



*The North Carolina Association of Health Underwriters (NCAHU) is the leading professional association representing 2,000 health insurance agents, brokers, general agents, consultants and their staff in our state. NCAHU members work with individuals, families, and businesses of all sizes to help them purchase health insurance coverage and to use that coverage in the best possible way. NCAHU supports meaningful changes in laws and regulations that increase stability in health insurance markets and make health plans more affordable and accessible for all North Carolinians.*

## **Market Stabilizers to Reduce Cost**

- **ACA 1332 Health Innovation Waiver**
  - The Affordable Care Act Section 1332 waiver program allows states to setup state-based high-risk pool reinsurance programs for the individual health insurance market. The waiver will allow states to receive pass-through funding based on the amount of premium tax credits that the federal government would have otherwise provided to eligible individuals absent the waiver. State Innovation Waivers are approved for five-year periods, and can be renewed. Waivers must not increase the Federal deficit.
  - In 2018 the following states enacted 1332 laws and received waiver approval by Dept of HHS: MD, NJ, MN, WI, OR, HI, AK, ME. Those states experienced a drop of between 9-30% in their individual market rate filing for health insurance products in 2019.
  
- **Allow More Small Employers to Purchase Stop-Loss Coverage**
  - NCAHU supports legislation to allow employers with at least 10 eligible employees to purchase stop-loss coverage in a partially self-funded or level funded group health plan.
  - Insurance carriers who issue stop-loss policies to employers with under 20 eligible employees must allow coverage to terminated employees under NC's State Continuation rules.
  - NCAHU supports language in SB86 Small Business Healthcare Act from Senators Bishop, Krawiec & Edwards with the addition of State Continuation language.
  
- **Mitigate Surprise Out-of-Network Emergency Care Billing**
  - Require insurers and providers to resolve reimbursement problems – keep the patients out of these disputes.
  - Emergency services provided by Out-of-Network providers in an In-network facility should be paid by the health insurer and the provider should not be allowed to balance bill patients for excess amounts beyond their insurance cost-sharing total. The State should determine what the insurance reimbursement rate should be for these providers. This would prevent surprise bills sent to patients that sometimes exceed 300-500% of Medicare eligible reimbursements.
  - Apply payment protections comprehensively when patients lack a choice of In-network providers which include:
    - emergency physician care; emergency ambulance transport (ground, air, and water)
    - ancillary and hospitalist services such as: radiology; anesthesiology, pathology, assistant surgery.
  
- **We support Association Health Plan legislation that is consistent with the NCAHU tenets**
  - Association Health Plans should permit licensed insurance agents to assist an employer and individual obtaining health insurance coverage with objective review and consideration of plans offered.
  
- **We support HB 144 Hands Free NC, sponsored by Representative Kevin Corbin**
  - Emergency room treatment is one of the most expensive types of care. A reduction in automobile accidents caused by mobile device usage will reduce emergency room care.
  - Reduced emergency care reduces the chance of North Carolinians being affected by surprise balance billing.

*For more information, please contact our Vice President of Governmental Affairs, Joe Stewart, at [jstewart@iianc.com](mailto:jstewart@iianc.com)*