

02/26/2018

Mr. Alexander Acosta
Secretary of Labor
U.S. Department of Labor
900 Constitution Avenue NW
Washington, D.C. 20210

Re: "Definition of Employer under Section 3(5) of ERISA-Association Health Plans"; RIN 1210-AB85 or Docket ID No. 2017-28103 (submitted electronically)

Dear Secretary Acosta:

At present, my family and I are forced to purchase non-conforming health insurance because of the extremely high cost of "conforming" health insurance AS WELL AS the lack of accepted conforming plans where we live (please read on). I am disgusted with the lack of access to affordable health care PARTICULARLY for routine, preventative care. My eleven-year-old child required vaccines to attend and participate in school this year. The cost of his vaccines amounted to \$880.00. This was an out-of-pocket healthcare expense. We covered this expense out-of-pocket, not just to comply with the local State Public Health Laws, but because we care for our child's health. "Conforming" health care plans accessible on the marketplace are NOT ACCEPTED by the health care providers in our community. I am more than a member of the National Association of REALTORS®, I am also a spouse, a parent; and, extremely involved in my community. I support the proposed regulation to enable self-employed individuals to participate in Association Health Plans (AHPs). The Department of Labor's effort is a promising step to providing more affordable AND accessible insurance options as health care costs continue to rise while choices for coverage are steadily shrinking. What I mean by "accessible" is that insurance coverage must be inclusive of wherever a person lives or is travelling (at least within the U.S.).

My husband and I are both self-employed small business owners. While most Americans get their health coverage through an employer, real estate agents are independent contractors, not employees of their local real estate brokerage. As a result, self-employed professionals are forced to purchase insurance in the more volatile individual insurance market, which offers fewer choices at much higher costs; and in our case, "conforming" insurance on the marketplace is not accepted by health care providers in the community in which we live.

The rule proposes to provide more affordable choices for independent contractors by modifying the definition of “employer” to include “working owners.” This is essential to enabling real estate professionals and their families to participate in an AHP in the large group market. The large group market typically offers more flexibility in insurance plan design and improved negotiating power to bargain for lower premiums – benefits that are key to driving down health care costs. The proposed rule would also protect consumers enrolling in these plans by prohibiting discrimination based on health status.

However, I would encourage the Department to reconsider the provision preventing working owners from participating in an AHP if they are eligible to participate in an employer health plan. Coverage available through a spouse’s employer may not be the most affordable option for a family. Eliminating this requirement will provide more insurance choices for many real estate professionals and their families.

The need for affordable, quality, and accessible health insurance options where we live and travel remains a top concern among practicing real estate professionals. Allowing working owners to participate in AHPs while removing unnecessary limits could expand access to more affordable health care options for many more families.

I urge you to finalize the proposed rule with these comments in mind. Thank you for the opportunity to weigh in on this important issue.

Sincerely,

Stacey Haggart