

IN THE KNOW

Bulletins for Benefits & HR Professionals

March 29, 2022



ACA Round-Up: Recent Developments

“Federal officials continued to issue guidance on the Affordable Care Act in early 2022. This article summarizes the status of the so-called SUNSET rule, new materials for the 2023 plan year, Section 1332 waiver applications for Minnesota and Virginia, new risk adjustment data validation results, and guidance from the Internal Revenue Service and Centers for Medicare and Medicaid Services on the ACA and the eventual unwinding the public health emergency.” [Full Article](#)

Health Affairs



On Remand from Supreme Court, Eighth Circuit Rules That ERISA Does Not Preempt State PBM Regulation

“Following the reasoning of the Supreme Court in *Rutledge*, the Eighth Circuit found that none of the challenged provisions in the North Dakota law had an impermissible connection with the ERISA plans. The court stated that the provisions at issue did not: [1] Regulate a central issue of plan administration, [2] Interfere with uniform plan administration, or [3] Force a plan to adopt a specific structure in terms of coverage or choice of insurers.” [Full Article](#)

Hall Benefits Law

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Benefits Issues That Arise Upon Misclassification of Employees

“The effects of worker misclassification on employee benefit plans may include, but are not limited to: [1] failure to provide employee benefit coverage and appropriate remedial action; [2] failure to make employer and employee contributions to retirement and other employee benefit plans; [3] failure to provide the individual with required benefit plan disclosure and administrative notices; and [4] excise taxes under the ACA for failure to provide required health plan coverage.” [Full Article](#)

Foley & Lardner LLP



Congress Reopens Door for HSA with No-Deductible Telehealth, But with a Hole

“The Consolidated Appropriations Act of 2022 restores the exception for telehealth and other remote services, but only for the period from April 1 through December 31, 2022. This means that if a plan's year started at any time from January 1, 2022 through March 31, 2022, and the plan did not impose the minimum deductible for telehealth or other remote services from the start of the plan year through March 31, 2022, the plan would not be a high-deductible health plan for that period. Consequently, participants covered by the plan would be ineligible to make or receive HSA contributions for that period.” [Full Article](#)

Proskauer

No Surprises Act: Guidance for Health Plans and Insurers



“Recently enacted legislation has restricted surprise medical billing for health plan participants who receive services at out-of-network health provider facilities in emergency contexts. The legislation also restricts surprise medical billing for services provided by health providers at in-network facilities and includes protections involving air ambulance services. Effective beginning in 2022, the legislation imposes significant compliance requirements for group health plans and insurers.”

[Full Article](#)

Thomson Reuters

New Illinois State Law Imposes Disclosure Requirements on Group Health Plans

“The CCDA requires employers that sponsor group health plans with employees in Illinois to disclose a comparison of the plan's coverage to certain 'Essential Health Benefits' required by Illinois state law. The CCDA broadly applies, regardless of the employer's size or its location, to fully insured and self-funded group health plans. Additionally, the Illinois DOL has taken the position that the CCDA also applies to ERISA-covered self-funded group health plans.”

[Full Article](#)

Miller Johnson