

Legislative Update

AAHU

January 11, 2013



Now That The Election is Over...

What does four more years mean for NAHU?



How will changes in Congress impact us?





The Reality

Struggling Economy

Deficit, Tax Issues, Fiscal Cliff

Divided Congress

Uncertain Employers

Approximately half of population has consistently opposed the law since day one.

“You don’t get something for nothing. And the president should be more careful about suggesting that is the case, especially when discussing a complex law with still-uncertain ramifications.”

[Washington Post Political Factchecker](#)

The Promise

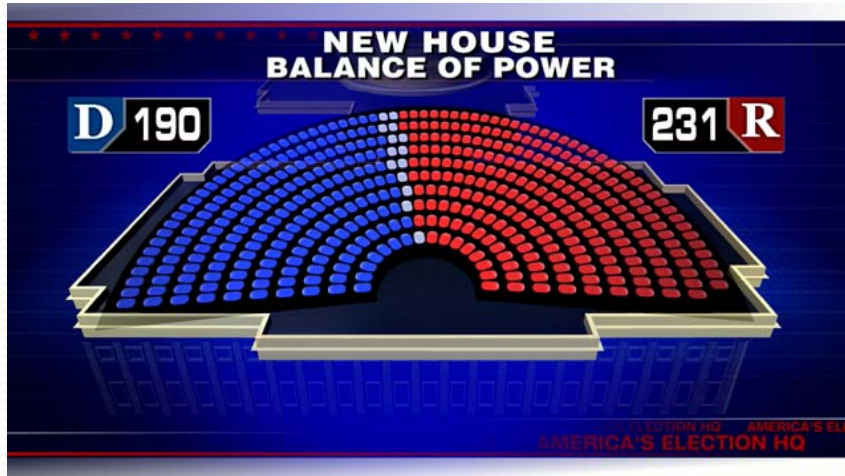
“President Obama passed the Affordable Care Act to restore health care as a basic cornerstone of middle-class security in America. The Affordable Care Act will make health care more affordable for families and small businesses and brings much-needed transparency to the insurance industry.

When fully implemented, the Affordable Care Act will keep insurance companies from taking advantage of consumers—including denying coverage to people with pre-existing conditions and cancelling coverage when someone gets sick.

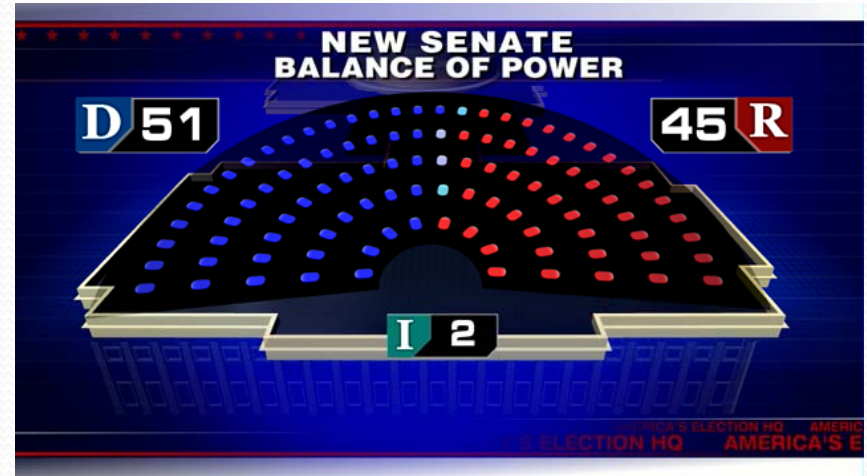
Because of the new law, 34 million more Americans will gain coverage—many who will be able to afford insurance for the first time. Once the law is fully implemented, about 95 percent of Americans under age 65 will have insurance.” – www.barackobama.com

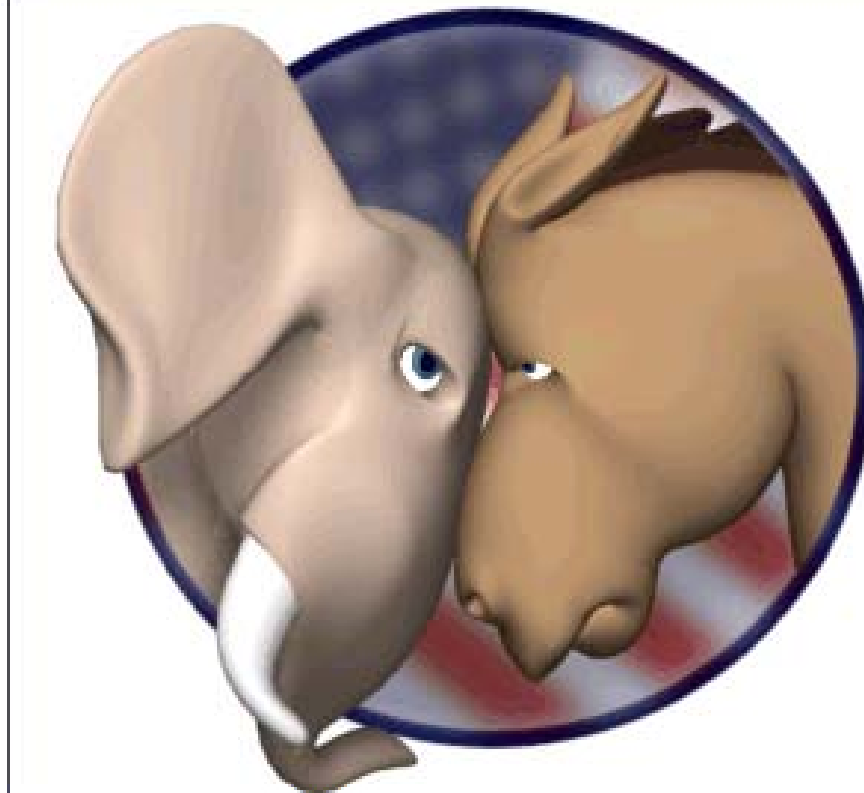
More Divided Government

The New House



The New Senate





BIPARTISANSHIP?

IS IT AN IMPOSSIBLE DREAM?

Preparing for the Big Year Ahead!

health
reform
2014

- 2014 is going to bring great changes to the world of employee benefits
- The kinds of coverage available will change, as will the requirements and options for employers and employees
- Change can be scary but it's also a time of great opportunity
- The need for an educated insurance broker to guide employers through the process and help them make strategic plan decisions is greater than ever

Working with the 113th

Congress

- Great deal of Congressional interest on measures to preserve the role of the broker and protect the economy
- Potential Legislative Changes
 - MLR, Device tax and other jobs issues
 - Small Group Deductible Cap
 - Changes to Premium Subsidy Eligibility Levels
 - Changes to Age Rating and Market Reforms
- Expected renewed focus on entitlement reform and measures to address the cost of medical care and improve health care quality, rather than health insurance market reforms
- Targeted PPACA repeal and change measures, particularly on aspects of the law that impact jobs and employers



Next Steps With the Administration

- Much focus will be on shaping new federal regulations and guidance that will govern health reform implementation for individual consumers and employer clients
- Additional focus will be the role of brokers and exchanges moving forward
- Comments recently submitted on pending regulations
 - Market Rules
 - Actuarial Value and EHBs
 - Risk Adjustment Issues
 - Multistate Plans
- Upcoming Regulations for Comment
 - Wellness
 - Employer Responsibility Requirements
- Waiting for Regulatory Action
 - Additional exchange guidance for brokers
 - 105 h Non Discrimination for Fully Insured Groups
 - Employer reporting requirements
 - Additional information on minimum value and employer mandate

Health Reform Implementation

Already Implemented	2012-2013	2014	Beyond 2014
Grandfathered plan requirements and consumer-directed plan changes	Summary of coverage requirements for all plans	Individual mandate	Auto-enrollment for groups 200+
Small business tax credits for purchasing private coverage	Exchange notification requirements for all employers	Employer responsibility/ minimum value requirements for 50+ groups	Automatic expansion of state small group markets to 100 employees
Sept. 23rd reforms- all plans Dependent coverage to 26 No pre-ex for children Restrictions on rescissions and annual/lifetime limits	Employee FSA contributions capped at \$2,500	Health insurance exchanges, private coverage subsidies and Medicaid expansion in willing states	States can let large group join exchanges, triggering market reforms for all fully-insured large groups
Sept. 23rd reforms for non-grandfathered plans Preventive care 105h nondiscrimination rules (<i>enforcement delayed</i>) New coverage appeals process	Comparative effectiveness research funding tax impacts all plans	Insurance market reforms and new coverage standards for individual/small group market plans	The “Cadillac” 40% excise tax goes into effect for all high-value group plans, including self-insured plans
Medical loss ratio requirements	Expanded W2 reporting	New national premium tax for fully-insured plans	

Small Group, Large Group or Both?

- The first thing an employer needs to do is determine if they are a large group or a small group or both
- The health reform law turns the old small group/large group rules on their head
- The definition of small employer and large employer varies by provision, so it's entirely possible to be a small employer and a large employer at the same time!
- State requirements and definitions still apply as do definitions used for compliance with other federal laws like COBRA

Which Provisions Apply?

Provision	Group Size
Employer Mandate (Must offer FT employees affordable and minimum value coverage)	<ul style="list-style-type: none"> •50+ FT Equivalents •Uses a new definition of FT employee of 30 hours/week •PT employees count on a pro-rata basis to determine applicability but do not need to be offered coverage •IRS Controlled Group Rules Apply
W2 Reporting (Must report value of health benefits—just reporting, no taxation)	<ul style="list-style-type: none"> •Requirement applicability is currently clear for 2012 (W2 issued in 2013) ONLY •Mandatory for groups that issue 250 or more W2s. Optional for other groups for 2012 but will eventually apply to all. •Applicability "based upon the rule in § 6011(e) that exempts employers from filing returns electronically if they file fewer than 250 returns." •Groups should verify with CPA but generally can apply on a separate employer basis unless the group uses a common paymaster.
Cadillac Tax (begins in 2018)	<ul style="list-style-type: none"> •All group health plans
Auto-Enrollment (effective date unclear but at least 2015)	<ul style="list-style-type: none"> •All groups of 200 or more employees

Which Provisions Apply?

Provision	Group Size Applicability
Market Reforms (Required to buy a qualified health plan, EHBs, metal levels, MCR, etc.)	<ul style="list-style-type: none">•State definition of small group until December 31, 2015•Effective January 1, 2016 small group definition becomes 1-100 for all states•If a state allows large groups in the exchange after 2017, then market rules apply to them too•Grandfathered plans exempt
Small Group Deductible Cap	<ul style="list-style-type: none">•State definition of small group until December 31, 2015•Effective January 1, 2016 small group definition becomes 1-100 for all states•Grandfathered plans exempt
Exchanges	<ul style="list-style-type: none">•Individual policies (only individual plans that are eligible for premium subsidy)•State definition of small group for SHOP exchange until 2016•Effective January 1, 2016 small group definition becomes 1-100 for all states•Sole proprietors currently not SHOP eligible•Post January 1, 2017 a state may elect to allow larger groups into the SHOP exchange•Grandfathered plans exempt

Which Provisions Apply?

Provision	Group Size Applicability
105 H Non Discrimination Rules	<ul style="list-style-type: none">•All fully insured and self-funded group health plans except grandfathered plans•Currently not enforced for fully insured plans, but rules specially designed for these plans expected to be promulgated in 2013
Summary of Benefits and Coverage	All individual and group plans
Age 26, Rescissions, Prohibitions on benefit limits	All individual and group plans
Preventive Care, Claims appeals and provider choice and out-of-network emergency care	All individual and group plans except grandfathered plans
New National Premium Tax	Individual and fully insured groups
Employer Reporting to Exchanges	All group plans—guidance pending
New National Reinsurance Fee	All individual and group plans



Grandfathered Plans

What They Don't Have to Do

- Preventive Care
- Claims appeals
- 105H
- Primary care designation changes and coverage of out-of-network ER care
- Market reforms
- Exchanges

What They Do

- Employer Mandate
- Employer reporting (exchanges, W2)
- Summary of Benefits and Coverage
- Dependents to Age 26
- Prohibition on rescissions
- MLR
- New Taxes
- Prohibitions on lifetime and annual limits
- Prohibition on 90+ day waiting periods

Will the Employer Pay A Penalty? beginning in 2014

Are you a large employer?

- at least 50 full-time equivalent workers
 - including full-time [30+hours per week] and part-time workers [prorated]
 - excluding seasonal workers [up to 120 days per year]

yes

no

Are any of your full-time employees in an exchange plan and receiving a premium credit?

yes

no

Do you have more than 30 full-time employees?

yes

no

Do you provide health insurance?

yes

no

No penalty

Pay Monthly Penalty, lesser of:

$\frac{1}{12} \times \$2,000 \times$
(Number of full-time employees - 30)

or

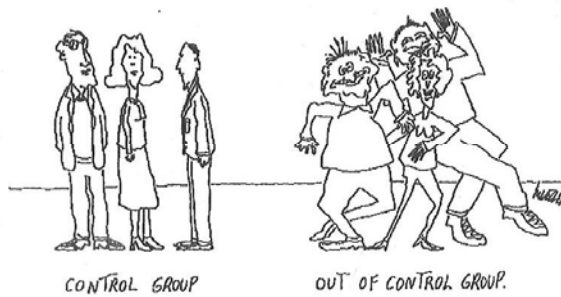
$\frac{1}{12} \times \$3,000 \times$
(Number of full-time employees who receive credits for exchange coverage)

Pay Monthly Penalty

$\frac{1}{12} \times \$2,000 \times$
(Number of full-time employees - 30)

Summary of Potential Employer Penalties under PPACA, Congressional Research Service, May 14, 2010

What's A Controlled Group?



Important Points to Know

- The group's CPA should already know what they are
- The controlled group rules apply for 401Ks too

Two or more corporations connected through common control/stock ownership in any of the following ways:

- **Parent-subsidiary group**

- 80% of stock of each (subsidiary) corporation is owned by another member of the group
- Parent corporation must own 80% of the stock of at least one of the other members of the group

- **Brother-sister group**

- The same five or fewer individuals own at least 80% of the stock of the corporations
- "Individual" includes ownership by an estate or trust
- "Ownership" includes having a controlling interest and effective control of the corporations

- **Combined group**

- Combination of a Parent-subsidiary, and a Brother-sister group
- "Parent" company is also a sibling in the "Brother-sister" group

Counting Employees



- When it comes to the employer responsibility requirements, counting employees is key.
- It's important to get an accurate count not only to know if the ER requirements apply overall, but also to know to whom coverage needs to be offered if they do apply.
- Employers, particularly large employers, already count their employees for various purposes. PPACA imposes new counting rules employers need to understand, but many already have systems in place that could be adapted for compliance purposes.
- It will be very important to discern what the employer's overall objectives are when it comes to providing coverage, as the employer guidance issued to-date does give them a lot of flexibility when establishing counting methodologies.



Counting Employees

- Regulations haven't been issued in this area yet (expected in January 2013) but the IRS did issue two notices in August 2012 that details how they anticipate counting rules to be handled through at least 2015.
- IRS Notices 2012-58 and 2012-59
- This guidance gives employers a lot of flexibility but it's also very complex and hard to follow.
- It's also not clear when employers have to start their counts in terms of who must be offered coverage. Initially it appeared like the counting might not need to start until January 1, 2014 but IRS officials have said in public forums that they anticipate the final rules to require counting to start at some point in 2013.

Counting Employees—The Basics for ER Applicability

- The employer responsibility requirements apply in a calendar year if the company averages at least 50 full-time or full-time equivalent employees during the prior calendar year
 - FT = working least 30 hours per week on average a month
 - PT employees count towards the total on a pro-rated basis. You divide the total hours of service of all employees who are not full-time for the month by 120
 - Seasonal employees count towards the total for determining ER applicability unless:
 - The group's workforce exceeds 50 full-time employees for 120 days or fewer during a calendar year, and those seasonal employees are what put the employer over the threshold
- All members of a controlled group count when determining the applicability of the ER requirement



Counting Hours—The Specifics

- It is expected that current DOL rules for counting hours for pension plan purposes will be used to count an employee's hours of service as a full-time employee or full-time employee equivalent. Under these rules, a person is considered to have completed an "hour of service" with each hour for which he is paid for work, vacation, holiday, sick time, layoff, jury duty, military duty, etc.
- When converting time to a monthly basis, 30 hours per week would mean 130 hours per calendar month.
- Under the ER requirements, affordable/minimum value coverage has to be offered to each FT employee or the employer is penalized.
- Guidance gives clear safe harbors for establishing if someone is FT

Guidance on Counting FT Employees for the Purpose of a Coverage Offer

- [IRS Notice 2012-58](#), discusses a safe harbor method that employers can apply to newly hired employees.
- Permits “employers to adopt reasonable procedures to determine which employees are full-time employees without becoming liable” for a penalty.
- Allows the employer to determine full-time status by looking back at a standard measurement period of 3-12 months chosen by the employer that can vary by class.
- Following the measurement period is a “stability period.” If an employee is FT during the measurement period, coverage is extended during the stability period so long as the individual remains an employee (hours can decrease during the stability period).
- The stability period must be least six consecutive *calendar* months, it can't be shorter in duration than the standard measurement period and it must begin after the standard measurement period
- Employers will not be required to comply with subsequent guidance that is more restrictive until at least Jan. 1, 2015.



Determining FT Status

- An employee is an “ongoing employee” if they have worked at least a standard measurement period.
- The standard measurement period is set by the employer (must be 3-12 months).
- Measurement period must be uniform and consistent basis for all employees in the same category.
- Employers may use measurement periods and stability periods that *differ* either in length or in their starting and ending dates for the following categories of employees:
 - (1) collectively bargained employees and non-collectively bargained employees,
 - (2) salaried employees and hourly employees,
 - (3) employees of different entities and
 - (4) employees located in different states.
- The employer sets when the measurement period starts, so if it was 12 months, it could be calendar year, a non-calendar plan year or a different 12-month period (maybe timed to open enrollment).



Safe Harbors

To enroll employees:

- The employer can create a reasonable time window (up to 90 days) between the standard measurement period and the associated stability period to determine who is eligible for coverage, and notify and enroll employees. This is called an administrative period.
- It must overlap with the prior stability period to avoid gaps in coverage for ongoing employees.
- New Variable Hour Employees
 - A new employee is a variable-hour employee if, based on the facts and circumstances at his/her start date, it cannot be determined that the employee is reasonably expected to work, on average, at least 30 hours per week
 - It is not required that coverage be offered to these employees until they complete the measurement period
- Seasonal Employees
 - The seasonal employee definition only applies to ER applicability
 - For extending coverage, the FT/Variable Hour counting rules apply



Coverage Affordability

- Coverage also must be “affordable”
 - The employee’s cost for coverage (self-only coverage) must not exceed 9.5% of family income.
 - Treasury has proposed a safe harbor for employers to consider the W2 wage rather than family income
- Employers may want to consider premium subsidy adjustments, as dependent coverage assistance is not factored into the “affordability” calculation
- Even in a small employer group, if the employee has a valid offer of affordable and quality coverage from their employer, they and their dependents are not eligible to go to the exchange and get subsidized coverage.

Does Group Coverage Meet the Affordability Test?

Federal Poverty Limit - FPL	2011 FPL	Hourly Rate (40 hr week)	W2 Wage	Employee Share of Single Premiums per Mo @ 9.5% income Standard
100% (Possibly Medicaid Eligible)	\$10,890	\$5.24/hr	9.5%	\$86/mo
133%(Possibly Medicaid Eligible)	\$14,484	\$6.96/hr	9.5%	\$114/mo
150% (Minimum Wage)	\$16,335	\$7.85/hr	9.5%	\$130/mo
200%	\$21,780	\$10.47/hr	9.5%	\$172/mo
250%	\$27,225	\$13.09/hr	9.5%	\$216/mo
300%	\$32,670	\$15.71/hr	9.5%	\$259/mo
350%	\$38,115	\$18.32/hr	9.5%	\$302/mo
400%	\$43,560	\$20.94/hr	9.5%	\$345/mo
400% family of 4	\$89,400	\$20.94/hr	9.5%	<i>\$345/mo since employer only has to use the single rate for lowest tier plan to calculate affordability</i>



Calculating Penalties

- What is your mix of full and part-time employees?
- Could an adjustment of employee status reduce your penalty exposure?
- Could the adjustment of premium subsidies to employees versus dependents make a difference?
- If you provide coverage today, how does the cost of that coverage compare to your total penalty exposure?
- Consider all options, including non-monetary concerns.



Financial Calculators

- There are a number of online calculators out there that can tabulate potential penalties and also potential individual exchange subsidy awards.
 - NRF maintains a Health Mandate Cost Calculator at www.retailmeansjobs.com/healthcare which can model the penalty effect on your business
 - The Kaiser Family Foundation maintains the most accurate subsidy calculator available, although it has its limitations
<http://healthreform.kff.org/subsidycalculator.aspx>
- But it's not just about doing the penalty math. When making coverage decisions you have to take a more holistic approach.

Why Offer Employer-Sponsored Coverage?

- Employers can provide substantial economic value and financial peace of mind to employees by offering group health insurance coverage. This gives employers an advantage when competing in the labor market.
 - A healthy workforce is directly linked to productivity
 - Offering benefits can allow employers to attract the best workers and remain competitive.
 - Employers have great flexibility and can pick and choose among new benefit, payment, and organization innovations and can implement new programs and halt unsuccessful ones relatively quickly
 - The federal government supports employer-sponsored coverage through the tax code by recognizing firms' insurance premiums paid on behalf of their workers as a business cost, which are generally deductible for tax purposes.
- For workers, there are a multitude of advantages to employer-sponsored coverage, including:
 - The significant contribution most employers make towards the cost of coverage for both the employee and their dependents
 - Individuals with employer-sponsored coverage also have the ease of purchasing coverage through workplace enrollment that comes with group coverage
- Administrative costs are also lower since coverage is provided to many individuals through a single transaction with one employer.



What About Exchanges?

Status of State Exchange Decisions

19 Declared State-based Exchange

7 Planning for Partnership Exchange

25 Default to Federal Exchange

Agents and Brokers and Federal Exchanges

- Additional guidance on broker issues expected soon.
- Here's what we know and have been able to achieve regarding agents and brokers and exchanges today:
 - Unless a state specifically acts to exclude agents from exchanges, it is assumed that agents and brokers can continue to assist their clients and sell and service exchange-based products, including subsidized policies, and be compensated for doing so.
 - So far, no state has acted to exclude agents and brokers, and in fact they have primarily embraced the agent community.
 - The federal government will assume primary responsibility for agent and broker issues in fully-federally facilitated and partnership exchanges
 - States will continue to license producers and handle consumer protection and the outside marketplace.

Agents and Brokers and Federal Exchanges

- CMS is currently consulting with NAHU directly and regularly on broker issues
 - The federal government plans to fully utilize registered agents and brokers to sell and service both individual and small-group exchange policies in all federally-facilitated and partnership exchanges.
 - The plan is for broker compensation regarding exchange-based policies to be handled by the broker with the health insurance carrier, as it is today.
 - It's been proposed that a federal exchange will only certify carriers as having a qualified health plan if they can demonstrate that broker compensation for individual and small group exchange products is on par with compensation in the outside market.
 - Agents and brokers will be allowed to use their own websites to sell exchange-based products and offer exchange-based subsidies (using the state or federal exchange data hub for subsidy verification).
 - The federal government is developing a specific broker portal so that agents and brokers can assist their individual and group clients more efficiently with exchange-based coverage.
 - Health insurance exchanges, including the federally-facilitated exchanges, are required to consult with producers as a stakeholder group in exchange development.



Highlights of the New Market Rules

- Individual and small group plans, whether inside or outside state-based Exchanges, must cover EHBs beginning in 2014. Large group plans and grandfathered plans may not impose lifetime or annual limits on any essential health benefit that they do offer.
- Employer contributions to a health savings account (HSA) and amounts newly made available under a health reimbursement account (HRA) will be factored in when determining a plan's actuarial value.
- Provides details on insurers' ability to use age, tobacco use, family size and geography to determine premiums and proposes a standard age curve intended to help insurers set premiums without violating the law's 3:1 ratio for adult premiums.
- They require carriers to maintain a single statewide risk pool for each of their individual and small group markets unless a state merges the individual and small group pools into one.



Highlights of the New Market Rules

- Increases the maximum permissible reward under a health-contingent wellness program from 20% to 30% of the cost of health coverage. The agencies also proposed increasing the maximum reward to as much as 50% for programs designed to prevent or reduce tobacco use.
- Calls for HHS to collect a user fee from health insurance issuers participating in a federally-facilitated Exchange.
- Provides additional guidance on the definitions and counting methods used to determine whether an employer is a small or large employer for exchange participation purposes.
- Proposes to let Exchanges and SHOPS selectively list on their website only brokers registered with the Exchange or SHOP and calls for parity in broker compensation by carriers regarding individual and group policies sold inside and outside the exchanges.
- Sets the standards for multi-state health insurance plans. At least two of these private-market plans must be offered exchanges, and the new rules give the federal government the authority to directly negotiate premiums with the insurers offering these plans, conduct its own rate review and appeals process, and address “ other terms and conditions as are in the best interest of the enrollees.”

New Employer Responsibility Rule

- Proposed rule but Administration has made it clear that it is to be used for implementation purposes and changes will apply prospectively with compliance transition.
- It takes into account many points that NAHU and our coalition partners have been making both in meetings and in other formal comment letters.





Employer Rule Highlights

- Provides transition relief in certain circumstances, notably for large employers who maintain a non-calendar year plan.
- Generally, a large employer who currently offers a non-calendar year plan will not be liable for tax penalties for the months prior to the first day of their plan year beginning in 2014. There is also relief for large employers with calendar year plans that opt to apply a look-back measurement period to determine who is a full-time employee.



Employer Rule Highlights

- Employers are only responsible to offer coverage to full-time employees and their dependents, and stipulates that dependents are children under age 26.
- Large employers will not face tax penalties for not offering coverage to spouses, who will be able to seek a federal premium tax credit to purchase health insurance in an Exchange if other minimum essential coverage is not available (such as through the spouse's employer).
- While coverage must be offered to children employers do not need to provide or take into account dependent premium contributions when determining the affordability of their coverage.
- The rule formally establishes a safe harbor for employers to use the employee's W-2 wages when determining whether or not employer coverage is affordable and also adds safe harbors based on the rate of pay and the federal poverty line.
- The proposed regulations state that a large employer will be treated as offering coverage to full-time employees if they offer coverage to 95% of their full-time employees.



Frequently Asked Questions

Will the January 1, 2014 requirements be phased in by plan year or will they all take effect on the first day of the new year?

The ER requirement will start on January 1. It's been proposed that the market reforms will begin on a plan year basis. Safe harbors are proposed for employers with non calendar year plans.

What about the employer exchange notice requirement in March of 2013?

We have been told this will be delayed.

If my client owns multiple businesses, how are they treated for PPACA compliance purposes?

For the ER requirements, IRS controlled group rules apply. For coverage purchases, state/carrier participation rules apply. For W2 reporting, it's the mandatory electronic filing rules.

If a state decides not to operate its own exchange, will a Federally Facilitated Exchange be legally able to give out subsidies/enforce the employer responsibility requirements?

The short answer is yes, because even though there is a lawsuit challenging the ability of the federal government to make such disbursements, the Obama Administration believes it has the authority to give out subsidies in federally facilitated exchanges and it will begin doing so next year before the challenge lawsuit can make its way through the courts.

Frequently Asked Questions

What will happen to high-deductible plans and CDHC products? I heard there was a deductible cap?

There is a deductible cap of \$2000/\$4000 in 2014 for small groups. A proposed regulation would give plans flexibility on this and we anticipate legislation to repeal it in the 113th Congress. It only applies to SG fully insured plans. The proposed rules make allowances for the sale of CDHC products to continue in all markets, but like all products there will be changes in 2014 particularly for individuals and small groups.

What if an employer uses a different standard for FTEs than 30 hours a week?

They will have to use the PPACA definition for compliance with the ER requirements.

Can a person leave an employer group to go to the exchange?

Yes, but if they have a valid offer of affordable and quality employer coverage, they and their dependents are not eligible for a subsidy.

If a small employer buys SHOP exchange coverage for employees, do low income employees get a subsidy?

No, premium tax credit subsidies are only available in the individual exchange and are only for people without offers of valid, affordable and quality employer-sponsored coverage.

Are there exceptions if a union plan covers my workers.

No, as it stands now, union employees count towards employee totals and an employer is obligated to offer FT union employees coverage if the employer is subject to the ER mandate.

Next Steps for the Agent/Broker Community in the States

- Encourage states to stay engaged
- Regarding exchanges:
 - Prepare for the release of more federal regulatory guidance on navigators and agents and brokers in exchanges
 - Continue to work with policymakers on the role of the broker to serve group and individual clients in state-based exchanges
 - Encourage state-based regulation and licensure or certification of navigators
 - Monitor the use and development of “assisters”
 - In a federally facilitated exchange or a partnership exchange, HHS controls the rules for agent participation in exchanges and the state continues to regulate agents
- Review state laws relative to agent and broker compensation, fee-collection, consultant requirements and rebates



Next Steps With Clients

- Look at health reform implementation as an opportunity to expand your consultative approach
- Anyone can run rates and use an online calculator
- Only a great agent or broker can:
 - Run through the tangibles and intangibles with their clients and help them customize a solution that meets all of the unique needs of both the employer and their workforce
 - Communicate changes and needs to employers and employees
- Clients have new and increasing needs. Agents and brokers that want to take the time, educate themselves and develop the tools clients need will continue to be very successful.



NAHU Moving Forward

- Broker issues, work on exchanges and employment-related issues are our top immediate priorities
- Grassroots efforts
- Public Relations initiatives
- Business-friendly initiatives
- Focus on tackling real issues – the cost of health care
- NAHU and broker visibility is high
- HUPAC-March to a Million!
- The value and role of the broker is why we will be successful moving forward.

NAHU Resources

- Capitol Conference – February 25-27 – Register Now!
- PPACA Certification Class— Registration Now Open on www.nahu.org
- Updated Website
- Compliance Corner Resources
- Compliance Corner Free Monthly Webinars
- Washington Update
- NAHU Newswire
- Social Media—Facebook and LinkedIn





Thank You!

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