifying individuals when there has been a change in their enrollment, agent of record, or tax subsidy.
- Requiring agents and brokers in the ACA market to act in the best interest of enrollees.
- Regulating field marketing organizations and third-party marketers by requiring these groups to register with the Secretary and meet state and federal marketing standards.
- Requiring periodic audits of agent and broker enrollments to investigate complaints and enrollment patterns that suggest fraud.
- Requiring that the Secretary regularly share a list of suspended or terminated agents or brokers with qualified health plans and States.

Supporters: AHIP, AiArthritis, American Cancer Society Cancer Action Network, American Kidney Fund, American Lung Association, Arthritis Foundation, Autoimmune Association, Blue Cross Blue Shield of America, Cambia, CancerCare, Centene Corporation, Crohn's & Colitis Foundation, Cystic Fibrosis Foundation, eHealth, Epilepsy Foundation of America, Families USA, Hemophilia Federation of America, Immune Deficiency Foundation, Leukemia & Lymphoma Society, Lupus Foundation of America, Muscular Dystrophy Association, National Alliance on Mental Illness (NAMI), National Coalition for Cancer Survivorship, National Health Council, National Kidney Foundation, National Multiple Sclerosis Society, National Organization for Rare Disorders, National Patient Advocate Foundation, Quote Velocity, Susan G. Komen, The AIDS Institute, The Leukemia & Lymphoma Society, and UnidosUS.