

The background of the slide is a photograph of the U.S. Capitol building in Washington, D.C., featuring its iconic dome and neoclassical architecture under a clear blue sky. The building is flanked by palm trees in planters.

NAHU Washington UPDATE

Presented by:

Janet Trautwein
NAHU CEO

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Landscape
—

—
Legislative
—

—
Regulatory
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—
Get Involved
—

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Q & A
—



2019

Federal Landscape

House

Senate

House

217 votes are needed for passage



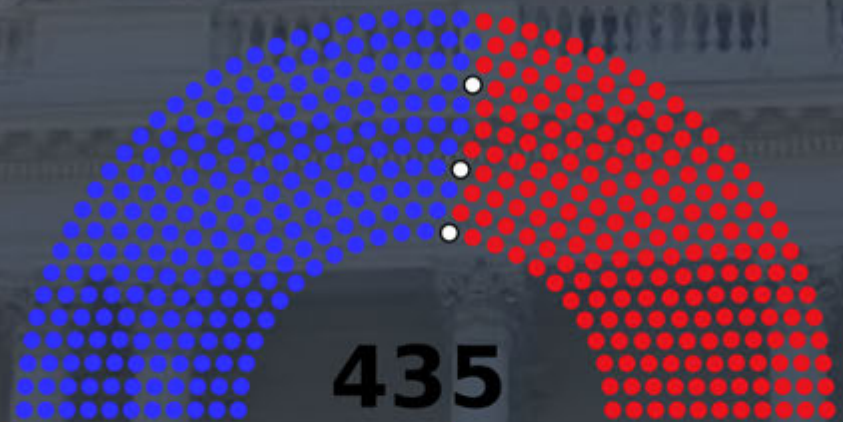
Nancy Pelosi (D-CA)
Speaker of the House



Steny Hoyer (D-MD)
Majority Leader



Kevin McCarthy (R-CA)
Minority Leader



435

235 Democrats

197 Republicans

*Rep. Justin Amash (MI) is the only independent.
Prior to 7/4/19, he had been elected and served as a Republican.*

There are 2 vacancies in the chamber

NC-9: 2018 election results were overturned due to widespread voter fraud and other irregularities. Special Election will occur on 9/10/19.

NC-3: Walter Jones (R) died 2/10/19. Special Election will occur on 9/10/19.

Senate

60 votes are needed for cloture
51 votes are needed for passage/reconciliation

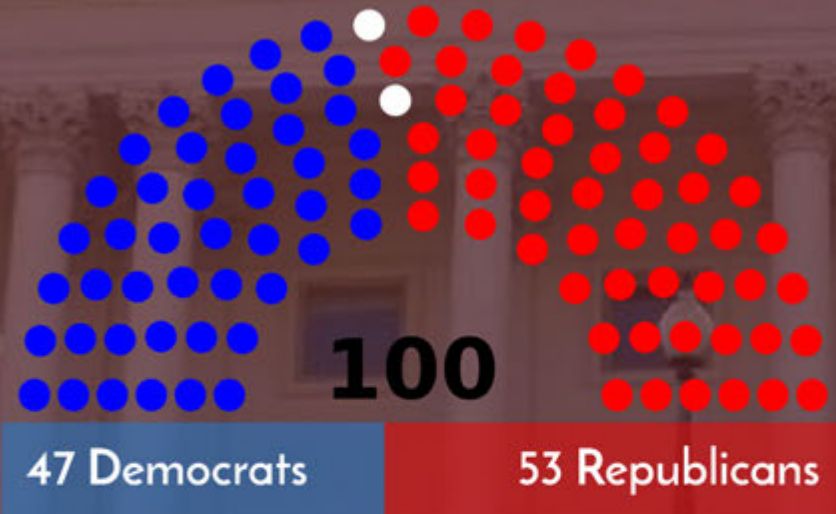
Republicans control the chamber, but need a minimum of 7 Democratic votes on nearly all votes



Mitch McConnell (R-KY)
Majority Leader



Chuck Schumer (D-NY)
Minority Leader





2019

NAHU's Legislative Priorities

Individual
Market

Medicare

Healthcare
Costs

Single
Payer

Market Stability

- Implement and fund reinsurance pools for individual and small group markets.
 - States with/pursuing waivers:
 - Alaska (approved 7/2017)
 - Maine (approved 7/2018)
 - Maryland (approved 8/2018)
 - Minnesota (approved 9/2017)
 - Oregon (approved 10/2017)
 - Colorado (pending)
 - Delaware (pending)
 - Montana (pending)
 - North Dakota (pending)
 - Rhode Island (pending)
- Increase flexibility for HSAs.

COBRA

Treat COBRA coverage as creditable coverage for Medicare, the same way that similar employer-sponsored insurance is already treated as creditable.

H.R. 2564 | Reps. Kurt Schrader (D-OR) and Gus Bilirakis (R-FL)
TBD | Sen. Todd Young (R-IN) and Sherrod Brown (D-OH)

Observation Status

Allow observation stays to be counted toward the three-day mandatory inpatient stay for Medicare coverage of a skilled nursing facility.

Currently, Medicare beneficiaries who are not officially admitted to a hospital may be classified under "Observation Status," which is treated as an outpatient procedure for billing purposes. This may lead patients, many who are extremely sick and spend many days in the hospital, to be charged for services that Medicare would have otherwise paid had they been admitted.

H.R. 1682 | Reps. Joe Courtney (D-CT) and Glenn Thompson (R-PA)
S. 753 | Sen. Sherrod Brown (D-OH) and Susan Collins (R-ME)



Administrator Seema Verma ✓

@SeemaCMS

#Medicare beneficiary who requires skilled care in a nursing home? Better be admitted for at least 3 days in the hospital first if you want the nursing home paid for. 🤔 Govt doesn't always make sense. We're listening to feedback. #RedTapeTales #TheBoldAndTheBureaucratic

11:00 AM · Aug 4, 2019 · Sprinklr

Health Savings Accounts

Allow seniors covered under Medicare to continue contributing to HSAs after age 65.

- Anyone enrolled in Medicare, either traditional fee for service or Medicare Advantage plans (including Medicare Advantage MSA) can open an HSA and fund it to the HSA individual maximum.
- Those who already have an HSA can fund their account after they enroll in Medicare.
- Working seniors can enroll in Medicare and still be HSA eligible, even if they have employer sponsored-coverage.
- Align rules for all HSAs with current beneficiaries.

H.R. 3796 | Reps. Ami Bera (D-CA) and Jason Smith (R-MO)

BENES Act

Beneficiary Enrollment Notification and Eligibility Simplification

- Requires notices to individuals approaching Medicare eligibility on when and how they should enroll in coverage.
- Notices would be sent six months prior to an individual's Initial Enrollment Period (IEP) and again one month prior to the IEP.
- Establishes a one-stop website for enrollment content that covers both Medicare and Social Security.
- NAHU included language to have health insurance agents and brokers be listed as stakeholders to be consulted on the notice development.

H.R. 2477 | Reps. Raul Ruiz (D-CA) and Jackie Walorski (R-IN)
S. 1280 | Sens. Todd Young (R-IN) and Bob Casey (D-PA)

Medicare Access and CHIP Reauthorization Act of 2015

NAIC determined Med Supp changes:

- 1/1/2020 plans C, F and HDF cannot be sold to new Medicare eligibles
- Plans D and G become the GI/Open Enrollment plans
- Plans C, F and HDF can be sold to those already on Medicare

Balance/Surprise Billing

NAHU is committed to working with policymakers at both the federal and state levels to address the issue of surprise and balance medical bills. The NAHU Legislative Council's special Balance-Billing Workgroup is specifically tasked with identifying potential solutions and proposing them to policymakers.

S. 1895 | Lower Health Care Costs Act

Sens. Lamar Alexander (R-TN) and Patty Murray (D-WA)

H.R. 3630 | No Surprises Act

Reps. Frank Pallone (D-NJ) and Greg Walden (R-OR)

S. 1531 | Stopping The Outrageous Practice of (STOP) Surprise Medical Bills Act (Arbitration)

*Sens. Bill Cassidy, (R-LA), Michael Bennet (D-CO), Todd Young (R-IN),
Maggie Hassan (D-NH), Lisa Murkowski (R-AK) and Tom Carper (D-DE)*

Balance/Surprise Billing

Benchmarking: Lowers overall costs for consumers and ends price-gouging by certain medical providers. A payment benchmark aligned with local in-network rates will allow out-of-network providers to continue to be reimbursed at competitive, market-based levels, and patients will no longer be taken advantage of in the emergency room or on the operating table.

Arbitration: Added bureaucracy with out-of-network rate setting decisions made by a third party would increase patients' health insurance premiums, drive up the cost of medical care and add to the federal deficit, and result in less overall transparency.

Recent Hearings & Announcements

April 2 - Education and Labor HELP Subcommittee reviews issue with stakeholders

May 21 - Ways and Means Health Subcommittee reviews issue with stakeholders

June 12 - House E&C Health Subcommittee reviews draft version of **H.R. 3630**

June 26 - Senate HELP Committee markup advances **S. 1895** to full Senate

July 10 - House E&C Health Subcommittee markup advances **H.R. 3630** to full committee

July 18 - House E&C Committee markup advances **H.R. 3630**, adds arbitration amendment

May 9 - President Trump announced a list of principles his Administration plans on applying in proposals to address surprise medical bills. These were later adopted into **S. 1531** led by Senator Bill Cassidy (R-LA).



Prescription Drug Transparency

In April 2019, the House Ways and Means Committee unanimously advanced **H.R. 2113**, the Prescription Drug Sunshine, Transparency, Accountability and Reporting (STAR) Act

- Requires manufacturers to justify large price increases (more than 10% or \$10,000 over one year or 25% or \$25,000 over three years)
- Sets reporting requirements of the value and amount of drug samples given to providers;
- Establishes reporting requirements on drugs furnished for inpatient settings;
- Requires public disclosure of rebates, discounts, and other price concessions by PBMs;
- Requires reporting of average sales prices for physician-administered drugs under Medicare Part B.

Single-Payer

NAHU is fully opposed to any form of single-payer, be it through incremental approaches such as a public option or Medicare or Medicaid buy-in, or a more sweeping federal takeover of the entire healthcare system to implement a single standardized government-run plan.

NAHU and the **Partnership for America's Health Care Future** are actively working to oppose single-payer, promote employer-sponsored health coverage and preserve Medicare, Medicaid, and other existing health programs.

Key Issues

Medicare
For All

Buy-In

Medicare
For None

States

Key Issues Affecting the Election

Healthcare was the #1 cited issue among voters, beating economy for first time in a decade.

Despite media narrative on Medicare-for-All, voters signaled they want pragmatic, bipartisan solutions to the challenges in the healthcare system.

- Among competitive elections:
 - 71% of Democrats who won (32 of 45) did not support Medicare for all.
- Among Democratic pickups from Republicans:
 - 86% of Democrats (30 of 35) did not run on Medicare for all.
- Only 2 of the 967 ads run by Democrats in competitive House races since Labor Day mentioned Medicare for all.

Medicare For All

S. 1129 | Sen. Bernie Sanders (I-VT) + 14 original co-sponsors

H.R. 1384 | Rep. Pramila Jayapal (D-WA) + 106 original co-sponsors

- Implements a single-payer system to include health, dental, vision, prescription drug, and long-term care coverage.
- Existing individual and employer-based coverage would be replaced by the plan, and it would be illegal for any private insurance to compete with the government run plan, although limited private coverage would be available for any services not covered by the plan.
- Transition period: Coverage would be available at the end of the first transition year for current Medicare enrollees, people over age 55 and those under 19. Individuals could buy into coverage through the ACA marketplaces and employers would be able to purchase the public plan for their workers. All Americans would be automatically enrolled by the end of the second year (fourth year for Senate version).

CBO Report on Single-Payer

"Medicare For All 'Could Adversely Affect Access To And Quality Of Care'"

"Substantial Uncertainty...from political and budgetary processes"

"Patients might face Increased Wait Times And Reduced Access To Care"

"Participants Would Not Have A Choice Of Insurer Or Health Benefits"

"Might Not Address The Needs Of Some People"

"Would Probably Reduce The Amount Of Care Supplied"

"Could Lead To A Shortage Of Providers, Longer Wait Times"

Medicare/Medicaid Buy-In

NAHU strongly opposes all single-payer health insurance proposals, to include Medicare for All, Medicare buy-in, Medicaid buy-in, or a public option.

"Medicare for More" (allows those aged 50-64 to buy into current Medicare coverage)

S. 470 | Sen. Debbie Stabenow (D-MI) +20 co-sponsors

H.R. 1346 | Rep. Brian Higgins (D-NY) +45 co-sponsors

Medicare "X" Buy-In (public option plan parallel to Medicare coverage)

S. 981 | Sen. Michael Bennet (D-CO) + 11 co-sponsors

H.R. 2000 | Rep. Antonio Delgado (D-NY) +18 co-sponsors

Medicare "E" Buy-In (allows everyone, including with private/employer plans, to buy Medicare)

S. 1261 | Sen. Jeff Merkley (D-OR) +14 co-sponsors

H.R. 2463 | Rep. Cedric Richmond (D-LA) +5 co-sponsors

Medicaid Buy-In (allows states to create a Medicaid buy-in program for all residents)

S. 2489 | Sen. Brian Schatz (D-HI) +22 co-sponsors

H.R. 1277 | Rep. Ben Ray Lujan (D-NM) +50 co-sponsors

Medicare For None

- Urban Institute estimates cost of \$32 trillion over 10-years, or an annual tax increase of \$24,000 per household
- Eliminates 1.5 million American jobs: 500,000 who work directly for insurers, 900,000 in closely related industries
- Hospitals would see \$774 billion in cuts and possible closures (especially rural areas)
- Delayed treatment, disrupted care, discouraged innovation
- Elimination of Medicare Advantage, Medicare supplemental plans
- Will beneficiaries be held harmless for taxes to support MFA scheme?

Medicare Buy-Ins

- Lower rates to providers may curtail care or force doctors out of business
- Lower reimbursements would undercut private insurance, with more people opting for the public plan on cost alone
- Unless only offered to a limited group, could cause massive disruption to private plans and enrollees satisfied with their coverage
- Plans would be the government's responsibility for solvency and could lead to ever-increasing taxes to cover the cost
- Improving the current system could have better outcomes for access to coverage

States as Policy Laboratories

Single-payer concerns:

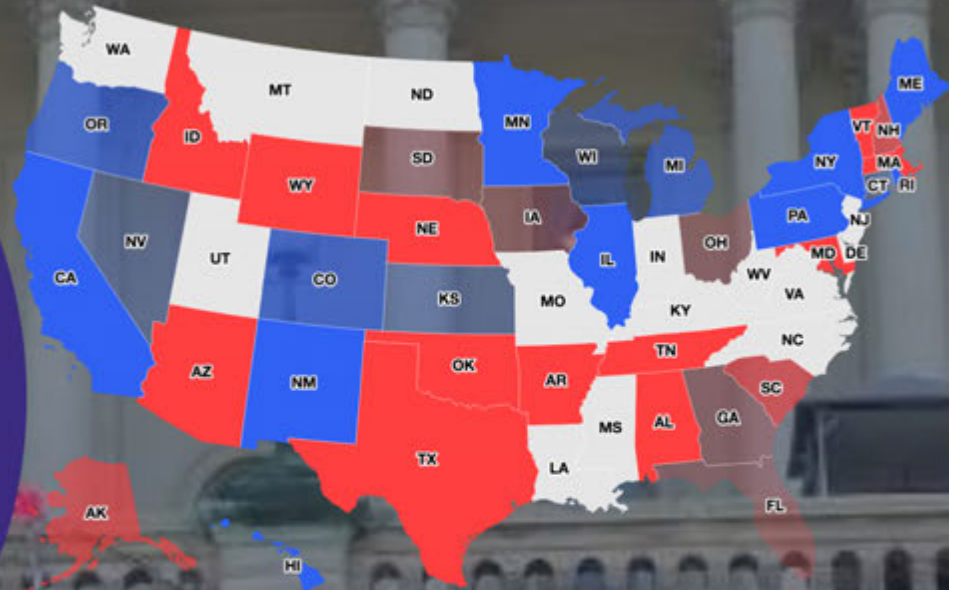
CA: Dems control gov, senate 28-12, house 57-43

CO: Dems control gov, senate 19-16, house 41-24

NY: Dems control gov, senate 40-23, house 107-43

Democrats now control 23 governorships
(+7 since 2018)

Democrats now control 37 state legislative chambers
(+6 since 2018)



Recent State Proposals

2019 State Single Payer, Buy-In/Public Option Legislation

CA - AB 190 | Enacted budget expands many ACA-related provisions, including medical coverage

***CO** - HB 19-1004 | Requires state to craft a proposal on a new state option for health insurance

***CT** - SB 134 | Allows individuals and small employers (1-50) to buy into the State Employee health plan

MA - S 679 | Establishes a public health insurance option

***ME** - LD 109 | Establishes a public health insurance option

***MN** - HF 3 | Public option: OneCare Buy-In through MNsure website

***MO** - HB 554 | Initiates investigation on the merits of a Medicaid Buy-In program

NJ - S 3380 | Expands availability of NJ FamilyCare Advantage program (Medicaid buy-in)

NY - A 5248 | Establishes single-payer health plan for all residents, outlaws private coverage

***NM** - HB 416 | Medicaid Buy-In program that would be ready for customers in 2021

***OR** - HB 2009, HB 2012, HB 3185 | Medicaid buy-in (w/ individual mandate, employer buy-in option)

***WA** - HB 1523 | Creates a public health plan set up by 2021 with insurers offering qualified plans

*Passed and signed into law

*State legislature is out of session



Trump Administration Priorities

America First Prescription Drug Initiative

- Continued Focus on Roll Out of Pricing Blueprint
 - Direct to Consumer (DTC) Advertising, International Price Index Model, Importation

HHS/CMS are very focused on policies that promote Health Information Technology (HIT) utilization and interoperability

- awaiting proposed rule intended to create a "more accessible and interoperable health care ecosystem"

Prescription
Drugs

Transparency

HSA Reforms

Prescription Drug Rebating Proposed Rule

This rule was withdrawn and will not be finalized.

As part of the "America First" prescription drug initiative, the Trump Administration released a proposed rule in January that aims to eliminate rebates from pharmaceutical companies to PBMs in Medicare Part D and in Medicaid managed care organizations. The proposal would eliminate the existing discount safe harbor for rebates and replace it with narrower safe harbors to protect certain point-of-sale price reductions for patients with high out-of-pocket costs and to protect certain PBM service fees.

NAHU's Comments:

- Delay implementation until January 2021, and during the 2020 plan year study the value of current rebates and how rebate funds are used and distributed
- Ensure that cost savings in some areas do not result in increased charges and benefit reductions in other equally important areas
- Protect coverage for the 4.3 million Medicare Advantage beneficiaries who enroll in an employer group waiver plan (EGWP)

Prescription Drug International Pricing

The Trump Administration has proposed implementing a new “**International Pricing Index**” (IPI) payment model designed to reduce the costs of prescription drugs, phased in over a five-year period. The administration projects that this would reduce spending by \$17.2 billion over five years.

The proposal would overhaul how Medicare pays for certain drugs by shifting payments for select physician-administered drugs to be based on international prices, covering most drugs in Medicare Part B and apply to 50% of the country, with the ability to scale up over time.

Senate Finance Committee Chairman Chuck Grassley (R-IA) has voiced “serious concerns” over the administration’s plans to move to such an index.

Executive Order 13877

June 24 - President Trump signed an executive order directing federal agencies to increase healthcare price and quality transparency.

The order includes five main provisions instructing federal agencies to issue guidance to:

- require hospitals to disclose information about their negotiated rates in a format that's understandable and usable by patients.
- require insurance companies to provide patients with information about cost of care, including out-of-pocket costs, before they receive services.
- develop a comprehensive roadmap for consistent, limited, consumer-centric quality metrics.
- disclose de-identified federal healthcare data that protects patient and consumer privacy, enables transformation of the healthcare marketplace, and allows researchers to develop tools and analytics to allow patients to be at the center of their healthcare.
- expand the availability of HSAs to cover direct primary care arrangements and healthcare sharing ministries, include more preventive services and products that can be covered in the deductible period, and issue guidance on the amount of funds that can be carried over at the remainder of the year for FSAs.

HSA Reforms

IRS **Notice 2019-45**, issued July 17, expands the list of preventive care for chronic conditions that may be provided by a HSA compatible HDHP.

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

The image features a large, bold, blue logo for NAHU. The letters are stylized with a white swoosh that starts under the 'N', goes under the 'A' and 'H', and ends under the 'U'. The background is a faded, light blue image of a classical building with columns and a dome, possibly a government or institutional building.

NAHU

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INDUSTRY HEADLINES

Smart benefits: Certain wellness program incentive limits eliminated Jan. 1

In 2016, the EEOC issued final rules describing how ADA and GINA apply to employer-sponsored wellness programs. The final ADA rule said that incentives to employees who answer disability-related questions or undergo medical exams as part of a program couldn't exceed 30 percent of the total cost of self-only health coverage, while the final GINA rule stated that employers could offer an incentive of up to 30 percent of the total cost of coverage to an employee whose spouse provides information about their health status as part of the employer's wellness program.

[READ MORE](#)

Annoying robo-calls are at 'epidemic levels' this health open-enrollment season

With health insurance open-enrollment season underway, automated phone calls offering Affordable Care Act or other health plans are spiking — and driving many consumers to the brink. California residents may have it worst, because its open-enrollment period is twice as long as in other parts of the country. "It's at epidemic levels at this time of year," said Aaron Fox, founder of Nomorobo, who estimates his spam-call-blocking service, based in Long Island, headed off more than 250,000 health-related robo-calls in October alone — nearly five times the interceptions for September.

[READ MORE](#)

Commercial, managed care insurance sectors profits boom in Q3

Commercial and managed care payers experienced significant third quarter profits, reductions in healthcare spending, and enrollment growth, according to the latest financial statements from insurance companies. Medicare Advantage (MA), Medicaid managed care, and commercial group health plans experienced upticks in member enrollment and profitability. A few of the largest commercial payers are also expecting even sharper growth in profitability as they pursue mergers with pharmacy benefit managers (PBMs) to vertically integrate medical and prescription drug insurance businesses.

[READ MORE](#)

Feds shot down 'sham' health insurance companies

Health care has become a big issue for many Americans over the past few years. As the costs of health care continue to rise, families without health insurance are looking for ways to afford those costs. That can make them vulnerable to companies that take their money without providing needed services. The Federal Trade Commission recently reported that a federal judge shut down a Florida-based operation that it accused of relieving more than \$100 million by paying on Americans in search of health insurance, selling these consumers worthless plans that left tens of thousands of people uninsured.

[READ MORE](#)

PLU\$ experts: One of the biggest gaps in cyber is explaining it to customers

What's one of the biggest gaps in cyber? Good communication between the insurance industry and customers, who are in need of more than just products to help protect them from risks in the rapidly changing digital world. That was the consensus from a panel of experts speaking recently at the annual PLU\$ conference in downtown San Diego, CA.

[READ MORE](#)

What the Amazon, Berkshire Hathaway, JPMorgan deal means for payers

The announcement of the healthcare partnership between Amazon, Berkshire Hathaway and JPMorgan Chase is either the major disrupter everyone in the industry has been awaiting or means little except to the three companies involved. Since the firms have

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November 9, 2018



Fast Facts

- As a result of Tuesday's midterm elections, Democrats will control the House of Representatives and Republicans have expanded their Senate majority for the 116th Congress, beginning in January.
- Several states have taken measures on healthcare-related issues, including Idaho, Nebraska and Utah, which voters will expand their Medicaid programs.
- Congress will return next Tuesday through mid-December for a lame-duck session. They will need to pass a spending package by December 17 to avoid a government shutdown. NAHU is advocating further delay or permanent repeal of the Cadillac Tax and Health Insurance Tax before the end of the year.
- NAHU CEO Janet Trachtenberg will review the impact of the elections on next Thursday's LME from NAHU's website at 12:30 p.m. Eastern.
- The Healthcare Happy Hour podcast features an extended discussion on the election results as they relate to NAHU's policy priorities for the lame-duck session and the new Congress.

Midterm Election Results in Split Government and Opportunity to Advance NAHU's Priorities

The midterm elections on Tuesday resulted in a narrow divided government, as Democrats will retain the House of Representatives and Republicans expanded their Senate majority. [Read More](#)

NAHU Seeks Repeal of Cadillac and Premium Taxes in Lame Duck

Congress will be returning to Washington, DC, next week for a brief lame-duck session through mid-December. Much of their attention is expected to be focused on... [Read More](#)

Healthcare Happy Hour: Can Divided Government Achieve Compromise in Healthcare ahead of 2020?

One of the most heated midterm elections in memory came to a close on Tuesday, and NAHU's Mary W. Buckner, John Greene and Chris Hartmann analyze the results and what they could mean... [Read More](#)

State Spotlight: Utah, Idaho and Nebraska Vote in Favor of Medicaid Expansion

Three traditionally Republican states approved Medicaid expansion in Tuesday's midterm elections, which could extend coverage to an estimated 325,000 low-income people... [Read More](#)

Trump Administration Seeks Greater Marketplace Verification Standards

On Wednesday, CMS issued a proposed rule intended to ensure that marketplace consumers are properly verified in coverage. The rule would require... [Read More](#)

Register for Next Week's Webinar on the Election's Impact on Healthcare Issues

The Democrats have taken back the House and Republicans have expanded their majority in the Senate, ensuring ten years of divided government... [Read More](#)

Save \$100 on Capitol Conference Registration by Registering Today!

Early registration is available now through November 28 for NAHU's 29th Annual Capitol Conference. For more than a quarter century, NAHU members have been... [Read More](#)

Open Enrollment is Underway: Are You Certified?

The open enrollment period is underway and will last through December 15 for the federal marketplace... [Read More](#)

HUPAC Roundup: A Congressional Split

It was a monumental week around the country, with Election Day taking center stage on Tuesday. After an intense battle for Congress over the past several months... [Read More](#)

What We're Reading

Although Congressional elections took center stage this week, significant healthcare changes were made as well... [Read More](#)

Get Engaged!

NAHU activates **Operation Shout** to help members make their voices heard by policymakers.



Operation Shout!

Take Action

NAHU is very concerned about ongoing discussions in Congress that would undermine the employer-sponsored health insurance system by eliminating or placing a cap on the **employer tax exclusion** for health insurance. More than 175 million Americans currently receive their coverage through this system, largely due to the tax exclusion where employers provide contributions for an employee's health insurance that are excluded from that employee's compensation for income and payroll tax purposes. Eliminating the exclusion would eliminate the incentive for employersponsored insurance while capping it would degrade the benefit and serve as a tax increase for middle-class Americans.

The employer-sponsored 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. Eliminating the exclusion would eliminate most of the benefits of employer-sponsored insurance, including the means for spreading risk among healthy and unhealthy individuals and group purchasing efficiencies. Capping the exclusion for employees would devalue the benefit and result in a significant tax increase for middle-class Americans, forcing many to drop employer-sponsored insurance, including dependent coverage. Employers would be incentivized to only offer coverage to their employees that would fall below the value of the cap in order to avoid paying any increased taxes, potentially resulting in a race to the bottom for employers to sponsor insurance that wouldn't meet the cap's thresholds and further shifting costs onto employees. Many of the inherent problems with the **employer tax exclusion** would exist for eliminating the employer exclusion such as setting a tax credit sufficiently high enough to cover the significant contribution made by employers today. Also, indexing a credit would need to be set to medical inflation if it is to keep up with the typical rise in healthcare expenses.

The employer exclusion tax benefit makes employer-sponsored health insurance a valuable benefit for workers. We urge Congress to maintain the system that has worked for Americans for decades, and preserve employer-sponsored health insurance through the continuation of the employer exclusion because it preserves the employer system for health insurance for the vast majority of Americans. Over the coming weeks, as Congress discusses various healthcare reform proposals, we want to be sure that they hear directly from agents, brokers and employees about the value of the employer tax exclusion. You can help us spread the message by taking action below:

1. **Contact your senators and representative.** Send an Operation Shout today asking your federal legislators to oppose the elimination or cap of the employer tax exclusion of health insurance in any healthcare reform legislative proposals. You can also call your legislators at the numbers below.
2. **Tell your employer clients to take action.** Your employer clients would be most directly impacted by the elimination or cap of the employer tax exclusion. Tell them to take action sharing why the exclusion must be preserved in any healthcare reform legislative proposals. Tell them to take action [here](#).
3. **Share your story.** As a licensed insurance specialist who works closely with employers to help them offer and utilize employer-sponsored health insurance, you know personally about how the employer tax exclusion directly impacts your clients. Stories from your clients will demonstrate the value of the exclusion and the need to preserve it. We will share your stories with appropriate legislators and staff. You can share your story [here](#).

Take action today and tell your federal legislators to keep the employer exclusion tax benefit!

Take Action

Don't want to send an email? No problem, you can also reach your legislators by phone:
Rep. George Holding (R) can be reached at (202) 225-0032.
Sen. Richard Burr (R) can be reached at (202) 224-9154.
Sen. Thom Tillis (R) can be reached at (202) 224-6342.

This call to action is designed as an email message to your legislators. You are welcome to use the prepared text or calling letters to call your legislators, or to expand on the prepared message to share your personal story on how

Resources

As insurance brokers trained in risk management, it is our job to analyze and identify risks that might adversely affect our client's business objectives. Compliance with federal statutes and regulations in the areas of insurance, labor and taxes is a daunting task for many of our employer clients.

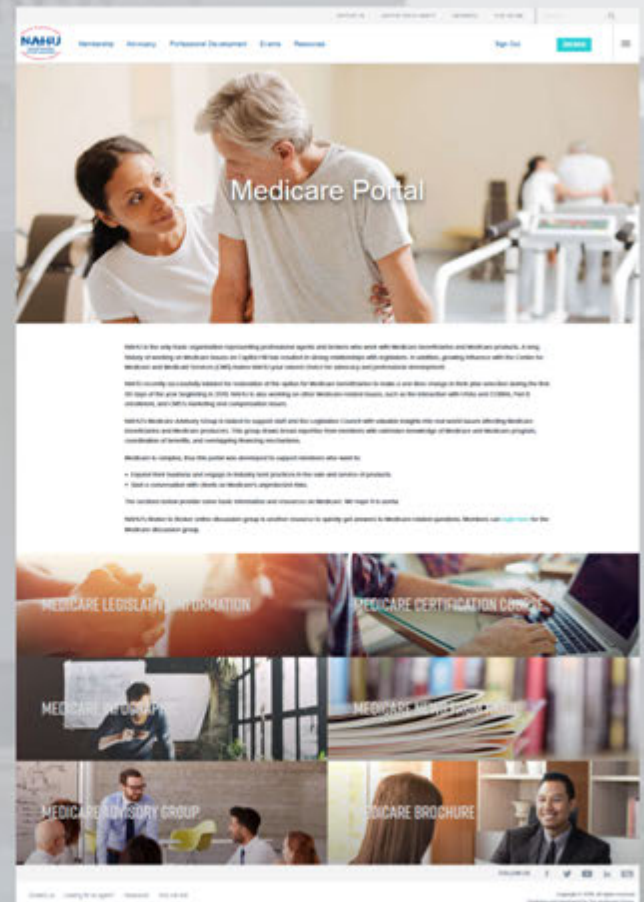
With the NAHU Compliance Corner, you now have a one-stop place to find the majority of federal statutes that affect the employee benefits world.



Certifications



Medicare Resources

[illegible]

Infographic

Brochure

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Q and A

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