

PRESIDENT'S MESSAGE:

Dear SAAHU Members and Friends:

We are off to a GREAT start after returning from the NAHU conference in San Antonio as we begin our new year with excitement and enthusiasm! I will share with you at our next meeting some of the events and notable updates that took place. Meet me on August 18th.

The board and I are having a strategy meeting soon to plan for the upcoming year. I am proud to say that I have the best board working with me this year! Our goal is for growth in our chapter. To facilitate growth, we will continue to have informative speakers, great sponsors, and DON'T forget those continuing education credits!

I do care about our members. This is a lonely business that we are in. Who can we talk to, who can we share our thoughts with? That's why I believe in our Chapter. We can and do share with each other. Please feel free to share with me anytime!

Sincerely,

Randy McDaniel, Your President



QUOTE: Volunteers are seldom paid; not because they are worthless, but because they are priceless!

Author unknown

SAAHU NEWS

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SAVE THE DATES! 2011 SAAHU MEETINGS

- ◆ [Thursday, August 18](#)
- ◆ [Thursday, September 15](#)
- ◆ [Thursday, October 20](#)
- ◆ [Thursday, November 17](#)
- ◆ [Thursday, September 15](#)
- ◆ [December—no meeting](#)

ATTENTION NEW MEMBERS! There will be a new member's meeting 30 minutes prior to the regular meeting start time. Please meet Linda McCoy in the Atrium for guidance.





GA Insurance Law: Allow Cross State Line Sales

The new law is set to take effect on July 1. The insurance law authorizes the sale of insurance policies across state lines for Georgia residents. Experts say it's among the first law of its kind in the nation. Critics complain that it opens the door for watered down policies that don't cover services like diabetes care, mammograms or regular checkups for young children that are required under GA policies. Supporters say it could drive down prices by introducing more competition and allow the roughly 20 percent of Georgians who are uninsured to find a policy they can afford.

It could still be some time before any out-of-state policies are available to GA residents. The state insurance commissioner's office must write and adopt regulations governing the policies and that process could take several months. Even then, it's unclear how broad the impact will be. The law covers only individual policies, not the larger group policies purchased by companies providing health coverage to their employees. Such individual policies comprise only about 4 percent of the health insurance market in GA, according to data from the Kaiser Family Foundation. How many insurers operating in Georgia will offer up plans from other states is also an open question.

Graham Thompson, executive director of the Georgia Association of Health Insurance Plans, said the group is intrigued by the new law. The seven largest insurers in the state, his members, will need to see how the regulations take shape before they decide whether to jump in. "We remained neutral on the bill because it's so new," Thompson said. "But we are all for ways to offer affordable products to our customers ... the goal is great."

The bill's sponsor, state Rep. Matt Ramsey, said he worked to build in consumer protections. The out-of-state plans must carry a benefits chart outlining exactly what Georgians are getting for their money and they must still be approved by Georgia's insurance commissioner. Those who purchase the plans would still have access to the state's dispute resolution process and the GA courts. Ramsey also added that he hopes the bill will chip away at a critical market, the uninsured who don't have coverage through work and who are looking for an individual policy that fits their budget. "We want to have a wide range of product options out there," the Peachtree City Republican said. "So, if your family can only afford a Ford than we want to be able to get a Ford." "Let the free market work," Ramsey said.

But Cynthia Zeldin, executive director of Georgians for a Healthy Future, a consumer health group, said the law will create "a race to the bottom" with Georgians buying stripped-down policies without really understanding how little they actually cover."

Andy Lord, a lobbyist at the state Capitol for the American Diabetes Association, said there is no evidence to support the idea that the law would drive down costs. He said the real intent seems to be to chip away at Georgia health insurance mandates "This says that whatever the lowest level of coverage is in any other state is good enough for Georgia," Lord said.

Lawmakers in GA tried for several years to adopt the health insurance bill. They succeeded this year as both the House and Senate picked up Republican seats. Passage of the bill followed a bitter debate, with Democrats arguing the bill would undermine the state's relatively tough insurance mandates, adopted over the years by the state Legislature.

Richard Cauchi, health program director for the National Conference of State Legislatures, said two other states — Wyoming and Rhode Island — have passed similar laws. But Rhode Island's law, enacted in 2008, is regional in scope, looking to partner with other New England states to expand its own health insurance offerings, he said. Wyoming's law was enacted in 2010. Cauchi said the Georgia law is the first to be signed since President Barack Obama signed the federal health care reform bill into law. Eighteen states have considered such laws, Cauchi said. "It seems to be a popular topic lately." posted by the AP



Toobin: Supreme Court too close to call on Reform

Legal scholars can point to any number of intellectual or demographic markers to support their predictions about whether the U.S. Supreme Court will throw out the healthcare reform law or uphold it. Writer and legal analyst Jeffrey Toobin, however, said he has no doubt which factor is the most important to watch: "There are five Republicans and four Democrats," Toobin said in a keynote address at the American Health Lawyers Association's annual meeting in Boston. "This is a deeply polarized court along predictable political lines."

That would seem to indicate that the Obama administration faces an uphill battle in defending the reform law. But like other court scholars, Toobin declined to predict how the court will rule, saying only, "It's a very close call."

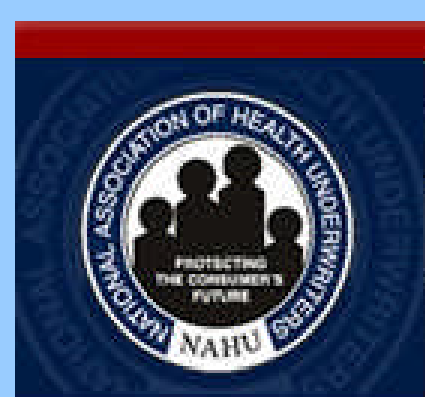


Toobin also would not speculate on how the court's putative swing vote, Justice Anthony Kennedy, will come down on the law. Kennedy, a Republican, was appointed by Ronald Reagan. But Kennedy was nominated only after the Senate Judiciary Committee—chaired by then-Sen. Joseph Biden in 1987—asked Reagan to submit a less-conservative candidate than Robert Bork, whose confirmation infamously failed.

"It's still an open question" as to how Kennedy will see the ACA, Toobin said.

June 27, 2011 by: Joe Carlson for Modern Healthcare

YOUR NAHU TEAM HAS RESOURCES ON THIS & ALL HEALTH REFORM ISSUES AT NAHU.COM.





THE
AMERICAN
COLLEGE

These designations openly exhibit for your clients and prospects that you are professional, knowledgeable, educated and have the integrity to represent them well. There are several designations— RHU, REBC,

IA, LTCP, CSA and CLTC. For information on how to register for these, contact our President, Andy McDaniel at 770.954.1644 or imtheinsuranceman@charter.net.

Different Studies Estimating Percent of Employers Dropping Health Coverage in 2014



1. 30% - February 2011 McKinsey Employer Survey on US Healthcare Reform
2. 20% of employers with <500 employees - Mercer's November 2010 National Survey of Employer-Sponsored Health Plans
3. 18.8% - Lockton's May 2011 Employer Health Reform Survey
4. 9% -January 2011 Market Strategies International: Health Care Reform 360 degrees
5. 7% - March 30 2011 CBO's Analysis of the Major Health Care Legislation Enacted in March 2010
6. 6% of employers with 500+ employees - Mercer's November 2010 National Survey of Employer-Sponsored Health Plans
7. 3% of employers with 10,000+ employees -Mercer's November 2010 National Survey of Employer-Sponsored Health Plans
8. 2% - SHRM Organizations' Response to Health Care Reform Poll, July/August 2010 (53% Undecided or still need to do analysis at that time)

Notes: McKinsey - <http://www.mckinseyquarterly.com/>

How_US_health_care_reform_will_affect_employee_benefits_2813 ; CBO -<http://cbo.gov/ftpdocs/121xx/doc12119/03-30->

Scenes continued: SAAHU Board of Directors Award winning members! Mark Phillips Linda McCoy



Though the Department of Health and Human Services anticipates the agent and broker industry will play a "critical role" in health exchange plan enrollment, whether (and to what extent) agents and brokers will be able to participate in these exchanges is a decision states will have to make before 2014.

According to new rules announced Monday it will be left up to individual states to decide whether agents and brokers will be permitted to assist qualified individuals, employers or employees with enrolling in a qualified health plan (QHP) offered in state-run health insurance exchanges. Agents and brokers will be permitted to become exchange "navigators," but must meet state requirements for these roles. If they choose to become a navigator, agents and brokers will not be allowed compensation from an issuer for helping an individual or small group select a specific QHP, but will receive grant money for services that go beyond enrollment.

Either form of participation in health exchanges, because of compliance and regulatory requirements, will likely incur costs for agents and brokers, according to HHS. HHS has determined agents and brokers will also be among a list of stakeholders, with which exchanges must consult on an ongoing basis.



Enrollment assistance-

Agents and brokers, who aren't acting as "Navigators," will be permitted to help enroll qualified individuals, employers or employees in a health plan, if their state exchange allows for it. They also will be allowed to help individuals with applications for advance payments of the premium tax credit and cost-sharing reductions.

Who is a Navigator?

HHS requires exchanges to include specific "entities" to act as navigators, in order to receive funding for a "Navigator grant." These can be groups ranging from consumer-focused nonprofits, licensed agents and brokers, unions, chambers of commerce and other organizations that have ties to potential, or existing, exchange plan enrollees.

Navigators will need to meet state exchange requirements for licensing or certification. HHS notes this "will allow the state or exchange to enforce existing licensure standards (such as verifying that agents who seek to be navigators are licensed), certification standards, or regulations for selling or assisting with enrollment in health plans and to establish new standards or licensing requirements tailored to navigators."

There are also specific compensation standards for brokers and agents acting as navigators. According to HHS, navigators (whether agents, brokers or any other entity) may not receive any financial compensation from an issuer for helping an individual or small group select a specific QHP. Instead, navigators will be awarded grant money through the health insurance exchange, but HHS requires funding for these grants cannot come from federal funds used to set up the exchange.

Navigator duties- According to HHS guidelines, a navigator must:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the health insurance exchange
- Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs
- Facilitate enrollment in qualified health plans
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the exchange, including individuals with limited English proficiency, and ensure accessibility and usability of navigator tools and functions for individuals with disabilities

Navigator compensation

Navigator grants will not be allowed to come from funds for establishing an exchange. To receive a navigator grant, an entity must:

- Be capable of carrying out duties listed above
- Demonstrate to the exchange that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP
- Meet any licensing, certification or other standards prescribed by the state or exchange, if applicable
- Not have a conflict of interest during the term as navigator