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

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

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General Comment

1. Eliminating ERISA Restrictions allowing adjoining affiliated individuals, Self Employed Individuals and Small Employers (affiliated's) to access affordable health insurance which waives pre-existing conditions, offering non-medical applications (see option 2 for guidance), improves and retains health insurance ownership in a more affordable fashion not being offered by the Affordable Care Act.

By allowing these affiliated's to join together across State Line, allows greater purchasing power of the affiliated groups to reduce premium cost, while lowering cost shifting of medical care passed or absorbed by Insured consumers as reflected in rate increases, communities, Dr's, Hospitals and all associated in health insurance.

Greater national participation along with National PPO Networks or HMO National Networks allows Insurer's to absorb claim costs based on larger expectation of affiliateds participating and Network discounts.

Allowing consumers the "Choice" by rider, to purchase or delete ACA required

Essential Benefits, Deductible options, Co-insurance percentages and Stop Loss options, Dr Office and RX benefits (with Copay alternate options), pregnancy, and Mental Health benefit options, further reduces consumer cost and uninsured population, which is non-existent in current Federal and State Law.

This practice allows the consumer to purchase adequate coverage based on what they can afford, or believe they need "for what they can afford", not what the Gov. or State require they purchase, ending in lapse due unaffordability, resulting in insured consumers footing the bill for the un-insured.

This option also returns more insurer's to the health insurance market through participation, allowing competition to drive down cost.

This cannot be accomplished by the ACA, which has only driven health insurer's from the market. When lack of competition allows one Carrier "or no Carrier", in a given state or geographical area to control the health insurance marketplace, the consumer loses as does the country.

State Dept's of Ins. (FL and others) have prodded Carriers to increase their rate requests based on Loss filings after granting initial requested increases. Carriers respond with increase rate requests, then severely cut Networks and benefits in addition to gaining absorberent increases. Cut Broker commissions and stop paying Brokers who brought clients of 40 years to the Carrier or the Marketplace. AvMed notifies its Brokers "one day before OEP" they will no longer pay Palm Beach Co., FL Brokers for new business or existing renewals. The State effectively allowed AvMed to legally steal the Brokers clients and income with limited (one day) and no recourse.

I ask Congress do you work for \$11.00 per month? Can you afford to run a business at \$11.00 per month per client FL Blue? Can you afford to lose your Practice of 40 years to the greed displayed by AvMed?

2. Congress has the answer already but refuses to act on it.

All go to Medicare whether <65 or over. Medicare taxes are adjusted to accommodate the larger numbers of enrollees.

Applications are non-medical and Prex is waived in a transitional period where set benefits have been retained for a period of three years or more accommodating ACA subsidized and unsubsidized enrollees. Those who do not have QEB's have a waiting period of three yrs or less based on tenure of past coverage carried.

Congress uses its Medicare purchasing power to lower cost of benefits equally and fairly across "all" health ins. providers. Reigns in Pharmaceutical Industry drug costs

via its populous country purchasing power.

Insurance Industry sells Medicare Supplm. to all, further limiting their exposure and losses. If they don't want to participate, other Med Supp Carriers who have been and are successful now will pick up the slack. Believe me.

Option 2 is where we need to be.

Use Option 2 concept regarding non-medical apps and pre-ex for Option 1, and now you really have a health plan and affordability.

3. Those who choose to remain w Medicare Advantage Plans <65 and >65, have that choice, further offering affordability and consumer choice.

Imagine if Congress had approved Options 1,2 and 3 .

Consumers have choice and affordability. Insurers, Dr's, Hospitals Pharmaceuticals make a "FAIR WAGE". Brokers are paid fairly to enroll the population. Eliminate paying unlicensed Navigators and App Assisters, that \$\$ directed to Brokers who enroll along with fair wage. A system the world can envy along with Research and development.

Eliminate the Lobbyists and Special Interests and do what you were elected to do. ACA will Bankrupt this country further than it already is.