



Presented by
Janet Trautwein, CEO, NABIP

April 2023 Washington Update

Congressional Background

118th Congress

Party	118 th Congress
Democratic	213
Republican	222
Vacancies	0
Total	435

Party	118 th Congress
Democratic	48
Republican	49
Independent	3 *
Total	100



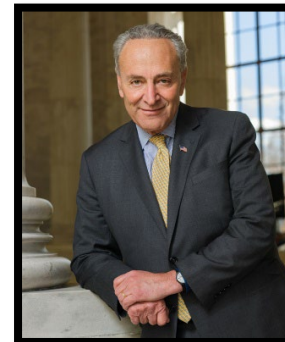
Kevin McCarthy (R-CA)
Speaker of the House



Steve Scalise (R-LA)
Majority Leader



Hakeem Jeffries (D-NY)
Minority Leader



Chuck Schumer (D-NY)
Majority Leader



Mitch McConnell (R-KY)
Minority Leader

*The three Independents caucus with Democrats. Senator Kyrsten Sinema recently changed her party affiliation from Democrat to Independent.

2022 Legislative Overview



- NABIP supported key provisions in the American Rescue Plan Act that:
 - extended the employer retention credit previously established by the CARES Act, allowing employers to keep employees on their payrolls and enrolled in employer-sponsored coverage
 - extended ACA subsidies to higher-income individuals and increased the amount of available subsidies to lower-income individuals, allowing an increase in access to coverage
 - temporarily eliminated the ACA "subsidy cliff" and extended tax credits to those with incomes above 400 percent of the Federal Poverty Level (FPL) for 2021 and 2022
 - eliminated the Medicaid drug rebate cap which could have had unintended consequences of increasing drug costs
- Following NABIP's advocacy during our 2022 Capitol Conference, Congress extended the special provision put in place during the pandemic to allow the use of HSA funds for telehealth services from March 2022 to January 1, 2023.
 - Congress later acted with our support in the 2022 end-of-year omnibus bill to extend this provision through January 1, 2025. This will extend access to care, specifically mental health care.
- NABIP advocated for the 2020 passage of the 988 system, which went live in 2022. Congress designated the hotline which will build on the National Suicide Prevention Lifeline, an existing network of over 200 crisis centers nationwide staffed by counselors who answer millions of calls each year.
- NABIP actively negotiated aspects of the Inflation Reduction Act to include:
 - extension of ACA subsidies previously approved by ARPA
 - capping Part D out-of-pocket expenses at \$2,000
 - allowing HHS secretary to negotiate drug costs for Medicare
 - capping Medicare insulin costs at \$35
- NABIP actively negotiated aspects of the Inflation Reduction Act to exclude:
 - lowering the Medicare eligibility age to 60, effectively creating a public option
 - lowering the employer affordability calculation to 8.5%, which would have increased the cost of employer-sponsored coverage
 - civil monetary penalties on employers for noncompliance with network adequacy for mental health parity
- NABIP worked hand in hand with Senator Mike Rounds (R-SD) to introduce legislation that would explicitly exclude independent agents and brokers from the current Medicare recording requirement. The bill is expected to be introduced in the 118th Congress.
- NABIP supported provisions in the end of 2022 Omnibus Bill:
 - allowing individuals to be able to pay-up-to \$2,500 each year for long-term care insurance with their 401(k)s, 403(b)s and IRAs without a 10-percent early-withdrawal penalty tax
 - extending HSA telehealth flexibilities through January 1, 2025
- NABIP fought tirelessly to exclude from any large legislative packages provisions that would limit the use of Medicare as a secondary payer for end stage renal disease and shift the cost to employers.

Legislative Successes

- **Extension of pandemic HSA telehealth flexibilities**
- **Allowing individuals to use savings accounts to pay for LTC costs without a penalty**
- **Controlling drug costs for Medicare beneficiaries**
 - **Eliminated drug rebate cap**
 - **Capped Part D spending at \$2,000/year**
 - **Allowed HHS Secretary to negotiate drug costs for Medicare**



Regulatory

- Following the 116th Congress' passage of the No Surprises Act, NABIP successfully impacted regulations for the implementation of the Act to use the qualified payment amount (QPA) during the independent dispute resolution process, which NABIP believes will drive down the costs negotiated for these surprise bills.
- The No Surprises Act also included transparency provisions requiring agents and brokers earning over \$1,000 in commissions in the individual and employer markets to disclose their earnings to clients prior to enrollment. The language of the Act left many unanswered questions about implementation, and upon request from NABIP, the DOL released a set of FAQs and a good-faith standard of enforcement for the employer market.
- Days after being sworn in, President Biden released an executive order allowing for a **special enrollment period** during the national health emergency for the federal marketplace. NABIP had been advocating for this under the previous administration since the COVID-19 pandemic began in 2020.
- After opposing the previous administration's **drug rebating rule** because of unintended consequences that could lead to higher costs in the prescription drug market, the Biden Administration rescinded the final rule.
- Delay in the Consolidated Appropriations Act (CAA) **Transparency in Coverage (TIC)** requirements that machine-readable files be released by plan sponsors to indicate in-and out-of-network costs of care. NABIP advocated for a delay because plan sponsors would not have been able to comply with the law without further guidance beyond what was included in the CAA.
 - NABIP subsequently requested and received TIC guidance on allowing carriers to post machine readable files for plan sponsors with specific rules for fully funded v. self-funded plans. This lifted a huge burden from some plan sponsors that were struggling with compliance without the assistance of a carrier.
- NABIP was successful in receiving a delay in the CAA's **prescription drug reporting** requirements accompanied by specific reporting standards and definitions, including identifying prescription drugs regardless of the dosage strength, package size or mode of delivery. Additionally, the guidance clarified the role of the PBM, requiring the PBMs to provide any information they have on the top 25 drugs generating the highest rebate amounts.
- NABIP won a long-fought victory when CMS released a new **FAQ document** that clarified that a health insurance issuer cannot treat **commissions** on individual enrollments during a special enrollment period (SEP) differently than commissions on enrollments during the open enrollment period (OEP).
- Since the inception of the ACA, NABIP has advocated for a fix of the "family glitch." The Biden administration released a final rule to do just that, but also added a section that directly addressed NABIP's concerns about a potential conflict between the affordability rules and the cafeteria plan rules by issuing guidance in **IRS Notice 2022-41**, which permits employers to amend their Section 125 plans to allow eligible dependents to drop their group coverage mid-year in favor of subsidized individual exchange coverage.
- NABIP continues to advocate for changes to the CMS **Medicare Marketing Rule**. While doing so, NABIP was successful in requesting CMS to release **guidance** on, and providing official written clarification on several questions that NABIP and our members have posed to the agency since the rule became final.
- With NABIP's support, CMS altered the timeline for **Medicare coverage eligibility**. Under the final rule, Medicare coverage would become effective the month after enrollment for individuals enrolling in the last three months of their initial enrollment period, thereby reducing any potential gaps in coverage.

Regulatory Successes

- **Guidance and good-faith compliance for broker compensation disclosure**
- **Guidance clarifying that issuers cannot treat SEP commissions differently than OEP commissions**
- **A new SEP for those who will be unwinding from Medicaid at the end of the public health emergency**
- **Delay in the CAA's RX reporting requirements from 12/27 to 1/31.**

End-of-Year Omnibus Package

Congress passed a \$1.7 trillion omnibus package at the end of December which covered a wide array of areas, including two major NABIP-supported provisions on LTC and telehealth.

First NABIP-supported provision referred to as the Long-Term Care Affordability Act, allowing individuals to be able to use existing retirement accounts to pay for long-term insurance.

This provision will permit individuals to pay up to \$2,500 each year for long-term care insurance with their 401(k)s, 403(b)s and IRAs without a 10% early withdrawal penalty tax.



End-of-Year Omnibus Package

- The second major NABIP-supported provision: A two-year extension of telehealth-related regulatory flexibilities put in place during the pandemic.
- The 2021 CARES Act provided temporary relief by allowing HSA-qualified high-deductible health plans to cover telehealth services before reaching the deductible.
- The CARES Act also allowed patients to choose and purchase telehealth services outside their HDHP without impacting their eligibility for an HSA.
- These flexibilities that were set to expire at the end of 2022 will remain in place through December 31, 2024.



Inflation Reduction Act Reminders

- On August 16, the president signed the reconciliation bill, now known as the Inflation Reduction Act of 2022, into law. The \$740 billion package focuses on three core areas: prescription drug prices, climate change and tax credits. Main healthcare provisions include:
 - Allowing the secretary of HHS to negotiate certain drug prices for Medicare
 - Extension of American Rescue Plan ACA PTCs through 2025

Inflation Reduction Act Reminders

- Drug manufacturers will be penalized if prices for certain Parts B & D drugs increase faster than inflation (**took effect January 1, 2023**).
 - This provision applies to Medicare only, *not* private market plans.
 - Inflation calculation will be relative to 2021 prices.
 - Inflation rebates for quarters in 2023 and 2024 must be invoiced by late 2025.
 - CMS released first list of 20 drugs that rose faster than inflation last month.
- Caps the out-of-pocket cost of insulin at \$35/month (**took effect January 1, 2023**).
 - This provision applies to Medicare only, *not* private market plans.
 - While the cap does not apply to private plans, the bill does create a safe harbor allowing HSA-eligible plans to cover insulin prior to meeting the plan deductible.
 - This provision will begin on **July 1** for those who take insulin through a pump.
- The secretary of HHS can begin negotiation on:
 - 10 Part D drugs in 2026
 - 15 Part D drugs in 2027
 - 15 Part B or D drugs in 2028
 - 20 Part B or D drugs in 2029
 - 20 more drugs each year beyond that.
 - The secretary can only negotiate prices on “costly single-source drugs.”

Inflation Reduction Act Reminders



Medicare Market (cont'd.)

- Eliminates the 5% cost-sharing in catastrophic phase of Medicare Part D (beginning in 2024).
- Caps Part D out-of-pocket spending at \$2,000/year (beginning in 2025).
- Beneficiaries making up to 150% FPL will now be eligible for low-income subsidy.
- Part D plans will also have a 6% annual cap on the amount that they can increase premiums (2024 through 2029).
- Eliminates cost-sharing for adult vaccines under Part D and under Medicaid.

Inflation Reduction Act Reminders



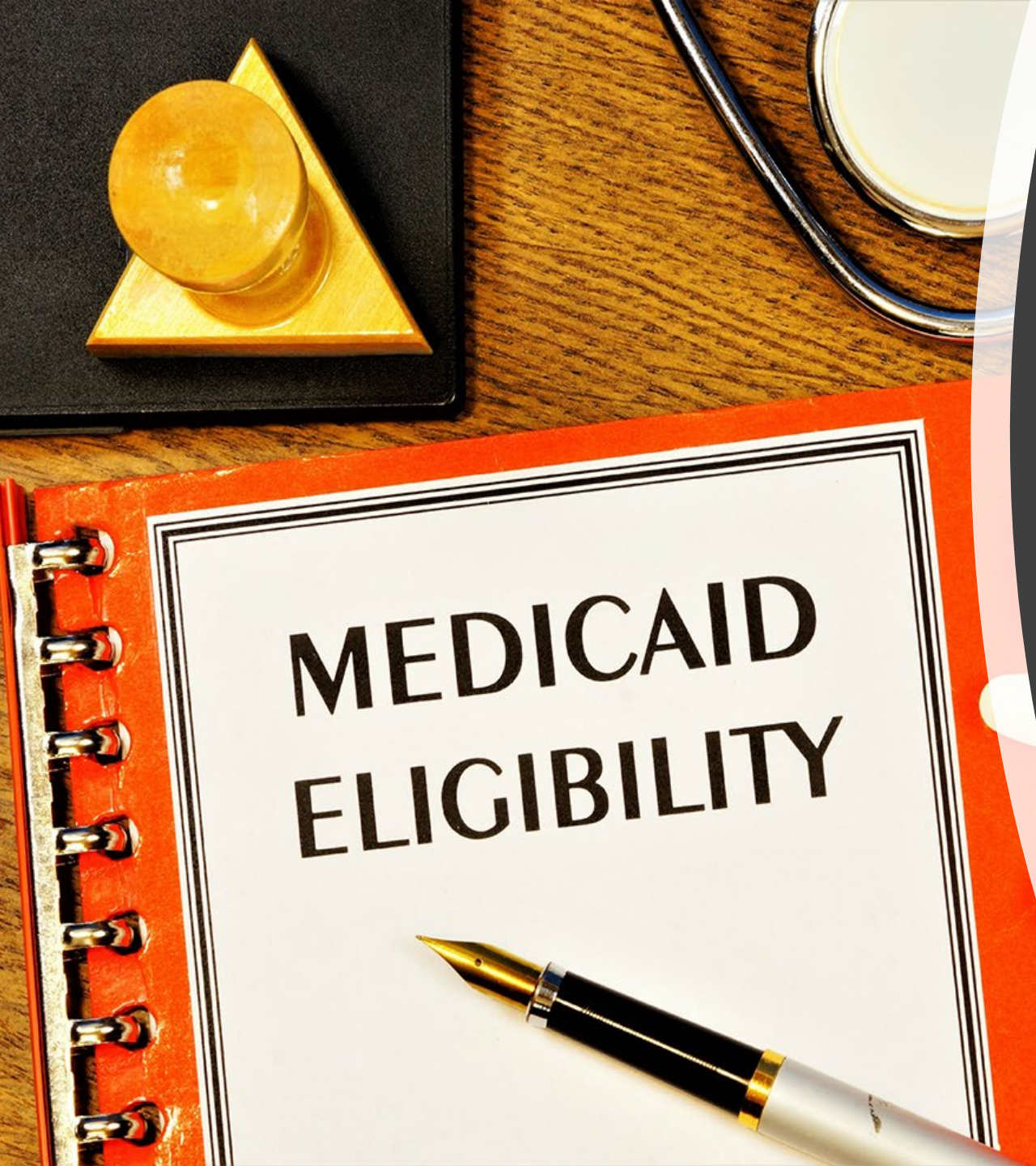
Individual Market

- The American Rescue Plan Act of 2021 extended ACA subsidies to those with incomes above 400% of FPL for 2021 and 2022.
- This temporarily eliminated what is known as the ACA “subsidy cliff.”
- The Inflation Reduction Act extends these enhanced ACA subsidies an additional 3 years through 2025.

2022 Legislative Overview

- NABIP *successfully lobbied against* any provisions to:
 - Lower the Medicare eligibility age to 60
 - Include any type of public option
 - Penalize employers for lack of noncompliance with mental health parity network adequacy standards (which are largely the responsibility of carriers and TPAs, not employers).
 - Lower the ACA affordability rate to 8.5%
 - Cap the price of insulin at \$35/month for private insurance plans
- **None of these provisions made it into the Inflation Reduction Act or year-end omnibus bill!**

Regulatory Overview

A wooden desk with a stethoscope, a wooden paperweight, and a spiral-bound notebook with a pen. The notebook is open to a page titled "MEDICAID ELIGIBILITY".

Medicaid Unwinding

- A federal mandate dictated that anyone enrolled in Medicaid cannot lose coverage during the pandemic.
- The omnibus bill that Congress passed at the end of 2022 set an end date for this policy of April 1, 2023.
- CMS estimates approximately 15 million Medicaid beneficiaries will lose coverage over the next several months.

Medicaid Unwinding

- States face challenges in hiring eligibility and call center staff needed to process them.
- The majority of states (43) plan to take between 12 - 14 months to complete the unwinding process and return to routine operations. 5 states plan on taking between 9 - 12 months. Just one state (Arkansas) plans on taking less than 9 months.
- Only about half of states (27) have been flagging individuals who may no longer be eligible or who did not respond to renewal requests.
- Agents and brokers were responsible for 71% of enrollments during the most recent OEP, making you an indispensable part of getting these folks covered.
- NABIP is a member of the Connecting to Coverage Coalition, stakeholders partnering to minimize disruptions in health coverage during the Unwinding.

The End of the Public Health Emergency (PHE)

- The PHE prompted by the pandemic will officially end on May 11.
- There are several temporary health policies and flexibilities that were put into place during the public health emergency that will conclude at the end of the PHE and outbreak period.
- President Biden signed a resolution ending the “national emergency” on April 10. The national emergency is *not* the same as the public health emergency, but it does affect some flexibilities.





Medicare Marketing Final Rule #1

- A final rule requires Medicare agents to record and store certain telephonic conversations with beneficiaries
- The recording requirements only apply to “sales, marketing and enrollment calls.”
- The final regulation also required agents to read a disclaimer to a potential beneficiary regarding plan availability.
- NABIP has sent a total of 6 letters (one under the Agency Alliance) CMS Administrator Brooks-LaSure with our concerns over these requirements, in addition to countless calls with CMS officials.

Medicare Marketing Final Rule #1

- **During the previous Congress... Senators Mike Rounds (R-SD) and James Risch (R-ID) introduced a bill that would exclude independent agents and brokers from the marketing call recording requirements in the Medicare Marketing Rule (S. 5149).**
- **The bill would also exclude agents and brokers from any future Medicare Advantage or Part D recording requirements.**
- **NABIP is working on reintroducing a similar bill in the 118th Congress!**

Medicare Marketing Final Rule #2

- **CMS released another final rule earlier this month with additional requirements for independent agents. These requirements include:**
 - **A ban on sales presentations that immediately follow an educational event,**
 - **A ban on agent distribution and collection of Scope of Appointment and Business Reply Cards at educational events,**
 - **A requirement for agents to “ask a standardized list of questions that address a beneficiary’s healthcare needs, current providers and prescriptions” prior to enrolling a beneficiary into a plan.**
 - **A requirement that agents to provide a pre-enrollment checklist to prospective enrollees, which would include the effect on current coverage if the beneficiary changes plans. For telephonic enrollments, agents would be required to thoroughly review the pre-enrollment checklist with prospective enrollees prior to completing enrollments.**

(continued on next slide...)

Medicare Marketing Final Rule #2

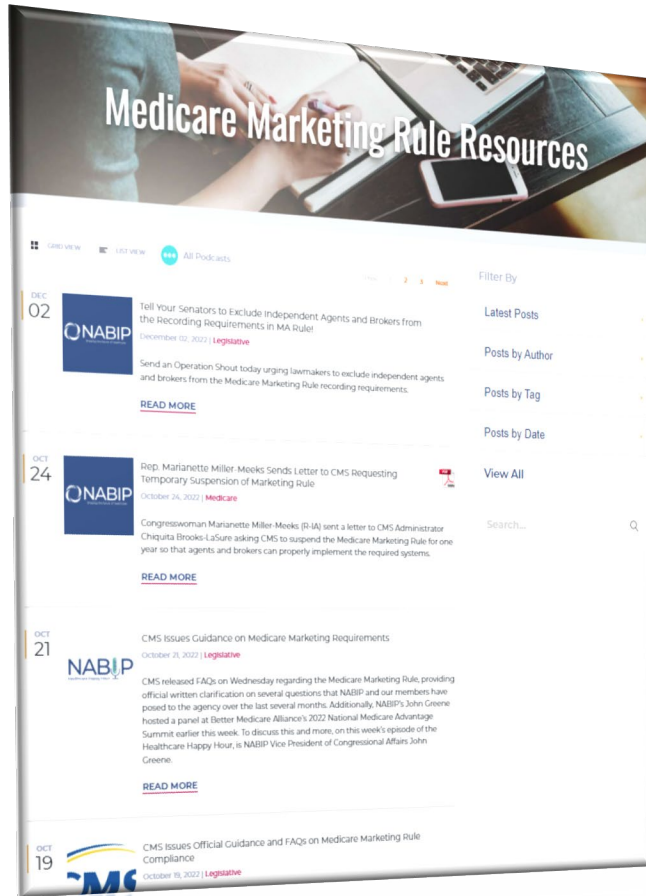
- **CMS released another final rule earlier this month with additional requirements for independent agents. These requirements include:**
 - **A ban on agents conducting a sales and/or enrollment meeting with a beneficiary within 48 hours after a beneficiary's consent. Exceptions to this rule include: if the 48 hours is during the end of an election period, if the beneficiary voluntarily walks into an agent's office. (NABIP was able to secure these exceptions; initially, the proposed rule did not allow for any.)**
 - **A requirement that agents disclose to beneficiaries the number of plans that the agent sells as well as a requirement for agents to inform beneficiaries that they "can obtain complete Medicare options/information from 1-800-MEDICARE, SHIPs or Medicare.gov." (NABIP was able to get CMS to simply require the agent state the number of plans they offer instead of the name of every plan.)**



Medicare Marketing Final Rule #2

- The new final rule also prohibits advertisements that “do not mention a specific plan name and use Medicare logos or language in a way that could mislead and confuse enrollees into believing that the ads come from the government.”

Medicare Marketing Final Rule Resources



- NABIP has a page under our “Medicare Portal” with links to:
- Compliance Corner webinar reviewing the final rule and its requirements
- All of NABIP’s comment letters
- The final rules themselves
- CMS guidance and clarification
- Summaries of the rules from our *Washington Update* newsletter
- Relevant podcast episodes with detailed discussion

FTC Proposes Ban on Noncompete Agreements



- The FTC released a *proposed* rule that would effectively prohibit employers from imposing noncompete agreements. The rule states that it *does not* apply to nonsolicit agreements.
- The rule would apply to all types of workers, whether they are full-time employees or independent contractors.
- California and Oklahoma have already banned the contracts entirely, while several other states have prohibited noncompete agreements specifically for lower-income workers.

CMS Releases Proposed 2024 NBPP

- **The Notice of Benefit and Payment Parameters (NBPP) is issued annually and proposes major changes in several areas for the next plan year. The 2024 proposed draft was released in December.**
- **The draft 2024 NBPP would allow assisters (such as navigators) conduct door-to-door enrollment to increase consumer engagement and advance health equity.**
 - **Assisters currently conduct door-to-door outreach and education, and schedule follow-up appointments, but are prohibited from providing enrollment assistance upon an initial interaction at the consumers' residence.**
- **A major addition included in the proposed rule is a new SEP (which would begin January 1, 2024) for consumers losing Medicaid and/or CHIP coverage.**
 - **This would mean that consumers would have 60 days before, or 90 days after, their loss of Medicaid or CHIP coverage to select a plan for marketplace coverage.**

CMS Releases Proposed 2024 NBPP

- **The draft 2024 NBPP would also limit the number of non-standardized plans that issuers can offer through exchanges that utilize the federal marketplace platform to: *2 per product, network type and metal level, by service area.***
- **If finalized, this provision would cause approximately 2.7 million enrollees to have their plans discontinued in 2024.**

Transparency in Coverage Guidance Clarifies Public File Requirements

- Beginning on July 1, 2022, Transparency in Coverage rules require non-grandfathered health plans post information on a public website regarding in-network rates and out-of-network allowed amounts and billed charges for covered items and services.
- According to new guidance received in late 2022, if a plan sponsor delegates the machine-readable file responsibility to a third party, the plan sponsor *does not* have to post a link to those files on the website for their business.
- A *fully-insured plan* is compliant with TiC rules if the plan sponsor and insurer enter into a written agreement under which the insurer agrees to provide the information.
- A *self-funded plan* is compliant with TiC rules if the plan sponsor and TPA enter into a written agreement under which the TPA agrees to provide the information.

Good Faith Effort for CAA Rx Reporting

- Under the Consolidated Appropriations Act of 2021 (passed in late 2020), group health plans and issuers are required to submit information on prescription drugs to the agencies. In addition to general information, the agencies request:
 - The 50 most frequently dispensed brand prescription drugs
 - The 50 most costly prescription drugs by total annual spending
 - The 50 prescription drugs with the greatest increase in plan expenditures over the preceding plan year
 - Total drug spending by the plan or coverage broken down by the type of costs
 - The average monthly premiums paid by participants, beneficiaries, and enrollees and paid by employers.
- The initial deadline for reporting this information was December 27, 2022, but was extended to January 31, 2023.
- This guidance only applies to the 2020 and 2021 CY submissions. It does not apply to the 2022 calendar year RxDC reporting, which must be completed on or before June 1, 2023

NABIP's Federal Priorities



NABIP Submits Testimony

- NABIP regularly submits written testimony to Congress ahead of hearings on relevant healthcare topics. You can access these under the “Advocacy” section of our website.
- Submitting testimony to Congressional committees makes NABIP part of the conversation and delivers our informed opinions straight to the minds of Congress.
- NABIP staff works with the pertinent legislative working groups to craft testimony



Cost of Care Issues

Addressing the Cost of Care and Its Impact on the Cost of Healthcare Coverage

- The single most important thing we are working on – cost of care issues.
- We are starting with the cost of prescription drugs, both from a manufacturer standpoint as well as several issues related to PBMs.
- We are also working on ways to improve transparency measures, value-based purchasing, the development of more integrated care models such as ACOs, and other pay for performance measures.
- Another important issue we are following is the impact of health sector consolidation on the cost and quality of care.
- One of the most important measures we are actively lobbying on is *site-neutral payments*.

What We *Oppose*



- **Oppose ESRD Bills such as Restore Protections for Dialysis Patients Act**
- **Oppose Insulin Act (expansion to private plans)**
- **Oppose civil monetary penalties for mental health network insufficiencies**
- **Oppose threats to implementation of the No Surprises Act**



Cost of Care Issues

Site-Neutral Payment Reform

- **New legislative priority for our association! Working closely with the **Alliance to Fight for Health Care**.**
- **Currently, providers that own multiple facilities can charge different amounts for the same care depending on where care was received. *(For example, the price of the same X-ray or MRI could vary whether it is at a physician's office or hospital.)***
- **This issue impacts all markets, but enacting site-neutral payment reform in just the Medicare market alone would help lower costs (because Medicare prices serve as a benchmark for private markets).**
- **NABIP supports site-neutral rules to deter location-based gaming of coverage.**

Cost of Care Issues

Telehealth

- *H.R. 1843 (Telehealth Expansion Act of 2023):* Reps. Michelle Steel (R-CA), Adrian Smith (R-NE)
- *S. 1001 (Telehealth Expansion Act of 2023):* Sens. Catherine Cortez-Masto (D-NV), Steve Daines (R-MT)
- In 2021, the CARES Act allowed Health Savings Account (HSA) qualified high-deductible health plans (HDHP) to cover telehealth services before reaching the deductible.
- This flexibility was extended until December 31, 2024.
- The Telehealth Expansion Act would make this flexibility permanent.

Employer Issues

Employer Reporting

- **H.R. 1264 (*Commonsense Reporting Act*): Reps. Mike Thompson (D-CA) and Adrian Smith (R-NE)**
 - **Establish a new voluntary reporting system, reduce the number of individuals and amount of information that would need to be reported, and eliminate the requirement to collect dependent social security numbers.**
 - **NABIP works with the [Partnership for Employer-Sponsored Coverage](#) on this issue among other issues to advocate for employers of all sizes, as well as the millions of hardworking Americans and their families who rely on employer-sponsored coverage.**

Employer Issues

Preserve the Employer Tax Exclusion

- The employer-based system is highly efficient at providing American workers and their families with affordable coverage options through group purchasing and its associated economies of scale by spreading risk and avoiding adverse selection.
- The success of this system is possible because of the preferential tax treatment of employer-sponsored insurance coverage, where employer-paid contributions for an employee's health insurance are excluded from that employee's compensation for income and payroll tax purposes.
- According to the CBO, eliminating this exclusion could result in nearly \$600 billion in federal revenue, making it an attractive proposition to certain lawmakers.
- Proposals that would cap the maximum value of the exclusion or eliminate it altogether would be detrimental to the stability of the employer-based market and would negatively affect middle-class Americans who currently benefit from this provision.

COBRA as Creditable Coverage



- **Allow COBRA coverage to count as creditable coverage for Medicare beneficiaries just as employer-sponsored coverage does.**
- **This will allow beneficiaries to have access to Part B on a timely basis without penalties for late entry into the program.**

Medicare Part D Open Enrollment Period

- **Many Medicare beneficiaries enroll in their plan during the Annual Enrollment Period and are locked into their Part D coverage. But once the plan year begins, they are no longer able to switch to another plan.**
- **Medicare Advantage (MA) offers a three-month OEP at the beginning of every year to allow beneficiaries to switch between plans if needed.**
- **NABIP supports the creation of a new Part D OEP for beneficiaries like the MA OEP.**





Join Us!

Cutting Edge Information!

NABIP

Healthcare Happy Hour





Shaping the future of healthcare

January 4, 2023

To view email in web browser: [Click Here](#)



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One of Our Custom GAP Plans Can Help

- Multiple Carriers Available
- HSA Compatible GAP Plans
- Customizable Plan Designs
- Composite Rates Available

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Top predictions for health insurers, employers in the new year
Health Payer Intelligence
Three years after the first wave of the coronavirus pandemic hit the U.S., the American healthcare system is still feeling the effects. In 2023, the anticipated unwinding of the public health emergency will send shockwaves through the health insurance industry, impacting health insurers and employers alike.

[READ MORE](#)

FEATURED ARTICLE

ACA 1095-C filing season is now open
Promoted by ACA Compliance Solution Services
ACA Compliance Solution Services is here and ready to assist you and your clients in filing their 2022 1094/1095-C filings with the IRS. As one of the leading ACA filing companies in America our experts are here to take the burden off your clients. We offer white glove services at very low costs.

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2023: The year Medicare Advantage begins to dominate traditional Medicare



November 9, 2018

FAST FACTS

- As a result of President's modern economic, Democrats will control the House of Representatives and Republicans have secured their Senate majority for the 116th Congress beginning in January.
- Several states have passed health measures on healthcare-related issues, including Idaho, Kentucky and Utah, which voters to support their Medicaid programs.
- Congress will release and fast-track through the President for a bipartisan measure. They will reach over a spending package to December 7 to avoid a government shutdown. While a subsequent further debate in parliament repeats of the Capitol. The president's insurance "to follow the end of the year."
- NEW YORK (AP) — Lawmakers will consider the impact of the election on next Thursday's U.S. House of Representatives at 12:00 p.m. Eastern.
- The healthcare industry's product features an extended discussion on the election results as they relate to NABIP's policy priorities for the same date position and the new Congress.

Midterm Election Results in Split Government and Opportunity to Advance NABIP's Priorities
The midterm elections on Tuesday resulted in a return to divided government, as Democrats won control of the House of Representatives and Republicans secured their Senate majority. [Read More](#)

NABIP Seeks Repeat of Election and Premium Rates in Lane Duck
Congress will be returning to Washington, DC, next week for a brief "one-day session" through mid-December. Much of that session is expected to be focused on. [Read More](#)

Healthcare Happy Hour: Can Divided Government Achieve Compromise in Healthcare ahead of 2023?
One of the most significant political events in history came to a close on Tuesday, November 6, 2018. The election results will have a profound impact on the healthcare industry. [Read More](#)

State Spotlight: Utah, Idaho and Kentucky Vote in Favor of Medicaid Expansion
Three states have passed legislation to expand Medicaid expansion in November's midterm elections, which had a profound impact on the estimated 522,000 low-income people. [Read More](#)



June 23, 2021

WELCOME TO NAHU'S STATE UPDATE!
Good afternoon! You're reading NAHU's State Update, a newsletter highlighting all the pertinent political and regulatory news at the state level. The State Update will be published the second and fourth Wednesday of every month. If there is legislation or regulation brewing in your state that you think the State Update should cover, please contact us at states@nahu.org.

Colorado and Nevada Pass Watered Down "Public Option" Laws
While proponents of each measure are calling these "public option" laws, it is important to note that these laws do not institute "pure" public options. Since these new laws use the private market to offer standardized plans, health insurance brokers will still play a major role in the marketplaces of Colorado and Nevada... [Read More](#)

New York Single-Payer Bill Fails to Advance Once Again
The legislation made less progress than usual; while the bill historically passes at least one chamber, this year the bill did not even make it to the Assembly floor for a vote. The New York Health Act, if passed, would have instituted... [Read More](#)

Connecticut Ends Legislative Session without a Public Option or Health Insurance Tax
While the public option was defeated, the potential for a health insurance tax still lingered for some time. The HIT included in the ACA was a sales tax on health insurance that increased the cost for coverage for consumers and employers across the country... [Read More](#)



In This Issue

- [2020 Year-End Government Relations Report](#)
NAHU worked closely with CMS early on to express our concerns for the 2021 AEP and the ability of our members to serve millions of beneficiaries... [Read more](#)
- [AEP Wrap-up](#)
by John Lubenow
While 2020 was smoother, it was not without some bumps... [Read more](#)
- [Premiums and Other Costs for 2021](#)
by Erin Fisher
Each November, CMS announces increases in the premiums for Part A and Part B... [Read more](#)
- [Say Ahhh!](#)
by Ken Schmidt
"Welcome to Medicare" preventive visits, annual wellness visits and annual physical examinations may sound like the same procedure... [Read more](#)
- [The OEP](#)
by Dawn McFarland
The Medicare Advantage OEP occurs annually between January 1 and March 31. This is often confused with annual enrollment period... [Read more](#)
- [Medicare Thiva](#)
Did you know... [Read more](#)

Newsletter Tools

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Contribute!

Few other industries are as heavily regulated as health insurance. Your success, and that of your clients, is directly dependent upon the actions of Congress. It is absolutely critical that we help those Congressional candidates who support private sector health insurance.

Support legislators who fight for agents and brokers and the employer-based system!

NABIP | pac

(formerly HUPAC)

Questions?

Janet Trautwein
CEO
jtrautwein@nabip.org

