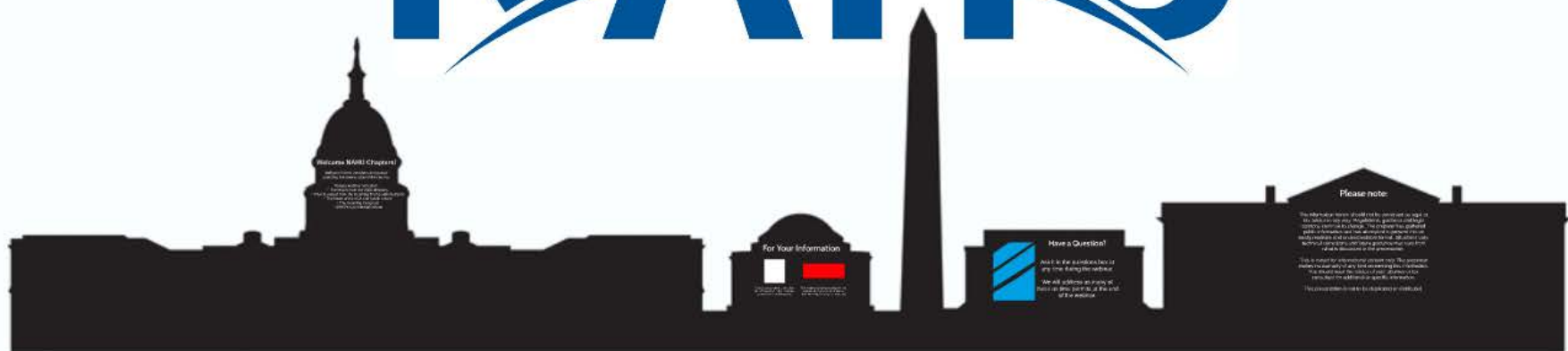


# LIVE

*from*

# NAHJU



**With Janet Trautwein**  
Executive Vice President & CEO

# Welcome NAHU Chapters!

Welcome NAHU members and guests attending live events around the country.

Today's webinar will cover:

- The results from the 2016 elections
- What to expect from the incoming Trump administration
  - The future of the ACA and health reform
    - The incoming Congress
  - NAHU's role in health reform

# For Your Information



Today's presentation is available for pdf download in the handouts section of your webinar pane.

**RECORDING  
IN PROGRESS**

This webinar is being recorded will be available for members to download from the webcasts page on [nahu.org](http://nahu.org)



## Have a Question?

Ask it in the questions box at any time during the webinar.

We will address as many of these as time permits at the end of the webinar.

## Please note:

The information herein should not be construed as legal or tax advice in any way. Regulations, guidance and legal opinions continue to change. The preparer has gathered public information and has attempted to present it in an easily readable and understandable format. Situations vary, technical corrections and future guidance may vary from what is discussed in the presentation.

This is meant for informational content only. The presenter makes no warranty of any kind concerning this information. You should seek the advice of your attorney or tax consultant for additional or specific information.

This presentation is not to be duplicated or distributed.

★ Hillary Clinton ★

VS

★ Donald Trump ★

2016 ELECTION RESULTS



# President

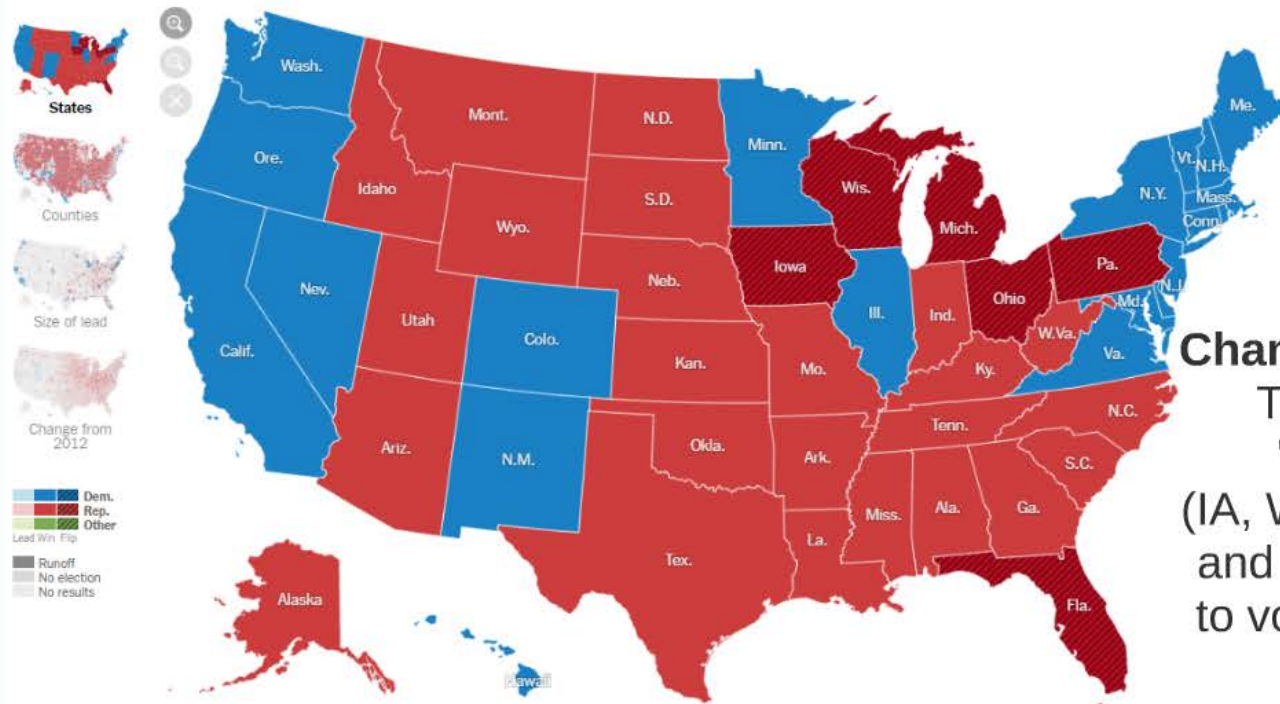
**232** Hillary Clinton

62,521,739 votes (48.0%)

✓ Donald J. Trump **306**

270 to win

61,195,258 votes (47.0%)



**Change from 2012:**  
The Midwest  
"Rust Belt"  
(IA, WI, MI, OH, PA)  
and Florida flipped  
to vote Republican

# Changes from 2012

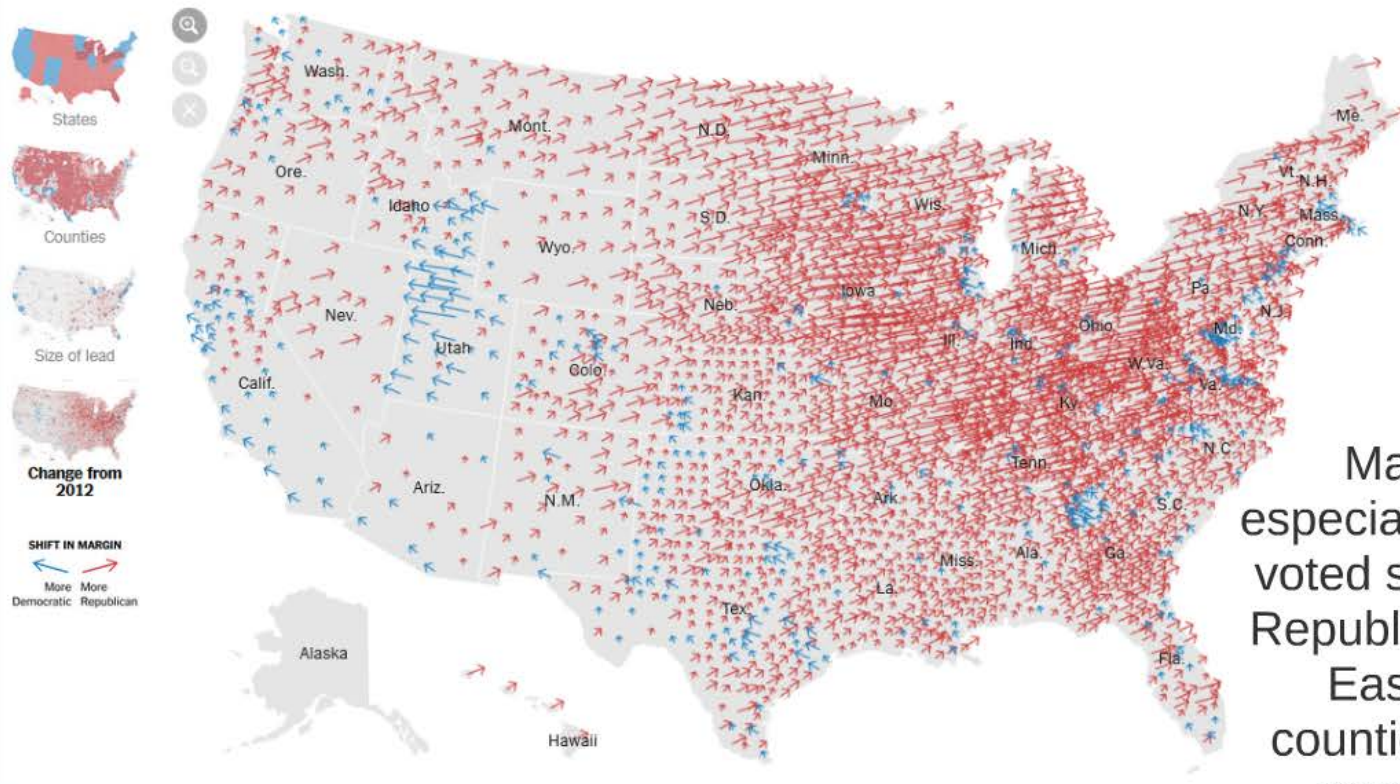
**232** Hillary Clinton

✓ Donald J. Trump **306**

64,817,808 votes (48.0%)

270 to win

62,510,659 votes (46.3%)



Many counties, especially in the Midwest voted significantly more Republican, while urban East/West Coast counties voted slightly more Democratic



# Major Takeaways



which candidate quality mattered most?			
	clinton	trump	other/no answer
cares about me 15%	58%	35%	7%
can bring change 39%	14%	83%	3%
right experience 21%	90%	8%	2%
good judgment 20%	66%	26%	8%
24537 respondents			

Voters wanted Change and overwhelmingly saw Donald Trump as the person who could bring it.

Source: <http://www.cnn.com/election/results/exit-polls>

Voters were almost evenly split between a more conservative approach vs. continuation of Obama/more liberal approach

should the next president:			
	clinton	trump	other/no answer
continue obama's policies 28%	91%	5%	4%
be more conservative 48%	13%	83%	4%
be more liberal 17%	70%	23%	7%
24537 respondents			



Trump won nearly one in four votes of people who want his administration to have **more liberal** policies than Obama

Source: <http://www.cnn.com/election/results/exit-polls>

view on obamacare			
	clinton	trump	
did not go far enough 30%	78%	18%	4%
was about right 18%	82%	10%	8%
went too far 47%	13%	83%	4%
24537 respondents			

Incredibly, Trump won nearly 1 in 5 voters who think that healthcare should ***go further*** than President Obama on the ACA.



Trump voters strongly opposed the ACA, while Clinton voters were more split on the law.

Source: <http://www.cnn.com/election/results/exit-polls>

# Results Raise More Questions

## **Was this a change election?**

Trump wins largely on an anti-establishment message, but voters overwhelmingly chose to "keep the bums in," preferring to re-elect establishment politicians over outsiders at all other levels of government.

## **Is there a governing mandate?**

Trump soundly defeated Clinton in the Electoral College, but lost the nationwide popular vote by over 2 million votes

## **If there is there a governing mandate, what is it for healthcare?**

Voters were as divided on health reform as they were 8 years ago, and there is no consensus how best to move forward



# The Bottom Line

Americans are deeply divided overall

Healthcare remains an incredibly divisive issue in this country

The election results will give Republicans nearly unilateral control to change Obama administration programs, including the ACA.

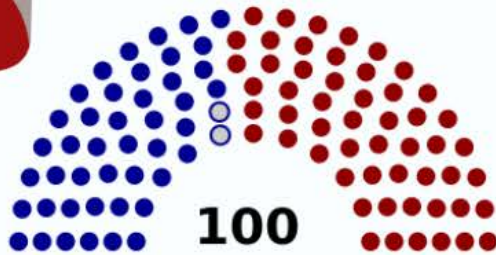
But...

Changing any Obama Administration policies, particularly healthcare, will re-ignite the passions and battles from 2009/10

**The Presidential  
Election was not the  
only thing on the ballot**



# Senate



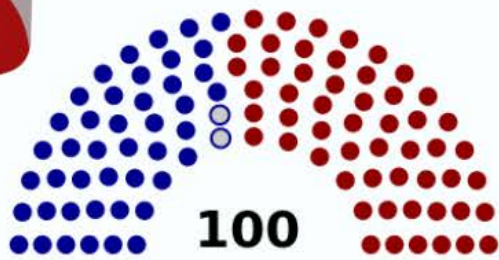
**34 of the 100 U.S. Senate Seats** were up for election

- **Republicans** defended **24** seats; **Democrats** defended **10** seats
- Democrats needed to pick up at least 4 seats for senate control

Senators are elected to 6-year terms, with 1/3 of the Senate up for election every two years.

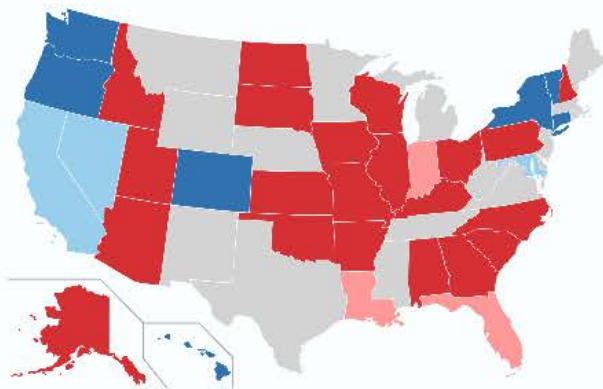
51 members gives a party control of the chamber to set the agenda, but 60-votes are necessary for "**cloture**," to break a filibuster and pass legislation under regular order.

Most-likely to flip:    Result:



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#### Most-likely to flip:

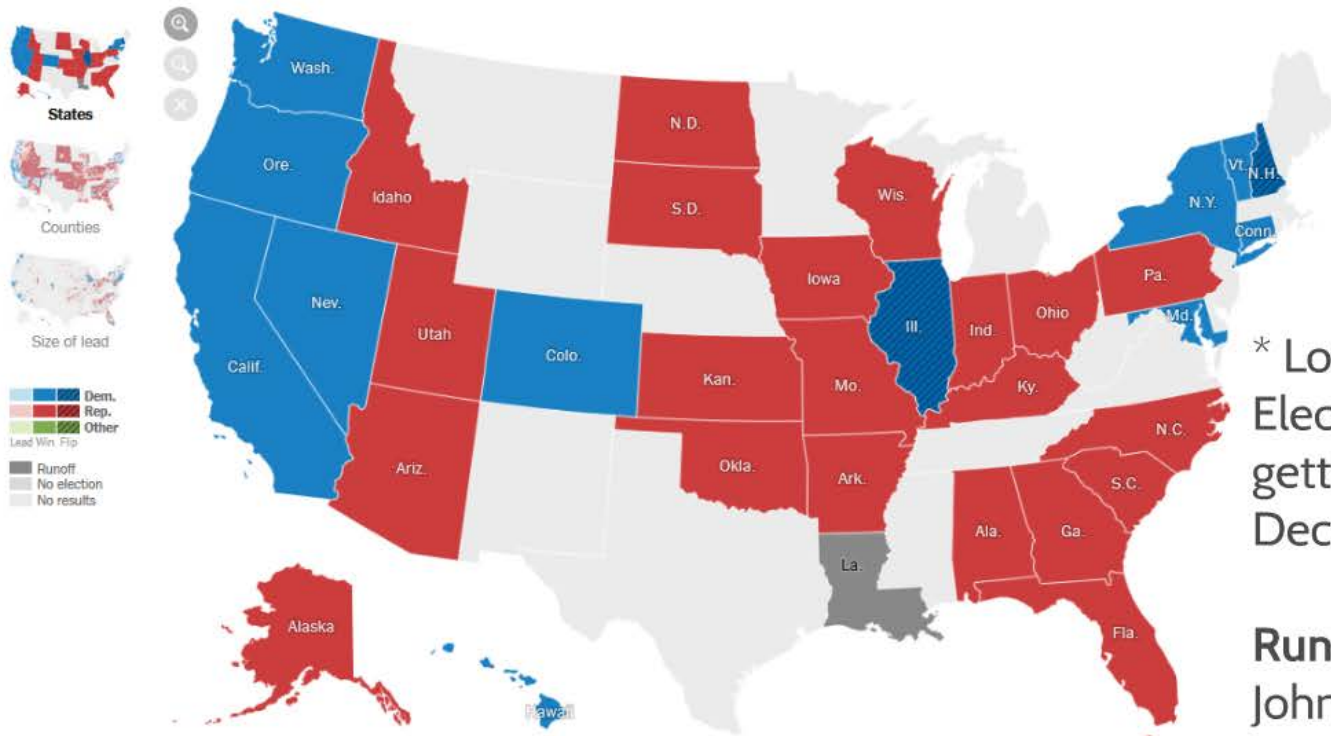
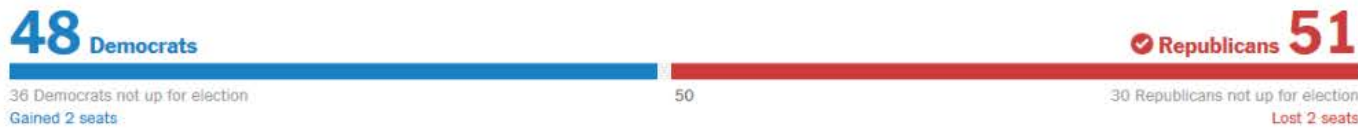
FL (Rubio)  
IL (Kirk)  
IN (Coates - Retiring)  
MO (Blunt)  
NC (Burr)  
NH (Ayotte)  
NV (Reid - Retiring)  
PA (Toomey)  
WI (Johnson)

#### Result:

**GOP HOLD** - Rubio Re-elected  
**DEM GAIN** - Tammy Duckworth Elected  
**GOP HOLD** - Todd Young Elected  
**GOP HOLD** - Blunt Re-elected  
**GOP HOLD** - Burr Re-elected  
**DEM GAIN** - Maggie Hassan Elected  
**DEM HOLD** - Catherine Cortez Masto Elected  
**GOP HOLD** - Toomey Re-elected  
**GOP HOLD** - Johnson Re-elected



# Result: Democrats Gain 2 Seats, Republicans Retain Control of the Chamber 51-48\*

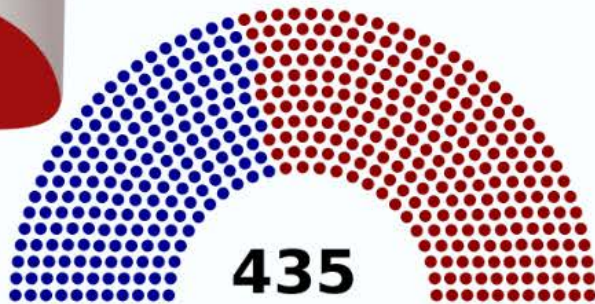


\* Louisiana uses a "jungle primary" on Election Day, and the top two vote-getters move on to a runoff election on December 10.

## Runoff election:

John Kennedy (R) -- 25% in primary  
Foster Campbell (D) -- 17.5% in primary

# House



**All 435 Seats** of the House of Representatives were up for election

- **Republicans** defended **247** seats; **Democrats** defended **188** seats
- Democrats needed to pick up 30 seats for House control

Representatives are elected to 2-year terms, with every member up for election every two years.

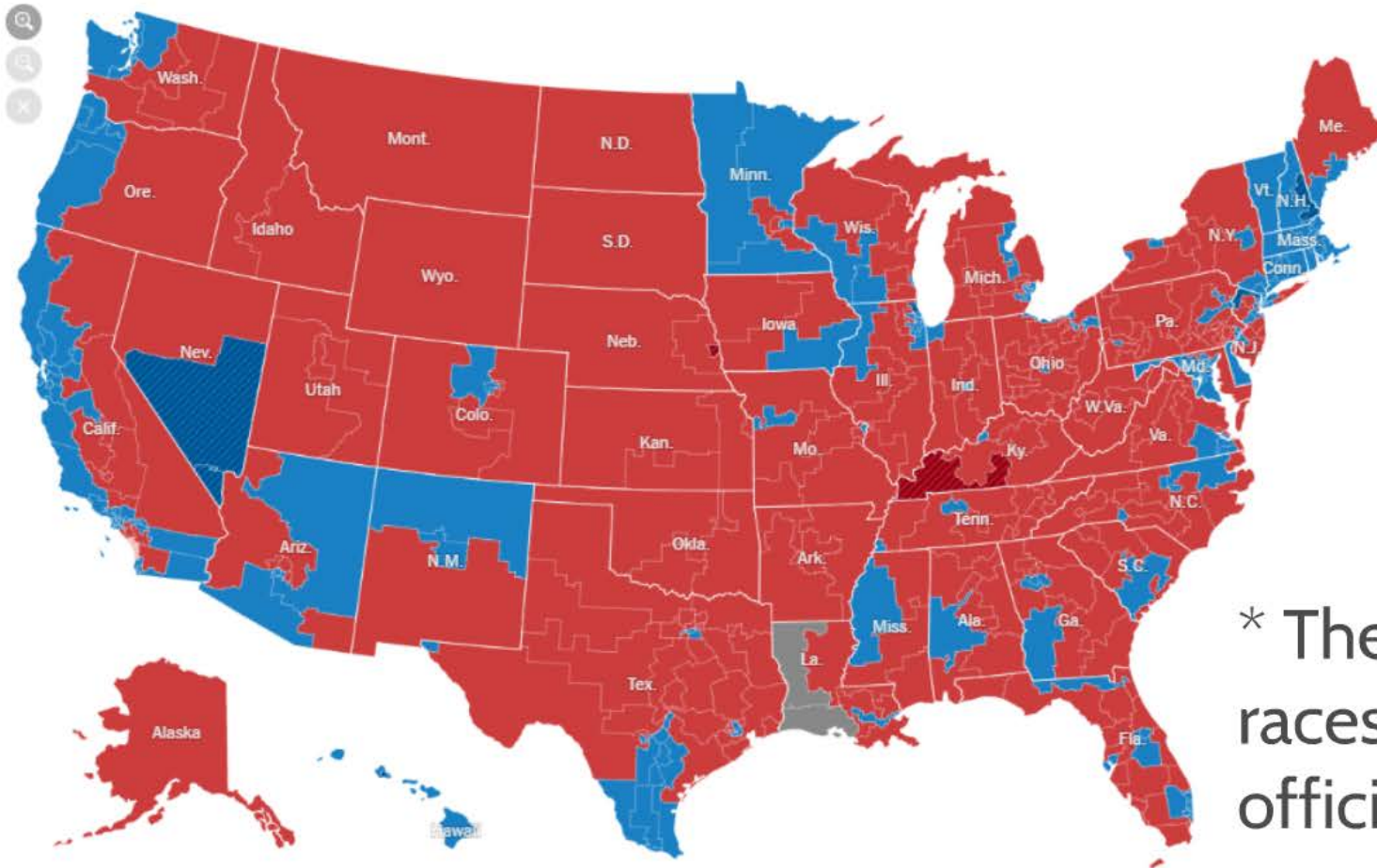
218 members gives a party control of the chamber to set the agenda and pass legislation under regular order using only a simple majority.

# Result: Democrats Gain 6 Seats, Republicans Retain Control of the Chamber 239-194\*

194 Democrats

✓ Republicans 239

218 to win



\* There are two races still to be officially called.



# In the States...

## Overall 2016 Colorado Ballot Measures Election Results

### Key Ballot Measures

Polls Closing: 9:00 PM ET

#### State Healthcare System

Amendment 69 is a vote on creating ColoradoCare, a system designed to provide universal healthcare for Colorado residents.

100% Reporting 



**No**

79.4%



1,964,755

**Yes**

20.6%

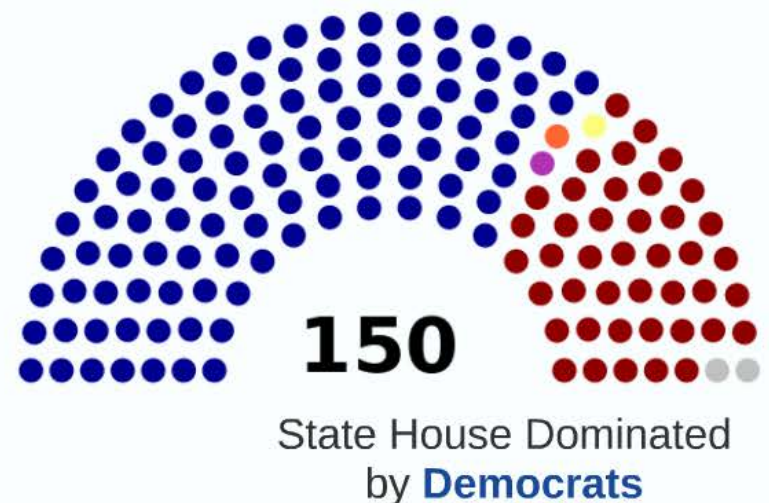
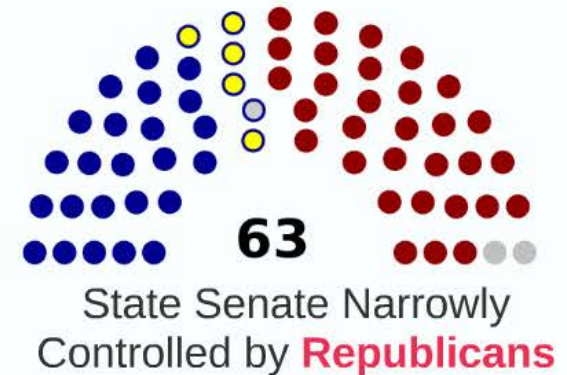


509,629



Single-payer  
“New York Health Act”  
**(A. 5062/S. 3525)**

Passed assembly 92-52  
in May 2015



All 63 seats in the New York State Senate were up for election in 2016.

Projection: 32 Republicans / 31 Democrats

By a 1-vote margin, Republicans look to be able to  
again block single-payer legislation in the next session.

# NAHU

We are a non-partisan association and  
**do not** endorse any candidate or political party.

# HUPAC

Health Underwriters

**POLITICAL ACTION COMMITTEE**

HUPAC contributes ~\$1 million each  
election cycle to candidates who support  
agent and broker issues and the employer-  
based healthcare system

<b>Total Candidates Funded:</b>	<b>217</b>	<b>Pct.</b>	<b>\$ 664,000.00</b>	<b>\$ Percentage</b>
Win:	207	95%	\$ 618,500.00	93%
Loss:	10	5%	\$ 45,500.00	7%
House Candidates:	196	90%	\$ 525,500.00	79%
Senate Candidates:	21	10%	\$ 138,500.00	21%
Democratic Candidates:	66	30%	\$ 213,500.00	32%
Republican Candidates:	151	70%	\$ 450,500.00	68%
Incumbent Candidates:	207	95%	\$ 637,000.00	96%
Challenger / Open Seat Candidates:	10	5%	\$ 27,000.00	4%
Incumbent Not Seeking Re-Election	10	4%	\$ 27,000.00	4%

<b>Total Republican Candidates Funded:</b>	<b>151</b>	<b>Pct.</b>	<b>\$ 450,500.00</b>	<b>\$ Percentage</b>
Win:	144	95%	\$ 421,000.00	93%
Loss:	7	5%	\$ 29,500.00	7%

<b>Total Democratic Candidates Funded:</b>	<b>66</b>	<b>Pct.</b>	<b>\$ 213,500.00</b>	<b>\$ Percentage</b>
Win:	63	95%	\$ 197,500.00	93%
Loss:	3	5%	\$ 16,000.00	7%



# Looking Ahead to 2017

	POTUS:	Clinton	Trump
Congress	Senate D House D	ACA Remains	ACA Remains
	Senate D House R	ACA Remains	ACA Remains
	Senate R House D	ACA Remains	ACA Remains
	Senate R House R	ACA Remains	ACA Repealed

Republicans Control both the White House and Congress, **Now What?**

- Setting the Agenda
- The First 100 Days
- Executive Orders vs. Congressional Action
  - Repeal/Replace (with what?)
  - Continued implementation of ACA



# Donald Trump and the Republican Party

## Healthcare Principles



**Politico/Morning Consult:** 74% of Republican voters consider ACA repeal a top priority

**Trump on Regulations:** “cancel every unconstitutional executive action, memorandum and order issued by President Obama,”

**Trump on Replacement:** There won't be "a two-day period" or "a two-year period where there's nothing,"

**Trump on Replacement:** "There won't be a two day period" or "a two-year period where there's nothing,"

## **Paul Ryan Replacement: "A Better Way"**

Released in June provides general roadmap for Republican replacement - however, still no strong party consensus.

- **Cap Employer Exclusion**
- Re-instate High Risk Pools
- Medicaid Block Grants
- Medicare Premium Supports
- Promote Use of Health Savings Accounts
- Retain many market reforms and consumer protections under ACA

# How could "Repeal/Replace" Work?

1

## Complete Repeal and Replace

Republicans use "regular order" and pass a bill repealing and replacing it in both chambers (218 votes needed in House, 60 votes in senate), send to President Trump to sign into law. **Would need at least 8 Democrats in the Senate.**

2

## Amend the Current Law

Republicans work with Democrats under regular order to change the components of the law that have bipartisan appeal. Needs 218 House votes, 60 Senate votes. **Would need at least 8 Democrats in the Senate.**

3

## Partial/Piecemeal Repeal through Reconciliation

Republicans pass a budget document instructing Congress to pass legislation repealing parts of the law that are budget relevant. Needs 218 votes in the House, 51 votes in Senate. **Would retain many existing elements of the ACA.**



# What is Reconciliation?

Process to pass legislation in the Senate with only 51 votes, instead of usual 60

- Components **MUST** have a budgetary impact
- Can repeal cost-drivers; but many insurance market reforms can not be repealed

*The ACA was passed in 2010 through this process. After the Senate and House each passed their respective ACA bills, the following week both chambers passed the reconciliation bill to make several budget-relevant changes to the law.*

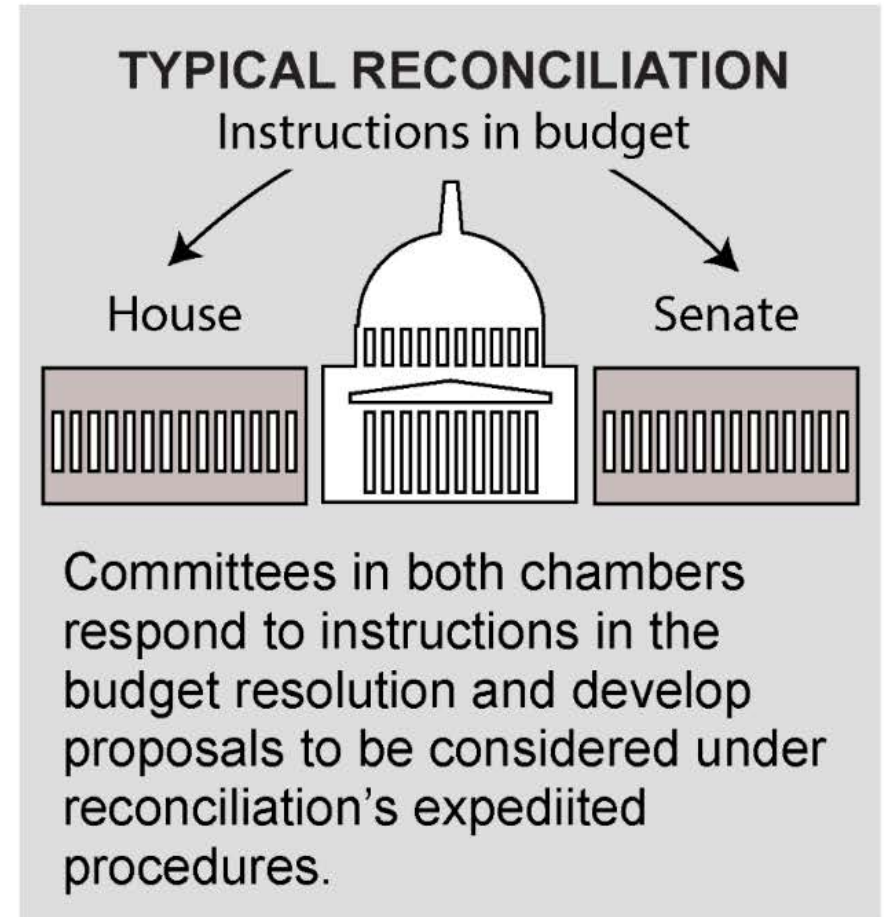


Image source: <https://www.brookings.edu/blog/fixgov/2015/10/01/government-shutdown-avoided-for-now-and-a-new-gop-strategy-takes-shape/>

# Republican Reconciliation Blueprint

**H.R. 3762** passed by both House/Senate in late 2015/early 2016, vetoed by President Obama in January 2016.

Repeals: The Prevention and Public Health Fund, the reinsurance program, **premium and cost-sharing subsidies**, small business tax credits, **individual and employer mandate penalties**, Planned Parenthood funding, the Medicaid expansion, Medicaid DSH cuts, **the “Cadillac Tax”**, limits on FSAs, and taxes on health insurers, pharmaceutical manufacturers, device makers, indoor tanning facilities, net investment income, payroll income, out of pocket healthcare costs, deductibility for employer-provided Part D coverage, OTC medications, and HSA expenditures.

# Major Issues:

Repeals only the budget-relevant items of the ACA

**Immediate:** Individual mandate/penalties  
**Transition/Delay:** Subsidies/Medicaid expansion

Only repeals the law, does not put in a replacement - only tells Congress to eventually come up with legislation

Does not repeal market reforms – guarantee issue, pre-ex, gender rating; etc

Potential for a **death spiral** of the individual market with increased adverse selection if replace plan doesn't follow repeal

Could be very disruptive for 20 million consumers ***and constituents***

Republicans have yet to coalesce around a single "replace" bill in 6+ years since the ACA was passed, no guarantee they can now.

Passage of any replacement plan that is non budget-related will still need support of *at least 8 Democratic senators*

Carriers could pull out of individual market for 2018

**Meanwhile...**

**As Congress and the  
incoming Trump  
administration  
deliberate**



**The ACA and all of its  
regulations, penalties,  
enforcement, etc**

**Remains the  
Law of the Land**

In the "Lame Duck"  
of the 114th Congress

# The incoming 115th Congress

### The Lame Duck

There are now just 10 legislative working days remaining through the end of the year.

DECEMBER 2016	
X	✓
X	✓
X	✓
X	✓
X	✓
X	✓
X	✓
X	✓
X	✓
X	✓



Republicans are unlikely to want to move any major legislation that would need to compromise or wobble the Obama administration.

Only major legislative item is passing a Continuing Resolution to fund the government through March/May (must pass by December 31).

All bills that do not pass by the end of the year are "dead" and do not carry over. In the next Congress

21st Century CURES is the only healthcare item likely to move before the end of the year.

```

graph TD
    A[What does the literature tell us about the effectiveness of the intervention?] --> B[How can we use the literature to inform our practice?]
  
```

- Stabilize the health insurance market
- Improve health plan affordability and availability
- Optimize conditions under the existing market

- Work with President-elect Trump and congressional leadership to determine the best approach and timing for change in our healthcare system
- Continue to advocate for the need for valued guidance by health insurance agents, brokers, and consultants
  - Continue to advocate for a strong private health insurance market

## Regulatory Advocacy

### Up Administration Nominees



Secretary of the Department  
of Health and Human Services:



Rep. Tom Price (R-GA)

- Chair of House Budget Committee
- Chair of Republican Study Committee from 2009-10
- Orthopedic Surgeon, first physician to lead HHS since Louis Sullivan (1988-93)
- Empowering Patients First Act**
  - Cap the **employer exclusion** of health insurance at \$20,000 for family, \$5,000 for individual
  - Allow individuals to opt-out of employer coverage and buy individual market insurance with tax credits instead
  - Individual Market Tax Credits:
    - Based solely on age and no limits



Administrator of the Centers for Medicare and Medicaid Services



Seema Verma

- Indiana-based healthcare consultant
- Worked with Gov. Mitch Daniels on HIP 1.0 (2007) and Gov. Mike Pence on HIP 2.0 (ACA medical expansion)
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  - Members are required to make monthly contributions to the account

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DECEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
				✓ 1	✓ 2	✗ 3
✗ 4	✓ 5	✓ 6	✓ 7	✓ 8	✗ 9	✗ 10
✗ 11	✗ 12	✓ 13	✓ 14	✓ 15	✓ 16	✗ 17
✗ 18	✗ 19	✗ 20	✗ 21	✗ 22	✗ 23	✗ 24
✗ 25	✗ 26	✗ 27	✗ 28	✗ 29	✗ 30	✗ 31



## Following the elections:

### The lame Duck

There are now just 10 legislative working days remaining through the end of the year

DECEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
				✓ 1	✓ 2	✗ 3
✗ 4	✓ 5	✓ 6	✓ 7	✓ 8	✗ 9	✗ 10
✗ 11	✗ 12	✓ 13	✓ 14	✓ 15	✓ 16	✗ 17
✗ 18	✗ 19	✗ 20	✗ 21	✗ 22	✗ 23	✗ 24
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Republicans are unlikely to want to move any major legislation that would need to compromise on with the Obama administration

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21st Century CURES is the only healthcare item likely to move before the end of the year.

Restores the Medicare Open Enrollment Period

**H.R. 3002**  
Medicare Beneficiary Reimbursement of Expenses Act of 2016  
Sponsored by Rep. Mark Raskin (D-MD)  
Allows beneficiaries to receive a Medicare deduction for out-of-pocket costs for Medicare-covered services in 2017.  
The bill also allows for a one-time increase in the 2017 Medicare Part B premium to \$134.40.

Permits Use of Standalone HRAs

**H.R. 1427**  
Small Business Health Plan Relief Act of 2016  
Sponsored by Rep. Charles W. Stenholm (R-OK)  
Allows small businesses to use a Health Reimbursement Arrangement (HRA) to reimburse employees for medical expenses.  
The bill also allows for a one-time increase in the 2017 Medicare Part B premium to \$134.40.



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likely to move before  
the end of the year.

Restores the  
Medicare  
Open Enrollment Period

**H.R. 588**  
Medicare Beneficiary Preservation of Choice Act of 2015

- Sponsored by Rep. **Keith Rothfus (R-PA)**
- Allows beneficiaries enrolled in a Medicare Advantage (MA) plan could make a one-time switch to another MA plan that better met their healthcare needs between January and March.

Permits Use of  
Standalone HRAs

**H.R. 5447**  
Small Business Health Care Relief Act of 2016

- Sponsored by Representatives **Charles Boustany (R-LA)** and **Mike Thompson (D-CA)**
- Would eliminate the federal prohibition on standalone health reimbursement arrangements (HRAs) as a vehicle for employers to use tax-advantaged funding to provide health insurance to their employees and assist with out-of-pocket and related medical costs.
- Passed House in June; awaiting Senate action (**S. 3060** by Senators **Chuck Grassley (R-IA)** and **Heidi Heitkamp (D-ND)**).

# Restores the Medicare Open Enrollment Period



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NAHU will continue to advocate for our legislative priorities and for them to be included in a final end-of-year package



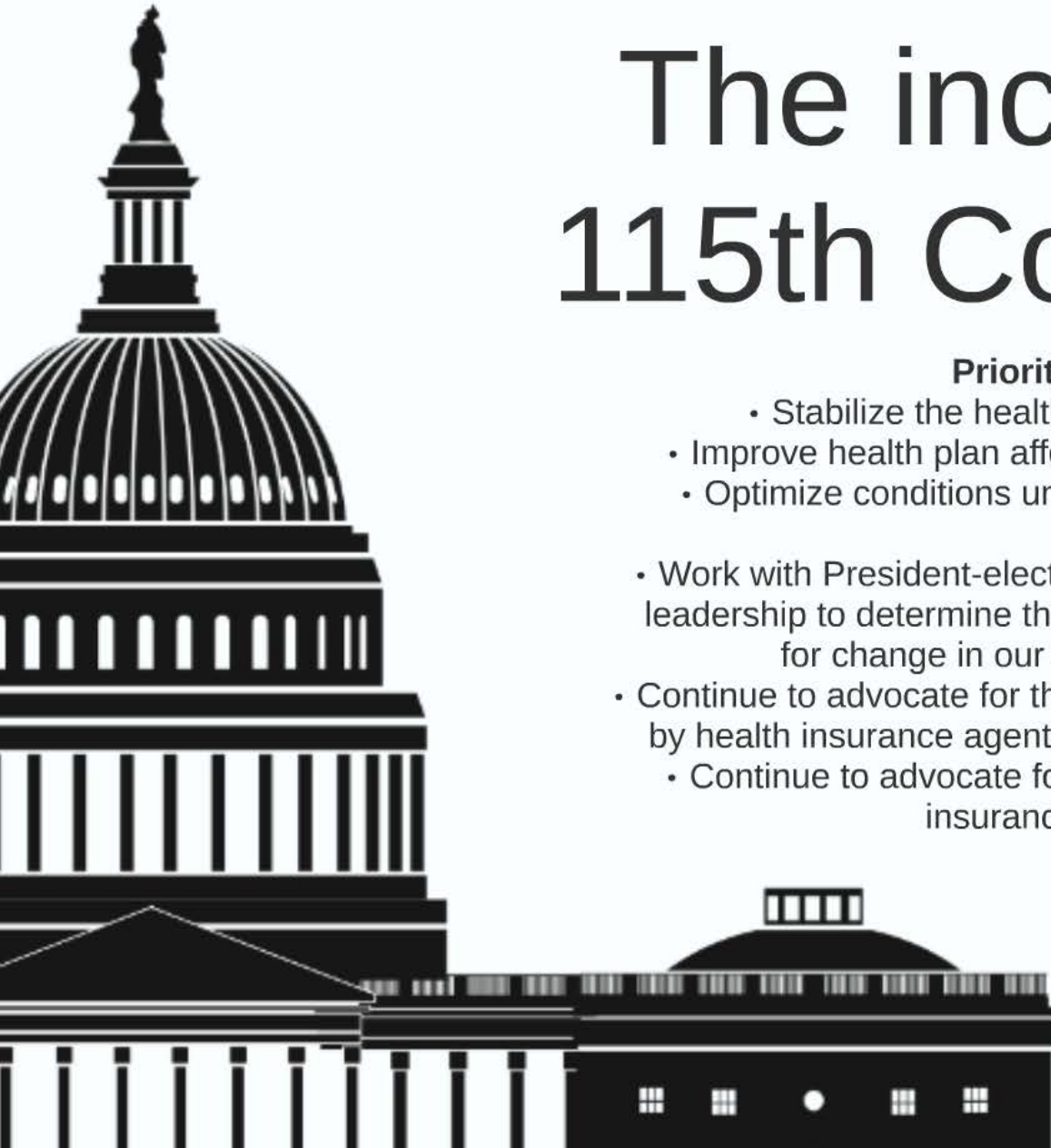


# Brokers and your clients

## The incoming 115th Congress

### Priorities:

- Stabilize the health insurance market
- Improve health plan affordability and availability
- Optimize conditions under the existing market
- Work with President-elect Trump and congressional leadership to determine the best approach and timing for change in our healthcare system
- Continue to advocate for the need for valued guidance by health insurance agents, brokers, and consultants
  - Continue to advocate for a strong private health insurance market



# Regulatory Advocacy

## Trump Administration Nominees



### Secretary of the Department of Health and Human Services



Rep. Tom Price (R-GA)

- Chair of House Budget Committee
- Chair of Republican Study Committee from 2009-10
- Orthopedic Surgeon, first physician to lead HHS since Louis Sullivan (1989-93)
- **Empowering Patients First Act**
  - Cap the **employer exclusion** of health insurance at \$20,000 for family, \$8,000 for individual
  - Allow individuals to opt-out of employer coverage and buy individual market insurance with tax credits instead
- Individual Market Tax Credits:
  - Based solely on age and no limits on income qualification; \$900 for children under 18; \$1,200 for those between 18 and 35; \$2,100 for those between 36 and 50; \$3,000 for those 51 and older
- Eliminate pre-ex protections unless continuously covered
- Reinstate high-risk pools, fund at \$1 billion/year for 3-years
- Permit sale of insurance across state lines



### Administrator of the Centers for Medicare and Medicaid Services




Seema Verma

- Indiana-based healthcare consultant
- Worked with Gov. Mitch Daniels on HIP 1.0 (2007) and Gov. Mike Pence on HIP 2.0 (ACA Medicaid expansion)
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  - HIP members receive a \$2,500 deductible health plan (HDHP) paired with a \$2,500 "POWER" account, similar to a health savings account (HSA)
  - Members are required to make monthly contributions in the amount equal to 2 percent of their income (between \$1-25 a month)
  - First state waiver to have a "lock-out" provision to members who don't contribute to plan
- Also worked on Medicaid waivers for:
  - Iowa
  - Kentucky
  - Michigan
  - Ohio
  - Tennessee



# How You Can Get Involved



**Operation Shout!**

**Take Action**

NAHU is very concerned about ongoing discussions in Congress that would undermine the employer-sponsored health insurance system by eliminating or placing a cap on the **employer tax exclusion** for health insurance. More than 175 million Americans currently receive their coverage through this system. A cap on the tax exclusion would eliminate the incentive for employer-sponsored insurance while capping it would degrade the benefit and serve as a tax increase for middle-class Americans.

The employer-based system is highly efficient at providing American workers and their families with affordable coverage options through group purchasing and its associated economies of scale by spreading risk and avoiding adverse selection. Eliminating the exclusion would eliminate most of the benefits of employer-sponsored insurance, including the means for spreading risk among healthy and unhealthy individuals and group purchasing efficiencies. Capping the exclusion for employers would devalue the benefit and result in a significant tax increase for middle-class Americans. Forcing many to drop employer-sponsored insurance, including dependent coverage. Employers would be incentivized to only offer coverage to their employees that would fall below the value of the cap in order to avoid paying any increased share, ultimately resulting in a shift to the system for employees to sponsor insurance that wouldn't meet the cap's thresholds and further shifting costs onto employees. Many of the innocent patients with the **Caring Family Tax** would exist for eliminating the employer exclusion such as getting a tax credit sufficiently high enough to cover the significant contribution made by employers today. Also, imposing a credit would need to be set at a level high enough to keep up with the typical rise in healthcare expenses.

The employer exclusion tax benefit makes employer-sponsored health insurance a valuable benefit for workers. We urge Congress to maintain the system that has worked for Americans for decades, and preserve employer-sponsored health insurance through the continuation of the employer exclusion because it preserves the employer system for health insurance for the vast majority of Americans. Over the coming weeks, as Congress discusses various healthcare reform proposals, we want to be sure that they hear directly from agents, brokers and employers about the value of the employer tax exclusion. You can help us spread the message by taking action below:

1. Contact your senators and representatives. Send an Operation Shout today asking your federal legislators to oppose the elimination or cap of the employer tax exclusion of health insurance in any healthcare reform legislative proposals. You can also call your legislators at the numbers below.
2. Tell your employer where to take action. Your employer's clients would be most directly impacted by the elimination or cap of the employer tax exclusion. Tell them to take action sharing why the exclusion must be preserved in any healthcare reform legislative proposals. Tell them to take action [here](#).
3. Share your story. As a licensed insurance specialist who works closely with employers to help them offer and utilize employer-sponsored health insurance, you know personally about how the employer tax exclusion directly impacts your clients. Stories from your clients will demonstrate the value of the exclusion and the need to preserve it. We will share your stories with appropriate legislators and staff. You can share your story [here](#).

Take action today and tell your federal legislators to keep the employer exclusion tax benefit.

**Take Action**

Don't want to send an email? No problem, you can also reach your legislators by phone:

Rep. George Holding (R) can be reached at (202) 225-0032.  
Sen. Richard Blumenthal (D) can be reached at (202) 224-1164.  
Sen. Thom Tillis (R) can be reached at (202) 224-4342.

This post is written as an email message to your legislators. You are welcome to use the prepared text as a starting point to tell your legislators, or to expand on the prepared message to share your personal story on how

**Operation Shout!**  
Email/call your federal representatives



**WASHINGTON UPDATE**

November 11, 2016

**ACA Prime Reporting**

Get it all in one place. Get it all in one place. Get it all in one place.

**Are you a broker of the future?**

**A Message from NAHU Executive Vice President and CEO Janet Trueman on the Results of the Election**

November 8 is the conclusion of the 2016 election cycle, and with that we congratulate the winners of the election who appeared from the top to the bottom of the ballot, and look forward to the results that will be reflected in the votes count. We also congratulate all of those who did not win a hard-fought campaign. It is a disappointment that the election has passed, as we can get on to making sure we are doing everything we can to stabilize the health insurance market and improve health care affordability and accessibility as well as the optimal conditions under which the market has been operating for our members and their clients. There will be no magic bullet, the road to the passage of the ACA is rocky, and we will be working with President and Trump and congressional leadership to determine the best approach and timing for change in our healthcare system. However, one thing is certain, the need for robust guidance to health insurance agents, brokers, and consultants will remain a constant as changes to the health insurance market continue in the new administration. It will be important for everyone to work together to make strategic changes in the environment we now have to assure to maintain stability. Read More

**Janet Trueman to Review Impact of Donald Trump's Election on December 1 in "Live from NAHU" Webinar**

Donald Trump shocked the political world on Tuesday by winning the presidential contest against Hilary Clinton. With the results in the question becomes, "how much" will his election, and Republicans' expanding control of both the U.S. House and Senate, mean for health reform moving forward and for health insurance agents and brokers?

Join us on Thursday, December 1, at 12:00 p.m. ET for a webinar, "Assessing the Impact of Donald Trump's Election on Health Insurance Agents, Brokers, and Consultants." We will have NAHU CEO Janet Trueman, who will break down the impact of the election and what will mean for the future of the ACA and health insurance policy and practice in the new year. Can Trump and the Republicans repeal the ACA? What would that process look like? What would be the "worst case" scenario? How does NAHU approach the transition to the new Congress and presidential candidates can members here to develop and present legislative objectives in this case? And what should we watch for during the Senate floor?

**Stay Informed:**  
Read the *Washington Update* every Friday and the *NAHU Newswire* every morning



**NAHU Newswire**

Leading the News

**NAHU Capitol Conference**

February 13-15

**GOP May Be Able to Repeal ACA Following Election Outcome**

By [Name] on [Date]

WASHINGTON, D.C. — The NAHU Capitol Conference, which will be held in Washington, D.C. from February 13-15, 2017, is a must-attend event for health insurance agents, brokers, and consultants. The conference will feature a variety of speakers, including NAHU CEO Janet Trueman, and will provide attendees with the latest news and insights on the healthcare industry. The conference will also include a variety of networking opportunities and social events. For more information on the conference, visit [www.nahu.org/conference](#).

**Lobby with us at  
Capitol Conference  
February 13-15, 2017**



**2017 Capitol Conference  
February 13-15  
Washington, D.C.**

National Association of Health Underwriters

**Contribute to HUPAC:**  
Support legislators who  
fight for agents and  
brokers and the  
employer-based system



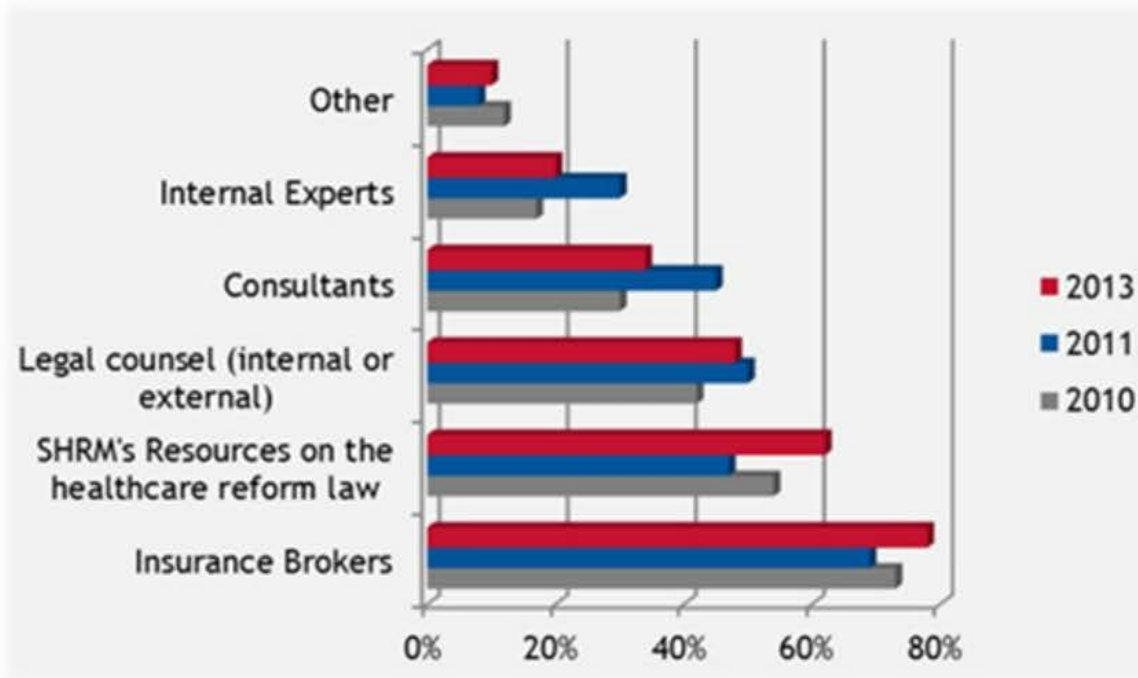
**HUPAC**

Health Underwriters  
**POLITICAL ACTION COMMITTEE**

# Continue to be a Resource for your Clients


## SHRM Survey Results

“What resources is your organization currently using in regard to the healthcare reform law?”



# As new changes come to health reform, let us help you be their resource

## Compliance Corner: Webcasts, Blog, Questions, Tools, Resources



NAHU represents licensed health insurance agents, brokers, consultants and benefit professionals who serve the health insurance needs of employers and individuals seeking health insurance coverage.

Join | Renew | Logout

ABOUT NAHU | EVENTS | CONSUMERS | LEGISLATORS/MEDIA | PROFESSIONAL DEVELOPMENT | MEMBERS | LEADERSHIP TOOLS

### COMPLIANCE CORNER

As insurance brokers trained in risk management, it is our job to analyze and identify risks that might adversely affect our client's business objectives. Compliance with federal statutes and regulations in the areas of insurance, labor and taxes is a daunting task for many of our employer clients. With the NAHU Compliance Corner, you now have a one-stop place to find the majority of federal statutes that affect the employee benefits world.

#### Have a Compliance Question?

If you need an answer to a specific health reform implementation question, you may submit it here and receive a personalized answer back generally within a few business days. [Click here](#) to login and take advantage of this premier member benefit.

#### Frequently Asked Questions

Have a question on the employer responsibility requirements? Perhaps your burning question is about PPACA's subsidies. Now you can get answers 24 hours a day, seven days a week with NAHU's newest Compliance Corner benefit: Frequently Asked Questions. We've posted dozens of the questions that you've been asking along with the answers [here](#).

#### Compliance Cornered Blog

By following Compliance Corner's new semi-monthly blog, Compliance Cornered, you will obtain access to many health reform implementation questions and compliance concerns. [Click here](#) to see what you have been missing out on!

#### Health Reform Compliance

The Patient Protection and Affordable Care Act (PPACA) has transformed the world of employee benefits and most NAHU members are now devoting a significant amount of their time to helping clients comply with the law and prepare for its coming changes. NAHU's PPACA resource page contains all the links, guidance and tools agents and brokers need to advise employer clients about their rights and responsibilities under the new law.

- [Patient Protection and Affordable Care Act \(PPACA\)](#)
- [Patient Protection and Affordable Care Act \(PPACA\) Certification Course](#)

#### Agents and the Marketplace

[Click here](#) for resources regarding agent and broker training for the federally facilitated and state-based marketplaces as well as other resources to address problems with individual and SHOP marketplaces.

#### Additional Compliance Topics

While PPACA represents new and extremely significant compliance obligations for employers and employee benefit specialists, it is certainly not the only federal requirement health insurance agents and brokers need to know about! [Click here](#) to view other compliance topics.

#### Compliance Corner Webinars

NAHU provides all members with [exclusive access to free monthly webinars](#) focusing on a specific detailed compliance topic of interest. These one-hour webinars are generally held on the first Thursday of each month at 1:00 p.m. - 2:00 p.m. Eastern.

#### LATEST ON TWITTER

Increasing the value of a health benefit investment  
- HIJ March 2016  
[https://t.co/34Yag4TV9b](#)

HSA enrollment up, employer contributions down  
[https://t.co/34Yag4TV9b](#)

#### SOCIAL

f in t B2B





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# Questions?

Please ask your question  
in the questions box.

# Upcoming Webinars:

## **Compliance Corner**

Year-end planning

**Thursday, December 15 at 1:00 PM ET**

## **Compliance Corner**

Compliance update

**Thursday, January 19 at 1:00 PM ET**

## **Compliance Corner**

Human Resource Issues

**Thursday, February 23 at 1:00 PM ET**

## **Compliance Corner**

Department of Labor Fiduciary Rule

**Thursday, March 16 at 1:00 PM ET**