



H.R. 6331

THE MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT: PROTECTING SENIORS FROM SHADY SALES OF PRIVATE MEDICARE BENEFIT PLANS

Medicare beneficiaries can get their Medicare benefits from traditional fee-for-service Medicare, or from private plans known as Medicare Advantage (MA). The Centers for Medicare and Medicaid Services set lax standards for marketing of those plans to seniors, but have proposed a rule to protect seniors better. Meanwhile, the Medicare Modernization Act of 2003 pre-empted the role state insurance regulators traditionally play in protecting Medicare beneficiaries from unfair marketing practices, saying that the Federal benefit should be overseen entirely at the Federal level. Numerous reports have surfaced about aggressive, abusive or fraudulent sales and marketing practices employed by private MA plans. H.R. 6331, the Medicare Improvements for Patients and Providers Act, would build on the CMS-proposed rule to ban abusive marketing of Medicare Advantage and other plans once and for all, and provide additional protections as follows:

- **Prohibit Abusive Marketing Practices:** H.R. 6331 would ban the abusive marketing and sales practices in MA and the Part D prescription drug programs such as cold calling of any type, door to door sales in private homes, apartments and senior living facilities, cross selling of non-health products, meals of any sort, and sales activity of any kind at educational events or in health care settings. In addition, Medicare Advantage plans and Medicare drug benefit plans would be prohibited from using names, brands, logos or trademarks of any network provider or pharmacy on their member identification cards – a practice that can lead some Medicare beneficiaries to incorrectly believe that they can receive treatments and medicines from only certain providers or pharmacies.
- **Limit Aggressive Marketing Tactics:** Some aggressive marketers will seek to sell seniors additional products once they have a “foot in the door” to talk about one plan or service. H.R. 6331 would require plan sales agents and brokers to set the scope of any sales appointment when scheduling an appointment with a prospective enrollee. If the prospective enrollee requests information about additional products, the sales agent must schedule another appointment to discuss.
- **Require Inclusion of Plan Type in Plan Name:** The type of benefit plan seniors purchase can determine the cost and level of care available to them. H.R. 6331 will require Medicare Advantage organizations to include the type of plan as part of each plan’s name to make it clear to prospective enrollees the type of private plan they are purchasing – whether it is a Health Maintenance Organization, a Preferred Provider Organization, or private fee-for-service plan.
- **Require Annual Sales Training:** When considering which Medicare benefit plan is best for them, many seniors have detailed questions about what their options are, and how the underlying Medicare program works. H.R. 6331 would require all agents and brokers selling MA and Part D plans to undergo annual training on Medicare and the specific MA and Part D plans they sell.
- **Agents and Brokers to be Licensed and Appointed as Required by State Law:** H.R. 6331 requires that all sales agents and brokers who sell Medicare Advantage and Part D plans are licensed and appointed as required under state law. Plans must comply with state requests for information about the agents and brokers as part of any investigation into the conduct of the agent or broker.