

FEDERAL POLICY SUCCESSSES


Our federal policy successes have been building for a number of years. In the last several years, we have worked toward many achievements related to health reform and other federal health policy measures.

- » We lobbied for and were successful in getting an additional two-year delay, until 2022, for the implementation of the Cadillac/excise Tax. We were also successful in getting legislation introduced in 2019 for full repeal: H.R. 748.
- » We lobbied for and were successful in getting a one-year delay in the Health Insurance Tax for 2019. We were also successful in getting legislation introduced in 2019 that would fully repeal the HIT (S. 80) and would delay implementation of the HIT until 2021 (S. 172).
- » We lobbied for and were successful in getting 10 years of funding for the Children's Health Insurance Program (CHIP).
- » We lobbied for and were successful in securing the inclusion of provisions supporting value-based design for Medicare Advantage plans in the February 8 Continuing Resolution.
- » We were instrumental in getting legislation that would remove agent compensation from the MLR calculation re-introduced in the House and Senate in the 115th Congress.
- » We worked with CMS to withdraw its proposed Section 120.4.4 guidance regarding overrides in the Medicare market. The proposal had included language that would have prohibited general agents from receiving the overrides that cover agency administrative fees for agent training and administrative support.
- » We lobbied for and were successful in preserving the employer exclusion and preventing any cap or repeal of the employer exclusion from being included in health reform legislation, end-of-year tax reform, and any of the 2018 continuing resolutions.
- » We lobbied for and were successful in securing the introduction of bipartisan bills in the 115th Congress that would allow observation stays to be counted toward the three-day mandatory inpatient stay for Medicare coverage of a skilled nursing facility.
- » We lobbied for and were successful in securing the introduction of the "40 Hours as Full Time Act," which would change the definition of a full-time employee from 30 hours to 40 hours (or 174 hours a month for full-time equivalents) under the ACA to allow employers to continue offering health insurance to employees who are truly full-time.
- » We lobbied for and were successful in securing the introduction of legislation in the 115th Congress that will consider COBRA as creditable coverage for Medicare beneficiaries, just as employer-sponsored coverage does.
- » We lobbied for and were successful in securing the repeal of auto-enrollment for groups over 200 employees.
- » We were instrumental in securing the introduction of legislation that would restore the open-enrollment period for Medicare beneficiaries to make a one-time plan switch to another Medicare Advantage plan or return to traditional Medicare for 90 days after the beginning of each calendar year.
- » We participate in a coalition that supports legislation to address challenges related to counting employees and complying with employer reporting requirements that impact both small and large employers and advocates for a prospective reporting system.
- » We fought for the inclusion of agents and brokers in both individual and small-group exchanges and continue to advocate for better access for agents and brokers to these exchanges.
- » We lobbied for and were successful in lifting the restrictions on FSAs so consumers can now roll over unused funds into the next year.
- » We lobbied for and were successful in having increased wellness incentives included in all types of health insurance plans.
- » We lobbied for and were successful in getting legislation signed into law that would protect employers' and employees' ability to get affordable health insurance overseas.
- » We were instrumental in the language allowing the Children's Health Insurance Program to make further use of private insurance as a vehicle for S-CHIP funding.
- » We were instrumental in getting CMS to withdraw its Proposed Part D regulation and rescind Medicare Advantage marketing restrictions on agents who advise Medicare beneficiaries on their Medicare Advantage choices.
- » We negotiated the safe harbor on the affordability penalty of the employer mandate.

- » We negotiated the look-back provisions on the employee counting rule.
- » We negotiated the 30-day waiting period to 90 days.
- » We participated in a national coalition of more than 55 stakeholder organizations advocating to prevent cuts to Medicare Advantage retiree coverage.
- » We lobbied for and were successful in the passage of language from H.R. 588 to preserve Medicare beneficiary choice by restoring and expanding the Medicare open enrollment and disenrollment opportunities repealed by the ACA in the 21st Century Cures Act.
- » We were successful in working with the Center for Consumer Information and Insurance Oversight (CCIIO) to include a second data entry point for the agent NPN on the federal marketplace application. This allows for both an agent and agency NPN to be entered.
- » We responded to Sen. Cassidy's balance-billing draft discussion legislation for the 115th Congress and prevented the introduction of legislation that would have passed balance-billing costs on to employers and consumers in the form of rising premiums.
- » We responded to the Trump Administration's Request for Information from the Department of Treasury, the Department of Labor and the Department of Health and Human Services regarding regulatory fixes that could be made to stabilize the market.
- » We submitted comments in response to the Association Health Plan proposed rule urging the Trump Administration to consider two critical points as it moves forward with implementation of Executive Order 13813: the unique and extensive health insurance service needs of small employers and the need for a comprehensive national effort to reduce and contain medical care service costs that affect every health coverage program and insurance marketplace nationwide.
- » We submitted comments to the Departments of Health and Human Services, Labor and Treasury in response to

the notice of proposed rulemaking entitled "Short-Term, Limited Duration Insurance," urging the Departments to consider ways to strike a balance of providing an affordable and sufficient coverage option for those who are truly experiencing a gap. This would avoid a true division of the individual market between healthy and sicker individuals that is harmful to all.

- » We submitted comments to the Departments of Labor, Treasury and Health and Human Services on the proposed rule on the expansion of Health Reimbursement Arrangements, recommending simplifying the employer verification requirements, developing more guidance and resources for employers and creating more explicit rules and safe harbors, along with supporting a decision about limiting certain types of place for a class of employees and prohibiting them from being in competition with comprehensive group coverage.



NAHU leaders are called on to testify before key congressional committees on a regular basis, and our members and staff are routinely sought out for expert health insurance market advice by many congressional and administration offices. The very existence of and publicity surrounding the multiple bills to address agent-specific issues has brought the value brokers bring to their clients into the forefront. There is no question in Washington, D.C., about what brokers do now, and the widespread bipartisan acknowledgment of your important role will serve us in many ways as the years progress. In many ways, the work our membership has done to demonstrate broker value to policymakers is our top accomplishment because of its lasting impact.

