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ACA Today

SCOTUS HOBBY LOBBY RULING CHIPS AWAY AT OBAMACARE

In a 5-4 vote with the majority opinion written by Justice Samuel Alito, the Court sided with craft store chain Hobby Lobby - and ruled that Obamacare's contraceptive mandate violates the Religious Freedom Restoration Act (RFRA) with regards to closely held for-profit corporations. The justices did not strike down the entire mandate - but ruled more exemptions for smaller companies. The law already excludes churches and other religious organizations; however, the Court's decision further chips away at the mandate's reach. (Yahoo News)

OBAMACARE COVERAGE FOR MILLIONS IN JEOPARDY AS WATCHDOG FINDS WIDESPREAD DATA FLAWS

The Obama administration is struggling to resolve data discrepancies that could jeopardize coverage for millions who sought health insurance on the federal exchange HealthCare. gov, according to a watchdog report on the still-rocky implementation of Obamacare. (Fox News)

JUDGE VOIDS EXPANSION OF DISCOUNT DRUG PROGRAM

A federal judge has struck down a new rule requiring drug companies to offer certain drugs at discounted prices, saying the Obama administration had no authority to issue the rule. The pharmaceutical industry said that the Administration was stretching the ACA to provide discounts on more drugs for more people, and that the rule was "inconsistent with the plain language of the statute". (The New York Times)

PRIVATE INSURANCE EXCHANGES Attract more employers

Private exchanges run by benefit management companies and insurers have attracted significant new interest from employers, Business Insurance reports. One survey found 45% of employers have implemented or are considering using a private exchange for active employees before 2018. (Business Insurance)

PREMIUMS RISE AT BIG INSURERS, FALL AT SMALL RIVALS UNDER HEALTH LAW

Hundreds of thousands of consumers nationwide who bought insurance plans under the ACA will face a choice this fall: swallow higher premiums to stay in their plan, or save money by switching. That is the picture emerging from proposed 2015 insurance rates in the 10 states that have completed their filings, which stretch from Rhode Island to Washington state. In all but one of them, the largest health insurer in the state is proposing to increase premiums between 8.5% and 22.8% for next year. That percentage represents the average rate increases for all individual health plans offered by that carrier. (The Wall Street Journal)

MORE INSURERS JOINING OBAMACARE EXCHANGES

A growing number of insurers say they intend to offer coverage on the Obamacare exchanges next year. Insurance plans in New Hampshire, Michigan and Illinois are planning to enter into the federal marketplaces after deciding not to participate during Obamacare's first enrollment period, according to news reports. In New Hampshire, the number of Obamacare insurers is set to rise from one to five next year; from 13 to 18 in Michigan; and from six to 10 in Illinois. (The Hill)

MCKINSEY CENTER: NEARLY HALF OF EXCHANGE PRODUCTS OFFER NARROW NETWORKS

Roughly half of the products sold on exchanges in 2014 were narrow-network plans, according to a study by the McKinsey Center for U.S. Health System Reform. In the largest city in each state, that figure jumped to 60%. Narrow-network plans are those with 30% to 70% of hospitals covered. And ultra-narrow networks are defined as those with fewer than 30% of facilities included in the plan. (Modern Healthcare)

EMPLOYERS PREPARE FOR MANDATE

Large employers are "hustling" to comply with ACA's employer mandate, which goes into effect in 2015. At least those who know the requirements are hustling. Businesses not only need to comply, but they need to document that compliance, which brings its own set of hassles. (USA Today)

BROAD NEW TAX TO FUND D.C. HEALTH EXCHANGE CHALLENGED IN COURT

The lawsuit alleges that the tax recently approved to prop up the D.C. exchange - one of the nation's costliest per enrollee - will drive up premiums for residents on dozens of insurance products that receive no benefit from the exchange. In its complaint, the ACLI said the District's unique need doesn't give it the right to override the ACA, which grants states the right to fund exchanges only through fees and levies on products sold on exchanges. (Washington Post)

COLORADO HEALTH EXCHANGE BOARD OKS FE

The state health exchange board approved a \$66 million budget and a \$13 million funding stream Monday [June 9] to run the nonprofit as the federal grant money runs out. Connect for Health Colorado board members, in a nearly unanimous vote, approved the 2015 fiscal year budget and \$1.25 monthly assessment on all small group, individual and stop loss health insurance policies in the state. (Denver Post)

FIVE STATES' HEALTH-CARE EXCHANGES SEE COSTLY FIXES

Five states that launched health exchanges under the ACA expect to spend as much as \$240 million to fix their sites or switch to the federal marketplace, a Wall Street Journal analysis shows. Maryland, Massachusetts, Minnesota, Nevada and Oregon estimate the money will be needed to fix problems with troubled marketplaces or to join the federal exchange before the next enrollment period in November [2014], according to an analysis of data provided by the state exchanges. Funds may come from the states, remaining federal grants and new federal requests. (Wall Street Journal)

STATES STRUGGLE TO FUND OBAMACARE EXCHANGES IN 2015

States across the country are scrambling to find a viable model to fund their Obamacare insurance exchanges in 2015, when the healthcare reform law weans state-run exchanges from federal support and requires them to be financially self-sufficient. While many of the 14 states running their own individualmarket exchanges will have leftover federal dollars to use to ease the transition to financial independence, finding a politically acceptable funding scheme is proving a vexing problem. States have received \$4.7 billion in exchange funding from the federal government, with 16 getting more than \$100 million each. But new federal grant dollars disappear after this year. (Modern Healthcare)

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