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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.

**Would you like to be more
involved in our industry?
Contact a board member today!**

See page 14 for a list of members.



PRESIDENT'S MESSAGE

By: Patricia Stiffler, LPRT

CAHIP-Orange County had some great events in the past few weeks. At our May meeting the attendees were able to receive the Anti-Fraud Awareness certificate which is a CA state mandated CE requirement.

During the awards portion of the meeting, we listed those members with continuous membership for 10 years or more. We also recognized our LPRT and our Triple Crown recipients.

I would like to congratulate our 2022-23 award winners:

Member of the Year

Cathy Daugherty

Volunteer of the Year

Sue Kidder

Legislative Excellence

David Benson

Board Member of the Year

Dorothy Cociu

Top Membership Recruiter of the Year

John Evangelista

On June 2 we held our 20th annual Celebration of Women in Business Fashion Show and Luncheon. Since it was our 20th Anniversary and it was also New Hope's 20th Anniversary, we had a Roaring Twenties theme. Many of our guests were decked out in fabulous 20's attire! Our WIB committee did a fabulous job securing amazing raffle baskets and auction items. Macy's provided beautiful clothes and this year our models each represented their company in style.

This is my last COIN article as President of CAHIP-OC. It has been my honor and my pleasure to serve as your President. I want to wish John Evangelista, your Incoming President much success in the coming year.

##



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Feature Article:

Medicaid Unwinding and the Impact on Group and Individual Health Insurance Markets

*By: Paul Roberts - Director of Education and Market Development,
Word & Brown General Agency*

The Families First Coronavirus Response Act (FFCRA), signed into law in March 2020, created the first major lifeline for Americans during the onset of the COVID-19 pandemic. It particularly addressed the immediate needs of working Americans who had suddenly lost their paychecks and/or their jobs – and their subsequent eligibilities for health insurance. Now that the pandemic has reached its end (although COVID-19 remains a health issue), some of the changes created by FFCRA are expiring – especially for those covered by federal and state Medicaid programs.

Under the FFCRA, states were enticed to expand their Medicaid programs to ensure continuous enrollment of Medicaid enrollees during the COVID-19 National Emergency. Throughout the pandemic, Medicaid beneficiaries have remained enrolled in the program regardless of changes in income or status.

Medicaid is a federally facilitated, state-administered, jointly funded health care program for low-income American families, adults, children, pregnant women, elderly adults, and people with disabilities. While each state's Medicaid program varies, Medicaid generally provides zero- or low-cost coverage to beneficiaries based on their household income. In California and most other states, residents are eligible for Medicaid if they have household incomes of up to 138% of the Federal Poverty Level (FPL). Although ineligible for Medicaid, earners with incomes between 138-400% of FPL are eligible for subsidies called Premium Tax Credits (PTCs), to help them pay the cost of individual coverage purchased on a state exchange (such as Covered California).

California's Medicaid program is called "Medi-Cal," and it covers nearly one-third of the state's population. California's Medi-Cal program increased its enrollment by 16% during the pandemic.

Because of the impacts of the pandemic, many people became newly eligible for Medicaid. Due to the "continuous enrollment provision" and other COVID factors, enrollment in the program boomed. Between March 2020 and December 2022, Medicaid experienced a nationwide enrollment increase of 21.1 million Americans, bringing the total number of enrollees to approximately 92.3 million.

The Consolidated Appropriations Act of 2023 declared an official end to Medicaid's "continuous enrollment provision," and assigned it a sunset date of March 31, 2023. Beginning April 1, 2023, states could begin to "unwind" their more than three-year COVID protocol and resume Medicaid eligibility determinations – and subsequent disenrollment. The Kaiser Family Foundation estimates 5-14 million Americans will have coverage disrupted or eliminated entirely because of Medicaid "unwinding."

California began its revaluation of Medi-Cal beneficiaries' eligibilities in April 2023. Redeterminations are being processed monthly, beginning with people who enrolled in Medi-Cal in the month of June (of any year). June enrollees will have from the beginning of April through the end of June (approximately three calendar months) to recertify. Those who no longer qualify for coverage will be disenrolled from Medi-Cal effective July 1, 2023. California will continue these certifications on an ongoing, monthly basis until May 2024.

California law requires the state to enroll all Medicaid disenrollees in the lowest-cost silver Individual & Family Plan (IFP) available to that person on Covered California – or the individual's same managed care plan (if it is available). To qualify, the applicant must also qualify for PTC subsidies to help pay for some, or all, of the silver plan's premium. Furthermore, enrollees can elect any IFP plan available to them within Covered California – including bronze, gold, silver, and platinum tier plans.

Disenrollment from Medicaid also triggers a qualifying event that establishes a Special Enrollment Period (SEP). Employees who waived job-based coverage because of ongoing Medicaid enrollment can utilize the SEP to enroll in their group health plans outside of Open Enrollment.

Federal law establishes a 60-day timeframe for SEPs, beginning on the day of the qualifying event. Those who find themselves ineligible for Medicaid (and subsequently disenrolled) with access to an alternate group plan – including a spouse's or parent's plan – will be impacted.

Those who do not respond to attempts for recertification will be disenrolled but may be eligible to enroll again – if eligibility is proven later, a Medicaid process called "churning." The industry forecasts minorities and non-English speaking residents will be impacted the most by churning, because of address changes and/or the inability to understand the recertification procedure.

Any person covered by Medi-Cal should anticipate recertification and respond to notices in a timely manner. When switching from Medicaid to IFP or group insurance, consumers should be cognizant of provider networks, premiums, and cost-sharing within the health plan.

Group insurance brokers should educate their clients on these Medicaid unwinding principles, so they can anticipate a potential increase in enrollment and support requests for their group health plans. Furthermore, employers and their employees should be reminded that an offer of "affordable"

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Legislative Updates:

Bill to Establish Unified Healthcare Financing System Reaches California Assembly

By: David Benson - CAHIP-OC VP Legislation

Last week, a bill to establish a unified healthcare financing system in the state of California passed the Senate by a vote of 30-9. [Senate Bill 770](#) seeks to achieve a unified, statewide healthcare system that would offer a wide package of medical services, including behavioral health, pharmaceutical, dental, and vision benefits, and wouldn't require cost-sharing for essential services or treatments.

"Our fragmented healthcare system leaves lethal gaps in coverage that disproportionately impact historically and systemically marginalized communities," said Sen. Scott Wiener (D-San Francisco), the bill sponsor. "SB 770 establishes a transparent process that will support stakeholders in doing the detailed work of building a better system while the Newsom administration collaborates with federal officials to ensure that it will be funded with California's full share of federal healthcare dollars."

California Agents & Health Insurance Professionals (CAHIP), which works to improve the health, financial, and retirement security needs of Californians, opposes SB 770. CAHIP, in collaboration with America's Physician Groups, the California Association of Health Plans, CalChamber, and the Association of California Life and Health Insurance Companies, wrote a [letter of opposition](#) to members of the Senate Health Committee. A central concern is the cost of implementing such a system.

"Our organizations oppose SB 770 as amended April 12th, creating a workgroup to petition the federal government to redirect hundreds of billions of dollars in Medicare and Medi-Cal funding to a costly new, untested state-run healthcare system, thereby eliminating the Medicare and Medi-Cal programs that serve millions of Californians," stated the letter.

SB 770 mentions how the state could save over \$500 billion over the next ten years if a unified healthcare financing system is implemented. Without shifting towards a unified financing, it is estimated that healthcare spending in the state will increase by \$158 billion over the next nine years, or a 30% increase over baseline spending. Further concerns from the opposing organizations include prohibiting private health coverage, and forcing all Californians into a new healthcare system with no ways to opt-out.

Bill supporters say SB 770 aligns with the state's Healthy California For All Commission, which advocates for a unified healthcare delivery and financing system.

Under the 2019 Budget Act, the commission was put in charge of developing a plan that includes options for advancing the state's healthcare delivery system. A commission report from April 2022 found that transitioning to a unified healthcare financing system would prevent 4,000 deaths per year, while saving Californians \$158 billion annually in healthcare spending by 2031.

"Single payer is projected to cost over \$500 billion a year, requiring large tax increases on individuals, employers, and small businesses," stated the letter. "California has made incredible strides improving access to affordable coverage. The vast majority of Californians are satisfied with their healthcare and want private coverage options."

If signed into law, SB 770 would eliminate the existing discrepancies between Medicare, Medi-Cal, employer-sponsored insurance, and individual market coverage. Services would be guaranteed, and would not vary based on age, employment status, disability status, income, or immigration status. Investments in public health would increase, as would efforts to address social determinants of health through an improved coordination of healthcare and human services.

The bill would require the formation of a Waiver Development Workgroup made up of appointed members and stakeholders such as consumers, patients, healthcare professionals, and labor unions. The California Health and Human Services Agency (CalHHS) does not have exact costs for the establishment of this workgroup, but expects it to be in the low millions of dollars from the general fund for 2023-24.

The California Health and Human Services Agency (CalHHS) would be required to hold discussions with the federal government about waivers, which would be reported to the Assembly and Senate health committees. The CalHHS secretary would provide a full set of recommendations for a formal waiver application by June 1st, 2024. The waiver would draw on federal dollars that are currently being spent on healthcare in the state.

SB 770 has gained momentum with numerous organizations supporting the bill, including the National Union of Healthcare Workers (NUHW), Health Access California, California Academy of Family Physicians, and the California Federation of Teachers. Michael Lighty, NUHW's representative of a statewide coalition of organizations that sponsored the bill, Healthy California Now, spoke with State of Reform about the importance of the bill.

"The Healthy California Now Coalition includes organizations that have been advocating to guarantee healthcare for all Californians for decades," Lighty said. "The advancement of SB 770, which seeks to codify the recommendations of Governor Newsom's Healthy California for All Commission with actional steps on a concrete timeline, is an important step to ensuring all Californians have access to equitable, affordable, and quality healthcare when they need it."

Lighty told State of Reform that the coalition is committed to this work, and ensuring that the communities most impacted by the inequities of the current healthcare system have repre-

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Employer Reporting Improvement Act Simplifies ACA's Reporting Requirements

By: Jennifer Blair, MAOM, CEBS - CAHIP-OC VP of Communications & Public Affairs

The following press release was released on June 8, 2023

Washington, D.C. – The House Ways and Means Committee just passed the Employer Reporting Improvement Act sponsored by Representatives Mike Thompson (D-CA) and Adrian Smith (RNE). NABIP has been advocating for employer-reporting relief for over a decade and applaud the bill sponsors and the Ways and Means Committee for passing the bill out of committee 37-0. This bipartisan bill now goes to the House floor for consideration.

"It's very encouraging to see lawmakers from both parties come together to support some simple but necessary administrative reforms that make it easier for businesses to comply with the Affordable Care Act," said NABIP CEO Janet Trautwein. "This bill will streamline reporting requirements so employers can focus on creating more jobs and opportunities for their current employees, as well as grow our local economies.

"We thank Representatives Thompson and Smith for advancing

a bipartisan, streamlined solution that will protect consumers' privacy and improve employer reporting requirements. This commonsense legislation is a rare bill that is a win for everyone involved including our government, workers, and employers.

"We look forward to our continued work with members of Congress and the administration to enact this important legislation into law." ##

Legislative Update cont. from page 6

sensation in the process.

This year, the California Assembly also saw a renewed introduction of a unified healthcare financing system bill, known as [Assembly Bill 1690](#). Bill sponsor Asm. Ash Kalra (D – San Jose) sees it as an opportunity to grow the movement for single-payer healthcare in the state. The bill is not expected to be voted on this year. ##

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What Agents and Your Clients Need to Know!

HIPAA Privacy & Security Enforcement Updates -

By: Dorothy Cociu, RHU, REBC, GBA, RPA, LPRT - CAHIP-OC VP of Professional Development

In an attempt to update you on HIPAA Privacy & Security and related activities, as well as non-HIPAA breaches, I'll summarize some of the recent activities.

Before I begin with HHS/OCR Updates, I want to notify you of other data breach incidents you might be interested in. I'll start with recent notifications from Lifelock, who advised subscribers of recent breaches that occurred which could affect many people.

Next-Gen Health Care announced a breach of over \$1 million individuals' personal information. NextGen Healthcare, a healthcare solutions provider, suffered a data breach that exposed the personal information of over 1 million individuals. Hackers had access to NextGen systems from March 29 to April 14, 2023, compromising personal information such as full names, addresses, birthdates, and social security numbers. If exploited, cybercriminals can use this information to commit identity theft. We will likely hear about this breach later through HHS/OCR.

In another large security breach, the TitleMax parent company, TMX Finance Corporate Services, disclosed a data breach that exposed the personal information of nearly five million individuals. The information was accessed over almost two weeks, and includes names and birthdates, as well as drivers' license and social security numbers. If exploited, cybercriminals can use this information to commit identity theft.

HHS/OCR UPDATES:

PUBLIC HEALTH EMERGENCY UPDATE

On April 11, 2023, the U.S. Department of Health and Human Services' Office for Civil Rights (OCR) announced that the Notifications of Enforcement Discretion issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act during the COVID-19 public health emergency will expire at 11:59 pm on May 11, 2023, due to the expiration of the COVID-19 public health emergency.

"OCR exercised HIPAA enforcement discretion throughout the COVID-19 public health emergency to support the health care sector and the public in responding to this pandemic," said Melanie Fontes Rainer, OCR Director. "OCR is continuing to support the use of telehealth after the public health emergency by providing a transition period for health care providers to make any changes to their operations that are needed to provide telehealth in a private and secure manner in compliance with the HIPAA Rules."

In 2020 and 2021, OCR published four Notifications of Enforcement

Discretion in the Federal Register regarding how the Privacy, Security, Breach Notification, and Enforcement Rules ("HIPAA Rules") would be applied to certain violations during the COVID-19 nationwide public health emergency. These Notifications and the effective beginning and end dates are:

- [Enforcement Discretion Regarding COVID-19 Community-Based Testing Sites During the COVID-19 Nationwide Public Health Emergency - PDF](#), effective from March 13, 2020, to 11:59 pm May 11, 2023.
- [Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency - PDF](#) ("Telehealth Notification"), effective from March 17, 2020, to 11:59 pm May 11, 2023.
- [Enforcement Discretion Under HIPAA To Allow Uses and Disclosures of Protected Health Information by Business Associates for Public Health and Health Oversight Activities in Response to COVID-19 - PDF](#), effective from April 7, 2020, to 11:59 pm May 11, 2023.
- [Enforcement Discretion Regarding Online or Web-Based Scheduling Applications for the Scheduling of Individual Appointments for COVID-19 Vaccination During the COVID-19 Nationwide Public Health Emergency - PDF](#), effective from December 11, 2020, to 11:59 pm May 11, 2023.

OCR is providing a 90-calendar day transition period for covered health care providers to come into compliance with the HIPAA Rules with respect to their provision of telehealth. The transition period will be in effect beginning on May 12, 2023 and will expire at 11:59 p.m. on August 9, 2023. OCR will continue to exercise its enforcement discretion and will not impose penalties on covered health care providers for noncompliance with the HIPAA Rules that occurs in connection with the good faith provision of telehealth during the 90-calendar day transition period.

The Notice of Expiration of Certain Notifications of Enforcement Discretion Issued in Response to the COVID-19 Nationwide Public Health Emergency may be found at: <https://public-inspection.federalregister.gov/2023-07824.pdf> - PDF.

RIGHT TO ACCESS UPDATE

On May 8, 2023, the HHS Office of Civil Rights entered into a \$15,000 Settlement Resolving Potential HIPAA Violations Under the Right of Access Initiative. They announced a settlement with David Mente, MA, LPC ("Mente"), a licensed counselor providing psychotherapy services in Pittsburgh, Pennsylvania,

Continued on page 9

concerning a potential violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule's right of access provision. The rule requires that patients be able to access their health information in a timely manner. This investigation marks the 44th case to be resolved under OCR's HIPAA Right of Access Initiative, designed to improve compliance by regulated entities with the law. Under the resolution agreement (RA), Mente must respond to the right of access request without delay, implement a corrective action plan (CAP) to be in compliance with the HIPAA Privacy Rule and pay a resolution amount of \$15,000.

In December of 2017, a complaint was filed with OCR alleging that Mente would not provide a father (personal representative) with a copy of his three minor children's medical records. OCR provided technical assistance to Mente on the requirements of the HIPAA Privacy Rule's right of access requirements and closed the complaint. The father requested his children's records again in April 2018, and despite OCR's prior technical assistance, Mente still failed to respond to the request, leading to the father filing a second complaint. OCR's investigation of this complaint determined that Mente's failure to provide timely access to the requested medical records was a potential violation of the HIPAA right of access provision.

"Under HIPAA, parents, as the personal representatives of their minor children, generally have a right to access their children's medical records," said OCR Director Melanie Fontes Rainer. "It should not take an individual or their parent representative nearly six years and multiple complaints to gain access to patient records. HIPAA regulated entities should be proactive and work to ensure patients and their representatives can access records."

As part of the CAP, Mente provided the father with all requested records in its possession. A copy of the RA and CAP may be found at: <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/mente-ra-cap/index.html>

OCR's guidance on the HIPAA right of access is available at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>.

OCR's guidance on the HIPAA Privacy Rule and personal representatives is available at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/personal-representatives/index.html>.

REPRODUCTIVE HEALTH CARE UPDATE

Due to this past year's interest in abortions, reproductive health care and related, and based on last summer's SCOTUS case overturning *Roe v. Wade*, on April 12, 2023, HHS Proposed Measures to Bolster Patient- Provider Confidentiality Around Reproductive Health Care.

The U.S. Department of Health & Human Services (HHS), through its Office for Civil Rights, issued a Notice of Proposed Rulemaking (NPRM) to strengthen Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule protections by pro-

hibiting the use or disclosure of protected health information (PHI) to investigate or prosecute patients, providers, and others involved in the provision of legal reproductive health care, including abortion care. HHS has heard from patients, providers, and organizations representing thousands of individuals that this change is needed to protect patient-provider confidentiality and prevent private medical records from being used against people for merely seeking, obtaining, providing, or facilitating lawful reproductive health care.

According to HHS, since the Supreme Court decision overturning *Roe v. Wade*, protecting patient health information and privacy has taken on critical importance. Following the decision, President Biden signed Executive Order 14076, directing HHS to consider ways to strengthen the protection of sensitive information related to reproductive health care services and bolster patient-provider confidentiality. This announcement is consistent with that Executive Order and coincides with the third convening of President Biden's Task Force on Reproductive Healthcare Access – a task force aimed at protecting women's access to reproductive health care.

"When the Supreme Court overturned *Roe v. Wade*, nearly half a century of precedent changed overnight," said Secretary Xavier Becerra. "The Biden-Harris Administration is committed to protecting women's lawful access to reproductive health care, including abortion care. President Biden signed not one but two executive orders calling on HHS to take action to meet this moment and we have wasted no time in doing so. [This] action is yet another important step HHS is taking to protect patients accessing critical care."

"I have met with doctors across the country who have shared their stories," said OCR Director Melanie Fontes Rainer. "These providers have expressed fear, anger, and sadness that they or their patients may end up in jail for providing or obtaining evidence-based and medically appropriate care. Trust is critical in the patient-doctor relationship and medical mistrust can damage and chill patients' relationship with their providers, imperiling patient health. [The] proposed rule is about safeguarding this trust in the patient-provider relationship, and ensuring that when you go to the doctor, your private medical records will not be disclosed and used against you for seeking lawful care. This is a real problem we are hearing and seeing, and we developed [the] proposed rule to help address this gap and provide clarity to our health care providers and patients."

OCR, which administers and enforces the Privacy Rule, sets requirements for the use, disclosure, and protection of PHI by health care providers, health insurance companies and other entities that are regulated by HIPAA (collectively, "HIPAA regulated entities"). The HIPAA Privacy Rule supports access to health care by giving individuals confidence that their PHI, including information relating to reproductive health care, will be kept private.

The recent NPRM proposes to extend additional privacy protections for providers, insurers, patients, and others to safeguard

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Federal Judge Strikes Down ACA Requirement for \$0 In-Network Preventive Care

By: Paul Roberts - Director of Education and Market Development,
Word & Brown General Agency

The Affordable Care Act (ACA) requires ACA-compliant plans to cover preventive care services at 100%, with zero out-of-pocket costs for the insured, when benefits are rendered in-network. This encourages ongoing engagement with one's primary care physician, with a goal of identifying health concerns early – ultimately contributing to reduced costs, lower premiums, and better care.

The listing of preventive services to be covered at 100% is comprised and defined by four expert medical and scientific bodies. One of those is the U.S. Preventive Services Task Force (USPSTF). The other three are The Advisory Committee on Immunization Practices (ACIP), the Health Resources and Service Administration's Bright Futures Project, and the Institute of Medicine's Committee on Women's Clinical Preventive Services.

On March 30, 2023, a federal District Court Judge in Texas ruled in *Braidwood Management Inc. v. Becerra* that the federal government cannot require health plans to cover the services recommended by USPSTF as "preventive care" because members of USPSTF are not appointed by the President or confirmed by the Senate.

The decision eliminates first-dollar, zero cost coverage for all preventive services recommended solely by USPSTF as of March 23, 2010, or later, which was the day the ACA was signed into law. Impacted services include coverage for certain colorectal cancer and lung cancer screenings, medications to prevent heart disease, perinatal depression prevention, HIV and STI screenings, anti-HIV medication, and more.

Separately, in the same *Braidwood Management Inc v. Becerra* case, the federal court in Texas also ruled that the current requirement for employers' ACA plans to provide coverage for anti-HIV medication, pre-exposure prophylaxis (PrEP), is unconstitutional because the requirement violates certain employers' religious beliefs. Siding with plaintiffs, federal Judge O'Connor ruled that requiring such coverage violates religious rights of the plaintiffs under the Religious Freedom Restoration Act (RFRA), agreeing with the Christian-owned company's argument that coverage for PrEP "forces religious employers to provide coverage for drugs that facilitate and encourage homosexual behavior, prostitution, sexual promiscuity, and intravenous drug use."

This is the first time the federal court has ruled that a preventive care item violates employers' religious rights since the U.S. Supreme Court's similar ruling on contraceptive benefits in the 2014 *Burwell v. Hobby Lobby Stores, Inc.* case.

Because of the ruling's dual implications, PrEP, which was recommended by USPSTF after 2010, can now be subject to cost sharing, or plans can eliminate coverage for the drug altogether – at least, at the federal level. States, however, can imple-

ment their own protections. For example, the federal court decision does not impact fully insured ACA-compliant health plans in California. It *does* impact grandfathered plans in California, self-funded plans, and all plans in many other states – including Nevada.

While the changes are effective immediately, the Biden Administration has appealed the decision. Separately, the U.S. Department of Justice has requested a "stay" from the federal Fifth Circuit Court of Appeals. If successful, the stay would pause the effects of the ruling until the appeals process is complete. The rulings could ultimately get appealed to the U.S. Supreme Court, which is relatively likely. **Update: On May 15, 2023, a federal appeals court in New Orleans put a temporary "stay" on the Texas judge's ruling. The lower court's decision in Texas has been temporarily suspended until a federal appellate court can review the case. The date for the appeals hearing has not yet been scheduled.**

As stated perfectly by [Kaiser Family Foundation](#), "Any service that was first recommended by USPSTF after March 2010 (and is not also recommended by another group like HRSA or ACIP) would no longer be required to be covered without out-of-pocket costs. For example, services and medications like statins to prevent heart disease, lung cancer screening, PrEP to prevent HIV, and medications to lower the risk of breast cancer (e.g., tamoxifen) for high-risk women may now be subject to copays, deductibles, or coinsurance."

While this decision impacts plans at the federal level, states can take their own action to implement protections and require coverage for such benefits for fully insured plans within their state borders. States are generally responsible for regulating *fully insured plans*, but do not have authority over self-funded plans.

California state law requires fully insured ACA-compliant California health insurance policies and plans to provide coverage for HIV prevention medication (PrEP), screening for sexually transmitted infections, and breast and colorectal cancer screenings as "preventive care" with zero cost sharing, regardless of the federal decision. Self-funded plans and grandfathered ACA plans in California, however, may still be impacted by the Federal District Court's ruling.

The California Department of Managed Health Care [released a statement from California Health & Human Services Agency \(CalHHS\)](#) that recaps the movement California has made for these benefit protections in recent years. "[Senate Bill \(SB\) 406 \(Pan, 2020\)](#) amended state law to require health plans provide coverage of evidence-based items or services in the recommendations of the USPSTF independent of federal requirements under the ACA.

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Compliance Corner, cont. from page 9

PHI when that information otherwise would be disclosed or used to identify, investigate, sue, or prosecute someone for seeking, obtaining, providing, or facilitating lawful reproductive health care. Reproductive health care would be defined to include, but not be limited to, prenatal care, abortion, miscarriage management, infertility treatment, contraception use, and treatment for reproductive-related conditions such as ovarian cancer.

While the Department is undertaking this rulemaking, the current Privacy Rule remains in effect. As explained in [OCR guidance](#), the existing Privacy Rule permits, but does not require, certain disclosures to law enforcement and others, subject to specific conditions.

OCR is committed to enforcing the HIPAA Rules that protect the privacy and security of peoples' health information. 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>

The NPRM can be viewed at the Federal Register at: <https://www.federalregister.gov/public-inspection/current>

A fact sheet on the NPRM is available at: <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/hipaa-reproductive-health-fact-sheet/index.html>

Stay tuned for additional updates as things happen!
##

Medicaid Unwinding cont. from page 5

coverage from an employer (of any size) disqualifies that employee – and potentially the employee's entire family – from PTC eligibility on a state exchange.

An offer of coverage is considered "affordable" for the employee if the employee's contribution for the lowest-cost, self-only premium (for a plan that provides minimum value) does not exceed 9.12% of the employee's pay in 2023. Family coverage is considered affordable if the employee's contribution for the entire family's premium, based on the lowest-cost plan, does not exceed 9.12% of household income. That is a change resulting from the ACA's "Family Glitch fix" in late 2022. ##

ACA Preventive Care, cont. from page 10

In addition, [SB 523 \(Leyva, 2022\)](#) established the Contraceptive Equity Act of 2022, expanding coverage of FDA approved contraceptive drugs and devices with no cost sharing, and [SB 159 \(Wiener, 2019\)](#) requires health plans provide coverage of preexposure and postexposure HIV prophylaxis drugs (e.g., PrEP)."

California also has active pieces of legislation moving through its legislative body that would explicitly require coverage without cost-sharing for anti-HIV medication and HIV screenings (SB 427), and STI screenings (AB 1645) for all plans regulated by the state – including grandfathered ACA plans.

We will keep you updated on the progress of the Biden appeal and future updates as they occur. ##

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Barbara Ciudad
REGIONAL SALES MANAGER

✉ BCIUDAD@BENEFITRESOURCE.COM

in [BARBARA-CIUDAD](#)

☎ (916) 289-9394



BenefitResource.com



CONGRATULATIONS CAHIP-OC AWARD WINNERS!

By: Patricia Stiffler, LPRT

Join us in Congratulating these amazing members!



Member of the Year

Cathy Daugherty, HIP
Bridgeport Benefits

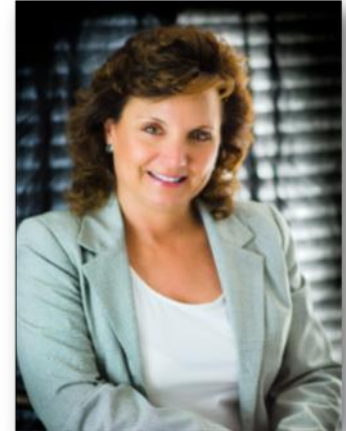
Cathy was our Region 8 PAC Chair for the past 2 years and has been a Diamond level contributor. She is the recipient of the SBA Women in Business Champion Award in 2009. In addition, she is the past President and current Board Secretary of the National Association of Women in Business Owners. As Region 8 PAC chair, she showed endless dedication to raising PAC awareness. In February she was awarded the National Jesse Patton Spirit of HUPAC Award at the Capitol Conference in Washington DC. Cathy will be serving as our chapter's incoming PAC Chair for 2023-24.



Legislative Excellence

David Benson, LUTCF
DCB Insurance Services

Dave goes above and beyond in the area of Legislative affairs. He's attended almost all the bill reviews and kept our chapter aware of the hot button legislation. He has participated in grass roots efforts by working with local Orange County legislators in promoting issues that are important to us and our clients. He also has the unenviable job of booking legislative appointments for our members during our annual trips to Washington DC and Sacramento. In addition, he has won the National NABIP Legislative Achievement and is a past LAAHU and CAHU president.



Board Member of the Year

Dorothy Cociu, RHU, REBC, GBA,
ROA

Advanced Benefit Consulting & Insurance Services, Inc.

Dorothy started her position on July 1st and took off like a rocket! Her knowledge and love of this industry helped provide our chapter with innovative meetings and top-notch CE classes. In addition, she has provided concise and informative articles on compliance and other important issues to National, State and local publications. In December 2022 her agency was named one of the Top 10 Benefit Administration Services companies in the US by Manage HR. She is a past OCAHU and CAHU President and Region 8 Vice President.



Top Recruiter of the Year

John Evangelista, LPRT
Colonial Life

John recruited the most members in 2023. He is also in contention for top recruiters in California. John has served in several positions on the board including Membership, committee chair, and OCAHU past President. John will be taking over as incoming president for 2023-24.



Volunteer of the Year

Sue Kidder
Sue Kidder Health & Insurance Services

Sue can be seen volunteering at almost all of our events. She has been a member of the WIB committee for several years. She's also volunteered at the Senior Summit, the OC Sales Symposium and the annual Take a Swing for a Cure golf tournament.



Celebrating our Members

By: Gonzalo Verduzco - OCAHU VP Membership

A Huge Thank You to our loyal members!

10-15 Years

2008

Margarite Fox

2009

Tom Christian
Joseph Dyer
Lawrence Hartley
Diana Miller
Paul Pendorf
Maggie Stedt
MaryAnna Trutanich

2010

Christina Ramus
Don Riggs
Bob Stiffler

2011

Joann Freeman
Mary Ramirez
Noran Teran
Dennis Ullmann
Jessica Word

2012

Kali Chang
Cathy Daugherty
Amber Field
Martha Garcia
Casey Meserve
Tom Roberts
Paul Tran
Jo Ann Vernon

2013

Phil Calhoun
Scott Diehl
David Duker
Gregory Forsdick
Sue Kidder
Sarah Knapp
Lorraine Navarro
Marco Navarro
Bruce Newberry
Mike Primicerio
Paul Strain
Peggy Thonas

15-20 Years

2003

Brenda Florio
Grace Hong
Ann-Marie Lander
Tonda Moses
Joe Partise
John Ringer
Timothy Sweany
Robert Wagner

2004

Joseph Halder
Daniel Templin
D'Vorah Mariscal
Eric Sims

2005

Daniel Callahan
John Evangelista
Tracy Hanson
Kelly Moore
Lynn Wischmeyer

2006

Terri Green
Irene Krinsky
Susan Sheldon-Livingston
Chris White
Jeff Williams

2007

Rhett Bray
Sandi Eber
Joy Gunderson

20-25 Years

1998

Rob Semrow

1999

Judy Burlingham
Anna Grubbs
Karen Patterson

2000

Sylvia Cano
Meg McComb

2001

Patrick Freeman
Glenn McDonald
Karen Nixon
Patricia Stiffler

2002

Tim Beck
Juan Lopez
Lisa Oudt

25-30 Years

1992

Helen Zajac

1993

Janice Hollander

1994

Deborah Ferguson
Arthur Fries
Jonathan Gotz
James Remick
Patrick Rodriguez

1996

David Benson
Maribeth Tennison

1997

Craig Lack
Candy Newberry

30+ Years

1980

Suzanne Purnell

1985

Rusty Brown
John Wayland
John Word

1987

Dorothy Cociu

1988

Jane Smith-Bowen
Michael Lugo

1989

Dan Abrams

1991

Kari Dobson
Scott Buettner

Triple Crown

John Evangelista

Sarah Knapp

Patricia Stiffler

Maggie Stedt

Leading Producers Round Table (LPRT)

Daniel Abrams

David Benson

Dorothy Cociu

John Evangelista

Terri Green

Anna Grubbs

Adriana Mendieta

Patricia Stiffler

Lisa Oudt

Maggie Stedt

John Word

CAHIP-OC Board of Directors and Staff 2022-2023

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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



The Value of Your Membership

By: Gonzalo Verduzco - CAHIP-OC VP Membership

What do you get for your investment as a California Agents & Health Insurance Professionals, Orange County (CAHIP-OC) member?

LEGISLATIVE UPDATES AND ALERTS

Through communication and membership meetings, we keep your finger on the pulse when it comes to healthcare reform and upcoming changes.

PROFESSIONAL DEVELOPMENT

We are committed to helping agents and brokers reach new heights in their careers through Continuing Education course, seminars, conferences and more.

NETWORKING

CAHIP Orange County provides a rich forum for sharing ideas, asking questions and learning new technologies. You can make new connections with brokers, agents, carriers and vendors.

AND IT DOESN'T STOP THERE!

- National Association of Health Underwriters (NAHU) and California Agents & Health Insurance Professionals (CAHIP) will protect your right to serve your clients needs.
- The opportunity to make an impact on our industry by getting involved in legislative efforts both National and

statewide.

- You will obtain timely, informative news
- You will attend continuing education seminars on the hottest insurance topics, locally, statewide and nationally at a discount.
- You will share information with top producing insurance professionals.
- You can participate in grassroots efforts that respond to local, state, and federal legislative issues.
- You will benefit from a variety of member-only discount programs.
- NAHU's Code of Ethics demonstrates to your clients your commitment to professionalism.
- You will play an active role in the future of the health insurance industry.
- You will receive a subscription to America's Benefit Specialist, the National Association's monthly magazine, and bi-monthly OCAHU newsmagazines.
- With NAHU following trends in Large and Small Group Managed Care Plans, Individual Health Plans, Long Term Care Insurance, Disability Insurance, and Medicare, you will benefit from membership no matter your specialty.

MEMBERSHIP NEWS

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

Susan Baker

David Hunter

Ryan Clear

Brittany Perreira

Ciaran O'Neill-Patrick

Anne Kelly

Lilian Marin

Richard Cano

Glenda Collins

Interested in Joining? Many ways to join:

▪ Contact our Membership Team:

Gonzalo Verduzco

☎ (714) 345-2558

✉ gverduzco@wordandbrown.com

Briana Hudson

☎ (714) 451-5772

✉ briana@dickerson-group.com

▪ Talk to a Member

(see page 14 for board roster)

▪ Visit our website at

www.ocahu.org

▪ Use our QR code

JOIN CAHIP-OC





CAHIP-OC Golf Tournament Photos





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





CAHIP Capital Summit Photos






***Women In
Business
2023 Photos***





YOU AREN'T ALONE



YOU HAVE NAHU!


As a health insurance and benefits specialist, you face many challenges in your quest to survive and thrive in a changing marketplace:

- » Staying up to date on important issues that affect your clients and your business.
- » Staying compliant.
- » Furthering your professional development by staying educated and getting appropriate certifications.
- » Networking with your peers and learning best practices.
- » Fighting to be treated fairly for the services you provide.

The National Association of Health Underwriters (NAHU) is your solution to all of these challenges, and more.

With what's happening in the world today, more than ever you need to have a resource like NAHU! It's important for you to be a part of a professional association that influences legislation and regulations that will safeguard and enhance your career.

NAHU is the association that has your back and will continue to fight for you and your clients.



Without NAHU, what will you do? Who will help you survive and thrive?

Become a member today at [nahu.org/membership!](http://nahu.org/membership)

NABIP Operation Shout!

The National Association of Benefit and Insurance Professionals (NABIP) is the leading professional association for health insurance agents, brokers, general agents and consultants. Our members work every day with individuals, families and employers of all sizes to help them purchase health insurance coverage and use that coverage in the best possible way. As a dedicated group of more than 100,000 benefit specialists from across the nation, we advocate on behalf of American health insurance consumers.

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!](#)

When you meet with your federal legislators back in the districts throughout the year, we encourage you to send us your feedback on those meetings. This helps us to keep up the conversation here in Washington. If you have a personal relationship with any legislator, please let us know by filling out our grasstops survey! For more on NABIP's Government Relations operation, [click here](#).





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NAHU Agency Dues Model

By: Gonzalo Verduzco - OCAHU VP Membership

The National Association of Health Underwriters represents our profession and our clients' interest in affordable access to quality health insurance and related benefits throughout America. Membership enhances our ability to advocate before state and federal decision-makers on the issues that impact our clients and our businesses. 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.

EAMs in Agency	2-4	5-9	10-15	16-24	25-39	40-50	51-74	75-99
Monthly Cost	\$65	\$120	\$275	\$530	\$665	\$800	\$1,100	\$1,700

The NAHU Agency Dues Model 2022 is available to agencies of two to 99 that enroll 100% of EAMs. It offers a streamlined billing process with one invoice, one renewal date and one payment each month to cover all your eligible employees. EAMs are producers in your agency who sell employee benefits, individual health insurance, Medicare or other health related products, as well as account managers and compliance professionals who are on staff and work with clients. This would not include those agency employees who work exclusively on life insurance or commercial and/or personal property and casualty insurance. With this fixed agency dues model program, all eligible agency members will receive the benefits available as a member of NAHU.

Note: Agencies with members in the chapters listed below are subject to an additional fee to support the chapter's advocacy efforts. This adjustment is set on pro-rata basis.

20% Geographical Adjustment

Local Chapters	All State & Local Chapters
Atlanta, GA	Massachusetts
Lexington, KY	Minnesota
Baton Rouge, LA	Nebraska
Springfield, MO	New York
Dallas, TX	North Carolina
Houston, TX	West Virginia
Lubbock, TX	
San Antonio, TX	
Wichita Falls, TX	

30% Geographical Adjustment

All Local Chapters in the Following States:
California
Connecticut
Florida

Enrolling in the Agency Dues Model is easy. The steps are listed below. If you have questions, please contact btretter@nahu.org or (202) 595-7564.

ENROLL IN NAHU'S AGENCY DUES MODEL IN 4 EASY STEPS:

- 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.

JOIN CAHIP-OC





WHAT IS THE **ANNUAL VALUE** OF NAHU MEMBERSHIP?



Support CAHU PAC!

You don't have to be a member to contribute to the PAC!



CAHU-PAC advocates on behalf of licensed insurance agents and their clients in California on numerous issues of vital concern including their role in solicitation of health, long-term care, annuity and life insurance products, insurance market reform, rising health care costs and regulations affecting agents and brokers.



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

REGION 8 VIRTUAL MEMBER ORIENTATION

All Members Welcome

6:00am to 7:00am (HI)

8:00am to 9:00am (AK)

9:00am to 10:00am (PST)

As the premiere trade association representing health insurance agents and brokers, NAHU continues to protect the indispensable role that professional benefits specialists play in serving consumers.

—NAHU CEO Janet Trantwein



Meeting ID: 826 3420 3381
Passcode: Region8



California Association of Health Underwriters Political Action Committee
 2520 Venture Oaks Way, Ste 150
 Sacramento, CA 95833
 FPPC # 892177

CAHU 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

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month	One Star	\$1,000 - \$1,999	\$85/month
Emerald	\$500 - \$719	\$42/month	Two Star	\$2,000 - \$2,999	\$170/month
Sapphire	\$720 - \$999	\$60/month	Three Star	\$3,000 - \$3,999	\$250/month
			Four Star	\$4,000 - \$4,999	\$340/month
			Five Star	\$5,000 - \$6,000	\$420/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 CAHU 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 CAHU 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: CAHU PAC 2520 Venture Oaks Way, Ste 150, Sacramento CA 95833
 FAX: (916) 924-7323 Questions: (800) 322-5934

Revised: 10/2019

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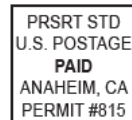
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- THE C.O.I.N. -

Don't miss our upcoming events!

UPCOMING EVENTS

Region VIII Leadership Conference
- Hilton Anaheim, CA

AUGUST 6-7 2023

11th Annual Senior Summit
- Pechanga Resort Casino

AUGUST 22-24 2023

Visit our website for more details

www.ocahu.org



linkedin.com/groups/4100050



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