Volume 19, Issue 1 July/August 2024

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County of Orange Insurance News

2024: Summer of Sizzling Legislative Victories & Priorities for 2024-2025

Also inside this issue

- *Legislative Update: The Legislative Process*
- *Legal Updates: Marilyn Monahan, Monahan Law Office*
- *Senior Summit, August 20-22, 2024*
- *Women in Business Recap, 2024*
- *And Much More!*

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CAHIP Orange County

Making a Difference in People's Lives. One Member at a Time.

Our association is a local chapter of the National Association of Benefits & Insurance Professionals (NABIP). The role of CAHIP-OC is to promote and encourage the association of professionals in the health insurance field for the purpose of educating, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.

CAHIP-ORANGE COUNTY'S PRESIDENT'S MESSAGE

By: Barbara Ciudad

Dear Members,

I am incredibly honored and excited to address you all as your new CAHIP Orange County Chapter President. Stepping into this role fills me with a profound sense of responsibility and enthusiasm for the journey ahead. Together, we can continue building upon the strong foundation laid by our predecessors and to propel our chapter to even greater heights.

First and foremost, I want to extend my heartfelt gratitude to each one of you for entrusting me with this leadership position. It's a privilege that I do not take lightly, and I am committed to serving our chapter with integrity, dedication, and transparency.

As we embark on this new chapter together, I want to emphasize the importance of collaboration and inclusivity. Our chapter is comprised of diverse talents, perspectives, and experiences, and it is through harnessing this richness that we can truly thrive. I encourage each of you to actively participate, share your ideas, and engage with one another constructively.

In the coming months, my priority will be to foster a culture of growth and excellence within our chapter. Whether it's through innovative programming, meaningful initiatives, or fostering strong connections within our community, I am dedicated to ensuring that our chapter remains a vibrant hub for learning, networking, and professional development.

I also recognize the challenges that we may encounter along the way. However, I firmly believe that with resilience, adaptability, and a united front, we can overcome any obstacle that comes our way.

Please feel free to reach out to me with any questions, ideas, or concerns you may have. My door is always open, and I am here to listen and support you in any way that I can.

Thank you once again for the opportunity to serve as your Chapter President. Let's embark on this journey together and make our chapter proud!

Warm regards,

Barbara Ciudad

##

2024 CAHIP Capitol Summit Photos

Left: Ryan Dorigan, David Ethington and Sue Wakamoto-Lee with Jhosseline Guardado, Staffer for Senator Dave Min at Capitol Summit, May, 2024.

Top Right: Installation of new CAHIP Executive Board, 2024-2025.

Lower Right: Maggie Stedt, Sue Wakamoto-Lee and her daughter Kylie visit Senator Josh Newman's office during 2024 Capitol Summit

Feature Article: 2024: Summer of Sizzling Legislative Victories and Priorities for 2024-2025

By: Dorothy Cociu, RHU, REBC, GBA, RPA, LPRT
CAHIP-OC VP of Communications & Public Affairs

It's summertime now and most of us are thinking in our spare time about summer vacations, getting a tan, daycare, finding things for the kids to do while home, and what water parks and movie theaters are open to keep everyone cool. For some, however, it's a lot more than that. In fact, this summer, more than usual, it's a time to think about, of all things, legislation, because things are happening that could impact many of us for some time to come.

As health insurance agents or industry employees such as carrier representatives, health care vendors and others, what happens in Sacramento matters. In fact, it should be a top priority to stay informed of what is happening, because if you don't, and you fail to voice your concerns or have discussions with legislators and their staffs, you may discover later that something passed the state legislature that will harm your business or your clients' businesses.

2024 Legislative Year in Sacramento, CAHIP Priorities & Victories

Overall, 2024 is proving to be a very busy legislative year in Sacramento, with both successes and concerns for CAHIP members and their employer clients, as well as Medicare beneficiaries. I asked CAHIP Legislative Advocate, Faith Borges, and CAHIP Vice President, Legislation, Paul Roberts about what the top priorities were and are in 2024.

Faith responded: "Our priorities are/were to Kill the Single Payer bill (AB 2200), Kill the bill that would harm Medicare beneficiaries (SB 1236), Kill Dental MLR (AB 2028), Advance HSA tax savings bill (SB 230), and Advance increased access to care w/ cost savings (SB 1180)." CAHIP has been successful in helping to kill the three bills mentioned above already this year, as I will discuss in greater detail later in this article. Ongoing efforts include the HSA tax savings bill and access to care without cost savings.

Paul Roberts expanded the priorities by stating: "2024 is proving to be a busy year in Sacramento, as you said, with successes and concerns for CAHIP members and their employer clients, as well as Medicare beneficiaries. In brief & broad summary without respect to any specific bill directly, CAHIP's top priorities this legislative year are: 1) Engaging in meaningful conversations with legislators about the costs of healthcare and how to address them; 2) Highlighting California's efforts in achieving near-universal coverage through recent Medi-Cal expansions; 3) Educating consumers and insurance professionals on the realities of single-payer proposals; 4) Protecting health options and choice in coverage; 5) Simplifying legislation to make it more accessible and understandable for CAHIP members."

The Importance of Capitol Summit

To be a part of the legislative process, CAHIP has an annual Capitol Summit in May of each year, where members and others get together in Sacramento and meet with state legislators and their staffs on issues that are important to our membership and the health insurance industry in general. This process is important because, as David Benson said in his Legislative Update in this issue: "If the legislator or staff member feels that the lobbyist or citizen lobbyist is well educated on the topic at hand, they are much more willing to amend legislation or have discussions with the bill's author regarding amendments that can improve the bill." And this can be the difference between good and bad legislation passing, or being killed in committee or on the floor of the California Assembly or Senate.

I asked Paul Roberts if he was happy with the way our membership responded and attended the 2024 Capitol Summit. "We are always thrilled to see our members show up for

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Women In Business Recap 2024

By: Pat Stiffler, Women in Business Chair

The Balboa Bay Resort was the beautiful location for our 21st Annual Celebration of Women in Business Luncheon and Fashion Show. The theme was the 21st Birthday and our guests were dressed in their finest party attire.

After John Evangelista, CAHIP OC's President, welcomed everyone, Nick Bransom from Word & Brown, our Master of Ceremonies, kicked off the event and it was in high gear from that point.

We welcomed back our DJ, Frank Roberson, who kept things moving, and who also started an impressive money drive.

David Leonard, New Hope's Executive Director, continued the donation request with his Text To Give, and donations were pouring in from that point.

Our Fashion Show, with fashions from Dylan Star, showcased our beautiful models and the wonderful styles Dylan Star featured. Han Still Tran from Tri-Net and Diana Miller did an excellent job moderating the show. It also seemed like our models were having a great time!

We had the opportunity to hear from Gabby Gray. She shared how New Hope became her guiding light amidst the darkness of grief after losing her father, Ezell Marcus Gray Jr., to cancer in 2022. Gabby said, "*New Hope provided me with the courage to face each day with renewed hope and strength."*

Congratulations to this year's Women in Business Honoree, Jules Wilson. Jules started the "Fabulous Networking Group" and is deeply committed to St. Jude Research Hospital, Alzheimers OC and Impact Giving of Orange County.

The highlight of the event is the distribution of our raffle baskets. Congratulations to all our guests who won the amazing baskets. One guest took home quite a haul, winning three of them!

Happy Travels to Michelle Choan, from Yorba Linda Insurance Services, who was our Grand Prize winner. Enjoy your gift certificate from AAA!

Sincerest Thanks to our sponsors, Word & Brown, Trinet, United Healthcare, Amwins, Kaiser Permanente, Dickerson, Colonial Life, AGA, Benefit Mall, Anthem Blue Cross, BBSI and Coastal Payroll. Without your support, this event would have been possible.

I also want to thank our models for their participation in a really fun fashion show, and for the ambassadors who make our job so much easier, and kept things running smoothly.

I also want to thank the best committee in NABIP for their unwavering commitment to this event and to New Hope Grief Support Community. I feel privileged to work with all of you and for your friendship.

See you all in 2025 for our 22nd Annual event!

Pat Stiffler. WIB Chairperson

##

Women in Business Event Photos, 2024. More photos on pages 22, 23, 35

COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!

Featuring Legal Briefs By Marilyn Monahan, Monahan Law office and HIPAA Privacy & Security & Related Updates by Dorothy Cociu, CAHIP-OC VP of Communications & Public Affairs

Legal Briefs

This is a summary of some important reminders for, as well as recent developments of interest to, consultants and employers—including some important upcoming deadlines:

FEDERAL: HIGHLIGHTS

***IRS/FTB: 2023 Forms 1094/1095*:** In the last issue of C.O.I.N., we talked about the penalties the Internal Revenue Service (IRS) has the authority to impose if employers do not file the Forms 1094/1095 on time. But what if employers with self-funded plans miss the deadline to file the Forms 1094/1095 with the Franchise Tax Board (FTB)? (This year, the deadline to file with the FTB was extended to **May 31, 2024**.) The penalty for not reporting is **$50** per individual who was provided health coverage.

IRS: 2025 Health and Welfare Benefit Plan Limits: The IRS has announced some benefit plan limits for 2025 (self-only/family):

Type of Plan/ Limit	2025	2024
HSA Contribution Limits	$4,300/$8,550	$4,150/$8,300
HSA Catch-Up Contribution (55 or Older)	$1,000	$1,000
HDHP Minimum Deductible	$1,650/$3,300	$1,600/$3,200
HDHP Maximum Out-of-Pocket Expense Limit	$8,300/$16,600	$8,050/$16,100
Excepted Benefit HRA	$2,150	$2,100

Departments: FAQ About Consolidated Appropriations Act, 2021 Implementation Part 67: On May 9th the Departments of Labor, Treasury, and Health and Human Services (the Departments) issued FAQ Part 67, which extends enforcement

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HIPAA/HHS/OCR Updates

There are no HIPAA updates this issue related to enforcement actions, but I will update you on a couple of HHS/OCR activities.

On May 31, 2024, HHS/OCR released updates to the frequently asked questions (FAQs) webpage concerning the Change Healthcare cybersecurity incident. The webpage, first published on April 19, 2024, provides answers to FAQs concerning the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Rules and the cybersecurity incident impacting Change Healthcare, a unit of UnitedHealth Group (UHG), and many other health care entities.

OCR enforces the HIPAA Privacy, Security, and Breach Notification Rules, which sets forth the requirements that HIPAA covered entities (health plans, health care clearinghouses, and most health care providers) and their business associates must follow to protect the privacy and security of protected health information and the required notifications to HHS and affected individuals following a breach.

"Ensuring patient privacy is one of the pillars of HIPAA. Our updated FAQs webpage on the Change Healthcare breach reiterates that importance by making clear that individuals affected by this breach must be notified that their protected health information was breached. This ensures that the potentially millions of Americans, including the elderly, the disabled, those with limited English proficiency, those with limited access to technology, and more, will understand the impact of this breach on their private medical records and their health care," said OCR Director Melanie Fontes Rainer. "Affected covered entities that want Change Healthcare to provide breach notifications on their behalf should contact Change Healthcare. All of the required HIPAA breach notifications may be performed by Change Healthcare. We encourage all parties to take the necessary steps to ensure that the HIPAA breach notifications are prioritized."

The webpage updates address questions OCR has received concerning who is responsible for performing breach notification to HHS, affected individuals, and where applicable the

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discretion in connection with the Independent Dispute Resolution (IDR) process created by the No Surprises Act, and the calculation and use of the qualifying payment amount (QPA), which is used to determine how much out-of-network providers will be reimbursed by plans and issuers. Enforcement relief was previously announced in FAQs Part 62. Why? The Departments "have received feedback" that plans and issuers need additional time to comply.

***IRS: Patient Centered Outcomes Research Institute (PCORI) Fee*:** Each year, self-funded plans must file IRS Form 720, and pay the applicable PCORI fee, on or before July 31. The filing deadline is not based on the plan year—everyone will file on or before **July 31, 2024**.

In June, the IRS issued an updated version of the Form 720, and this version should be used because it reflects the annual increases in the PCORI fee amount (noted below). Refer to Part II of the form for the lines that must be completed to fulfill the PCORI fee reporting requirement.

The PCORI fee for policy years and plan years that end on or after October 1, 2023, and before October 1, 2024, is **$3.22**. For policy years and plan years that end on or after October 1, 2022, and before October 1, 2023, the PCORI fee is **$3.00** per covered life.

DOL/IRS: Form 5500: Unless an exemption applies, the Form 5500 must be filed by the last day of the 7th month after the end of the plan year. For calendar year plans, that means that this year the Form 5500 must be filed by **July 31, 2024**.

The plan may request a one-time extension to file the Form 5500 by filing with the IRS a Form 5558 on or before the due date of the Form 5500. The extension will be for two and a half months. Approved copies of the Form 5558 will not be returned by the IRS. A copy of the completed extension request must, however, be retained with the filer's records.

***DOL/IRS: Summary Annual Report (SAR)*:** The Summary Annual Report (SAR) must be distributed by the last day of the 9th month after the end of the plan year (this year, that deadline is **September 30, 2024,** for calendar year plans that did not request an extension of time to file their Form 5500).

CMS: Gag Clause Attestation: The Consolidated Appropriations Act, 2021 (CAA) requires plans and issuers to (a) remove gag clauses from their network contracts with providers and facilities, and (b) attest to the government that the gag clauses have been removed. The first gag clause attestation (referred to as the Gag Clause Prohibition Compliance Attestation or GCPCA) was due on or before December 31, 2023. Importantly, the gag clause attestation is an annual requirement, so plans and issuers will have to attest once again on or before **December 31, 2024**.

Both employer-sponsored group health plans and insurers are subject to these mandates. Further, the mandates apply whether the group health plan is fully insured or self-funded, whether it is small group or large group, and whether it is grandfathered or non-grandfathered. Church plans and non-federal governmental plans must also comply.

Employers with self-funded plans will be responsible for making the GCPCA; although they can outsource this task, the employer remains legally responsible for ensuring it is done. Employers with fully insured plans do not have to attest if their carrier does so; if the carrier does not, the employer must. Employers should watch for communications from their carriers specifying whether the attestation will be made (and should also save those communications in their compliance file).

In May, the Centers for Medicare & Medicaid Services (CMS) issued an updated User Manual and updated Submission Instructions, which provide importance guidance on the GCPCA. These revised documents should be used when completing the gag clause attestation.

DOL: Association Health Plans: At the end of April, the Department of Labor (DOL) issued a final rule rescinding a 2018 set of regulations relating to association health plans, returning the status of such plans to the rules in effect prior to 2018. The 2018 rules had made it easier to obtain coverage through association health plans.

CMS: Medicare Part D Creditable Coverage: Medicare-eligible individuals who enroll in employer-sponsored plans with creditable prescription drug coverage will not pay a penalty when they ultimately enroll in a Medicare Part D prescription drug plan. So that they know if the coverage they are being offered by the employer is creditable or not, employers must provide a notice to these individuals each year.

Recently, CMS issued its "Final CY 2025 Part D Redesign Program Instructions." In those instructions, CMS explained, among other important details, that the maximum out-of-pocket limit for Medicare Part D plans in 2025 will be $2,000. This new limit could affect the design of employer-sponsored plans. Specifically, this means that employers that offer plans—such as high deductible health plans—with out-of-pocket limits in excess of $2,000 will have difficulty satisfying the creditable coverage standard. Employers do not have to offer creditable coverage, but often aim to do so for the benefit

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of their Medicare-eligible employees.

***IRS: Health Flexible Spending Accounts (Health FSAs)*:** On March 6th, the IRS issued an "Alert" entitled, "Beware of Companies Misrepresenting Nutrition, Wellness and General Health Expenses as Medical Care For FSAs, HSAs, HRAs and MSAs." The Alert began: "Amid concerns about people being misled, the Internal Revenue Service today reminded taxpayers and heath spending plan administrators that personal expenses for general health and wellness are not considered medical expenses under the tax law. [¶] This means personal expenses are not deductible or reimbursable under health flexible spending arrangements, health savings accounts, health reimbursement arrangements or medical savings accounts."

In addition to the Alert, the IRS updated its "Frequently asked questions about medical expenses related to nutrition, wellness, and general health," which are available at this link: Frequently asked questions about medical expenses related to nutrition, wellness, and general health | Internal Revenue Service (irs.gov)

IRS: Work-Life Referral Services: On April 16th, the IRS issued a Fact Sheet and FAQs related to the tax treatment of work-life referral services provided to employees under an employer's work-life referral program. The IRS explains:

> A work-life referral (WLR) program is an employer-funded fringe benefit that provides WLR services to eligible employees. WLR services are restricted to informational and referral consultations that assist employees with identifying, contacting, and negotiating with life-management resources for solutions to a personal, work, or family challenge.
>
> WLR programs are often incorporated into an employee assistance program (EAP) or may otherwise be bundled with other types of services or programs offered by an employer. These FAQs do not address the direct or indirect payment for the life-management resources or other services offered through an EAP or that may be bundled with a WLR program. These FAQs only address the federal tax treatment of WLR services.

The FAQs describe when a WLR will qualify as a de minimis fringe benefit so that the value of the program is not included in the employee's gross income.

IRS: Forms 1094/1095-C: On April 26th, the IRS published in the Federal Register a "notice and request for comments" on the IRS Forms 1094/1095-C. Comments are invited on: "(a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information." Comments are due by **June 25, 2024**.

EEOC: The Pregnant Workers Fairness Act (PWFA): Moving beyond employee benefit issues to workplace issues, there is an important update on the Pregnant Workers Fairness Act (PWFA). The PWFA was added by the Consolidated Appropriations Act, 2023 and went into effect June 27, 2023. The U.S. Equal Employment Opportunity Commission (EEOC) issued final regulations implementing the law, and those new regulations take effect **June 18, 2024**. The new regulations provide essential guidance for employers implementing the law.

What is the PWFA? The PWFA "requires covered employers to provide 'reasonable accommodations' to a worker's known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an 'undue hardship.'" Examples of possible accommodations include changing work schedules; additional, longer, or flexible break time; telework; temporary reassignment; light duty; leave for health care appointments; changing equipment or workstations; changing uniforms or dress codes. If another federal or state law places a higher standard on the employer, the employer must satisfy the higher standard.

Who must comply with the PWFA? "Covered employers" must comply, and "covered employers" include private and public sector employers with at least 15 employees. The law also applies to employment agencies and labor organizations.

Employers may want to consult their employment lawyer for more guidance on implementing the PWFA and how it coordinates with state law. More information about the PWFA is avail-

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Don't Forget Our Upcoming Programs!

See Pages 19. 28, & 29 For More Information!

Senior Summit
August 20-22, 2024
Pechanga Resort

CE Day
September 10., 2024
9 am to 5pm
Lake Forest Community Center

Legal Briefs, Continued from page 10

able from the EEOC at: https://www.eeoc.gov/wysk/what-you-should-know-about-pregnant-workers-fairness-act.

EEOC: Enforcement Guidance on Harassment in the Workplace: The EEOC has also issued "Enforcement Guidance on Harassment in the Workplace." The EEOC is charged with enforcing several workplace anti-harassment and discrimination laws. The new guidance consolidates and replaces 5 guidance documents previously issued by the EEOC. According to the EEOC, "By providing this resource on the legal standards and employer liability applicable to harassment claims under the federal employment discrimination laws enforced by the EEOC, the guidance will help people feel safe on the job and assist employers in creating respectful workplaces."

***DOL: Employee or Independent Contractor Classification Under the Fair Labor Standards Act; Final Rule*:** On January 10, 2024, the DOL issued a final rule which revises the standards employers must use to determine if someone is an independent contractor or an employee for purposes of the federal Fair Labor Standards Act (FLSA). The new rule went into effect **March 11, 2024**. According to the DOL, "This final rule rescinds the Independent Contractor Status Under the Fair Labor Standards Act rule (2021 IC Rule), that was published on January 7, 2021 and replaces it with an analysis for determining employee or independent contractor status that is more consistent with the FLSA as interpreted by longstanding judicial precedent." The new rule was accompanied by a set of FAQs and a "Small Entity Compliance Guide." These materials are available at this link: https://www.dol.gov/agencies/whd/flsa/misclassification/rulemaking

It is important to note that California has developed its own standards for determining independent contractor status. In California, unless an exception applies—and there are actually a number of exceptions—we apply the ABC test to determine if someone is an independent contractor or employee.

Misclassification can be costly. Employers need to be certain they are properly classifying their workers, and would be advised to consult their employment lawyer if they have any questions about the application of the new federal rule or the California standard.

DOL: Artificial Intelligence: On April 29th, the DOL issued Field Assistance Bulletin 2024-1 on the impact of artificial intelligence (AI) on implementation of the Fair Labor Standards Act (FLSA) and the Family and Medical Leave Act (FMLA), among other federal laws.

FTC: Non-Competes: The Federal Trade Commission (FTC) recently issued a set of regulations that bans the use of most non-competes. The restrictions apply to new and existing contracts and policies. California has been restricting the use of non-competes for many decades, so the impact of this new set of rules will not be felt as strongly in this state. However, employers should consult their employment lawyers if they are concerned about how the new rules might impact employment contracts and policies.

CALIFORNIA: HIGHLIGHTS

S.B. 553 – Workplace Violence: Don't forget! Under the terms of S.B. 553, most employers must establish, implement, and maintain a detailed written Workplace Violence Prevention Plan by **July 1, 2024** (there are some limited exceptions). The requirements of the law do not stop with the creation of a written plan—there is much more to do, including mandatory training. Cal/OSHA has set up a webpage to help employers navigate compliance: https://www.dir.ca.gov/dosh/Workplace-Violence/General-Industry.html However, employers may need to retain an employment lawyer or outside service provider for help getting them into compliance.

S.B. 828, Durazo. Minimum Wages: Health Care Workers: Delay (Chapter 12): Last year, the legislature passed and the governor signed a bill that was to increase the hourly wage for health care workers starting on June 1, 2024 (S.B. 525). On May 31, 2024, Govern Newsom signed S.B. 828. This new bill, which took effect immediately as an urgency measure, delays the start date of the wage increase for one month, from June 1 to **July 1, 2024**. The delay "align[s] the healthcare worker minimum wage provisions with the state budget timeline and allows the Legislature and the Governor to continue" discussions about additional changes to the terms of S.B. 525. S.B. 828 also specifies that future annual increases in the minimum wage required by S.B. 525 will take effect on July 1 rather than June 1.

MUNICIPALITIES: HIGHLIGHTS

Minimum Wage: Effective January 1, 2024, the minimum wage in California increased to $16.00—but it is higher for some industries and in some municipalities. Further, effective **July 1, 2024**, there will be another round of minimum wage increases at the munici-

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Feature Article, Summer of Sizzling Legislative Victories, Continued from Page 5

CAHIP's Capitol Summit in Sacramento each May to participate in our lobbying day. It's inspiring to witness members engage with legislators about our priorities, speak with a unified agent perspective, and highlight the valuable services agents provide to California consumers and constituents," stated Paul enthusiastically. "This year, we had a fantastic mix of first-timers and returning attendees. The reception to the speakers and content was overwhelmingly positive, and we celebrated a significant victory with two major opposition bills being defeated in Sacramento the day after our event (AB 2200, SB 1236). *What a win!"*

The Largest Threat to the Health Insurance Industry and Consumers – Single Payer

The biggest threat to the health insurance industry and consumers is and had been, for many years, the threat of Single Payer Legislation. It seems to be almost an annual event; learning which single payer bill or threat of some kind would rear is its ugly head. This year's single payer threat came in the form of AB 2200's single payer program, called CalCare (Kalra).

I asked Paul Roberts to walk us through what AB 2200 would have done, had it passed. "AB 2200's Single Payer program, CalCare, would have forced all Californians out of their current health insurance and into a new, untested government-run monopoly, eliminating choice and the ability to opt-out. The proposed Single Payer system would *increase state taxes on workers, employers, goods, and services by at least $250 billion per year, leading to a massive tax hike and significant disruption to people's healthcare.* This bill was defeated in May 2024, the day after CAHIP's lobbying day for our Sacramento Capitol Summit."

"AB 2200," Paul continued, "aimed to establish a state-run Single Payer program, effectively eliminating all existing health insurance policies, including those offered through Covered California, employer-sponsored coverage, Medicare for seniors, and California's Medicaid program, Medi-Cal. Shifting the administration and financing of all health coverage to the state government is reckless due to the absence of a clearly identified funding source and a lack of committed federal funding." The bill would:

- Abolish private health insurance and public-private partnerships like Medicare and Covered California.
- Jeopardize existing universal healthcare efforts, risking the gains made towards achieving universal healthcare for all Californians.
- Create a government healthcare monopoly, mandating a single government-run entity over all healthcare services.
- Result in significant costs, as Single Payer isn't "free," leading to higher taxes.
- Shift health costs onto employees by eliminating employer-paid health coverage.
- Discourage innovation and quality improvements in healthcare.
- Fail to expand provider capacity, not adding a single new doctor or facility to California.
- Eliminate consumer advocacy services provided by health insurance agents.

These reasons underline why CAHIP strongly opposed AB 2200, as it would have led to more harm than good for Californians' healthcare landscape.

As with other single payer bills in the past, AB 2200 would effectively eliminate all existing health insurance policies and shift all healthcare administration and financing to the state. I asked Paul why is this "reckless"? Paul stated: "AB 2200 would effectively eliminate all existing health insurance policies and shift all healthcare administration and financing to the state. This approach is reckless for several reasons. Firstly, it would abolish private health insurance, employer-sponsored coverage, and essential public-private partnerships like Medicare and Covered California, removing established and trusted coverage options. It would also eliminate Medicaid (Medi-Cal in California) and the valuable services provided by health insurance professionals. Secondly, the bill lacks a clearly identified funding source and committed federal funding, risking financial instability. The proposed system would lead to massive tax increases on workers, employers, goods, and services, potentially exceeding $250 billion per year. Additionally, it would stifle innovation and quality improvements in healthcare, fail to expand provider capacity, and eliminate consumer advocacy services provided by health insurance agents. *Such a drastic shift would create significant disruption, jeopardizing the healthcare security and choice that Californians currently enjoy."*

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Feature Article, Summer of Sizzling Legislative Victories, Continued from Page 13

Faith Borges had additional comments about why the bill was "reckless." "SB 2200 didn't identify a funding source and California can't deficit spend the like the federal government, so in bad budget years (like this one), you could have access and benefits restricted subject to financing limitations. This is WHY a concept like single payer would have to include federal financing (SB 770)."

Shortly after Capitol Summit, as members may have heard from CAHIP directly, SB 2200 was held in the suspense file… What does this mean exactly? I asked Paul Roberts to explain.

"In the California Legislature, when a bill is placed in the suspense file, it typically means that the bill has significant fiscal implications—in this case, AB 2200's estimated $250-500+ billion annual cost." Paul continued: "The suspense file helps the Assembly and Senate evaluate the costs of all high-price bills simultaneously against the state's budget, allowing for a comprehensive assessment of financial feasibility. This process ensures that legislators can prioritize and make informed decisions about which costly bills to advance. Ultimately, AB 2200 failed to make it out of the Assembly Appropriations Committee's suspense file because of its enormous price tag and lack of a financing mechanism, which is crucial for the bill's success. The committee held the bill in appropriations to avoid committing to a substantial expenditure without a clear and viable funding source."

Faith Borges added to Paul's comments. "Yes, the bill is DEAD for this legislative session and calendar. We do expect similar legislation to be reintroduced next year after a new class of legislators are elected in November and beginning in 2025." And that is why it is so important that CAHIP members and the health insurance industry in general stay on top of legislation in California."

Health Savings Accounts (SB 230- Seyarto)

Senate Bill 230, which CAHIP supports, was also on the CAHIP radar this spring and was part of the discussions at Capitol Summit. I asked Paul what is this bill about and why does CAHIP support it? "This bill entitles income-eligible public and private sector employees to a state tax deduction for contributions to a Health Savings Account (HSA) in conformity with federal tax law. California is one of only two states, along with New Jersey, that currently taxes contributions to HSAs. *CAHIP supports SB 230 because it promotes tax-free savings for medical expenses, aligning with the federal tax code.* HSAs allow individuals to save tax-free dollars for near-term medical expenses and future costs, with the flexibility for contributions from both employees and employers. The funds are completely portable, carrying over year to year. HSAs have proven to be a great financial and medical benefit for employees and employers. By passing SB 230, California would ensure income-eligible Californians enjoy the same tax advantages for HSAs that workers across most of the nation already benefit from."

AB 230 is not yet resolved. It will continue to be monitored and CAHIP will continue to work on getting the bill signed into law.

Health Care Coverage: Emergency Medical Services (SB 1180- Ashby)

Another bill CAHIP was following was SB 1180. This bill was supported by CAHIP. I asked Paul what SB 1180 would do and why CAHIP was in support of it.

"Senate Bill 1180, supported by CAHIP, mandates that health plan contracts and insurance policies issued, amended, or renewed on or after January 1, 2025, establish a reimbursement process for services provided by community paramedicine programs, triage to alternate destination programs, and mobile integrated health programs, " stated Paul. "Additionally, it ensures these services are covered benefits under the Medi-Cal program. The current funding system only supports patient transport to costly emergency room visits, even when unnecessary. SB 1180 addresses this issue by facilitating reimbursement for alternative, clinically appropriate destinations such as sobriety centers or mental health facilities. This shift is expected to reduce the financial burden on the healthcare system by minimizing unnecessary emergency room visits and providing patients with more suitable care options."

Paul continued: "One of the key benefits of SB 1180 is its support for hospice care patients. The bill provides a path toward commercial insurance funding that enables licensed paramedics to offer home support to hospice patients, thereby enhancing their care. Moreover, the bill promotes the efficient use of healthcare resources by allowing patient transport directly to facilities that can better address their specific needs, such as sobriety centers or mental health facilities, instead of defaulting to emergency rooms."

What about access to healthcare and lowering costs? I asked Paul about these matters. "SB 1180 also aligns with CAHIP's goals of expanding access to healthcare and lower-

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ing overall costs. By supporting the funding of appropriate medical care in a cost-effective manner, the bill ensures that patients receive the right care at the right time. Importantly, the California Health Benefits Review Program (CHBRP) estimates that SB 1180 will have no measurable fiscal impact, making it a financially prudent initiative. For these reasons, CAHIP supports SB 1180, recognizing its potential to enhance patient care, reduce healthcare costs, and improve accessibility."

So, what is the current status of SB 1180? Paul informed me that "As of 6/17/2024, the bill is with the Assembly Health committee. It has already passed the Senate."

Medicare Legislation

Medicare Supplements – SB 1236

Another high priority bill for CAHIP in 2024 was SB 1236, which was also discussed during CAHIP's Capitol Summit with our legislators and their staffs. I asked Paul what this bill was about and why CAHIP opposed it.

"SB 1236 aims to establish a new 90-day annual enrollment period with guaranteed issue (GI) for seniors and individuals with disabilities to purchase Medicare Supplement Insurance (Medigap)," informed Paul. "While intended to ease access to supplemental coverage, CAHIP opposes the bill due to several concerns. *A key issue is the projected increase in premiums.* The California Health Benefits Review Program (CHBRP) estimates that average monthly premiums for Medigap would rise from $239.03 to $319.04 per member per month, a 33% increase. *This significant hike could make Medigap unaffordable for many seniors and individuals with disabilities, especially those on fixed incomes.* Additionally, the CHBRP projects a 9% decrease in Medigap enrollment due to the higher premiums, potentially leaving more seniors without essential coverage. Another concern is the risk of insurer market withdrawal. The CHBRP analysis warns that an expanded enrollment period combined with community-rated premiums might incentivize insurers to exit the California Medigap market, reducing consumer choices and driving up prices."

Are there other states with this type of legislation? Paul responded: "CAHIP also highlights the experience of other states. In New York, a similar policy has led to an average monthly Medigap premium of $455, significantly higher than California's current average of $174. *Even the lowest-cost plans in New York are double the rates of California's lowest-cost plans, demonstrating the potential financial impact of SB 1236.* Furthermore, Medigap premiums are in addition to the Medicare Part B premium of $174.70 or higher, adding to the financial burden on beneficiaries, whose average annual Social Security benefit is about $12,000. California already provides guaranteed-issue protections for Medicare Advantage (MAPD) enrollees, allowing them to switch to Medigap if their MAPD costs increase or benefits decrease by 15% or more. Lastly, Medigap lacks both an individual mandate and premium subsidies, leaving many Californians without financial assistance to afford this coverage. For these reasons, CAHIP opposed SB 1236, arguing it would increase costs, reduce access to coverage, and destabilize the Medigap market in California."

To get more into the weeds on this topic, due to its importance, I asked Medicare experts Maggie Stedt and David Garcia to provide me with a more in-depth look into SB 1236.

David told me: "This bill would have created an Open Enrollment window from January 1 to March 31 each year that would allow anyone with Medicare Parts A and B to enroll in to any Medicare Supplement plan with any carrier. If this bill were to pass, theoretically, a 65+ Medicare eligible could terminate their Part B coverage at any point during the plan year, re-activate Part B using the Medicare General Enrollment Period that also runs from 1/1-3/31, for a 2/1 effective date without a penalty and activate a Medicare Supplement plan 2/1 that same year. If passed, this bill would have destroyed the Medicare Supplement market in California. Our team was able to list the many guarantee-issue opportunities that already exist in our state, which include the Birthday Rule for existing Medicare Supplement members, 15% Benefit reduction rule, a California- only rule, for existing MAPD members, creating a guarantee into a Medicare Supplement plan from an MAPD plan. What created the biggest impact was a rate comparison of California and New York Medicare Supplement plans where a year-around guarantee-issue on to any Medicare Supplement has been in existence since 2018. Only 6 carriers are left in the state, and of those 6 carriers, only 3 work with agents, and the rates are at minimum three times higher than rates in California."

I also asked Maggie her thoughts on SB 1236. "CAHIP opposed the bill as it would create several problems and was trying impose a new guarantee-issue (GI) requirements, when there were already applicable GI's already in place. This bill would increase premiums, reduce enrollment due to the increased costs to all beneficiaries of a projected 33%. And, it could force carriers to leave the state as they have done so in other states such as New York. It held the potential of driving many of the beneficiaries out of their coverage due to high costs."

It's important to note that CAHIP Members who sell Medicare supplement plans should also be apprised of bills like SB 1236. Maggie stated: "This was a bill that would adversely affect every Medicare Supplement policy holder in the state with higher premiums. With the potential of carriers leaving the state, many would have no recourse but to go to the few remaining carriers with higher costs, or move to a MAPD

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plan. For example, in New York, which has this GI in place, there are only three carriers, and only one pays commissions to brokers. Brokers would lose their books of business and the policy holders would lose their "trusted advisors," as Medicare calls us."

David Garcia also provided some insight. "This is something I flip back and forth with. I DO NOT like scaring agents, but they ABSOLUTELY should be aware of what is being proposed by our legislators that mean well, but create bills with unintended consequences. This bill was on the fast track to get approved. The first vote through appropriations was an 11-0 approval! That is an example of Republicans and Democrats saying, 'Yes, this will work!' If not for the efforts of our amazing lobbyist, Faith Borges, myself, Dawn McFarland and a handful of others, going back and forth providing as much info as possible to kill this bill, it would have passed. I also need to mention the many CAHIP members statewide that went to Sacramento to lobby and oppose this bill on behalf of our agent partners the day before the bill was killed. *In that sense, agents should know, their voice matters! Without CAHIP, which provides a professional view of a bills impact on its consumers and the market as a whole, we would be left with unintended consequences."*

We are happy to report that SB 1236 is dead! "The bill was killed by not being released from committee," stated Maggie. "We do expect the issue to be brought back again due to the kidney dialysis centers' support of this bill."

Biggest Threats to Agents Selling Medicare Supplement and Related Plans

Because David and Maggie are Medicare Specialists, I took advantage of that, so I could go a bit deeper in this article. I asked them both, 'What are the biggest threats to agents selling Medicare supplement and related plans right now?'

David responded with these comments: "Many won't acknowledge this, but I feel that in California we have a VERY consumer friendly market," He continued: "We are the original birthday rule state. A carrier in our state allows one to use the other household member's for the birthday rule determination, and for the last 5 years, we've had a carrier offer an 'Underwriting Holiday,' which allows ANY Medicare eligible recipient with Parts A and B of Medicare to enroll into any Medicare Supplement plan this carrier offers. This carrier is known to have high rates for older ages, which means, unhealthy members who used this UW Holiday have used the birthday rule to move to another carrier's Medicare Supplement plan. We also have a carrier in our state that allows upgrades and downgrades every month of the year, guarantee-issue, within the Medicare Supplement plans they offer. All of these guarantee-issues are now having an impact on rate sustainability. Every Medicare Supplement carrier in our state released double digit rate increases this year. Both here in California and also nationally. Nationally, we are all waiting for the impact of the Inflation Reduction Act. As a reminder, Medicare Supplement plans do not cover prescription drugs. Every Medicare Supplement member must also purchase a prescription drug plan. In 2025, the out-of-pocket max on a prescription drug plan will drop from $8,000 to $2,000. We anticipate formulary reductions and larger than traditional Part D premium increases. We expect to see Part D premiums to be the same as Medicare Supplement plans. This may force MANY to move to a Medicare Advantage plan in 2025. As a reminder to our agent partners, if this is the Medicare Supplement member's first time on an MAPD, that member has a 12-month trial right on to an MAPD plan."

Maggie added her thoughts on the biggest threats to agents selling Medicare supplement and related plans: "Rising costs (we are looking at a national average of a 10% premium increase across the nation)." She explained further. "The biggest issue is coming in 2025 with the change to the Part D coverage under the Inflation Reduction Act. While the Medicare Supplement plans remain a great option for Medical coverage, it will become a great challenge cost-wise for these same people to afford their Part D coverage. Remember, to have prescription drug coverage, the Medicare Supplement policyholders enroll into separate stand-alone prescription drug plans. In 2025, with the new limit of $2,000 maximum out-of-pocket for drugs and the shifting of the greater amount of the costs for the drugs from the Federal government and the drug companies to the insurance carriers, plan availability will probably shrink, and the monthly premium costs will grow quite a bit. Many Med Supp policyholders may have to move to Medicare Advantage plans to continue to afford their medications and stand-alone Part D premiums.

And we expect a number of carriers to pull their current plans from the market in 2025, require more pre-authorization and step therapies, greatly change their formularies, and plus, *a number of plans may not pay commissions to the agents*. More and more agents are withdrawing from the sales of Part D plans and sending their clients to Medicare.gov. (for lower commissions and greater exposure to grievances)."

I asked Maggie and David how successful they thought CAHIP and it's national association, NABIP, have been in protecting Medicare recipients and the agents that help them with their coverages.

"Extremely successful," stated David. "The decision to pay agents for MAPD plans was announced at a CAHIP-hosted Senior Summit years ago when agents pressed the board of carrier

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representatives on non-competitive commissions. The move from a 45 day dis-enrollment period back to a three-month open enrollment period for MAPD members at the beginning of each year was proposed and fought for by NABIP."

Maggie also added her thoughts: "Both NABIP and CAHIP have been in the trenches and continue to represent the Medicare beneficiaries and the agents well. Our counter argument to 1236 was heard and understood in our meetings with the legislature. We were exempt from AB5 that California installed a number of years ago. NABIP has met regularly with HHS, the Ways and Means Committee and CMS to address issues and concerns. Currently, we have the COBRA bill moving forward to Congress to have COBRA as creditable coverage, where it is not today. We are continuing to advocate on the agents' behalf on key issues and concerns and provide valued comments and reviews of pending regs and other changes. No other organization represents the agents like NABIP.

Current State of Medicare Market

Lastly, I asked Maggie and David about their overall thoughts on the current state of the Medicare market. David responded: "2025 is the peak of the Baby Boomer era. We're anticipating an average of 11,200 people aging in daily across the nation and 1,200 a day in California alone! *This AEP is expected to be the most disruptive we've ever seen and consumers will need agents to navigate the market now more than ever before. It's a great time to be an agent."*

Maggie provided her thoughts as well. "The Medicare market continues to grow, with over 13,000 individuals turning 65 this year. We have seen a great growth in the Medicare Advantage (MAPD) market across the country. Medicare Supplement sales continue to have over 50% of the enrollments but MAPD's continue to grab a greater market share each year. The challenges will continue with physician groups contracting for MAPD plans and the increasing of costs. Due to changes in reimbursements by Medicare to the MAPD carriers, we expect to see many changes in the plans regarding possible cutbacks to their supplemental benefits and availability of the give-back plans. AEP 2025 will require the review by the agent of every one of their clients' prescriptions drugs and their plans. We will have only 53 days to assist our clients (Oct 15th to Dec 7th). Agents need to get their certifications done early and to get their marketing plans in place. *The challenge is to survive and thrive!"*

As a reminder, for those agents who do sell Medicare products, don't forget to register for Senior Summit, coming August 20-22, 2024 at the Pechanga resort! See pages 28 & 29 for more information.

Summer is a Great Time to Visit Your Legislators!

No matter what part of the health insurance industry you work in, this summer is a great time to get up to speed, stay informed and help determine our future.

Summer may be about barbeques, hot dogs, pool parties and trips to the beach, but it is also a great time to reach out to your legislators, both state and federal, as many are in their district offices, giving you all great opportunities to visit with them and discuss what matters to you and your clients.

##

Author's Note: I want to sincerely thank Paul Roberts (Word & Brown/CAHIP VP of Legislation), Faith Borges (CAHIP Legislative Advocate), David Garcia (Warner Pacific, CAHIP Medicare Committee Member) and Maggie Stedt (CAHIP Past President, CAHIP-OC Past President, Stedt Insurance Services) for their assistance and participation with this article.

Diversity, Equity, Inclusion & Belonging in the Modern Workplace

Diversity training is designed to facilitate positive intergroup interaction, reduce prejudice and discrimination, and foundationally teach individuals who are different from others how to work together effectively.

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- Learn how to identify blind-spots and actionable steps to overcome them

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For more information: ***https://nabip.org/diversity-equity-inclusion-belonging/training***

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CAHIP Orange County

SAVE THE DATE!

CE *Day*

10 HOURS OF CE! *(Between 2 Tracks) + Kaiser Permanente Workforce Wellness and Q4 Carrier Panel (2-hrs)*

10 September, 2024

9:00 am to 5:00 pm

Lake Forest Community Center

SPONSORSHIP OPPORTUNITIES AVAILABLE

Register at www ocahu.org

HIPAA Updates, Continued From Page 10

media. Specifically, the FAQs make clear that:

- Covered entities affected by the Change Healthcare breach may delegate to Change Healthcare the tasks of providing the required HIPAA breach notifications on their behalf.
- Only one entity – which could be the covered entity itself or Change Healthcare – needs to complete breach notifications to affected individuals, HHS, and where applicable the media.

If covered entities work with Change Healthcare to perform the required breach notifications in a manner consistent with the HITECH Act and HIPAA Breach Notification Rule, they would not have additional HIPAA breach notification obligations.

The new and updated FAQs on the Change Healthcare Cybersecurity Incident may be viewed at: https://www.hhs.gov/hipaa/for-professionals/special-topics/change-healthcare-cybersecurity-incident-frequently-asked-questions/index.html.

OCR enforces the HIPAA Privacy, Security, and Breach Notification Rules, which sets forth the requirements that HIPAA covered entities (health plans, health care clearinghouses, and most health care providers) and their business associates must follow to protect the privacy and security of protected health information and the required notifications to HHS and affected individuals following a breach.

"Ensuring patient privacy is one of the pillars of HIPAA. Our updated FAQs webpage on the Change Healthcare breach reiterates that importance by making clear that individuals affected by this breach must be notified that their protected health information was breached. This ensures that the potentially millions of Americans, including the elderly, the disabled, those with limited English proficiency, those with limited access to technology, and more, will understand the impact of this breach on their private medical records and their health care," said OCR Director Melanie Fontes Rainer. "Affected covered entities that want Change Healthcare to provide breach notifications on their behalf should contact Change Healthcare. All of the required HIPAA breach notifications may be performed by Change Healthcare. HHS/OCR encourages all parties to take the necessary steps to ensure that the HIPAA breach notifications are prioritized."

The webpage updates address questions OCR has received concerning who is responsible for performing breach notification to HHS, affected individuals, and where applicable the media. Specifically, the FAQs make clear that:

- Covered entities affected by the Change Healthcare breach may delegate to Change Healthcare the tasks of providing the required HIPAA breach notifications on their behalf.

OCR is committed to enforcing the HIPAA Rules that protect the privacy and security of peoples' health information. Guidance about the Privacy Rule, Security Rule, and Breach Notification Rules can also be found on OCR's website.

If you believe that your or another person's health information privacy or civil rights have been violated, you can file a complaint with OCR at https://www.hhs.gov/ocr/complaints/index.html

The HHS Breach Portal: Notice to the Secretary of HHS Breach of Unsecured Protected Health Information may be found at: https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf.

##

NABIP Convention 2024 Photos

CAHIP-OC's Treasurer and CAHIP Past President Juan Lopez honored with the Distinguished Service Award at the NABIP convention's Gordon Memorial Dinner. Left: Juan with Jessica Brooks-Woods, NABIP CEO; Right: Juan with NABIP Immediate Past President, Eric Kohlsdorf.

Mark Your Calendars and Register For

Senior Summit

August 20-22, 2024

Pechanga Resort

Visit: www.theseniorsummit.net

CAHIP-OC CE Day!

September 10, 2024

9 am—5 pm

Lake Forest Community Center

Register Now at www.ocahu.org!

Legal Briefs, Continued from Page 10

pal level, including in the following jurisdictions: Alameda, Berkeley, Emeryville, Fremont, Los Angeles (city), Los Angeles (county), Malibu, Milpitas, Pasadena, San Francisco, Santa Monica, and West Hollywood (hotel employees). Employers with employees in these municipalities should adjust wages and payroll systems accordingly and update their workplace posters. Increases in the minimum wage should also be reflected, as necessary, when calculating affordability for ACA purposes.

##

Editor's Note:

Marilyn can be reached at marilyn@monahanlawoffice.com, or by phone at (310) 989-0993. See her ad on page 6.

CAHIP-OC's Annual Meeting Award Winners May, 2024

- Sarah Knapp: Volunteer of the Year
- Linda Madril: Recruiter of the Year
- Ailene Dewar: Board Member of the Year
- Sue Wakamoto-Lee: Legislative Excellence
- Anne Kelly: Member of the Year Award

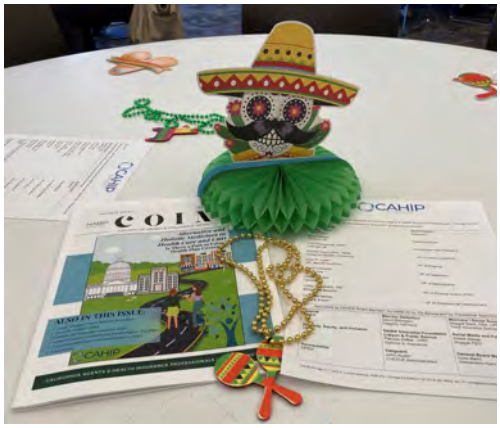
Congratulations to the winners! And thanks to all of you for all of your hard work!

Photos from the meeting can be found on page 24.

Women In Business 2024 Photos

More Photos Page 35

CAHIP-OC Annual Meeting & Strategic Planning Meeting Photos, May, 2024



Above: May Annual Meeting Photos.
Right: After the 2024 Strategic Planning, Board Members Took a Ride on a Duffy at Lake Mission Viejo.

The Legislative Process

By Dave Benson, CAHIP-OC Past Vice President, Legislation

People have varied reasons for getting into politics. Politicians come from diverse backgrounds, have different educational levels and different political views. Prior to getting into politics, most elected officials worked in one or two different industries.

State legislators and staff members meet with constituents, lobbyists, corporate leaders, members of non-profit organizations and others every day. Some of these folks schedule meetings to support or oppose legislation while, others are there to bring up problems or concerns that can be addressed through new legislation.

Legislation impacts many different industries, including industries the legislator knows little or nothing about. As well intentioned as the legislator is in writing new legislation, there are always unintended consequences. It is the job of lobbyists and citizen lobbyists (such as health insurance agents) to educate legislators on their industry and discuss ways to eliminate the unintended consequences.

If the legislator or staff member feels that the lobbyist or citizen lobbyist is well educated on the topic at hand, they are much more willing to amend legislation or have discussions with the bill's author regarding amendments that can improve the bill.

It is much easier to schedule a meeting with a legislator if you have made a PAC contribution to their campaign when they were running for office. We must remember that legislators have limited knowledge of most industries. *Campaign contributions do not guarantee that a legislator is going to vote favorably on our issues.* Our job is to educate the legislator so when bills are being discussed with colleagues, the right questions are being asked and amendments can be added to bills to eliminate unintended consequences. If we educate legislators with different political beliefs to understand our issues, we will succeed in achieving our goal. Your PAC contributions go a long way toward helping us eliminate legislation that is detrimental to our industry.

Every May a group of CAHIP-Orange County members go to Sacramento to discuss our positions on healthcare bills and the role of the agent with legislators and staff members from Assembly and State Senate offices representing Orange County. This year the two bills we opposed, AB 2200 (State-Run Single Payer Mandate) and SB 1236 (a Medicare Bill that would establish a new 90-day annual enrollment period with guaranteed issue on Medicare Supplemental Plans) both died in Committee. The bills we supported, SB 230 (allows for State deductions for contributions to health savings accounts) and SB 1180 (supports the ability to transport patients directly to sobriety centers or mental health facilities instead of emergency rooms) are moving to the floor for a vote.

Once a healthcare bill is introduced, it goes to the Health Committee in the State Senate or Assembly. If the bill is approved by members of the Health Committee, the bill goes to the Appropriations Committee, where members determine how much the bill is going to cost the State of California if the bill is signed into law. From the Appropriations Committee the bill goes to the Senate or Assembly floor for a vote of all members. If the bill is passed, it then goes to the other House and goes through the same process. If the bill is amended while in the second House, it goes back to the original house for another vote.

With some controversial bills, Party Leadership will strongly suggest to its members that they vote a certain way on a specific bill. The Member's view might be opposite of the Leadership. If the Member does not follow the Party Leadership's advice, there can be profound consequences for the Member.

The CAHIP Legislative Committee reviews healthcare bills every year and makes recommendations to the Board of Directors on positions we should take on every bill. The most common positions are support, watch, and oppose. When an opposed position is taken, the bill's author is not always willing to discuss amendments to the bill. If we take a support if amended position, the bill's author more seriously considers our recommendations. Politics can play a role in the position the CAHIP Leg Committee will recommend.

As bills go through the legislative process, our position on a bill can change, depending on the amendments that are added to a bill or language that is removed from the bill.

If you would like to get involved with our Orange County Legislative Committee and have your voice heard or participate in legislative meetings with our elected officials at the State and Federal level, please reach out to the CAHIP-Orange County Legislative Chair.

##

Editor's Note: Dave retired from the board on June 30, 2024, but wanted to help the new VP of Legislation with this article. Special thanks to Dave for this article and for the many, many years serving NABIP, CAHIP, CAHIP-LA and CAHIP-OC.

Don't Miss CE Day, Tuesday, September 10, 2024! Mark Your Calendars!!

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orangecountyahu@yahoo.com

Mark Your Calendars for CAHIP-OC's Events

CAHIP Orange County

CE Day

Tuesday, September 10, 2024

9am to 5pm

Lake Forest Community Center

Membership has its "Awards"

NABIP Leading Producers Round Table

The **Leading Producers Round Table** was formed by NAHU in 1942 to recognize the successful underwriters of Accident & Health Insurance. Today, the LPRT committee is committed to making LPRT the premier program for top Health, Disability, Long Term Care and Worksite Marketing Insurance producers, carrier reps, carrier management and general agency/agency managers.

As the saying goes, "membership has its rewards" and as a member of the Leading Producer's Round Table (LRPT), you will have the recognition of your peers for being one of the top performers in our business. LRPT members also receive discounts on many NAHU services and meetings. There are exclusive LPRT-only events held as well.

The qualification categories are:

Personal Production: Business written by a single producer.
Carrier Representatives: An employee of an insurance carrier working with producers.
Agency: Management of a general agency or agency.
Carrier Management: Carrier/home office sales managers, directors of sales and vice president sales

Visit NAHU.org go to Membership Resources > LPRT (Leading Producers Roundable) for more information on how you can qualify for this exclusive membership.

MEMBERSHIP NEWS

We'd like to welcome the newest members of CAHIP-OC!

Gustavo Arriaga, II

Wendee Joanne Close

Ashley Witzer

Interested in Joining? Many ways to join:

- **Contact our Membership Team:**

Haley Mauser, VP of Membership

Optavise

(707) 628-9260

Haley.Mauser@optavise.com

Agency Memberships Now Available!

Talk to a Board Member

(see page 26 for board roster)

JOIN CAHIP-OC

The Senior Summit:
Mastering Medicare Challenges
August 20-22nd, 2024

Maggie Stedt, C.S.A, LPRT, Medicare Chair

Senior Summit is almost here! Are you ready to learn about all of the changes coming in Medicare sales and marketing? Do you want to learn about product offerings and the changes for 2025? Are you ready to expand your business by exploring new ideas and meeting our outstanding speakers, hearing some in-depth panel discussions and to share ideas with your peers? Plus, are you up to some golfing, great times in the casino, relaxing by the pool or dining in various venues? Then the 13th Annual Senior Summit is where you want to be!

This event, held at Pechanga Resort Casino in Temecula in Riverside County, offers something for all those in the Medicare, group, individual and ancillary markets. Over 65 exhibitors are looking forward to sharing their products, programs, tools and insight with you! We have three days packed with presentations, CE classes, product and marketing information for 2025 *and fun!*

We have two great keynote speakers presenting on Tuesday and Wednesday, Michael Fahey III, District Manager for Colonial Life and Ret. Major General USMC, and Stan Morrison, Hall of Fame basketball coach and motivational speaker. They will share insights, ideas and some tricks on becoming better and more successful agents and managers. We are also delighted that our new National Association of Benefits and Insurance Professionals (NABIP) CEO, Jessica Brooks-Woods and Rosamaria Marrujo, President of our California Agents and Health Insurance Professionals (CAHIP) will also be joining us.

We kick off the event on Monday, August 19th with golfing at Pechanga's Journey Golf course with a shot gun start at 2 pm. Tuesday starts at 9 am with our opening welcomes and with our Gold Ribbon Sponsor, SCAN Health Plan and our Ribbon partners, Alignment, Molina, Humana, Anthem Blue Cross and AGA. We will dive deep into the 2025 Marketing Rules for 2025 and in the afternoon, you will have several choices for CE classes and other presentations. Among the topics are upping your game using Social Media, understanding your MediCal opportunities, addressing cyber security, with more to come.

On Wednesday, we will take a deep dive into legislation and regulations happening both in Washington DC and Sacramento affecting our business and our clients. The "Heard on the Street " panel including our association Presidents, Paul Roberts, CAHIP VP of Legislation, Austin Fitch, VP of Operations and Nick Uehlecke, Todd Strategy Group, will be open to your questions and concerns. In later sessions there will be a panel discussion addressing prescription drug plan and program changes lead by Bill Hepsher of the Canadian MedStore. Sponsored by AGA, a carrier panel will then address marketing and sales issues. We will finish the day with additional CEs and presentations, including Medicare Trends, Medicare and the Group Broker and more to come!

Thursday is all about our carriers and their products and services for 2025. They can't wait to share this information with you.

It is time to sign up to make sure you take advantage of our early bird pricing and to secure your hotel room by July 19th! To register, simply visit our website: ***theseniorsummit.net*** or click on the QR code included in our ad in this issue. See you there!

##

Maggie Stedt, Sue Wakamoto-Lee and her daughter Kylie visit Senator Josh Newman's office during 2024 CAHIP Capitol Summit

Don't Miss This Informative Summit!

August 20 to 22, 2024
at Pechanga Resort Casino, Temecula, CA

Register today for this important Medicare Summit! A full 3 days of educational certifications and CE classes, informative panel discussions with keynote speakers, Michael Fahey III and Stan Morrison who are sure to give you all the tools you will need to be a successful Medicare agent. Plus breakout sessions and exhibitors including various insurance carriers, medical groups, and supplemental benefit providers all ready to share their information. It's a great way to network, meet in person and talk to the different representatives.

KEYNOTE SPEAKERS

Michael Fahey III
District Manager for Colonial Life
Served in the 4th Marine Division of United States Marine Corps

Stan Morrison
Retired basketball coach, 2018 inducted into the California Sports Hall of Fame

Scan this Code to Register Today!

Breakout Sessions, Training Programs, and discussions about the new Medicare Legislation both state and federal for 2025

Visit our website: theseniorsummit.net

NABIP | pac

NABIP PAC has a new name but it remains committed to moving forward and fulfilling its mission to support candidates that support our industry. I'm writing today to explain what NABIP's political action committee is and how it operates.

What is the National Association of Benefits and Insurance Professionals Political Action Committee (NABIP PAC)?

- NABIP PAC is a separate segregated fund (SSF) that allows for political advocacy from the connected organization -- in this case, NABIP.
- For this reason, the PAC (candidate fund) is restricted to raising money from dues-paying members.
- PAC money is NOT tax-deductible. Contributions are not deductible for state or federal tax purposes.
- NABIP PAC has two different accounts:
  - Candidate Account
  - Administrative Fund

What is the Candidate Account?

- It is made up of individuals' contributions through personal credit cards or bank accounts.
- Funds from this account are given to political candidates, both challengers and incumbents, Democrats and Republicans.
- NABIP members, their spouses and NABIP staff can give up to $5,000 each year (federal law).

What is the Administrative Fund?

- Businesses can contribute to the Admin Fund.
- State and local chapters can also contribute.
- Money in this account goes to the operating costs of NABIP PAC so that the Candidate Account can be reserved solely for political contributions.
- Unlike the Candidate Account, there are no contribution limits on the Administrative Fund.

How does the NABIP PAC money we donate get spent by candidates?

- Winning Senate candidates spent an average of $16 million in 2022.
- On average, $2.0 million was spent to win a House seat in 2022.
- A NABIP PAC donation of $2000 is just one in 2000 groups of people contributing to total amount needed to win that House seat.
- Needless to say, members of Congress have many groups like NABIP that expect their legislative agendas to become a priority through their donation.
- **Through NABIP PAC, NABIP gets time and access to members of Congress to advocate on behalf of agents and brokers.**

What are the rules for communication of available money for Candidate Account Fund?

- A member of Congress and his or her staff are never allowed to discuss the campaign or fundraising while using government resources. This includes in their office, while they are working on a Congressional activity, or using an email or phone number provided by the member's office.

Reach out to me Cathy@BAISins.com or Gail to view/ or update your NABIP-pac fund giving level here and donate today if you are not currently!

Cathy Daugherty , VP of PAC

Are you Ready to Contribute NABIP PAC?

If so, please complete the form on page 27!

Note: CAHIP PAC contribution form can be found on page 33!

NABIP | pac

The purpose of the NABIP PAC is to raise funds from NABIP members to support the political campaigns of candidates who believe in private-sector solutions for the health and financial security of all Americans.

Contribute securely at www.nabippac.org

Step 1: Tell us about yourself. *(All information must be completed in full by contributor.)*

Name: Occupation:

Employer: Address:

Email: Phone:

Step 2: Please select (A) Fund (B) Frequency (C) Contribution Level

☐ New Contributor ☐ Past Contributor ☐ Change Contribution to Amount Checked Below

A. Choose a Fund

☐ Candidate Fund* ☐ Administrative Fund**

**Candidate Fund can ONLY accept personal contributions.*
***Administrative Fund can accept corporate contributions.*

B. Contribution Frequency

☐ One-Time Contribution
☐ *Charge my account annually for this amount.*

☐ Monthly Contribution (Recurring)
Credit card or bank account will be charged monthly.

C. Contribution Levels

		(Annual)		*(Monthly)*
Member	☐	$150	☐	$12
Bronze	☐	$365	☐	$30
Silver	☐	$500	☐	$42
Gold	☐	$750	☐	$63
Platinum	☐	$1,000	☐	$85
Diamond	☐	$2,000	☐	$170
Double Diamond	☐	$3,000	☐	$250
Triple Diamond	☐	$5,000	☐	$415
Amount not listed	☐	$	☐	$

Did a NABIP member refer you? If so, who?

Step 3: Provide your method of payment.
(Payment must be from a personal credit card or bank account if contributing to the Candidate Fund.)

Credit or Debit Card ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Card Number: Expiration Date: (mm/yy):

CVV: Zip Code:

Checking Account

Bank Routing Number: Account Number:

Signature

☐ I authorize NABIP PAC to initiate charges to my personal bank account or credit card as shown above.

Signature: Date:

Step 4: Submit this form.

Mail
NABIP PAC
999 E Street NW, Suite 400
Washington, DC 20004

Fax
202-747-6820

Email
nabippac@nabip.org

A contribution to a Political Action Committee is not tax deductible. Only NABIP members, their immediate families and NABIP staff may contribute. Only U.S. citizens and permanent residents may contribute. Any guidelines mentioned for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Benefits and Insurance Professionals (NABIP) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute. Federal law requires PACs to report the name, mailing address, occupation and employer for individuals whose donations exceed $200 in a calendar year. Federal law prohibits corporate or business donations to a federal PAC. Please make certain that your check or credit card is your personal account.

NABIP Annual Convention 2024 Photos

NABIP Annual Convention—CAHIP-OC Awards 2024

- Pacesetter Award
- Media Relations Award
- Robert Osler Professional Development Award
- William Flood Public Service Award
- Presidential Citation—John Evangelista
- Juan Lopez– Distinguished Service Award

Congratulations, CAHIP-Orange County!

More NABIP Convention Photos Page 34

SPECIAL THANKS TO OUR ANNUAL CORPORATE SPONSORS!

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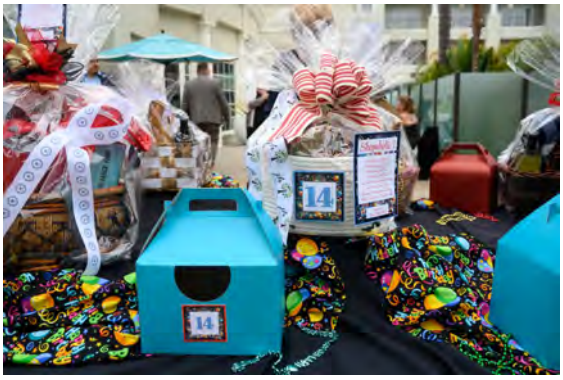
NABIP Operation Shout! One of the primary ways we engage in advocacy for the consumer is by supporting legislation that ensures the future and stability of the insurance industry. Through Operation Shout, you as a member have the opportunity to participate in this process. As legislative needs arise, you will be prompted by staff to participate in Operation Shout. Participating is quick and easy. When you click on "write" you will have the option of using the message we have already created, which takes less than a minute, or composing your own. Either method is effective and sends a strong message to your member of Congress about the important issues facing us today. You can also check back at any time to view and send archived messages. When engaging in NABIP grassroots operations, remember that we are most effective when we speak with one voice. As always, if you have any questions, please feel free to contact us!

More NABIP Convention Photos

Left: Patricia Griffey, Gordon Memorial Award Winner, Person of the Year. Below: Patricia Griffey called to stage when presented the Award. CAHIP-OC's Sue Wakamoto-Lee on the right of Patricia, and Jessica Brooks-Woods, CEO, on her left.

More CAHIP-OC Women in Business Photos

More Photos available on the CAHIP-OC website!



NABIP
Healthcare Happy Hour

Subscribe to NAHU's Healthcare Happy Hour

http://nahu.org/membership-resources/podcasts/healthcare-happy-hour

Latest Podcasts:

- **House Ways & Means Committee Advances NABIP Federal Priority to Ease Employer Reporting Process**
- **Are you Ready for NABIP's Annual Convention?**
- **How to Best Leverage Employee Benefit Portfolios—from Retirement Plans to Pet Insurance**
- **A Stay inn ACA Preventive Care Mandate Case: NABIP Submits More Testimony**
- **What You Need to Know About the End of the COVID-19 Emergency Periods**
- **NABIP Submits Written Testimony on Host of Healthcare Issues**
- **Special Guest from Nonstop Health Discuss Benefits for Brokers and Employers**
- **An Individual Market Agent's Perspective on the Medicaid Unwinding**

Follow CAHIP-OC on Social Media!

https://www.facebook.com/OCAHU/

https://www.linkedin.com/groups/4100050/

https://twitter.com/orangecountyahu?lang=en

Senior Summit Is Back!

Mark Your Calendars for This

August 20-22, 2024

Pechanga Resort Casino

Cannot Miss Event!

Don't Forget to Register…

And Mark Your Calendars for:

CAHIP-OC CE Day

Tuesday, September 10, 2024

Lake Forest Community Center

Register at: *www.ocahu.org*

NABIP
Shaping the *future* of healthcare

WHAT IS THE **ANNUAL VALUE** OF NABIP MEMBERSHIP?

National Association of Benefits and Insurance Professionals

NABIP

Shaping the *future* of healthcare

How to get more value from your NABIP membership

The activities below provide a blueprint for extracting the greatest value from your membership:

- Visit NABIP's Micro Site - **www.welcometonabip.org**
- Take advantage of NABIP's **Mentorship Program**
- Read America's Benefit Specialist Magazine each month and learn something new
- Listen to the NABIP **Healthcare Happy Hour Podcasts** on a weekly basis for up-to-date talking points
- Attend the NABIP **Power Hour** webinar monthly for in depth topic discussions and socialize with fellow members
- Attend Local Chapter meetings for opportunities to learn and network
- Volunteer to serve on a committee (Membership, Social, Programs/Expo, Legislative, etc.)
- Recruit one new member – best way to learn is to teach someone else about the NABIP value proposition
- Meet with a NABIP Board member and find out what motivates them to give their time and money
- Attend Day on the Hill and meet with your state legislators to discuss bills you support or oppose
- Attend NABIP Capitol Conference – annual legislative fly-in to Washington DC (IMPORTANT ONE)
- Attend NABIP Annual Convention to meet members from across the country and vote for NABIP incoming Secretary and other membership matters
- Contribute to NABIP-PAC – Political Action Committee contributions help us to have our voice heard on legislative issues at the national and state level. Contribute monthly to each!
- Participate in Operation Shout – click and sign letters to **your** elected officials regarding important grass roots efforts
- Earn your **Registered Employee Benefits Consultant** designation - acquired from The American College
- Complete all 12 modules of the **Leadership Academy**.
- Sign up to receive **Broker 2 Broker** emails on NABIP.org where you can post questions and respond to fellow members from around the country
- Share with your clients that you are a member of NABIP and working to protect their access to private health insurance and other benefits!

More information at www.nabip.org

Earning the Registered Employee Benefits Consultant® (REBC®) designation elevates your credibility as a professional. The field of employee benefits continues to evolve rapidly. A year does not go by without new government regulations, new or modified coverages, and new techniques for controlling benefit costs. To best serve their clients, professionals need to have a current understanding of the provisions, advantages, and limitations associated with each type of benefit or program as a method for meeting economic security. The designation program analyzes group benefits with respect to the ACA environment, contract provisions, marketing, underwriting, rate making, plan design, cost containment, and alternative funding methods. The largest portion of this program is devoted to group medical expense plans that are a major concern to employers, as well as to employees. The remainder of course requirements include electives on topics serving various markets based on a broker's client needs . ***Earn yours now!***

Medicare Agents!

In today's world, you must have access to and be properly trained on using remote enrollment tools.

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- Quote ALL plans
- Enroll remotely
- Text SOAs

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- THE C.O.I.N. -

Don't miss our upcoming events!

UPCOMING EVENTS

SENIOR SUMMIT - AUGUST 22-24, 2024, PECHANGA RESORT

CAHIP-OC CE DAY—SEPTEMBER 10, 2024, LAKE FOREST COMMUNITY CENTER

Visit our website for more details

www.ocahu.org

linkedin.com/groups/4100050 **facebook.com/OCAHU** **@OrangeCountyAHU**