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Definition of Employer Under Section 3(5) of ERISA-Association Health Plans

Comment On: EBSA-2018-0001-0001

Definition of Employer Under Section 3(5) of ERISA-Association Health Plans

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Comment on FR Doc # 2017-28103

Submitter Information

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General Comment

Dear Secretary Acosta:

I am writing in regards to the proposed regulation to enable self-employed individuals to participate in Association Health Plans (AHP's). The rule proposes to provide more affordable choices for independent contractors, like my husband and myself, by modifying the definition of "employer" to include "working owners." This would allow real estate agents access to the large group market because we are members of the National Association of Realtors.

The health regulations have been detrimental to Realtors across the country. I can speak from personal experience. We are a family of Realtors - both my husband and I work in the real estate industry. We have two young children. Thankfully, we have been relatively healthy and haven't had to use our insurance to the fullest extent. But, we have bounced from health plan to health plan for the last 3 years, changing coverage, deductibles, doctors, & available hospitals due to the changes in available health insurance. For our 2017 renewal, we had ONE company as an option in the county where I live. There was ZERO competition and this company now has a monopoly on all self-employed individuals in Boone County, Missouri. I not only speak for myself, but I am also a sales manager of an office of 75 agents. Some of our agents are lucky enough to have a spouse that works for a large employer and are provided health benefits there.

However, approximately half of our agents don't have access to group health insurance and either are stuck with the one carrier or don't carry insurance AT ALL due to the cost. By allowing associations to form group insurance plans, we can access the group market which has benefits, such as:

1. Lower premiums due to economies of scale. My family's premium in 2017 was almost \$1,300 per month and now is almost \$1,000 per month (because we chose to, once again, reduce our health insurance coverage). Others choose not to carry health insurance at all.
2. Prohibition of discrimination based on health status. We attempted to form a group policy for our agents and employees; however, due to the requirement of health underwriting we were rated so high the cost of premium was astronomically above the individual plan.
3. Better choices for health insurance. The current plan (the ONLY plan) available to us has only one hospital available in our county, limited to half the doctors in our county, and is limited in the plan features provided. By offering large group insurance, we would have access to more companies, more diverse plans, and a larger selection of providers & hospitals.

I appreciate your time and implore you to finalize the proposed rule with these comments in mind.

Sincerely,