



WASHINGTON UPDATE



Presented by Marcy M. Buckner

February 2017

A NEW WORLD FOR HEALTH REFORM: The New Presidential Administration and New Congress

Who	What	How	Why	When
Key Actors & Congressional Makeup	Central Ideas for the Future of Healthcare	The Logistics of Reforming Healthcare Reform	Public Support for Change	Timeline for Changes

NAHU and the Health Reform Timeline



114th CONGRESS: Lame Duck

All bills that did not pass by the end of last year are now "dead" as they do not carry-over to the 115th Congress.

21st Century CURES was the only healthcare bill to make before the end of the year. Passed 12/7/16.

Repeal for Medicare Open Enrollment Period

Part of the 2017 Budget

NAHU's FEDERAL ADVOCACY We Have Your Back

The new 115th Congress

What NAHU is Advocating for in the New Congress

ELECTION 2016: Results

President: Donald Trump

Senate: Republican Majority

House: Republican Majority

In the States...

COMPLIANCE CORNER

Continue to be a Champion for your Clients

NAHU's Health Plan Compliance Update

GET INVOLVED!

Operation Shout! Email/Call your federal representatives

Stay Informed: Read the Washington Update every Friday and the NAHU Newswire every morning

Lobby with us at Capital Conference February 13-15, 2017

Contribute to HUPAC: Support legislators who fight for agents and brokers and the employer-based system

Q&A

Questions?

Presented by Marcy M. Buckner, Vice President of Government Affairs, National Association of Health Underwriters

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Passed 12/7/16

Restores the Medicare Open Enrollment Period

Allows beneficiaries enrolled in a Medicare Advantage (MA) plan could make a one-time switch to another MA plan that better met their healthcare needs between January and March.

Effective January 1, 2019

Permits Use of Standalone HRAs

Eliminates the federal prohibition on standalone health reimbursement arrangements (HRAs) as a vehicle for employers to use tax-advantaged funding to provide health insurance to their employees and assist with out-of-pocket and related medical costs.

Effective December 31, 2016

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Who

Key Actors & Congressional Makeup



Healthcare Positions

#CongressionalPositions



President
Donald Trump

Healthcare Positions

“Cancel every unconstitutional executive action, memorandum and order issued by President Obama,”

There won't be "a two-day period" or "a two-year period where there's nothing,"

TRUMP Healthcare Policy Positions

ACA	Reject and replace "or amend"
Market Reforms	Allow health insurance to be sold across state lines and permit people to make tax-free contributions to HSAs
Subsidies/ Tax Policy	Allow individuals to fully deduct health insurance premium payments from their tax returns.
Employer-Based System	Has spoken out against Medicaid overhaul and drop in Employer-sponsored insurance.
Entitlements	Block grant Medicaid, Remove Federal overhead and allow state management of Medicaid.
Prescription Drugs	Remove barriers to entry into free markets for drug providers, Allow for drugs to be imported from overseas, Allow Medicare to negotiate drug prices.
Miscellaneous	Require price transparency from all healthcare providers, Restore mental health programs, Prevent undocumented immigrants from receiving Medicare/Medicaid

TRUMP

Healthcare Policy Positions

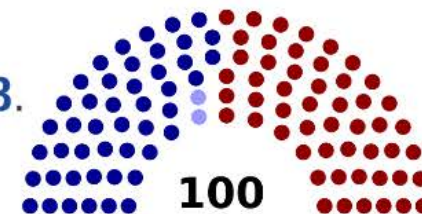
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Subsidies/ Tax Policy	Allow individuals to fully deduct health insurance premium payments from their tax returns.
Employer-Based System	Has spoken out against Medicaid crowd-out and drop in Employer-sponsored Insurance
Entitlements	Block-grant Medicaid; Remove Federal overhead and allow state management of Medicaid.
Prescription Drugs	Remove barriers to entry into free markets for drug providers; Allow Rx drugs to be imported from overseas; Allow Medicare to negotiate drug prices.
Miscellaneous	Require price transparency from all healthcare providers; Reform mental health programs; Prevent undocumented immigrants from receiving Medicare/Medicaid



Senate Majority Leader
Mitch McConnell (R-KY)

Leads the Senate and Senate Republicans
by setting the floor agenda.

Republicans control the chamber **52-48**.



Republicans ***do not*** have enough votes
to overcome a filibuster (60 votes), and
will need *at least* 8 Democrats to pass
legislation through regular order.

Senate Republican Healthcare Blueprint (Care Act)



Which senators are most similar to Trump?

REPUBLICANS			DEMOCRATS				
SENATOR	STATE	SCORE	SENATOR	STATE	SCORE		
1	Perdue	GA	2.6	37	Heitkamp	ND	4.1
2	Scott	SC	3.1	–	Campbell*	LA	4.7
3	Risch	ID	3.4	52	Warner	VA	4.8
4	Sasse	NE	3.4	54	Donnelly	IN	5.3
5	Tillis	NC	3.4	55	Manchin	WV	5.3
6	Cassidy	LA	3.5	56	McCaskill	MO	5.7
7	Shelby	AL	3.6	58	Hassan	NH	5.8
8	Enzi	WY	3.6	59	Merkley	OR	5.9
9	Sullivan	AK	3.6	60	Tester	MT	5.9
10	Gardner	CO	3.6	61	Klobuchar	MN	6.1

Source: <https://fivethirtyeight.com/features/which-republican-senators-are-most-likely-to-fight-trump/>

Which Republicans might defy Trump?

SENATOR	STATE	RE-ELECT YEAR	ISSUE ALIGNMENT	PERSONAL SUPPORT	ELECTORAL INCENTIVE	TRUMP SUPPORT SCORE
Collins	ME	2020	2.5	3	2.5	2.7
Heller	NV	2018	3.5	3	2.5	2.9
McCain	AZ	2022	3	3	3.5	3.1
Gardner	CO	2020	4	3	2.5	3.2
Portman	OH	2022	3	3	4	3.2
Murkowski	AK	2022	3	3	4.5	3.3
Flake	AZ	2018	3.5	3	3.5	3.4
Graham	SC	2020	4	2	4.5	3.5
Lee	UT	2022	3.5	3	4.5	3.5
Toomey	PA	2022	4	4	3	3.8

Source: <https://fivethirtyeight.com/features/which-republican-senators-are-most-likely-to-fight-trump/>

Which Democrats might support Trump?

SENATOR	STATE	RE-ELECT YEAR	ISSUE ALIGNMENT	PERSONAL SUPPORT	ELECTORAL INCENTIVE	TRUMP SUPPORT SCORE
Heitkamp	ND	2018	3.5	1	5	3.4
Campbell*	LA	2020	3	3	4.5	3.3
Manchin	WV	2018	3	1	5	3.3
Tester	MT	2018	2.5	1	5	3.1
Donnelly	IN	2018	3	1	4.5	3.1
McCaskill	MO	2018	2.5	1	4.5	2.9
Brown	OH	2018	1	1	4	2.3
Stabenow	MI	2018	2	1	3	2.1
Klobuchar	MN	2018	2	1	3	2.1
Casey	PA	2018	2	1	3	2.1

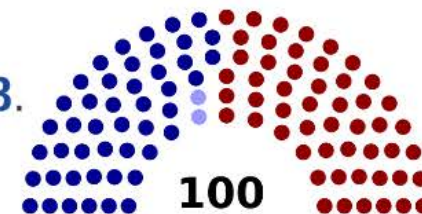
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Senate Republican Healthcare Blueprint (Care Act)







Cap on the
employer
exclusion
of health
insurance




Re-instate
state
high-risk
pools

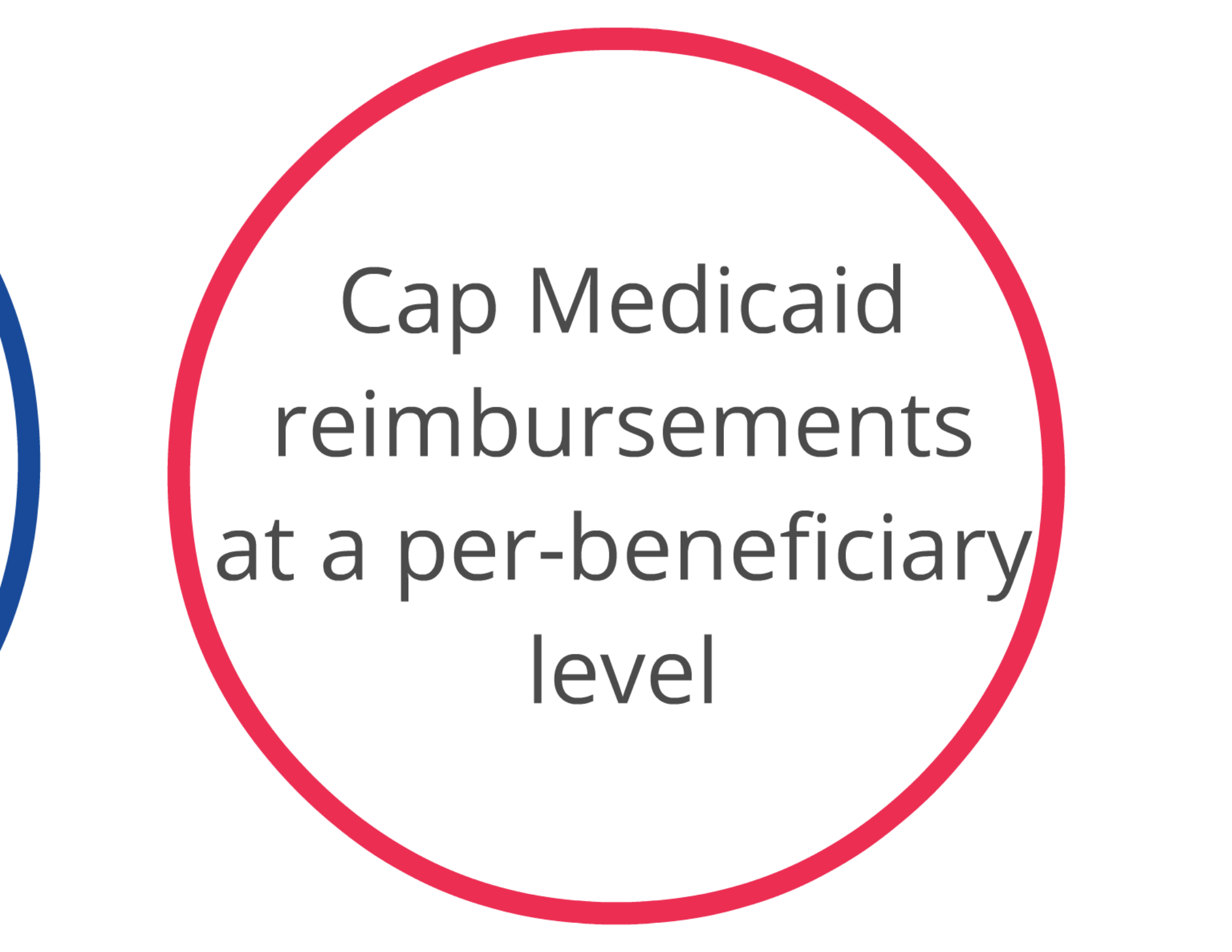


Implement
5:1 Age
Rating Bands



Create Advanced,
Refundable Tax
Credits up to 300%
Poverty to purchase
insurance





Cap Medicaid
reimbursements
at a per-beneficiary
level



Implement Medical
Malpractice "Tort"
Reform



Promoting
use of Health
Savings
Accounts

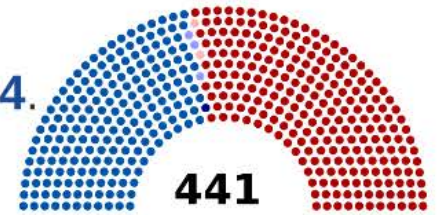


Speaker of the House
Paul Ryan (R-WI)

Leads the House and House Republicans
by setting the floor agenda.

Republicans control the chamber **241-194**.

Republicans have more than the 218
votes necessary to pass legislation
under regular order using only a
simple majority.



House Republican Healthcare Blueprint ("A Better Way")

Cap on the
employer-exclusion
of health insurance

Re-instate
state
high-risk
pools


Establish
health plans
for small
business
collectives

Create tax
incentives for
buying
insurance
coverage


Promoting
use of Health
Savings
Accounts

Implement Medicare
premium supports

Cap Medicaid
reimbursements
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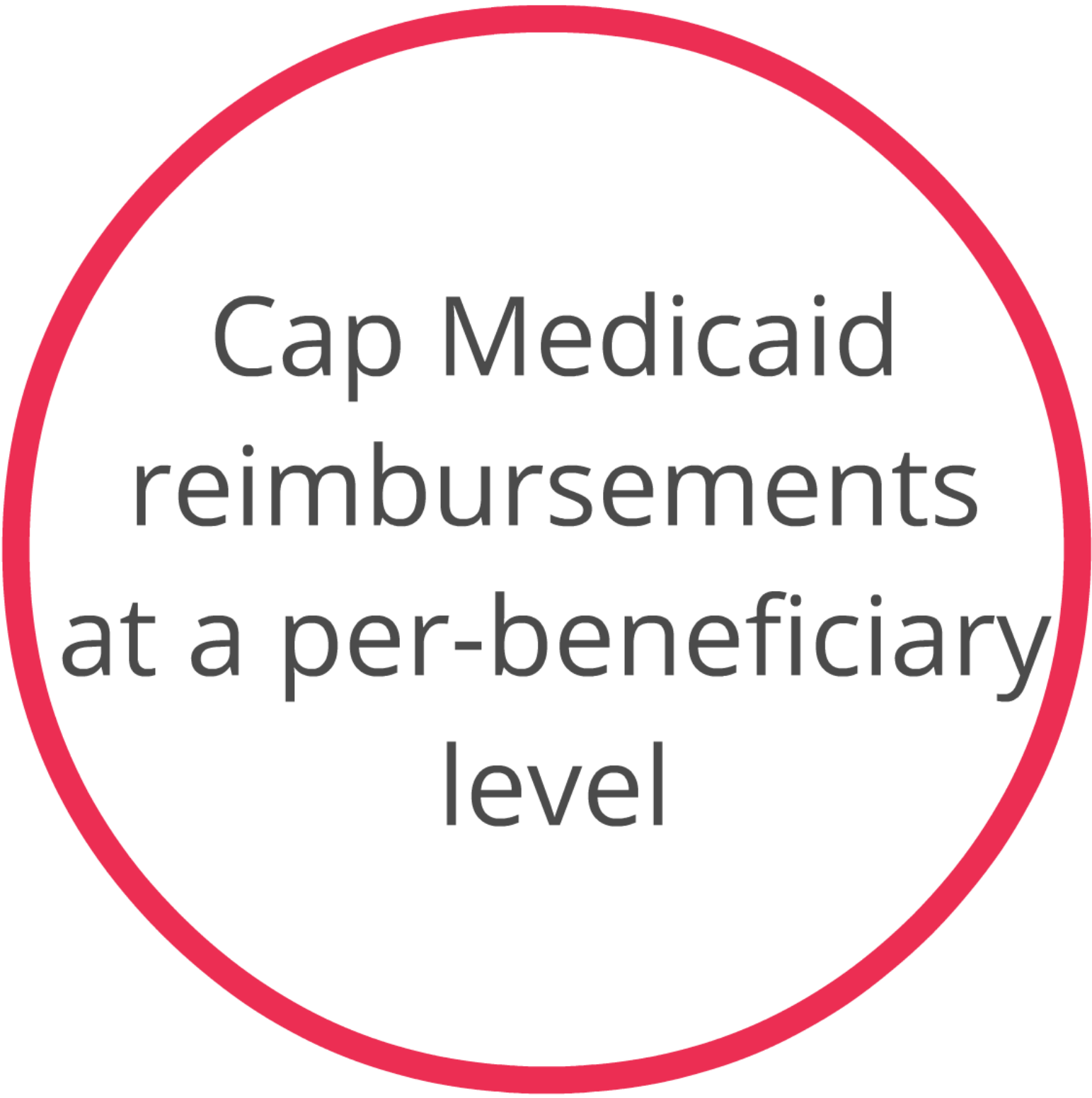
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level



Secretary of the Department of Health and Human Services



Rep. Tom Price (R-GA)

- Chair of House Budget Committee
- Chair of Republican Study Committee from 2009-10
- Orthopedic Surgeon, first physician to lead HHS since Louis Sullivan (1989-93)
- **Empowering Patients First Act**
 - Cap the **employer exclusion** of health insurance at \$20,000 for family, \$8,000 for individual
 - Allow individuals to opt-out of employer coverage and buy individual market insurance with tax credits instead
 - Individual Market Tax Credits:
 - Based solely on age and no limits on income qualification; \$900 for children under 18; \$1,200 for those between 18 and 35; \$2,100 for those between 36 and 50; \$3,000 for those 51 and older
 - Eliminate pre-ex protections unless continuously covered
 - Reinstate high-risk pools, fund at \$1 billion/year for 3-years
 - Permit sale of insurance across state lines



Nominee

Administrator of the Centers for Medicare and Medicaid Services



Seema Verma

- Indiana-based healthcare consultant
- Worked with Gov. Mitch Daniels on HIP 1.0 (2007) and Gov. Mike Pence on HIP 2.0 (ACA Medicaid expansion)
- **Healthy Indiana Plan (HIP) 2.0**
 - CDHP-based coverage for individuals with incomes of up to 138% of the federal poverty level
 - HIP members receive a \$2,500 deductible health plan (HDHP) paired with a \$2,500 "POWER" account, similar to a health savings account (HSA)
 - Members are required to make monthly contributions in the amount equal to 2 percent of their income (between \$1-25 a month)
 - First state waiver to have a "lock-out" provision to members who don't contribute to plan
 - Also worked on Medicaid waivers for: Iowa, Kentucky, Michigan, Ohio, Tennessee



Secretary of the Treasury



Steven Mnuchin

- Former Goldman Sachs partner and senior manager and hedge fund investor
 - November 1994 – December 1998: Head of the Mortgage Securities Department
 - December 1998 – November 1999: Overseeing mortgages, U.S. governments, money markets, and municipals at the "Fixed Income, Currency and Commodities Division"
 - December 1999 – February 2001: Member of the Executive Committee and co-head of the Technology Operating Committee
 - February 2001 – December 2001: Executive Vice President and co-Chief Information Officer
 - December 2001 – 2002: Executive Vice President, member of the Management Committee, and Chief Information Office
- National finance chairman of Trump's presidential campaign
- "Our number one priority is tax reform"

What

Central Ideas for the
Future of Healthcare

Republicans have campaigned on
"Repeal and Replace" of the ACA for
four consecutive national elections and
are now in a position to do so.

Congressional leadership is considering options for
implementing these changes, including the possibility of
using the the **budget reconciliation process** to repeal
only budget-relevant parts of the law, followed by passing
some form of a *yet-to-be-determined* replacement plan.

Republican Reconciliation/ Repeal Blueprint

H.R. 3762 passed by both House/Senate in late 2015/early 2016, vetoed by President Obama in January 2016.

Repeals: The Prevention and Public Health Fund, the reinsurance program, **premium and cost-sharing subsidies**, small business tax credits, **individual and employer mandate penalties**, Planned Parenthood funding, the Medicaid expansion, Medicaid DSH cuts, **the “Cadillac Tax”**, limits on FSAs, and taxes on health insurers, pharmaceutical manufactures, device makers, indoor tanning facilities, net investment income, payroll income, out of pocket healthcare costs, deductibility for employer-provided Part D coverage, OTC medications, and HSA expenditures.

Republican Replacement Plan Blueprint

- Return power to the states in regulating insurance markets, limit federal requirements on both private insurance and Medicaid, and reconsider costly mandates
- Empower individuals and small businesses to form **purchasing pools**
- Individuals with preexisting conditions who maintain continuous coverage should be protected from discrimination.
- Allow the **purchase of insurance across state lines**, repeal McCarran-Ferguson Act, which protects insurance companies from anti-trust litigation
- Promote Health Savings Accounts (HSAs), price transparency and enact medical liability reform
- Reform the FDA
- Give Medicare recipients the option of traditional Medicare or transitioning to a **premium-support model**; impose no changes for persons 55 or older
- Give Medicare enrollees an income-adjusted contribution toward a plan of their choice
- Block grant Medicaid and other payments, and assist all patients, including those with pre-existing conditions, to obtain coverage in a robust consumer market.

How

The Logistics of Reforming Healthcare Reform

How could "Repeal/Replace" Work?

How could "Repeal/Replace" Work?

1

Complete Repeal and Replace

Republicans use "regular order" and pass a bill repealing and replacing it in both chambers (218 votes needed in House, 60 votes in senate), send to President Trump to sign into law. **Would need at least 8 Democrats in the Senate.**

2

Amend the Current Law

Republicans work with Democrats under regular order to change the components of the law that have bipartisan appeal. Needs 218 House votes, 60 Senate votes. **Would need at least 8 Democrats in the Senate.**

3

Partial/Piecemeal Repeal through Reconciliation

Republicans pass a budget document instructing Congress to pass legislation repealing parts of the law that are budget relevant. Needs 218 votes in the House, 51 votes in Senate. **Would retain many existing elements of the ACA.**

What is Reconciliation?

Process to pass legislation in the Senate with only 51 votes, instead of usual 60

- Components **MUST** have a budgetary impact
- Can repeal cost-drivers; but many insurance market reforms can not be repealed

ACA Legislative History

- Dec. 24, 2009 - Senate passes ACA **60-39** (regular order)
- Mar. 21, 2010 - House passes ACA **219-212** (regular order)
- Mar. 23, 2010 - President Obama Signs ACA into law
- Mar. 25, 2010 - Senate passes Reconciliation changes **56-43**
- Mar. 25, 2010 - House passes Reconciliation changes **220-207**
- Mar. 30, 2010 - President Obama signs Reconciliation changes

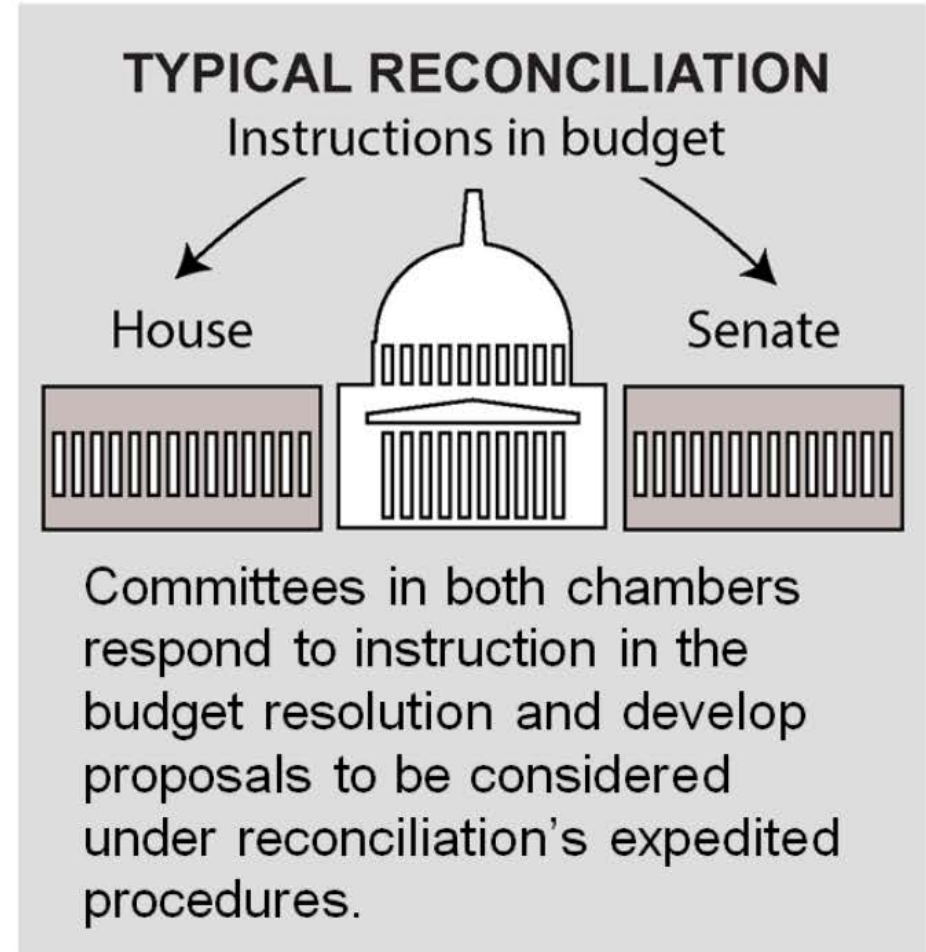


Image source: <https://www.brookings.edu/blog/fixgov/2015/10/01/government-shutdown-avoided-for-now-and-a-new-gop-strategy-takes-shape/>

What Can Be Repealed through Reconciliation?

- **Premium tax credits** and **cost-sharing tax credits** and tax credits to territories
- **Small Business tax credit**
- **Individual Mandate Penalty**
- **Employer Mandate Penalty**
- **Medicaid Expansion** (federal dollars for)
- Tax on OTC Meds
- Tax on HSAs
- Limitations on Contributions to FSAs
- Tax on Prescription Drugs
- Medical Device Tax
- **Health Insurance Tax**
- Elimination of Deduction for Expenses Allocable to Medicare Part D Subsidy
- Reduction in Deductibility of Medical Expenses
- Medicare Payroll Tax Increase
- Cap on Deductibility above \$500K for Insurance Employee Compensation
- **Medical Loss Ratio Requirement**

Major Issues:

Repeals only the budget-relevant items of the ACA

Immediate: Individual mandate/penalties

Transition/Delay:

Subsidies/Medicaid expansion

Only repeals the law, does not put in a replacement - only tells Congress to eventually come up with legislation

Does not repeal market reforms – guarantee issue, pre-ex, gender rating; etc

Potential for a **death spiral** of the individual market with increased adverse selection if replace plan doesn't follow repeal

Could be very disruptive for 20 million consumers *and constituents*

Republicans will need to agree on what "replace" means -- possibly need more than one bill

Passage of any replacement plan that is non budget-related will still need support of *at least 8 Democratic senators*

Carriers could pull out of individual market for 2018

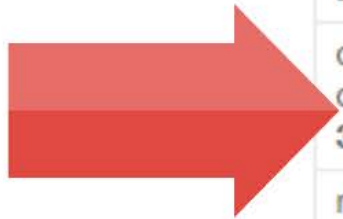
why

Public Support
for Change

Americans have voiced strong concerns over the ACA and Republicans will be in a position to significantly change it. But there is no consensus of what "replace" should be.

Major Election Takeaways

which candidate quality mattered most?			
	clinton	trump	other/no answer
cares about me 15%	58%	35%	7%
can bring change 39%	14%	83%	3%
right experience 21%	90%	8%	2%
good judgment 20%	66%	26%	8%
24537 respondents			



Voters wanted Change and overwhelmingly saw Donald Trump as the person who could bring it.

Source: <http://www.cnn.com/election/results/exit-polls>

Voters were almost evenly split between a more conservative approach vs. continuation of Obama/more liberal approach

should the next president:			
	clinton	trump	other/no answer
continue obama's policies 28%	91%	5%	4%
be more conservative 48%	13%	83%	4%
be more liberal 17%	70%	23%	7%
24537 respondents			



Trump won nearly one in four votes of people who want his administration to have more liberal policies than Obama

Source: <http://www.cnn.com/election/results/exit-polls>

view on obamacare			
	clinton	trump	
did not go far enough 30%	78%	18%	4%
was about right 18%	82%	10%	8%
went too far 47%	13%	83%	4%
24537 respondents			

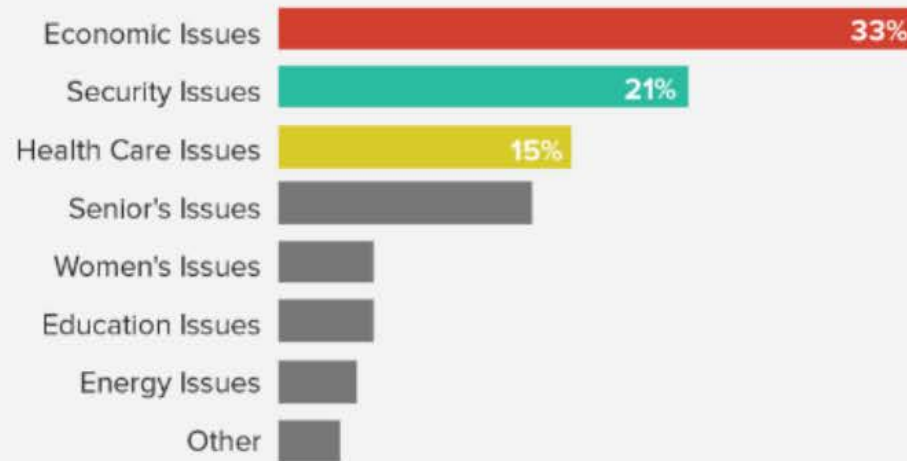
Incredibly, Trump won nearly 1 in 5 voters who think that healthcare should *go further* than President Obama on the ACA.



Trump voters strongly opposed the ACA, while Clinton voters were more split on whether the law should have gone further.

Source: <http://www.cnn.com/election/results/exit-polls>

Economy, Security, and Health are top issues for voters

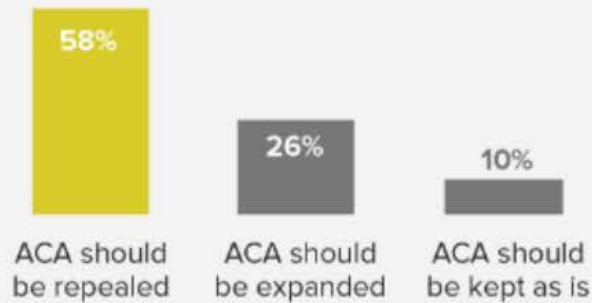


MORNING CONSULT + POLITICO

In a separate poll, 15% of voters say healthcare was a top issue for the election.

Source: <https://morningconsult.com/2016/11/06/final-2016-poll-morning-consult/>

Majority of Voters Think Obamacare Should Be Repealed



MORNING CONSULT + POLITICO

And 3 in 5 of them say that the ACA should be repealed.

Source: <https://morningconsult.com/2016/11/06/final-2016-poll-morning-consult/>

Politico/Morning Consult: 74% of Republican voters consider ACA repeal a top priority

Rasmussen 1/10/17

- **30% want repeal of entire law; down from November's 40% and lowest finding since 7/14**
- 56% want piece by piece review to improve law; highest finding to date
- 74% expect major changes in next 6 months
- 28% say they or a immediate family member have bought coverage established by ACA, up 4 points from October; this is a new high

NBC and the Wall Street Journal 1/19/17

Tracking poll on healthcare reform since April 2009

45% - ACA is a "Good Idea"

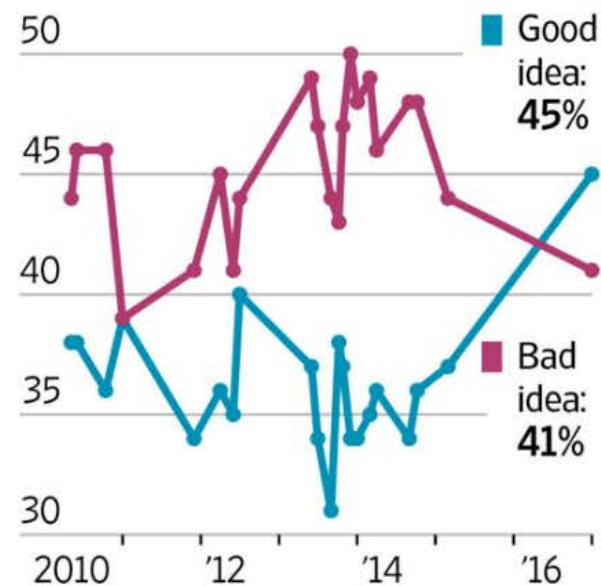
41% - ACA is a "Bad Idea"

Highest percentage of respondents who signaled their approval for the law and the first time that more people surveyed said they like it than dislike it.

Changed Sentiments

Feelings about the Affordable Care Act

55%



Source: WSJ/NBC telephone poll of 1,000 adults conducted on Jan. 12-15; margin of error: +/-3.1 percentage points

THE WALL STREET JOURNAL.

The Bottom Line

Americans are deeply divided overall

Healthcare remains an incredibly divisive issue in this country

Republican lawmakers have an obligation to make good on their promise to voters to change the ACA, many who see it as a major campaign issue.

The election results will give Republicans ability to change Obama administration programs, including the ACA.

But...

Changing any Obama Administration policies, particularly healthcare, will re-ignite the passions and battles from 2009/10

When

Timeline for Changes

1/3/17 - Sen. Mike Enzi (R-WY) introduced a reconciliation budget instructing four authorizing committees (Ways and Means and Energy and Commerce in the House, Finance and Health, Education, Labor, and Pensions in the Senate) to repeal the ACA and achieve at least \$1 billion each in deficit reduction over 10 years.

1/12/17 - Senate votes **51-48** to approve a budget resolution instructing the House and Senate to develop legislation to repeal the ACA. *Rand Paul (KY) is lone Republican senator to defect.*

1/13/17 - House votes **227-198** to approve the budget resolution. *Nine Republicans defect.*

1/27/17 - Deadline for committees to release draft plans on using reconciliation for repeal of ACA.

Meanwhile...

**Until any legislation
with repeal and
specific time frame has
been enacted into
law...**

**The ACA and all of its
regulations, penalties,
enforcement, etc**

**Remain the
Law of the Land**

NAHU's FEDERAL ADVOCACY

We Have Your Back

The new 115th Congress

NAHU's Priorities:

- Stabilize the health insurance market
 - Improve health plan affordability and availability
 - Optimize conditions under the existing market
- Work with President-elect Trump and congressional leadership to determine the **best approach and timing for change** in our healthcare system
 - Continue to advocate for the **need for valued guidance** by health insurance agents, brokers, and consultants
 - Continue to advocate for a **strong private health insurance market**

What NAHU is Advocating to Be Done Now through Regulation

- **Limit Special Enrollment Periods** and require documentation
- Reduce 90-day grace period for individuals with premium tax credits to 30-days
- Immediate restoration of HIPAA Certificates of Credible coverage
- Allow "grandmothered" policies beyond the scheduled expiration date of 2017
- **Redefine MLR Formula to exclude broker commissions**, if not in reconciliation
- Allow composite rating in fully insured plans
- Remove the requirement for standardized benefit plans to be offered in Marketplaces;
- Review and **simplify the IRC §§6055 and 6056 reporting requirements**
- Remove limitations on keeping grandfathered plans



Market Stabilization Proposed Rule

- Changes the 2018 OEP from November 1, 2017-January 31, 2018 to November 1-December 15, 2017.
- Expands the variation allowed of the AV of metal level (bronze, silver, gold and platinum) plans of -4/+2 percentage points, rather than +/- 2 percentage points (a gold plan could have an AV between 76 and 82%).
- All new marketplace consumers during a SEP must complete expanded pre-enrollment verification. Applications would be "pending" and not released to the issuer until eligibility is confirmed. Consumers would have 30 days to provide documentation.
- Tightening of SEP eligibility requirements relative to people who have a previous history of nonpayment of premiums, documentation of a move, and gaining a SEP for a marriage.


Comments are due by March 7, 2017.

The new 115th Congress

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As tax credits are
repealed, delay the
effective date until
January 2019 to allow
time for a replacement
and prevent
destabilization


Permanently
eliminate the
national premium
tax (HIT tax)

H.R. 246 | Reps. Kristi Noem (R-SD)
and Kyrsten Sinema (D-AZ)

Permanently repeal the Cadillac/excise Tax

H.R. 173 | Reps. Mike Kelly (R-PA)
and Joe Courtney (D-CT)

S. 58 | Sens. Dean Heller (R-NV)
and Martin Heinrich (D-NM)



Fully repeal the
Medical Loss Ratio
(MLR) requirement
with an an effective
date of January 1,
2018

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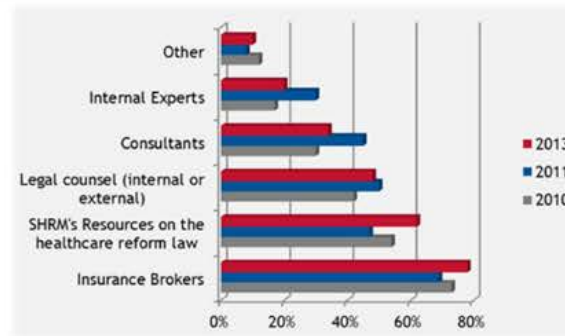
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- Expands the variation allowed of the AV of metal level (bronze, silver, gold and platinum) plans of -4/+2 percentage points, rather than +/- 2 percentage points (a gold plan could have an AV between 76 and 82%).
- All new marketplace consumers during a SEP must complete expanded pre-enrollment verification. Applications would be "pending" and not released to the issuer until eligibility is confirmed. Consumers would have 30 days to provide documentation.
- Tightening of SEP eligibility requirements relative to people who have a previous history of nonpayment of premiums, documentation of a move, and gaining a SEP for a marriage.

Comments are due by March 7, 2017

COMPLIANCE CORNER

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SHRM Survey Results
"What resources is your organization currently using in regard to the healthcare reform law?"



As new changes come to
health reform, let us help you!

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Health Reform Compliance

Agents and the Marketplace

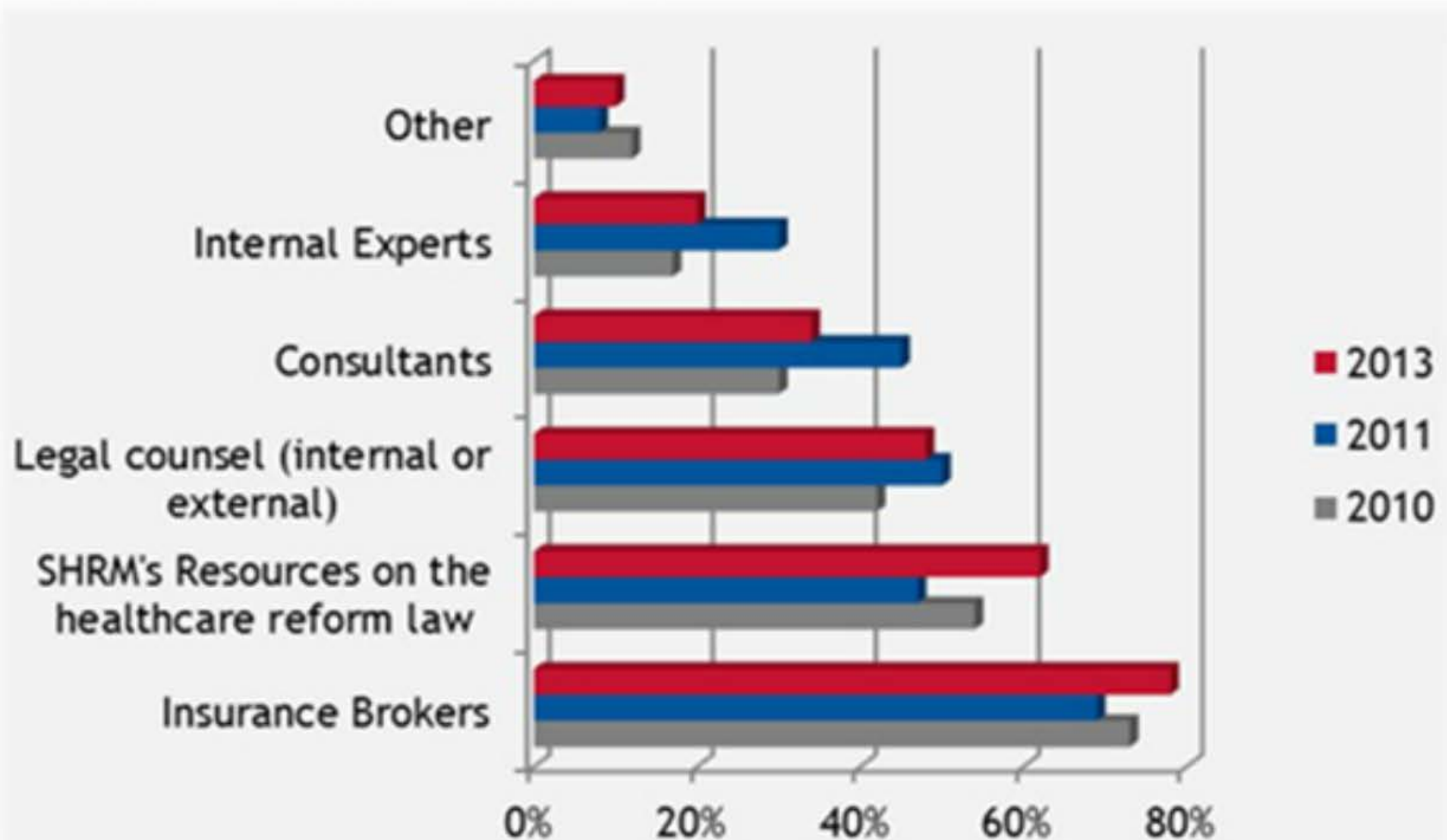
Additional Compliance Topics

Compliance Counsel Webinars

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NAHU represents licensed health insurance agents, brokers, consultants and benefit professionals who serve the health insurance needs of employers and individuals seeking health insurance coverage.

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COMPLIANCE CORNER

As insurance brokers trained in risk management, it is our job to analyze and identify risks that might adversely affect our client's business objectives. Compliance with federal statutes and regulations in the areas of insurance, labor and taxes is a daunting task for many of our employer clients. With the NAHU Compliance Corner, you now have a one-stop place to find the majority of federal statutes that affect the employee benefits world.

Have a Compliance Question?

If you need an answer to a specific health reform implementation question, you may submit it here and receive a personalized answer back generally within a few business days. [Click here](#) to login and take advantage of this premier member benefit.

Frequently Asked Questions

Have a question on the employer responsibility requirements? Perhaps your burning question is about PPACA's subsidies. Now you can get answers 24 hours a day, seven days a week with NAHU's newest Compliance Corner benefit: Frequently Asked Questions. We've posted dozens of the questions that you've been asking along with the answers [here](#).

Compliance Cornered Blog

By following Compliance Corner's new semi-monthly blog, Compliance Cornered, you will obtain access to many health reform implementation questions and compliance concerns. [Click here](#) to see what you have been missing out on!

Health Reform Compliance

The Patient Protection and Affordable Care Act (PPACA) has transformed the world of employee benefits and most NAHU members are now devoting a significant amount of their time to helping clients comply with the law and prepare for its coming changes. NAHU's PPACA resource page contains all the links, guidance and tools agents and brokers need to advise employer clients about their rights and responsibilities under the new law.

- [Patient Protection and Affordable Care Act \(PPACA\)](#)
- [Patient Protection and Affordable Care Act \(PPACA\) Certification Course](#)

Agents and the Marketplace

[Click here](#) for resources regarding agent and broker training for the federally facilitated and state-based marketplaces as well as other resources to address problems with individual and SHOP marketplaces.

Additional Compliance Topics

While PPACA represents new and extremely significant compliance obligations for employers and employee benefit specialists, it is certainly not the only federal requirement health insurance agents and brokers need to know about! [Click here](#) to view other compliance topics.

Compliance Corner Webinars

NAHU provides all members with [exclusive access to free monthly webinars](#) focusing on a specific detailed compliance topic of interest. These one-hour webinars are generally held on the first Thursday of each month at 1:00 p.m. - 2:00 p.m. Eastern.

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<https://t.co/k4Yxo47Yah>

HSA enrollment up, employer contributions down
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Questions?



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