

Trends In Today's World

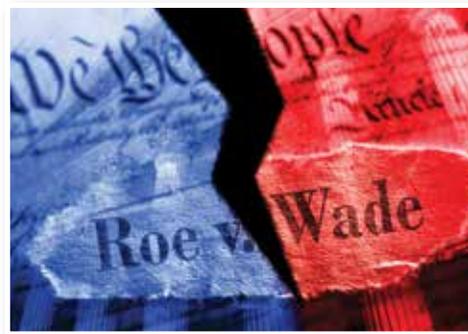
Child Care for Nurses

While only 1 in 10 American workers have access to employer-sponsored childcare, some hospitals are using it to combat turnover and retain nurses. Some are building centers for infants and school age children and providing services right on their campus. Cost is an important concern, but it pales in comparison to the convenience these hospitals are providing to doctors, nurses and even lower wage workers striving to recover from the pandemic and achieve better work-life balance.

Removing Medical Debt

Effective July 1, major credit reporting firms removed some medical debts that could remain on credit reports for up to seven years. These were medical debts that went into collection but were subsequently paid. Beginning in 2023, credit reports will also ignore unpaid medical debts not exceeding \$500. According to the Consumer Financial Protection Bureau, these steps will eliminate some 70% of medical debt impacting more than 40 million Americans applying for home loans, apartment leases and other forms of consumer credit.

The Dobbs Decision and Health Plans



When the Supreme Court issued its decision concluding that the U.S. Constitution does not grant a right to abortion, it placed future decisions on abortion issues in the hands of the states. Their ruling also leaves group health plan sponsors having to deal with a number of complex issues.

Revisiting ERISA

As a result of ERISA pre-emption, self-funded health plans are not subject to state insurance mandates that restrict the design of fully insured plans. With no federal prohibition on abortion coverage, self-funded plans have much more flexibility in determining how abortion services are covered. A self-funded plan can cover abortion services, limit coverage to specific circumstances or not offer this coverage. It is important to note, however, that ERISA cannot supersede any generally applicable criminal state laws. While we aren't aware of any state actions against employers covering abortion services or members seeking this coverage within their plan, some states have already

enacted laws enabling civil actions against abortion providers or persons who aid and abet an individual in obtaining a prohibited abortion. As such, plan sponsors would be well advised to discuss state civil and criminal laws with legal counsel.

Review Plan Documents

While every plan document is unique, many fail to describe abortion coverage in detail. As a result, abortion services are commonly covered under treatment of pregnancy. Given the fact that trigger laws have already taken effect in some states and other state laws are evolving rapidly, plan documents should be amended to eliminate any confusion by specifically including or excluding abortion coverage.

FSA's, HSA's & HRA's

It's important to note that the Dobbs decision does not change the rules governing expenses that can be reimbursed by these tax-preferred accounts. Employers who choose to reimburse women for the cost of travel to a state where abortion is legal will want to monitor this area for changes going forward.

Other considerations include reviewing the laws of not only the state in which your plan is domiciled but also those states where treatment is likely to be administered; informing plan members of the plan's coverage or exclusion of abortion and how to obtain more information. As in other compliance matters, we will continue to provide updates as the post-Roe landscape continues to evolve



More Consumer Protection Measures

While many of the provisions included in the Consolidated Appropriations Act (CAA) became effective on 1-1-22, other regulations intended to boost price transparency and consumer protection have taken effect as well. This brief update includes a few takeaways applicable to self-funded group health plans.

Under the **Consolidated Appropriations Act of 2021 (CAA)**, which is already in effect, employers are clearly identified as plan sponsors with fiduciary responsibilities, required to administer their health plan in ways that ensure plan participants that they are paying reasonable fees for necessary medical services. While this pledge has long been at the core of our client relationships, the CAA requires full disclosure of all fees, commissions, rebates and other forms of compensation accruing to all service providers or vendors associated with an employer sponsored plan. Required reporting of overall plan costs will soon be expanded to shine a light on the prescription drug spend and parity for coverage of mental health conditions.



The **Inflation Reduction Act (IRA)**, signed into law on August 16th, includes provisions designed to help Medicare recipients and those receiving subsidies in the ACA marketplace.

- Beginning next year, out-of-pocket spending on insulin products by Medicare enrollees will be limited to \$35 per month and all vaccines covered by Medicare Part D will be free to beneficiaries with no deductibles, coinsurance or cost sharing.
- The 5 percent Medicare Part D cost sharing provision will end in 2024 and a \$2,000 cap on out-of-pocket prescription drug costs for Part D enrollees will begin in 2025.
- Drug companies will be required to rebate money back to Medicare if their price increases exceed the annual rate of inflation and ACA marketplace subsidies, set to expire at year end, were extended through 2025.
- Finally, beginning in 2026, the government will begin negotiating directly with manufacturers on a limited number of drugs that lack generic substitutes.

Will We Ever Demystify Benefits?



Findings in a recent Health Insurance Knowledge Snapshot by Justworks and a Forbes Advisory survey confirmed what many plan sponsors have long known – people would get far more value from their health plan if they understood it. Fewer than half of the adults surveyed were able to choose the correct definition for common insurance terms such as deductibles, copayments and coinsurance. When the time comes to review available options during open enrollment, this knowledge gap can have serious ramifications.

Going Back to Basics

While everyone needs help, the vast majority of employees say having health benefits that meet their specific needs is very important to them. With this in mind, it's time to focus not just on what your plans offer but on the way employees experience these offerings. Too many people choose the same coverage year after year simply because they're afraid to ask questions. New plans or features that may be more in tune with their needs are often ignored in the process. The bottom line – employees need someone they can turn to without feeling embarrassed, intimidated or uncomfortable – not just during open enrollment but all year long.



A Second Public Health Emergency

In July, the federal government extended the Covid-19 public health emergency until October 2, 2022. In addition, HHS indicated that it will provide a 60-day notice before ending this public health emergency. Since no further word has come forward, the emergency declaration is expected to continue into 2023.

In addition to the Covid-19 emergency, the Biden administration declared the Monkeypox outbreak a public health emergency. While details have been limited, CDC recommends that people with Monkeypox remain isolated at home or in another location for the duration of the illness, typically two to four weeks.



Never Give Up On Wellness

Research from Deloitte and Workplace Intelligence shows that increasing workloads are causing a growing number of employers and employees to neglect long-standing commitments to physical and mental wellbeing. While time demands are impacting management and staff alike, existing wellness programs must be reinforced from the top down.

One important tip – consistently reminding senior executives and managers that investing in wellness will not only foster improved health, but better attitudes, greater retention and increased productivity. Since there’s no substitute for leading by example, consider incentives for managers as well as employees. Think about mandatory break times for in-office and remote workers and prioritize physical and mental wellbeing in all forms of employee communication. Strengthening your commitment to wellness will make a positive difference, especially following a pandemic that has continued to challenge so many.

A Primary Care Disconnect

Recently, the Bureau of Labor Statistics provided a look into the present and future of our nation’s primary care workforce. The following forecast makes it easy to understand why residents in large urban areas often find it difficult to get an appointment with a primary care physician.

Primary Care Providers	% Increase in Supply by 2030	% Increase in Demand by 2030
Family Physicians	6	13
Internal Physicians	13	22
Geriatric Physicians	8	50
Pediatric Physicians	2	5
Nurse Practitioners	107	16
Physician Assistants	42	15

While these statistics may surprise you, a different study conducted by the University of Chicago, Johns Hopkins University and Imperial College London offer added perspective. Published in the Journal of General Internal Medicine, their findings show that today’s primary care physicians lack the time needed to care for an average number of patients. In fact, providing 2020 guideline-recommended preventive, chronic disease and acute care without the help of nurse practitioners and physician assistants would require a staggering 26.7 hours per day. In a team-based model involving nurses, PAs and others, the demands on a physician’s day drop to just over 9 hours – 2 hours per day for preventive care, 3.6 to care for chronic disease, 1.1 per day for acute care and 2.6 for documentation and digital communications. Even with 14 percent of all U.S. workers in healthcare, the growing primary care disconnect needs our immediate attention.

Revisiting the Benefits of HSAs

There are several ways a health savings account can help during inflationary times – here are just a few.

- **An existing balance can serve as a rainy day fund that can be used if you’re impacted by an economic downturn.**
- **Because contribution amounts can be changed at any time, individuals can choose to contribute less when money is tight or wait until an expense is incurred and contribute then.**
- **In the unfortunate event that a worker becomes unemployed, HSA funds can be used to cover COBRA premiums.**

Employee contributions are tax deductible as are matching contributions made by the employer. Earnings on HSA balances accumulate tax-deferred and funds withdrawn are not subject to tax as long as they are used for qualifying medical expenses. Everyone benefits from this triple tax advantage, regardless of economic conditions.



Did You Know? New Ideas for Healthy Consumers

Benefits of a Second Opinion



Second opinions often come to mind only when a serious diagnosis has been received and the process of obtaining another expert opinion can be challenging. Another factor making second opinions important today is the ongoing development of new and varied treatment options.

A high-quality second opinion program will help your plan, and more importantly plan members, avoid the cost and anxiety that may result from

duplicate testing, a misdiagnosis, inappropriate treatment or the lack of appropriate follow-up care. In addition to a comprehensive medical review by a physician specialist, a written medical opinion and a referral to a high-performing in-network specialist, patient educators emphasize that getting a second opinion often provides patients with new information about treatment options and added confidence throughout treatment.

Home Cooking Costs Less

A new study referenced by Cleveland Clinic reveals that people who eat dinner at home regularly maintain a more nutritious diet and spend less money on food than those who eat out often. While restaurant dishes often include large amounts of oil, salt and heavy cream, cooking with herbs and spices and tasty plant foods like garlic and onion will add great flavor as well as vitamins and phytonutrients. While home cooking does require some time, it can lower food costs and help you live healthier. To learn more about the Healthy Eating Index and food expenditures, visit <https://pubmed.ncbi.nlm.nih.gov/28256283/>.

More Sleep, Better Sleep

The CDC reports that some 70 million Americans struggle with chronic sleep issues, causing brain fog, fatigue and reduced productivity. Here are a few tips that may help you get a better night's rest without taking sleep supplements.

Eat dinner earlier – WebMD recommends that you stop eating at least 3 hours before bedtime in order to give your body the time needed to digest what you have eaten.

Shower at night – Reducing the body temperature is required to fall asleep. While a hot shower may seem counterproductive, it raises your temperature so that your body can flush out excessive heat and drop your internal temperature.

Lower the lights – To induce sleepiness more naturally, the National Library of Medicine reminds us that dimming the lights helps the brain release melatonin, often referred to as the hormone of darkness.

Adopt a routine – Following a pre-sleep routine will help condition your brain to know that bedtime is coming. A hot shower and dimming the lights are examples of consistent indicators.

Note: This newsletter is not intended as a substitute for personal medical or employee benefits advice. Please consult your physician before making decisions that may impact your personal health. Talk to your benefits administrator before implementing strategies that may impact your organization's employee benefit objectives.



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Let's Talk