

IAA Legislative Ledger



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Health Insurance USA...What's Next?

LOVE OF MONEY IS STILL VERY STRONG IN WASHINGTON, DC.

Oh, how money can change or prevent change of public policy. Remember a few weeks ago, when we thought the Repeal and Replace (R&R) of the Affordable Care Act was a sure thing? Not so fast because the game shifted from health issues to a big-money game.

R&R was/is expected to produce one (1) – two (2) TRILLION savings to the Budget. So, if money is your focus and reason for R&R, then how people get health care and related costs doesn't seem to carry weight in the decision making process. As you know in politics "money talks and the rest of that phrase is for the American public. But the Trillion Dollars of savings was to be used for other items related to Tax reform, Infrastructure, defense, etc. All other fiscal policy items are on hold until R&R can be worked out.

President Trump can fix some things alone but...

The President can do specific tinkering in several areas via regulatory easing. It might not generate the Trillions of dollars described above, but it would ease most of the gripes ordinary Americans have had about the ACA. He's done some, but not where it has the broadest impact. He is full of surprises so there may be other fixes he can do on his own. I think the key thing to keep in your mind is that his main goal is to be able to show a law as the fulfillment of his campaign promise. Also, he knows that Presidential unilateral actions and regulations

can be changed just as easily by the next President. So, I think his goal is to get a law that "repeals" ACA.

So WHAT DO WE DO NOW?

You, we, us must begin having constructive direct discussions with our Congressmen on how to solve the healthcare problem.

Why us?

Because we are the only ones who can calmly explain what people and businesses in our Congressman's town/district/state have, do not want to lose, and will tell it like it is if it gets damaged. That is a much more persuasive discussion than even the fanciest lobbyist. We can be totally neutral politically, and point out solutions that work. We have diversity others can't offer as a base of expertise and advice. During this time when Congressmen are going to be pressured from all sides, real-world insight about the people who directly decide their future is golden. That's why we all must act now.

BELOW ARE SOME TALKING POINTS FOR YOUR CONVERSATION.

Preserve and Protect Employer-Sponsored Health Coverage

Do not cap or eliminate the employee exclusion or the employer deduction for health benefits. Preserve the Flexibility of Self-Funding for All Size Employers

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Strengthen ERISA

Clarify that ERISA prevents a state from regulating self-funded plan design, from taxing self-funded plans and compelling burdensome data production. ERISA was designed as a nationwide consumer protection law with prohibitions even stronger than those in insurance law or business practice. ERISA preserves the ability for employers to offer consistent benefits across state lines.

Strengthen and Enforce ACA Transparency

Provisions Develop meaningful guidance for §2718(e) of Title XXVII Public Health Service Act, Standard Hospital Charges, and enforce this transparency provision. Expand and strengthen requirements for price and quality information transparency for physicians, hospitals and pharmaceutical companies.

Health Insurance Issuers Must Share Actionable Data

Employers should have the right to access accurate, de-identified claim information about the performance of their plans over the current and prior three-year period to obtain the most competitive health plan quotes for employee's health coverage. Nondiscrimination Rules for Fully Insured Plans ACA includes prohibitions on offering different levels of health coverage to employees based on compensation, similar to those currently in existence for self-funded plans. Retain this ACA provision and develop guidance for its application to fully insured plans.

Continue the Implementation of Value Based Payment Strategies

ACA created a value-based payment program for hospitals participating in Medicare. This free

market payment program links a percentage of payments to hospital performance on quality measures related to certain high-cost conditions. This type of program is already saving Medicare substantial amounts for these conditions while improving outcomes.

Invest and Enhance Health Literacy

According to the National Institutes of Health (NIH), the lack of health literacy is estimated to cost the nation \$106-\$236 billion annually. All Americans should have access to person-centered, culturally appropriate, understandable, accurate, and actionable health information and services.

National Safe Haven for High-Cost Conditions

Establish a national fund where every American with ongoing high-cost conditions can be protected while also protecting the claim experience of a sponsored health plan for a set period. This national safe haven promotes free market options by reinsuring catastrophic risks and stabilizing plan costs and rates in every segment of the market.

Wellness

Allow more flexibility with rewards/penalties for employer wellness programs, permitting employers to more effectively encourage healthier employee outcomes.

Reduce the Burdens

These provisions should be eliminated, as they do not contribute to individual health or employer financial health.

Eliminate Employer and Individual Mandate and Associated Reporting

Forcing additional cost on an employer hurts hiring.

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Eliminate Prohibitions on Annual and Lifetime Limits

These provisions should be replaced with a national high-risk pool (see national safe haven above). These provisions have led to significant medical price inflation.

will make your Plan and your Business stronger and your employees happier and healthier!

Enjoy the rest of your day!

Eliminate Cadillac Tax

No replacements that cap or eliminate the employee exclusion or employer deduction for health benefits.

*Thank you,
Paul Kelly, President*

Eliminate Proposed Reporting

Burdensome Schedule J requirements that significantly expand annual reporting for plans and HIPAA EDI certification, requiring a report that data and information systems are in compliance with electronic operating rules.

Eliminate Section 1557 Regulations

Extensive and burdensome regulations regarding gender identity and language provisions and other provisions. (see last page for the updated status of this provision)

Eliminate Preventive Services ongoing expansion through Tri-Agency interpretations

Too many "Chiefs" creates ongoing compliance problems. Compliance failure is inevitable.

Eliminate SBC

ACA requires plans to provide a Summary of Benefits and Coverage to participants. The SBC reports are a step backwards from the explanations many plans have provided and consequently confuse rather than enlighten participants.

Please use any of the above points in your correspondence to your local congressman. They