NRLN
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September 8, 2026

The Honorable Robert F Kennedy, Jr., Secretary
Health and Human Services and Medicare Trustee
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Secretary:

I am writing to urge you to exercise your authority to ensure that when a Medicare Advantage (MA) plan or original Medicare supplement (Medigap) plan or Medicare Part D plan is ceased or terminated by a healthcare insurance company or corporations/unions there is enforcement of federal law **Sec 1882[42 U.S.C. 1395ss]** to inform plan participants of their Medicare Guaranteed Issue Right (GIR) and Special Enrollment Period (SEP). The Federal Minimum Standards are replicated in Sec 12 of the **National Association of Insurance Commissioners (NAIC) Model 650 regulations.**

As you know, GIR prohibits insurance companies from denying coverage or overcharging an applicant for an MA, Medigap or Part D policy, regardless of pre-existing health conditions. SEP provides a period of up to 63 days to shop for the best deal possible for an MA, Medigap or Part D replacement plan.

Over 1.2 million members enrolled in MA plans in 2024 were not offered the same plan in 2025. Roughly 2.6 million people had their MA plans discontinued for 2026. UnitedHealthcare has announced for 2027 it will discontinue 1.1 million MA plans and Humana plans to exit 600,000 MA plans. Johns Hopkins Bloomberg School of Public Health estimates about 2.9 million MA enrollees will not have their plans renewed for 2027.

Humana's Chief Financial Officer has stated it expects to "bring back" about 240,000 people in other plans from the 600,000 seniors whose plans will be dropped. This is called "cross-walking' into plans offered by the same company. These new plans will likely have higher premiums, deductibles, copays and/or out-of-pocket costs.

While the number of Medigap and Part D plans to be discontinued seldom appears in news reports, a sizeable number of people have not had their plans renewed in recent years and the trend will continue into 2027.

In March 2025, the NRLN Vice President - Legislative Affairs, our Executive Director and I meet with CMS staff members to advocate the importance of enforcing **Sec 1882[42 U.S.C. 1395ss]**. The statute makes it mandatory that healthcare insurance companies, agents, Private Medicare Exchanges (PMEs) and corporations/unions plan sponsors notify all affected that they are eligible for a GIR and SEP, explaining clearly what GIR and SEP mean. We also requested that **Sec 1882[42 U.S.C. 1395ss]** be amended to change the SEP period from 63 days to 12 months, which has not happened.

On September 22, 2025, CMS issued a letter to insurance companies, agents, corporations/unions who provide healthcare plans that they must provide model notices that include a GIR and SEP when a plan is to be discontinued.

CMS sent insurance companies Model Notices for the following Medicare Plan Types:

- Those in a stand-alone Prescription Drug Plan (PDP) who are not notified or not offered a GIR / SEP, tell insurers to comply with the CMS GIR / SEP notification TAB A, Model Notice.
- Those in MA, MA-PD and Cost Plans who are not notified or not offered a GIR / SEP, tell insurers to comply with the GIR / SEP CMS Tab B Model Notice.
- Those in Medigap plans who are not notified or not offered a GIR / SEP, tell insurers to comply with the GIR / SEP CMS **TAB F** and **E- I Model Notices "What you should know about Medigap"**.
- The same GIR / SEP instructions apply to those in Dual Eligible Special Needs Plans (D-SNP's), TABS C & D; Outbound Non-Renewal / Service Area Reduction Call Script Requirements TAB E; Medicare-Medicaid Plans**,** TAB K; State Government Integrated D-SNP's TAB L; and MA-PD D-SNP Look-a-Like Plans, TAB M.

It is critical that CMS again meet its obligations this month to send letters as it did a year ago to notify insurance companies, agents, corporations and unions who provide healthcare plans of their responsibilities under **Sec 1882[42 U.S.C. 1395ss]**. I strongly recommend the letters also point out the penalty under the statute: "Whoever knowingly and willfully makes or causes to be made or induces or seeks to induce the making of any false statement or representation of a material fact… **(a), shall be fined under title 18, United States Code, or imprisoned not more than 5 years, or both, and, in addition to or in lieu of such a criminal penalty, is subject to a civil money penalty of not to exceed $5,000 for each prohibited act."**

In addition, the NRLN requests that the U.S. Department of Health and Human Services Office of Inspector General do an audit to determine whether Federal Law was followed by plan providers in the notifications of GIRs and SEPs.

Insurance company executives and corporate plan administrator offenders who willfully ignored NRLN appeals on behalf of Tennessee Valley Authority, IBM, AT&T and AVAYA retirees in 2024 and 2025 and those who ignored CMS 2025 notifications and model letters should be informed to take action to send corrected GIR and SEP letters to all affected retirees retroactively. There is no time bar escape hatch. Failure to do so should result in $5,000 / enrollee fines and possible imprisonment for those who defy the law.

Please expedite an HHS Secretary notice to all insurers and corporations/unions plan sponsors that 2026 Annual Notice of Changes (ANOC) must include GIR and SEP rights where applicable.

The NRLN has produced a recent podcast about GIR and SEP which you and/or your staff members may be interested in viewing on YouTube at: https://www.youtube.com/watch?v=GY7RywcQaag

A response from you directly would be appreciated.

In Sincerity with Respect,

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Copy to:
Mr. Scott Bessent, Secretary of the Treasury and Medicare Managing Trustee
Mr. Frank J. Bisignano, Commissioner of Social Security and Medicare Trustee
Mr. Keith E. Sonderling, Acting Secretary of Labor and Medicare Trustee
Dr. Mehmet Oz, Administrator, Centers of Medicare and Medicaid Services
Mr. Todd Blanche, United States Attorney General