

NEWS FROM THE DALLAS ASSOCIATION OF HEALTH UNDERWRITERS

NOTICE TO MEMBERS

Dear Members:

Consistent with ARTICLE XV of our Bylaws, we are providing notice of a proposed Bylaw change. **We ask that you attend the Monthly Membership meeting scheduled for August 17, 2022. We must have 10% of our membership in attendance to vote on the proposed amendments.** You can access our [Bylaws online](#).

The purpose of the proposed change is to resolve a conflict in our Bylaws regarding the governance of the Association. ARTICLE IX addresses the Board of Directors, its composition, responsibilities, and under what conditions business may be transacted. To transact business, there must be a quorum. ARTICLE IX, Section 8 states that a “majority of the Board of Directors shall constitute a quorum...” In ARTICLE X, Section 2 the Bylaws allows Trustees voting rights. There is a conflict in the Bylaws with Article IX and Article X since Trustees are not defined as Board Members but have voting rights as if they are members of the Board.

After review of the Bylaws, it has been determined that this conflict causes issue with determining quorum and puts into question if proper voting is occurring to transact Association Business. The Board recognizes the value of Trustees as mentors and advisors to the President and Executive Committee and encourages members eligible for Trustee status to continue in an advisory capacity. The Board also sees a need to ensure the health and growth of the Association and to achieve the health of the Association the role and length of service of Trustees should be limited.

After much debate, consideration, and guidance, your Board proposes the below amendment to our present Bylaws. We have copied the relevant Article below in its current form and provided the proposed language directly following it.

Current Language:

ARTICLE X – TRUSTEES

Section 1. The Trustees shall be members who have served as Immediate Past President of the Association, the current Texas AHU President or any current National Officer.

Section 2. Trustees shall have full voting privileges so long as they have attended a minimum of six (6) of the past twelve (12) meetings of the Board of Directors.

Section 3. No specific committee responsibilities shall be assigned to trustees however they may serve as members of any committee of the board.

Proposed Language:

ARTICLE X – TRUSTEE ADVISORY COUNCIL

Section 1. The Trustee Advisory Council shall consist of no more than five (5) of the most recent Past Presidents of the Association who are willing to serve in an advisory capacity to the President.

Section 2. A Trustee is any member in good standing who has served as Immediate Past President of the Association, currently serving as the State President, or is currently serving as a National Officer.

Section 3. No specific committee responsibilities shall be assigned to Trustees, and Trustees are not part of the Board of Directors. However, a Trustee who chairs a standing or special committee, as appointed by the President, is a member of the Board of Directors and governed accordingly.

The DAHU Board encourages your questions and comments and your attendance at the August 17th monthly meeting.

Rita Rolf, Immediate Past President

Legislative and Regulatory Updates

SCOTUS DECISIONS IMPACTING BENEFITS

The Supreme Court of the United States (SCOTUS) handed down several decisions during the last weeks of June. Here are the takeaways with links to industry articles.

- ❖ On Friday, June 24, the Supreme Court released its decision in *Dobbs v. Jackson Women’s Health Organization* finding that the United States Constitution does not guarantee a right to abortion access. Rather, the logistics of whether an abortion is allowed and under what circumstances has been returned to the states.
 - See the NAHU [ComplianceNow](#) article.
- ❖ SCOTUS declined to take up a case determining whether pharmacy benefit managers (PBMs) have a fiduciary duty under ERISA to lower drug prices. Read [more](#).

LONE STAR STATE UPDATE

- ❖ Texas has a “trigger law” that will ban all abortions as of the moment of fertilization. It allows narrow exceptions only to save the life of a pregnant patient or prevent “substantial impairment of major bodily function.” There is no exception for rape or incest. Texas’ law will go into effect 30 days after the final judgment.
 - Prosecutors may choose to immediately pursue criminal prosecutions based on violations of Texas abortion prohibitions predating *Roe* that were never repealed. The effect of that is that most providers have already ceased providing. The reason for this is that the new law allows prosecution of the person performing or assisting the patient in getting an abortion, NOT the person getting the procedure.

REGULATORY COMPLIANCE

Transparency in Coverage (TiC) Machine Readable Files (MRFs) Deadline Approaching

- Requirements: Files updated monthly; Free of charge; May not require establishment of user account, password or other credentials; Must include a place of service code and a provider TIN.

For more, watch the replay of the [Compliance Corner Webinar](#).

THE GREAT “UNWINDING”

Millions of Medicaid beneficiaries will be “unwinding” as the public health emergency comes to an end. See the latest [video](#) from NAHU’s Education Foundation.

Legislative and Regulatory Updates

NAHU's Comment Letter Regarding the Special Enrollment Periods

NAHU submitted a [comment letter](#) to CMS this week in response to a [proposed rule](#) released in April that implements many of the Medicare-specific provisions included in the Consolidated Appropriations Act of 2021. Policy changes included in this proposed rule are adjustments to the Medicare enrollment process, establishment of new SEP-triggering life events, and more.

- Under the proposed rule, Medicare coverage would become effective the month after enrollment for individuals enrolling in the last three months of their initial enrollment period, thereby reducing any potential gaps in coverage.
 - NAHU conveyed support for this provision, as this would significantly reduce gaps in coverage enrollment.
- The CAA created new life events that would trigger a special enrollment period. CMS is proposing the following SEPs: (1) individuals affected by an emergency or natural disaster; (2) health plan or employer error; (3) individuals who were recently incarcerated; (4) coordination with the termination of Medicaid coverage; (5) other exceptional circumstances.
 - NAHU expressed support all these proposed SEPs.
- End-stage renal disease is considered a qualifying life event to enroll in Medicare, regardless of age. When an individual receives a kidney transplant, Medicare coverage extends for 36 months but is then terminated unless the individual is otherwise entitled to Medicare based on age or disability. However, this means that vital immunosuppressive medication that keeps the organ functioning is also no longer covered after 36 months. If this rule is finalized, an individual who does not have other health insurance coverage would be eligible to enroll in Part B beyond the 36-month post-transplant period for the limited purpose of getting Part B coverage for immunosuppressive drugs.
 - NAHU supported this provision.

Mark Your Calendars!

3RD WEDNESDAY OF EACH MONTH

Addison Marriott Quorum by the Galleria, 14901 Dallas Parkway, Dallas, Texas 75240

We want to see you every 3rd Wednesday of each month. In July, register to attend the Medicare Summit or come to the Member Orientation. **We will not have a regularly scheduled luncheon in July!**

Medicare Summit: July 20, 9:45-6:30

[Registration](#) is open!

Lineup includes Sean Willingham, Paula Harrington, Cliff Stubbs, Ken Peterson, Rebecca Davis. 2 hours of CE.

Happy Hour and Murder Mystery FUN!



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Member Orientation: July 20, 3:30

This is the first time in a long time we have taken the time to host a Member Orientation. There has been an explosion of creativity, opportunity, and value enhancements within the past couple of years, not to mention the staples that have made this association your go-to professional organization for decades. Whether you're new, new-ish, or an ol' timer, we want to provide an opportunity to share many of the benefits your membership provides on the local, state, and national level.



More information will follow, but please register for this FREE event. Thank you, *Benefit Administration by Design*, for sponsoring this opportunity.

Register [here](#) so we are sure to have enough handouts.

Welcome to the Club!

The AGENCY DUES MODEL

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The Agency Dues Model 2022 program simplifies dues and payments (one amount per month based on your agency size) and provides full membership (and related benefits) to all of your employees who work on health, dental, vision and related benefits for employers or individuals.

- 1 Contact Bob Tretter at btretter@nahu.org to get an eligibility form and eligible agency member (EAM) spreadsheet.
- 2 Complete eligibility form and fill out the spreadsheet listing all current members from your agency as well as new eligible members. Send back to Bob Tretter at btretter@nahu.org.
- 3 Once confirmed, you will receive an itemized invoice outlining the monthly cost for all your employees for the program. Your itemized invoice will prorate the dues for any current members to sync everyone onto your agency membership.
- 4 Each EAM you enrolled will receive a welcome email with their NAHU log-in information and a description of all benefits. You may update your agency membership anytime through the agency membership account.



Professional Development

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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.



Upcoming Meetings

- July 20th – Medicare Summit (2 hours CE) and/or Member Orientation
- August 17th – Regularly Scheduled Meeting with a Membership Vote!
- September 21st – Carolyn Goodwin Legislative Forum
- October 19th – Regularly Scheduled Meeting
- November 16th – Regularly Scheduled Meeting (1 hour CE)



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Mental **Health** Parity & Addiction Equity Act

 Concierge Level, Full-Service Analysis

Mental health parity means that insurance benefits for mental health and substance use conditions are equal to coverage for other types of health care. MHPAEA requires group health plans to perform and document comparative analysis of the design and application of any Quantitative Treatment Limits (QTLs) or Non-Quantitative Treatment Limits (NQTLs) that apply to the plan, both written and in operation.

Our **Solution**

- Detailed comparative analysis of QTLs and NQTLs for the Mental Health Parity and Addiction Act
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