



March 5th 2018

To whom it may concern,

I am writing to share my comments about the proposed rule “*Definition of “Employer” Under Section 3(5) of ERISA-Association Health Plans*”.

I am writing on behalf of my years of direct experience as a:

1. The **Executive Director of a professional medical association** (called the Integrative medicine and Holistic Health Association)
2. The **CEO of a telehealth diabetes reversal company**- serving self-funded employer groups of 100+ employees.
3. A **licensed insurance producer/consultant** for organizations of 100+ employees assisting them in obtaining the best health plan care for their employees using value based programs, and lowering their costs by 20-50%.
4. **Medical practitioner** involved with direct patient care for over 18 years.

Association Health Plans (AHPs)

- This rule will be favorable for small employers who are forced to buy health insurance from the fully insured market where the costs go up 5-15% per year. This is financially unsustainable.
- AHPs could solve this problem if this rule was passed and they were able to pool people who are in similar trades together. This SPECIFICALLY needs to include self-employed persons.
- *** ALL AHPs need to have the same financial safety measures in place to PROTECT members against large financial losses as self funded employer plans. Including but limited to:
 - Reinsurance (both specific and aggregate coverage)
 - Proven value-based cost containment services and procedures. This will allow the plan to lower plan costs 20-50% and provide better healthcare to the members.
 - These programs can ONLY be used in a self-funded insurance arrangement. Fully insured plan arrangements with the major carriers (i.e. Blue Cross, United, Cigna, Aetna, etc.) WILL NOT & DO NOT lower costs and provide the latest cutting edge cost containment strategies.
- This **MUST BE OFFERED/ALLOWED IN A SELF-FUNDED ARRANGEMENT OR 99+% OF ALL THE POWERFUL VALUE-BASED COST CONTAINMENT STRATEGIES CANNOT BE IMPLEMENTED.**
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 - In other words, if this rule does not allow self-funding for AHPs - it will be USELESS as a cost containment measure (i.e. which was the intent of the executive order in the first place).

Furthermore, allowing AHPs to use a licensed insurance fronting carrier that has been approved by at least one state's insurance commissioner) will GREATLY expand the usefulness of this rule (due to the current limitation of fronting carriers that are available IN 50 STATES for AHPs). Lastly, allowing these AHPs to use a fronting carrier that HAS THE ABILITY TO SELL THE AHPs across state lines will be the additional piece that will truly make this rule a success in the real world for associations trying to supply a health plan to it's currently self employed members.

Thanks for your consideration and attention to making professional association health plans a truly viable and sustainable healthcare option.



INTEGRATIVE MEDICINE &
HOLISTIC HEALTH
ASSOCIATION

Sincerely,

Dr. Geoff DePaula D.Ac. Lic.Ac.

Executive Director

Integrative Medicine & Holistic Health Association

www.imholistichealth.org