

Health Insurance Policy Positions adopted by NAR's Board of Directors since 1990

2008 Midyear Meetings

Business Issues Committee

- **Recommendation #1: A motion carried** that NAR adopt the following health policy principles recommended by the Insurance Task Force:
 1. The nation and its health care system are best served by having all citizens covered by health insurance.
 2. Health care coverage and/or insurance should be made available to all.
 3. Individuals should have health care coverage that is continuous, i.e. allows for no gaps in coverage.
 4. Individuals should have the ability to choose their preferred health insurance plan from an array of policy options that offer choices in the scope of covered services and policy costs.
 5. Health care coverage should enhance health and well-being by providing preventive health services and chronic disease management services.
 6. The health care delivery system must provide cost effective, quality care in an efficient and timely manner in order to be affordable and sustainable for society. Cost containment, therefore, must be a component of any reform effort.
 7. A "single payer" health care system in which the government pays for and allocates health care services should be opposed.
 8. Employers should not be required to offer employee health insurance program.

Rationale: Health care continues to be a top domestic issue for NAR's membership. With the change in leadership of Congress, NAR-supported Association Health Plan (AHP) and/or Small Business Health Plan (SBHP) legislation has little or no political viability in the new Congress. If NAR is to continue to address the problems with access to affordable health insurance faced by its self-employed membership, additional policy direction is needed to guide NAR's advocacy efforts. The health care principle recommendations of the 2007 NAR Insurance Task Force were carefully considered and drafted to provide such guidance.

2003 Midyear Meetings

Business Issues Committee

- **Recommendation #5: A motion carried** that NAR support proposals to allow bona fide associations to offer health insurance coverages to its memberships via Association Health Plans (AHPs) under a single set of federally prescribed rules.

Rationale: A significant number of America's 41 million uninsured citizens work for small employers who cannot afford to offer quality health insurance as a worker benefit. Association Health Plans (AHPs) would allow trade and professional associations to offer member firms (and independent contractor members) health insurance plans under the same provisions of the Employee Retirement Income Security Act (ERISA) that currently regulate large corporate and union health plans. A federally-certified AHP would be exempted from many state mandates which add to the cost of coverages and prohibit plans from covering insureds residing in multiple states. By allowing associations to band together and offer a plan to a large number of members, the Committee believes AHPs will increase small businesses' bargaining power with health care providers and lower their overhead costs by as much as 30 percent.

1998 Midyear Meetings

Leadership Team

- **Recommendation #1:** A motion carried that the NATIONAL ASSOCIATION OF REALTORS® establish a REALTOR® Member Benefits program encompassing retirement and insurance offerings; and
 - That the NATIONAL ASSOCIATION OF REALTORS® endorse Merrill-Lynch as the record keeper, trustee and provider of the retirement offerings. The President and Executive Vice President are hereby authorized to negotiate and enter into the necessary agreements to establish the relationships; and
 - That the NATIONAL ASSOCIATION OF REALTORS® offer life, disability and long-term care insurance to its members. The President and Executive Vice President are hereby authorized to select an insurance company(s) to be endorsed for each type of coverage and negotiate and enter into the necessary agreements to establish the relationships. (See Exhibit A for information on the NAR Member Benefits Program.)

Budget Impact: The Finance Committee reviewed the financial projections included in Exhibit A for the Member Benefits Program. Staff reported that some labor hours have been spent getting the proposal to this point in time, but there would be no net budgetary impact in 1998, and we might actually have a small net income! The 1998 budget includes \$100,000 of previously reallocated staff time, the 1999 budget includes \$100,000 of funding for staffing the project and years 2000 and 2001 have \$50,000 set aside but with just moderate success. We believe none of these funds may be needed.

Note: There will be a revenue sharing opportunity for boards, states, and participating brokers for partnering with the NATIONAL ASSOCIATION OF REALTORS® and Merrill-Lynch and the insurance providers in our promotion of the marketing and education programs in a meaningful way.

1994 Midyear Meetings

Public Policy Coordinating Committee

- **Recommendation #6:** A motion carried that the NATIONAL ASSOCIATION OF REALTORS® support retention of current law that permits all employers to deduct 100% of health care insurance premiums paid on behalf of employees and, where applicable, their dependents.
Rationale: This policy position protects the ability of a company to deduct the full cost of health care insurance premiums regardless of the extent of the plan. Tax implications for such policies should not fall on the company providing the employee benefit.
- **Recommendation #7:** A motion was made and seconded that the NATIONAL ASSOCIATION OF REALTORS® support health care programs that foster individual responsibility for obtaining private basic health care coverage and prevent individuals from voluntarily opting out of basic health care coverage.
Rationale: This policy item supports the idea that it is each individual's responsibility to obtain health care coverage. The source of the coverage is irrelevant. For example, coverage could be obtained via employers, individual purchase or a spouse. This policy item also addresses those individuals who choose not to purchase health insurance coverage even though health care coverage is available and affordable to that individual. The intent here is to force those individuals who can afford health care insurance into the system in order that the health care risk burden is evenly distributed.

A motion was made by Art Godi, on behalf of the Executive Committee, and seconded to amend the recommendation as follows:

"That the NATIONAL ASSOCIATION OF REALTORS® support health care programs that foster individual responsibility for obtaining private basic health care coverage and prevent individuals from voluntarily opting out of basic health care coverage. If there is a health care initiative passed by Congress, said initiative shall provide that no individuals may voluntarily opt out of the basic health care coverage.

A motion carried to approve the recommendation as amended.

- **Recommendation #8:** A motion carried that the NATIONAL ASSOCIATION OF REALTORS® support the following positions on the funding mechanisms for health care reform:
 - Health care safety net coverage should be funded by means that are fairly applied over the broadest possible base.
Rationale: The NATIONAL ASSOCIATION OF REALTORS® objective is to assure that funding mechanisms for all aspects of health care reform fall at the lowest cost on the broadest possible base in order to achieve true cost savings. Congress should avoid singling out a particular industry for financing health care reform.

- There should be no special levies on Subchapter-S non-wage earnings (both distributions and earnings retained in the business).
Rationale: One-third of the NATIONAL ASSOCIATION OF REALTORS® members operate under a Subchapter-S corporate structure. In its current form, the White House health care reform proposal would levy a tax on the distributions and earnings retained in a Subchapter-S corporation.
- There should be no mandated employer health care premium payments for employee health insurance.
Rationale: The NATIONAL ASSOCIATION OF REALTORS® intent is to oppose government mandates on employer compensation structures. Payment of all or a portion of an employee's health insurance premiums is a compensation matter between the employer and employee and should not be imposed or controlled by the government.
- [Recommendations 15 -18 reaffirm existing NAR policy positions.]
 - **Recommendation 15:** That the NATIONAL ASSOCIATION OF REALTORS® support retaining present relationships between principal brokers and independent contractors and that any final health care reform legislative proposal should treat an independent contractor as a self-employed businessperson for health insurance purposes.
 - **Recommendation 16:** That the NATIONAL ASSOCIATION OF REALTORS® support formation of pooled purchasing arrangements to provide access for individuals to competitively priced health insurance, because, otherwise those individuals are required to pay disproportionately high premiums.
 - **Recommendation 17:** That the NATIONAL ASSOCIATION OF REALTORS® support the elimination of barriers to affordable health insurance based on pre-existing medical conditions.
 - **Recommendation 18:** That the NATIONAL ASSOCIATION OF REALTORS® support 100% deductibility of health care insurance premiums for self-employed persons.

1994 Midwinter Meetings

Public Policy Coordinating Committee

- **Recommendation #2:** A motion carried that the NATIONAL ASSOCIATION OF REALTORS® support the elimination of barriers to affordable health insurance based on pre-existing medical conditions.
Rationale: Many NAR members are denied access to any health care coverage based on pre-existing medical conditions. This prevents NAR member from gaining proper health care coverage.

- **Recommendation #3:** A **motion carried** that the NATIONAL ASSOCIATION OF REALTORS® support the formation of pooled purchasing arrangements to provide access for individuals to competitively priced health insurance.
Rationale: Many NAR members purchase health insurance individually or as small business owners. The price of health insurance for these small purchasing entities is higher than companies which purchase insurance for larger numbers of individuals. NAR member healthcare costs could be reduced if pooled purchasing arrangements were created for NAR members.

1993 Annual Conference

Public Policy Coordinating Committee

- **Recommendation # 1:** A **motion carried** that the NATIONAL ASSOCIATION OF REALTORS® reaffirm its position on the independent contractor safe harbor rules as articulated in Section 3508 of the Internal Revenue Code and take the necessary steps to prevent any regulatory or legislative modification to the existing real estate independent contractor provisions.
Rationale: The current administration has issued a draft health care reform proposal based on employer mandates which permits the secretary of treasury to write regulations that specify who is an/employer for purposes of all employment tax.

1991 Midwinter Meetings

REALTORS® Legislative Committee

- **Recommendation #4:** A **motion carried** that the NATIONAL ASSOCIATION OF REALTORS® support better access to health care for all; however, Congress should not adopt federal legislation which mandates that employers provide specific health care benefits.