AssuredPartners NL

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Promoting Cardiovascular Health
Source: Agency Fuel

No other disease is as detrimental to American health and welfare as cardiovascular disease. At any given time, more than 80 million people are affected by some form of cardiovascular disease. The Centers for Disease Control and Prevention (CDC) reports that heart disease is the nation's leading cause of death, and stroke ranks as number three.

The economic implications of cardiovascular disease are just as grave as the health consequences. The cost of heart disease and stroke for businesses in the United States, including health care expenditures and lost productivity from deaths and disability, is tremendous and the problem continues to grow.

For many people, cardiovascular disease can be prevented through lifestyle changes. Unfortunately, many of those who are at risk are unaware of their own risk status or unsure how they can reduce their risk. Prevention and wellness messages that address these issues have been successful in the workplace because employers are in a unique position to provide information to employees so they can understand how to control their risk factors.

Tackling this concern through health promotion programs, individual risk assessment, tailored health messages and incentives to achieve and maintain a healthy lifestyle can significantly improve employee health, dramatically reduce business-related costs, and effectively yield higher productivity and profits.

Cardiovascular Disease and American Business

Addressing cardiovascular disease is a public health responsibility, but it is also a strategic business issue. For U.S. businesses, the growth in resources devoted to treating cardiovascular disease has had a direct correlation to declines in company profits. Studies demonstrate that the same risk factors that lead to cardiovascular disease account for a major proportion of health care costs, workers' compensation payouts and sick leave pay. Thus, emphasis on the prevention or modification or risk factors is a sound business decision.

Programs that address key components of cardiovascular disease are the most effective at improving health and reducing costs, yet some companies feel that the cost of their existing health care plans precludes them from considering additional benefits or wellness programs. However, cardiovascular disease prevention is well worth the investment. The CDC conducted a study of nine organizations with workplace health management or wellness programs and found a return on investment ranging from $1.40 to $4.90 per dollar spent. The approaches included using a health risk assessment, offering fitness facilities, providing nutrition education and providing education programs targeted to those at high risk of disease.

DID YOU KNOW?

- ♥ The average age for a first heart attack for men is 66 years
- ♥ Almost half of men who have a heart attack under age 65 die within 7 years
- ♥ One in 3 female adults has some form of cardiovascular disease

Children's Dental Hygiene
Source: Agency Fuel

Just because primary teeth fall out doesn't mean children can go without dental care until their permanent teeth come in.

According to the American Academy of Pediatric Dentistry, children should see a dentist when their first tooth appears and no later than their first birthday. Babies with dental problems, due to trauma, disease or a developmental abnormality should see a dentist immediately.

How can I care for my child's teeth at home?

A child's first 20 primary teeth come in between the ages of 6 months and 3 years old. During this time it is important to start building good habits.

- Start brushing your child's teeth as soon as they come in. Brush his or her teeth for the first 4 to 5 years or until he or she seems able to do it alone.
- If your local water supply does not contain sufficient fluoride, your child may need fluoride supplements. Discuss this with your dentist.
- Do not put an infant or small child to bed with a bottle of juice or milk. The sugar and acids in these liquids can cause tooth decay. (Nursing an infant to sleep, however, is safe.)
- Start flossing your child's teeth as soon as he or she has two teeth that touch each other. Most likely you will need to assist your child with flossing until age 6 or 7.
- Children who are prone to cavities may start using a mouthwash that contains fluoride when they are around 6 years old. Refrain from giving children mouthwash that contains alcohol. Also, make sure it is never swallowed.

What is the best way to brush my child's teeth?

- When your child's primary teeth begin to come in, brush them with a child-sized toothbrush and water.
- Once the child is 2 years old, you can begin brushing his or her teeth with a pea-sized amount of toothpaste. Be sure they spit out the toothpaste and rinses with water so none is accidentally swallowed. Remember that some kinds of toothpaste are not recommended for children, so read the manufacturer's label before purchasing.
- Begin teaching your child how to brush his or her own teeth around age 2 or 3. You may still need to supervise or assist until they are around 6 or 7 years old to ensure that they are brushing effectively.
- Be sure to replace your child's toothbrush every 3 to 4 months—sooner if it appears worn.

Trump Signs Executive Order on the ACA

Source: Agency Fuel

On Jan. 20, 2017, President Donald Trump signed an **executive order addressing the Affordable Care Act (ACA)**, as his first act as president. The order states that it is intended to "to minimize the unwarranted economic and regulatory burdens" of the ACA until the law can be repealed and eventually replaced.

The executive order broadly directs the Department of Health and Human Services (HHS) and other federal agencies to waive, delay or grant exemptions from ACA requirements that may impose a financial burden.

Action Steps
An executive order is a broad policy directive that is used to establish how laws will be enforced by the administration. It does not include specific guidance regarding any particular ACA requirement or provision, and does not change any existing regulations.

As a result, the executive order's specific impact will remain largely unclear until the new administration is fully in place and can begin implementing these changes.

Overview
President Trump's executive order begins by emphasizing his administration's long-stated goal of repealing the ACA. Pending these repeal efforts—which are already underway in Congress—the executive order is intended to:

- Minimize the ACA's unwarranted economic and regulatory burdens; and
- Prepare to afford states more flexibility and control to create a free and open health care market.

Specifically, the executive order directs HHS and other federal agencies responsible for administering the ACA to "exercise all authority and discretion available to them to:

- Waive, defer, grant exemptions from, or delay implementation of any ACA provision or requirement that would impose a fiscal burden on any state or a cost, fee, tax, penalty or regulatory burden on individuals, families, health care providers, health insurers, patients, recipients of health care services, purchasers of health insurance, or makers of medical devices, products or medications;
- Provide greater flexibility to states and cooperate with them in implementing health care programs; and
- Encourage the development of a free and open market in interstate commerce for the offering of health care services and health insurance, with the goal of achieving and preserving maximum options for patients and consumers."

The executive order specifically states that it does not, itself, make changes to any existing regulations. To the extent that the executive order's directives would require revision of regulations, that will be done by federal agencies through the normal regulatory process.

Impact on ACA Provisions
The executive order is very broad, and does not include any detailed guidance as to how it should be carried out. Instead, it gives federal agencies broad authority to eliminate or fail to enforce any number of ACA requirements, as permitted by law. As a result, until the new heads of federal agencies are in place, it is difficult to know how the ACA will be specifically impacted.

There is some indication that the executive order is partially aimed at eliminating or providing exemptions from the ACA's individual and employer mandates, since those requirements impose tax penalties that may impose a "fiscal burden" on individuals and employers. In addition, it is clear that the executive order is intended to help accomplish an idea that has been long supported by President Trump, which is to allow health insurers to sell policies across state lines in an effort to increase free market competition.

However, the immediate impact of the executive order will likely be small, since it will take time to implement policies, regulations and other subregulatory guidance to carry out the directives. In addition, health insurance policies for 2017 are already in place, and state law, in many cases, prohibits significant changes from being made midyear.

No ACA provisions or requirements have been eliminated or delayed at this time as a result of President Trump's actions. Therefore, employers should continue to prepare for upcoming requirements and deadlines to ensure full compliance.

2018 Final Notice of Benefit and Payment Parameters Released

The Department of Health and Human Services (HHS) recently released its final Notice of Benefit and Payment Parameters for 2018, which describes benefit and payment parameters under the ACA for the 2018 benefit year. This notice becomes effective **Jan. 17, 2017**.

The changes included in this final rule will generally apply for the 2018 benefit year. Updated standards included in the final notice relate to the following:

- Cost-sharing annual limits
- Special enrollment periods in the Exchange
- The individual mandate's affordability exemption

The final rule also enhances standards for state-based Exchanges on the federal platform (SBE-FPs) and creates three new sets of six standardized benefit plan options in the federally facilitated Exchange (FFE).

Finally, the rule provides additional clarity on the special enrollment periods available through the FFE, and updates the ACA's current child age rating structure to provide a more gradual transition when individuals move from age 20 to 21.

DID YOU KNOW?

Hours after the new Congress convened on Jan. 3, 2017, chairman of the Senate Budget Committee, Sen. Mike Enzi, R-WY, introduced a resolution that serves as Republican lawmakers' first steps to repealing and replacing the ACA.

To overcome a Democratic filibuster in the Senate, Republican lawmakers will have to use a special legislative maneuver, called a budget resolution, to repeal parts of the ACA that have budgetary or tax implications.

Enzi's resolution calls on the Senate to draft and submit a bill to the Budget Committee by Jan. 27, 2017.