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Definition of Employer Under Section 3(5) of ERISA-Association Health Plans

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Definition of Employer Under Section 3(5) of ERISA-Association Health Plans

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General Comment

As a small business owner, LLC - sole proprietorship, I cannot get health coverage at all currently. The individual mandate has failed in my state as it was unsustainable. There is no individual health insurance available which is less than \$27,000 a year for a single person and \$57,000 a year for a family of 4. That is ridiculous when healthcare costs more than you make as a business or family. In addition, I have no conditions which would cause premiums to rise so I cannot imagine what a person with a preexisting condition would be charged.

To currently get health insurance as an employer, I must have two W-2 employees to qualify for any healthcare company such as BCBS, UHC , CIGNA or other healthcare companies in my state. As a sole proprietorship, I don't make enough money to have employees.

Pooling businesses together are not allowable per the healthcare companies. The healthcare companies control this and no longer will consider plans with multiple

small businesses pooled.

This new rule should allow me to pool with other small businesses (like we used to be allowed to pre-Obamacare) and qualify for affordable healthcare, so I am in favor of this rule. However, enforcement of this with the healthcare companies will be key. Without them allowing the pool, the current state of no insurance will continue for single proprietorships.

A couple of comments about the regulation:

1. Limiting it to employers who work 30+ hours a week or 120 hours a month is limiting to those businesses such as mine where I only work 20-25 hours a week. Those limits should be changed to 80-96 per month and 20-24 per week. It appears the rule as written is basing it on a 30 hour week that perhaps a large company is perceived to require in order to be eligible to receive benefits. However, many large companies are allowed to require only 24 hours a week and thus, this should (at a minimum) contain the same requirement or less as many people run "part-time" businesses. If you are trying to encourage more insurance coverage of the uninsured, regulations need to consider encouraging health care purchases rather than limiting it or restricting it to a certain class.
2. The regulation is not clear regarding single proprietorships as much of the current language concerns "employer and spouse". It should be clear what is required if there is a single owner/operator without a family.
3. There are currently no healthcare plans for a single proprietary business and there are no "individual arrangements" as referenced in the regulation in many states now. That is an incorrect statement. My state has NOTHING available for a single person or family unless you are employed or on Medicaid. The regulation should acknowledge that this situation exists and is growing as exchanges fail across more states - 13 exchanges have failed so far and more are about to fail.
4. It was not clear as to whether this would be enforceable or not. Being able to enforce this rule across the healthcare insurance companies will be key to allowing the pools to be set up.