NATIONAL COORDINATING COMMITTEE FOR MULTIEMPLOYER PLANS

815 16TH STREET, N.W., WASHINGTON, DC 20006 • PHONE 202-737-5315 • FAX 202-737-1308

RANDY G. DEFREHN
EXECUTIVE DIRECTOR
E-MAIL: RDEFREHN@NCCMP.ORG

June 3, 2013

CC:PA:LPD:PR (REG-118315-12)

Internal Revenue Service
Department of the Treasury
PO Box 7604, Ben Franklin Station
Washington, DC 20044

Submitted via www.regulations.gov (IRS REG-118315-12)

Re: Comments and Request to Testify at June 21, 2013 Hearing Regarding: NPRM on the Health Insurance Providers Fee [REG-118315-12]

Dear Ladies and Gentlemen:

The National Coordinating Committee for Multiemployer Plans (NCCMP) appreciates the opportunity to provide comments on the proposed regulations regarding the health insurance providers fee (the "Fee") under section 9010 of the Affordable Care Act (ACA) as published in the Federal Register on March 4, 2013 (the "Proposed Regulations"). This comment letter also serves as a request to testify at the June 21, 2013 public hearing on the Proposed Regulations. An outline of the topics to be addressed at the hearing is attached to this letter.

The NCCMP is the only national organization devoted exclusively to protecting the interests of the over 20 million active and retired American workers and their families who rely on multiemployer plans for retirement, health and other benefits. The NCCMP's purpose is to assure an environment in which multiemployer plans can continue their vital role in providing benefits to working men and women. The NCCMP is a nonprofit, non-partisan organization, with members, plans and contributing employers in every major segment of the multiemployer plan universe, including in the airline, building and construction, entertainment, health care, hospitality, longshore, manufacturing, mining, retail food, service and trucking industries.

These comments focus on the Proposed Regulations as they relate to self-insured multiemployer plans.

SUMMARY OF COMMENTS

Self-Insured Multiemployer Plans

Self-insured multiemployer plans are employment-based plans through which plan participants receive health coverage on a self-insured basis. Like self-insured plans through which health benefits are provided for employees of one particular employer (i.e., single-employer plans), self-insured multiemployer plans that provide health benefits: (1) are group health plans as defined under the Internal Revenue Code (the "Code"), ERISA, and the Public Health Service Act (PHSA); (2) receive the full benefit of ERISA preemption under section 514 of ERISA and, thus, are not subject to State laws that regulate insurance; (3) do not provide health insurance as that term is defined under the Code, ERISA, the PHSA and the Proposed Regulations; and (4) are not multiple employer welfare arrangements (MEWAs) as defined in section 3(40) of ERISA.

Multiemployer plans also have some differences compared to single-employer plans and are subject to additional regulation. Multiemployer plans are subject to regulation under the Labor Management Relations ("Taft-Hartley") Act of 1947 (and as a result are sometimes referred to as "Taft-Hartley" plans). Benefits under multiemployer plans are funded through contributions made by contributing employers pursuant to collective bargaining agreements. Multiemployer plans typically are structured on an industry or a regional basis. Under ERISA, the sponsor of a multiemployer plan is the joint board of trustees that, pursuant to the Taft-Hartley Act, consists of an equal number of employer and employee representatives.

Section 9010 and the Proposed Regulations as Applied to Multiemployer Plans

In general

Section 9010 is structured so that self-insured employment based group health plans are not subject to the Fee. This intent is evident from particular provisions within the section as well as the section as a whole. It has been long recognized that such arrangements do not provide health insurance coverage within the meaning of Code section 9832, the definition of health insurance used in the Proposed Regulations, and the IRS has recently confirmed this under ACA guidance. While the Proposed Regulations generally exempt self-insured multiemployer plans from the Fee, there are some ambiguities that should be addressed in the final regulations.

The Treatment of VEBAs

Section 9010 provides that the Fee does not apply to voluntary employees' beneficiary associations (VEBAs) under Code section 501(c)(9) which are established by an entity other than an employer or employers. This exception is reflected in the Proposed Regulations. Multiemployer plans are probably the most common type of VEBAs. Most, if not almost all,

multiemployer plans fall squarely within this exception to the fee, as they provide benefits through VEBAs that are established by employers and unions, and not solely by employers.[1]

Unfortunately, however, the Proposed Regulations contain another provision that has created confusion with respect to the treatment of self-insured multiemployer plans for purposes of the Fee.

The Treatment of ECEs

The Proposed Regulations provide that a covered entity for purposes of the Fee includes a MEWA as defined under section 3(40) of ERISA to the extent not fully insured. Were the Proposed Regulations to stop here, there would be little or no issue for most self-insured multiemployer plans, because they are not MEWAs. Multiemployer plans are specifically excluded from the definition of a MEWA under subparagraph (i) of ERISA section 3(40)(A). Department of Labor (DOL) regulations negotiated with stakeholders under the Negotiated Rulemaking Act contain further requirements for a multiemployer plan in order to qualify for the statutory exemption from the definition of a MEWA.

The Proposed Regulations treat certain non-MEWA entities that are subject to limited reporting requirements under DOL regulations as MEWAs for purposes of the Fee. In particular, the Proposed Regulations provide that an entity claiming exception (ECE) "is subject to the same regime addressing MEWAs." That is, "a non-fully insured ECE is treated as a covered entity to the extent the ECE is not insured." The Proposed Regulations define an ECE as under DOL reporting regulations (29 CFR 2520.101–2(b)) as an entity that claims it is not a MEWA on the basis that the entity is established or maintained pursuant to one or more agreements that the Secretary of Labor finds to be collective bargaining agreements within the meaning of section 3(40)(A)(i) of ERISA and 29 CFR 2510.3–40. Such an ECE is referred to in this comment letter as a multiemployer plan ECE or simply as a multiemployer plan.

The treatment of self-insured multiemployer plan ECEs as covered entities inappropriately confuses MEWAs and multiemployer plan ECEs and fails to recognize the completely different statutory and regulatory treatment of such plans. Further, the Proposed Regulations appear to ignore the fact that self-insured multiemployer plans do not provide "health insurance" as that term is defined in the Proposed Regulations and under the similar definitions in the Code, the ACA, the PHSA, and ERISA. The IRS has recognized in guidance issued under the ACA (Notice 2010-82) that self-insured multiemployer plans do not provide health insurance coverage as so defined.

Other Issues

There are also a few other multiemployer plan situations that are not specifically addressed in the Proposed Regulations and need clarification. One of these situations is that some multiemployer

[1] As discussed below, there are some multiemployer plans that are not structured as VEBAs.

plans may be structured using a tax-exempt vehicle other than a VEBA. For example, some multiemployer plan trusts are exempt under Code section 501(c)(5). Another issues is employer group waiver plans (often referred to as "EGWP"s) which are arrangements authorized by the Centers for Medicare & Medicaid Services through which employers, unions, or both can provide Medicare Part D prescription drug benefits on a self-insured basis.

Summary of Recommendations

In order to properly reflect the relevant statutory provisions and other relevant guidance, the NCCMP makes the following recommendations with respect to the treatment of self-insured multiemployer plans under the Fee:

- the final regulations should include the exception to the Fee for VEBAs as contained in the Proposed Regulations;
- the provision treating self-insured multiemployer plan ECEs as covered entities should NOT be included in the final regulations; and
- the final regulations should clarify that self-insured multiemployer plans are not subject to the Fee, including tax-exempt self-insured multiemployer plans that are not organized as VEBAs (a fairly rare, but possible, situation). and self-insured multiemployer plan EGWPs.

Detailed discussion of each of these points follows after an introduction to multiemployer plans.

BACKGROUND RELATING TO MULTIEMPLOYER PLANS

One of the crowning achievements of collective bargaining over the past 50 years is the creation of thousands of labor-management, multiemployer health and welfare trust funds that provide to covered, workers and their dependents various benefit coverages, including medical, hospitalization, preventive and wellness care, prescription drugs, dental care, and vision care. These trust funds are often referred to as "Taft-Hartley funds" because they are regulated by the Labor Management Relations ("Taft-Hartley") Act of 1947, as well as by ERISA and the Code ("Code"). We note, however, that some single-employer plans may operate as joint labor-management funds and therefore believe the more appropriate term is "multiemployer" plans with respect to comments contained herein.

Multiemployer plans provide health and welfare plan coverage to plan participants and their beneficiaries pursuant to the negotiated wages, hours, and other terms and conditions of employment (including requiring contributions to be made to a multiemployer benefit trust) of a collective bargaining agreement between one or more unions and more than one employer. Even for employees who are not union members but whose work is covered as part of a certified bargaining unit, existing labor law provides that discussions of employee benefits are a mandatory subject of bargaining and therefore subject to negotiation with the union under their status as the statutory bargaining agent. The ACA did not repeal the Labor Management Relations Act. Relationships are established between employers and employees under the Taft-

Hartley Act, and these relationships should continue to be recognized in regulations implementing the ACA.

Health and welfare trust funds cover workers in industries as diverse as building and construction, transportation, retail, food, clothing, textiles, service, mining, entertainment, hotel and restaurant, maritime, longshore, and manufacturing. But for these trust funds, millions more working families would be uninsured and at risk for financial ruin in the event of a serious illness. Indeed many millions of workers in these funds would not be eligible for coverage even under the enhanced eligibility requirements mandated for employers by ACA. The transient, project-based, mobile and seasonal employment patterns that characterize many of these industries would prevent workers from obtaining health coverage absent a central, pooled fund through which portable coverage is provided to workers as they move from employer to employer.

DETAILED DISCUSSION OF COMMENTS

1. Self-insured multiemployer plans are typically organized as VEBAs, which are specifically exempted from the Fee under ACA section 9010(c)(2)(D). NCCMP supports the provision in the Proposed Regulations which incorporates this statutory exemption for VEBAs.

ACA section 9010(c)(2)(D) provides that the Fee does not apply to "any entity which is described in section 501(c)(9) of [the] Code and which is established by an entity (other than by an employer or employers) for purposes of providing health care benefits." Organizations that are exempt under Code section 501(c)(9) are referred to as voluntary employees' beneficiary associations, or VEBAs. This exception is reflected in Proposed Regulation section 57.2(b)(2)(iv), which mirrors the statutory language. The preamble to the Proposed Regulations specifically requests comments on the provision relating to VEBAs, and notes that the Treasury Department and IRS are not aware of any VEBAs that would be subject to the Fee under the Proposed Regulations.[2]

Most self-insured multiemployer plans fall squarely within the statutory exemption for VEBAs, and the exemption is written in a manner to specifically apply to multiemployer plans, which are a common type of VEBA. In particular, under ERISA, the sponsor of a multiemployer plan is the joint board of trustees (not an employer or employers) established pursuant to the Taft-Hartley Act. ERISA sec. 3(16)(B)(iii). The plan or fund that is the multiemployer plan is established and funded through a tax-exempt VEBA through which health benefits are provided. The VEBA is typically established under a trust agreement typically executed jointly by representatives of a union and one or more employers. Consequently, VEBAs established by multiemployer plans are by definition not established by an employer or employers; the VEBA would not exist without the involvement of the unions.

[2] 77 Fed Reg 14037.

Thus, multiemployer plan VEBAs should be exempt from the fee by reason of ACA section 9010(c)(2)(D), as reflected in the Proposed Regulations. NCCMP recommends that the provision in the Proposed Regulations relating to VEBAs should be finalized.

As discussed below, however, there is unfortunately another provision of the Proposed Regulations which has been causing some confusion as to the application of the Fee to self-insured multiemployer plans. In addition, also as discussed below, there are some multiemployer plans that are not structured as VEBAs and are tax-exempt under other Code sections.

2. The treatment of certain collectively bargained health plans (i.e., "entities claiming exception" or ECEs) as covered entities for purposes of the Fee confuses multiemployer plans that are ECEs with multiemployer welfare benefit plans (MEWAs), has created confusion with respect to the treatment of self-insured multiemployer plans, and conflicts with the statutory exemption for multiemployer plan VEBAs (and other provisions of the Proposed Regulations). The provision of the Proposed Regulations treating such ECEs as covered entities should be eliminated in the final regulations.

The Proposed Regulations provide that a covered entity for purposes of the Fee includes a MEWA as defined under section 3(40) of ERISA to the extent not fully insured. The Proposed Regulations go further, however, and provide that an ECE "is subject to the same regime addressing MEWAs." In particular, "a non-fully insured ECE is treated as a covered entity to the extent the ECE is not insured. An ECE is defined in 29 CFR 2520.101–2(b) as an entity that claims it is not a MEWA on the basis that the entity is established or maintained pursuant to one or more agreements that the Secretary of Labor finds to be collective bargaining agreements within the meaning of section 3(40)(A)(i) of ERISA and 29 CFR 2510.3–40." Such an ECE is referred to here as a multiemployer plan ECE or simply as a multiemployer plan.

Because multiemployer plans are not MEWAs, the NCCMP does not have a position as to the treatment of MEWAs under the Proposed Regulations. Regardless of how MEWAs are ultimately treated under the final regulations, however, self-insured multiemployer plans should not be covered entities and references to ECEs as covered entities should be eliminated in the final regulations.

The preamble to the Proposed Regulations states that if an ECE provides benefits through a VEBA, the VEBA is not subject to the Fee. Thus, to the extent self-insured multiemployer plan ECEs provide benefits through a VEBA, they should be exempt from the Fee. The specific mention of ECEs as covered entities, however, creates confusion. NCCMP recommends that the reference to ECEs covered entities be removed in the final regulations in order to provide clarity.

The following discussion of self-insured multiemployer plans, MEWAs, and the rules regarding ECEs may be helpful to the Treasury Department and the IRS with respect to understanding the differences between MEWAs and multiemployer plan ECEs.

a. Multiemployer Plans are Not MEWAs as that Term is Defined in the Statute and Negotiated Regulations

MEWAs have received considerable attention over the years from both Federal and State regulators. As discussed further below, on the one hand MEWAs can in some circumstances provide a means for small employers to provide cost-effective benefits. On the other hand, some MEWA operators have been unscrupulous and have defrauded employers and employees. As a result, specific statutory and regulatory regimes have been adopted in order to combat abusive MEWA arrangements. In other to understand this enforcement regime, it is first important to understand what plans are MEWAs and what plans are not MEWAs.

The term "multiple employer welfare arrangement" or MEWA is defined in section 3(40) of ERISA. In general, a MEWA is defined as an employee welfare benefit plan or other arrangement which is established or maintained for the purpose of offering or providing medical or other specifically defined benefits to employees of two or more employers; however, the term MEWA "does not include any such plan or other arrangement which is established or maintained – (i) under or pursuant to one or more agreements which the Secretary finds to be collective bargaining agreements." ERISA sec. 3(40)(A)(i). DOL regulations further define criteria for what constitutes a plan established or maintained under or pursuant to collective bargaining agreements. 29 CFR §2510.3-40(b). The regulations defining a multiemployer plan ECE were the process of negotiated rulemaking between the DOL and multiemployer plan and other stakeholders, in accordance with the Negotiated Rulemaking Act and the Federal Advisory Committee Act.[3] The criteria are intended to ensure that the statutory exception is only available to plans whose participant base is predominantly comprised of the bargaining unit employees on whose behalf such benefits were negotiated and other individuals with a close nexus to the bargaining unit or the employer(s) of the bargaining unit employees.

Thus, under the applicable statutory and regulatory provisions, self-insured multiemployer plans are clearly not MEWAs.

b. ERISA Provides a Special Statutory and Regulatory Regime to Address Issues Regarding MEWAs; These Provisions do Not Apply to Multiemployer Plans

The fraudulent aspects of some MEWAs have long been of concern to the DOL and State regulators. As stated recently by Assistant Secretary of Labor for Employee Benefits Security Phyllis C. Borzi when releasing regulations under new ACA provisions aimed at MEWAs: "A MEWA can be a means to offer benefits to workers where none other exists. But too often the individuals operating such arrangements take advantage of employers who want to make health insurance available to workers."[4] The DOL has further described the concerns with some MEWAs as follows: "A MEWA is an employee welfare plan or other arrangement through which multiple employers might seek to provide health care and other benefits to their workers.

[3] See the discussion in the preamble to the final regulations under ERISA section 3(40)(A), at 68 Fed Reg 174472 (April 9, 2003).

[4] EBSA News Release, February 28, 2013, available at http://www.dol.gov/opa/media/press/ebsa/EBSA20130383.htm. Last visited on May 28, 2013.

Employers are often told that MEWAs are more affordable than traditional forms of coverage, but unscrupulous promoters, marketers and operators of certain MEWAs have taken advantage of gaps in the law to avoid state insurance regulations, putting enrollees at financial risk."[5] The DOL has a webpage that is devoted to issues relating to MEWAs,[6] and the ACA provided new enforcement tools to the DOL's authority in order to address concerns regarding certain MEWAs, including the ability to issue cease and desist orders for MEWAs.

Among the special statutory and regulatory provisions that apply to MEWAs are the following:

- MEWAs (including self-insured and fully insured MEWAs) are subject to State laws regulating insurance. ERISA sec. 514(b)(6). In contrast, other self-insured group health plans, including multiemployer plan ECEs, receive the full benefit of ERISA preemption of State insurance laws. ERISA sec. 514(b).[7]
- Criminal penalties may be imposed with respect to knowing false statements or representations made to abet the marketing or sale of a MEWA. ERISA sec. 520 as added by the ACA. This provision specifically applies only to plans that are MEWAs as defined in section 3(40) of ERISA and thus does not apply to multiemployer plan ECEs.
- The Secretary of DOL may issue summary cease and desist orders and summary seizure orders against MEWAs. ERISA sec. 521 as added by the ACA. This provision specifically applies only to plans that are MEWAs as defined in section 3(40) of ERISA and thus does not apply to multiemployer plan ECEs.

These special provisions recognize a clear distinction between MEWAs and non-MEWAs, including multiemployer plan ECEs. The provision in the Proposed Regulations that applies to multiemployer plan ECE's "the same regime addressing MEWAs" is in direct contrast with the treatment of such plans under ERISA and other governing laws.

c. Multiemployer Plan ECEs are Not Subject to the Same DOL Regulatory Regime as MEWAs; ECEs are Subject Only to Minimal Reporting Requirements

The Proposed Regulations reference the current reporting requirements for MEWAs and certain ECEs under DOL regulations issued under ERISA section 101(g), at 29 CFR 2520.101. As noted in the Proposed Regulations, regulations under these reporting requirements were first issued in 2003, at the same time as the negotiated regulatory definition of a multiemployer plan ECE. The 2003 regulations subjected certain ECEs to reporting requirements; however, the requirements as applied to multiemployer plan ECEs were designed specifically to minimize the burden on such plans, recognizing that they are not MEWAs. Thus, the 2003 regulations imposed required filing of Form M-1 only if the filing deadline occurred within three years of

[5] *Id.*
[6] http://www.dol.gov/ebsa/hlthcarefraud.html.
[7] Fully-insured group health plans are indirectly subject to State insurance laws through State regulation of the insurer; however, the group health plan itself is not subject to State insurance laws.

certain "origination" events, and defined three origination events that trigger reporting.[8] The DOL recently issued new regulations under ERISA section 101, including to reflect certain changes made by the ACA. These new regulations leave intact the 2003 reporting requirements for multiemployer ECEs, at the same time imposing new requirements on MEWAs.

Including multiemployer plan ECEs as covered entities places inappropriate emphasis on the relatively minimal reporting requirements applicable to such plans and ignores the broader picture – multiemployer plan ECEs are not MEWAs, and are not subject to the same overall regulatory scheme as MEWAs.

d. Multiemployer Plan ECEs Do Not Provide "Health Insurance" as That Term is Defined in the Proposed Regulations and in the Substantially Identical Definitions of the Code, the ACA, the PHSA, and ERISA.

The preamble to the Proposed Regulations notes that section 9010 defines the term "health insurance" only negatively, i.e., by providing that the term excludes certain types of insurance described in Code section 9832(c). The Proposed Regulations adopt as the definition of "health insurance" the definition of health insurance coverage in Code section 9832(b)(1)(A). The preamble notes that this definition is substantially similar to the definition of health insurance in the ACA and the PHSA. We also note that this definition is substantially similar to the definition of health insurance coverage in section 733(b) of ERISA. This definition is in the part of ERISA to which the group health plan requirements added by the ACA were incorporated. The NCCMP agrees that these definitions of "health insurance coverage" are an appropriate reference point for this purpose, given the overall statutory background regarding section 9010 and the ACA.

Self-insured multiemployer plan ECEs do not provide "health insurance" as that term is defined under the Proposed Regulations and the other provisions referenced above. In particular, Code section 9832(b)(1)(A), as incorporated into the Proposed Regulations, requires that the coverage in question be provided by a health insurance issuer, as follows:

> health insurance coverage [is] defined to mean benefits consisting of medical care (provided directly, through insurance, reimbursement, or otherwise) under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a **health insurance issuer**. (emphasis added)

The term "health insurance issuer" is defined in Code section 9832(b)(1)(B) (and as reflected in the Proposed Regulations) to include:

[8] These three origination events are when (i) the multiemployer plan ECE first begins offering or providing coverage for medical care to the employees of two or more employers (including one or more self-employed individuals); (ii) the multiemployer plan-ECE begins offering or providing such coverage after a merger of multiemployer plan ECEs (unless all multiemployer plan ECEs involved in the merger were last originated at least three years prior to the merger); or (iii) the number of employees to which the multiemployer plan ECE provides coverage for medical care is at least 50% greater than the number of such employees on the last day of the previous calendar year (unless such increase is due to a merger with another multiemployer plan ECE under which all multiemployer plan ECEs that participate in the merger were last originated at least three years prior to the merger).

> an insurance company, insurance service, or insurance organization (including a health maintenance organization, as defined in paragraph (3)) that is required to be licensed to engage in the business of insurance in a State and that is subject to the respective laws of such jurisdictions that regulate insurance (within the meaning of section 514(b)(2) of the Employee Retirement Income Security Act of 1974 (ERISA)).

Self-insured multiemployer plans are not health insurance issuers under this definition, because they are not subject to State laws regulating insurance as a result of the preemption provisions of section 514 of ERISA. This is clear from the face of the statute. There is also ample precedent to support this conclusion. For example, the IRS itself has in recent ACA guidance explicitly stated that self-insured multiemployer plans do not provide health insurance coverage as defined in Code section 9832(b). Specifically, Notice 2010-82 (relating to the small employer credit under Code section 45R) states:

> "Among the requirements of § 9832(b)(1) is that the coverage be offered by a health insurance issuer. A health insurance issuer is defined in § 9832(b)(2) as an entity licensed to engage in the business of insurance in a State and which is subject to State law regulating insurance….Thus, an employer's self-insured plan is not health insurance coverage." Notice 2010-82, Section III.D. And, further, "self-insured health coverage provided through a multiemployer plan is not health insurance coverage." Notice 2010-82, Section III.E.

Thus, under the Proposed Regulations and relevant statutory provisions as interpreted by the IRS, self-insured multiemployer plans do not provide health insurance. Thus, they should not be subject to the Fee.

3. The final regulations should explicitly state that multiemployer plans are not subject to the Fee.

While the provisions of the Proposed Regulations relating to VEBAs are helpful, the treatment of self-insured multiemployer plan ECEs as covered entities has created confusion with respect to whether such plans are subject to the Fee. In order to eliminate confusion, in addition to eliminating the provision in the Proposed Regulations relating to multiemployer plan ECEs, the NCCMP also requests that the final regulations make it clear that self-insured multiemployer plans are not subject to the Fee. Such a clarification is also necessary to address possible circumstances in which a self-insured multiemployer plan is structured as a tax-exempt entity under another provision of the Code. This is rare, but occurs.

In addition, clarification is needed with respect to EGWP plans. The CMS Prescription Drug Benefit Manual, Chapter 12 – Employer/Union Sponsored Group Health Plans, describes the operation of these waivered plans and contains a list of waivered items (i.e., items that would normally apply to Part D plans that do not apply to the group health plan).[9] The plans are popularly known as Employer Group Waivered Plans, or "EGWPs." These arrangements can be structured on a self-insured basis, as that term is defined under the Proposed Regulations. When

[9] http://cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R6PDB.pdf.

an employer has a self-insured EGWP, that would appear to be exempt from the Fee under the provision relating to self-insured employer-sponsored plans. A similar exemption should apply to multiemployer self-insured EGWPs.

CONCLUSION

We appreciate your consideration of these comments and the effort made by the Treasury Department and Internal Revenue Service to address these issues. We welcome the opportunity to participate in the upcoming hearing and would be happy to provide any additional information or to answer any questions you may have.

Respectfully submitted,

Randy G. DeFrehn
Executive Director

Outline of Comments of the
National Coordinating Committee for Multiemployer Plans (NCCMP)
for the Public Hearing on the Proposed Regulations
on the Health Insurance Providers Fee [REG-118315-12]
Scheduled for June 21, 2013

The testimony of the NCCMP will be presented by Randy DeFrehn, Executive Director. For further information, please contact Randy DeFrehn at 202-737-5315 or rdefrehn@nccmp.org.

Introduction (1 minute)

Overview of Multiemployer Plans (1 minute)

The Treatment of VEBAs Under the Proposed Regulations (3 minutes)

The Treatment of Multiemployer Plan ECEs Under the Proposed Regulations (3 minutes)

Other Issues (1 minute)

Conclusion (1 minute)