

Testimony of Joe Sinapi, Sinapi Insurance Associates, Inc
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In support of House Bills – H5431 & H5494

House Health and Human Services Committee

April 9, 2025

Dear Chairwoman Donovan and members of the House Health and Human Services Committee;

I'm writing in support of House Bills H5431 & H5494 - which will ultimately guarantee the rights of individuals over the age of 65 to switch to any Medicare Supplement (Medigap) plan, regardless of any pre-existing conditions. My testimony has two different perspectives – first as a consumer and the second as a 30-year professional health insurance agent in the state with the last 7 years focused exclusively on the education and enrollment of people into Medicare and supplemental Medicare coverage. I have also proposed an amendment/change to H5494 as explained below.

Perspective as a Consumer

This issue is about fairness and eliminating a discriminatory practice that doesn't exist until you reach the age of 65. It is no more complicated than that.

I'm self-employed and have purchased my health insurance directly for almost 40 years. I will turn 65 in July 2026. Today, I can purchase any health insurance plan that I want, and I cannot be denied due to any existing health conditions, nor can I be charged a higher rate. After I turn 65, that all changes and I no longer will have the ability to enroll into any plan in future years only select plans, unless I can pass underwriting.

Although I can change to any Medicare Advantage plan regardless of any health conditions each year, I cannot change to any Medicare Supplement plan that I want unless I pass underwriting. I could be charged a much higher rate, or I could be denied coverage because of my health conditions. Why is it okay to discriminate against me because of my age when it comes to health insurance? It really is a form of legal age discrimination. It makes no sense, nor is it the least bit equitable.

Today, Massachusetts, Connecticut and New York do not allow any underwriting on any Medicare Supplement plans available in their state. The only thing I am asking for is to have

the same unrestricted choice of all available plans after I turn 65, without restriction, as everyone else enjoys before they turn 65, as they do in those other states. Either of these bills will end that discriminatory practice and create fairness, allowing those over 65 the choice to enroll into any health plan available to us in future years.

Perspective as a 30 Year Licensed Health Insurance Agent and Medicare Professional

As a professional health insurance agent in the state who only works exclusively on the education and enrollment of people into Medicare and supplemental Medicare coverage, I see first-hand every day the angst caused as people struggle with their supplemental Medicare coverage choices.

Their struggle has to do with having to decide today about what their health conditions may be like 5, 10, 15+ years in the future. If they make the wrong decision, they could be spending a lot more money in the future. Conversely, they could spend a lot more money to cover a risk that doesn't exist today.

I'll give you two examples.

1. I had a client who had some existing conditions that were well under control. He felt very healthy and preferred the broader coverage offered in a Medicare Advantage plan. A year or so later, he started to get concerned about what may happen in the future and decided that in the long term it would be in his best interest to change to a Medicare Supplement plan. He completed the application and was accepted, but his rate was 270% higher than if he had made a different decision when he first was eligible
2. A client, who had no issues, enrolled in a Medicare Advantage plan. A few years later, she ended up being diagnosed with a stomach disorder that now caused her to go for infusions every 6 weeks at a cost of \$500 per treatment. Those treatments will continue for the rest of her life. Because of that disorder, she does not qualify for a Medicare Supplement plan

Neither of those people should be penalized because they didn't have their crystal ball with them at the time they enrolled into Medicare. These are situations that nobody should have to endure. Passing this legislation will correct that.

Suggested Amendment to H5494:

This is a technical change based on specific CMS (Center for Medicare and Medicaid Services) rules/laws surrounding when changes can be made. Without this change, it would limit the people who could switch to a Medicare Supplement plan from a Medicare Advantage plan without underwriting to only those people who have a birthday in December, January, February or March. I have outlined the reasoning below based on those rules.

The Change:

The suggested edit would be on page 3, subsection (h) line 24. I would delete *“for a period of at least thirty (30) days beginning on the individual’s birthday”* and replace it with *“during any Medicare Advantage eligible enrollment period”*.

The result of the proposed edit would comply with CMS rules/regulations as well as allow everyone, regardless of their birthday month, to change from a Medicare Advantage plan to a Medicare Supplement plan annually without underwriting.

Reason for the change:

- There are federal laws and specific CMS regulations that govern when someone can join or drop (disenroll) from a Medicare Advantage Plan as well as rules surrounding Medicare Supplement (Medigap) plans
- You can't buy a Medicare Supplement plan while you are enrolled in a Medicare Advantage Plan unless you disenroll from that plan and move back to Original Medicare. If you are enrolled in Medicare Advantage Plan, you can only switch to Original Medicare by disenrolling from that plan during an eligible enrollment period. Those periods are as follows:
 - Annual Enrollment Period (AEP) – October 15 – December 7th for a January 1st effective date
 - Open Enrollment Period (OEP) – January 1st – March 31st, effective the first of the month following enrollment
 - Special Election Period (SEP) – there are a lot of different events that can cause someone to be eligible for a SEP. Regardless of reason, if it qualifies for a Medicare SEP then an individual should be able to enroll into Medicare Supplement plan without underwriting. In fact, there are some that already allow for that

- It's illegal for someone to sell you a Medicare Supplement Plan unless you're switching back to Original Medicare. They can sell you a policy if your Medicare Advantage plan coverage will end before the Medigap policy's effective date
- Medicare.gov states that you cannot have both a Medicare Advantage plan and a Medicare Supplement plan at the same time
- All of this information can be found on Medicare.gov

This change will eliminate any conflict and allow anyone to change their plans each year according to established federal laws/regulations. It also significantly simplifies things for insurance carriers as it will already fall into established processes, procedures, timing and workflows. Finally, everyone on Medicare is already accustomed to making changes during the established time periods which make is easier for them to remember.