

COMMENTS ON “ANNUAL LIMIT” INTERIM FINAL RULE

Submitted by

EMPLOYERS NETWORK FOR RESPONSIBLE OPTIONS, LAWS AND LEADERSHIP (ENROLL)
INTERNATIONAL PUBLIC MANAGEMENT ASSOCIATION FOR HUMAN RESOURCES
COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES
NATIONAL RAILWAY LABOR CONFERENCE

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INTRODUCTION

On June 28, 2010, Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Preexisting Condition Exclusions, Lifetime and Annual Dollar Limits on Benefits, Rescissions and Patient Protections Under the Patient Protection and Affordable Care Act, 75 Fed. Reg. 37,118-37,421 (June 28, 2010) (“Interim Rules” or “Rules”) were published pursuant to the Patient Protection and Affordable Care Act, Pub. L. No. 111–148 (March 23, 2010) (“Affordable Care Act” or “Act”), and the Health Care and Education Reconciliation Act, Pub. L. No. 111-152 (March 30, 2010) (“Reconciliation Act”). The Interim Rules were issued by the three agencies responsible for healthcare reform law rulemaking: the Internal Revenue Service in the United States Department of the Treasury (“IRS”), the Employee Benefits Security Administration in the United States Department of Labor (“DOL”), and the Office of Consumer Information and Insurance Oversight in the United States Department of Health and Human Services (“HHS”) (together the “Departments”). The Interim Rules included a request for comments.

These comments¹ are submitted on behalf of the Employers Network for Responsible Options, Laws and Leadership (“ENROLL”), including the International Public Management Association for Human Resources (“IPMA-HR”), the College and University Professional Association for Human Resources (“CUPA-HR”), and the National Railway Labor Conference (“NRLC”). ENROLL consists of employers and associations that have a shared commitment to the responsible administration of healthcare benefit plans. In many respects, the Affordable Care Act and the Reconciliation Act (collectively “the Act”) reinforce the role played by employers and employment relationships in national healthcare policy. As evidenced by the Interim Rules, responsibility for healthcare reform changes and costs will rest heavily on employers, and employers will play a central role in advancing the policies underlying healthcare reform. The employers and associations participating in ENROLL are identified in the Appendix.

The Interim Rules provide needed guidance concerning many aspects of the Act. Specifically, the Interim Rules state that employers cannot impose annual limits (subject to a three year phase-in) on essential health benefits. This prohibition fails to recognize two important developments in the area of employer-provided medical coverage: namely, the move towards dollar-denominated Health Reimbursement Arrangements (or “HRAs”) that are not linked to high deductible plans and also the widespread offering of reduced value health benefit

¹ Additional contributors to these comments, on behalf of ENROLL and the associations identified in the text, include Morgan Lewis attorney Sage Fattahian.

plans for individuals in part-time or seasonal positions. As a consequence of these developments, we believe that the Interim Rules should be revised to provide a level playing field for all HRAs and, further, to encourage employers to continue to offer reduced value health benefit plans to part-time and seasonal employees through a robust waiver program that extends beyond annual limit concerns.

There is boundless diversity among the employers, industries, unions, and benefit plans affected by the new healthcare reform laws. As reflected in the employers on whose behalf these comments are submitted, the new annual limit requirements profoundly affect healthcare benefits afforded to employees in railway transportation, trucking, integrated steel production, truck body production, biotechnology, chemical production, food product manufacturing, consumer packaging, publishing, broadcasting, heavy building materials, higher education, and municipal, state and federal governments. Based on the widely varying plan designs and workforces of these employers, and the range of changes and costs associated with the new requirements, the Interim Rules should respect and recognize this underlying diversity. The concept of annual limits, and the interpretations of the concept by the Interim Rules will reduce employer diversity and flexibility in the design of their medical plan coverages and may force employers to stop providing limited health benefits to part-time or seasonal employees.

In order to reflect this diversity, the annual limit rules in the Interim Rules warrant modifications to advance the policies and purposes underlying the healthcare reform laws.

SUMMARY OF COMMENTS

- 1. Part-Time And Limited Benefit Plans.** The Interim Rules should allow employers to offer different health benefit plans to part-time employees and seasonal employees (as a contrast to dropping this coverage entirely) and also to continue to offer limited benefit plans under a robust waiver program. *See* pages 3-9.
 - (a) The Interim Rules Are Too Inflexible.** Other Interim Rules do not reflect necessary flexibility and modifications to address a wide range of work forces. *See* pages 4-7.
 - **Dependent Coverage To Age 26.** The Dependent Rule constrains employer's ability to recover the cost of the immediate mandate. *See* page 4.
 - **Prohibition On Lifetime Limits.** The prohibition on Lifetime Limits will create financial uncertainty for employers and will have widely varying cost impacts. *See* pages 4-5.
 - **Prohibition On Rescission.** The Interim Rules impose unanticipated costs on standard plan administrative practices and are overbroad in relation to the perceived abuse in the traditional insurance market. *See* pages 5-6.
 - **Grandfather Status.** Loss of grandfather status, and application of grandfathered mandates, adds even further cost to coverage for part-time and seasonal workers. *See* pages 6-7.

- (b) **The Annual Limit Rules Are Too Costly.** The Interim Rules have widely disparate impacts on plans that currently contain annual limits and should be revised to permit plans to retain their current annual limits for part-time and seasonal workforces. *See* pages 7-9.
2. **Dollar Denominated Accounts.** The Interim Rules should allow employers to freely adopt and offer dollar denominated accounts (such as HRAs) that may, or may not be, linked to an underlying High Deductible Health Plan. *See* pages 9-10.
- (a) **The Act Does Not Eliminate Dollar Denominated Accounts.** Dollar Denominated Accounts Predate High Deductible Health Plans and survive the passage of the Act. *See* page 9.
- (b) **Dollar Denominated Accounts Will Enjoy Greater Demand On And After 2014 And Provide An Important Tool For Both Individuals Covered And Not Covered Under The Employer Shared Responsibility Requirements.** Many employers will use dollar denominated accounts to assist employees with their obligation to purchase health insurance in 2014 and beyond. *See* pages 9-10.

DISCUSSION AND ANALYSIS

1. **Part-Time And Limited Benefit Plans.** The Interim Rules should allow employers to offer different health benefit plans to part-time or seasonal employees (as a contrast to dropping this coverage entirely) and also to continue to offer limited benefit plans under a robust waiver program.

The Act prevents the application of longstanding lifetime and annual dollar limits (with minor transition rules in some instances).

The Interim Rules fail to recognize, however, that many employers must, by business necessity and/or affordability requirements, impose such limits on health benefit plans for part-time or seasonal employees and, as a result, undermine, in important ways, the ability for employers to continue these types of coverage and for participants to enjoy even limited medical coverage. Worse yet, many of these plans will not be subject to the 2014 employer shared responsibility requirements and, as a result, are in grave danger of being dropped well before the Exchanges are up and running in 2014—thus decreasing, rather than increasing, the number of Americans with employer-provided health coverage.

When added to the costly immediate mandates, including providing coverage to dependents up to age 26, the prohibition on rescission (hereinafter referred to as the “immediate mandates”) and the grandfathered mandates such as preventive services, emergency room visit parity and claims and appeals rules, the predictable result will in many cases be the elimination of current coverage for part-time or seasonal employees. This result will undermine efforts to advance healthcare reform, and should be accommodated in more concrete ways by the Interim Rules.

The Interim Rules should allow employers to retain current coverage types and designs for part-time or seasonal employees through a significantly enhanced and meaningful waiver

program. This will allow these individuals to keep their current coverage. Allowing employers greater latitude to continue to offer such plans in the Interim Rules will translate into greater protection for ongoing coverage between now and January 1, 2014, thereby advancing the interests of healthcare reform. In 2014, if an employee is dissatisfied with the employer-sponsored coverage, the employee can enter the Exchanges.

(a) The Interim Rules Are Too Inflexible. Other Interim Rules do not reflect necessary flexibility and modifications to address a wide range of work forces.

The Act requires that all group health plans comply with the following costly immediate mandates in the first plan year beginning on or after September 23, 2010 (which for many employer sponsored plans is January 1, 2011). The Departments recognize the significant cost of these immediate mandates but fail to permit sufficient latitude in the Interim Rules for employers to respond to these increased costs for part-time or seasonal employees. Examples of these immediate mandates, and the costs drawn from the Department's own estimates, are as follows:

- **Dependent Coverage To Age 26.** The Dependent Rule itself constrains employer's ability to recover the cost of the immediate mandate.

While it is difficult to determine how many adult children will take this coverage, and/or how much it will cost to cover these children, the Interim Rules do acknowledge that adverse self-selection will occur, such that adult children in fair or poor health will likely enroll in their parents' coverage, and the Departments' "mid range" assessment indicates that premiums will be increased over three years by 2.6%.

The Interim Rules provide no ability to share the cost of this coverage with employees. Moreover, in the context of collectively bargained plans, premiums cannot be raised mid-bargaining cycle. This leaves employers not currently in negotiations with no opportunity to seek to recoup those costs at this time.

- **Prohibition On Lifetime Limits.** The prohibition on Lifetime Limits will create financial uncertainty for employers and will have widely varying cost impacts.

According to the data provided in the Interim Rule, 45% of large employers have lifetime limits of \$2 million or higher, and only 37% of large employers have no lifetime limits at all. The data also suggests that relatively few individuals actually hit their lifetime limits. However, self-insured group plans that now have to eliminate their lifetime limits face financial uncertainty. The claims of one participant that are in excess of the current lifetime limit could have a significant negative impact on the health plan, including the possibility of bankrupting the plan. This is particularly true in the context of multi-employer plans, which in most cases are financed with limited employer contributions that are established in collective bargaining, and the investment income that is earned on such

contributions. If a multi-employer plan has to cover health care claims that run into the millions of dollars for one participant, it is possible that plan will not be able to pay for the claims of other participants. And, this scenario is a serious proposition considering the limited investment income currently available to these plans. Moreover, in most instances there is a corresponding multi-employer defined benefit pension plan. Due to the market losses of 2008 and the application of the Pension Protection Act of 2006, the contribution increases required to fund many of these plans are projected to be 10% or more in each of the next five years. In the past, the collective bargaining parties have been able to reduce contributions to the multi-employer health fund and to contribute the difference to the multi-employer pension plan. Because of the current economic crisis, contributing employers will be required to shoulder the burden of increased pension costs at the same time the proposed regulations are imposing significant health plan increases. This double hit may cause many contributing employers to reduce employment levels. The Interim Rules do acknowledge that dropping lifetime limits will increase costs, and that the average increase will be .5% of premiums, but this statistic may be misleading because the average includes plans with high or no lifetime limits with plans that have low limits. It is anticipated that the cost increases for plans with lower lifetime limits will experience cost increases in excess of .5%.

- **Prohibition On Rescission.** The Interim Rules impose unanticipated costs on standard plan administrative practices and are overbroad in relation to the perceived abuse in the traditional insurance market.

The Interim Rules take a very expansive view of this prohibition, and includes instances in which group health plans revoke health care coverage retroactively when an employee's coverage is mistakenly continued. For example, if an individual is moved from full-time to part-time employment, but continues to receive full-time health benefits, or if an individual is terminated, but, due to ministerial error, his health coverage is not timely discontinued. This raises a quandary for group health plans because, if an ineligible employee's coverage is mistakenly continued, it is the plan's ERISA obligation to ensure that mistake is fixed in a fashion that does not waste plan assets. In the normal course, the health plan would terminate the individual's coverage retroactively back to the proper date, and, as required, offer the participant COBRA continuation coverage. It is unclear whether that procedure would still be permissible under the new rescission rules. But, if not, the cost of covering these ineligible individuals will be another additional cost foisted on the employer.

Further, these costs will likely be unaffordable to multi-employer plans that do not have "general assets" available to cover unexpected costs.

Moreover, in the multi-employer context, the only way that the plan would know if an employee has been terminated or moved to part-time status is if the employer timely informs the plan. In many instances multi-employer plans do not receive information on whether an employee worked during a given month until midway or later through the following month. So, in summary, multi-employer plans will be responsible for covering ineligible employees when their employers fail to timely or correctly notify of the employee's termination or change to part-time status; and, arguably, this is a violation of ERISA because plan funds will be used to cover ineligible employees. The Departments were unable to estimate the cost impact of ending rescissions.

- **Grandfather Status.** Loss of grandfather status, and application of grandfathered mandates, adds even further costs to coverage for part-time and seasonal workers.

The grandfather Interim Rules contain unnecessarily narrow restrictions on the permissible changes that employers can make to their plans and still retain grandfathered status. When coupled with the cost of the immediate mandates, loss of grandfathered status under the Interim Rules will make it likely that employers will end all coverage for part-time or seasonal employees. The range of permissible grandfather financial actions should be tripled.

Although the Departments may need to set some limits on the range of financial actions available to grandfathered plans, those limits should, at a minimum, reflect the actual increases of approximately 10% that employers and plans will experience due to implementing the immediate mandates, as well as anticipated (and true) medical inflation. The language of the Act contains no such restrictions, the current limits in the grandfather rule fall far short of reflecting the true increases in cost created by the Act, and there is nothing in the grandfather rule that indicates that the Departments considered setting limits that would permit the employers to shift some meaningful portion of the increased costs associated with the immediate mandates.

Loss of grandfathered status means, among other things, having to comply with the Preventive Care requirements in the Interim Rule. But the Rule also acknowledges that "free" preventive services will result in an uptick in the use of such services, and it is the plan sponsors who are going to have to pay for those services without the benefit of any cost-sharing. While the Preventive Care Rule acknowledges that the data related to the costs of these services is uncertain, it posits that, based on the current cost of providing preventive care services, the full cost of providing such services for free will result in a 1.5% increase in premiums.

Because the limits contained in the current grandfather Interim Rules are so restrictive, and the cost of immediate mandates so high (not to mention the additional cost of grandfathered mandates if grandfather treatment is lost), the Departments should give serious consideration to revising the Rules to provide for all current grandfather limits to be tripled. This additional room will allow employers to adequately reflect the cost of the immediate mandates and, where necessary due to economic circumstances or collective bargaining restraints, pass the increased cost along to their employees without losing grandfather status. This expansion will allow the Interim Rules to reflect the spirit of President Obama's pledge and reflect the unconstrained language of the Act.

(b) The Annual Limit Rules Are Too Costly. The Interim Rules have widely disparate impacts on plans that currently contain annual limits and should be revised to permit plans to retain their current annual limits for part-time and seasonal workforces.

According to the data in the Interim Rules, only 8.2% of large employers have annual limits. However, these statistics do not include multi-employer plans, which typically have annual limits. Moreover, it is likely that, during the transition period until 2014 during which annual limits are permitted but lifetime limits are not, certain plans will be converting their lifetime limits to annual limits. As such, it is likely that the 8.2% figure will rise substantially between now and 2014.

For the group health plans that have annual limits, they are an important cost control measure, and losing or greatly restricting those limits will impose a heavy burden on those plans. While the impact of dropping annual limits will vary by plan size, the smallest plans are expected to face a premium increase of 6.6% over time as they move to the unrestricted annual limit.

While the smallest plans will likely face significant premium increases, the restricted annual limits rule and lifetime limits prohibition will likely threaten the existence of limited health coverage options offered by many employers with significant part-time and seasonal workforces. For example, employers in the retail and supermarket industries commonly offer limited benefit plans to their part-time workers. This limited coverage provides important health coverage and has proven to be an important benefit for many of these participants. Application of the Act's annual limits rule and lifetime limits prohibition will endanger the continued existence of this important coverage and may leave many workers without health coverage for years until 2014, when Exchange coverage becomes available.

Limited benefit plans, including those offered to part-time retail and supermarket workers, typically involve significant waiting periods, offer expanded benefits over time,² and impose annual and lifetime limits that cap the employer's coverage liability and often offer

² For example, a part time employee may, after 90 days of employment, become eligible for vision coverage. After an additional 90 days, a part time employee may become eligible for dental coverage. After an additional six months, the part time employee becomes eligible for medical coverage.

employee-only coverage. While the coverage is “limited” in nature, it serves an important purpose. Limited benefit plans allow approximately 1.4 million workers access to affordable health coverage for a majority of key medical issues.

Without limited benefit plans, many workers will not have access to health coverage until 2014. Application of the restricted annual limits rule and lifetime limits prohibition to these plans will result in substantial cost increases for employers. Such cost increases could cause employers either to significantly raise premiums, rendering coverage unaffordable for many workers, or to drop coverage entirely. In either event, many workers may be left without health coverage.

Such a result was certainly not among the Act’s intended consequences. President Obama and Congress have assured the public that the Act would not affect an individual’s ability to retain health coverage that satisfied his or her needs. Indeed, both have explained that the Act, in general, and the grandfather rule, in particular, were intended to allow workers to keep employer-sponsored coverage with which they are satisfied. It would be counterproductive if the Act and the annual limit rules resulted in the loss of coverage for a significant number of workers rather than the preservation, improvement, and expansion of coverage, as was intended.

Moreover, although the statute does not explicitly address the application of the coverage mandates to part-time or limited benefit plans, it appears that Congress did not generally intend the Act’s coverage mandates to apply to part-time plans that currently offer limited coverage. Conversely, the provisions regarding employer penalties related to Minimum Essential Coverage, which become effective on January 1, 2014, do address part-time coverage. The statute makes clear that the penalties are not triggered by failure to provide health care coverage to part-time employees. The fact that employers will face no penalties for failing to offer coverage of any kind to part-time employees in 2014 combined with the huge cost increases that will result when the restricted annual limits rule and lifetime limit prohibition become effective will likely prompt employers to drop part-time coverage well before the Exchanges come on line in 2014. This will add to the ranks of the uninsured for at least the next three years.

To preserve until 2014 the important health care benefits that 1.4 million workers enjoy under limited benefit plans, such plans should be exempted entirely from the immediate mandates, particularly the restricted annual limits rule and the lifetime limits prohibition. This exemption would be consistent with Congress’s apparent intention to apply the Act’s 2014 rules only to full-time employee coverage. If a complete exemption is not permitted, then the waiver program, contemplated in the Interim Rule, should be implemented with no restrictions on the annual limits that these limited benefit plans can impose. Under the waiver program, plans seeking a waiver will have to show that compliance with the restricted annual limits would either significantly diminish benefits access or cause significant premium increases for the limited benefit coverage. The Departments should ensure that the burden of seeking a waiver is not so great that employers choose to discontinue limited benefits coverage rather than seek a waiver.

The immediate and grandfathered mandates detailed above (including the annual limit elimination) significantly increase the employers’ cost of providing such coverage. For some employers, the cost of the immediate and grandfathered mandates will be at least 11.2% of

premiums. This additional cost, as applied to part-time or seasonal employees who are not subject to the shared responsibility requirements in 2014 is a sure recipe for disaster and a likely reason for completely eliminating such coverage. The Interim Rules should be modified to permit employers to continue part-time and seasonal health benefits without change under a robust, effective, timely and inexpensive worker program.

2. Dollar Denominated Accounts. The Interim Rules should allow employers to freely adopt and offer dollar denominated accounts (such as HRAs) that may, or may not be, linked to an underlying High Deductible Health Plan.

The Act generally prohibits establishing annual or lifetime limits on the dollar value of benefits and also permits limited annual limits before 2014 for essential health benefits. The Act, however, goes on to state in amended section 2711(b) of the Public Health Service Act that:

(b) PER BENEFICIARY LIMITS.—Subsection (a) shall not be construed to prevent a group health plan or health insurance coverage from placing annual or lifetime per beneficiary limits on specific covered benefits that are not essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act, to the extent that such limits are otherwise permitted under Federal or State law.

(a) The Act Does Not Eliminate Dollar Denominated Accounts. Dollar Denominated Accounts Predate High Deductible Health Plans and survive the passage of the Act.

We believe that the language in 2711(b) above specifically supports the continued existence of HRAs as they are already permitted under Federal Law (See IRS Notice 2002-45, 2002-28 IRB 93; Rev. Rul. 2002-41, 2002-28 IRB 75), have not been changed by the Act and are not essential health benefits under section 1302 of the Act.

Finally, the language quoted immediately above does not require such HRAs to be linked to a High Deductible Plan or, for that matter, any other plan whether or not the other plan complies with the Act. This conclusion is echoed under the Interim Rules where the Rules specifically recognize the continued vitality of health FSAs, MSAs and HSAs (See 75 Fed. Reg. 37190 (June 28, 2010), along with HRAs that are linked to High Deductible Health Plans. Surely the language of 2711(b), which is the basis for this conclusion, must also, without further action on the part of Congress, reach to a stand-alone HRA and allow it to continue without application of any annual limit.

(b) Dollar Denominated Accounts Will Enjoy Greater Demand On And After 2014 And Provide An Important Tool For Both Individuals Covered And Not Covered Under The Employer Shared Responsibility Requirements. Many employers will use dollar denominated accounts to assist employees with their individual obligation to purchase health insurance in 2014 and beyond.

Many employers have large part-time or seasonal workforces that are not part of the employer's shared responsibility requirements in 2014. In order to assist these individuals with the cost of their coverage (or help with out of pocket or co-payment costs) employers must be able to establish HRAs that are not linked to High Deductible Health Plans. While some of these

opportunities are available through health FSAs, the inability to use a health FSA for medical insurance premiums (in contrast to an HRA) and the annual use-it-or-lose-it nature of a health FSA will not encourage participants to husband their HRA balances for future medical expenses or adopt consumer-directed principles and practices that will save the Exchanges from paying for needless medical procedures. By contrast, establishing an HRA for these individuals will encourage them to shop for affordable Exchange plans, only utilize necessary medical procedures, and realize that HRA funds not spent in a current year can roll over and be used in future years. As such, stand-alone HRAs will enjoy even greater demand in the future and encourage employers to continue their subsidy for medical coverage when part-time and seasonal employees are able to gain meaningful access to individual Exchange coverage in 2014.

The demand for stand-alone HRAs will not, however, be limited to part-time or seasonal employees. Some employers will determine that it is in their financial best interest to no longer provide health care to their full time employees and thus pay any associated shared responsibility payment. These employers may still want to provide direct financial support to their employees in the form of a subsidy for Exchange premiums or to meet out of pocket or co-payment costs under their selected Exchange plan. While this may not be an ideal situation from the perspective of Exchange participation and costs, it is certainly far preferable for an employer to continue to provide some subsidy for health coverage through an HRA instead of not providing any subsidy beyond its indirect payment of the shared responsibility payment. In fact, the best approach of all would be for the entire shared responsibility payment to be available to the employee through an HRA and serve to offset, on a dollar for dollar basis, the shared responsibility payment to the Federal Government.

CONCLUSION

We hope that the Departments will consider the comments set forth above and incorporate them in the Final Rules, consistent with the Affordable Care Act, the Reconciliation Act, and the interests of employers, employees and other healthcare benefit plan participants. We remain available to meet and consult with representatives of the Departments and to provide any other assistance that will facilitate development of the final regulations.

Respectfully submitted,

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The Employers Network for Responsible Options, Laws and Leadership (ENROLL) consists of companies and associations that have a shared commitment to the responsible administration of healthcare benefit plans in the context of new requirements imposed under the Patient Protection and Affordable Care Act, Pub. L. No. 111–148 (March 23, 2010) and the Health Care and Education Reconciliation Act, Pub. L. No. 111-152 (March 30, 2010) (“Reconciliation Act”). ENROLL participants include the International Public Management Association for Human Resources, the College and University Professional Association for Human Resources, the National Railway Labor Conference, United States Steel Corporation, ArcelorMittal, Tribune Company, Trucking Management Inc., Lehigh Hanson, Inc., Bemis Company, Inc., Pactiv Corporation, Eppendorf, Inc., M&G Polymers USA, LLC, The Knapheide Manufacturing Company, McCain Foods USA, Inc., and other employers.

The International Public Management Association for Human Resources (IPMA-HR) is an organization that represents the interests of human resource professionals at the federal, state and local levels of government. IPMA-HR includes more than 5,500 federal, state and local human resource professionals throughout the United States.

The College and University Professional Association for Human Resources (CUPA-HR) is devoted to the higher education human resources profession and the higher education community, and consists of more than 12,000 higher education human resources professionals at more than 1,700 colleges, universities and other institutions associated with higher education. The participants in CUPA-HR encompass approximately 90 percent of the doctoral institutions, 70 percent of the master’s institutions, 50 percent of the bachelor’s institutions and close to 500 two-year and specialized institutions throughout the United States.

The National Railway Labor Conference (NRLC) represents member railroads throughout the United States in collective bargaining, labor relations, health and welfare benefits, and other employment-related matters. The NRLC dates back to 1963, resulting from the merger of three separate regional carriers conference committees which previously represented railway carriers in the Eastern, Western and Southeastern United States. Organized within the NRLC is the National Carriers' Conference Committee (NCCC), one of the two components of the joint plan committee which serves as a fiduciary and administrator of the Railroad Employees National Health & Welfare Plan.