

## President's Report

Keith Wright, MAHU President

### 4th Quarter

I hope this finds you well and working hard for your clients as 4th Quarter is well underway. Your association board has been busy, hitting the ground running October 2nd.

MAHU hosted their 2018 Free Agent Convention on October 2, 2018. The event was attended by over 100 agents from across the state. I would like to send out another thank you to all of our sponsors, exhibitors and speakers.

The board is currently working on a Lansing area event that will take place following the election. The event will have a minimal charge and allow our members a look at the election results and what they mean to our industry moving into 2019. We will send our more information once that meeting is set.

Do you know a colleague that isn't a MAHU member? If yes, please be sure to share all the value that membership has. I urge everyone to use the link below and visit the NAHU membership discount page - some of the savings you can access are tremendous! <https://nahu.org/resources/member-benefits>

Your feedback is important, please do not hesitate to contact me with any questions.



# THE SINGLE-PAYER TORNADO

Government-run, "single-payer" healthcare would:

**Destroy Millions of Jobs**  
Single-payer systems save money by setting artificially low reimbursement rates for doctors and hospitals – and in many cases, by paying them less than it costs to treat patients. That would drive healthcare providers into bankruptcy and eliminate 11 million U.S. jobs.<sup>1</sup>

**Force Patients to Wait for Care**  
Millions of people would languish on wait lists for doctor visits, tests, surgeries, and more. In Canada, the average patient waits more than four months for surgery after receiving a referral from her doctor.<sup>2</sup> The Red Cross has called wait times in the United Kingdom a "humanitarian crisis."<sup>3</sup>

**Ration Prescription Drugs**  
To control costs, a single-payer system would restrict access to advanced medicines. The United Kingdom's National Health Service doesn't cover specialty immunotherapy drugs.<sup>4</sup> Japan's government restricts access to specialty cancer drugs.<sup>5</sup>

**Restrict Research and Development**  
Single-payer's price controls would reduce incentives for scientists and companies to develop new medicines. Price controls implemented by foreign countries<sup>6</sup> single-payer systems prevent the creation of three to four new drugs each year, according to the U.S. Department of Commerce.<sup>7</sup>

**Hike Taxes**  
A single-payer system would require a new tax on income, on top of all the taxes Americans already pay.<sup>8</sup>

1. <http://www.healthcare.gov/blogs/2016/02/11/a-single-payer-would-lose-11-million-jobs-55-1.html>  
2. <http://www.bepatientfirst.org/feature/2017/05/04/what-would-creating-a-single-payer-health-system-really-look-like>  
3. <http://www.bepatientfirst.org/feature/2017/05/04/what-would-creating-a-single-payer-health-system-really-look-like>  
4. <http://www.bepatientfirst.org/feature/2017/05/04/what-would-creating-a-single-payer-health-system-really-look-like>  
5. <http://www.bepatientfirst.org/feature/2017/05/04/what-would-creating-a-single-payer-health-system-really-look-like>  
6. <http://www.bepatientfirst.org/feature/2017/05/04/what-would-creating-a-single-payer-health-system-really-look-like>  
7. <http://www.bepatientfirst.org/feature/2017/05/04/what-would-creating-a-single-payer-health-system-really-look-like>  
8. <http://www.bepatientfirst.org/feature/2017/05/04/what-would-creating-a-single-payer-health-system-really-look-like>



## Legislative Update

Cathy Cooper, MAHU Legislative Chair  
Ryan Burtka, MAHU Lobbyist



In case you missed it, DIFS issued guidance on Association Health Plans (AHPs). The guidance is reasonable and imposes submission requirements for insurers that plan to offer AHPs. In addition, it requires issuers of fully insured AHPs to be compliant with all group coverage requirements. If a carrier had an AHP in place, they have to file the plans and rates with DIFS by Nov. 15, 2018. [Click here to read the bulletin, Bulletin 2018-21-INS.](#)

DIFS also released an RFP for an actuarial firm to conduct the feasibility of a 1332 waiver to the Affordable Care Act in Michigan. MAHU also submitted feedback to DIFS that the study should include the review of a potential reinsurance mechanism as well as modifications to the actuarial value as it relates to the metallurgical tiers in the small group market. Legislation is pending

in the Michigan Senate for the state to apply for a waiver if the study comes back favorable. In related news, Democratic Gubernatorial nominee Gretchen Whitmer has included a reinsurance mechanism through a 1332 waiver in her health care plan if elected governor.

A few new bills were introduced that impact our industry. The bills are currently being reviewed by the MAHU Legislative Committee but we welcome any additional feedback from members. Links are provided below for your review.

1. [HB 6432](#) - Rep. Webber. This bill will amend the Health Benefit Agent Act to change the requirement for employees of an insurance company, requiring them to be licensed as a health benefit agent. However, doing so allows them to transact insurance and sell different lines of business and package products.
2. [HB 6444](#) -- Rep. Jason Wentworth. This bill would allow for agents to sell an insurance policy from a carrier from which they do not have an appointment by having a written contract with an agent that has an appointment. The impetus behind the bill is that some limited lines, such as cybersecurity insurance, lack a widespread network of appointed agents and an agent could potentially satisfy a niche need for a client on a product with a limited market. There is anecdotal evidence that DIFS is auditing agents and leveling fines for selling insurance without an appointment.
3. [HB 6431](#) -- Rep. Hank Vaupel. This bill modifies the Medigap policies that would be available in Michigan after January 2020.

If you have any comments/concerns about any legislation or regulation, please contact me at [ccooper@haaweb.net](mailto:ccooper@haaweb.net).



### **Northern Michigan Association of Health Underwriters**

NMAHU had a Medicare Information meeting in September. We had 15 people attend and it was very informative. We even added a new member!

Our next meeting will be our holiday gathering which is always a fun time. We are planning on December 18th from 4:30 to 6:30. Questions? Please contact [Tim Bruce](#), NMAHU Chair

## Stand Out - Apply for LPRT Today



### ***Distinguish yourself from the rest of the crowd.***

Access exclusive training and discounts toward certifications or toward attendance at Annual Convention and Capitol Conference.

Develop an exclusive peer network through special events.

These are some of the benefits you gain when you qualify for the Leading Producers Round Table (LPRT). We've made it easier than ever to apply online. If you've applied in the past and you have questions OR you would like to provide feedback on what we can do to bring more value to you, please contact me. If you've never applied and you'd like to but you're not sure where to start, please contact me. Nationally last year we had a total of 409 qualifiers at one of five levels. The application process begins in February.

Gear up now... go to [NAHU LPRT](#) and review the points calculator to find out which level you may already qualify for. With peak around the corner, you still have time to bump this up to the next level! It's time for you to join LPRT!

[Click here](#)

## SMAHU Update

The Southwest Michigan chapter will be hosting a panel discussion on Association Health Plans at our next monthly meeting, Tuesday, November 13th at 12 Noon at the Kalamazoo Country Club.

We have representatives from BCBSM, Priority Health, and several associations lined up to participate. Remember, you can attend at the SMAHU Member Rate if you are a member in good standing of any Michigan AHU chapter. You can register at [www.smahu.org](http://www.smahu.org). If you have questions for the panel, you can submit your questions to [info@smahu.org](mailto:info@smahu.org).



## Welcome

**Michelle Howard, Membership Chair**  
**John Jacobs, Retention Chair**



**MAHU Welcomes our newest members:**

Paul Roncelli

Beverly Messina

Suzanne Allain	Mak Sinclair
Dan Dombrowski	Wendy Downing
Libby Elliott	Diane R. Hardin
Sharon Bloedel	Tamara A. Wilfinger
Jeffrey Allan Fawcett	Chris Burnett
Otto Alcon	Craig C. Impastato
Renee Cook	Terry Czarnecki
Sarah Woolnough	Bridget Fazzolara
Laura Marie Meads	Amanda Ford
Lindsay Miszcak	Thomas E. Graber
Clarence Simonis	ZhiHong Liu
Jennifer A. Johnson	Kelly Olmsted
Jeffrey A. Lebowitz	Nabila Nancy DaKroub
Colleen Tate	Stewart B. Smith
Jeffrey L. Warden	Samatha D'Onofrio
Cynthia Brown	Brian Wensauer, LUTCF
Michael Coliton	Margaret Anderson
Mrs. Terry A. East	Bobi-Jo Abu-Joudeh
Gary Gray	Jim McCloy
Garland Grazier	Thomas Mielke

Mark R. Majoros

**NOVEMBER 6, 2018**



## **Tax Reminder for 2018 Filings**

As a reminder, 75% of NAHU annual dues are tax-deductible on your federal tax return. That is a \$202.50 deduction for 2018 and a \$242.50 deduction for 2019!



### **Michigan Association of Health Underwriters**

We are an association of health insurance professionals who specialize in the delivery of individual and group insurance products. Our focus is to improve our health care system here in our state.

We represent our local chapters, clients, the insureds, and work to make health insurance more affordable and accessible for our state's residents. By educating our elected officials, we strive to avoid unnecessary legislation and the unintended consequences that often follows increased governmental involvement.