

**IAHU Board Meeting
October Meeting Minutes
October 10, 2017**

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| Called to Order | The October 10 th , 2017 Board Meeting of the Iowa Association of Health Underwriters was called to order by President Thams at 3:10 PM. The Meeting was held at Delta Dental. |
| Members Present -- | Lindsay, Thams, Hitchcock, Evans, Elam, Shireman, Strouse, Schreder |
| Members on Phone -- | Meek-Anderson |
| Members Absent -- | Mueller, Jedlicka, West |
| Secretary/Treasurer Report – Bob Lindsay | Motion by Schreder / Seconded by Evans to approve the September Board Minutes. Motion Passed Motion by Strouse / Seconded by Shireman to approve the August Financials. Motion Passed. Discussion regarding year to date financial position of the association. Currently showing a net loss of approximately \$9,000. There is a checking account balance of \$31,487.60. |
| President Elect’s Report/Symposium Mike Elam | President Elect Elam distributed a map of the State of Iowa showing the distribution of Association members. This information will be useful for future planning for Member Meetings and tracking attendees at the symposium. Discussion that a large portion of the State is not represented by Association membership. Discussion on how to do a better job of analyzing the available data. Discussion of possible speakers and topics for the 2018 Symposium. The Downtown Marriott did reconsider and have offered us a two year contract and Elam accepted that contract. |
| Past President/HUPAC Lynn Schreder | It was suggested that Board Members begin thinking about the slate of officers for the upcoming year. Do the existing Board Members plan on continuing on the Board? Conversation about promoting the education programs and designations offered by National. |
| Programs/Education James West | October 19 th Member Meeting with Troy Cock, his presentation <u>Bending the Cost Curve</u> has 30 attendees registered. November is open in case there is anything from a Legislation standpoint that will need to be communicated to membership. A member Social for December 21 st is being planned. When you consider the agent location map that was passed out, consideration should be made about the viability of having meetings in |

Western Iowa. Should we consider webinars instead? We need to be smart about the use of technology to touch our members.

Member Services
Joe Evans

Membership remains at 198 members. There were no additions or any lapses during the last month. The Committee has several fourth quarter working projects – continue to send welcome emails; calling any lapsed members. The committee is putting together a November, December January Membership campaign. We are considering giving a \$25 gift card for joining the Association during these months. We also want to send out a membership survey – What are you getting out of your membership, what would you like to see different? As part of our national awards criteria we have to have a one day membership blitz. This is in the planning stage.

At Large Reports

Western Iowa No Report
Karey Meek-Anderson

Eastern Iowa No Report
Rick Jedlicka

Corporate Sponsors Report by President Thams. It appears the general consensus is to separate the Symposium Sponsorship into an Annual Sponsorship with additional sponsorship opportunities for our other events. Consider a fee for annual sponsorship with additional fees for Symposium sponsorship – golf outing sponsorship etc. Discussion on how to change the perception about being just a Symposium Sponsor. Discussion on fees and how we are not capitalizing on the value of the symposium. Payment options? This is a continuing conversation and can't be instituted at one time. Options should be implemented over time. It is suggested that the Committee report back to the Board with two sponsorship packages to be considered.

Cassandra Mueller

Communications
Tracy Hitchcock

@IowaAssociationHealthUnderwriters Facebook site. This is the new combined Facebook page. We are doing monthly meetings to push press releases. There were two advisories that have come through – attached. We are considering making improvements to the Association website. There is a struggle with ownership of the site. Discussion of contracting with someone who will manage our symposium and website. This should be considered for 2019. It would be perfect to have one person to manage social media, website and event planning.

Awards
Greg Shireman

No Report

Government Relations
Marcie Strouse

President Trump has said, "Do not approve the Iowa Stop Gap Measure". This creates concerns for the Iowa Individual Marketplace. The Committee has been in almost constant communication with the Commissioner's office and they assure us that everything for communication to agents is in place if the Stop Gap Measure is approved. We are starting to plan for Day on the Hill. The committee is also planning on coordinating on pushing information out to the membership on all national bills that are being worked on. At Capitol Conference should we consider attempting to have one large meeting - breakfast or lunch instead of going to the individual legislator's offices?

President's Report
Todd Thams

No report

Old Business

None

New Business

Meeting adjourned:

4:35 PM

Network Analysis
Map

October 10, 2017

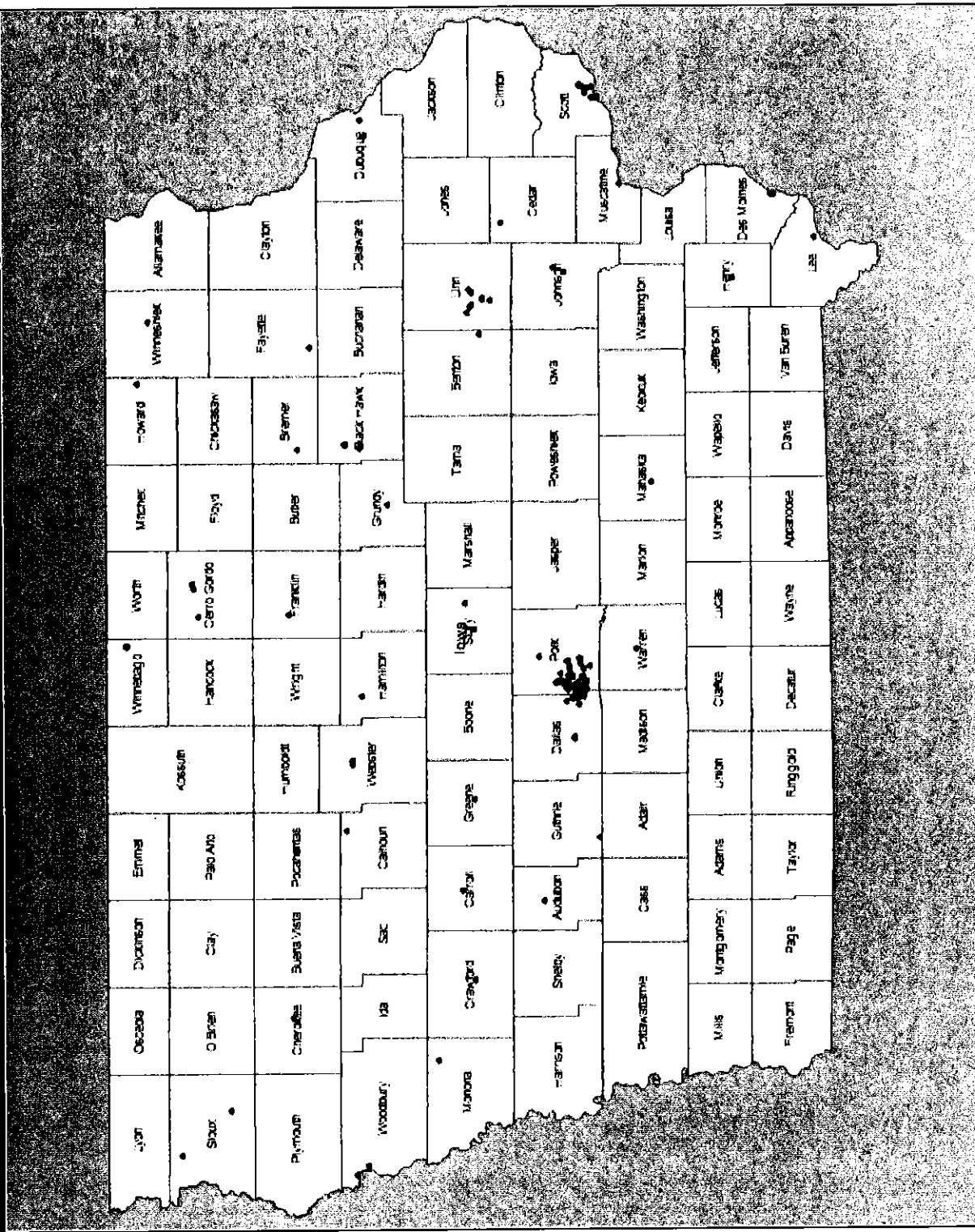
NAHU

190 employee locations

● All Employees

41.42 miles

NAHU Members





FOR IMMEDIATE RELEASE
September 26, 2017

Contact:
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NAHU Statement on the Graham-Cassidy Healthcare Reform Plan

Washington — The National Association of Health Underwriters (NAHU) issued the following statement on the healthcare reform bill proposed by Senators Lindsey Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV) and Ron Johnson (R-WI):

Ensuring private health insurance market stability and competition, as well as improving health coverage affordability, are among NAHU's top goals. As such, we are unable to support the Graham-Cassidy-Heller-Johnson proposal as it lacks what we believe are the key tenets of market stabilization.

The proposal would dramatically restructure the Affordable Care Act (ACA) from the federal government to the states. While some level of returning decisions to the states is desirable, the proposed legislation is likely to have untended consequences including a larger number of uninsured individuals, without actually taking the steps needed to stabilize the individual health insurance market.

The new plan would redirect ACA funds back to the states as block grants allowing states broad authority to determine how to apply these funds in the states. To that end, states could take actions that would eliminate important consumer protections as well as go far beyond ACA requirements, such as adopting single-payer or a public option for one or more markets.

While NAHU seeks greater flexibility for states to innovate on health reform, we do not believe that the flexibility proposed under the proposal is appropriate. The expansion of state waivers without any of the necessary 'guardrails' in effect under the ACA's current 1332 waiver program could undermine employer-based coverage, which is one of the indispensable pillars of the employment-based system. While some loosening of 1332 waiver restrictions is desirable, some minimum standards are needed to ensure that outcomes are positive rather than detrimental to markets that are not currently at risk.

Furthermore, establishing 51 completely different versions of healthcare systems in the states and District of Columbia could not only eliminate provisions that protect consumers but could also cause an enormous compliance burden for employers attempting to navigate the various health systems and their corresponding regulations and requirements.

We also have serious concerns with the retention of the Cadillac tax and the Health Insurance Tax (HIT), which, once they are retained in this proposal will effectively make them permanent, as states will grow dependent on these funds for implementing their health reforms. The Cadillac tax will impose a 40% excise tax on health plans that exceed certain cost thresholds beginning in 2020, while the HIT is currently under a one-year moratorium and is set to take effect again next year, adding an additional \$500 to average premiums per affected family every year.

As further changes are considered, NAHU believes it will be critical to carefully consider the impact on health insurance markets. Our top priority should be improving private health insurance markets and creating a more patient-centered healthcare system that adheres to the key principles of affordability, accessibility, quality and innovation.

The National Association of Health Underwriters represents 100,000 professional health insurance agents and brokers who provide insurance for millions of Americans. NAHU is headquartered in Washington, D.C. For more information, visit www.nahu.org.

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FOR IMMEDIATE RELEASE

September 28, 2017

Contact:

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NAHU Supports Legislation to Improve Medicare

Washington, D.C. — The National Association of Health Underwriters (NAHU) commends the Senate for unanimously passing the *Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act of 2017*. S. 870 is an important step toward strengthening and improving healthcare for seniors living with chronic conditions.

“The goal of this bipartisan initiative is to improve the quality of medical care for seniors while spending less money to do so,” stated NAHU CEO Janet Trautwein. “The bill allows Medicare Advantage plans in every state to coordinate and tailor benefits to meet the individual’s healthcare needs. Currently, Medicare Advantage plans must offer the same benefit package to all enrollees.

“It’s encouraging to see the implementation of value-based design in Medicare Advantage. Allowing for new options and tools for Medicare beneficiaries and their doctors not only improves seniors’ healthcare but also creates financial incentives that will bring down costs and increase consumer choices.

“However, advancing a patient-centered health system requires a fundamental transformation in how we pay for and deliver care. Unfortunately, our current Medicare payment system is geared more toward paying for seniors to go to the hospital than it is to paying for the care management that can keep seniors well. This legislation is a step in the right direction by moving away from an antiquated payment system based primarily on the volume of healthcare services provided to a system based on the value of these services.

“We look forward to working with members of Congress and other entities on this and other legislation that promotes patient-centered, value-based and high-quality healthcare for all Americans.”

NAHU’s Education Foundation partnered with the Robert Wood Johnson Foundation to provide a comprehensive training program designed to educate NAHU members about value-based insurance design and other healthcare delivery models. For more information, please visit <http://www.nahueducationfoundation.org/>.

The National Association of Health Underwriters represents 100,000 professional health insurance agents and brokers who provide insurance for millions of Americans. NAHU is headquartered in Washington, D.C. For more information, visit www.nahu.org.

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