NCCMP and Minnesota’s HealthWORKS are among groups working to try to make the Affordable Care Act (ACA) compatible with multiemployer health plans.

For Taft-Hartley, or multiemployer, plans, it seems there is only negative news to read about the Patient Protection and Affordable Care Act (ACA). With the lack of reference to multiemployer plans in ACA’s statutory text and its regulations, multiemployer plan trustees and service providers have more questions than answers with respect to being “ACA-compliant.”

It appears that ACA is becoming increasingly burdensome in the multiemployer plan universe. The daily question arises whether the multiemployer plans can continue to operate status quo—or even survive—under ACA.

With all the negative news about ACA, it comes as no surprise that multiemployer plan trustees and service providers are finding ways to adapt to ACA’s requirements. In fact, trustees, service providers, labor organizations and employer associations have already been independently expressing their concerns to our nation’s lawmakers to make ACA more “multiemployer plan-friendly.”

The International Foundation of Employee Benefit Plans has devoted resources to educating its membership, not just multiemployer plan trustees and service providers, on ACA. Living up to its high standards of information dissemination on crucial issues facing employee benefits trustees and professionals, the Foundation has made ACA Central an issue-neutral information hub with hyperlinks and tabs to help understand specific issues and concerns.
One of the ACA Central functions refers visitors to other groups and associations that are working to address ACA as it relates to employers, labor organizations and plan participants. This function can be accessed through the ACA Central tab “Viewpoints from Outside Organizations.” The other organizations include international labor unions, employer associations and nonaligned coalitions. When reviewing the summaries of the outside organizations’ efforts, one quickly notices the wide variety of the organizations’ objectives; i.e., ACA reform, ACA repeal, advocacy through education, etc.

This article will discuss the efforts of two of the featured outside organizations, the National Coordinating Committee for Multiemployer Plans (NCCMP) and the HealthWORKS Coalition. Both of these organizations are not aligned with either labor or management. They present their cases on behalf of multiemployer health and welfare plans and their participants.

NCCMP

NCCMP is a lobbying organization. It holds itself out as the only national organization devoted exclusively to protecting the interests of 26 million workers, retirees and families who rely on multiemployer plans for health and other benefits. Its purpose is to assure an environment in which multiemployer plans can continue their vital role in providing benefits to working men and women. It is based in Washington, D.C. and has worked with lawmakers on other important benefit plan topics such as the Health Insurance Portability and Accountability Act (HIPAA) and the Pension Protection Act.

With the heightened importance of ACA, NCCMP is in the middle of the debate on whether ACA is good, bad or simply in need of adjustment. Its president, Randy DeFrehn, summarized NCCMP efforts as working together with other industry leaders to work with members of Congress and fed-
eral agency representatives in discussing how ACA can best be applied to multi-employer plans.

NCCMP’s major concerns are to address limited economic exposure to working men and women and to make it remain attractive for employers to contribute to multiemployer health plans. ACA has challenged these concerns on all fronts.

On October 31, 2011, NCCMP submitted to the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services, a detailed proposal with respect to multiemployer plans under ACA. In short, NCCMP proposed that any multiemployer plan would be deemed a “qualified health plan” that is purchased under a health care exchange. Multiemployer health plans are important players in providing affordable health insurance to working men and women, and it is logical to treat them the same as the health care plans offered under an ACA-sanctioned exchange. Additionally, the proposal advocated that multiemployer plans qualify as providing minimum essential coverage, that multiemployer plan participants satisfy ACA’s individual mandate, that employers contributing to multiemployer plans satisfy ACA’s employer mandate and that small employers contributing to multiemployer plans would be eligible to receive the small employer tax credit. HHS has done nothing with respect to the NCCMP proposal, which does not surprise DeFrehn.

DeFrehn said he remains frustrated that political influences continue to interfere with meaningful ACA reform.

“I think at today’s count, the U.S. House has unsuccessfully tried to repeal it 43 times,” said DeFrehn. He was sensitive to the misguided political objective that there should not be “any favorable treatment given to ‘union’ plans.” Reckless labeling of multiemployer plans reflects a need to educate our country’s lawmakers.

In light of the apparent political stalemate, DeFrehn stated that NCCMP’s approach has shifted from a legislative fix to influencing regulatory interpretation of ACA’s rules and regulations. “We want to pursue every conceivable route to get the best deal,” said DeFrehn. His description of the current NCCMP efforts is a fitting metaphor: “Right now we are making lemonade.”

HealthWORKS Coalition

The second outside organization is HealthWORKS, and it is based in Minneapolis, Minnesota. It formed in 2012 under the leadership of the Twin Cities Pipe Trades Health and Welfare Fund to reach out to Minnesota’s congressional delegation. Its goal is to educate Minnesota’s U.S. senators and members of the U.S. House of Representatives on the value of multiemployer plans in Minnesota and how ACA can be revised to preserve them. Unlike NCCMP, HealthWORKS is not a lobbying organization. Its emphasis is on education.

HealthWORKS Chairman of the Board of Directors Jim Hynes believes it is important to distinguish between educating and lobbying. Without educating the target audience, it is difficult to accomplish change. According to Hynes, “Taft-Hartley funds are unique. They have been designed and refined over many years to serve a specific population. These funds have special provisions to deal with the noncentralized and mobile workforce and to take care of their sick, injured, elderly and unemployed. It would be a shame if these unique characteristics cease to exist as the result of unintended consequences of the ACA.”

It is ACA’s “unintended consequences” that drive the HealthWORKS education agenda. While educating Minnesota’s congressional representatives on the values of multiemployer plans, HealthWORKS puts the plans in ACA context to emphasize that ACA was never intended to be harm-

**takeaways >>**

- NCCMP wants ACA to limit economic exposure to working men and women and to make it remain attractive for employers to contribute to multiemployer health plans.
- NCCMP wants a multiemployer plan to be deemed a “qualified health plan” that is purchased under a health care exchange.
- In light of the political stalemate, NCCMP’s approach has shifted from a legislative fix to influencing regulatory interpretation of ACA’s rules and regulations.
- HealthWORKS’ goal is to educate Minnesota’s congressional representatives on the value of multiemployer plans in Minnesota and how ACA can be revised to preserve them.
- NCCMP and HealthWORKS both stress the value of multiemployer plans and urge the country’s leaders to recognize this value.
ful to multiemployer plans. Yet when ACA's mandates are imposed, multiemployer plans can easily show hardship. Such hardship puts unnecessary pressure on contributing employers and plan participants, and it threatens the plans’ existence.

The HealthWORKS board of directors is unique from the other outside organizations insofar as it is made up of union trustees, employer trustees and plan service providers. Its mission is simple: Educate Minnesota’s congressional delegation about Taft-Hartley plans and explain how ACA can work without threatening the plans. Without assuming a lobbyist stance, HealthWORKS’ role is to advocate through education, and it has focused on a short list of objectives to guide Minnesota’s senators and members of the House of Representatives.

The list of HealthWORKS objectives is as follows:

1. Clarify ACA for multiemployer plans, which are rarely mentioned in the thousands of pages of ACA regulatory guidance.
2. Level the playing field with regard to small employer tax credits. Currently the credits do not apply to employers contributing to multiemployer plans, which puts them at an economic disadvantage with employers that do not contribute to multiemployer plans.
3. Make permanent the government’s transition rule providing that employers that contribute to ACA-compliant multiemployer plans are deemed to have met the employer shared responsibility requirement to offer health care benefits.

These objectives are similar to the NCCMP proposal submitted to HHS in 2011. Although there has been no response from the federal agencies, the objectives remain central to all multiemployer plans.

Last summer, HealthWORKS separately hosted U.S. Senators Amy Klobuchar and Al Franken to discuss ACA with several Minnesota multiemployer plan trustees and service providers. Additionally, Congresswoman Betty McCollum visited a health care clinic devoted to plumbers and pipe fitters. In September, a HealthWORKS delegation of five representatives went to Washington, D.C. and met with other members of Minnesota’s congressional delegation and their staffs. The highlight of the trip was spending significant time with President Obama’s labor liaison, Carri Twigg. While the delegation was in Washington, D.C., Secretary of Labor Thomas Perez issued a formal statement that ACA does not change an employer’s collective bargaining agreement to contribute to a multiemployer plan. Although Perez’s statement seems simple, it speaks volumes to the concern that there is sparse guidance for employers and multiemployer plans.

In its brief existence, HealthWORKS can already show results. But it still has a lot of work to do. Its agenda includes having Perez come to Minnesota to speak with Minnesota’s multiemployer plan trustees and service providers.

While NCCMP and HealthWORKS function differently, they share important common principles and goals. The most important principle is stressing the value of the multiemployer plan to the working people of the United States and urging our country’s leaders to recognize this value. Although the goal appears distant, both NCCMP and HealthWORKS keep moving forward to preserve multiemployer plans under ACA.