VOLUME 18, ISSUE 6 MAY/JUNE 2024

NABIP 2023 Gold Certified

# COIN

NABIP 2023 Pacesetter Award

COUNTY OF ORANGE INSURANCE NEWS

## *Workplace Violence... Is It Becoming The Norm, Or Can It Be Prevented?*

California's SB 553 Goes Into Effect on July 1, 2024

CAHIP Orange County


## ALSO IN THIS ISSUE:

# Health plans that fit every business.

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

**Choose Better. Choose Kaiser Permanente.**

KAISER PERMANENTE® | Business

# TABLE OF CONTENTS

*Thank you for being a part of CAHIP-OC!*

## What's Inside



CAHIP Orange County

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

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

# PRESIDENT'S MESSAGE

*By: John Evangelista, LPRT*

Where has the time gone? It seems like I was just starting my term as your CAHIP-OC President, and now, it's just a few short months and a couple of events and I will bid my farewell in this role. It has been an amazing learning and growing experience and I highly encourage you leaders out there to put your hat in the ring to join this amazing board and really make a difference in so many ways. It has been an honor and a privilege to serve all of you.

We recently hosted our annual charity golf tournament benefitting Cystic Fibrosis research and the pursuit of a cure. Our Chapter has hosted this event for 27 years straight and we have collectively raised close to half a million dollars. The proceeds from this fun event make a difference in the lives of those living with CF more than you can imagine. I enjoyed seeing you all there. A good time was had by all!

We will then be transitioning into our May meeting which is our annual member appreciation event, our new, incoming board election, and a fabulous presentation by Kristine Eagan from Geo Blue to educate us on international travel insurance, just in time for vacation and travel season. This is a one-hour CE approved course and a must-attend meeting to make sure that you are educated on providing value solutions to your valued clients.

To wrap up this term, we will then host our famous one-of-a-kind annual celebration of women in business event at the Balboa Bay Resort in Newport Beach. This is the 21st annual event and will be held on Friday, May 31st. This amazing event has generated in excess of $500,000 to benefit the very important services and programs from New Hope Grief Community Foundation. This is a can't miss event with a full day of recognition, testimonials, fund raising, networking, and fun for all. I hope to see you all there.

You the member and our partner sponsors are the reason we are so committed to our mission. In retrospect, looking back at our last year, I feel we have accomplished so much in delivering value with cutting edge CE courses and topics. We co-sponsored the annual senior summit at Pechanga with approximately 800 in attendance. Maggie Stedt has done an amazing job continuing to grow and build this event to deliver valuable industry-leading education and content. We then kicked off the chapter's year with our CE day and a full panel of carriers, we delivered CE courses in October and November, followed up with our inaugural Newport Beach back bay harbor cruise with a full boat with almost 150 in attendance. That was a really fun and festive event. In addition, toys and gift cards were collected to donate to local children's charities.

January was our annual legislative update, to get us up to date with upcoming state and federal bills that we keep on our radar to ensure we are advocating for our members and our industry. That was followed up with our annual sales symposium held in Lake Forest, with over 230 in attendance. We had excellent keynote speakers, CE courses, and carrier networking that delivered a fabulous day for all.

Finally, all of these accomplishments can only be made possible with the wholehearted and enthusiastic support and contributions of our truly amazing board members and our executive director Gail James-Clarke. For that, I am grateful and forever in your debt.

Our sponsors and partners throughout the year deserve a major shout out and thank you for supporting so many programs and events. Your partnership with our chapter allows us to grow our programs, deliver quality events, and support the important advocacy for all. For that, I thank you from the bottom of my heart.

Thank you all! I bid you farewell and all the best. It's been a great year!

Most Sincerely,

*John*

John D. Evangelista, LPRT

President, CAHIP-OC, 2023-2024

# *Feature Article:* Workplace Violence… Is It Becoming The Norm, Or Can It Be Prevented?

## *SB 553 Effective July 1, 2024*

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

It's the middle of the afternoon and you're having a really good day at work. You turned in your report that resulted in high praise earlier, you closed a huge sale and you and your team just received a very loud, standing ovation at your staff meeting. Everyone seems happy. There are smiles all around; the atmosphere is positive and invigorating, and you've never been so happy in the workplace. What more could you ask for? Perhaps the answer to that question could be simply to feel safe.

Your company has grown significantly, and you can no longer have staff meetings in a training or conference room. You are in the open in the warehouse, which is the only place large enough to gather the entire warehouse day shift, office/administration staff, sales and all other personnel. As the applause begins to dissipate, there is a loud series of pop-pop-pop sounds followed by screams of terror, and everyone begins running, but no one knows where to run to. Eyes are filled with horror and tears, and people are literally shoving and pushing others to get to an exit. There are people lying on the floor being trampled, and there are large warehouse shelving units and cabinets that are toppled over and inventory is crashing onto people before hitting the floor.

Everyone appears to be in shock, and no one knows what to do. After a few seconds it begins to register that *something really bad is happening*. Then you hear people screaming "Shooter" and then more shots are heard, closer this time. You see people with splatters of something red on their clothing as they run by, and you realize that it must be blood. You instinctively turn toward the direction they are running from and you see something that should only be seen in a movie, but instead, it's right in front of you. Four people are lying on the floor, injured or possibly worse. Then you see the barrel of a very large gun coming from around the corner and out into the open toward you. You watch in what appears to be slow motion and you see the gun being fired, and it's aiming in your direction. At that point, it all becomes a blur, as you feel something hit your leg and your body begins to shake as the pain surges through you. Before you black out, you see images of your family flash before your eyes….

Most of us think of our top two priorities in life as our family and our jobs. Both should be safe and secure, and both should be filled with a healthy combination of joy, frustration and stress. We all hope that the joy far outweighs the frustration and stress. But what happens when somewhere we are all supposed to feel safe turns into a place of chaos and trauma, violence and disaster?

### *Workplace Violence & Workplace Violence Plans*

What is Workplace Violence? As taken from the Cal-OSHA website, Per Labor Code section 6401.9, "workplace violence" is defined as any act of violence or threat of violence that occurs in a place of employment. This includes, but is not limited to, the following:

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- The four types of workplace violence defined in Labor Code section 6401.9.

Why is all of this so important now? As stated on the Cal-OSHA website, On September 30, 2023, **California Senate Bill 553 (Cortese)** was signed into law and California Labor Code section 6401.9 will be in effect and enforceable on July

*Continued on page 13*

# Anthem Blue Cross is proud to sponsor Orange County Association of Health Underwriters

Anthem is an industry leader in the Medicare market, offering innovative plans that help improve the lives of the Medicare population we serve.

As your local Anthem expert, I can answer your questions about Certification and Training, and provide the tools and support you need to sell our Medicare plans and grow your business in 2022. Contact me to learn more!

**Michael Roberts**
**(949) 230-2572**
**michael.s.roberts@anthem.com**

Anthem

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Broker Use Only

---

## Mark Your Calendars and Register For:

***May Annual Meeting, Lake Forest Community Center, May 7, 2024***

***Women In Business, May 31, 2024, Balboa Bay Club***

***Senior Summit, August 20-22, 2024, Pechanga Resort***

***Register Now at www.ocahu.org!***

## Elevate Your Benefits Expertise

Monahan Law Office brings two decades of mastery to the table, adeptly navigating ACA, ERISA, HIPAA, COBRA, CAA, NSA, and RxDC regulatory requirements.

- Stay steps ahead in the dynamic benefits landscape.
- Translate legalese into clear strategies for your clients.
- Gain helpful guidance to enhance your brokerage's reputation.

"Marilyn's personable approach, deep expertise, and ability to translate legal-speak into layperson's terms make her invaluable. We frequently leveraged her for in-house training and client webinars, too. I highly recommend!" - Brokerage client

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

MONAHAN LAW OFFICE


## Slate of Officers—CAHIP-OC Board of Directors 2024-2025

| | |
|---|---|
| **President** | **Barbara Ciudad, HealthEquity** |
| **President-Elect** | **Sarah Knapp, Colonial Life** |
| **Immediate Past President** | **John Evangelista, Colonial Life** |
| **VP of Communications** | **Dorothy Cociu, RHU, REBC, Advanced Benefit Consulting** |
| **VP of Finance** | **Juan Lopez, JRL Benefit Solutions** |
| **VP of Legislation** | **Hugo Corntinez, Health Net** |
| **VP of Membership** | **Haley Mauser, Optavise** |
| **VP of Political Action (PAC)** | **Cathy Daugherty, HIP** |
| **VP of Professional Development** | **Gabriella Bellizzi, Word & Brown** |

### *General Board Members*

**Member Retention: David Ethington, integrity Advisors**
**Medicare/Senior Summit: Maggie Stedt, CSA, LPRT, Stedt Insurance Services**
**NABIP Education Foundation: Patricia Stiffler, LPRT, Options in Insurance**
**Vangard: John Austin: CHOICE Administrators**
**Social Media & Public Affairs: Ailene Dewar, Engage PEO**
**General Board Member: Linda Madril, Independent Agent**

**Open Positions: Awards, Diversity, Equity & Inclusion, Sponsorship**

***See Photo Graphics Pages 11 and 36!***

# COIN COMPLIANCE CORNER

*What Agents and Your Clients Need to Know!*

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

## Legal Briefs

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

**FEDERAL: HIGHLIGHTS**

***2023 IRS Forms 1094/1095*:** In the last issue of C.O.I.N., we talked about the applicable deadlines for furnishing and filing the 2023 IRS Forms 1094/1095. But what happens if you miss the deadlines? Unsurprisingly, the IRS has the power to impose penalties. Importantly, the penalties are lower if you act sooner rather than later to fix the problem.

For forms that are due in 2024, if the employer is not more than 30 days late, the penalty is **$60** per form. If the employer is 31 days late but complies by August 1st, the penalty is **$120** per form. After that, the penalty is **$310** per form. (These same penalty amounts also apply if the employer furnishes and files the forms on time, but the forms are not complete or are incorrect.) If the employer intentionally disregards its obligation to furnish and file, the penalty is **$630** per form. The employer may be able to request relief from the penalties if it can show that the failure was due to reasonable cause and not willful neglect.

***FAQ About Affordable Care Act Implementation Part 66***: On April 2, 2024, the Departments (Treasury, Labor, and Health and Human Services) issued another in a series of FAQs to assist stakeholders with the implementation of the Affordable Care Act (ACA). The guidance provided in FAQ Part 66 only applies to non-grandfathered individual and small group insured plans subject to the ACA requirement to provide "essential health benefits" (EHBs). Under the guidance, the Departments explain that newly issued regulations require plans to treat prescription drugs in excess of those covered by a state's EHB-benchmark plan as EHBs. As a result, these benefits are also subject to EHB protections, such as annual limits on cost sharing and the prohibition on lifetime and annual limits.

What about large group and self-funded plans? FAQ Part 66

*Continued on page 9*

## HIPAA/HHS/OCR Updates

I only have one update for you this issue.

On February 22, 2024, **the HHS' Office for Civil Rights Settled a Second Ever Ransomware Cyber-Attack.** *OCR settled a ransomware investigation that affected over 14,000 individuals.*

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), announced a settlement under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) with Green Ridge Behavioral Health, LLC, a Maryland-based practice that provides psychiatric evaluations, medication management, and psychotherapy. OCR enforces the HIPAA Privacy, Security, and Breach Notification Rules, which sets forth the requirements that HIPAA covered entities (most health care providers, health plans, and health care clearinghouses) and their business associates must follow to protect the privacy and security of protected health information. The settlement resolves an investigation following a ransomware attack that affected the protected health information of more than 14,000 individuals. Ransomware is a type of malware (malicious software) designed to deny access to a user's data, usually by encrypting the data with a key known only to the hacker who deployed the malware, until a ransom is paid. This marks the second settlement that OCR has reached with a HIPAA regulated entity for potential violations identified during an investigation following a ransomware attack.

"Ransomware is growing to be one of the most common cyber-attacks and leaves patients extremely vulnerable," said OCR Director Melanie Fontes Rainer. "These attacks cause distress for patients who will not have access to their medical records, therefore they may not be able to make the most accurate decisions concerning their health and well-being. Health care providers need to understand the seriousness of these attacks and must have practices in place to ensure patients' protected health information is not subjected to cyber-attacks such as ransomware."

In February 2019, Green Ridge Behavioral Health filed a breach report with OCR stating that its network server had been infected with ransomware resulting in the encryption of company files and the electronic health records of all patients.

*Continued on page 20*

*Legal Briefs, Continued from page 8*

states that the Departments will address the issue in future rulemaking. The current intent is to align these plans with individual and small group plans.

***Short-Term, Limited-Duration Insurance and Independent, Noncoordinated Excepted Benefits Coverage: Final Rules***: On

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

April 3, 2024, the Departments issued final rules (1) amending preexisting regulations on short-term, limited-duration insurance (STLDI) and (2) mandating a notice requirement for fixed indemnity insurance.

First, regulations issued in 2018 defined STLDI as coverage with an initial term that is less than 12 months, but with renewals or extensions may be in effect up to 36 months. The new rule defines an STLDI as coverage which has "an expiration date . . . that is no more than 3 months after the original effective date of the policy, certificate, or contract of insurance, and taking into account any renewals or extensions, has a duration no longer than 4 months in total." Further, polices cannot be "stacked"—in other words, a carrier (including other carriers within the same control group) cannot issue a series of policies within a single 12-month period in an attempt to circumvent the 4-month limit.

The STLDI regulations contain a few more important details. A mandatory **notice**—in 14-point type—must be included on the first page of the policy; the regulations include the notice language to be used. Also, the Departments noted that many STLDI policies are sold through associations. The preamble to the regulations explains that "the provisions of these final rules apply to STLDI sold to or through associations." Finally, these rules generally take effect for coverage periods beginning on or after **September 1, 2024**.

Notwithstanding the changes to the federal rules, it is important to remember that California law places greater limits on the sale of STDLI policies. Under an amendment to the Insurance Code that went into effect January 1, 2019, health insurers may not "issue, amend, sell, renew, or offer a policy of short-term limited duration health insurance in this state." For this purpose, an STLDI policy is defined as "health insurance coverage provided pursuant to a health insurance policy that has an expiration date specified in the policy that is less than 12 months after the original effective date of the coverage."

The final rules also address fixed indemnity insurance products. For plan years beginning on or after **January 1, 2025**, with respect to hospital indemnity or other fixed indemnity insurance, new **notice** requirements must be met for both individual and group policies. The regulations contain the notice language to be used—and posted on the first page of the policy, in 14-point type. The goal of the notice is to ensure enrollees do not confuse the fixed indemnity coverage with a comprehensive health insurance policy.

In the proposed regulations that were originally issued, the Departments raised a number of other issues in connection with the sale and marketing of fixed indemnity products. Ultimately, these issues were not addressed in the final rules, but we can expect more regulatory guidance in the future.

***Section 4980H Payments:*** The IRS has already announced the section 4980H(a) and (b) penalties for 2025--and they are decreasing (a first)! For 2025, the 4980H(a) penalty is **$2,900** and the 4980H(b) penalty is **$4,350**.

***RxDC Reporting****:* As we explained in more detail in the last issue of the C.O.I.N., this new mandate—added by the Consolidated Appropriations Act, 2021 (CAA)—is an annual reporting requirement. The report for the 2023 calendar year is due by **June 1, 2024** (even though this date falls on a weekend, they have not announced an extension). The obligation to report falls on both employers and issuers, and applies to employers whether or not their plan is fully insured or self-funded, small group or large group, grandfathered or non-grandfathered.

If the issuer files all the necessary data on behalf of an employer with a fully insured plan, the employer will have satisfied its reporting obligations. But if the issuer does not file all the required data, the employer remains legally obligated to file the missing information. If the employer receives a survey from its issuer asking for certain data that the issuer will need in order to complete the filing, and the employer does not timely complete that survey, the employer will have to provide the missing information to CMS on its own.

If the employer has a self-funded plan, it should coordinate with its service providers—TPAs, ASOs, and PBMs—to determine who will file the necessary data on the employer's behalf (more than one service provider may assist in this process). The employe remains legally obligated to ensure the filing is complete and timely.

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

*Continued on page 10*

*Legal Updates, Continued from Page 9*

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

***Form 5500***: Do not forget that the Form 5500 must be filed by the last day of the 7th month after the end of the plan year. For calendar year plans, that means that this year the Form 5500 must be filed by **July 31, 2024**.

***Summary Annual Report (SAR)*:** Do not forget that the Summary Annual Report (SAR) must be distributed by the last day of the 9th month after the end of the plan year (**September 30** for calendar year plans that did not request an extension of time to file their Form 5500).

***COVID-19 and High Deductible Health Plans (HDHPs)****:* This is a reminder that some of the benefits that were introduced during the COVID-19 pandemic are still in effect but due to expire (unless Congress decides to extend them). Some of these benefits impact health savings account (HSA) eligibility. And, some of the benefits that employees enrolled in HDHPs may now take for granted, may be running out, and that could impact their eligibility to make HSA contributions. IRS Publication 969 highlights some of the key changes implemented during the pandemic, which ones are running out, and what their impact is on the ongoing administration of HSAs, health FSAs, and HRAs. Some examples follow:

*High Deductible Health Plans (HDHPs), Testing, and Treatment:* Under IRS guidance, if a plan reimburses a participant for COVID-19 testing or treatment received without a deductible, or with a deductible below the minimum deductible (self-only or family) for an HDHP, the plan participant will not lose HSA eligibility. This relief was originally announced in 2020. In IRS Notice 2023-37, the IRS announced that this relief will only apply with respect to plan years ending on or before December 31, 2024. The same Notice 2023-27 reminds us that, as of July 24, 2023, the preventive care safe harbor does not include screening (such as testing) for COVID-19 for HSA eligibility purposes.

*HDHPs and Telehealth*: The 2023 Consolidated Appropriations Act extends through plan years beginning in 2023 and 2024 the telehealth relief originally provided in the CARES Act, so telehealth benefits paid below the statutory deductible limit for HDHPs will not affect HSA eligibility. For calendar year plans, this relief will apply through the end of 2024.

*Personal Protective Equipment (PPE):* The IRS explained in Announcement 2021-7 that PPE—such as masks, hand sanitizer, and sanitizing wipes—for the primary purpose of preventing the spread of COVID-19 may be reimbursed through health flexible spending arrangements (health FSAs), Archer medical savings accounts (Archer MSAs), health reimbursement arrangements (HRAs), or HSAs, if the plan permits it. A plan amendment may be necessary.

***Cybersecurity:*** Under the Employee Retirement Income Security Act of 1974 (ERISA), the employer, as the plan administrator, is typically deemed a plan fiduciary of employer-sponsored health and welfare plans. Increasing attention is being given to whether employers are satisfying their fiduciary obligations when administering their health and welfare plans. One of the areas that employers should focus on is cybersecurity. In the event of a Department of Labor (DOL) audit, the Department will undoubtedly ask about the employer's cybersecurity practices. (This ERISA mandate is separate from any HIPAA Security Rule policies and procedures the employer may have in place.)

A little background. In response to a 2021 Government Accountability Office (GAO) report, the DOL issued three guidance documents on cybersecurity:

- "Cybersecurity Program Best Practices"
- "Tips for Hiring a Service Provider with Strong Cybersecurity Practices"
- "Online Security Tips" (for participants)

In addition, ERISA's record retention regulations contain provisions which emphasize the employer's obligation to ensure the integrity, accuracy, authenticity, and reliability of the plan's electronic records—and setting up a strong cybersecurity policy is an essential part of satisfying that mandate. Implementing and maintaining effective cybersecurity policies and procedures applies not only to the employer's records and systems, but to the records and systems of any service provider the employer retains as well. This year—which also marks ERISA's 50th birthday—is a good year for employers to turn their attention to ensuring they are satisfying their fiduciary obligations under ERISA, including the implementation of good cybersecurity practices.

**CALIFORNIA: HIGHLIGHTS**

***SB 553 – Workplace Violence:*** Under the terms of SB 553, most employers must establish, implement, and maintain a detailed written Workplace Violence Prevention Plan by **July 1, 2024**. SB

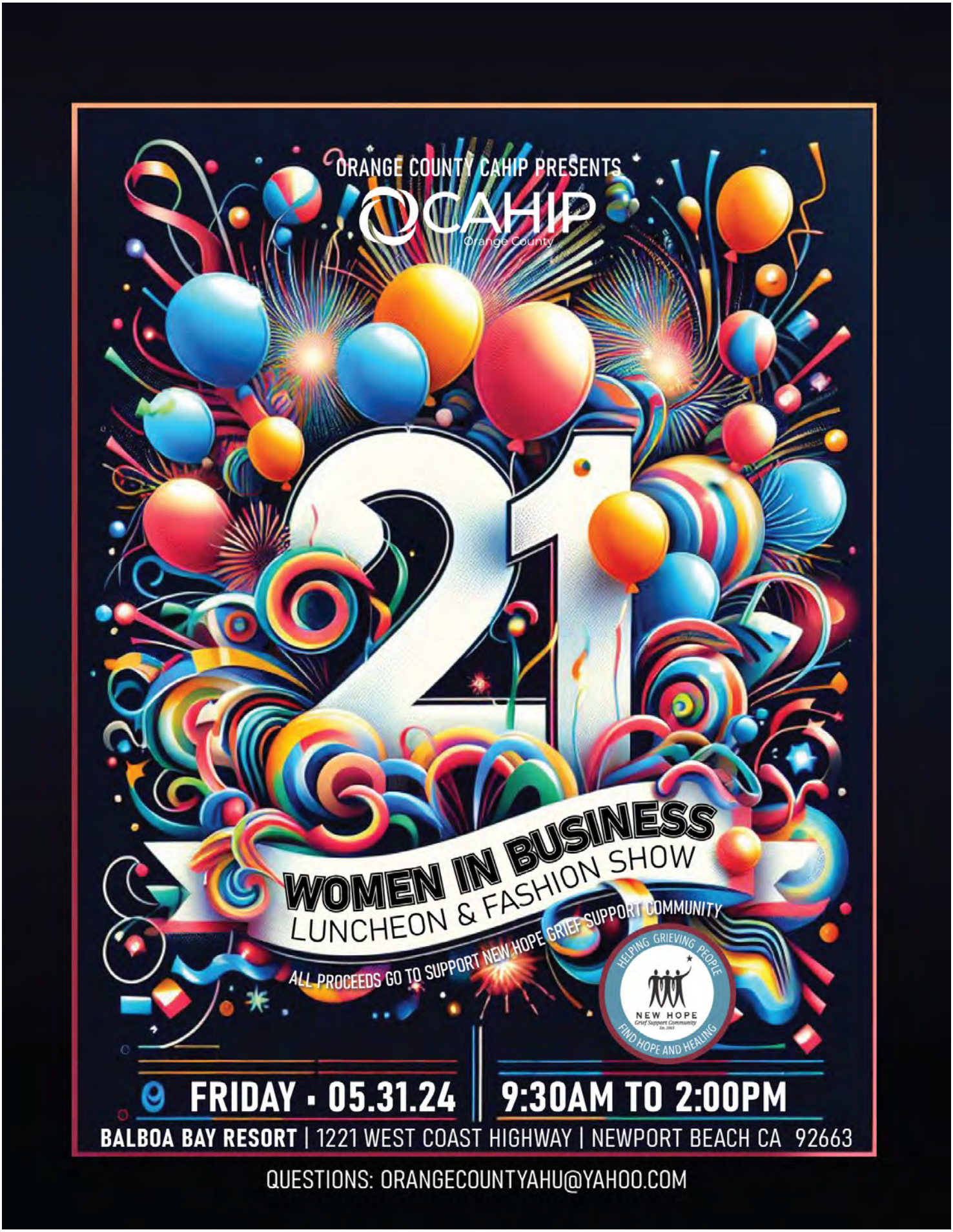
*Continued on page 12*

# CAHIP-OC Golf Tournament Photos

*More Photos can be found on pages 19, 24 & 35.*




*Executive Board Only; General Board Members Page 36*


ORANGE COUNTY CAHIP PRESENTS
CAHIP
Orange County
21
WOMEN IN BUSINESS
LUNCHEON & FASHION SHOW
ALL PROCEEDS GO TO SUPPORT NEW HOPE GRIEF SUPPORT COMMUNITY
HELPING GRIEVING PEOPLE
NEW HOPE
Grief Support Community
FIND HOPE AND HEALING
FRIDAY • 05.31.24
9:30AM TO 2:00PM
BALBOA BAY RESORT | 1221 WEST COAST HIGHWAY | NEWPORT BEACH CA 92663
QUESTIONS: ORANGECOUNTYAHU@YAHOO.COM

*Feature Article, Workplace Violence, Continued from Page 5*

1, 2024. Employers that fall within the scope of this law must establish, implement, and maintain an effective written Workplace Violence Prevention Plan that includes but is not limited to the following:

- Identifying who is responsible for implementing the plan
- Involving employees and their representatives
- Accepting and responding to reports of workplace violence and prohibit employee retaliation
- Communicating with employees regarding workplace violence matters
- Responding to actual and potential emergencies
- Developing and providing effective training
- Identifying, evaluating, and correcting workplace violence hazards
- Performing post incident response and investigations

### *Categories of Workplace Violence*

Unfortunately, these scenarios, as well as overall violence in the workplace, have become far too common. There are four categories of workplace violence, according to the National Institute for Occupational Safety and Health: 1) Criminal Intent; 2) Customer/Client; 3) Worker-on-Worker, and 4) Personal Relationship, which overwhelmingly targets women.

I was shocked when I read some of the statistics on workplace violence while researching for this article. Assaults resulted in 57,610 injuries in the workplace in 2021-2022, according to the National Safety Council (NSC). In 2022, 525 fatalities due to assault were reported, according to ***Injury Facts.*** Every year, according to NSC, thousands of American workers report having been victims of workplace violence. Certain industries, including health, service providers and education, are more prone to violence than others. OSHA reports that taxi drivers, for example, are more than 20 times more likely to be murdered on the job than other workers. The Centers for Disease Control and Prevention (CDC)'s National Institute for Occupational Safety and Health (NIOSH) reports that in 2020, health care and social assistance workers had an incidence rate of 10.3 out of 10,000 full-time workers) for injuries resulting from assaults and violent acts by others. The rate for nursing and personal care facility workers was 21.8. According to the NSC, assault is the fifth leading cause of workplace deaths.

### *Active Shooter v Other Workplace Violence*

The deadliest situations of course involve an active shorter. The US Department of Homeland Security defines an active shooter as someone "actively engaged in killing or attempting to kill people in a confined and populated area."

The US Bureau of Labor Statistics states that 20,050 workers in the private industry experienced trauma from nonfatal workplace violence in 2020, which required days away from work. Of these victims who experienced trauma from workplace violence, 73% were female, 62% were aged 25 to 54, 76% worked in the healthcare and social assistance industry, and 22% required 31 or more days away from work to recover, and 22% involved 3 to 5 days away from work. That same Bureau reports that 392 US workers were workplace homicide victims in 2020 that died from homicide. Of those, 81% were men, 44% were aged 25 to 44, 28% were Black and 18% Hispanic.

According to The Economics Daily (TED) of the Bureau of Labor Statistics, the five occupational groups with the most workplace homicides in 2020 were sales and related (92), transportation and material moving (51), management (29), construction and extraction (20), and production (18). Nonfatal workplace intentional injuries by another person that required at least one day away from work in 2020, included 18,690 in Service, 8,590 in Healthcare Practitioners and Technical, 5,470 in Education instruction and libraries, 1,560 in transportation and material moving, and 1,360 in management, business or financial areas.

The statistics are overwhelming, but we care mostly about how it affects us, our workplace and our lives.

Cal-OSHA has posted this on their website: "According to the latest data, in 2021, 57 working people died from acts of workplace violence in California. In the United States, an average of 1.3 million nonfatal violent crimes in the workplace occurred annually from 2015 to 2019. For further details see Indicators of Workplace Violence, 2019 (published 2022)."

I recently spoke with Michael Julian, CEO from ALIVE Active Shooter Survival Training Program, MPS Security and Protection and National Business Investigations, Inc. and Tony Clubb, Active Shooter Master Trainer from ALIVE Active Shooter Survival Training Program about workplace violence and active shooter situations. Michael was a guest on my

*Continued on page 14*

*Feature Article, Workplace Violence, Continued from Page 13*

Benefits Executive Roundtable podcast this past season (S5 E16) and was very passionate about protecting workers from active shooter situations, and how common they have become, particularly when comparing to a decade ago, which mirror some of the statistics stated above.

"There are roughly 2 million victims of workplace violence annually in the United States Each year," stated Michael. "According to Safety and Health Magazine 'over the last six years of the study period, workplace violence-related deaths rose 11%, from 409 in 2014.' In addition, we have seen a steady rise in the number of active shooter incidents over the last 20+ years. From 2000 through 2019, there were 333 active shooter incidents in the US. From 2020 through 2022, there have been 151.'"

Workplace violence can happen in any city, any state, any type of workplace. All you need is a disgruntled current or former employee or a family member of such, and extenuating circumstances which cause that person to take drastic measures.

***California's SB 553- Workplace Violence Prevention***

California is leading the nation (no surprise there) with legislation (SB 553) set to go into effect on July 1, 2024, which includes massive requirements for workplace violence training, logging and other tedious requirements. Although I'll be discussing the upcoming California state legislation, the same circumstances may happen in whatever state you are in, regardless of whether or not you have state laws to help educate or prevent certain activities.

***Workplace Violence Plans and California's SB 553***

I asked Michael Julian how other states are responding to workplace violence in general and if they have or expect to have similar laws to CA's SB 553 in the near future.

"There are currently no other states mandating such stringent workplace violence prevention laws as SB 553," Michael replied, "but California is somewhat of a trend-setter in areas like this, so most states will begin to follow suit by implementing similar laws."

So how comprehensive is SB 553? I asked Michael about this and some of the requirements he felt employers aren't and won't be ready for by the July 1, 2024 deadline. "SB 553 requires organizations to develop a Workplace Violence Prevention Plan, establish effective training, maintain a Violent Incident Log, investigate incidents, and retain records for specific lengths of time. I think the infrastructure the organization has in place will determine which component will cause an organization the most trouble. For example, a larger organization with HR resources in place may have the most trouble getting their staff the required training annually. The training must be interactive, and the employees need to be able to ask questions. On the other hand, a smaller organization may find it easier to give the training to their staff but may struggle with the more technical parts such as developing the WVPP with input from employees/bargaining units, completing the physical security audit and providing the active shooter training."

Are most California employers ready to implement SB 553? "I think organizations that have a fully staffed HR department or have an HR firm providing consultation, are probably moving in the right direction. However, it appears that many businesses that do not have these resources currently in place are unaware of the requirements this legislation mandates," stated Michael.

I also asked our Benefits Attorney, Marilyn Monahan, the same. "I suspect many employers are not prepared. Cal-OSHA is working to get the word out, and so are many law firms, HR consultants, and other service providers. And we do know that many employers have gotten the message and are starting to work on implementation. However, the law is sweeping in its application, and I would not be surprised if many employers—especially those who do not have a lot of resources available to them—are unaware or unprepared for implementation."

Implementation is always the key to law enactment and enforcement. This law is wide-reaching and will require a tremendous amount of management and Human Resources labor hours to understand and implement.

"This new law will add a massive amount of new work to many HR departments that are already overtaxed, especially if they try to create and implement what is necessary to fulfill these new requirements themselves," stated Tony Clubb. "They will have three choices; completely create everything from scratch themselves, obtain a package of



*Continued on Page 15*

*Feature Article, Workplace Violence, Continued from Page 14*

templated documents and the training presentation to complete and deliver themselves, or hire an outside consultant to do all the work for them, which could be quite expensive."

Marilyn Monahan was concerned about the complexities of the law and made these comments: "Employers need a written workplace policy, and there are numerous steps involved in putting the policy together. For example, they have to develop procedures to obtain the active involvement of employees and authorized employee representatives in developing and implementing the policy. Once the policy is written, they have to implement it. An important part of implementation is mandatory training. To start the process, Cal-OSHA has issued a model policy. While the model policy is a helpful starting point, it must be tailored to address the specific circumstances of the employer's workplace—and for employers with multiple facilities, that means multiple policies or procedures. The law also includes detailed record-keeping requirements."

The Cal-OSHA Model policy and related documents can be found at: https://www.dir.ca.gov/dosh/Workplace-Violence.html.

***What Employers Must Know; Even Those Who Don't Believe it Could Happen to Them***

In my recent podcast interview with Michael Julian (Benefits Executive Roundtable, S5 E16) we talked in detail about workplace violence, active shooter situations and the reality of today's world, as well as the inability or unwillingness of some employers to actually perceive that events like active shooters could happen in their workplace. I asked Michael in the podcast, and again recently for this article, if he thinks most employers are equipped to handle an active shooter situation. "No," said Michael, absolutely. "A small percentage of employers have implemented proper physical security apparatus to harden themselves as a target or provided adequate active shooter response/survival training. Per statistics published on Zippia.com, 'Although 62% of companies view an active shooter as a top threat, as many as 79% of businesses report feeling unprepared for an active shooter, meanwhile, 61% of these companies do not run any proactive active shooter preparedness drills or training for their employees.'"

If the unthinkable happens, there are things an employer should know to do immediately after an Active Shooter is known to be on the premises. I asked Tony Clubb to walk us through those first critical steps.

"Previous to any type of catastrophic violent event, all employees should be trained on the appropriate way to respond to such an event," stated Tony. "Employers and employees should follow these steps upon learning of the presence of an active shooter:

- ASSESS the situation to determine which of the following next steps are appropriate and call 911 immediately.
- If possible, LEAVE the danger zone as quickly and safely as possible, notifying others of the danger.
- If leaving is not possible, attempt to IMPEDE the killer's ability to get to you by creating time and space.
- If no other option is available, commit to VIOLENCE against the killer to neutralize the threat.
- When you believe the threat is over, EXPOSE your position carefully. There may still be a threat, and law enforcement will not know who the threat is so they may treat you as one."

Can the risk of an active shooter be minimized or prevented? Are there steps that can be taken to decrease your risk of an active shooter? I asked Michael what he thought the five best things an employer can do to minimize the risk of an active shooter, if that's at all possible. Michael didn't even hesitate or have to think about it when I asked. "An employer must…

- Provide effective training to staff on how to prepare for and respond to an incident.
- Ensure your site is hardened by making it difficult for someone to gain unauthorized access and setting up safe rooms where staff can shelter in place.
- Ensure resources are available for staff that are struggling, ensure they know how to utilize them, and ensure they know how to refer people to them.
- Establish an effective reporting system that allows staff to remain anonymous if they choose.
- Develop a timely process to investigate reports of workplace violence or concerns for workplace violence."

*Continued on Page 16*

*Feature Article, Workplace Violence, Continued from Page 15*

None of that sounds easy and it all sounds very time-consuming and stressful for the employer; particularly their HR Department. Does SB 553 apply to all employers or are there employers who are exempt from the law? Marilyn Monahan advised "Exempt employers include: health care facilities that are in compliance with an existing mandate that they have a workplace violence policy in place; employees teleworking from a location of the employee's choice, which is not under the control of the employer; and places of employment where there are less than 10 employees working at the place at any given time and that are not accessible to the public, if the places are in compliance with existing rules on Injury and Illness Prevention Programs."

Michael Julian and Marilyn Monahan provided me with a list of the types of exempted employers for SB 553 requirements:

- Health care facilities, service categories, and operations covered by Section 3342 of Title 8 of the California Code of Regulations.
- Employers that comply with Section 3342 of Title 8 of the California Code of Regulations.
- Facilities operated by the Department of Corrections and Rehabilitation, if the facilities are in compliant with Section 3203 of Title 8 of the California Code of Regulations.
- Employers that are law enforcement agencies that are a "department or participating department," as defined in Section 1001 of Title 11 of the California Code of Regulations and that have received confirmation of compliance with the Commission on Peace Officer Standards and Training (POST) Program from the POST Executive Director in accordance with Section 1010 of Title 11 of the California Code of Regulations. However, an employer shall be exempt pursuant to this subparagraph only if all facilities operated by the agency are in compliance with Section 3203 of Title 8 of the California Code of Regulations.
- Employees teleworking from a location of the employee's choice, which is not under the control of the employer.
- Places of employment where there are less than 10 employees working at the place at any given time and that are not accessible to the public, if the places are in compliance with Section 3203 of Title 8 of the California Code of Regulations.

***Workplace Violence Prevention Implementation, Training & Resources***

Whether the employer is in California and must meet the SB 553 requirements or is located in another state, most of the things discussed in this article would be relevant (other than those specific requirements of SB 553) to any employer, anywhere. Whether you're in California or not, but want to address the possibility of workplace violence and create a plan on what to do if the unthinkable happens, human resources departments, which are already spread too thin, probably aren't going to be able to do this on their own. Nor would their executives want them to. These are complex issues and preparation is exhaustive. If you have to or want to implement a workplace violence prevention program, an easy place to start is at the Cal-OSHA website, where they have posted Fact Sheets and have created model prevention plan samples, depending on industry. You can find these at: https://www.dir.ca.gov/dosh/Workplace-Violence.html

However, it's important to keep in mind, these are just models. I asked Marilyn if she had words of caution or advice for employers when using the government-provided models. "The guidance and the models are a good starting point, but more work will have to be done. Employers may need to work with outside counsel, an HR consultant, or a workplace safety consultant in order to put an effective and compliant policy in place."

I also asked if Marilyn would have any recommendations for employers when determining whether to try to do the implementations themselves in-house or hire outside experts. Marilyn recommended: "As is the case with any service provider, compare experience, references, and cost to ensure the employer is retaining the services of a competent and effective partner in this process."

I also asked Tony what they would recommend. "If an employ-

*Continued on page 17*

er has adequate resources in-house, they should use them," stated Tony. "If not, for something as serious as workplace violence prevention, we recommend using consultants with the appropriate expertise and experience to address this issue."

***The Aftermath***

The actual event is only the beginning for some. Often it involves ongoing medical care and therapy, grief counseling, treatment/counseling for post traumatic stress or depression or survivor guilt syndrome, just to name a few.

*… You open your eyes and realize everything is a bit blurry. You feel groggy and heavily medicated. Then you begin to realize that you're in a hospital. Why am I here, you ask yourself? Then you begin to recall. Work, people running, scared, gun, pain and then… nothing. You passed out from the pain and blood loss from a gunshot wound to the leg. You look down and are relieved to see that your limbs seem to be in tact, but your leg is heavily wrapped with something and is elevated. You can't quite process it yet.*

The nurse, who had been doing work on a monitor by the cabinet a few feet from you, now turns to you and speaks. "You're awake," she states. "It's ok. There was an incident, you were hurt, but you're better now. You had surgery." She goes on to explain that you were shot in the leg, and although you lost a lot of blood, they were able to surgically repair your leg, but you should be prepared for some long-term therapy and a somewhat long road to recovery.

"My family," you reply in a soft and raspy voice you don't recognize. "Are they ok? Do they know? Are they afraid? I have to talk to them!"

"It's ok," says the nurse calmingly. "They are here. That's a big-hearted bunch out there. You've got family, friends and co-workers out there, all worried about you. I'll go out and let them know you're awake and talking, and soon I can let them in to see you, two at a time."

"Wait," you ask, "the others? Is everyone ok? I saw… I saw blood, and a gun, and a shooter… Did everyone make it? Is everyone ok? What happened?"

The nurse's face suddenly looks sad. "You were one of the lucky ones. You were shot in the leg… Others weren't so lucky. I'm afraid there were some casualties, and a lot more injuries. We'll fill you in later, after you've been able to see some family. Sound good? I'll be right back."

As soon as the nurse leaves the room, it all begins to come back to you, and you start to feel overwhelmed, frightened, and very sad. But you're full of questions and simply overwhelmed. Who died? Who is also injured? Who was the shooter, and why did he do this? Just as you start to cry, the smiling faces of your wife and your daughter run into the room to greet you. You fight back the tears, and open your arms for them…

Three months later, you still aren't back to work, as the intense physical therapy for your leg injury continues. You tried working remotely from home, but you just can't seem to concentrate. You have also been seeing a therapist about your post-traumatic stress disorder and your survivor's guilt, which developed after you discovered nine people died that day, and three were your friends. 17 others were injured, and 11 still haven't returned to work. Your company offered an employee assistance program and brought in special counselors, but it just hasn't been the same.

…

The violent event may be over, but the recovery will take much more than surgery to heal. The emotional part of workplace violence will be with you for the rest of your life, and it's after the event, that's where the real work begins.

Employers may want to consider, both inside California where required and out, if they've done enough to prevent this type of thing from happening, and how they should prepare and train their employees. Maybe some prevention steps could decrease the likelihood, and if it does happen, decrease the number of casualties and injuries. We all want to feel safe at our jobs.

##

***Author's Note:*** I'd like to thank Marilyn Monahan, Monahan Law Office, Michael Julian and Tony Clubb from ALIVE Active Shooter Survival Training Program, MPS Security and Protection and National Business Investigations, Inc. for their assis-

*Continued on Page 22*

California Agents and Health Insurance Professionals Political Action Committee
2520 Venture Oaks Way, Ste 150
Sacramento, CA 95833
FPPC # 892177

# CAHIP PAC CONTRIBUTOR COMMITMENT FORM

Last Name _____ First Name _____ Middle _____

Occupation (Required for FPPC reporting purposes) _____

Employer (If self employed, name of business; Required for FPPC reporting purposes) _____

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 _____

**Women In Business Celebration, 2024!!!**

**By: Pat Stiffler, WIB Chair-person**

## 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 2520 Venture Oaks Way, Ste 150, Sacramento CA 95833
Fax: (916) 924-7323 • Questions: (800) 322-5934

## Women In Business Celebration, 2024!

***By: Pat Stiffler, CAHIP-OC WIB Chairperson***

Our annual Celebration of Women in Business Fashion Show and Luncheon will be held on Friday, May 31 at the Balboa Bay Resort. Doors open at 9:30 so our guests can browse our excellent vendors and peruse our amazing raffle baskets.

All proceeds will benefit New Hope Grief Support Community,

Since this is our 21st year, our theme this year is 21st Birthday. Be sure to wear your fancy daytime party attire!

This year in addition to our Pop the Cork, we will have Tap the Tequila. For a $20 donation you can choose between red wine, white wine or tequila. Or all three!! They are al valued at $25 or more.

Our Grand Prize is a $4000 AAA travel gift card. You can use that for any travel you like. You can plan a wonderful family get together, travel to one of your bucket list places, or just use it throughout the year for weekend getaways!

Thank you to all our sponsors who help make this CAHIP Orange County's biggest event.

Hope to see you there!

Pat Stiffler
WIB Chairperson
##



*Juan Lopez, CAHIP-OC Golf Tournament Chair*

*More Golf Tournament Photos Can Be Found on Pages 11, 24 & 35!*

## *CAHIP-OC Once Again Congratulates Pinnacle Award Winner 2024*

## *CAHIP-OC Past President MaryAnna Trutanich!*

*HIPAA Updates, Continued From Page 10*

OCR's investigation found evidence of potential violations of the HIPAA Privacy and Security Rules leading up to and at the time of the breach. Other findings included that Green Ridge Behavioral Health failed to:

- Have in place an accurate and through analysis to determine the potential risks and vulnerabilities to electronic protected health information;
- Implement security measures to reduce risks and vulnerabilities to a reasonable and appropriate level; and
- Have sufficient monitoring of its health information systems' activity to protect against a cyber-attack.

Under the terms of the settlement, Green Ridge Behavioral Health agreed to pay $40,000 and implement a corrective action plan that will be monitored by OCR for three years. The plan identifies steps that Green Ridge Behavioral Health will take to resolve potential violations of the HIPAA Privacy and Security Rules and to protect electronic protected health information, including:

- Conducting a comprehensive and thorough analysis of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information;
- Designing a Risk Management Plan to address and mitigate security risks and vulnerabilities found in the Risk Analysis;
- Reviewing, and as necessary, developing, or revising its written policies and procedures to comply with the HIPAA Rules;
- Providing workforce training on HIPAA policies and procedures;
- Conducting an audit of all third-party arrangements to ensure appropriate business associate agreements are in place, where applicable; and

Reporting to OCR when workforce members fail to comply with HIPAA.

***

Ransomware and hacking are the primary cyber-threats in health care. Over the past five years, there has been a 256% increase in large breaches reported to OCR involving hacking and a 264% increase in ransomware. In 2023, hacking accounted for 79% of the large breaches reported to OCR. The large breaches reported in 2023 affected over 134 million individuals, a 141% increase from 2022.

OCR recommends health care providers, health plans, clearinghouses, and business associates that are covered by HIPAA take the following best practices to mitigate or prevent cyber-threats:

- Reviewing all vendor and contractor relationships to ensure business associate agreements are in place as appropriate and address breach/security incident obligations.
- Integrating risk analysis and risk management into business processes; and ensuring that they are conducted regularly, especially when new technologies and business operations are planned.
- Ensuring audit controls are in place to record and examine information system activity.
- Implementing regular review of information system activity.
- Utilizing multi-factor authentication to ensure only authorized users are accessing protected health information.
- Encrypting protected health information to guard against unauthorized access.
- Incorporating lessons learned from previous incidents into the overall security management process.

Providing training specific to organization and job responsibilities and on regular basis; and reinforcing workforce members' critical role in protecting privacy and security.

The resolution agreement and corrective action plan may be found at: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/green-ridge-behavioral-health-ra-cap/index.html

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

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

HHS has developed guidance to help covered entities and business associates better understand and respond to the threat of ransomware. The fact sheet may be found here: https://www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf?language=es

##

**Special Thanks to Our Corporate Sponsors! See page 33!**

*Legal Briefs, Continued from Page 10*

553 was signed by the governor last year, but the effective date was delayed. Despite the extra time, employers have a lot of work to do before July 1. The terms of the bill are codified in Labor Code section 6401.9.

Cal/OSHA has set up a webpage to help employers navigate compliance: https://www.dir.ca.gov/dosh/Workplace-Violence/General-Industry.html According to Cal/OSHA, "employers that fall within the scope of [the] law must establish, implement, and maintain an effective written Workplace Violence Prevention Plan that includes but is not limited to the following":

- Identifying who is responsible for implementing the plan
- Involving employees and their representatives
- Accepting and responding to reports of workplace violence and prohibit employee retaliation
- Communicating with employees regarding workplace violence matters
- Responding to actual and potential emergencies
- Developing and providing effective training
- Identifying, evaluating, and correcting workplace violence hazards
- Performing post incident response and investigations

Cal/OSHA has issued a "Model written Workplace Violence Prevention Plan for General Industry (Non-Health Care settings)," but this is only a starting point for the work that needs to be done. Employers may need to retain outside service providers for help getting them into compliance.

**MUNICIPALITIES: HIGHLIGHTS**

***San Francisco: Health Care Security Ordinance (HCSO) and Fair Chance Ordinance (FCO):*** Employers subject to the HCSO or the FCO must file their annual report with the Office of Labor Standards Enforcement by **May 3 2024.**

Editor's Note: CAHIP-OC wishes to thank Marilyn Monahan for her bi-monthly legal updates. She can be reached at *marilyn@monahanlawoffice.com*

*Feature Article, Workplace Violence Continued from Page 17*

tance with this article. Marilyn can be reached at: marilyn@monahanlawoffice.com. Michael can be reached at: mjulian@investigations-nbi.com, or Michael Julian, CPI PPS CSP, CEO, at 866-624-8050 x26, and Tony Clubb can be reached at: tclubb@aliveactiveshooter.com. Michael and Tony offer A.L.I.V.E. Active Shooter Survival Training Program at: **www.ActiveShooterSurvivalTraining.com**

***Reference Sources:***

Cal OSHA website and California Department of Industrial Relations Division of Occupational Safety & Health, Fact Sheet, Workplace Violence Prevention in General Industry (Non-Health Care Settings)- Information for Employees; California Department of Industrial Relations Division of Occupational Safety & Health, Fact Sheet, Workplace Violence Prevention in General Industry (Non-Health Care Settings)- Information for Employers; Cal-OSHA's Workplace Prevention Model Plan, available at: https://www.dir.ca.gov/dosh/Workplace-Violence/General-Industry.html. Other reference Sources Mentioned in this Article: https://www.nsc.org/workplace/safety-topics/workplace-violence#:~:text=Every%20year%2C%20thousands%20of%20American,according%20to%20Injury%20Facts%C2%AE. https://www.cdc.gov/niosh/topics/violence/fastfacts.html

TED: The Economics Daily, US Bureau of Labor Statistics, Workplace Violence: Homicides and nonfatal Intentional Injuries by Another Person in 2020, November 21, 2022

US Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH) website

NSC Injury Facts, Assault at Work Federal Agencies Release Joint Study on Workplace Violence, July 21, 2022, Bureau of Justice Statistics, Department of Justice, Fast Facts


***Don't Forget…***

## *Women In Business 2024*

***May 31, 2024***

***Balboa Bay Club***

# Enroll more. Earn more.

## Learn how Medicare can grow your business.

AetnaMedicare.com

aetna™ medicare solutions

**You can offer more to your customers with Aetna Medicare. And grow your bottom line.**

**Contact me to learn how.**
**Nikki Valdes**
**714-493-1332**
**ValdesN@aetna.com**

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).**
Prior to engaging in the sale of Aetna Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale.

aetna®


72.23.021.1 (3/21)

www.aetna.com

# CAHIP-OC Golf Tournament Photos


*More Photos Pages 11, 19 & 35*

# CAHIP-OC Legislative Report; 2024 Healthcare Bills

***By Dave Benson,***

***CAHIP-OC Vice President, Legislation***

As we enter the second year of a 2-year legislative session in Sacramento, some bills that were introduced in 2023 are back for consideration by the legislature, along with some new bills. The CAHIP Legislative Committee is tracking thirty-five healthcare bills in 2024. The CAHIP Legislative Committee recommends positions of support, support if amended, watch, or oppose on each bill. From a political standpoint, the opportunity to sit down with the Bill's Author and discuss amendments to the bill is much greater when we take a support if amended position versus an opposed position. Here is a summary of the top bills we are tracking this year.

**AB 4** CAHIP supports AB 4 as amended 7-13-23 which would authorize Covered CA to begin the work of implementation needed to ensure people not otherwise eligible due to immigration status can enroll in health coverage equivalent to what is available through Covered CA. This will bring California closer to our goal of universal coverage without the need to enact single payer.

**AB 236** CAHIP is closely Watching AB 236 which requires health plans to annually audit and delete inaccurate provider listings, and subjects' health plans to administrative penalties if it fails to meet prescribed benchmarks for accuracy. The bill further requires a health plan to provide information about in-network providers to enrollees and insureds upon request and limits the cost-sharing amounts an enrollee is required to pay for services from those providers.

**AB 892** CAHIP is Watching AB 892 which specifies that all entities controlled, owned, administered, or funded by the Kern County Animal Hospital Authority are subject to transparency laws. As the closure of Madera Community Hospital has shown, the loss of public hospitals and medical facilities can strain already limited health care resources and further restrict access to care in California's most disadvantaged communities.

**AB 2028** CAHIP opposes this bill. This bill requires a health care service plan or health insurer that issues, sells, renews, or offers a specialized dental health care service plan contract or specialized dental health insurance policy to comply with a minimum medical loss ratio of 85% and to provide a specified rebate to an enrollee or insured.

**AB 2180** CAHIP supports this bill. This bill would require a health care service plan, health insurance policy, or pharmacy benefit manager that administers pharmacy benefits for a health care service plan or health insurer to apply any amounts paid by the enrollee, insured, or another source pursuant to a discount, repayment, product voucher, or other reduction to the enrollee's or insured's out-of-pocket expenses toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health care service plan contract or health insurance policy.

**AB 2200** CAHIP opposes this bill. This bill under the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

This bill would eliminate the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program.

There is no funding mechanism included with this bill. The projected annual cost is more than five hundred million dollars. The projected annual budget for the State of California is less than half of the projected cost for this single payer healthcare system.

**AB 2435** CAHIP supports this bill. This bill would extend the authority of the Covered California Executive Board to adopt necessary rules and regulations by emergency regulations until January 1, 2030, and would extend the authority of the Office of Administrative Law to approve more than two readoptions of emergency regulations until January 1, 2035. This bill would provide that these prescribed time extensions apply to a regulation adopted before January 1, 2025.

**AB 2668** CAHIP supports this bill. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to cover cranial prostheses as defined, for individuals experiencing permanent or temporary medical hair loss. The bill would require a licensed provider to prescribe the cranial prosthesis for an individual's

*Continued on Page 32*

# CAHIP-OC Board of Directors and Staff 2023-2024

Contact Information

## *EXECUTIVE BOARD*

**PRESIDENT**
John Evangelista, LPRT
*Colonial Life*
Tel: (949) 452-9206
John.evangelista@coloniallifesales.com

**IMMEDIATE PAST-PRESIDENT**
Patricia Stiffler, LPRT
*Options in Insurance*
Tel: (714) 695-0674
keystonepatty@aol.com

**VP of COMMUNICATIONS & PUBLIC AFFAIRS**
Dorothy Cociu, RHU, REBC
*Advanced Benefit Consulting*
Tel: (714) 693-9754
dmcociu@advancedbenefitconsulting.com

**VP of FINANCE/SECRETARY GOLF CHAIR**
Juan Lopez
*Colonial Life / AGA*
Tel: (714) 357-0600
Juan.lopez1@me.com

**VP of LEGISLATION**
David Benson, LUTCF
*DCB Insurance Services*
Tel: (949) 272-2120
david@dcbins.com

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

**VP of POLITICAL ACTION**
Cathy Daugherty
*BAIS Insurance*
Tel: (818) 865-6800
cathy@baisins.com

**VP of PROF DEVELOPMENT**
Ciaran O'Neill Patrick
*Patrick & Patrick Insurance Services*
ciaran@patricandpatrickinsurance.com

**EXECUTIVE DIRECTOR**
Gail James Clarke
*Gail James Association Mgmt.*
Tel: (714) 441-8951, ext. 3
orangecountyahu@yahoo.com

## *GENERAL BOARD MEMBERS*

**AWARD/HISTORIAN**
Sarah Knapp
*Colonial Life*
Tel: (949) 463-8383
sarah.knapp@coloniallifesales.com

**MEMBER RETENTION**
Linda Madril
*MIB Benefit Plans*
Tel: (949) 230-4210
madril@westerndental.com

**SPONSORSHIP**
Louis Valladares
*Applied General Agency*
Tel: (714) 348-0255
lvalladares@appliedga.com

**SENIOR SUMMIT CHAIR**
Maggie Stedt, CSA, LPRT
*Stedt Insurance Services*
Tel: (949) 492-8234
mstedt@stedtinsurance.com

**VANGUARD**
John Austin
*CHOICE Administrators*
Tel: (714) 542-4200
Jaustin@choiceadmin.com

**SOCIAL MEDIA**
Ailene Dewar
*Engage PEO*
*Tel: (714) 393-2297*
adewar@engagepeo.com

## *Why Get Involved in CAHIP-OC?*

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

**Mark Your Calendars for CAHIP-OC's**

## Women in Business Celebration

**May 31, 2024**

**Balboa Bay Club**

## Medicare Summit

**August 20-24, 2024**

**Pechanga Resort**

**CE Day 2024 Coming in September! Stay Tuned!**

# 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 (LRPT), you will have the recognition of your peers for being one of the top performers in our business. LRPT members also receive discounts on many NAHU services and meetings. There are exclusive LPRT-only events held as well.

The qualification categories are:

- **Personal Production:** Business written by a single producer.
- **Carrier Representatives:** An employee of an insurance carrier working with producers.
- **Agency:** Management of a general agency or agency.
- **Carrier Management:** Carrier/home office sales managers, directors of sales and vice president sales Visit NAHU.org go to Membership Resources > LPRT (Leading Producers Roundable) for more information on how you can qualify for this exclusive membership. ##

# MEMBERSHIP NEWS

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

**Steven L. Harriman**

**Robert Bruce Hutchins, Jr.**

**Hugo Cortinez**

**Marisela Fimbres**

**Jason Grimm**

**Paras Bengco**

# *Interested in Joining? Many ways to join:*

- **Contact our Membership Team:**

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

***Agency Memberships Now Available!***

**Talk to a Board Member**

*(see page 26 for board roster)*

JOIN CAHIP-OC

# NABIP Update: CMS Releases Final Medicare Advantage Rule

On Thursday, April 4, the Centers for Medicare and Medicaid Services (CMS) released the much-anticipated final rulemaking titled "Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contract Year 2024 – Remaining Provisions and Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program…" This rulemaking was expected to address several critical topics, including agent compensation and FMO funding and compensation.

NABIP's lobbying over the past several months has paid off in the final rule by allowing FMOs to contract with carriers to continue to provide the services essential to allowing agents to successfully place beneficiaries in the plan that best suits their needs. It also increases the agent compensation base rates per enrollee by $100. Additionally, CMS will be eliminating administrative payments for prescription drug plans (PDPs), in favor of increasing their base rate by $100. Each renewal will result in agents and brokers receiving compensation equal up to 50 percent of the compensation rate, resulting in MA and PDP enrollees' agents and brokers receiving up to $50 more per enrollee renewal.

CMS claims that this practice will achieve the goal of providing sufficient funds to legitimate MA and PDP enrollment, while discouraging excessive funding being used for "other purposes". CMS acknowledges that the flat $100 increase will not cover the full cost of administrative payments, which CMS intends to address by classifying this $100 payment as a transfer, rather than as a new cost.

In the rulemaking, CMS expressed concerns with increases in fees being paid to larger FMOs, which have resulted in a "bidding war" among MA plans to secure what CMS calls "anti-competitive contract terms with FMOs and their affiliated agents and brokers". CMS expressed that if this "bidding war" is left unaddressed, it will continue to escalate with anti-competitive results, causing smaller and regional plans to lose enrollees as a result of being unable to pay "exorbitant fees" to FMOs, ultimately losing out to large national plans who can afford these "exorbitant fees".

The final rulemaking focuses on current payment structures, including the use of administrative payments among MA organizations, agents, brokers, and FMOs. Specifically, CMS seeks to eliminate the practice of FMOs incentivizing some agents and brokers to "emphasize or prioritize one plan over another, irrespective of the beneficiary's needs, leading to enrollment in a plan that does not best fit the beneficiary's needs and a distortion of the competitive process." Additionally, CMS expressed concerns with FMOs that provide MA organizations with both lead generation and brokering services, claiming that these arrangements will "trickle down" to influence agents and brokers into enrolling more beneficiaries into those plans that also provide the agents and brokers with leads, without taking into account the needs of the beneficiary. It is important to note, however, that newer agents rely on FMOs to provide one-time leads as they build their book of business.

The rule clarified contracting language, as it generally prohibits contract terms between MA organizations and agents, and brokers or other TPMOs, including FMOs, for the purpose of ensuring that the TPMO does not influence the agent's or broker's ability to "objectively assess and recommend the plan that best fits a beneficiary's healthcare needs". We believe that removing volume-based incentives will not fundamentally affect the enrollment of beneficiaries to the best plan for that individual. CMS already regulates agent compensation using fair market value to set their compensation so there is no incentive to "game the system". The current system with built-in checks and balances benefits all involved parties, the better an agent does, the more referrals and renewals they get, and the enrollee gets the best possible plan for their needs. Under the new rules, CMS seeks to level the playing field in terms of enrollment in plans, whether national or regional plans, by creating uniform payments to agents.

NABIP will work with CMS, Capitol Hill and other stakeholders to fully understand the new rule and consider next steps as necessary to ensure the continued success of our members.

##

# CAHIP-OC 2023 Annual Report

| | |
|---|---|
| ***Income*** | |
| Dues | $11,088 |
| Corporate Sponsorships | $36,525 |
| Monthly Meeting Registration | $11,983 |
| Continuing Education Day | $7,014 |
| Annual Sales Symposium | $46,345 |
| Senior Summit | $25,000 |
| PAC Contributions | $435 |
| Charitable Events | $174,640 |
| COIN Newsletter Advertisements | $0 |
| Miscellaneous Income | $0 |
| Interest Income | $10 |
| ***Total Income*** | ***$313,040*** |
| | |
| ***Cost of Sales*** | |
| Monthly Meetings | $10,798 |
| Charitable Contributions | $168,087 |
| Continuing Education Day | $7,410 |
| Annual Sales Symposium | $29,984 |
| Senior Summit | $0 |
| ***Total Cost of Sales*** | ***$216,279*** |
| | |
| ***Expenses*** | |
| CAHIP-OC Administration / General Chapter Management | $39,435 |
| Membership & Recruitment | $3,881 |
| Legislative Activities | $13,440 |
| Conferences / Education | $32,534 |
| ***Total Expenses*** | ***$89,290*** |

NABIP | pac

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

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

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

What is the Candidate Account?

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

What is the Administrative Fund?

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

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

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

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

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

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

*Cathy Daugherty , VP of PAC*

##

**Are you Ready to Contribute NABIP PAC?**

**If so, please complete the form on page 31!**

**Note: CAHIP PAC contribution form can be found on page 18!**

NABIP | pac

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

**Contribute securely at www.nabippac.org**

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

Name: Occupation:

Employer: Address:

Email: Phone:

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

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

**A. Choose a Fund**

☐ Candidate Fund* ☐ Administrative Fund**

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

**B. Contribution Frequency**

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

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

**C. Contribution Levels**

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

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

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

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

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

CVV: Zip Code:

**Checking Account**

Bank Routing Number: Account Number:

**Signature**

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

Signature: Date:

**Step 4: Submit this form.**

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

**Fax**
202-747-6820

**Email**
nabippac@nabip.org

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

*Legislative Report, Continued from Page 25*

course of treatment for a diagnosed health condition, chronic illness, or injury, as specified. The bill would limit coverage to once every 12 months and $750 for each instance of coverage.

**AB 2753** CAHIP has a Watch position on this bill. This bill would define "durable medical equipment" to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep or learn, or minimize the loss of, skills and functioning of daily living. This bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.

**AB 3260** CAHIP supports this bill. Tis bill would require that utilization review decisions be made within 72 hours when the enrollee's condition is urgent and would make a determination of urgency by a referring or treating health care provider binding on the health care service plan. If a health care service plan fails to make a utilization review decision within the applicable 72 -hour or 30-day timeline, the bill would automatically entitle an enrollee to proceed with a grievance.

**SB 263** CAHIP has a Watch position on this bill. This bill has been amended to reflect a compromise amongst stakeholders. Now the bill will enhance and update the existing Annuity Suitability law and make it the strongest suitability law in the country. Additionally, the language contains enhanced training requirements for life agents who sell life insurance products that tend to be more complex than the traditional term life products. The consumer protection will help to ensure that agents have the proper training to help consumers make educated decisions about their life insurance needs.

Existing law requires insurers to establish a system to supervise recommendations and set standards and procedures for recommendations for annuity products, which applies to any recommendation to purchase exchange, or replace an annuity made to a consumer that results in the purchase, exchange, or replacement that was recommended. Existing law requires an insurance producer recommending the purchase or exchange of an annuity to have reasonable grounds for believing that the recommendation is suitable for the consumer, as specified. This bill would limit application of these provisions to (1) a recommendation of an annuity made before January 1, 2025, that results in the purchase, exchange, or replacement that was recommended and (2) a sale of an annuity made before January 1, 2025, that is not based on a recommendation.

**SB 1236** CAHIP opposes this bill. This bill, on and after January 1, 2025, would prohibit an issuer of Medicare supplement coverage in this state from denying or conditioning the issuance or effectiveness of any Medicare supplement coverage available for sale in the state, or discriminate in the pricing of that coverage because of the health status, claims experience, receipt of health care, medical condition, or age of an applicant. If an application for coverage is submitted during an open enrollment period, as specified in the bill. The bill would entitle an individual enrolled in Medicare Part B to a 90-day annual open enrollment period beginning on January 1 of each year, as specified, during which period the bill would require applications to be accepted for any Medicare supplement coverage available from an issuer, as specified.

Throughout the year we will update you on these bills as they work their way through the legislative process in both Houses of the legislature. You can track the progress of the remaining bills on the CAHIP website under the legislative tab.

**##**

*The CAHIP-Board of Directors would like to thank Dave for his many years of service! This will be his last article, as he is stepping down from the VP of Legislation Position. Thanks, Dave!!!*

# SPECIAL THANKS TO OUR ANNUAL CORPORATE SPONSORS!

## Titanium Level

KAISER PERMANENTE®

aga
AN INTEGRITY COMPANY

## Gold Level

Anthem®
Independent licensee of the Blue Cross Association.

aetna™

## Silver Level

COVERED CALIFORNIA
SMALL BUSINESS

Providence
Medicare Advantage Plans

## Bronze Level

BenefitMall
NEXT GENERATION BROKER SERVICES

Retire *with* Renewals

Word&Brown®

## March Meeting Photos



## Special Thanks to Our Bronze Sponsor Partner:

BenefitMall
A CRC GROUP COMPANY

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

# More CAHIP-OC Golf Tournament Photos

**2024 CAHIP-OC Charity Golf Tournament**

***Fun Times Were Had By All!***

## NAHU Professional Development

NAHU
National Association of Health Underwriters

*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 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) Designation
- 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




- 15 -

NABIP
Healthcare Happy Hour

## *Subscribe to NAHU's Healthcare Happy Hour*

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

**Latest Podcasts:**

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

## *Follow CAHIP-OC on Social Media!*

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

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

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

## Senior Summit Will Be Back!

***Mark Your Calendars for This***

***August 20-22, 2024***

***Pechanga Resort Casino***

***Cannot Miss Event!***


***General Board Members Only. Executive Board Page 11.***

NABIP
Shaping the *future* of healthcare

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

National Association of Benefits and Insurance Professionals

NABIP

Shaping the *future* of healthcare

## How to get more value from your NABIP membership

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

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

**More information at www.nabip.org**

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


# Medicare Agents!

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

AGA's Agent Portal gives you access to your own suite of online tools available anywhere you have the internet. It's a one-stop shop for all your Medicare business needs.

- Your Personal Plan Finder platform
- Quote ALL plans
- Enroll remotely
- Text SOAs

***Call today!***

**1-844-SALES-UP**

www.appliedga.com

aga

PRSRT STD
U.S. POSTAGE
**PAID**
ANAHEIM, CA
PERMIT #815

# - THE C.O.I.N. -

**Don't miss our upcoming events!**

## UPCOMING EVENTS

**ANNUAL MEMBERSHIP MEETING - MAY 7, 2024**

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

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

**Visit our website for more details**

**www.ocahu.org**

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