

Bi-monthly Publication

House Panel OKs Bills on Obesity Drug and Breakthrough Device Coverage in Medicare

CMS proposed rule on the device coverage, issued a year ago, awaits a final version Bills that would mandate Medicare coverage for two categories of treatments -- anti-obesity drugs and "breakthrough" medical devices -- have cleared a House panel, making them one step closer to passage.

The Treat and Reduce Obesity Act opens in a new tab or window, which would expand Medicare coverage to include anti-obesity medication for some beneficiaries, passed the House Ways & Means Committee by a vote of 36-4. The measure would provide Medicare Part D coverage of anti-obesity drugs to patients aging into Medicare who are currently being treated by that type of medication. Currently, Part D plans prohibit coverage of obesity medications. Without this coverage, 1.25 million patients are projected to lose coverage over the next decade as they transition into Medicare, according to the committee.

Meanwhile, the Ensuring Patient Access to Critical Breakthrough Products Act opens in a new tab or window passed the committee by a vote of 36-5. The measure would require Medicare to cover breakthrough devices approved by the FDA for 4 years while CMS and the manufacturer work on a permanent coverage determination.

"American innovation has delivered some of the world's greatest medical breakthroughs that have saved countless lives while improving the quality of life for millions more," committee chairman Rep. Jason Smith (R-Mo.), said in his opening statement. "We can [not only help] Americans live healthier [lives], but also bring down long-term healthcare expenses." [Read More Here...](#)

NABIP-TX Members Attending The Region 6 Meeting At The NABIP National Conference In Chicago



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Terminated BCBS Tennessee Employee Wins COVID Vaccine Mandate Case

A federal jury has awarded a former BlueCross BlueShield of Tennessee employee nearly \$700,000 after she was terminated for refusing to get vaccinated against COVID-19 in 2021.

The former employee “proved by a preponderance of the evidence that her refusal to receive the Covid vaccination was based upon a sincerely held religious belief,” a federal judge in the Eastern District Of Tennessee wrote June 28. “[BCBS Tennessee] did not prove by a preponderance of the evidence either that it had offered a reasonable accommodation to plaintiff or that it could not reasonably accommodate the plaintiff’s religious beliefs without undue hardship.”

The former employee worked at BCBST from 2005 to 2021, mostly as a bio statistical research scientist. Her normal portfolio involved 10 to 12 clients, whom she rarely interacted with directly. Her work did not involve medical facilities where patients were treated, and she worked independently from home beginning in March 2020.
Read More Here...

What Does The End Of Chevron Deference Mean For The DOL?

It could mean more lawsuits and overturned rules related to retirement plans.

The Supreme Court ruled Friday in *Loper Bright Enterprises et al. v. Raimondo, Secretary of Commerce et al.* that the so-called Chevron Doctrine would no longer apply to cases involving rulemakings of the federal bureaucracy, heralding what could be widespread changes to how trillions of dollars in qualified retirement plans are regulated and managed.

The Chevron Doctrine, established in the Supreme Court’s 1984 ruling in *Chevron U.S.A. Inc. v. Natural Resources Defense Council Inc.*, required federal courts to be deferential to federal agencies’ interpretations of unclear statutes. Based on *Loper Bright*, courts are now required to “exercise their independent judgment in deciding whether an agency has acted within its statutory authority, and courts may not defer to an agency interpretation of the law simply because a statute is ambiguous.”
Read More Here...



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NABIP Upholds Role Of Agents In The ACA Marketplace

The National Association of Benefits and Insurance Professionals expressed its concern over the recent narrative presented in the Paragon Health Institute's report, which portrays a broad and detrimental view of the role of agents within the Affordable Care Act marketplace.

Paragon Health recently issued a paper, "The Great Obamacare Enrollment Fraud," in which the institute alleged increase in fraudulent enrollment in ACA marketplace plans. The paper's authors contend that those applying for ACA coverage are misestimating their income to qualify for greater subsidies.

The authors further stated that "Unscrupulous brokers are certainly contributing to fraudulent enrollment and the enhanced direct enrollment feature of HealthCare.gov appears to be a problem. Brokers just need a person's name, date of birth, and address to enroll them in coverage, and reports indicate that many people have been recently removed from their plan and enrolled in another plan by brokers who earn commissions by doing so." Read More Here...

How LTCi Protects Your Client's Retirement Plans

Some envision their retirement to be a slow and peaceful chapter of life, while others look forward to a full schedule of bucket list adventures or family time. Although it can be exciting to plan for this phase, it's important to consider the challenges that can be brought by aging, including the type of care that may be needed to maintain quality of life and independence. Helping clients (and their families) plan for these needs is a core responsibility of financial advisors. Long-term care insurance is one tool advisors can recommend to ensure clients enjoy their retirement with peace of mind.

LTCi offers benefits to all, particularly retirees and seniors, by alleviating costs associated with extended care needs. LTCi plans do not cover treatment costs – these policies are intended to cover expenses for long-term care facilities such as nursing homes or assisted living. An LTCi policy is meant to reduce costs for care as long-term care facilities are not covered by Medicare or medical insurance.

[Read More Here...](#)

Pre-Med Defender™

Say HELLO to a Better Choice in Health Coverage

The Pre-Med Defender logo features a blue shield with a white caduceus symbol. Below the shield, the text 'Click on the logo to learn more' is written in a small font. The main text 'Pre-Med Defender™' is in a bold, blue, sans-serif font. Below the logo, the text 'Say HELLO to a Better Choice in Health Coverage' is written in a bold, blue, sans-serif font.

Walgreens To Take A Hard Look At Underperforming Stores, Could Shutter Hundreds More

Walgreens is finalizing a plan to fix its U.S. business that could result in closing hundreds of additional stores over the next three years.

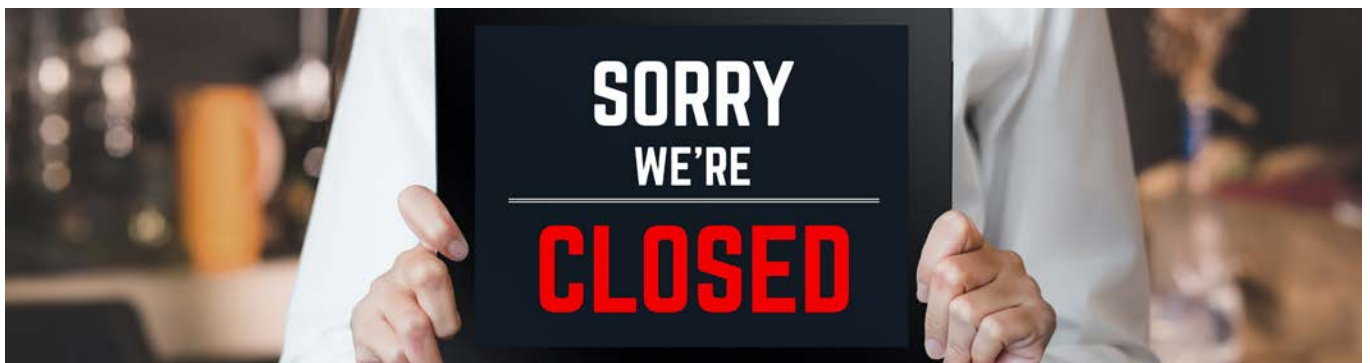
CEO Tim Wentworth told analysts Thursday morning that “changes are imminent” for about 25% of the company’s stores, which he said were underperforming. The drug-store chain currently runs more than 8,600 in the United States. *See List.*

Wentworth said the company’s plan could include the closing of a “significant portion” of those roughly 2,100 underperforming stores if they don’t improve.

Company leaders said they’ve already closed 2,000 locations over the last 10 years. Overall, the company runs about 12,500 drugstores worldwide.

“We are at a point where the current pharmacy model is not sustainable and the challenges in our operating environment require we approach the market differently,” he said.

[Read List Here...](#)



PSNC 2024: Applying a Fiduciary Standard to Health Care

With new fiduciary standards in place under the Consolidated Appropriations Act, it is important for plan sponsors to be diligent when managing their health care plans.

A federal law enacted three years ago is adding new fiduciary responsibilities for plan sponsors as that law and other federal regulations are driving risks and opportunities around health plans.

Under the Consolidated Appropriations Act of 2021, plan sponsors are required to attest that their fees for health care plans are fair and reasonable for the services provided.

As a result, it is vital that plan sponsors apply a fiduciary process, as required by the Employee Retirement Income Security Act, for their health care plans, according to Jamie Greenleaf and Barbara Delaney, who spoke at the PLANSPONSOR National Conference in Chicago earlier this month

[Read More Here...](#)

Check Out The Latest Edition Of The NABIP-TX Summer Magazine

Meet New NABIP-TX President Stacy Cochran

**Live
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https://nabip-tx.org/NABIP-TX_Newsletter

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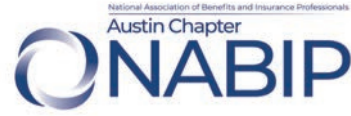
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April Chapter Agendas

AUSTIN



www.austinhbu.org

NABIP Austin - July 11th Free Virtual Event - "Game of Thrones: House of Texas"



July 11, 2024
3:30 PM - 5:00 PM
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EAST TEXAS



www.etahu.org

COASTAL BEND



www.nabipcoastalbendtx.org

Chapter Awards Donna Carnall Luncheon and Board Installation

July 11 @ 11:00 am



Register Now to join us for the annual Chapter Awards Donna Carnall Luncheon and Board Installation, where we celebrate another successful year! Meet your 2024-2025 Board members and find out who will be honored with the prestigious Donna Carnall Career Achievement Award. This is a fantastic opportunity to celebrate achievements, connect with new members, and catch up with colleagues. Don't miss out on this special event!

- Registration begins at 11:00 AM
- The meeting starts at 11:30 AM

Tickets

- Member – \$35
- Non-Member – \$50
- Luncheon Sponsor – \$250
- Season Pass – \$260
 - *The 2023-2024 Season Pass expired in June. To purchase your 2024-2025 Season Pass, select this option for a one-time payment for the year.*

DALLAS

www.dahu.org



NABIP-Dallas (DAHU) Monthly Luncheons and special events will be held at Vouv Dallas!

Vouv Event Space, 4445 Sigma Road,
Dallas, TX 75244

<https://vouvdallas.com>



June 19, 2024 | MONTHLY LUNCHEON "The Pros and Cons of Offering Group Insurance Benefits Through a PEO" presented by Christina Hageny, President at Valor Payroll Solutions - 11:30 - 1:00

[REGISTER HERE](#)

NABIP-Dallas (DAHU) Upcoming Dates - Details to follow

July 17, 2024 | MONTHLY LUNCHEON

August 21, 2024 | ROCKSTAR SALES SUMMIT (Previously Medicare Summit)

SAN ANTONIO

www.sanantonioahu.org



SAAHU MEDICARE MENTORS WORKSHOP

August 27, 2024
11:30 AM - 5:15 PM
[Add to Calendar](#)

Aggie Park
6205 West Avenue
San Antonio, TX 78213
[Venue website](#)
[Directions](#)

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2024 SAAHU Medicare Mentors Workshop

"The San Antonio Association of Health Underwriters is pleased to announce a Medicare Mentors Workshop!"
Course Title: 2024 SAAHU Medicare Mentors Workshop

Tickets

\$30.00 Member Registration
\$50.00 Non-Member ticket
\$45.00 Early Bird Registration

HOUSTON

www.nabip-htx.org



NABIP Houston July Luncheon



July 16, 2024 | 12:00 PM
- 1:30 PM

[Add to Calendar](#)



Post Oak Grill | 1415 S
Post Oak Ln

Houston, TX 77056

<https://www.postoakgrill.com/>

[Directions](#)

Post

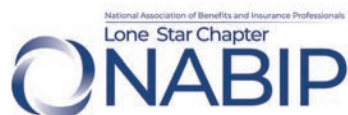
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