NCCMP Legislative Highlights 2001

TABLE OF CONTENTS

LEGISLATIVE HIGHLIGHTS

ADMINISTRATIVE HIGHLIGHTS

NCCMP LEGISLATIVE HIGHLIGHTS 2001

Section 415 Relief Finally Achieved

After years of tireless work the NCCMP achieved one of the most significant legislative accomplishments in recent years when multiemployer plan participants finally received the long awaited relief from the punitive aspects of Section 415 of the Internal Revenue Code. Through the efforts of a broad-based coalition led by the NCCMP, empowered by the able assistance of our outside lobbyists and brought to fruition through the unwavering support of many of our Affiliate Member unions, especially those of the Building and Construction Trades, we succeeded when Congress passed and the President signed the Economic Tax Relief Reconciliation Act (EGTRRA) last spring. For multiemployer plan participants this act eliminated the applicability of the provision limiting benefits to 100% of the average compensation a participant earned in his highest 3 consecutive years of employment, substantially increased the dollar limit for benefits payable from qualified plans to $160,000, and reduced the age from which the dollar limit is actuarially adjusted from Social Security Normal Retirement Age to age 62.

Other aspects of the tax code were also changed. Notably, the aggregation rule that required benefits from a multiemployer plan to be counted in determining whether a participant in a single employer plan meets the 100% of pay limit was rolled back. However, benefits attributable to a union employee's employment with his or her local union must still be considered in determining whether a benefit payable to that employee exceeds the dollar limitation. Additionally, the provision that previously frustrated many apprentices who wished to participate in defined contribution plans, but for whom contributions to that plan were limited to 25% of pay, was amended by increasing the limit to 100% of pay.

In addition to these important accomplishments, the NCCMP was also instrumental in negotiating several negative provisions out of the proposed bill, including an amendment to ERISA that would have expanded the circumstances in which penalties under Section 502(1) could be imposed. Although the relief contained in EGTRRA is currently scheduled to "sunset" after 10 years, it is generally accepted that this provision was included to make the budgetary projections contained in the overall bill acceptable. The NCCMP will be working at every opportunity in the future to codify that understanding and to make these provisions permanent.

Bipartisan Patient Protection Act

The Bipartisan Patient Protection Act (more commonly known as the "Patients' Bill of Rights") was the most significant piece of health care legislation introduced in 2001. The Senate passed its version (S. 1052) in June followed shortly thereafter by the House version (HR 2563) in August. Although both bills provided valuable protections to consumers by requiring plans to cover certain types of services that were previously left to the discretion of the plan sponsors, they also contained provisions that, if left unchallenged, would substantially change the way plans (including multiemployer plans) do business. Most significantly, however, the original design of both the Senate and House bills would have imposed draconian new liability provisions, including personal liability for Trustees unless responsibility for payment decisions were delegated to a "Designated Decisionmaker." [1]

In discussions with the leadership in both the Senate and the House, the NCCMP has stressed that multiemployer funds are unique in that they are statutorily required to have employee representatives as Trustees and that these representatives are active participants in the design and administration of plans to ensure that employees have a voice in the process. Even more importantly, however, we have stressed that the new liability provisions pose a direct threat to this voluntary system of providing health care to millions of workers and their families by increasing the costs of administration through the addition of these new causes of litigation, and by exposing our Trustees, most of whom serve without compensation, to additional risks; thereby imposing a chilling effect on their willingness to serve. We also expressed our concern over how legislation that was represented to the public as a way to constrain HMOs and insurance carriers that routinely denied individuals information regarding available treatment options, could become a vehicle for greatly increasing the cost of health care by enabling lawsuits against plans for reasons having nothing to do with medical care decisions.

With respect to the specifics of each version of the legislation, the Senate bill made a distinction between medically reviewable decisions and non-medically reviewable decisions. Trustees could be shielded from liability exposure arising from medically reviewable decisions if they employed a Designated Decisionmaker to review and decide claims involving medical necessity, experimental or investigational treatment, and claims which require a determination of medical facts. All other claims are non-medically reviewable and provide remedies under which Trustees could be sued for eligibility or coverage decisions that prevent an individual from receiving care and thereby result in harm to that individual.

The Senate version provides that claims stemming from medically reviewable decisions are subject to State law causes of action in State courts for economic, non-economic and limited punitive damages. Non-medically reviewable claims are subject to a new Federal cause of action for unlimited economic and non-economic damages plus a $5 million civil penalty imposed when the Designated Decisionmaker fails to exercise "ordinary care" in denying the benefit claim and that failure is a proximate cause of personal injury or death to the participant or beneficiary.

As a result of diligent efforts by the NCCMP and

1 Because of the financial reserve requirements, these will usually be insurance companies or HMOs. Only the largest Third Party Administrators (usually those owned by an insurance carrier) are likely to meet.

our lobbyist working in conjunction with a broad coalition comprised of legislative directors of a number of Affiliate Member Unions, the legislative arms of several affiliated employer associations (including especially NECA, MCAA and SMACCNA), the legislative department of the AFL-CIO, and the timely intervention of several General Presidents of the Building and Construction Trades, AFL-CIO President John Sweeney, and our Chairman, Building and Construction Trades Department President Edward C. Sullivan, we were able to:

- Eliminate retroactive claims denials (claim submitted after the service has been rendered) from the category of claims subject to litigation;
- Protect Trustees of multiemployer plans from personal liability exposure to lawsuits – they cannot be personally sued under this cause of action;
- Protect multiemployer plans that are both self-funded and self-administered against liability, preventing them from being sued for liability under this cause of action. Although a blanket exemption for all multiemployer plans was introduced in an amendment, it was eliminated as a result of floor debate; and
- Avoid lawsuits for multiemployer plans by delegating authority for benefit claims decisions to a "Designated Decisionmaker" who meets certain financial qualifications (although Trustees may retain appeals decision making authority if the Designated Decisonmaker makes the initial decision denying the claim and is willing to accept liability for the Board's decisions as well as its own). [2]

The House version provides only for a Federal cause of action for damages without making a distinction regarding medically or non-medically reviewable decisions, but it permits claims to be filed in State or Federal court. Under the House bill, recovery of economic damages is unlimited, but non-economic and punitive damages are each limited to $1.5 million. Additionally, punitive damages are only available where the plan fails to implement an adverse external review panel's decision.

Much of the substantive content of the House version is similar to the Senate bill. Both require:

- Faster time limits for initial claims determination decisions;
- Faster time limits for appeals and required involvement of qualified medical professionals in determination of medically reviewable claims;
- External review by independent medical experts;
- Standards for constructing and operating utilization review activities
- Expanded disclosure requirements; and
- Mandated benefits that include standards for choice of health care professionals, emergency care and ambulance services, timely access to specialists, direct access to ob/gyn and pediatric care, continuity of care by terminated medical (managed care) professionals, prescription drug coverage, coverage of individuals in clinical trials, and minimum hospital stays for mastectomy and related procedures.

2 The Senate version requires that an insurance company or HMO with whom the Trustees have contracted must accept responsibility as the Designated Decisionmaker unless the Trustees agree otherwise.

As the two versions approach reconciliation through a conference committee, the NCCMP has repeated our concerns over the liability provisions in this legislation in correspondence and through personal appeals directly to the Congressional leadership. As we move into the 107th Congress, Representatives of the NCCMP and the AFL-CIO have made it clear that these onerous provisions must be addressed in order to receive our support for this legislation. We will continue to work with the leadership in both the Senate and the House to reduce the potential adverse impact of this legislation.

Government Assistance for Displaced Workers: Health Care Tax Credits

When Congress began working on the economic stimulus bill, provisions were included to provide government assistance to displaced workers whose health benefits had been terminated due to the events of September 11. Working with lobbyists for the AFL-CIO, the NCCMP was a primary source of both data and technical expertise to the Senate Majority staff which was working to secure support for those workers' health coverage. Among the matters on which the NCCMP provided assistance to the policy-makers were:

- The need for the federal assistance to cover plans that provided free or subsidized coverage for affected employees, including survey information on the extent to which multiemployer plans were providing emergency extended subsidized coverage to their participants as an alternative to, or component of, the Plan's COBRA coverage.
- Reimbursement to self-insured or partially self-insured funds, based on the COBRA applicable premium as the measure of the value of the extended coverage offered or provided.
- Changes needed in the design and operation of the proposed tax credits, which were structured for individuals buying their own health coverage, to make them workable for people covered under multiemployer plans.

Ultimately, the Economic Stimulus legislation that Congress passed did not include support for health coverage. However, as the Bush Administration has proposed tax credits as a way to expand health coverage generally, the NCCMP's analysis of the benefits and, more prominently, the deficiencies of such an approach will be relevant in the coming debate.

Bankruptcy Code Section 224

The NCCMP sought to avoid the possibility that section 224 of the Bankruptcy Reform Bill could be interpreted to impose new hurdles on retirement plans

trying to protect participants' benefits from creditors in bankruptcy. The NCCMP worked with employer and public sector benefits groups in the context of a Conference Committee product and of legislative history on the Senate bill to clarify that this is not the intent. The Building and Construction Trades Department and the NCCMP brought this same message to the Judiciary Committees and the leadership.

Disclosure of Pension "Underfunding"

Last fall a proposal emerged in the Senate that would have required multiemployer pension plans to notify all participants if the plan funding dropped below 90%, measured on a very conservative actuarial basis. This is the latest variation on a campaign launched a number of

years ago by some Midwest trucking companies whose main goal was then, and remains today, to withdraw from a fund without paying withdrawal liability. The NCCMP, the Teamsters and the Building Trades ran emergency interference, briefing the staff on both sides of the aisle about the mischief this could cause, which kept it from moving forward.

The NCCMP argued that a plan should not have to commission an extra actuarial valuation just to meet the reporting requirement. Also, the calculations, if any, should be based on numbers that are already made public, in the 5500 report or the Summary Annual Report to the participants. The NCCMP argued that underfunding should be calculated on a basis that avoids "deduction surprises" (i.e., a plan should not have to send an underfunding notice if it had to increase benefits in order to assure that contributions are deductible and protect the employers from excise taxes). The NCCMP also sought a delayed effective date, keyed to bargaining agreement cycles, to help plans adjust.

Most importantly, the NCCMP advocated that participants whose benefits may be at risk should be informed at the point where the information is most likely to be useful to them. A premature announcement about possible plan financial problems would not only cause undue alarm and concern, especially to pensioners, it could have the perverse effect of disrupting plan funding if it prompts the active workers and the employers to "head for the door". Accordingly, the notice should not be applied to soundly funded plans. This means that, even if a plan is less than fully funded, a notice should not be required if there is no real reason to believe the benefits are less than fully secure.

Fortunately the efforts of the NCCMP prevailed and this proposed legislation once again failed to carry the day, although it is likely to re-emerge in the future.

Interest Rate Relief for Pension Plan Sponsors

Single employer pension plans are subject to a special funding requirement, called the "deficit reduction contribution", which applies to plans that are not fully funded. In addition, the sponsors of those single employer plans must pay extra premiums to the Pension Benefit Guaranty Corporation. To calculate these extra charges (and to determine whether they apply), plans must use interest rates based on the rates paid by 30-year Treasury bonds. In recent years, as the Treasury Department has been reducing the number of 30-year bonds it has outstanding, those interest rates have dropped sharply; on October 31, 2001, the Treasury announced that it would stop issuing 30-year bonds, and those rates plummeted.

It is a fundamental rule that the lower the interest rate used to determine the present value of an annuity, the higher the calculated value will be. So, the recent extraordinarily low interest rates on 30-year Treasuries translate into extraordinarily high funding requirements for all plans and higher PBGC premiums for single employer pension plans.

The NCCMP supports finding a suitable permanent substitute for 30-year Treasury rates because those

rates are used for other pension-related purposes, such as calculating lump sum benefits. In the interim, we supported the single employer community in their request for a temporary solution to this problem. While this is not primarily a multiemployer issue (although it does have a serious effect on union staff plans), given the significance of this problem for the long-term outlook for defined benefit pension plans generally, the NCCMP will continue working with others in the benefits community to come up with a workable permanent solution that protects participants' expectations without unnecessarily exacerbating plan funding problems.

ADMINISTRATIVE HIGHLIGHTS

Internal Revenue Service

Economic Growth and Tax Relief Reconciliation Act (EGTRRA)

As noted above, after many years of effort, the repeal of 415 was largely realized for multiemployer plans in The Economic Growth and Tax Relief Reconciliation Act (EGTRRA), when Congress increased the IRC section 415 limits for multiemployer and other plans and repealed the 100%-of-pay limit for multiemployer pension plans. Since its enactment, the NCCMP has been working with the IRS and Treasury Department to assure that the new law will be interpreted and applied in ways that foster multiemployer plans, as Congress intended. Among other things:

Revenue Ruling 2001-51 (10/16/2001), which gives guidance on how the changes to §415 work, interprets the EGTRRA changes to allow generous increases in benefits of existing retirees, as the NCCMP had recommended;

IRS Notice 2001-42 (7/23/2001) gives extra time for plans to amend for EGTRRA, even though the law, on its own, would have required the adoption of conforming amendments right away; and

IRS Announcement 2001-106 (10/29/2001) provides explanatory language that trustees of multiemployer 401(k) plans can use to encourage lower-income participants to contribute so that they can qualify for a special matching tax credit from the federal government.

Pending EGTRRA Guidance

Catch-Up Contributions

Another provision of EGTRRA that the National Coordinating Committee for Multiemployer Plans is working to clarify through regulation is the treatment of 401(k) plan catch-up contributions. EGTRRA provided that individuals over age 50 would be allowed to make additional "catch-up contributions" into their own accounts, in addition to the allowable maximum contributions. The NCCMP is seeking to make sure that IRS accommodates the unique position of multiemployer plans by modifying its "universal availability" rule to exclude multiemployer plans from consideration. Specifically, NCCMP has recommended that multiemployer 401(k) plans and the individual 401(k) plans of their contributing employers each be allowed to offer catch-up contributions without regard to what the other is doing. Otherwise, the catch-up contribution opportunity could be denied to the participants in multiemployer 401(k) plans and, in many cases, to all of the other people working for an employer that contributes to a multiemployer 401(k) plan.

Notice of Reduction in Future Benefit Accrual Rates

EGTRRA increased the amount of information that a pension plan must distribute if it is amended in a way that could reduce any participant's future benefit accruals. This change was aimed at employers that convert their traditional pension plans to cash balance plans, without making sure all of the participants understand the consequences. The NCCMP has been working informally with the IRS and Treasury to encourage them to focus their interpretive and enforcement efforts on those types of plan changes, while minimizing the additional burdens for multiemployer pension plans that need to adjust their benefit formulas

or early retirement rules going forward. When proposed regulations are published, the NCCMP expects to file detailed comments.

Postponed Deadline for Form 5500 (and 5500EZ)

The NCCMP lobbied in favor of the Labor Department, IRS and PBGC postponing the deadline for Form 5500 (and 5500EZ) filings that would otherwise have been due between September 11 and November 30, 2001, for employers and plan administrators directly affected by the September 11 terrorist attacks. This included employers and plan administrators located anywhere in New York City or in Arlington County, Virginia, and those located elsewhere whose access to necessary information or professional assistance was directly affected.

Extension of the GUST Remedial Amendment Period

The NCCMP also formally urged the IRS to give plans and plan sponsors more time to complete plan amendments and restatements for the GUST changes, in light of the interruption in normal operations caused by the terrorist attacks. In response the IRS issued Revenue Procedure 2001-55, which extended the GUST remedial amendment period for all plans to February 28, and to June 30 for plans directly affected by the September 11 events. Without that extension, most plans would have had to have all of these tasks completed by December 31, 2001.

Special Rules for Written Explanations Provided by Qualified Retirement Plans After Annuity Starting Dates

In April we filed comments on proposed regulations of the Internal Revenue Service that would allow plans to pay annuities retroactive to a date prior to the date of the person's actual retirement, concerning how, when and what types of communications are required to be made by plans when a retroactive payment is made.

Minimum Required Distributions from Retirement Plans

We also submitted public comments on other proposed Internal Revenue Service regulations in April, concerning the need to clarify the fact that multiemployer plans should not be disqualified because of failure to make a distribution to a terminated participant for reasons beyond the plan's control.

DEPARTMENT OF LABOR

New Regulations Regarding Claims and Appeals Procedures

In response to NCCMP urging, the Labor Department released guidance on the new regulations on claims and appeals procedures under ERISA. The NCCMP worked closely with the Department of Labor to clarify the claims and appeals procedures that must be followed for disability benefits under pension plans.

The NCCMP sought to confirm that if a multiemployer pension plan (or its agent) makes the finding of disability based on a determination of disability made by a third party such as Social Security, the claims and appeals rules governing those disability benefits can rely solely on the pension rules. Otherwise the pension plan is subject to the more exacting standards established for disability findings under health plans, including special rules and deadlines for claims and appeals.

In addition, the NCCMP brought to the DOL's attention that, unlike the regular appeals mechanism applicable in a single employer plan, the multiemployer exception in the Department's recent regulations did not explicitly provide for a two-level appeal. The NCCMP submitted comments urging the DOL to make it clear that multiemployer plans can provide for two levels of appeals, because it is very inefficient to bring all appeals to the board at quarterly meetings.

In response to this request the DOL clarified that this was an oversight. The intent of the regulations

was to permit multiemployer plans with regularly scheduled (at least quarterly) meetings to utilize two levels of appeals in any case in which other types of plans can utilize two levels of appeals. The time frame for the first level of appeal of the claim denial in question is no more than the time required for the first level of a two level appeal for other than multiemployer plans. Should the claimant appeal an adverse determination after the first level, the second level appeal must be submitted to the board at its next scheduled meeting after receipt of such appeal, as detailed in the current provisions of the regulations.

HIPAA Health Plan Nondiscrimination Rules

The NCCMP also provided detailed commentary on the HIPAA Interim Final Rules on nondiscrimination in health coverage. The NCCMP comments urged the Labor Department and the other agencies working on HIPAA interpretation and enforcement (HHS and IRS) to allow health plans to exclude coverage for health conditions caused by the patient's activities that are illegal or against public policy. The NCCMP noted that although Congress clearly did not intend to allow plans to discriminate against individuals based on health factors, it is doubtful that Congress wanted to overturn common plan exclusions that force participants to bear the fiscal consequences of their illegal acts rather than spreading those costs across all plan participants.

Request That the Department Issue an Advisory Opinion Concerning the Collection of Delinquent Employee Contributions to a Multiemployer 401(k) Plan

The NCCMP requested that the Department of Labor issue an advisory opinion concerning the collection of delinquent employee contributions to a multiemployer 401(k) plan. The NCCMP is seeking to have the Labor Department permit multiemployer 401(k) plan fiduciaries to adopt and maintain written collection procedures requiring systematic collection

efforts to recover such employee contributions in the same manner now permitted for employer contributions under Prohibited Transaction Class Exemption 76-1. Additionally, the NCCMP has requested that the advisory opinion confirm that, where, after reasonable, diligent, and systematic collection efforts, the trustees determine that employee contributions are uncollectible, they may terminate further collection efforts.

Disclosure Requirements for Plan Fiduciaries

In response to a request for information issued last January, we filed comments with the Pension and Welfare Benefits Administration Office of Regulations and Interpretations, recommending against a proposal to impose additional, formal regulations concerning communications by Plan fiduciaries that could have had the effect of limiting communications between Plan fiduciaries and participants.

LIST OF LEGISLATION REVIEWED

H.R.10 : An Act to modernize the financing of the railroad retirement system and to provide enhanced benefits to employees and beneficiaries.

H.R.83 : To amend title IV of the Employee Retirement Income Security Act of 1974 to provide for cost-of-living adjustments to guaranteed benefit payments paid by the Pension Benefit Guaranty Corporation

H.R.155 : To amend the Internal Revenue Code of 1986 to enhance the portability of retirement benefits, and for other purposes.

H.R.162 : To amend the Public Health Service Act, Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to prohibit group and individual health plans from imposing treatment limitations or financial requirements on the coverage of mental health benefits and on the coverage of substance abuse and chemical dependency benefits if similar limitations or requirements are not imposed on medical and surgical benefits.

H.R.389 : To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and chapter 89 of title 5, United States Code, to require coverage for the treatment of infertility.

H.R.403 : To amend title I of the Employee Retirement Income Security Act of 1974 to require persons who are plan administrators of employee pension benefit plans or provide administrative services to such plans, and who also provide automobile insurance coverage or provide persons offering such coverage identifying information relating to plan participants or beneficiaries, to submit to the Federal Trade Commission certain information relating to such automobile insurance coverage.

H.R.622 : To amend the Internal Revenue Code of 1986 to expand the adoption credit, and for other purposes.

H.R.967 : To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require group and individual health insurance coverage and group health plans to provide coverage for individuals participating in approved cancer clinical trials.

H.R.1064 : To amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for annual screening mammography for any class of covered individuals if the coverage or plans include coverage for diagnostic mammography for such class and to amend title XIX of the Social Security Act to provide for coverage of annual screening mammography under the Medicaid Program.

H.R.1078 : To amend title XVIII of the Social Security Act, the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to provide for an election for retirees 55-to-65 years of age who lose employer-based coverage to acquire health care coverage under the Medicare Program or under COBRA continuation benefits, and to amend the Employee Retirement Income Security Act of 1974 to provide for advance notice of material reductions in covered services under group health plans.

H.R.1104 : To amend title I of the Employee Retirement Income Security Act of 1974 to provide, in the case of an employee welfare benefit plan providing benefits in the event of disability, an exemption from preemption under such title for State tort actions to recover damages arising from the failure of the plan to timely provide such benefits.

H.R.1255 : To amend title XVIII of the Social Security Act and the Employee Retirement Income Security Act of 1974 to improve access to health insurance and Medicare benefits for individuals ages 55 to 65, to amend the Internal

Revenue Code of 1986 to allow a 50 percent credit against income tax for payment of such premiums and of premiums for certain COBRA continuation coverage, and for other purposes.

H.R.1322 : To amend title I of the Employee Retirement Income Security Act of 1974 to provide emergency protection for retiree health benefits.

H.R.1648 : To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to assure access to covered emergency hospital services and emergency ambulance services under a prudent layperson test under group health plans and health insurance coverage.

H.R.1774 : To amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees.

H.R.1990 : To "leave no child behind," with respect to access and financial incentives to make health care coverage affordable for children and families by expanding refundable tax credits and SCHIP grants.

H.R.2103 : To establish limits on medical malpractice claims, and for other purposes.

H.R.2134 : To amend title IV of the Employee Retirement Income Security Act of 1974 to increase the phase-in limitation applicable to the guarantee under such title of benefit improvements made prior to plan termination.

H.R.2269 : To amend title I of the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to promote the provision of retirement investment advice to workers managing their retirement income assets.

H.R.2308 : To amend the Internal Revenue Code of 1986 and the Employee Retirement Income Security Act of 1974 to allow investments by certain retirement plans in principal residences of children and grandchildren of participants who are first-time homebuyers.

H.R.2314 : To amend title I of the Employee Retirement Income Security Act of 1974 to provide to participants and beneficiaries of group health plans access to obstetric and gynecological care.

H.R.2497 : To amend the Public Health Service Act and the Employee Retirement Income Security Act of 1974 to establish certain requirements for managed care plans.

H.R.2658 : To amend the Internal Revenue Code of 1986 to exclude employer contributions to health care expenditure accounts from gross income, and to amend title I of the Employee Retirement Income Security Act of 1974 to clarify the applicability of such title to plans employing such accounts.

H.R.2992 : To amend the Employee Retirement Income Security Act of 1974, Public Health Service Act, and the Internal Revenue Code of 1986 to clarify the application of the mental health parity provisions to annual and lifetime visit or benefit limits, as well as dollar limits.

H.R.3090 : To provide tax incentives for economic recovery.

H.R.3141 : To provide for a program of emergency unemployment compensation and emergency health coverage assistance.

H.R.3364 : To provide for premium assistance for COBRA continuation coverage for certain individuals and to permit States to provide temporary Medicaid coverage for certain uninsured employees.

H.R.3445 : To amend the Employee Retirement

Income Security Act of 1974 to improve the retirement security of American families.

H.R.3488 : To amend the Internal Revenue Code of 1986 to expand pension benefits to those without retirement plans and provide additional protections to those who participate in the current system.

H.R.3509 : To amend title I of the Employee Retirement Income Security Act of 1974 to provide additional fiduciary protections for participants and beneficiaries under employee stock ownership plans with respect to lockdowns placed on plan assets.

H.R.3563 : To promote and facilitate expansion of coverage under group health plans, and for other purposes.

S.6 : A bill to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage.

S.19 : A bill to protect the civil rights of all Americans, and for other purposes.

S.24 : A bill to provide improved access to health care, enhance informed individual choice regarding health care services, lower health care costs through the use of appropriate providers, improve the quality of health care, improve access to long-term care, and for other purposes.

S.595 : A bill to amend the Public Health Service Act, Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to provide for nondiscriminatory coverage for substance abuse treatment services under private group and individual health coverage.

S.623 : A bill to amend title XVIII of the Social Security Act and the Employee Retirement Income Security Act of 1974 to improve access to health insurance and Medicare benefits for individuals ages 55 to 65, to amend the Internal Revenue Code of 1986 to allow a 50 percent credit against income tax for payment of such premiums and of premiums for certain COBRA continuation coverage, and for other purposes.

S.631 : A bill to provide for pension reform, and for other purposes.

S.742 : A bill to provide for pension reform, and for other purposes.

S.858 : A bill to amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small business with respect to medical care for their employees.

S.896 : An original bill to provide for reconciliation pursuant to section 103 of the concurrent resolution on the budget for fiscal year 2002 (H.Con.Res. 83).

S.940 : A bill to "leave no child behind" with respect to access and financial incentives to make health care coverage affordable for children and families by expanding refundable tax credits and SCHIP grants.

S.1204 : A bill to amend title XVIII of the Social Security Act to provide adequate coverage for immunosuppressive drugs furnished to beneficiaries under the medicare program that have received an organ transplant.

S.1677 : A bill to amend title I of the Employee Retirement Income Security Act of 1974 to cerate a safe harbor for retirement plan sponsors in the designation and monitoring of investment advisers for workers managing their retirement income assets.

S.1838 : A bill to amend the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to ensure that individual account plans protect workers by limiting the amount of employer stock each worker may hold and encouraging diversification of investment of plan assets, and for other purposes.

S.1872 : A bill to amend the Employee Retirement Income Security Act of 1974 to require the Pension Benefit Guaranty Corporation to notify plan participants and beneficiaries of the commencement of proceedings to terminate such plan.

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