VOLUME 18, ISSUE 5 MARCH/APRIL 2024

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COUNTY OF ORANGE INSURANCE NEWS

Alternative and Holistic Medicines in Health Care and CBD

Is There a Path to Future Health Plan Coverage?

ALSO IN THIS ISSUE:

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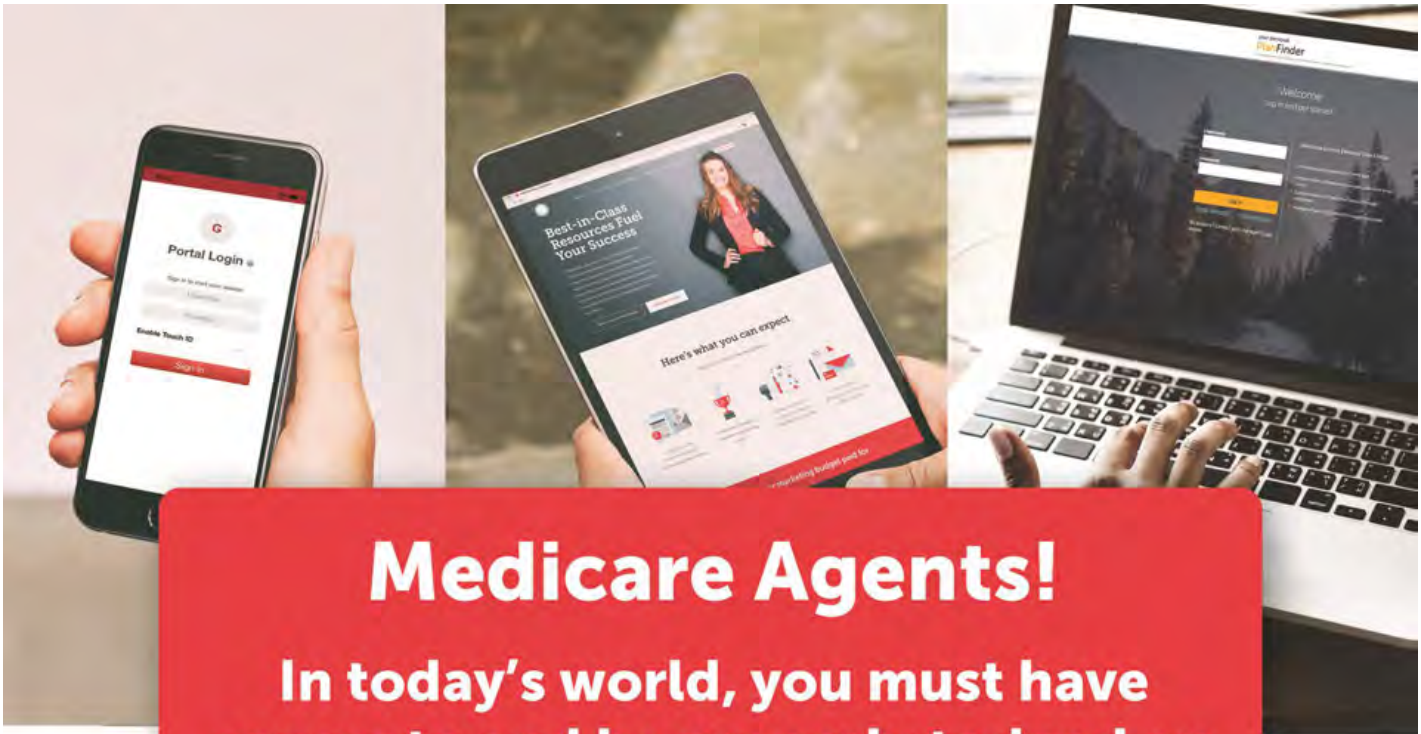

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What's Inside

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

Our association is a local chapter of the National Association of Health Underwriters (NAHU). 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.

PRESIDENT'S MESSAGE

By: John Evangelista , LPRT

As we approach the end of a successful first quarter, I am pleased to share some exciting news and updates. CAHIP-OC was presented with two awards at the CAHIP Innovation Expo on January 22, 2024. Our chapter was honored with the prestigious titles of CAHIP Large Chapter of the Year 2023-2024 and best CAHIP Large Chapter Newsletter 2023-2024. These accolades highlight our commitment to excellent and the outstanding efforts of our board of directors and members. As such, a heartfelt appreciation goes out to Dorothy Cociu, our Vice President of Communications and Public Affairs, for her exceptional dedication and hard work, particularly in enhancing the quality of our *County of Orange Insurance News (COIN).*

I would also like to extend a special thank you to all our current corporate metallic sponsors: AGA, Kaiser Permanente, Anthem Blue Cross, Clarity Benefit Solutions, Covererd California Small Business, Providence Medicare Advantage Plans, BRi, Retire with Renewals, and Word & Brown. Your partnership and support of the brokerage community, our association, and our members is highly appreciated. You are an integral part of our chapter, and your involvement significantly contributes to our ongoing legacy of delivering substantial value to brokers and agents. To those who are not sponsors yet, please reach out to me if you are interested in partnering with CAHIP-OC and receiving benefits such as free or discounted partnerships to CAHIP-OC events, agents and vendor access lists, ads in the COIN, recognition on our website, and more.

Mark your calendar for April 22, 2024. CAHIP-OC will be hosting our 27th Annual Swing "Fore" the Cure Charity Golf Tournament. Join your fellow insurance agents and brokers at the Aliso Viejo Country Club for a day filled with golf, dinner, and a charity auction, all in support of the Cystic Fibrosis Foundation. Your participation will make a meaningful contribution to a worthy cause, and we eagerly anticipate your presence at this significant event.

I look forward to seeing several members at our upcoming board meetings and events. With your on-going dedication and valuable support, CAHIP-OC is poised to maintain its momentum and achieve success throughout the second quarter, the remainder of 2024, and beyond.

All the Best,
John D. Evangelista, LPRT
President, CAHIP-OC
##

Special Thanks to Covered California for Sponsoring Our Keynote Speaker, David Reid from Ease, at our Annual Symposium on February 13, 2024.

Left: Shaun Rutledge, Director of Sales, Covered California for Small Group, introduces David.

Right: David Reid, Keynote Speaker.

Feature Article: Alternative and Holistic Medicines in Health Care and CBD… Is There a Path to Future Health Plan Coverage?

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

I recently interviewed someone for my weekly podcast series, Benefits Executive Roundtable, on Holistic and Alternative Medicines in Healthcare (S5 E12), including the use of CBD and similar cannabis plant-based products. This particular podcast episode prompted me to do some more research and write this article, as this is an emerging healthcare science that could save health plans money and plan participants some pain and suffering, if more people had access to these products and methods. I then recalled various conversations I've had with my technology and HIPAA Security partner, Ted Flittner, of Aditi Group, who has been a long-term user of alternative medicine for the past twenty years, and asked him to give me an end-user perspective of alternative healthcare, nutrition and natural supplementation, from his perspective.

Currently, there is access through legal dispensaries, health care providers and other means, but the cost is 100% outside of your health plan. This can be very expensive and can restrict certain populations that may need and want these products and services. Is there a path towards future health plan coverage for alternative and holistic medicines like CBD and similar products? Let's examine that together.

First, I want to thank my podcast guest, Elisabeth Mack, who inspired me to write this article. She is an owner of Holistic Caring (HC) and The Green Nurse (GN) in Southern California, and as an RN, BSN, BA since 1987, who worked in hospitals until 1996, then completed her MBA in Healthcare Administration. She has also worked in the insurance industry, with her last post at Anthem Blue Cross as a Regional Sales Manager in San Diego. If you listen to the podcast episode, you will know instantly of her depth of knowledge and passion for what she calls Holistic Caring. When I asked her to tell me about her business, she said "We are running what I call an Ecosystem – a CBD & Cannabis HMO where we provide the HC programs, GN services, and needed to have a pharmacy, so we purchased Bloom Hemp CBD in June, 2023. Bloom Hemp is USDA Organic Hemp CBD grown in Evergreen Colorado, with 21 SKUs and 30 products that are expertly crafted and symptom-targeted formulations. With 8 tinctures, 6 topicals, 2 gummies, 2 capsules, and 3 isolates, we can fill the needs of patients new to cannabis and help people nationwide 'heal without the high'."

At Holistic Caring and The Green Nurse, they have what they refer to as "'a dynamic double delight' – Holistic Caring is the online educational program(s) for patients and professionals, and the Green Nurse is the one-to-one nurse coaching for patients and mentoring services for nurses," commented Elisabeth. "We run the academy to train the nurses, and then we put them to work seeing patients in their own practice or through our own shop. We bridge the gap between cannabis and conventional medicine for people by providing the pertinent research and initial titration protocols on all products, so that patients can be successful in practical application."

Second, I want to thank Ted Flittner for giving me his thoughts on this topic, for a less technical and real-world perspective, which we will dive into shortly.

Background

Before we go further, let me back up and provide some additional background and information gathered from my research. CBD and other cannabis products in some form are legal in approximately 47 of 50 states, but there are many variances state-by-state on the sales, the percentage of THC, and more.

CBD, incidentally, is short for cannabidiol, which is a non-psychoactive compound found in the cannabis plant. For the most part, CBD is legal on the federal level, provided that it contains less than 0.3% of THC.

CBD is fully legal as of this writing in, from what I can gather, Alaska, Arizona, California, Colorado, Connecticut, the District of Columbia, Maine, Massachusetts, Michigan, Montana, Nevada, New Jersey, New York, Oregon, Vermont, Virginia, and Washington. In addition, CBD is *conditionally legal* in the remaining states, meaning that it may be legal under certain circumstances, such as for medical use or with a prescription, but otherwise it could be considered illegal.

Here in California, where cannabis businesses are allowed, be advised that certain cities or counties can prohibit cannabis businesses, just like they can with other retail businesses. According to the California Department of Cannabis Control, 44% of cities and counties allow at least one type of cannabis business (239 out of 539), 56% of cities and counties do not allow any type of cannabis business (300 out of 539), and 60% of cities and counties do not allow any retail cannabis business (324 out of 539). Cannabis business rules are set at the local level, and are regulated in two ways; by the state, and by their city or county. The state issues licenses based on the type of activity that a business performs. State license types include cultivation, manufacturing, testing laboratories, distribution, retail and microbusinesses. The main statute for cannabis businesses is in the Business and Professionals Code. It is

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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, as well as recent developments of interest, to consultants and employers—including reminders about some very important deadlines:

FEDERAL: HIGHLIGHTS

2023 IRS Forms 1094/1095: The deadlines to furnish and file the 2023 Forms 1094/1095 are:

Employer Obligation	IRS Due Dates
Furnishing 1095-Cs to Employees	March 1, 2024 (no further extensions granted)
Filing 1094-Cs and 1095-Cs with the IRS (on paper)	February 28, 2024 (but ALEs will not qualify)
Filing 1094-Cs and 1095-Cs with the IRS (electronically)	April 1, 2024 (March 31 is a Sunday)

The same deadlines apply to insurers and HMOs filing the B-series forms. Remember that insurers and HMOs do not have to mail the forms to enrollees, so long as they provide a notice on their website explaining how to request a copy of the Form 1095-B. Remember also that small employers that self-fund must also furnish and file the Forms 1094/1095 with the IRS (such as employers with fewer than 50 employees that offer level funded plans), but these small employers would use the B-series forms.

As we reminded you in the last issue of the C.O.I.N., there is an important **new** development for 2024 that will impact many smaller ALEs. Under new IRS rules, if you file 10 or more forms with the IRS--in other words, all ALEs--you must file electronically using the IRS's Affordable Care Act Information Return (AIR) system. In addition, use of the system may require some changes in how the forms are formatted when they are filled out. Employers newly subject to the electronic filing mandate may need to find a service provider who can take care of the filing for them.

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HIPAA/HHS/OCR Updates

To update you on federal highlights on the HIPAA Privacy & Security Rule, on February 6, 2024, the **HHS' Office for Civil Rights Settled a Malicious Insider Cybersecurity Investigation for $4.75 Million.** *In a newly released settlement offer, HHS/OCR announced an OCR Settlement with Montefiore Medical Center that resolves multiple potential HIPAA Security Rule Violations.*

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), announced a settlement with Montefiore Medical Center, a non-profit hospital system based in New York City for several potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. OCR is responsible for administering and enforcing health information privacy, including enforcement of the HIPAA Privacy, Security, and Breach Notification Rules for the health care sector. OCR plays a unique role in serving as the agency at HHS that enforces federal civil rights, privacy and security laws in health care. HIPAA requires that health care providers, insurers and others take steps to protect the privacy and security of patients' protected health information. The $4.75 million monetary settlement and corrective action resolves multiple potential failures by Montefiore Medical Center relating to data security failures by Montefiore that led to an employee stealing and selling patients' protected health information over a six-month period.

"Unfortunately, we are living in a time where cyber-attacks from malicious insiders are not uncommon. Now more than ever, the risks to patient protected health information cannot be overlooked and must be addressed swiftly and diligently," said OCR Director Melanie Fontes Rainer. "This investigation and settlement with Montefiore are an example of how the health care sector can be severely targeted by cyber criminals and thieves—even within their own walls.

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Legal Briefs, Continued from page 8

Franchise Tax Board (FTB) Deadlines: Some employers with employees in California—and, specifically, employers with self-funded plans—must also file the Forms 1094/1095-C with the FTB. These are the deadlines:

Insurer/Employer Obligations	FTB Due Dates
Furnishing Forms 1095 B/C to Employees	**January 31, 2024**
Filing Forms 1094/1095 B/C with the FTB (electronic filing required if filing ≥250 1095-Cs)	**March 31, 2024** **(Deadline extended to May 31)**

You will note the difference in the federal and state distribution deadlines. The FTB website explains as follows (emphasis added): "The deadline for reporters to provide information returns to individuals is January 31, and no extensions are available. *FTB does not impose a penalty for a failure to provide returns to individuals by this deadline*."

It is also important to know that several other jurisdictions have individual coverage mandates--**DC, MA, NJ, RI, and VT**—and, like California, most of these also have filing requirements. Employers with employees in these jurisdictions must be familiar with the rules on filing and furnishing the necessary forms.

Federal Poverty Line (FPL): The Department of Health and Human Services (HHS) has issued the FPL guidelines for 2024. For a single person household in the 48 contiguous states and the District of Columbia, the 2024 FPL is **$15,060**. This number is used by applicable large employers (ALEs) that rely on the FPL safe harbor when determining whether the amount employees are required to contribute toward the cost of coverage is affordable. ALEs may use the FPL guidelines in effect within 6 months before the first day of the plan year.

CMS Disclosure for Medicare Part D: Employers must complete the Online Disclosure to the Centers for Medicare Services (CMS) to report the creditable coverage status of their prescription drug. The report is due within 60 days of the end of the plan year (as well as within 30 days after termination of a prescription drug plan, or within 30 days of any change in creditable coverage status). Therefore, for calendar year plans, the annual report is due this year by **February 29, 2024**.

Multiple Employer Welfare Arrangements (MEWAs) – Form M-1: The Form M-1 is an annual report that must be filed by MEWAs. The Form M-1 must be filed with the DOL no later than **March 1** following any calendar year for which a filing is required. "FAQs About The Form M-1 Online Filing System" are available at this link: https://www.askebsa.dol.gov/mewa/Home/FAQ

HIPAA Data Breaches: Breaches of unsecured protected health information (PHI) affecting fewer than 500 individuals must be reported to HHS's Office for Civil Rights (OCR) within 60 days of the end of the calendar year in which the breach was discovered. (The breach can be reported earlier than that, however.) This year, the reporting deadline is **February 29, 2024**.

RxDC Reporting: This new mandate—added by the Consolidated Appropriations Act, 2021 (CAA)—is an annual reporting requirement. The report is due every year by **June 1** for the prior calendar year. (Because June 1 falls on a weekend this year, the deadline is **June 3, 2024**.) The obligation to report falls on both employers and insurers/HMOs, and applies to employers whether or not their plan is fully insured or self-funded, small group or large group, grandfathered or non-grandfathered.

If the insurer/HMO files all the necessary data on behalf of an employer with a fully insured plan, the employer will have satisfied their reporting obligations. But if the insurer/HMO does not file all the required data, the employer remains legally obligated to do so. If the employer receives a survey from their insurer/HMO asking for certain data that the insurer/HMO will need in order to complete the filing, the employer should timely complete that survey. Otherwise, the employer will be responsible for filing the missing data—and the filing process takes time.

FAQs About Affordable Care Act (ACA) Implementation Part 64: Since our last C.O.I.N. report, the Departments (Labor, Health and Human Services, and Treasury) have issued two new sets of ACA FAQs. FAQs Part 64 address the ACA requirement that grandfathered plans cover preventive services. These FAQs focus on coverage of contraceptives and contraceptive care, and specifically on complaints about "unreasonable" medical management techniques used by plans or issuers to deny coverage of certain contraceptive products. The FAQs provide guidance to plans or issuers that may want to utilize a "therapeutic equivalence approach" to medical management.

FAQs About Affordable Care Act Implementation Part 65: This set of FAQs included just one FAQ, and that FAQ pertains to the Transparency in Coverage (TiC) Final Rule and its requirement that plans and issuers make available an on-line price comparison tool. For 2023, the tool had to include cost-sharing information with regard to 500 shoppable items and services. For plan and policy years beginning on or after **January 1, 2024**, the mandate extends to all items and services covered by the plan.

The cost-sharing disclosure is required to be an accurate estimate at the time the request for the information is made. Sometimes, a specific cost for a specific service is known, be-

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cause it has been negotiated up front. Sometimes, however, the cost is not negotiated up front, but is ultimately based on other factors, such as a percentage of billed charges. A problem arises if the plan or issuer has difficulties making an estimate because there may be extremely low utilization rates for certain items and services. This FAQ explains how the plan or issuer should address such a situation, such as in those cases in which there have been fewer than 20 different claims in total over the past three years.

IRS Standard Mileage Rate for 2024: The IRS has announced standard mileage rates for 2024. The standard mileage rate for transportation or travel expenses is **67¢/mile** for all miles of business use, **21¢/mile** for medical care.

Notice of Exchange: Employers must provide new hires with a notice about their health coverage options, "Health Insurance Marketplace Coverage Options and Your Health Coverage" (sometimes referred to as the "Notice of Exchange"). The DOL has issued new model notices which are valid through **December 31, 2026**. The notice must be provided within **14 days** of the employee's start date.

Form I-9: Employment Eligibility Verification: The Department of Homeland Security has issued a new version of the I-9. Employers must use the new version after **October 31, 2023**.

FMLA Model Forms: The DOL issued new model FMLA forms. The new forms expire **June 30, 2026**.

CALIFORNIA: HIGHLIGHTS

The State of California often posts FAQs and other resources (including workplace posters) to help employers and employees (and, of course, producers) understand their obligations under various laws, such as laws pertaining to leaves. The state has been updating some of that information to help employers understand recent changes in the law. For reference, here is an update on some of those resources employers and producers might find helpful:

Healthy Workplace, Healthy Family Act of 2014: When it passed S.B. 616 last year, the legislature made numerous changes to the state's paid sick leave law, which is referred to as the Healthy Workplace, Healthy Family Act of 2014. One of the major changes is that employees are now entitled to up to 5 days or 40 hours, rather than 3 days or 24 hours, of paid sick leave. The changes created by S.B. 616 took effect **January 1, 2024**. To help employers understand these changes, the state has updated its FAQs: https://www.dir.ca.gov/dlse/ab1522.html

Leave for Reproductive Loss: As we discussed briefly in the last issue of C.O.I.N., due to the passage of S.B. 848, effective **January 1, 2024**, we have a new leave right in California: leave for reproductive loss. We thought more information on this leave might be helpful.

Employers with 5 or more employees are subject to the new law. Employees may be eligible for leave if they worked for the employer at least 30 days prior to the commencement of the leave. How long is the leave? Eligible employees may take up to five days of "reproductive loss leave" following a "reproductive loss event." If an employee experiences more than one reproductive loss event within a 12-month period, the employer is not obligated to grant leave time in excess of 20 days within a 12-month period. The leave may be unpaid, except that an employee may use vacation, personal leave, accrued and available sick leave, or compensatory time off that is otherwise available to the employee.

What is a "reproductive loss event"? A "reproductive loss event" means the "day or, for a multiple-day event, the final day of a failed adoption, failed surrogacy, miscarriage, stillbirth, or an unsuccessful assisted reproduction." Each of these terms is further defined in the law. Employers may not request documentation to verify the right to the leave.

Bereavement Leave: Beginning **January 1, 2023**, employers with 5 or more employees must provide 5 days of unpaid bereavement leave. It may be helpful to know that new FAQs have been issued to help employers understand their obligations under the law: https://calcivilrights.ca.gov/family-medical-pregnancy-leave/

California Family Rights Act (CFRA): Some employers are still unaware of changes made to CFRA in the last couple of years. Employers subject to CFRA must provide eligible employees with up to 12 weeks of unpaid leave to care for themselves or their family members with a serious health condition, or to bond with a new child. The legislature has tweaked this law several times over the last few years. One notable change is that, effective **January 1, 2021**, employers with 5 or more employees must comply (it used to be 50 or more). Employers subject to CFRA must update workplace posters, notices, handbooks, etc., and be prepared to administer these leaves. More information, including a summary of changes that took effect in 2021 and 2023, is available: https://calcivilrights.ca.gov/family-medical-pregnancy-leave/

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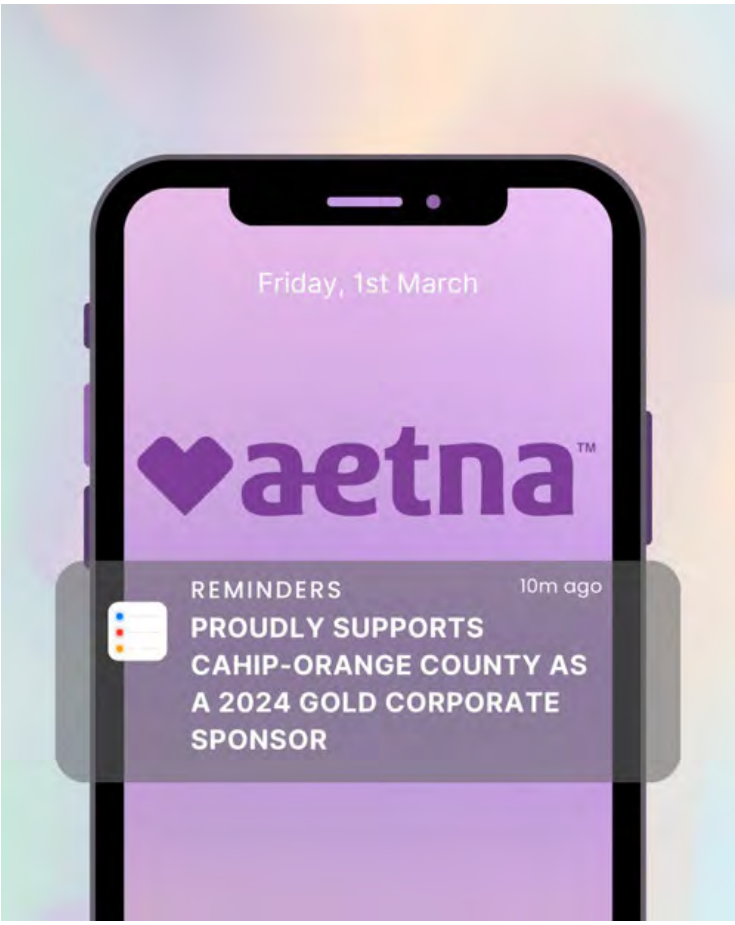

Don't Forget Our Upcoming Programs!

See Pages 12, 19 and 24 For More Information!

Mental Health Parity & Addiction Equity Act Updates
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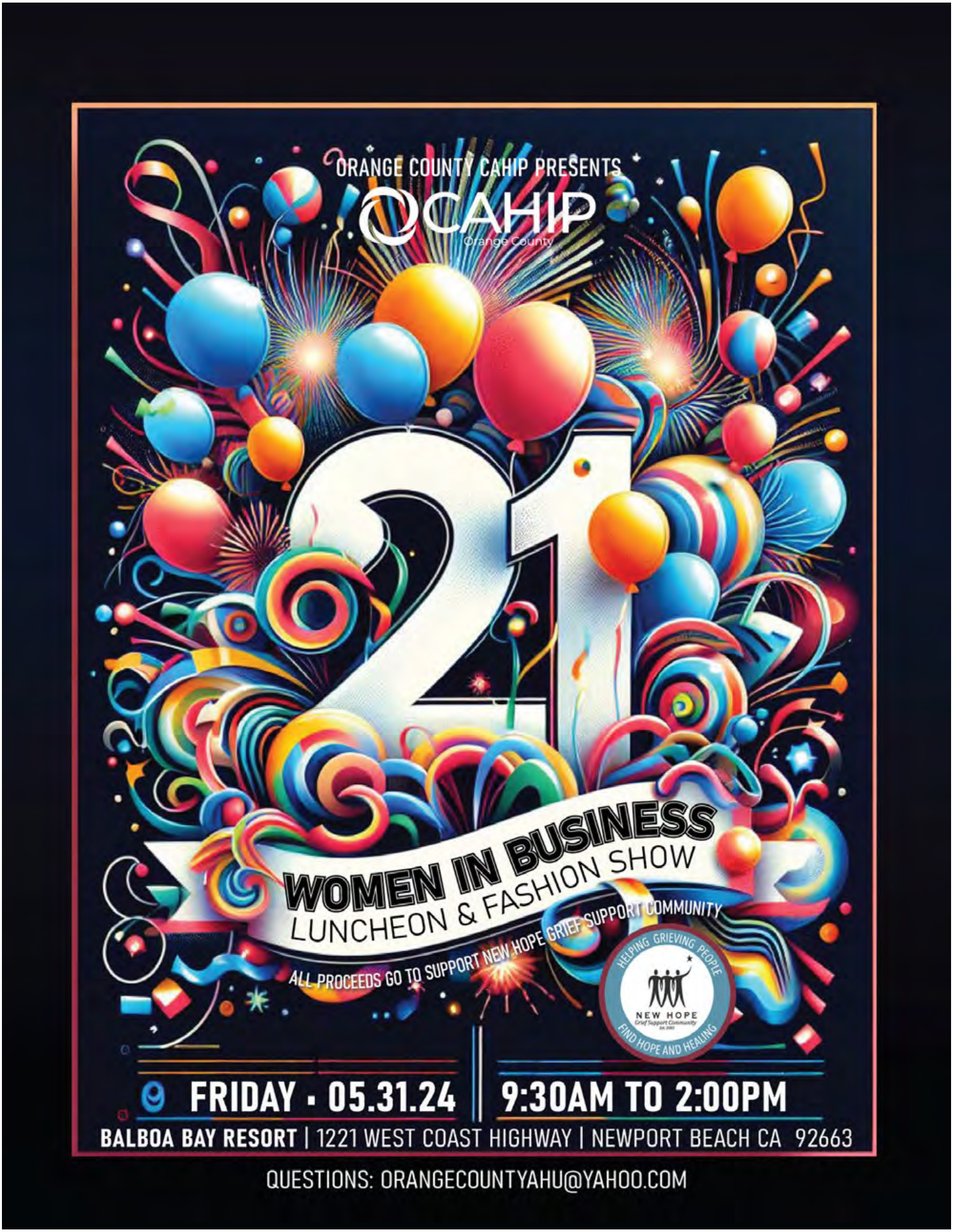
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Feature Article, Alternative & Holistic Medicines in Healthcare, Continued from Page 5

called, according the Department of Cannabis Control, the Medicinal and Adult Use Cannabis Regulation and Safety Act. There are also statutes that set rules for people using cannabis in California. The Health and Safety Code has a section on cannabis with rules to prevent people under the age of 21 from getting cannabis, limits on how much cannabis a person can carry at a time, and requirements for medical cannabis.

Cannabis in California has been legal for medical use since 1996, and for recreational use since late 2016, according to Wikepedia. Not surprisingly, California has been at the forefront of efforts to liberalize cannabis laws in the US, beginning as early as 1972, with the nation's first ballot initiative attempting to legalize cannabis under proposition 19. Although that first attempt was unsuccessful, we later became the first state to legalize medical cannabis though the Compassionate Use Act of 1996 (Proposition 215). In November, 2016, California voters approved the Adult Use of Marijuana Act (Proposition 64) with 57% of the vote, which legalized the recreational use of cannabis.

Ted Flittner has "used only alternative healthcare, nutrition and natural supplementation for the last 20 years." When I asked him to provide some background, he stated, "When mainstream medical care and drugs couldn't solve my carpal tunnel syndrome in 2003, I stumbled upon holistic health practitioner, Shannon Eggleston, founder of Natural Healing Center (Newport Beach). My carpal tunnel went away early on, and I avoided surgery and drugs. We balanced my body with natural supplements, bodywork and diet. I never looked back since then and have had countless hours of study and workshops on wellness. I know that non-pharmaceutical options work better at getting to the root cause and long-term solution."

Ensuring Safety, Responsibility in Cannabis Use and the Highest Medical Benefit

In my podcast episode, I asked Elisabeth what they do to ensure safety and responsibility. In general, HC and GN create a "connection and synergy" between medical marijuana patients, providers, and registered medical dispensaries in an attempt to ensure it is consumed as prescribed. "In our one-to-one coaching, we determine the client's goals and objectives, and help them meet their needs in the most efficient and cost-effective manner. In normal healthcare, a MD/NP directs the path to the pharmacy and the pharmacist tells you how to use the medications. We do that same thing here, connecting patients with their local dispensary, and helping them navigate the menu items to find medicinal formulations to accomplish their goals. If those don't work, we help adjust them until they do." That is not all they do, however. "We educate them on dosing because these products come in wide varieties of potencies – a tincture can be 300 mgs or 3,000 mgs. If they take 1 dropper, that can vary between 10-100 millegrams! Many patients come to our services after over-consuming and having a horrible experience with too much THC. The problem is, they've also had horrible experiences in conventional care, and many can't take those pharmaceuticals anymore. Many have cancer and need other options for healing than the chemo, radiation, or surgeries. We see kids with autism, epilepsy, ADHD etc., with parents that need instruction on how to use CBD, CBG, CBN, THCV, CBDV, CBDA, THCA, and even low doses of THC to manage symptoms and improve quality of life. The same for geriatrics and navigating palliative care and hospice. We navigate them to personal success – whether that be NED from stage 4 cancer or being able to die with presence and peace."

Elisabeth elaborated on some of the legality issues I mentioned above in the Background. "Medical cannabis is legal in 38 states with 24 permitting adult use, but no clinical guidance is given at dispensaries. There are now 50 million Americans, or 18% of the population who are current cannabis users. Only 11% smoke cigarettes for comparison. Today over 70% of Americans support full legalization of cannabis and think it is benign, contrasted with 75% who think alcohol is dangerous and should be more regulated." "Humans have always used plants and elixers to balance our bodies and fight disease," stated Ted. "And myriad healing and wellness processes have been discovered and practiced that really work; often better than modern ones."

"The history of 'medicine," 'pharmaceuticals,' and 'drugs' has taken many twists and turns," stated Ted. "Unfortunately, money, politics, and corruption, have created many misconceptions and untruths. All pharamaceuticals, drugs, or medical supplements were once made directly from plants, animals, and minerals. Today, the pharmaceutical industry looks to nature for plants and compounds that have health benefits and then develops synthetic, patentable, forms of some small part of a certain plant or animal DNA. Drugs are driven by the ability to patent them for huge profit."

I asked Ted about the scrutiny of medical cannabis. "Sure, in every industry there are legit players and scammers. But natural or 'alternative' medicines have been purposely vilified for more than one hundred years. Some for good reason, as unsavory sales people pitched outright fake cures and potions - mostly in the 1800's and early 1900's. But mostly, natural medicines have been thrown under the bus in a power play by the modern pharmaceutical industry to eliminate competition."

Ted provided an interesting historical story of Motor Oil to CBD Oil, which I wanted to share with you. "In my view, the misconceptions of CBD oil tie to motor oil. Specifically to the monopoly that John D Rockefeller, founder of Standard Oil, created beginning in the 1910's. Rockefeller saw the petro-chemical based pharmaceutical industry potential. He funded the flawed Flexner Report in 1910 and used his influence in government and education to push for the slandering and elimination of the competition; natural non-allopathic healing modalities including naturopathy, homeopathy, plant and herbal medicine and others. Rockefeller's efforts led Con-

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gress to declare the AMA (American Medical Association) the only body with the right to grant medical school licenses in the United States. He then used the AMA to drive a synthetic pharmaceutical agenda and diminish what we now call alternative medicines and healthcare."

Plant-Based Approach to Medicine

One of the advantages and positives of using cannabis products is that they are plant-based medicines, not produced by a pharmaceutical company. Many people have more confidence in the health benefits over anything plant-based over their pharmaceutical solutions.

I asked Elisabeth why it is so important to understand plant medicine. "Plant medicine has always been with us, with the first documented uses of cannabis dating back to 8000BC," stated Elisabeth. "God made plants that would nourish our bodies and the healers among us have figured out how to use them. Phytonutrients – plant compounds as we know from herbal medicine – balance the body more gently than single molecule pharmaceuticals. Cannabinoids and terpenes made by the plant are to protect itself from insects, UV light, and other pathogens. Cannabis compounds work in the body because they activate receptors that bring us into homeostasis, or balance at the cellular level. We named the Endocannabinoid System that because of the research into cannabis, finding the master regulatory system in our body. Endocannabinoids are made from essential fatty acids, and our diet is critical to our wellbeing in creating all we need to stay healthy."

Elisabeth continued: " We have more CB1 & CB2 receptors in our brain than any other receptor, and CBD modulates over 70 others such as serotonin, dopamine, mu (opioid), GABA, Glutamate, TRVP1, GP55… When we understand that plants are our friends, we stop fearing them and learn how to master their use. This is also happening now with psychedelics, which are being fast-tracked to help our mental health crisis and treatment resistant depression and PTSD. Historically it is hard to patent plants, so they were used by herbalists which were synonymous with witches at one point. Now we have biopharma pathways emerging."

"Plant medicines and supplements don't come with the frightening fine-print warnings that pharmaceuticals do," stated Ted. "When used in appropriate doses and ways, most plant-based cures have little to no side effects and overall health benefits."

Common Uses Of Cannabis In Medical Treatments Today

It's widely reported that Cannabis is being used to treat Cancer and Chronic pain. According to "Medical Cannabis for Chronic Nonmalignant Pain Management", published online in the National Library of Medicine, March 10, 2023**, "**Current cannabis research has shown that medical cannabis is indicated for symptom management for many conditions not limited to cancer, chronic pain, headaches, migraines, and psychological disorders (anxiety and post-traumatic stress disorder). Δ9-Tetrahydrocannabinol (THC) and cannabidiol (CBD) are active ingredients in cannabis that modulate a patient's symptoms. These compounds work to decrease nociception and symptom frequency via the endocannabinoid system." Further, this report states: "A total of 77 articles were selected after a thorough screening process using PubMed and Google Scholar. This paper demonstrates that medical cannabis use provides adequate pain management. Patients suffering from chronic, nonmalignant pain may benefit from medical cannabis due to its convenience and efficacy."

Further, the report states: "Due to its association with decreased quality of life, opioid dependence, and negative impact on mental health, chronic pain is a common reason adults seek medical attention. Chronic pain is assessed through the experience of patients, who, when asked, 'how often have you experienced pain in the past three months?' respond with 'most days' or 'every day.' According to the Centers for Disease Control and Prevention (CDC), in 2019, approximately 20.4% of adults in the USA had chronic pain, while 7.4% reported high-impact chronic pain. Chronic pain was highest among females (8.5%) and patients aged ≥ 65. Non-Hispanic adults experienced more chronic pain (23.6%) and high-impact chronic pain (8.4%) in the past 3 months compared to their Hispanic and non-Hispanic Black/Asian counterparts [1].
"The current standard of treatment for chronic pain involves opioid analgesics, which can be problematic due to side effects ranging from severe constipation to respiratory depression and opioid dependence. The opioid epidemic poses a formidable challenge. The World Health Organization (WHO) estimates that approximately 0.5 million deaths yearly are attributable to drug use; more than 70% are due to opioid use [2]. Compounds derived from the *Cannabis sativa* and *Cannabis indica* plants have been studied and seen to have a therapeutic role in pain management while simultaneously decreasing opioid prescriptions among patients with long-term conditions such as chronic kidney disease [3, 4]."

In my podcast, I asked Elisabeth what the most important things people should know about Cannabis use are for cancer and chronic pain? "Chronic pain is the number one indication for medical cannabis use in America, and it is mostly an issue of inflammation and damage that occurred from injuries. Healing is complex and we don't take the time to rehab very well – leading to chronicity in pain that now one out of every four people live with. Medications are the first line of defense, but cause problems, including NSAIDS (hypertension, GI bleeds, stroke, kidney failure), Opioids (addiction, constipation, drowsiness, dopiness), Muscle Relaxants (drowsiness, dopiness, lack of coordination) etc. Pills and procedures rack up claims and do little to fix the underlying issues. Pain needs to be treated by reducing inflammation, increasing mobility

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(use it or lose it), and improving the nutritional tone (anti-inflammatory Mediterranean diet) to create root cause healing. Cannabinoids (all of them) are anti-inflammatory and reduce the excessive cytokines that create an overabundance of inflammation making joints and muscles hot, red, and sore. CBD can turn that down, while THC reduces pain signals traveling from the injury to the brain. They are a powerful 1 – 2 punch that can be effective and not harmful long-term like prescription drugs, and help patients move, rest for deeper sleep, and hopefully begin craving healthier foods."

Elisabeth then continued… "Cancer is an emerging field for cannabis, but already 40% of USA cancer patients are trying CBD and Cannabis products to reduce symptoms and tolerate other treatments. Cancer is now a chronic disease, and people battle off and on for years. Chemotherapy causes nausea, vomiting, wasting from not being able to eat, and neuropathies. Cannabinoids like CBD have proven effective at reducing all of those without compromising function. THC is feared because high doses will cause a 'high' that may be uncomfortable for some. THC can be controlled in a dose-dependent way to allow patients to use it without being high, and if they are a slight bit, that's okay. Euphoria is the opposite of dysphoria, which most cancer patients have. It lifts mood, energy, appetite, decreases pain, improves sleep, and helps them laugh again. On another level, cannabinoids are being studied and used as anti-cancer compounds capable of apoptosis, inhibiting angiogenesis, and stopping metastasis and proliferation of cancer cells. They are biologically superior to most treatments, and one day we will have targeted cannabis therapies for various cancers…and I hope it's soon."

Today, CBD and THC is thought to perhaps also slow down the progression of Parkinson's disease and MS. I asked Elisabeth to explain that further. "Neurodegeneration is common and for most of us inevitable. In movement disorders like Parkinson's & MS, there is a breakdown in neurochemistry and signaling, and immune issues tied to inflammation. Cannabinoids are anti-inflammatory, preserve nerve cells, and repair signaling errors to slow tremors from excessive glutamate. In MS, there are losses of feeling and sensations, mobility, vision, incontinence, depression, and poor sleep. Sativex is a one-to-one CBD & THC ratio extract, approved in 30+ European countries for MS spasticity and it works well. 55% efficacy is seen with its use, and it helps the multiple co-morbidities above."

In addition, cannabis products, including CBD, are also being used for Alzheimer's and Dementia. "CBD is neuroprotective and antioxidant – meaning it can slow down nerve cell death and preserve cell vitality from oxidative stress (like rusting). It is non-psychoactive and can also stimulate serotonin directly, calming agitation, anxiety, and helps restore better sleep," Elisabeth explained.

To explain further, Elisabeth continued. "THC is active at CB2 receptors – cleaning up the brain from amyloid plaques, and inhibiting acetylcholinesterase – which helps preserve acetylcholine, key to memory and cognition. Using them together is key; and we do that in ratios of CBD to THC. Personalization is needed because every ECS varies, and people need very different things. We submitted a proposal for the ANA Innovation Grant on The CBD Project – using CBD in nursing homes to decrease the use of antipsychotics and sedatives and aiding geriatric patients' quality of lives."

Another use today is for a variety of mental health, autism, epilepsy, and auto immune diseases. Keep in mind, however, that these products in many cases are not legal for use with children. These uses for such conditions are often for adult patients. I asked Elisabeth to talk about these uses today and in the future.

"Returning to the neurological – immune – endocrine – behavioral nexus, cannabinoids soothe erroneous signaling that cause these disorders," Elisabeth explained. "Epidiolex is an FDA Approved pharmaceutical version of CBD for severe seizure disorders with almost 60% efficacy, and works for refractory cases where nothing else eliminated the 300 seizures a week. Autism responds to combination protocols, and we guide individualized dosing with CBD, CBG, CBN, THCA, THC, and use a toolkit of formulations and products. Autoimmune conditions happen when the body's inflammatory pathways don't turn off and attacks itself. Biological medicines try to help, but are expensive and CBD+ can do things in a more balanced way."

Can Cannabis Be An Option for Anti-Drug Patients?

There is definitely a fear, a continued stigma, about using cannabis products. I'm afraid I've been one of them, being 100% anti-drug my entire life, and very healthy overall. I rarely get sick, and my only medical care has been primarily preventive or injury-related. I remember after having my ACL reconstruction surgery several years ago, when my surgeon put me on pain killers immediately after, which I was supposed to use for 5-7 days, and I pulled myself off of them after just 48 hours, and just lived with the pain with only over-the counter pain killers instead, for fear of addiction and not wanting to feel like I wasn't in control, and definitely not wanting to feel fog-brained or loopy. Perhaps I'd have been better off to try cannabis at that time, rather than the hard-core pain killers, but again, my stubbornness, my need for control and my high pain tolerance took over and I suffered rather than take the chance of getting into trouble with pain killers. After an auto accident five+ years ago when I was rear-ended, I have been living with back issues since. My chiropractor recommended CBD… I was stubborn and didn't take his advice, but opted for daily (sometimes multiple times per day) use of my inversion table instead, although that does not take away the pain. It does take some pressure off my spine, however, and I have continued to

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live with back pain. Now that I'm researching (which is what I do) and writing this article, I'm considering trying cannabis products myself.

So, with a history of that anti-drug stigma and fear, I asked Elisabeth about people like me…those of us that are "anti-drug" in general and won't use anything that will make them feel "out of control" or "high." I asked if there a danger of addiction, and asked her to talk about the differences in CBD and THC in general.

"Many people are THC phobic, and that is due to 100 years of prohibition," replied Elisabeth. "There is a huge stigma still, but it is fading as more people experience CBD, CBG, CBN, THCV, and other non-psychoactive cannabinoids for healing. *You do not have to be high!!!* However, THC is useful in low doses and tolerance can build, so that users can increase slowly to address their needs without impairment. Of all the plant compounds, THC is the only one that will cause changes to perceptions, moods, memory, coordination, anxiety, tachycardia, etc. The others can be used like taking any vitamins and supplements."

Elisabeth continued with more information about THC and its uses. "THC does have addictive properties because it impacts the dopamine system and that is what leads to cravings and addiction. About 10% of users develop cannabis use disorder where they use more than intended and cannot stop. We must put this in perspective though, because if they're healing from conditions or eliminating other drugs or alcohol in a harm-reduction manner, then it is a net positive. Everything needs to be personalized."
I then also asked her about THC microdosing, as she'd explained to me in a pre-podcast discussion. "Microdosing THC is using low doses to accomplish specific goals (< pain, < anxiety) but not be impaired – contrary to those who do several big bong hits to purposely get high. This is key to controlling the experience and making it work for you; ie, dose every few hours to keep cannabis in the system to heal. Pharmacokinetics matter too – we discuss onset and duration with clients to help them manage their symptoms with many various products like vaping, gummies, capsules, tinctures, topicals…. they all work differently."

"Some laws were intended to stop abuse of cannabis as a recreational drug. It was lumped in with highly addictive opium. All the trash campaigns of cannabis overshadowed the real, demonstrated benefits of using cannabis in moderation and medicinally," stated Ted. "US classification of cannabis as a schedule 1 drug has blocked most well- intended scientific research in the US. That needlessly delayed our understanding of cannabis and the elements - CBD, THC, CBC, CBG, etc.

"Other countries like Israel led the way, including the basic discovery of the endocannabiod system in our bodies. All that happened outside the US because research was blocked by US drug laws. And slowly we began to understand scenically about CBD oil and it's great benefits as a master regulator in our bodies. Truth and access have only come through uphill battles with CBD and THC, thanks to the entrenched monopolies of the AMA and Big Pharma," continued Ted.

Holistic Wellness and Alternative Medicines - What Does This Mean?
Elisabeth's companies take the approach of "Holistic Wellness." I asked her to explain what that means. "Holistic wellness is looking at the whole person – body, mind, spirit. Allopathic medicine looks at us in parts without seeing all the dependencies. Read some of Dr. Gabor Mate's work – When the Body Says No, or The Body Keeps the Score. Holistic looks at everything as interconnected and realizes the physical body responds to our stressful thoughts and environments. The four pillars of health are key to reclaiming wellbeing: Rest, Nutrition, Connection, and Movement. We teach people how to use cannabinoids to accomplish better health in the 4 pillars."

Ted provided some additional insight as a user of alternative medicine. "First, it is important to remember that what is termed 'alternative' medicine today was just medicine or healthcare before the last century. Alternative is original medicine and healthcare. I've experienced it first-hand in my own life. I'm healthy and haven't taken a prescription drug in over 20 years, and most people think I'm a lot younger than I am. Through events and seminars I've met hundreds of wellness practitioners who have helped their patients heal from incurable or intractable health issues with natural remedies. And there continues to be new discoveries like redox molecules and stem cell therapies that don't rely on pharmaceuticals," he stated. "We need to support all options that really work."

Holistic Treatments, Alternate Medicine and Health Plans
Today, health plans generally don't cover holistic treatments and alternative medical treatments such as cannabis. Any costs related to such are generally paid out-of-pocket, with no health insurance reimbursement or coverage. However, that may be changing. We've already seen it with health plans offering things like acupuncture. Will cannabis be next? Some feel our current system is "broken" or is not keeping up with the treatments many are seeking. I asked Elisabeth why she feels that healthcare in America is "broken."

"I have been in medicine 40 years – since I was 17. We've always talked about patient-centered care, but never delivered it. I was a nurse, administrator, and patient, and it's not improved. Over 30% of nurses are leaving within the next year. Medical bills are the #1 cause

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of bankruptcy and chronic diseases rob our life expectancy… and the USA places near *last* in outcomes despite spending $4.5 trillion dollars. There's a better way of patient empowerment and I believe the personalized, guided, professional use of cannabis products can heal us as a nation over time. *I would love to put CBD in the water of every town* and see how we respond and remember statistics that note removing hemp from the grain feed of agriculture in 1937 led to developing autism and other neurodegenerative diseases. What if we reversed that now – what would happen?"

Elisabeth has a theory about the 4 D's and how they stand in the way of government approval of cannabis products. "The 4 D's = **Disconnect** between providers, patients, and the dispensaries – no RX sharing; **Distrust** between patients and this new industry, products, people; **Disorganization** of 38 legal states with patchwork laws and no federal cohesion; and **Dosing** needs to be guided by clinicians with personalized cause / effect instruction."

She also has what they call the 4 P's of Progress via holistic caring. "**Professionalization** to integrate process and protocols into healthcare; **Provider training** / mentoring for doctors, nurses, health professionals to participate; **Products** that are vetted, quality, standardized, consistent, reliable, GMP, USDA; and **Patients** need personalized dosing guidance and care by clinicians."

One of the reasons people may not be using cannabis products is their cost, particularly if they are paying 100% out- of-pocket, with no health plan coverage. Can Cannabis be an effective prescription, and a more cost effective one? It's not cheap, especially if health plans aren't covering it. Is it a better and more viable option than its prescription pharmaceutical products?

I asked Elisabeth her thoughts on this. "Health plans are not covering it today, but they will be soon! *The (US) Department of Health & Human Services (HHS) has written to the DEA to reschedule cannabis to Schedule 3*. This would slate it next to Marinol (synthetic THC), Tylenol with codeine, and steroids. In an election year, we believe 2024 will finally be the time, and Biden can expect an 11% increase in polling if this happens prior to the election. Currently cannabis is a Schedule 1 – no medical benefits, highly addictive, and dangerous even in professional settings. Obviously, it does not belong in Schedule 1 due to enormous benefits, low addiction rates, and with 38 states providing data, we know that no one is dying."

"Modern science of cannabis has been overshadowed by politics," commented Ted. " The Federal government has been reticent to change since the [19]20's and (19)30's when cannabis and industrial hemp were villainized and criminalized. Laws continued to increase the criminalization well into the 70's and again in the 90's. Government is slow to remove laws or to admit to past mistakes. We really need to push for a modern, unbiased review of cannabis.

Elisabeth continued her explanation. "Once it is rescheduled, FDA Approved versions – GMP products will be approved, and biopharma pathways developed will finally be explored. I also want to see coverage of the current botanical version because they will be much less expensive. Epidiolex is $3,000 per month, whereas a quality 3,000 mg CBD oil can be purchased for $100-150 per month. I hope to lead the industries – healthcare, insurance, and cannabis forward in creating benefit structures that are sensible and work for everyone. Cannabis is beginning to be offered by some carriers as an opt-in extra benefit, and a monthly allowance of $200 is the norm in some contracts. Canada offers a $5,000/year reimbursement program through HSAs and for Veterans with PTSD. There *are* innovative ways forward."

Most health plans, as discussed, do not cover CBD or other cannabis products, or if they do, it's following an exhaustive approval process. How and when can plan participants get the use of CBD covered? "There are carriers that are willing to try this already – approving a Cannabis Savings Card that members can use at participating dispensaries. Stay tuned for more on that," Elisabeth replied… "But some are using HSA cards now, and Worker's Compensation coverage is the first to offer the step therapy coverage of cannabis for injured workers where other measures fail."

Elisabeth continued: "We also need to build in CPT Codes for ECS counseling and medication adjustments just like we do for pharmaceuticals. Reimbursements are necessary to help mainstream these treatments as out-of-pocket coverage can be expensive without insurance participation. Once we begin documenting savings, more carriers will begin covering these options."

"Health insurance plans drive choices in two ways: most obviously, what patients/the insured have to pay, and secondly, perhaps more importantly, they influence the practitioner/doctor side," stated Ted. "Many doctors who want to try natural and alternative options are afraid to wade into areas that aren't covered by Medicare. So, they don't educate themselves or their patients on these options. It's a double whammy."

I asked about the option for cannabis products being covered in self-funded health plans. Is there a way to offer these products and services in a self-funded health plan, particularly if it could save overall costs in the long run? Elisabeth replied: "Self-funded plans have a greater ability to steer care by getting creative. CBD can be given through a Nurse Coaching process where the four pillars of health are taught along with giving the member high quality CBD products in tinctures or capsules. We can offer App tracking to measure subjective changes, biometrics to measure objective improvements, and the nurses can document and coordinate the cost-effective delivery of the CBD system. Nurses are the missing link in

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HIPAA Updates, Continued From Page 10

Cyber-attacks do not discriminate based on organization size or stature, and it's incumbent that our health care system follow the law to protect patient records."

The action is the latest step by HHS who released a Department-wide Cybersecurity strategy for the health care sector in December of 2023, and released voluntary performance goals to enhance cybersecurity across the health sector just last week.

"Cyber-attacks that are carried out by insiders are one of the many ways that can lead to a security breach, leaving patients vulnerable," said HHS Deputy Secretary Andrea Palm. "Our priority is and always has been improving the quality of health care patients receive. Part of this health care is establishing a trust that medical records will not be exposed. HHS will continue to remind health care systems of their responsibility as providers, which is to have policies and procedures in place to keep patients' medical information secure."

In May 2015, the New York Police Department informed Montefiore Medical Center that there was evidence of theft of a specific patient's medical information. The incident prompted Montefiore Medical Center to conduct an internal investigation. It discovered that two years prior, one of their employees stole the electronic protected health information of 12,517 patients and sold the information to an identity theft ring. Montefiore Medical Center filed a breach report with OCR.

OCR's investigation revealed multiple potential violations of the HIPAA Security Rule, including failures by Montefiore Medical Center to analyze and identify potential risks and vulnerabilities to protected health information, to monitor and safeguard its health information systems' activity, and to implement policies and procedures that record and examine activity in information systems containing or using protected health information. Without these safeguards in place, Montefiore Medical Center was unable to prevent the cyberattack or even detect the attack had happened until years later.

Under the terms of the settlement, Montefiore Medical Center will pay $4,750,000 to OCR and implement a corrective action plan that identifies certain steps toward protecting and securing the security of protected health information. These actions include:

- Conducting an accurate and thorough assessment of the potential security risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information;
- Developing a written risk management plan to address and mitigate security risks and vulnerabilities identified in the Risk Analysis;
- Developing a plan to implement hardware, software, and/or other procedural mechanisms that record and examine activity in all information systems that contain or use electronic protected health information;
- Reviewing and revising, if necessary, written policies and procedures to comply with the HIPAA Privacy and Security Rules; and
- Providing training to its workforce on HIPAA policies and procedures. OCR will monitor Montefiore Medical Center for two years to ensure compliance with the law.

The resolution agreement and corrective action plan may be found at:

https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/montiefore/index.html

##

Below: CAHIP-OC President John Evangelista Presents Large Chapter Newsletter Award and Chapter of the Year Awards for 2024.

Legal Briefs, Continued from Page 10

Pay Data Reporting: Pay data reporting has also been around for a while, but employers continue to have questions about how to administer this mandate. Pay data reporting is due the second Wednesday of May (this year, the due date is **May 8, 2024**). Updated FAQs have been issued: https://calcivilrights.ca.gov/paydatareporting/faqs/

State Disability Insurance (SDI) Withholding: This is a reminder that the SDI withholding rate for 2024 is increasing to 1.1 percent (it was 0.9 percent in 2023). Also, effective **January 1, 2024**, the taxable wage limit and maximum withholdings for each employee subject to SDI contributions has been removed, so that SDI contributions will not be capped for higher income employees. For reference, for 2023, the taxable wage limit was $153,164 per employee per calendar year (so the maximum amount withheld in 2023 would be $1,378.48).

Employee Handbooks: As we summarized in the last issue of C.O.I.N., in 2023 the legislature passed a notable number of bills that are having a significant impact on the workplace in 2024. As a result, if they have not already done it, this is the right time for employers to review and update their employee handbooks, as well as their workplace posters, notices, policies, and forms.

MUNICIPALITIES: HIGHLIGHTS

San Francisco: Health Care Security Ordinance (HCSO) and Fair Chance Ordinance (FCO): Employers subject to the HCSO or the FCO must file their annual report with the Office of Labor Standards Enforcement by **April 30, 2024**.

##

Below: Marilyn Monahan and Anne Kelly Present a CE Course on the ACA Reporting at our Sales Symposium.

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this and will emerge as game changers – educators, healers, guides."

Self-funded health plans would of course need plan amendments, approval from their stop loss carriers, and a confidence that this could save money in treatment plans over the long run. What type of research, reports, etc. are available to the self-funded marketplace or others to provide to their stop loss carriers, for example, to be able to cover these costs in their health plan, I asked Elisabeth? "My dear friend and colleague, Dr. Philip Blair saved one company $537,000 in one year." How, I asked?

"Design: 36 members w/ chronic inflammatory conditions: (Arthritis, Diabetes, psoriasis, liver disease, cancer, and alcoholism) - offered CBD and health coaching for a period of 1 year. Costs of CBD embedded in Nurse Coaching; **Results: 26 members completed program with 30 positive clinical events.** 34 pharmaceutical medications were reduced or discontinued (including Biologics)." Elisabeth broke down the savings as follows:

"8 Biologicals (DMARDS) and Chemo avoided savings = $301,425
3 Inpatient Hospitalizations Avoided = $42,000
3 Procedures Avoided = $138,000
Rx drugs discontinued = $52,280
***The Grand Total:* $ 537,705"**

Certainly, if we could gather more data like this, in a comprehensive study or studies, we would likely take large strides in gaining approval from stop loss carriers for self-funded plans and likely insured carriers also in covering cannabis products.

Stop Loss Carrier Involvement

While researching for this article, I reached out to a couple of our stop loss carriers for self-funded plans to see if they were allowing cannabis products and alternative medicines in their stop loss contracts, and accepting plan document provisions allowing these yet. Both said that they are concerned with the potential of addiction, and that there hasn't been enough research and studies to convince them to allow coverage at this point. In addition, they felt that unless the government's recategorization or rescheduling of cannabis products happens, it was unlikely that it would be widely accepted. One said they do not have any current self-funded health plans offering any of these products or services yet, and the other said they are looking into a limited benefit for one of their self-funded clients in California, but had concerns about muti-state acceptance of cannabis.

If fully insured carriers were to start allowing cannabis products in health plans, it's likely that stop loss carriers would follow… But again, that "rescheduling" is key for the widespread future use in health plans.

Primary Takeaways

I think the biggest takeaway is that CBD and cannabis are medicines with huge potential and they are here to stay, so those of us concerned with the stigma or addiction questions should work on more acceptance, as they really do help a lot of people. When asked her biggest takeaway, Elisabeth replied: "This is the time to look at plants as our heroes and to try something new by trying something very old. We can live our best lives when we are balanced – body, mind, spirit, and cannabinoids are the perfect tool to help. It's all about product choices, dosing, and optimizing the treatment plan on a daily basis."

"Time after time I've seen people explore alternative medicines and wellness care only after trying everything that mainstream medicine has to offer," stated Ted. "When they get fed up or get the answer 'nothing else we can do,' people finally try the alternatives and THEN finally heal. What if everyone had natural holistic care options available to them throughout life"?

A good question indeed, Ted… Now I just need to convince myself that it's time to give it a try….

Author's Note: I'd like to thank Elisabeth Mack and Ted Flittner for their assistance with this article. Elisabeth can be reached at elisabeth@holisiccaring.com, and Ted at ted.flittner@aditigroup.com. I can be reached at dmcociu@advancedbenefitconsulting.com.

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CAHIP-OC Sales Symposium 2024 Photos

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FOR THE CURE
For the benefit of the Cystic Fibrosis Foundation
Southern Califoronia - Orange County Chapter
22 APRIL 2024 || 9:30 AM AT ALISO VIEJO COUNTRY CLUB
www.orangecountyahu.com
CAHIP
Orange County

CALIFORNIA PRIORITY BILLS

By Dave Benson, CAHIP-OC Vice President, Legislation

I want to update you all on the priority bills for 2024 for California.

AB 451 (Caldetron D)

Existing Law-Existing law requires the Insurance Commissioner to give, at least once each month, in each of the cities in which they have an office, qualifying examinations for agent licenses.

- Exams must be in writing.
- Applicant must have sufficient knowledge of the insurance laws.
- The applicant must be familiar with the provisions, terms, and conditions of the insurance that may be transacted.
- Applicant must have a general understanding of the obligations and duties of the holder of the license.

New Law-This bill would require the examination for a license for a life agent, accident and health or sickness agent, and a P & C agent to be in English, Spanish, Simplified Chinese, Vietnamese, Korean and commencing July 1, 2024, Tagalog.

CAHIP supports AB 451. Given our state's diverse population and ever-increasing number of bilingual agents, applicants, and customers, we believe that this commonsense measure expands opportunities for our agents and the industry.

AB 716 (Boerner D) Ground Medical Transportation

Existing Law-Current law requires the Emergency Medical Servies Authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Servies.

New Law-This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified.

- This bill protects injured Californians from very expensive balance bills and would remove them from the middle of billing and contracting disputes for emergency services that are out of their control.
- An enrollee who receives covered emergency ground medical transport services from a non-contracting ground ambulance provider would not be required to pay more than the same cost-sharing amount required for services from a contracting ground ambulance provider.
- The bill would prohibit non-contracting ground ambulance providers from billing an uninsured or self-pay patient more than established Medi-Cal or Medicare rates.

CHAIP supports AB 716

AB 1048 (Wicks D) Dental Benefits and Rate Review

New Law

- ON or after January 1, 2025 prohibit a health care service plan or health insurer from issuing, amending, renewing, or offering a plan contract or policy that imposes a dental waiting period provision or preexisting condition provision.
- Because a violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

CAHIP opposes AB 1048

CAHIP believes the cost of this bill outweighs the benefits. There would be added financial and administrative burdens, benefit shifting, competition being driven out of the dental care marketplace all together, and most importantly significant cost increases to Californians.

AB 1241 (Weber D) Medi-Cal Telehealth

Existing Law-Under current law, in-person, face-to-face contact is not required when covered health care services by the Medi-Cal Program are provided by video synchronous interaction, audio only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and setting meet certain criteria.

Current law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the State Department of Health Care Services, no sooner than January 1. 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified.

New Law

- The provider must maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care.
- The referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.
- This bill is intended to ensure Medi-Cal patients retain the ability to receive services through telehealth.
- This bill recasts the current law requirement for providers offering services via telehealth to also provide or facilitate in-person care.

Continued on Page 32

CAHIP-OC Board of Directors and Staff 2023-2024

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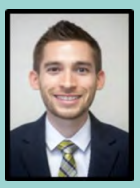

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Why Get Involved in CAHIP-OC?

- *Learn more about our industry*
- *Become a better consultant to help your clients*
- *Network with professionals in all areas*
- *Be a resource to your colleagues*
- *Make an impact with legislation*

Mark Your Calendars for CAHIP-OC's

Swing for a Cure Charity Golf Tournament!

April 22, 2024

Aliso Viejo Country Club

11:30 Shotgun Start

Featuring:

Long Drive Men & Women

Closest to the Pin, Men & Women

Putting Contest

Hold in One Prize

1st, 2nd & 3rd Place Winners!

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!

Cindy Moon

Jason Nurse

Samuel Olmstead, CFP, CEBS

Kimberly Sheffner Kummer

Duan A Townsend

Interested in Joining? Many ways to join:

- **Contact our Membership Team:**

  David Ethington
  Integrity Advisors
  Tel: (714) 664-0605
  david@integrity-advisors.com

Agency Memberships Now Available!

Talk to a Board Member

(see page 26 for board roster)

JOIN CAHIP-OC

CAHIP-OC Sales Symposium 2024 Recap

Our 2024 Sales Symposium was a terrific success, with the vendor tables as well as sponsorships sold out early. The event was well attended by agents as it hosted a variety of celebrated speakers and current sought-after topics amongst which were keynotes; Ease Founder David Reid and Andy Neary, author and coach for the Insurance Industry.

We are starting to see Insurance carriers focus on wellness and wellness education and incentives as a means of managing risk, claims and mortality. With employee wellness as its core mission, companies like Prudential Group Insurance have put employee financial, physical and mental wellness at the fore-front of its mission statement.

Chad Snyder, director of strategic alliances at Origin, presented the first ever approved CE of its kind for Life & Health agents through CAHIP, and we hope on that note to design and get approval for a series of financial, physical and mental health wellness CE's throughout 2024.

What if insurers that typically focused on risk and mortality — could "flip the frame" to disease prevention and longevity? What if they could become partners that help people achieve their goal of living their longest, healthiest lives?

Agents are at the forefront of delivering this new message to clients as we are the delivery network for most carriers, so with that in mind, we intend on focusing some CE's throughout 2024 on Wellness.

The Sales symposium provided 3 general CE's, as well as two classes focused on Medicare, presented by David Garcia of Warner Pacific, and Elka Soussan of Simpler Horizons Ins. The last class of the day was a joint presentation by Anne Kelly, Professional Development committee member, and Marilyn Monahan of Monahan Law Office on Understanding, compiling and reviewing 1094c/1095Cs forms.

In closing, I would like to Thank all of our agents for continuing to see the value and supporting our chapter, and most of all for taking time out from busy schedules to attend these events. I Thank our vendors and corporate sponsors, without whose patronage, events like this would not be successful. And lastly, It takes a village, and the hard work of all of our board and committee members contributed to the success of the day. Thank you all. ##

CAHIP-OC Thanks Covered California for Sponsoring Our Keynote Speaker at the 2024 Sales Symposium! Thank you, Covered California!

—-More Photos Page 23 & 35, and Throughout This Issue!—-

CAHIP Capitol Summit

May 13-15, 2024

Kimpton-Sawyer Hotel, Sacramento

NABIP Capitol Conference 2024

Several members of CAHIP-OC's Board and other members attended the 2024 Capitol Conference in Washington, DC February 25-28. The key points we spoke to legislators about included:

- Preserving and Strengthening Employer-Sponsored Health Coverage, by supporting relief for employers complying with the ACA reporting requirements, and asking Congressional Members and Staffers to examine The Employer Reporting Improvement Act (S 3204) and The Paperwork Burden Reduction Act (S 3227).
- Supporting ERISA and opposing any attempt to circumvent or preempt the law. Note, this is the 50-year anniversary of the passage of ERISA (1974).
- Addressing the Cost of Care by supporting site-neutral reform to eliminate disparities in the cost based on location, and the Lower Costs, More Transparency Act (HR 5378) will enact a site-neutral payment policy to ensure Medicare Beneficiaries are paying the same rates for physician-administered (Part B) drugs in off-campus hospital outpatient departments as they do in physician offices (passed the House in December and must be introduced and passed by the Senate to become law).
- Increased Transparency in healthcare to empower purchasers to make better-informed decisions (the Health Care PRICE Transparency Act 2.0—S 3548) would remove barriers to transparency.
- Medicare provisions, including excluding licensed agents from burdensome marketing restrictions and proposed changes to the Medicare agent and FMO compensation model.

See any board member and look for further correspondence to explain these items better to our members. ##

More photos can be found on the CAHIP-OC website.

CAHIP-OC NABIP Cap Conference Awards 2024

2023 Spirit of Freedom Award

Maggie Stedt

2023 Legislative Excellence Award

CAHIP-Orange County

State 2023 Legislative Award

California

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.

Priority Bills in California, Continued from Page 25

- The bill clarifies that current law does not require a provider to schedule an appointment with a different provider on behalf of a patient in order to facilitate in-person care.

CAHIP supports AB 1241

SB 793 (Glazer D) Insurance Privacy Notices and Personal Information

New Law

This bill establishes privacy standards for the collection, use, and disclosure of information gathered in connection with insurance transactions by insurance institutions, agents, and insurance-support organizations.

- The act requires an insurance institution or agent to provide a notice of information to applicants and policyholders in connection with specified insurance transactions.
- Current regulations require an insurance licensee to annually provide clear and conspicuous notice to customers that accurately reflects its privacy policies and practices.
- This bill would codify that requirement to annually provide a clear and conspicuous privacy notice to customers.
- The bill would state that an insurance institution or agent is in compliance with this requirement if specified criteria are met, including informing the consumer of the right to submit a written request to access, correct, amend, or delete their personal information.
- The bill would authorize the notice to be combined with the notice provided in connection with specified insurance transactions.
- This bill will bring California insurance law into line with the federal Gramm-Leach-Bliley Act, and changes made in many other states' insurance privacy laws by requiring insurers to send privacy police policy notices once initially and thereafter only when a change has been made in the policy.

CAHIP is Watching This Bill.

##

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.

Participants of this course will:

- Learn terminology associated with DEI&B
- Obtain a greater understanding of why DEI&B initiatives need to become part of your organizational strategy & structure
- Learn how to identify blind-spots and actionable steps to overcome them

Know how to cultivate a healthy diverse workforce driven by leadership

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

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Medicare Advantage Plans

Bronze Level

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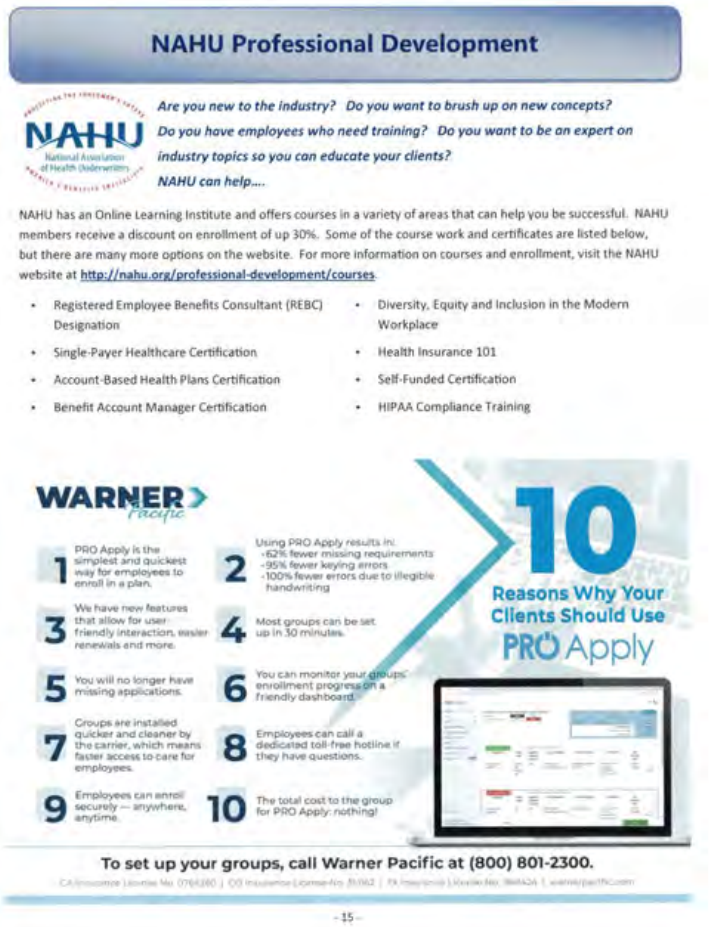
Retire *with* Renewals

Word&Brown.

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 CAHIP-OC Sales Symposium 2024 Photos

More Photos Can Be Found on Pages 4, 20, 21, 23 & 28!
Thank You All For Attending!



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

Don't Forget to Register…

And Mark Your Calendars for:

Mental Health Parity & Addiction Equity Act Updates

March 12, 2024

Charity Golf Tournament

April 22, 2024!

Annual Membership Meeting

May 7, 2024

Women In Business, 2024

May 31, 2024 9:30am to 2 pm

Senior Summit Will Be Back!

Mark Your Calendars for This

August 20-22, 2024

Pechanga Resort Casino

Cannot Miss Event!

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!***

Health plans that fit every business.

You may face different business challenges today than you face tomorrow. From traditional copayment plans to plans with cost-sharing arrangements, we'll help you find a solution that fits the needs of your business no matter how they evolve. Learn more at **kp.org/choosebetter.**

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- THE C.O.I.N. -

Don't miss our upcoming events!

UPCOMING EVENTS

MENTAL HEALTH PARITY & ADDICTION EQUITY ACT UPDATES, MARCH 12, 2024– LAKE FOREST COMMUNITY CENTER

SWING "FORE" A CURE GOLF TOURNAMENT– APRIL 22, 2024 - 11:30 SHOTGUN START—ALISO VIEJO COUNTRY CLUB

ANNUAL MEMBERSHIP MEETING - MAY 7, 2024

WOMEN IN BUSINESS– MAY 31, 2024– BALBOA BAY RESORT

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

Visit our website for more details

www.ocahu.org

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