

*Teen Sexually Assaulted Girl Inside Detroit School A year-old faces several charges after authorities say he choked a girl, dragged her down stairs and sexually assaulted her at school.*

In particular, the ACA requirement that premiums cannot vary based on health status does not apply in the large group market. Neither does the requirement for policies to cover ten categories of essential health benefits. If enacted, this provision would considerably disrupt the small group market because small employers could seek lower rates or less comprehensive coverage in an SBHP when their employees are healthy, but theoretically move back to regular small group market plans if an employee becomes ill or if the group wants more comprehensive benefits. This type of adverse selection could result in significant premium increases and instability in the small group market. The provision could disrupt the non-group market in a similar manner because it would permit self-employed individuals in states that choose to regulate very small groups of one as small employers to join SBHPs when they are healthy or want few benefits, but move back to regular non-group coverage if their health or circumstances change. Background Under the BCRA, new association health plan options would be available to small employers and to the self-employed in certain states. Large group market rules apply. A SBHP is defined as a fully insured group health plan, sponsored by a certified entity, and offered by a health insurer in the large group market. Several key requirements for small group market insurers do not apply in the large group market. These rules do not apply in the large group market. For example, the insurer covering the SBHP could medically screen small firms applying, and charge relatively low rates for healthy groups but very high rates for groups with sick employees. The same practices could apply to self-employed individuals. Small businesses could join and enroll in SBHPs, as could self-employed individuals with no other participating employees i. Federal certification is deemed approved after 90 days unless the Secretary denies the application for cause. To do business in a state, a certified SBHP must provide written notice of its certification to the insurance regulator in every state in which it will operate. The federal government also has enforcement authority over the business practices of SBHPs. The Secretary is required to coordinate with the State in which a particular SBHP is domiciled regarding the exercise of federal authority to certify a SBHP and enforce federal standards. The Secretary is also required to ensure that only one domicile state will be recognized with respect to any particular SBHP. The bill does not provide that the rules of the domicile state will supersede the laws of other states. The entity that sponsors a SBHP must be organized for a purpose other than providing health benefits, although it appears that providing health benefits could be the primary purpose of the organization. For example, a sponsoring entity could be a bona fide trade association, organized primarily for professional or industry-related purposes. Or it could adopt broadly inclusive membership standards to permit virtually any small group or individual to join. In addition, the sponsor of the SBHP is prohibited from conditioning membership on the size of its member groups. The bill does not prohibit a sponsoring entity from conditioning membership on the health status of small businesses; a nondiscrimination provision in the bill states that a requirement not to discriminate against employers and eligible employees is satisfied if the SBHP makes information about all coverage options readily available to any eligible small employer. Under the BCRA, the SBHP provisions become effective 1 year after the date of enactment and the Secretary of Labor is required to issue implementing regulations no later than 6 months after the date of enactment. Effects on Small Employers, Self-Employed Persons, and Traditional Markets The establishment of small business health plans could affect the way health insurance operates for small employers, and could affect the entire small group health insurance market, in several ways: However, in the event a covered individual becomes seriously ill or injured, nothing under federal law would prevent the SBHP insurer from raising the premium for that small employer or self-employed individual, even to unaffordable levels. The affected small employer or self-employed person might then try to seek coverage in the traditional small group market or non-group market, where health status rating is prohibited, though as discussed below, premiums there could also become unaffordable. Increased premiums in traditional small group and non-group markets “ Selection of coverage options, based on which market rules are most

advantageous at the time, is sometimes called adverse selection. The asymmetry of rules applied to SBHPs and the traditional small group market would tend to segment small employers based on risk, steering more expensive groups to the traditional market and driving up community rated premiums. This could lead to premiums in the traditional small group market becoming much higher for employers who need to seek coverage there. Eventually, the impact of selection could force insurers to stop offering traditional small group coverage because they could not predict the risk of potential enrollees. The SBHPs would also be open to self-employed individuals in states that permit very small groups of one to buy small group coverage, as 14 states did prior to the ACA. In , one in five marketplace consumers was a small business owner or self-employed. As a result, adverse selection from SBHPs could also affect premiums in the individual market. Lack of clear regulatory authority

â€” The BCRA requires that SBHPs must be fully insured group health plans, suggesting that states would continue to have regulatory authority over the insurance product itself, for example, to apply and enforce state standards related to risk based capital and solvency. However, preemption language in the bill is broad, and does not specify which state laws could still be enforced, including for example, laws relating to qualifications of SBHP sponsoring entities, or the covered benefits or rating practices under such plans. At a minimum, it seems legal challenges could arise if states would try to regulate SBHPs more closely. In the past, in response to federal proposals to create new small group insurance arrangements that would not be subject to all state small group market regulation, the National Association of Insurance Commissioners , the American Academy of Actuaries , and others have raised concerns that market fragmentation and harm to small businesses and consumers could result. Discussion The Senate SBHP proposal sets up competing and unequal regulatory regimes for small group health insurance that could undermine the traditional market. It also would potentially increase non-group premiums because healthy self-employed people could leave that market while people with health problems would not qualify for SBHP rates. In addition, small groups and the self-employed could choose less comprehensive policies while they are healthy, but move to more comprehensive plans if their health changed if they remain available. Such adverse selection could drive up the cost of coverage in these markets, making health insurance less affordable for sick individuals and small groups who would have to rely on them, and potentially not available at all.

## Chapter 2 : The Employers Association

*Livonia, Mich. —April 22, — The American Society of Employers (ASE), one of the nation's oldest and largest employer associations, announces 27 organizations have joined ASE as members during the first quarter of*

Association Health Plans Some proposals put forward to modify or repeal the Affordable Care Act ACA would expand the ability of small employer groups and individuals to band together to obtain health insurance through association health plans AHPs. Proponents of such an approach point out that one of the biggest obstacles to employers offering coverage and individuals obtaining coverage is cost, and argue that AHPs would expand access and drive down costs. The success and practicality of such an approach for increasing coverage options and reducing premiums would depend on how the rules governing AHPs were written. AHPs could create adverse selection concerns if they operate under different rules. A key to sustainability of health insurance markets is that health plans competing to enroll the same participants must operate under the same rules. Although AHPs would be offered in competition with other small group and individual market plans, they could operate under different rules. In particular, if an AHP is allowed to follow the issue, rating, and benefit rules of a single state nationwide, or be pre-empted from state regulation by being self-insured, it would impose different rules on insurance providers offering coverage in the same market. The viability of many state-based markets would be challenged as a result. Such a development would fragment the market as lower-cost groups and individuals would move to establish an AHP, and higher-cost groups and individuals would remain in traditional insurance plans. Such adverse selection would result in higher premiums in the non-AHP plans. Ultimately, higher-cost individuals and small groups would find it more difficult to obtain coverage. If the rules governing AHPs were consistent with those governing non-AHPs, there would be fewer concerns about market fragmentation. The ACA made many of the rules applying to the individual and small-group markets uniform with each other and nationwide, decreasing the threat of adverse selection and also reducing any cost advantages of AHPs. If the encouragement of AHPs were coupled with an increased flexibility for states to change their issue, rating, and benefit requirements as some have proposed, however, AHPs would raise adverse selection concerns and threaten the viability of the individual market in states with more restrictive rules. Similarly, allowing AHPs to avoid state regulation by self-insuring would result in market fragmentation and threaten the viability of the insured market. AHPs face increased insolvency risk without clearly defined regulatory authority. Governmental authority for regulating AHPs would need to be clearly defined. Absent this clarification, it is likely that no entity will bear the sole responsibility for regulating AHPs, or that there will be conflicting regulation. The history of multiple employer welfare arrangements MEWAs is instructive. Multiple MEWA bankruptcies resulted, and consumers had limited avenue for redress. Eventually, the federal government issued a written clarification of earlier amendments to ERISA that made it clear that states do have regulatory authority over MEWAs. If regulatory authority for AHPs is not clearly specified, they could suffer the same fate as MEWAs, leaving millions without health coverage due to insolvencies. Surplus requirements for self-funded AHPs should be similar to the minimum requirements for health risk-based capital developed by the National Association of Insurance Commissioners. AHPs would need to be subject to state-level consumer protection laws. It is important to recognize the need for AHPs to abide by state-level consumer protection laws, which vary from requiring network adequacy to appeal processes for denied services. While AHPs may save money if they do not have to bear the costs of these consumer protections, AHP enrollees may not realize they lack these protections until the time of claim, when it is often too late for recourse. AHPs would be unlikely to obtain lower provider payment rates than larger insurance companies. It is unlikely that any AHP would be able to achieve the critical mass of enrollees needed to negotiate the deep provider discounts that large health maintenance organizations HMOs and insurance companies currently obtain. Some of these networks are owned by HMOs and insurance companies that rent out their networks to smaller competitors. As high health care costs persist, insurance affordability remains a challenge for many employers and individuals. However, AHPs could result in unintended consequences such as market segmentation that could threaten non-AHP viability and make it more difficult

for high-cost individuals and groups to obtain coverage, AHP insolvencies if they are not subject to clear regulatory authority and solvency requirements, and lack of consumer protections if AHPs are not subject to state-level protections.

## Chapter 3 : Employers | Blue Cross Blue Shield

*Two professional small business groups have formed an association health plan under federal rules to potentially grant employers with 50 or fewer employees similar benefit packages and pricing.*

From keynote and breakout sessions presented by industry experts to a full resource partner area and tremendous networking opportunities, this event is a must! Supervisory Skills 1 and 2 Ensure your supervisors are prepared to meet the challenge of leading your organization's and teams' to success. Series 1 is geared toward your newer leaders with up to two years of supervisory experience while Series 2 is designed for leaders with more than two years of experience. Legal Compliance Seminars These seminars are offered throughout the year on topics from wage and hour law, FMLA, and internal investigations to overlapping leave laws, employee handbooks and more. The popular Employment Law Certificate Series offers learners comprehensive exposure to a variety of employment law topics in a four-part series. Sessions are taught by labor law attorneys from Toledo and Northwest Ohio. Business credit is available for select topics. Benefits of this alliance include: We are offering this service free of charge as a membership benefit for our members. Customized learning and HR consulting delivered at your facility. Leadership Development Led by instructors with years of experience, this workshop focuses on how to build relationships and expect results the twin towers of long-term success , plus many other practical tools. Managers, supervisors, and anyone who is considered a leader should take this training. Harassment Avoidance Be proactive. Have us come to your place of business and present no-nonsense, straightforward information and advice to any audience from manufacturing to the professional office, and everyone in between. Up-to-date, professionally taught with an engaging training style. ABCs of Employment Law for Supervisors Armed with the latest in best practices and years of front line, practical experience, our trainers equip participants with knowledge and tools they can use in the workplace right away. Handbook Development We can help you keep your Employee Handbook up to date as a professional, useful communication tool. Employee Engagement Surveys Customized to give you the information you need now regarding employee engagement. Each survey is designed for your particular workplace, and we do all the work. Get facts, not theories or assumptions. Expert implementation, all efficient, effective and economical. Customer service is one thing, but a great customer experience brings them back time and time again. Our training is applicable to the new or seasoned professional. Our audits put you in the shoes of your customers, giving you valuable insights via our unbiased eye. Wellness consulting and program implementation on your site.

## Chapter 4 : Employers Association of Detroit « CBS Detroit

*Kirk Pinho of Crain's Detroit Business recently interviewed Dan Gilbert, founder of Quicken Loans Inc., Rock Ventures LLC, and "the most active developer in the city of Detroit with his Detroit-based Bedrock LLC," about his plans for development in the city of Detroit.*

## Chapter 5 : Dan Gilbert Discusses Detroit Development Plans | Construction Employers Association

*Membership Info. Membership with The Employers Association has benefits for you and your entire company. We have solutions for your HR, compliance and training needs.*

## Chapter 6 : Small business groups in Michigan form association health plan under federal rules

*About the American Society of Employers (ASE) - a Centennial Organization The American Society of Employers (ASE) is a not-for-profit trade association providing people-management information and services to Michigan employers.*

## Chapter 7 : Economy of metropolitan Detroit - Wikipedia

## DOWNLOAD PDF THE DETROIT EMPLOYERS ASSOCIATION PLANS

*First, an association of employers (i) in a similar business or trade, or (ii) within the same geographic area, can establish an employee health plan under ERISA. This includes associations established for the sole purpose of offering a health plan.*

### Chapter 8 : Report: HMOs, feds reshape Michigan's health insurance | Michigan Association of Health

*Supervisors & Leaders Approved for credit hours from HRCI & SHRM. This half-day program provides leaders with a model to help diagnose the needs of an individual or a team and then use the appropriate leadership style to respond to the needs of the person, team, and the situation.*

### Chapter 9 : Detroit Economic Growth Corporation - DEGC | Detroit, MI

*Compared to states where association plans are subject to rules that are the same as or more stringent than small-group or individual policies, states with fewer restrictions for association.*