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Also inside this issue

- Feature Article: Federal Agencies Release New HIPAA Privacy & Security Rules; What's Required in HIPAA
- Reproductive Rights & Proposed Security Rules
- Legal Brief from Marilyn Monahan, Monahan Law Office
- CAHIP-OC 2025 Symposium Coverage NABIP Capitol Conference
- And Much More!

HIPAA New Reproductive

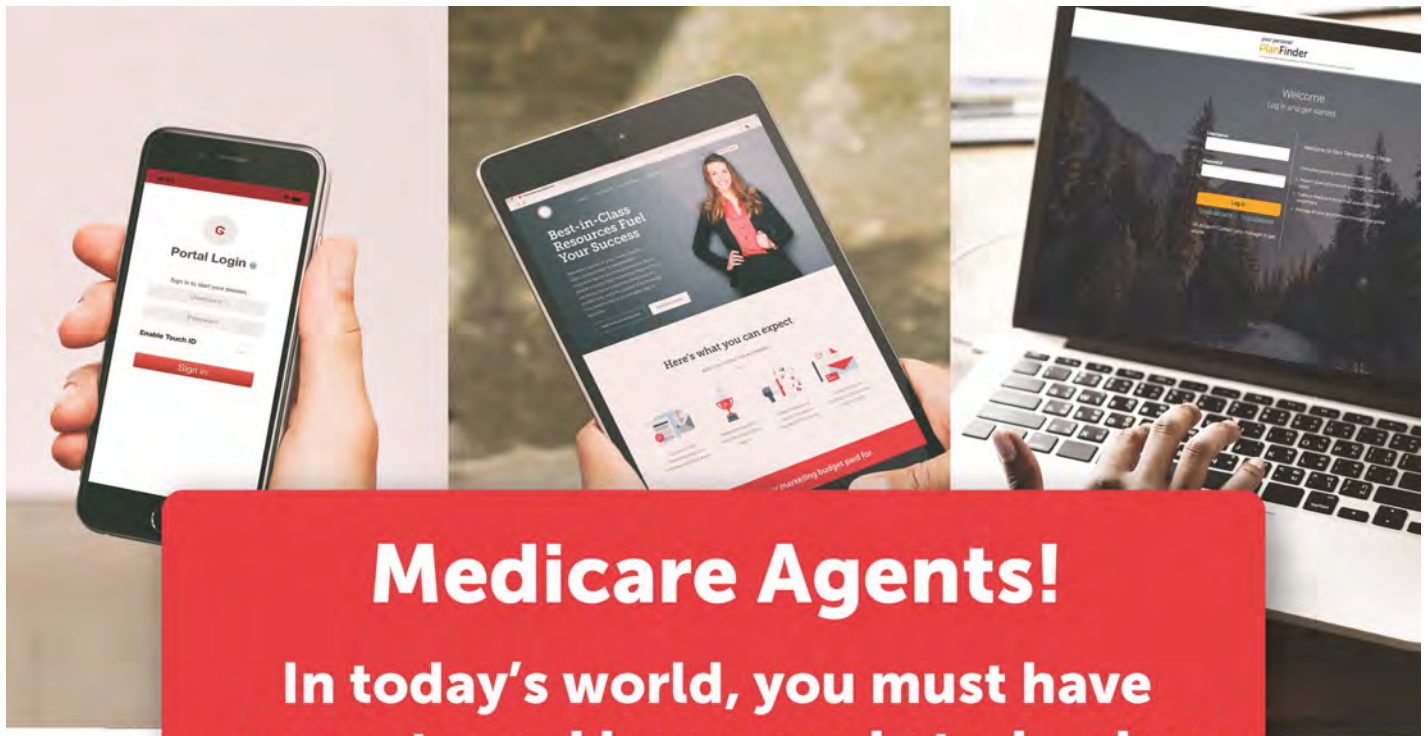
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HIPAA New Proposed Security Rules

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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.

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The C.O.I.N.



CAHIP-ORANGE COUNTY PRESIDENT'S MESSAGE

By: Barbara Ciudad

Dear CAHIP OC Members,

I hope this message finds you well and full of energy as we head into the spring season. I want to take a moment to express my heartfelt thanks to each one of you who attended our recent events. Your participation, enthusiasm, and support are what make our local chapter truly special. Whether you were able to join us for our OC luncheon, Symposium, or other local events, your presence and engagement help to build a strong sense of community.

Looking ahead, I am excited about the opportunities the spring season brings. We have some fantastic events lined up that I believe will inspire, connect, and challenge us all. I encourage you to stay involved, bring a friend, and continue to share your ideas and passions with the group. Together, we can continue to grow and make an even bigger impact in our community.

Thank you once again for your continued support. I look forward to seeing all of you at our upcoming events as we move into this exciting new chapter!

Warmly,

Barbara Ciudad

CAHIP OC President

*Everyone enjoyed CAHIP-OC's very successful
Sales Symposium, 2025.*

CAHIP-OC Sales Symposium Photos





Feature Article: Federal Agencies Announce HIPAA Changes for 2025; What Does it Mean to Agents and Their Employer Covered Entity Clients?

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

For several years, we didn't see much change in the HIPAA Privacy & Security rules. Lately, we've had a series of actions, possibly due to the Biden-Harris Administration wanting to make some substantial changes they can take credit for before they exited Washington. As usual, these stories unfold exactly when we'd want them not to be... during the holiday season.

Primarily, two major additions and changes to the HIPAA Privacy & Security Rules have taken place in recent months. First, the HIPAA Reproductive Rights rules went into effect on December 23, 2024. Then, just days later, new Proposed Rules for the HIPAA Security Rule were released. Both feature many action items and to-do tasks for covered entities (including plan sponsor employers, insurance companies, healthcare providers) and their business associates, including agents and brokers who have access to PHI and ePHI.

One thing is certain; these new rules mean that covered entities and their business associates need to be informed and need to prepare for additional training and additional documentation to meet the requirements of these new rules.

HIPAA Reproductive Health Care Rights

Amendments to the HIPAA Privacy Rule were issued by the Department of Health & Human Services, Office of Civil Rights, on April 26, 2024, to prohibit the use or disclosure in specified circumstances, of "protected health information" (PHI) relating to "**reproductive health care.**" The compliance date, the date persons subject to this regulation must comply with the applicable requirements of this final Rule, was December 23, 2024, for all provisions except for the Notice of Privacy Practices, which is February 16, 2026.

I recently spoke with Marilyn Monahan of Monahan Law Office and asked her to provide some comments on these new requirements. Because I get this question regularly, I thought readers might like to hear it directly from her. I asked her specifically, who needs to comply with the Reproductive Rights rules? "Both covered entities (such as health care providers, insurance companies, and employer-sponsored group health plans) and business associates (such as brokers and TPAs) need to comply," stated Marilyn.

I also asked Marilyn what was the primary goal of the HIPAA Reproductive Rights rules? "The primary goal of the new rule is to protect information relating to reproductive health care and to ensure it is not used for one of the prohibited purposes," replied Marilyn.

This final rule puts a prohibition on the use or disclosure of information related to reproductive health care for the following activities:

1. To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
2. To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
3. To identify any person for any purpose described in (1) or (2).

Scope & Definition

For the purposes of the prohibition, "seeking, obtaining, providing, or facilitating reproductive health care" includes, but is not limited to, any of the following: "expressing interest in, using, performing, furnishing, paying for, disseminating information about, arranging, insuring, administering, authorizing, providing coverage for, approving, counseling about, assisting, or otherwise taking action to engage in reproductive health care; or attempting any of the same."

The regulations also produced a new definition for reproductive health care. Reproductive health care means health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. This definition is expected to be interpreted broadly and inclusive of all types of health care related to an individual's reproductive system.

Application of the Prohibition

The prohibition applies where a covered entity/business associate has reasonably determined that one or more of the following conditions exists:

- The reproductive health care is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided. For example, if a resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care was provided.
- The reproductive health care is protected, required, or authorized by Federal law, including the U.S. Constitution, regardless of the state in which such health care is provided. For exam-

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ple, if use of the reproductive health care, such as contraception, is protected by the Constitution.

- The reproductive health care was provided by a person other than the covered entity or business associate that receives the request for PHI and the presumption of lawfulness is satisfied.

The reproductive health care provided by another person is presumed lawful unless the covered entity/business associate has any of the following:

- Actual knowledge that the reproductive health care was not lawful under the circumstances in which it was provided. For example, if an individual discloses to their doctor that they obtained reproductive health care from an unlicensed person and the doctor knows that the specific reproductive health care must be provided by a licensed health care provider.
- Factual information supplied by the person requesting the use or disclosure of protected health information that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided. For example, if a law enforcement official provides a health plan with evidence that the information being requested is reproductive health care that was provided by an unlicensed person where the law requires that such health care be provided by a licensed health care provider.

Attestation

One of the most important provisions within the Reproductive Health Care provisions is the requirement for an **attestation**. *If you receive a request for PHI and the PHI is potentially related to reproductive health care, you must obtain a valid and signed attestation from the person requesting the PHI stating that the disclosure is not for a prohibited purpose.* This attestation requirement applies if it is for one of the following purposes:

- Health oversight activities;
- Judicial and administrative proceedings;
- Law enforcement purposes; or
- Disclosures to coroners and medical examiners

I asked Marilyn how important she felt the Attestation requirement of the HIPAA Reproductive Rights rules was? “When the attestation requirement applies, it is mandatory,” stated Marilyn. “Covered entities and business associates not only need to ensure they utilize the form when required, but also that they follow the rules as to content, format, etc.”

In the event you receive a request for PHI related to reproductive health care, you must provide a valid Attestation Form. Keep in mind, this attestation form has very specific content requirements, similar to the prescriptive requirements of an SBC under the ACA. OCR has issued a Model Attestation form, which should not be modified.

The attestation may be electronic, and it must be written in plain lan-

guage. The attestation is not valid if it has any of the following defects:

- Does not satisfy the content requirements of the final rule
- It contains an element or statement not required by the final rule
- It is combined with other documents
- The covered entity/business associate has actual knowledge that material information in the attestation is false
- A reasonable covered entity/business associate in the same position would not believe that the statement that the request is not for a prohibited purpose is true

If, during the course of using or disclosing PHI in reasonable reliance on a facially valid attestation, a covered entity/business associate discovers information reasonably showing that any representation made in the attestation was materially false, leading to a use or disclosure for a prohibited purpose, the covered entity/business associate must cease such use or disclosure.

Use or Disclosure for Non-Prohibited Purposes

The Final Rule continues to permit covered entities and business associates to use or disclose PHI for purposes otherwise permitted under the Privacy Rule where the request for the use or disclosure of PHI is not made to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.

For example, if a covered health care provider could continue to use or disclose PHI to defend themselves in an investigation or proceeding related to professional misconduct or negligence where the alleged professional misconduct or negligence involved the provision of reproductive health care; if a covered health care provider, health plan, or health care clearinghouse (or business associates) could continue to use or disclose PHI to defend any person in a criminal, civil, or administrative proceeding where liability could be imposed on that person for providing reproductive health care, or if a covered health care provider, health plan, or clearinghouse (or their business associates) could continue to use or disclose PHI to an Inspector General where the PHI is sought to conduct an audit for health oversight purposes.

Disclosures to Law Enforcement

The Privacy Rule permits, but does not require, certain disclosures to law enforcement without an individual's authorization, subject to specific conditions. Thus, *covered entities/business associates are only permitted to disclose PHI for law enforcement purposes where they suspect an individual of obtaining reproductive health care (lawful or otherwise) if the covered entity/business associate is “required by law” to do so and all applicable conditions are met.* Accordingly, under the new Final Rule, such disclosure is only permitted where all three of the following conditions are met:

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- The disclosure is not subject to the prohibition
- The disclosure is “required by law”
- The disclosure meets all applicable conditions of the Privacy Rule permission to use or disclose PHI as “required by law”

OCR released a Fact Sheet, “HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care.” that provides examples.

Additional Changes Within the Final Rule

Additional changes within the Final Rule include changes to the Notice of Privacy Practices (NPP). In the final rule, the rules revise the content rules for Notices of Privacy Practices (a) to reflect changes made by this new Final Rule, and (b) to address another Final Rule—the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations. Again, this change is not effective until February 16, 2026, but all other requirements have been in place since December 23, 2024.

In the final rule, the definition of “person” has been revised; definitions of “public health” and “reproductive health care” have been added. Certain other existing provisions in the Privacy Rule have also been Revised: Conforming updates to the Privacy Rule include those that allow disclosure of PHI in instances of Abuse, Neglect, or Domestic Violence or as Required by Law. Lastly, there has been a severability clause added.

Action Items for Covered Entities and Business Associates

In addition to updating the Notice of Privacy Practices and implementing the new restrictions, covered entities/business associates should update, as necessary, their HIPAA Privacy Rule policy and procedure manual or whatever they are using for HIPAA Policies and Procedures, update all HIPAA training, depending on the level of PHI or ePHI that they may come in contact with, possibly update business associate agreements, if the existing contracts do not include language that allows for future amendments, and plan documents, wrap-around documents, and possibly Human Resources Manuals, if HIPAA is detailed in such manuals or documents.

*The HIPAA Reproductive Rights rules required all covered entities and business associates to have all of these items completed (with the exception of the new Notices of Privacy Practices) by December 23, 2024, so for all of you that did not pay attention to this, you are already past the deadlines, and are at risk for HIPAA penalties, which I will state later in this article. **You should have received HIPAA Reproductive Rights training and created training for your staff,** and provided them with the training by this date as well.*

If you don’t have written policies and procedures for HIPAA Privacy and Security, you will need to start from scratch and be sure you have P&P as applicable in your particular situation. At minimum, this usually means for an employer/plan sponsor covered entity, policies

and procedures for the a) Privacy Work Group of the Covered Entity (those that handle PHI or ePHI on a regular basis, which usually includes, at minimum, the Privacy Officer, Security Officer, Human Resources, IT team and sometimes payroll or other departments that handle PHI and other confidential data). b) Supervisors and Managers, who generally are the front lines to the employees, c) All employees, who need to be told what they can and cannot do related to disclosure or use of PHI, and what the covered entity’s specific policies are related to sick leave/PTO and other related policies, and d) electronic/cybersecurity policies and procedures. All of these policies would need to be updated to include the HIPAA Reproductive Rights provisions. In fact, the final rule expressly states that certain items should be included in the trainings and policies and procedures.

In a clinical setting, policies would also include Clinical Policies for dealing with patient records.

For agents, brokers, support staff, and other industry professionals, it’s not unusual for all members of the staff to be trained, depending on the level of PHI they handle. If the agency or industry firm also sponsors a health plan for their employees, then they are also a covered entity themselves, and must comply as any other employer/plan sponsor would comply. It is usually recommended that all industry personnel receive extensive training for all facets of the HIPAA privacy and security rule. This new, final rule for reproductive health care makes that very clear.

HIPAA Penalties

Violation Category	Each Violation	All Such Violations of an Identical Provision in a Calendar Year (Annual Maximum)
Did not know	\$1,424-\$71,162	\$2,134,831
Reasonable Cause	\$1,424-\$71,162	\$2,134,831
Willful Neglect-corrected within 30 days	\$1,424-\$71,162	\$2,134,831
Willful Neglect – not corrected within 30 days	\$71,162-\$2,134,831	\$2,134,831

Note: Adjusted penalty amounts are effective August 8, 2024 and apply to penalties assessed on or after August 8, 2024 if the violation occurred on or after November 2, 2015.

HIPAA Security Proposed Rules, 2025

Just as we were all about to ring in the new year and celebrate on New Years Eve, a second round of HIPAA rules were issued. On December 27, 2024, the Biden Administration released the new HIPAA Security Proposed Rules, which were published in the Federal Register

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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 updates, as well as reminders about some very important deadlines:

FEDERAL: UPDATES

2024 Forms 1094/1095: New Rules: On December 23, 2024, President Biden signed into law two bills impacting Forms 1094/1095 reporting: The Paperwork Burden Reduction Act (H.R. 3797) and the Employer Reporting Improvement Act (H.R. 3801). Employers should welcome the changes made by these laws. Although “applicable large employers” (ALEs) still must prepare, furnish, and file the Forms 1094/1095 in a timely manner, the process is now a little less burdensome. The new rules apply to the 2024 Forms 1094/1095.

As a reminder, ALEs must annually furnish to employees, and file with the IRS, the Forms 1094/1095-C. Small employers that offer self-funded plans—such as level funded plans—must also furnish and file the forms (but small employers use the B-series forms). Carriers have their own filing obligation: Carriers must furnish to covered individuals and file with the IRS the Forms 1094/1095-B.

What do the two new laws accomplish?

- Employers and carriers that are required to provide Forms 1095-C/1095-B are no longer required to automatically mail these forms to employees. Instead, (a) they may provide “clear, conspicuous, and accessible notice” that an individual may request a copy of the form, and (b) then they must provide a copy of that form by the later of January 31 or 30 days after the date of the request.
- ◇ Earlier guidance by the IRS has allowed carriers to forego mailing Forms 1095-B in favor of posting a notice on their website and then providing copies upon request. The change in the law codifies this relief available to carriers and—importantly—extends it to em-

HIPAA/HHS/OCR Updates

I’ll only discuss briefly two settled case this issue since my feature article is all about HIPAA this issue!

On January 8, 2025, , the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced a \$337,750 settlement with USR Holdings, LLC, a business associate in Florida, under the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) Security Rule](#). OCR enforces the [HIPAA Privacy, Security, and Breach Notification Rules](#), which set forth the requirements that covered entities (health plans, health care clearinghouses, and most health care providers), and business associates must follow to protect the privacy and security of protected health information (PHI). The [HIPAA Security Rule](#) establishes national standards to protect and secure our health care system by requiring administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and availability of electronic PHI (ePHI). The settlement resolves a breach investigation concerning the deletion of ePHI by an unauthorized third party.

“Health care entities need to ensure that they are proactively monitoring who is in their information systems, and that they have backup procedures in place to be able to create exact copies of the electronic protected health information they hold, in the event health information is held for ransom or deleted,” said OCR Director Melanie Fontes Rainer. “Effective cybersecurity includes being able to restore access to electronic health information following a cybersecurity attack, so there is no interruption in the provision of health care.”

OCR initiated an investigation following the receipt of a breach report filed by USR in February 2019, which reported that from August 23, 2018, through December 8, 2018, a database containing the ePHI of 2,903 individuals was accessed by an unauthorized third party/parties who were able to delete ePHI in the database. OCR’s investigation found potential violations of the HIPAA Security and Privacy Rules, including failures to conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to ePHI in its systems; to regularly review its information system activity; and to establish and implement procedures to create and maintain retrievable exact copies of ePHI. Under the terms of the settlement agreement, OCR will monitor USR for two years to ensure compliance with HIPAA. In addition, USR paid \$337,750 to OCR and agreed to implement a corrective action plan that identifies specific steps USR will take to resolve potential violations of the HIPAA Privacy and Security Rules and protect the security of ePHI, including:

- Conduct an accurate and thorough risk analysis to determine the potential risk and vulnerabilities to the confidential-

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ployers.

- If an employer or insurer is unable to collect the TIN of an individual whose name must be included in the Form 1095-C/1095-B—such as in the case of a covered dependent—the full name and birth date may be used instead.
- An individual will be deemed to have consented to electronically receive Forms 1095-C/1095-B in perpetuity if they affirmatively consented at any prior time to receive the forms electronically. The consent remains in place until it is revoked in writing.
- ALEs shall have at least 90 days to respond to a 226-J letter. (Up until now, the IRS has typically only given employers 30 days to respond.)
- The statute of limitations on assessable payments under section 4980H is 6 years beginning on the due date for filing the Forms 1094/1095 (or, if later, the date the forms were filed).

ACA Section 4980H Compliance: HHS has announced the federal poverty levels for 2025, which are used in calculating affordability for purposes of section 4980H(b) by those ALEs using the affordability safe harbor. For 2025, the federal poverty level (FPL) for a 1-person household in the 48 states of the continental US and the District of Columbia is \$15,650. Based on this amount and the 2025 affordability percentage of 9.02%, an employer may not ask an employee to contribute more than \$117.64 per month toward self-only coverage for the employer's lowest cost plan or the coverage will not be considered affordable under the FPL safe harbor. Employers may use the FPL in effect 6 months prior to the start of the plan year.

RxDC Reporting: Carrier Surveys: RxDC reports—an annual reporting requirement added by the Consolidated Appropriations Act, 2021 (CAA)—are not due until **June 1**. However, to prepare for compliance, many insurers and HMOs will send out surveys to their group policyholders **early in the new year**, and they may give employers a short and specific deadline to respond to the survey. Employers with fully insured plans must respond to those surveys on time, or they will have to perform at least some of the RxDC reporting themselves (and it is a time-consuming process). Employers with self-funded plans must work with their vendors (PBMs, TPAs, etc.) to ensure the RxDC filing is completed correctly, completely, and on time.

Inflation Adjusted DOL Penalties: The Department of Labor (DOL) has issued inflation adjusted penalty amounts for various violations of ERISA. The increased amounts apply to penalties assessed after **January 15, 2025**. The adjusted amounts include:

- Failure to file Form 5500: \$2,739 per day (up from \$2,670)

- Failure to file Form M-1: \$1,992 per day (up from \$1,942)
- Failure to provide plan documents to DOL within 30 days of request: \$195 per day (up from \$190) (not to exceed \$1,956 per request)
- Failure to notify employees of CHIP coverage opportunities: \$145 per day per employee (up from \$141)
- Failure to comply with genetic information restrictions: \$145 per day per participant/beneficiary (up from \$141)
- Failure to provide SBC: \$1,443 per violation (up from \$1,406)

Fixed Indemnity Coverage Notice: On April 3, 2024, the Departments of Health and Human Services (HHS), Labor (DOL), and Treasury (the “Departments”) issued regulations requiring the that for plan years beginning on or after **January 1, 2025**, new notices must accompany fixed indemnity policies. This mandate was challenged, and in December a court paused the mandate contained in the regulations as it applied to group and individual policies. Then, on January 20th, the Trump Administration issued an executive order rescinding the fixed indemnity coverage notice.

HIPAA Security Rule: On December 27, 2024, HHS issued a proposed rule that would significantly amend the HIPAA Security Rule; comments are due **March 7, 2025**. Among other changes, the amendments would

- Remove the distinction between “required” and “addressable” (but the rules would still allow flexibility in implementation)
- Require new written policies and procedures
- Require covered entities to develop technology asset inventories and network maps to illustrate movement of ePHI
- Require annual compliance audits and vulnerability scanning every 6 months
- Require annual—and more detailed—risk analyses
- Require encryption of ePHI at rest and in-transit (with only limited exceptions)
- Require multi-factor authentication (with only limited exceptions)
- Require anti-malware protection
- Add new requirements for business associate agreements: New requirements added

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If finalized as proposed, the rules would provide for a 180-day transition period. More information is available at this link: <https://www.hhs.gov/hipaa/for-professionals/security/hipaa-security-rule-nprm/factsheet/index.html>

FEDERAL: DEADLINES

2024 Forms 1094/1095: The IRS deadlines for the 2024 Forms 1094/1095 are:

- The 2024 Forms 1095 must be furnished to employees on or before **March 3, 2025**.
- The 2024 Forms 1094/1095 must be filed electronically with the IRS on or before **March 31, 2025**.

The Franchise Tax Board (FTB) deadlines for these forms are:

- The 2024 Forms 1095 must be furnished to employees by **January 31, 2025**.
- The 2024 Forms 1094/1095 must be filed with the FTB on or before **May 31, 2025**.

CMS Disclosure for Medicare Part D: Within 60 days of the end of the plan year, employers must complete the Online Disclosure to the Centers for Medicare Services (CMS) to report the creditable coverage status of their prescription drug plan (**March 1, 2025**, for calendar year plans).

Multiple Employer Welfare Arrangements (MEWAs) – Form M-1: The Form M-1 must be filed by MEWAs no later than **March 1** following any calendar year for which a filing is required.

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 (or **March 1, 2025**).

CALIFORNIA: HIGHLIGHTS

State of Emergency: On January 7, 2025, Governor Gavin Newsom declared a State of Emergency in Los Angeles and Ventura Counties due to the Palisades Fire and windstorm conditions. The Department of Insurance (CDI) followed up by issuing a bulletin to all California health insurers reminding that, as a result of the declaration, “all health insurers operating in California must submit a notification describing whether the insurer has experienced or expects to experience any disruption to the operation of the insurer, explaining how the insurer is communicating with potentially impacted insureds, and summarizing the actions the

insurer has taken (or is in the process of taking) to ensure that the health care needs of insureds are met.”

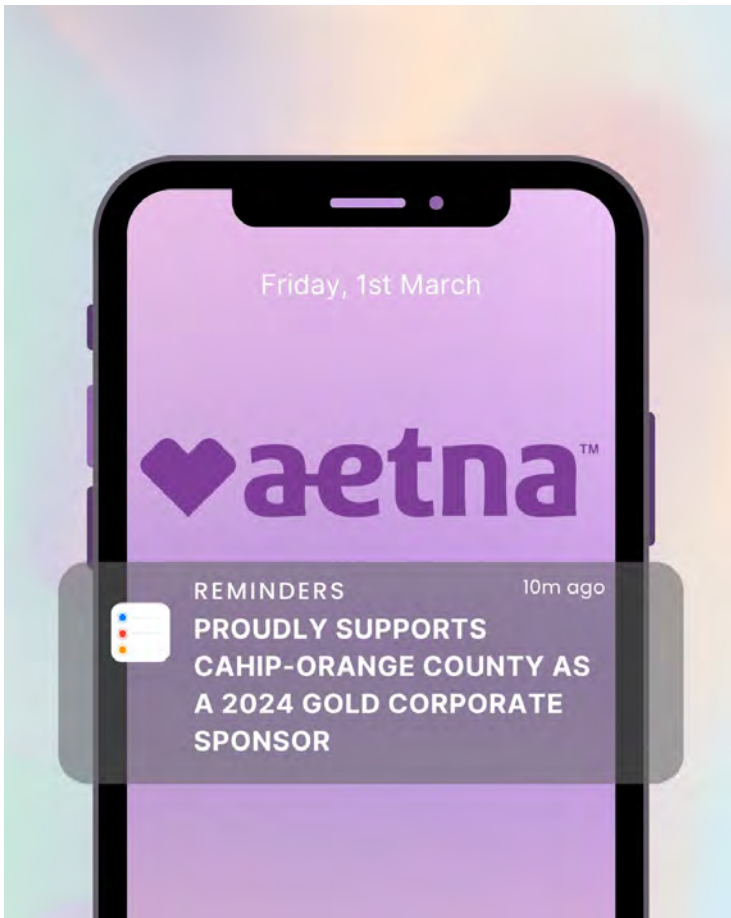
Similarly, the Department of Managed Health Care (DMHC) issued an “All Plan Letter” directing all health plans licensed by the DMHC with members or providers in Los Angeles or Ventura counties to do the following:

- Provide a toll-free telephone number for impacted plan members and providers to call for answers to questions, including questions about the loss of health plan identification cards, access to prescription refills, and how to access health care services.
- Prominently display on the health plan’s website information describing how impacted members can continue to access care, and how members and providers can contact the plan for more information.
- Suspend prescription refill limitations and permit impacted members to refill their prescriptions at out-of-network pharmacies at ordinary in-network cost-sharing. The plan shall also allow impacted members to obtain new prescriptions at out-of-network pharmacies.
- Allow members to replace medical equipment or supplies.
- Allow members to access care from appropriate out-of-network providers if in-network providers are unavailable due to the State of Emergency, or if the member is outside the area due to displacement. The plan shall ensure members in such instances are not subject to more than their ordinary in-network cost-sharing for such services.
- Reduce or remove unnecessary barriers to the efficient admission, transfer and discharge of plan members at hospitals (including non-contracted hospitals) that have been or may be impacted by the State of Emergency.

The DMHC also published a resource guide, fact sheet, and related materials designed to assist consumers.

DMHC Regulations: The DMHC has posted on its website a notice of a fourth comment period for the proposed regulation, “Scope of Fertility Preservation Services for Iatrogenic Infertility,” which would add section 1300.74.551 of Title 28 of the California Code of Regulations. The public comment period runs from February 6, 2025, through February 21, 2025. What is the reason for the proposed regulation? Health and Safety Code section 1374.551, enacted by S.B. 600—which was effective January 1, 2020—clarified that when a covered treatment may cause iatrogenic infertility to an enrollee, standard fertility

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[&] Effect

Elements [Passion. Authenticity. Collaboration. Trust.]

The [&] Effect is a feeling. It's the confidence you have working with authentic people who thrive on collaboration. It's the security of having your business handled by a team passionate about your success. It's the gift of time you're granted because you have a partner you can trust.

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

Feature Article, HIPAA Changes, Continued from Page 7

on January 6, 2025.

The HIPAA Security Proposed Rules are not final. We are still within the official “Comment Period,” where stakeholders and others can submit their comments and questions. This period ends on March 7, 2025, so we don’t expect to see final rules for several months after that. We do, however, expect much of the Proposed Rules to carry forward into the Final Rule.

Shortly after the Proposed Rules were released, the Office of Civil Rights (OCR) at the US Department of Health & Human Services released a very informative Fact Sheet, which spells out, in summary form, what is required under the HIPAA Security Proposed Rules. Much of the proposed rule is not new... However, since HITECH passed in 2009, many of the prior “recommended” tasks are now “required” under the proposed Security Rules. The proposed rule-making is “one of the many actions taken by HHS in support of President Biden’s commitment to improving the cybersecurity of critical infrastructure.”

In 2023, the Biden-Harris Administration released National Cybersecurity Strategy and its plan to implement it (with version two released May, 2024), and HHS released its’ Healthcare Sector Cybersecurity concept paper outlining the Department’s path forward to advance cybersecurity enhancements for the health care sector. These plans included cybersecurity Best Practices and a strategy for greater cybersecurity enforcement and accountability, which included updating the HIPAA Security Rule with new cybersecurity requirements. In addition, you may also recall that the US Department of Labor released its guidance on Cybersecurity in 2021 for Plan Sponsor Fiduciaries.

While I can’t get into the exact methods of security protections in this article, as every entity and situation is different, I will provide a summary of what the Proposed Rules require of Covered Entity Plan Sponsors, Health Care Providers and Business Associates (including agents).

For the purpose of readers hearing it from an attorney, and not just me, I asked Marilyn who needs to comply with the HIPAA Security (proposed) rules? She responded as follows: “If the new rules are adopted as proposed, all covered entities (including employer-sponsored group health plans) and business associates with access to ePHI will need to make significant changes in their Security Rule policies and procedures in order to ensure they are compliant.”

I received pushback from some employers and business associates (like agents) about their need to comply. So, I asked Marilyn about covered entities that aren’t providers. Do they too have responsibilities to comply with the HIPAA Security rules? What about Business Associates? Marilyn didn’t hesitate. “The new rules will apply to all covered entities—including employer-sponsored group health plans—as well as business associates with access to ePHI. If the rules

are adopted in whole or in part, significant work will have to be done to ensure you are in compliance.” So there you have it; not just from me, but from an ERISA and Benefits Attorney.

First, there were definitional changes, and the distinction between “required” and “addressable” implementation specifications were removed... meaning that in the past, you simply had to show that you addressed the issue and made your own decisions as to what you would include in your own HIPAA Security implementations. Now, in the proposed rule, what was then “recommended” is now most often “required,” with specific, limited exceptions.

In a nutshell, all plan sponsor covered entities, health care providers and their business associates, are required to have complete written documentation for all Security Rule Policies, plans and analyses.

These types of projects usually cannot and generally will not be completed by IT until and unless the Executives make it a priority. I asked Marilyn how important she felt it is to have Executive Buy-In on HIPAA Security? “It is essential, particularly if this round of changes is implemented,” stated Marilyn. “Significant new and on-going compliance obligations will have to be implemented. This will take time, require the involvement of appropriate personnel (and may require the retention of outside vendors), and undoubtedly result in new expenses. Management needs to be on board so that all the necessary resources are allocated and so that there is accountability to ensure the new mandates are satisfied.”

I asked the same of my IT/Technology/HIPAA Security and Cybersecurity partners, Aditi Group; how important it is to have senior management buy-in for the HIPAA Security Proposed Rules implementation? “Critical,” stated Ted Mayeshiba, Principal. “If there is no senior management buy-in, there is little hope of compliance.” Ted Flittner, his partner, stated, “It’s the difference between success and failure. The proposed regs, and HIPAA / HITECH in general need company-wide participation. And it’s not just a one-and-done project. These are ongoing tasks, tools, and systems that must become part of the culture. Resources of ‘people time’ and money must be endorsed by leadership to get through this.”

Ted F continued. “Everyone also knows that if we just hear the request once, and it’s not brought up again, it’s NOT really important. When top leaders show by *their participation and make completion a measurable* that it IS important.”

Since HITECH in 2009, most covered entities (plan sponsors and providers, as well as business associates) were recommended to have a technology asset inventory and network map in place, which illustrates the movement of ePHI throughout the regulated entity’s electronic information systems on an ongoing basis; now they are required, with reviews required at least every 12 months.

I asked the principals at Aditi Group, upon an initial review of the HIPAA Security Proposed Rules, what was your initial reaction to the “requirement” of things like encryption, MFA when appropriate,

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etc., rather than the past “recommendation?” “It is about time!” stated Ted Mayeshiba.

“Certainly, we had to give everyone time to adopt some of these since 2003 when HIPAA [Privacy] went into effect, but come on, most of these should have been required years ago!” commented Ted Flittner. “Most required rules are cyber security commonsense 101. Some, like penetration testing, call for external help or more spending on software tools. So, those we expect to see getting lots of public comments and push back. But the majority of regs are the right things to do to protect customers (you and me) and keep businesses running (continuity).”

The Proposed Security Rule also require greater specificity for conducting a Risk Analysis. The rules now require new express requirements for written assessments that contain things like a review of the technology asset inventory and network map; identification of all reasonably anticipated threats to the confidentiality, integrity and availability of ePHI; the identification of potential vulnerabilities and predisposing conditions to the entity’s relevant electronic information systems; and an assessment of the risk level for each identified threat and vulnerability.

Another requirement, although always recommended, is to require notification of certain regulated entities within 24 hours when a workforce member’s access to ePHI or certain electronic information systems is changed or terminated.

Covered Entities’ and Business Associates’ requirements for planning for contingencies and responding to security entities have also been strengthened. Specifically, all regulated entities (including agent business associates) are required to, as examples:

- Establish written procedures to restore loss of certain relevant electronic information systems and data within 72 hours
- Perform an analysis of the relative criticality of their relevant electronic information systems and technology assets to determine the priority for restoration.
- Establish written security incident response plans and procedures documenting how workforce members are to report suspected or known security incidents and how the regulated entity will respond to suspected or known security incidents.
- Implement written procedures for testing and revising written security incident response plans.

I asked Aditi Group partners if they could tell us why the requirement for a robust risk management plan is so important, and what types of things should be considered when putting together a robust risk management plan?

Ted Mayeshiba replied: “Security depends on a robust risk management plan. Business continuity ensures that you can survive a hiccup in operations. Fire? Earthquake? Flood?”

Ted Flittner expanded on Ted M’s comments: “Robust means it covers the bases, is strong, and can hold up in lots of different situations. We can’t predict all situations, so we need to be adaptable. This is the whole enchilada.”

I asked Ted F to provide more specifics on this. “Considerations include start with Risk Assessment – ask ‘where’s the danger?’” Ted F continued... “Follow with technical and processes you can use to eliminate and minimize those dangers. Then complete with a ‘how’ Admin & P&P – define who does what, when, and how. Then follow with response plans, training and testing.”

“Think about all the technical and people solutions that are available, practical and affordable - capabilities AND threats are always changing,” Flittner continued.

“We hope you are using tools like encryption, strong passwords, MFA, secure password managers, professional antivirus, VPN’s, firewalls, etc. But consider what happens if a hacker sends you an email with links to malicious code. Would your antivirus or email provider block you from seeing it? If it gets through, what if you accidentally click? Even I’ve realized just AFTER I clicked that an email was NOT really from a friend or client.”

I asked Ted and Ted what can be done to avoid this type of situation. Are there solutions? Ted Flittner replied, “Zero Trust is a recent security idea that includes blocking by default, without human intervention. That’s robust.”

I asked what they meant by ‘zero trust.’ Our Aditi Zero Trust platform blanket denies any programs and executables that haven’t been put on the OK list,” Flittner responded. “It blocks ransomware and malware automatically even if users accidentally CLICK. And it works whether the computer is on the internet or offline.” It’s nice to know that our product solutions to help covered entities and their business associates comply.

The proposed rules require specific information for conducting a risk analysis. What are the first steps when tackling this assignment? To help me answer this question, I once again went back to Aditi Group. Ted Flittner provided some basic steps for managing this requirement.

“Step 1: Review of Technology Asset Inventory and Network Map. This is basic stuff and should by now be completed.

Step 2: Identify all **reasonably anticipated threats**.

Step 3: Identify potential vulnerabilities and predisposing conditions.”

There is more to this, of course. “Consider how things could go wrong,” Flittner continued. “You’re considering protecting info while at rest, in motion, deleted, and authorization, access control, and business continuity. Spelling out certain risks requires that you understand some technical things. Like how security systems could be defeated, gone around, or just not executed / done right

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by the staff. You sum things up by rating how severe the risk is to PHI (general public) and to your business.”

Requirement for Compliance Annual Audits & Role of Agent Business Associates

One of the most significant requirements of the Proposed Security Rule is the requirement for regulated entities to conduct a compliance audit at least every 12 months to ensure their compliance with the Security Rule requirements. Most attorneys and consultants recommend that these be done by both internal and external parties, to be sure that biases aren't occurring, and to be sure that your IT Department has someone watching over them to be sure they are doing what they should be doing. If an entity has one person, for example, doing administration, IT and other duties, it is conceivable that they probably aren't focused on all of the security requirements that are now required by these proposed rules.

Part of these annual compliance audits include *requiring that business associates verify at least once every 12 months for covered entities (and that business associate contractors verify at least once every 12 months for business associates) that they have deployed technical safeguards required by the Security Rule to protect ePHI through a written analysis of the business associate's relevant electronic information systems by a subject matter expert and a written certification that the analysis has been performed and is accurate.* That means that your covered entity plan sponsor clients should be asking you annually to

provide this verification to them every 12 months. Their failure to ask you is a violation for them, and a business associate's failure to provide it, whether asked or not, is a violation of the business associate (ie agent).

I asked Aditi Group if they could tell me why they think they included the requirement for a covered entity or BA to conduct a compliance audit at least every 12 months? Ted M stated matter of factly and without hesitation. “To keep people honest and keep up with technology and malware changes.”

Ted Flittner expanded. “Unless you update regularly, your docs don't reflect your business. Look at all that can change in a year. The pace of change in technology isn't slowing. Look at new AI tools like ChatGPT, Gemini, and Co-Pilot to name a few that really came into broader awareness in the last year. Hardware advances bring upgrades and replacement of older generation equipment. And software is always evolving with new features, bug fixes and vulnerabilities that hackers discover and try to exploit. And that's just the ‘tools’ part of the equation.”

Flittner continued: “People change leadership and org charts, responsibilities, and work locations. Companies change markets, products or services. You end up with different inventories, network maps, roles & responsibilities, and procedures. So, you should update docs when MAJOR changes happen or yearly at least.”

Required Security Controls

Many of the “recommended” HIPAA Security controls since HITECH

Continued on Page 17

Agents and Other Business Associates are Required to Comply with the HIPAA Privacy & Security Rules

New Training Required on HIPAA Reproductive Rights and HIPAA Security Proposed Rules

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Feature Article: HIPAA Changes 2025, Continued

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in 2009 are now required under the HIPAA Security Proposed rules. These include (but are not limited to):

- Encryption of ePHI at rest and in transit, with limited exceptions
- Establishing and deploying technical controls for configuring relevant electronic information systems, including workstations, in a consistent manner. New express requirements would include:
 - Deploying anti-malware protection.
 - Removing extraneous software from relevant electronic information systems.
 - Disabling network ports in accordance with the regulated entity's risk analysis.
 - Use of multi-factor authentication, with limited exceptions.
- Require vulnerability scanning at least every six months and penetration testing at least once every 12 months.
- Require network segmentation.
- Require separate technical controls for backup and recovery of ePHI and relevant electronic information systems.
- Require regulated entities to review and test the effectiveness of certain security measures at least once every 12 months, in place of the current general requirement to maintain security measures.
- Require business associates to notify covered entities (and sub-contractors to notify business associates) upon activation of their contingency plans without unreasonable delay, but no later than 24 hours after activation.

Required Updated Documentation – Plan Documents, Manuals, SPDs, Etc.

The Proposed HIPAA Security Rule requires group health plans to include in their plan documents requirements for their group health plan sponsors to: comply with the administrative, physical, and technical safeguards of the Security Rule; ensure that any agent to whom they provide ePHI agrees to implement the administrative, physical, and technical safeguards of the Security Rule; and notify their group health plans upon activation of their contingency plans without unreasonable delay, but no later than 24 hours after activation.

What does this mean exactly? All plan documents, SPDs, all HIPAA Policies and Procedures, whether stand-alone or within an employee manual, must be amended to include the updated security rule requirements. Business Associates Agreements may also need to be updated, depending on the language in the original agreements and whether or not they expressly stated that the HIPAA Privacy & Security Rules, as amended, are applicable in the agreement.

In a discussion with Aditi Group, I asked them what they would say to a covered entity or BA that doesn't have written policies and procedures for the majority of the Security requirements? Ted M stated matter-of-factly, "Go see Marilyn. Start writing." Ted Flittner went into more detail in his response, stating, "It's time to get started.

Really, this is good company management, whether it's required for HIPAA or as called by something like ISO 2000+ certification. It's just smart business to document what you're supposed to do, train staff, and audit to the P&Ps it so that everyone is on the same page and doing what's intended."

Flittner continued. "Any legal questions are going to hinge on documentation. Every HR leader knows one of Dorothy's favorite mantras "If it's not in writing, it didn't happen."

"Writing P&Ps is the chance to CREATE a proper process if there isn't one or to IMPROVE and STANDARDIZE what may be in place now. Approach P&Ps as a golden opportunity and not a dreaded task that you hope to get through as quickly as possible. P&Ps should be revisited and made better."

I asked Ted Flittner if he had any last tips on this, and he replied, "Last tip: Policies are general guidance, setting principles, boundaries and general responsibilities. Procedures should have enough detail to be meaningful, but remember the quote attributed to Mark Twain, 'I could have made it shorter if I only had more time.' Start simple and add detail as documents live on...So, start down this road today, regardless of what HIPAA says is mandatory vs recommended."

I asked Ted M and Ted F what they think are the first steps for covered entity employer plan sponsors and their Business Associates who need to tighten their practices to comply with the Proposed Security Rules? Ted Mayeshiba stated "Asset management. ID all devices. Lock them down. ID all software. Do you need them all? Clean up. Remove old devices with obsolete operating systems that cannot meet minimum security requirements. Remove old and duplicate software. Resolve to get to minimum necessary."

Ted Flittner responded as follows: "Tighten implies that they have a good solid base. It's likely that some significant changes have happened since you last updated docs. So, we always start with refreshing the hardware & software inventories, network maps, and org charts. We always find things that need to be added or deleted – from documents and from use!"

Requirements for Training

All Covered Entity Plan Sponsors, Providers, health insurance carriers and their Business Associates are required to provide initial and ongoing training for the HIPAA Security Proposed Rules.

These trainings must be specific to the type of jobs they have and the level of PHI and ePHI that they handle. At a minimum, we've always required at least these types of training:

- Privacy Officer, Security Officer and Privacy Work Group Members (such as Human Resources, IT, some Accounting or Payroll, Clinical Department heads) – most extensive training (we suggest 4-6 hours)
- Business Associates such as Agents and Brokers (we usually

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recommend the Privacy Officer/Security Officer/PWG training as they usually have a high level of access to covered entity employer plan sponsor's PHI and ePHI)

- Supervisors & Managers' Training, as they are the front line to the employees (we suggest a minimum of approximately 2 hours of training)
- Clinical training if applicable (we suggest at least 3 to 4 hours of training)
- All employee training (we suggest at least 30 minutes to an hour of training)

Before training Supervisors and Managers, Clinical practitioners or all employees, the PO/SO/PWG training must happen, then all policies and procedures must be updated or created, all manuals or internal documentation must be updated. After this written documentation is updated, training materials for the Supervisors & Managers, Clinical staff or All employees must be developed or updated, and then training should start with those staff members.

If initial training and policies were created in 2003 and perhaps (or maybe not!) updated when required with HITECH in 2009, then you have a starting point to update your materials for these new rules.

Remember, the effective date for the HIPAA Reproductive Rights training and implementation has already passed... It was due on or before December 23, 2024. It makes sense to combine the Reproductive Rights training with the HIPAA Security Training if not already done, because most regulated entities may already be late in performing these tasks, and could be subject to penalties.

Conclusion and Wrap-Up

If you haven't done anything yet in response to the HIPAA Reproductive Rights you're already past the due date and you need to move on it quickly, before audits or penalties become the norm. If you haven't upgraded your electronic security in the past several years, it's now critical to covered entities and business associates.

I asked Marilyn to comment on plan sponsors or business associates don't think they have all of these requirements in place, what would be her first recommendation to them? "The proposed rules have not yet been finalized, but it is anticipated that some form of amendment to the existing set of security standards will be adopted in the future. Employers and business associates must stay apprised of the status of the proposed rules, and be prepared to act in a fairly short timeframe once they are adopted. It may be advisable to begin to put together a team that can be called upon to begin the planning and implementation as soon as a final rule is adopted."

Anticipating that some of the people reading this article may start to realize how important these requirements are and may want to ask for help, just know that assistance is available. Legal assistance from attorneys like Marilyn, training and HIPAA Privacy & Security training and

physical and administrative security assistance from consultants like me, and technical/electronic security/IT and HIPAA Security firms like Aditi Group.

I asked Aditi Group what they do first when a covered entity or BA wants to discuss hiring them to help? "Ted Mayeshiba stated "We start with a 15-minute call." Ted Flittner said "We get the big picture and general scope of where they are in that call. Some groups are just improving or filling in a few gaps. Others need advice – consulting or just more temporary horsepower to complete a project. And others are starting from scratch."

No matter what phase you're in, there is no better time to update all of your HIPAA Privacy & Security training, implementation and related. If you need it, there are experts that can help you. The best recommendation I can give you is to be re-trained on HIPAA Privacy & Security, in a training that includes all of the new material, early in 2025 and get to work immediately after (if you haven't already) on updating all of your documentation, and then train your staff accordingly. ##

HIPAA Reproductive Rights Applicable Code Sections and Reference Material:

OCR Fact Sheet, "HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care."

HIPAA Privacy Rule Preamble

- 45 CFR 164.512(d) – Health oversight activities.
 - 45 CFR 164.512(e) – Judicial and administrative proceedings.
 - 45 CFR 164.512(f) – Law enforcement purposes.
 - 45 CFR 164.512(g)(1) – Disclosures to coroners and medical examiners.
 - 45 CFR 164.512(d) – Health oversight activities.
 - 45 CFR 164.512(e) – Judicial and administrative proceedings.
 - 45 CFR 164.512(f) – Law enforcement purposes.
 - 45 CFR 164.512(g)(1) – Disclosures to coroners and medical examiners.
- HHS Website

HIPAA Security Proposed Rules Applicable Code Sections and Reference Material:

Federal Register, Vol. 90, No. 3, January 6, 2025/Proposed Rules (45 CFR Parts 160 and 164, Department of Health & Human Services; HIPAA Security Rule to Strengthen the Cybersecurity of Electronic PHI

HIPAA Security Rule Notice of Proposed Rulemaking to Strengthen Cybersecurity for Electronic Protected Health Information, **Fact Sheet**, On December 27, 2024

HHS Website

Author's Note: I'd like to thank Marilyn Monahan, Ted Flittner and Ted Mayeshiba for their assistance with this article. Marilyn can be reached at marilyn@monahanlawoffice.com, and Aditi Group can be reached through their website at aditigroup.com, or by email at info@aditigroup.com, Ted.Flittner@aditigroup.com; Ted.Mayeshiba@aditigroup.com. I can be reached at dmcciu@advancedbenefitconsulting.com. You can register for our updated HIPAA Privacy & Security Training at www.advancedbenefitconsulting.com/privacytraining. It's available on March 18 in Anaheim and April 23 in Santa Fe Springs (in-person training only – offering both approved HRCI credit for Human Resources and DOI agent CE credit (applied for).

NABIP Capitol Conference 2025

The 2025 NABIP Capitol Conference was held in Washington, DC on February 23-25, 2025. CAHIP-OC sent their largest delegation in many years to lobby the NABIP message to our Congressional leaders. You can read the Talking Points on page 32. Rather than detail the agenda, due to limited space this issue, we wanted to instead provide readers with a photo gallery of the conference. More photos can be found on the CAHIP-OC website.

Left: California wins state legislative award. Matt, Sarah, Congressman Louis Correa, Maggie and Luis (middle). Right: Juan, Dorothy, Ailene and Sue at Young Kim's office.



Barbara, Cathy, Mitch Heidenreich, Legislative Director for Congressman Dave Min (right), OCAHU's Matt Fletcher sits on Medicare Panel (far right)



More Lobbying, and the Group enjoys Old Ebbitt's Grille for Lunch between Capitol Meetings.



Legal Briefs, continued from page 10

preservation services are considered a basic health care service.

In addition, the DMHC has posted on its website a notice of an initial 45-day comment period for the proposed regulation, "Provider Directories." The proposed regulation would add section 1300.67.27 of Title 28 of the California Code of Regulations. The comment period ran from January 10, 2025, through February 24, 2025. What is the reason for the proposed regulation? In 2015, the legislature enacted SB 137, which requires insurers and HMOs to publish and maintain a directory of contracting providers. (See Health and Safety Code section 1367.27 and Insurance Code section 10133.15.) The bill also requires the DMHC and CDI to develop uniform provider directory standards for health plans. This mandate is separate and apart from the provider directory provisions in the federal CAA, and only applies to insurers and HMOs. A bill to amend the applicable statutes was introduced in the legislature last year—AB 236—but it did not pass.

MUNICIPALITIES: HIGHLIGHTS

San Francisco: Health Care Security Ordinance (HCSO): The HCSO Annual Reporting Form is due to the Office of Labor Standards Enforcement (OLSE) by April 30th.

San Francisco: Paid Parental Leave Ordinance: In addition to updating the mandatory poster, the OLSE offered a workshop to explain how to comply with the ordinance, which has been posted on-line.

San Francisco: Pregnancy and Family Leave Ordinance: OLSE recently co-sponsored a workshop for employers with the California Civil Rights Department and the California Employment Development Department to help employers understand their obligations with respect to employee Pregnancy and Bonding leave. The materials will be posted on-line.

##

For More Information on the HIPAA Security Proposed Rules and HIPAA Reproductive Rights Rules, see Dorothy Cociu's Feature article, beginning on page 5.



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<http://www.nabip.org/membership-resources/lprt-leading-producers-round-table>



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Work Address (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

City, State, Zip _____ Phone _____ Fax _____

Home Address (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

City, State, Zip _____ Phone _____ Fax _____

Contact Email Address _____ Local Chapter _____

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month +	Diamond	\$1,000 - \$2,499	\$84/month +
Emerald	\$500 - \$719	\$42/month +	Double Diamond	\$2,500 - \$4,999	\$209/month +
Sapphire	\$720 - \$999	\$60/month +	Triple Diamond	\$5,000+	\$417/month +

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC. YOUR NAME, AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

PAYMENT METHOD (attach check or select method below)

Payment Method	Card or Account #	Exp. Date	Security Code	Monthly Amount	One-Time Contribution
Check Enclosed					\$
Visa/MC/Amex				\$	\$
Auto-checking withdrawal	PLEASE ATTACH A VOIDED CHECK			\$	

Bank Draft / Credit Card Authorization: I (we) hereby authorize the CAHIP PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. Monthly contributions will continue to be drawn until CAHIP PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.

Signed: _____ Date: _____

Please return this PAC Commitment Form to:
Mail: CAHIP PAC 1127 11th Street, Suite 210 Sacramento, CA 95814
Questions: (800) 322-5934



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30

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CAHIP-OC PARTNERSHIP CONTACT: YIRA COLEMAN, 310.753.9818
ycoleman@coastalpayroll.com



Health For All

Providence Medicare Advantage Plans is proud to be a Silver Sponsor of CAHIP-OC. Together, we aim to support and foster collaboration among professionals in the healthcare field along with offering community focused care dedicated to what really matters.

To learn more about Providence Medicare Advantage Plans, contact your local Broker Managers
Michael Corcoran Michael.Corcoran@Providence.org
Pete Pacheco Pete.Pacheco@Providence.org

HIPAA Updates, Continued from Page 8

ality, integrity, and availability of its ePHI;

- Implement a risk management plan to address and mitigate security risks and vulnerabilities identified in their risk analysis;
- Develop a process to evaluate any environmental or operational changes that affect the security of ePHI;
- Develop, maintain, and revise as necessary, its written policies and procedures to comply with the HIPAA Rules; and

Distribute any updated HIPAA policies and procedures to its workforce.

The resolution agreement and corrective action plan may be found at: <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/usr-holdings-llc-ra-cap/index.html>

On February 20, 2025, HHS Office for Civil Rights Imposed a \$1,500,000 Civil Money Penalty Against Warby Parker in HIPAA Cybersecurity Hacking Investigation. This was a *Cyberattack that resulted in unauthorized access to the protected health information of nearly 200,000 individuals.*

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced a \$1,500,000 civil money penalty against Warby Parker, Inc., a manufacturer and online retailer of prescription and non-prescription eyewear, concerning violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security

Rule, following the receipt of a breach report regarding the unauthorized access by one or more third parties to customer accounts.

In December 2018, OCR initiated an investigation following receipt of a breach report filed by Warby Parker. The report stated that in November 2018, Warby Parker became aware of unusual, attempted log-in activity on its website. Warby Parker reported that between September 25, 2018, and November 30, 2018, unauthorized third parties gained access to Warby Parker customer accounts by using usernames and passwords obtained from other, unrelated websites that were presumably breached. This type of cyberattack is often referred to as “credential stuffing”. In September 2020, Warby Parker filed an addendum to its December 2018 breach report, updating the number of individuals affected by the breach to 197,986. The compromised ePHI included customer names, mailing addresses, email addresses, certain payment card information, and eyewear prescription information.

OCR’s investigation found evidence of three violations of the HIPAA Security Rule, including a failure to conduct an accurate and thorough risk analysis to identify the potential risks and vulnerabilities to ePHI in Warby Parker’s systems, a failure to implement security measures sufficient to reduce the risks and vulnerabilities to ePHI to a reasonable and appropriate level, and a failure to implement procedures to regularly review records of information system activity. ##



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At Covered California for Small Business, we provide flexible health plan options that fit the unique needs and budgets of small businesses and their employees. Our plans grow with your business, ensuring relevant and cost-effective coverage. Choose Covered California for Small Business to care for your employees, retain top talent, and support your businesses success.

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Insurance companies vary by region.



CAHIP-OC 2024 Annual Report

Income

Dues	\$10,156
Corporate Sponsorships	\$34,074
Monthly Meeting Registration	\$20,928
Continuing Education Day	\$8,964
Annual Sales Symposium	\$42,120
Senior Summit	\$23,000
PAC Contributions	\$198
Charitable Events	\$184,455
COIN Newsletter Advertisements	\$750
Miscellaneous Income	\$0
Interest Income	\$4
<i>Total Income</i>	\$324,649

Cost of Sales

Monthly Meetings	\$17,163
Charitable Contributions	\$177,356
Continuing Education Day	\$8,832
Annual Sales Symposium	\$19,046
Senior Summit	\$0
<i>Total Cost of Sales</i>	\$222,397

Expenses

CAHIP-OC Administration / General Chapter Management	\$44,957
Membership & Recruitment	\$3,648
Legislative Activities	\$12,002
Conferences / Education	\$30,901
<i>Total Expenses</i>	\$91,508

CAHIP-OC Board of Directors and Staff 2024-2025

Contact Information



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admin@cahipoc.org

Membership has its “Awards”

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 (LPRT), you will have the recognition of your peers for being one of the top performers in our business. LPRT 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 Roundtable) for more information on how you can qualify for this exclusive membership.

MEMBERSHIP NEWS - NEW MEMBERS

JILLIAN URBAN

More Capitol Conference 2025 Photos



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 22 for board roster)

**Many ways to
join!**

Visit our website at
www.cahipoc.org





YOUR INSURANCE BUSINESS AND PLANNING FOR THE FUTURE

1-HOUR CE | Course: 384584

Craig Gussin
Retire with Renewals



Tuesday | Mar 11, 2025
11:00 AM to 1:00 PM
Brea Community Center | 695 Madison Way | Brea 92821
cahipoc.org



Join Us For This
Informative CAHIP-OC
Luncheon!

Retire with Renewals

Tuesday, March 11,
2025

11 am to 1 pm

Brea

Community Center

695 Madison Way

Brea, CA



Retire *with* Renewals

Retire With Renewals helps educate health insurance agents about their business, their plan options for whenever they consider retirement, or if they pass away suddenly.

We share with them stories about what happened to other agents with and without a plan in place. What could happen if you had a long-term unexpected disability before you plan to retire, a premature death or if you decide that you would like (or need) to work less?

Most health insurance agents have no written plan in place. They are not incorporated, they don't think about their future, such as how the business will run if they are not there, and who will take over for them if they can't. We ask them to think about it for themselves, their family (if they have one) their business, their employees (if they have employees), their clients, their future income for them and their family. How do they see their business functioning if they are not there?

Have they ever discussed this with their CPA, Attorney, spouse (if they have one), with their employees or maybe another agent they know who may be in a similar situation?

What would they want if they decided to retire or work less, and what compensation would they like to receive?

Retire With Renewals has been working with health insurance agents in CA for over 15 years. We educate health insurance agents and share with them what to consider, so they would be able to **Retire With Renewals**.

Please attend the CAHIP-OC meeting on March 11th and learn more about your business and planning for the future.

Craig Gussin, CLU, DIF

Phone 858-658-0405

craig@rwagency.com



CAHIP OC Sales Symposium 2025 – A Day of Insight, Innovation, and Inspiration

By: Sarah Knapp

CAHIP-OC President-Elect and Sales Symposium Chair

The 2025 CAHIP Sales Symposium proved to be an extraordinary event, bringing together health insurance professionals for a day of learning, networking, and growth. This year's symposium explored the powerful connections between nutrition, lifestyle, and the insurance sector, with a focus on how these areas intersect to improve health outcomes and reduce healthcare costs.

Throughout the day, attendees heard expert speakers discuss the impact of nutrition and lifestyle on health, emphasizing a holistic approach and the key role insurance plays in promoting healthier living. Discussions focused on how insurance professionals can empower clients to make healthier choices, reduce healthcare costs, and foster a culture of well-being, while also exploring innovative strategies for driving wellness and industry success.

In addition to the keynote sessions, the symposium offered numerous opportunities for attendees to engage with exhibitors and sponsors. These interactions were invaluable, providing participants with the chance to explore new products and services that can help drive growth in their businesses. Exhibitor sessions featured innovative solutions that reflect the latest trends and advancements in the health and insurance fields, giving attendees fresh tools and ideas to stay competitive in the ever-evolving industry.

A big thank you to the sponsors and exhibitors whose support made the event a success. Their contributions are invaluable in driving innovation within the health and insurance industries, and we encourage attendees to continue leveraging these partnerships for future growth and success.

The 2025 CAHIP Sales Symposium was a remarkable event filled with insightful discussions, valuable networking, and a renewed commitment to supporting well-being through smarter insurance solutions. We look forward to seeing everyone at next year's symposium! ##



*More Photos on
Page 34!*

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:
 - o Candidate Account
 - o 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 31!**

**Note: CAHIP PAC contribution form can be
found on page 22!**



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 2025 Federal Legislative Priorities

The **National Association of Benefits and Insurance Professionals (NABIP)** represents over 100,000 health insurance agents, brokers, general agents, consultants, and benefits specialists. We are committed to ensuring affordable, equitable, and high-quality healthcare for all Americans.

Agents and brokers play a vital role within our communities. We simplify health plan selection by providing local, friendly assistance and year-round expertise to individuals, families, seniors, and employers. We help clients understand their coverage and use their policies effectively to achieve better health outcomes.

Professionals in the Individual, Family, & Senior Insurance Space

- Support a wide range of consumers in finding the right coverage, including the self-employed, early retirees, Medicare enrollees, individuals at small businesses which don't offer benefits, and those between jobs.
- Help consumers navigate drug formularies and provider directories to find coverage options that best meet their unique healthcare needs.
- Spend significant time assisting clients in resolving healthcare issues year-round.
- **Consumer access to this critical guidance is at risk**, as insurance carriers eliminate agent compensation for select Medicare and Marketplace plans.

Professionals in the Employer-sponsored Insurance Space

- Trusted partners to businesses of all sizes, assessing benefit options tailored to their unique workforce needs and ensuring regulatory compliance.
- Advocates for employers, helping to keep premiums affordable and enhance plan benefit offerings.
- This coverage is essential to a company's ability to attract and retain top talent through competitive benefits.

Statistics

- **More than 3 in 4 ACA Marketplace enrollees** and **Medicare beneficiaries** count on agents and brokers to help them select a policy.^{1,2} **88% of America's small businesses** also depend on us to navigate employee benefit options.³
- Over **153 million Americans** rely on access to convenient, high-quality, and affordable health care through their employers.⁴
- Most agents have **10+ years of healthcare experience**, hold accredited certifications, and complete ongoing education to provide expert, up-to-date guidance to clients.

The Issues

Pass the Popular, Bipartisan Healthcare Package from the 118th Congress

- Codify **telehealth** benefits for High Deductible Health Plans and Medicare.
- Advance **PBM reforms** and **site-neutral payments** by passing the Lower Costs, More Transparency Act (H.R. 5378, previously passed by the House with strong support).
 - o Requires PBMs to provide employers semi-annual reports on drug spending, rebates, and fees, increasing transparency in the supply chain.
 - o Grants employers audit rights to verify contract fairness and cost accuracy in contracts between PBMs and plans.

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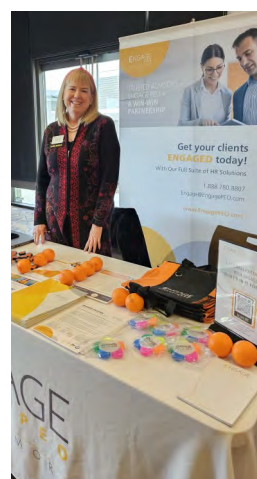
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CAHIP-OC Annual Sales Symposium Photos



*More Sales
Symposium Photos
on pages 4 & 29*



SALES SYMPOSIUM EVENT PARTNERS

CAHIP-Orange County Would Like to Thank the Following Companies for Their
Generous Partnership Support and Attendance!

KEYNOTE SPEAKER



LUNCH



REGISTRATION BAGS



GRAND PRIZE



BINGO CARD



REGISTRATION TABLE



ORANGE COUNTY CAHIP PRESENTS



Denim & Diamonds

Women in Business Luncheon & Fashion Show

FRIDAY • MAY 30, 2025

9:30AM - 2:00PM

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NEW HOPE
GRIEF SUPPORT
COMMUNITY**



**BALBOA BAY RESORT
1221 WEST COAST HIGHWAY | NEWPORT BEACH, CA 92663**

QUESTIONS: ADMIN@CAHIPOC.ORG

***NABIP Cap Conference Talking Points, continued
from page 28***

o Site-neutral payments help lower healthcare costs.

Protect Preferred Tax Treatment for Healthcare

Extend ACA Marketplace **Premium Tax Credits** (PTCs) for nearly 20 million middle-income individuals and families, while implementing appropriate guardrails.⁵ o Health Care Affordability Act has been reintroduced by Sen. Shaheen (D-NH) and Rep. Underwood (IL-14) (*S. 46, H.R. 247*).

- Preserve **tax incentives for employer-sponsored benefits** that help over 153 million Americans access healthcare. Avoid tax increases through reconciliation.

- Extend the **Small Business Healthcare Business Deduction** for companies with fewer than 25 employees, supporting independent agents and small business owners.

Medicare: Defend Access to Critical Guidance & Coverage for Seniors

- New legislation: Establish a **second Part D Annual Election Period**

(AEP) and require advance notice for agent compensa-

tion changes. o NABIP supports a one-time switch for Part D beneficiaries, mirroring Medicare Advantage (MA), allowing plan changes if the formulary shifts midyear.

o MA and Part D insurance carriers have cut agent commissions for specific plans during the recent AEP, with no advanced notice, with carriers steering seniors to plans that the carriers prefer.

o NABIP seeks to work with lawmakers to protect seniors' access to independent guidance when selecting the best plan, ensuring no agent compensation changes after October 1, when consultations are permitted to begin.

- Reintroduce COBRA as Creditable Coverage legislation. o Medicare Enrollment Protection Act (*H.R. 8217 in 118th Congress*) allows seniors to transition from COBRA to Medicare without lifetime penalties for late enrollment in Parts B and D. The bill had 7 bipartisan sponsors across 3 committees. ##

See Capitol Conference Photos Throughout This Issue of The COIN!



SAVE THE DATE
SEPTEMBER 9, 10, 11, 2025

**Mark your calendars
to attend this important
Medicare Senior Summit**



**3 full days of Review 2026 Benefits,
Guest Speakers, Educational Classes,
Panel Discussions, Exhibits and lots more!**

Pechanga Resort Casino in Temecula, California

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**A Special Message to our
Corporate Sponsors:**

As we enter a new year, the CAHIP-OC Board of Directors wish to reflect on the successful 2024 year for our association. A large part of that success was because of you, our Corporate Sponsors.

Thanks so much for all of the support you give us throughout the year.

Please know how much we truly appreciate you! Happy 2025!

The CAHIP-OC Board of Directors

Don't Forget

March Meeting

March 11, 2025, Brea Community Center

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](#)!

Don't Forget CAHIP-OC's Upcoming Events!

March 11, 2025

March Monthly Meeting

April 21, 2025

*CAHIP-OC Charity Golf
Tournament*

May 30, 2025

Women in Business



More Capitol Conference Photos

Lobbying on the hill and a break in-between for lunch!



MONAHAN
LAW OFFICE

Happy 15th Birthday, ACA!

The Affordable Care Act turns 15 on March 23rd. Let's celebrate the ACA hitting 15 by getting to know the ACA better, and the Monahan Law office can help.

The Monahan Law Office offers a range of ACA compliance services:

- Section 4980H and IRS Forms 1094/1095 compliance
- Letter 226J appeals
- Training and webinars
- Translation of legalese into layperson terms
- Health with employee questions and communications

The Monahan Law Office brings two decades of mastery to the table, adeptly navigating ERISA, ACA, COBRA, HIPAA, and CAA regulatory requirements. Let us be your benefits resource. Let us help you solve your compliance conundrums.



Marilyn A. Monahan | Monahan Law Office
4712 Admiralty Way, #349, Marina del Rey, California 90292
(310) 989-0993 | marilyn@monahanlawoffice.com

NAHU Professional Development



Are you new to the industry? Do you want to brush up on new concepts?
Do you have employees who need training? Do you want to be an expert on industry topics so you can educate your clients?
NAHU can help....

NAHU has an Online Learning Institute and offers courses in a variety of areas that can help you be successful. NAHU members receive a discount on enrollment of up to 30%. Some of the course work and certificates are listed below, but there are many more options on the website. For more information on courses and enrollment, visit the NAHU website at <http://nahu.org/professional-development/courses>.

- Registered Employee Benefits Consultant (REBC)
- Single-Payer Healthcare Certification
- Account-Based Health Plans Certification
- Benefit Account Manager Certification
- Diversity, Equity and Inclusion in the Modern Workplace
- Health Insurance 101
- Self-Funded Certification
- HIPAA Compliance Training



1 PRO Apply is the simplest and quickest way for employees to enroll in a plan.

2 We have new features that allow for user-friendly interaction, easier renewals and more.

3 You will no longer have missing applications.

4 Groups are installed quicker and cleaner by the carrier, which means faster access to care for employees.

5 Employees can enroll securely — anywhere, anytime.

6 Using PRO Apply results in:
- 62% fewer missing requirements
- 95% fewer keying errors
- 100% fewer errors due to illegible handwriting

7 Most groups can be set up in 30 minutes.

8 You can monitor your groups' enrollment progress on a friendly dashboard.

9 Employees can call a dedicated toll-free hotline if they have questions.

10 The total cost to the group for PRO Apply: nothing!

10 Reasons Why Your Clients Should Use PRO Apply

To set up your groups, call Warner Pacific at (800) 801-2300.

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- 15 -



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/CAHIPOC/>



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



<https://twitter.com/orangecountyvahu?lang=en>



Don't Forget to Register...

Monthly Meeting March 11

Charity Golf Tournament April 21

Women in Business May 30

Register at: www.cahipoc.org

Hold The Date

Senior Summit

September 9-11, 2025

Pechanga Resort, Temecula

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





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!**

28th Annual Charity Golf Classic

TAKE A SWING FOR THE CURE

For the benefit of the Cystic Fibrosis Foundation
Southern California - Orange County Chapter

21 APRIL 2025 || 9:30 AM AT ALISO VIEJO COUNTRY CLUB

www.cahipoc.org





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Don't miss our upcoming events!



UPCOMING EVENTS

MARCH MEMBERSHIP MEETING - MARCH 11, 2025

CAHIP-OC CHARITY GOLF TOURNAMENT - APRIL 21, 2025

CAHIP CAPITOL SUMMIT— MAY 12-14, 2025

WOMEN IN BUSINESS—MAY 30,2025

Visit our website for more details

www.cahipoc.org

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