## Ohio Department of Insurance Continuing Education Program

### Course Approval Application

| Provider Name   | Provider Number  |              |        |  |  |                            |   |                                  |
|---|--|--------------|--------|--|--|----------------------------|---|----------------------------------|
| Course Title (maximum 40 NAHU: STATE  | Course Number (Leave Blank)  |              |        |  |  |                            |   |                                  |
| Course Type: (check one) Self-study Classroom Distance Learning   | For classroom only, how will this course be taught? (check all that apply)  Lecture  Panel Discussion  Workshop  Video/TeleConference  Other |              |        |  |  |                            | Fee option: ☐ Flat ☐ Individual ☐ Limited | Number of credit hours requested |
| Is this course open to the industry?  ✓ Yes  ✓ No  Line of concentration:  ✓ General ☐ Title ☐ Bail Bond  ☐ LTC-4 ☐ LTC-8 ☐ Annuities   |  |              |        |  |  | ☐ Ethics                   |   |                                  |
| For all courses: Attach refund policy and tuition.  For Classroom courses: Attach a comprehensive course outline and bibliography. Annotate the outline indicating, for each section, the number of minutes of instruction that will be offered and the method of presentation for each component.  For Self-Study courses: Include study materials, exam procedures and sample exam.  For Interactive Online Self-Study courses: Include study materials, access to view course online and justification that course meets basic requirements. |  |              |        |  |  |                            |   |                                  |
| Has this course been previously approved by Prometric in another state?    Yes   No   If so, proviously approved   Yes   No   No   No   No   No   No   No   N   |  |              |        |  |  | de Prometric-issued course |   |                                  |
| I, the undersigned, do here Printed/Typed Name  |  | at all infor | rmatio |  |  | herein is tru              | ue and correct.                           | Date                             |
| Printed/Typed Name of Signature Authorized Provider Official  |  |              |        |  |  | Date                       |   |                                  |

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

OHC-01 (rev 08/13)

## Ohio Department of Insurance Continuing Education Program

Course Approval Application

| D. J. L. N   |   |         | -     | -         |                          |           |                 |           |
|--|---|---------|-------|-----------|--------------------------|-----------|-----------------|-----------|
| Provider Name  |   |         |       |           |                          |           | Provider Number |           |
| <u> </u>   |   |         |       | Section 1 |                          |           |                 |           |
| Course Title (maximum 40   | Course Number (Leave Blank)                 |         |       |           |                          |           |                 |           |
| NAHU: STATE  | VCY   |         |       |           |                          |           |                 |           |
| Course Type:   | For classroom only, how will this course be |         |       |           |                          |           | Fee option:     | Number of |
| (check one)  | taught? (c                                  |         | hat a | □ Flat    | credit hours             |           |                 |           |
| □ Self-study   | Lecture   Panel Discussion                  |         |       |           |                          |           | Individual      | requested |
|  | ☐ Workshop ☐ Video/TeleConference ☐ Limited |         |       |           |                          |           |                 |           |
| □ Distance Learning  | □ Other/                                    |         |       |           |                          |           | /               |           |
|  |   |         |       |           |                          |           |                 |           |
|  |   |         |       |           |                          |           |                 |           |
| Is this course open to the ir  | ndustry?                                    | Line of | conc  | entrati   | on:                      |           | L               |           |
|  |   |         |       |           |                          |           |                 |           |
| No   |   | LTC-4   | 4     | □ LTC     | -8 🗆                     | Annuities |                 |           |
| For all courses: Attach refund policy and tuition.   |   |         |       |           |                          |           |                 |           |
|  |   |         |       |           |                          |           |                 |           |
| For Classroom courses: Attach a comprehensive course outline and bibliography. Annotate the outline  |   |         |       |           |                          |           |                 |           |
| indicating, for each section, the number of minutes of instruction that will be offered and the method of  |   |         |       |           |                          |           |                 |           |
| presentation for each component.   |   |         |       |           |                          |           |                 |           |
| For Self-Study courses: Include study materials, exam procedures and sample exam.  |   |         |       |           |                          |           |                 |           |
| For Interactive Online Self-Study courses: Include study materials, access to view course online and   |   |         |       |           |                          |           |                 |           |
| justification that course meets basic requirements.  |   |         |       |           |                          |           |                 |           |
| Has this course been previously approved  If so, provide Prometric-issued course   |   |         |       |           |                          |           |                 |           |
| by Prometric in another state?    Yes   No   number.   |   |         |       |           | or rometre issued course |           |                 |           |
| No. of the Control of |   |         |       |           |                          |           |                 |           |
| I, the undersigned, do hereby certify that all information provided herein is true and correct.  |   |         |       |           |                          |           |                 |           |
|  |   |         |       |           |                          |           |                 |           |
|  |   |         |       |           |                          |           |                 |           |
| Printed/Typed Name of: Signature Date  |   |         |       |           |                          |           |                 |           |
| Printed/Typed Name of: Authorized Provider Official  |   |         |       |           | Date                     |           |                 |           |
| AUTORIZOU E TOVIUGE OTTUIAL  |   |         |       |           |                          |           |                 |           |

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OHC-01 (rev 08/13)



## NE Ohio Health Underwriters Association 29th Annual 2019 Benefits Forum

(an Expo for the Health Insurance Professional)

2019 Benefits Forum <u>Exhibitors</u>

(registered as of 1-28-19)

Aetna Berson-Sokol Agency, Inc. Companion Life **Cornerstone Broker Insurance Services Agency Cornerstone Senior Services** HealthEquity JL Thomas & Company LegalShield/ID Shield May Insurance Services Inc. Morgan White Benefits **Quick Insured Brokerage Skyway Health Solutions** SummaCare Superior Dental Care The Dental Care Plus Group The HSA Authority **United Healthcare** 

The Benefits Forum 50 / 50 drawing and net proceeds from our auction will go to: The NEOHUA Scholarship Fund

This year we will once again be holding our Auction.

We would like to take this opportunity to invite you to register today!

Wednesday, March 20, 2019
NEOHUA
Benefits Forum (An Expo for the Health Insurance
Professional)

Holiday Inn Independence Independence, Ohio

7:30 a.m. - 4:00 p.m.

Don't miss this year's event! CEs will be offered for following:

- NAHU State of the Union
- Medicare Update Amanda Brewton, Anthem
- Small Group Funding Options Roundstone Insurance
- HSAs Susan Deseck, HealthEquity

Cost to attend: NEOHUA Chapter members - \$80 OAHU Chapter members - \$80 Non-members - \$125

To register on-line

#### click here

Deadline for registration is March 15th at 5 PM. (Please make note that we have limited seating)

#### TIME:

7:30 a.m. - Registration 8:00 a.m. - 4:00 p.m. - Program / Exhibits open

# Live from NAHU: State of the Union...and Health Policy

February 7, 2019

#### **TIMED OUTLINE**

This course was developed to meet the education training requirements and provide students with 1 hour of continuing education.

**Course Overview:** During this course, participants will learn about recent legislative and regulatory actions affecting health policy. The course will examine what actions have been taken so far, what the political and philosophical barriers have been, what actions we can expect in the near-term and later, what prompted the need for changes to be made, how the changes are being made and the role that NAHU is having in this process, and what NAHU members, the overall agent/broker community, and employers play in this process.

Learning Objectives: Upon completion of the course, the participant will know:

- The actions that have been taken by the Trump Administration and Congress to affect health policy during 2018;
- The specific policy proposals that have been and are under consideration or are being developed to change the health reform law;
- The political background, changes and processes that are leading to particular actions being made and how NAHU works to influence these processes;
- Policy positions of the association in affecting change in health reform at both the legislative and regulatory levels and what to expect in the coming year;
- Tools and resources for becoming active and engaged in these processes.

#### TIMED OUTLINE

- I. 2018 Recap (15 minutes)
  - a. Health policy
    - i. Administration actions and the impact on health policy
      - 1. Status of regulatory actions
- II. Congressional make-up (5 minutes)
  - i. Who are the players in Congress?
  - ii. Affect of 2018 Elections in Congressional agenda
  - iii. Congressional priorities for 2018
- III. State of the Union and administration on health policy (5 minutes)
  - a. President Trump's State of the Union Address
    - i. Administration actions and priorities for health policy
- IV. Regulatory and Market Challenges and Opportunities (15 minutes)
  - a. Market assessment
  - b. Regulations
    - i. Association Health Plans
    - ii. Short-term Plans
    - iii. Health Reimbursement Arrangements
    - iv. Other regulations
  - c. NAHU's efforts
    - i. NAHU advocacy efforts
  - d. Coalition efforts
    - i. Advocacy for changes to improve health reform and markets
- V. NAHU Priorities for 2019 (10 minutes)
  - a. Next steps legislatively, regulatory and advocacy (NAHU)
    - i. Legislative Advocacy
    - ii. Regulatory Advocacy
- VI. What you can do (5 minutes)
  - a. Capitol Conference preview
  - b. Stay Informed and engaged
    - i. Washington Update
    - ii. NAHU Newswire
    - iii. Compliance Corner
    - iv. Tools and Resources
    - v. Prófessional Development
    - vi. Local Chapter support
  - c. Call to action for members
    - i. Operation Shout
    - ii. HUPAC
- VII. Q&A (5 minutes)

#### PRESENTER:

Janet Trautwein

Executive Vice President & CEO, NAHU

Janet Trautwein is the Chief Executive Officer of the National Association of Health Underwriters (NAHU) and President of the National Association of Health Underwriters Education Foundation in Washington, D.C. NAHU represents more than 100,000 employee benefits professionals involved in the design, implementation and management of health plans all over the United States. Her responsibilities include oversight of all NAHU and NAHU Education Foundation activities including oversight for 30 staff members in Washington, DC and 210 state and local chapters. She is the primary spokesperson for NAHU to the media, government agencies and elected officials at all levels. A frequent speaker on health policy issues, Janet's expertise in issues related to health insurance markets, the uninsured, health insurance pools, risk and reinsurance pooling, health related tax issues, and both national and global health reform has been recognized throughout the industry. Janet has testified before Congress numerous times, and has been published in major newspapers, including The Wall Street Journal, The Washington Post, and The New York Times and has appeared on hundreds of radio and television programs around the world.