

## NAHU In-District Meeting Talking Points

### **The Role of the Agent**

- Highly regulated service professionals subject to many state requirements such as strict licensing and continuing-education laws, which protect consumers and ensure they receive the highest level of advice.
- Tell your policymakers personal anecdotes about the service you provide to your clients beyond the point of sale.
- Refer them to [www.brokersmakingadifference.com](http://www.brokersmakingadifference.com)

### **Market Reforms**

#### *We Support:*

- Greater premium standardization in the individual and small-group health insurance markets.
- The use of modified community rating with variations allowed for applicant age, wellness factors, smoking status and geography.
- Reform of the consideration of pre-existing conditions in the individual market with greater standardization on look-back windows and exclusionary periods similar to the small-group market.
- Providing a financial backstop or using a risk adjuster if creating a guaranteed-issue requirement to contain premium costs and make it affordable for all.

### **Individual Mandate**

#### *We Support:*

- An enforceable and effective individual mandate to obtain health insurance coverage, as well as a reasonable standard for minimum creditable coverage and enforcement mechanisms that would allow for the fair implementation of such a mandate.

#### *We Oppose:*

- Overly restrictive standards of creditable coverage and benefit design limitations such as prohibitions of lifetime and annual limits.

### **National Exchange**

#### *We Support:*

- State-based exchanges that are operated through a portal method with a standardized application, information regarding both quality and coverage, and referrals to certified agents/brokers—as long as the exchanges do not damage or eliminate the traditional private insurance marketplace.
- Exchange online portals that are similar to the structure of websites such as realtor.com which allows you to compare information from companies, link directly to their sites and access the services of a licensed agent/broker.
- Consistent government subsidies to low-income individuals in and outside of the exchange.

#### *We Oppose:*

- The creation of a national purchasing pool. Examples on the state level have not resulted in decreased health insurance costs and in most cases have failed.
- Combining market types because state laws differ significantly between group and individual markets and there are significant actuarial differences.

### **Government– Run Public Plan Option**

#### *We Oppose:*

- A public health program buy-in option that would compete with the private health insurance market. This would create an inherently unlevel playing field that would lead to adverse selection and long-term private market damage.
- A public plan option would be a huge cost burden on privately insured individuals. Public plans pay providers at a reduced rate: to compensate, providers shift the cost onto private payers. Studies show this cost shift is already costing the average insured family \$1,500 per year.
- Existing public plans provide less coverage and restrict provider access more than the average employer-sponsored plan. The CBO estimates that Medicare benefit package is 15% below the average employer-sponsored plan.
- Creating a government-run public plan would be extremely costly. Those resources should be instead directed towards subsidies for low-income individuals and businesses to help them purchase private coverage.

### **Subsidies and Premium Assistance Programs**

#### *We Support:*

- Tax credits/subsidies for low-income individuals and small businesses to help them obtain private coverage, as well as premium-assistance programs that apply across all markets to avoid crowd-out of employer-sponsored insurance plans.
- Establishment of mandatory premium assistance if a private coverage option is available to take advantage of any premium dollars employers are willing to contribute and avoid crowd-out.
- Creation of a standard for an essential benefits package for subsidy-eligible individuals that includes cost-sharing limits based on percentage of income to allow individuals and families to select the coverage most appropriate for their needs.

### **Employer Mandate**

#### *We Oppose*

- An employer mandate, which would only decrease job and economic growth and do little to reach the current uninsured population. Recent NFIB research shows that more than 1.6 million jobs would be lost as a result of an employer mandate.
- “Opt-out” provisions present in most employer mandate proposals that would allow employers to pay into a government-sponsored plan instead of providing coverage themselves. This would compete unfairly with the private market resulting in greater cost-shifting.

### **Wellness Programs and Cost Containment**

#### *We Support:*

- Wellness programs are an effective means of cost containment in the health insurance market, with over 50% of America’s annual health care costs being attributed to individual behaviors such as smoking, alcohol abuse and obesity.
- The use of wellness factors and the existence of a group wellness program as rating factors for the individual and small-

- group markets.
- Requiring federal and state governments to incorporate wellness and disease-management programs into government-subsidized health programs such as FEHBP, Medicaid, Medicare and CHIP and provide participation incentives.
  - Creation of tax credits to companies offering wellness programs to their employees, along with legal protections for these companies and increased flexibility for bona fide wellness programs.
  - Comparative effectiveness research to improve health care quality and affordability educate providers and patients and produce better health outcomes.
  - Extending health IT financial incentives to a broader range of providers and requiring the use of interoperable technology.
  - Improving system inefficiencies through incentives for doctors and providers through pay-for-performance, best-practice guidelines and support of evidence-based medicine.

*We Oppose:*

- The use of comparative effectiveness research to make coverage determinations.

**Financing**

*We Support:*

- Health-related excise taxes on items such as alcoholic beverages, tobacco products and sweetened soft drinks that would deliver revenue and simultaneously discourage unhealthy lifestyles.
- Preservation of the current federal employer deduction and employee exclusion for group insurance coverage.