

Employer Provided COVID-19 Testing: An Informative Q&A

Although the fate of the Occupational Safety and Health Administration's (OSHA) rules remains in limbo, many employers are moving ahead with efforts to comply with the OSHA emergency temporary standard (ETS) that requires employers with 100 or more employees to ensure that all are fully vaccinated or subject to COVID-19 testing at least weekly. Those efforts are raising a range of employee benefits questions including those asked below. Click on the link to find the answers.

- Does a medical plan have to cover all testing for unvaccinated employees enrolled in coverage?
- If a plan does not currently cover employment-based testing, may it be amended to do so?
- The ETS does not require employers to pay for employment-based testing. Are there factors employers may want to consider if they want unvaccinated employees to pay for their own testing?
- What if an employer decides to pay for employment-based testing outside of the medical plan?
- If an employer pays for employment-based testing, are employees subject to a tax on the cost of the testing?

Source: *Ogletree Deakins*: <https://bit.ly/3Dl6ekL>



ACA Reporting: Good-Faith Errors Now Excluded

The draft instructions for the Forms 1094-C and 1095-C for the 2021 reporting season were released with subtle, but important changes. For the first time since the Affordable Care Act's (ACA's) inception, employers who file incorrect or incomplete Forms 1095-C with the IRS may suffer costly penalties. In the past instructions included language asserting no penalty would be imposed for incorrect or incomplete Forms 1095-C so long as the employer showed that it made good-faith efforts to comply with the information reporting requirements. Notice 2020-76 clarified that good-faith efforts relief would not continue for tax reporting seasons past 2020. As a result of the good-faith efforts relief no longer applying, if an employer submits a Form 1095-C to the IRS or furnishes a Form 1095-C to an employee that is incorrect or incomplete, the employer could be penalized \$280 per return.



Source: *The Accord*: <https://bit.ly/3G9SjGm>

Big Pharma Spends More on Sales and Marketing than R&D

Selling and marketing expenses exceeded R&D spending by \$36 billion, or 37%, for 7 out of 10 Big Pharma companies during 2020, according to a new AHIP study. The data clearly show that Big Pharma's growth strategy is based on selling a greater volume of drugs to patients -- not on creating groundbreaking new therapies and delivering more value to patients, a concern for our firm and our colleagues at Initiative 1811. Source: *AHIP*: <https://bit.ly/3lsHPnh>

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Initiative 1811, a national think tank of 30 members, was chartered by the the Society of Actuaries and the Kaiser Family Foundation in 2018 to develop solutions to reduce the cost of healthcare in the U.S. The U.S. spends roughly 18% of its gross domestic product on health care, while the rest of the developed world spends roughly 11%. Our founder and CEO, Karen Nixon, was invited because of our outstanding results controlling costs for employer-sponsored health plans. Learn More: www.nixon-benefits.com/industry-impact

Change in ACA Affordability Safe Harbor Rates

As a reminder, to avoid a shared responsibility penalty under section 4980H(a) or (b), Applicable Large Employers must offer their full-time employees “minimum essential coverage” (MEC) that is also “minimum value” (MV) and “affordable.” (All of these terms are defined in the ACA.) The all-important affordability percentage for use with the three affordability safe harbors (W-2, rate of pay, and federal poverty line) is 9.61% for 2022 (down from 9.83% for 2021). This means if you are using the FPL method of safe harbor the maximum contribution from employees is lower than in 2021 (\$104.53) and must not exceed \$103.14 for 2022 calendar year plans. Note that non-calendar year plans will have slightly different affordability threshold when the new FPL table is published in January 2022.



Source: Paylocity: <https://bit.ly/3Eo9ZHw>

What Will Change When COVID Becomes Endemic?

Though infectious diseases experts once thought COVID-19 could be eliminated, most now agree that the virus will become endemic.

Endemic does not mean we’ll stomp out COVID entirely, but rather that we’ll learn to live with it and see less transmission and less severe outcomes in people who get infected. When the disease shifts from pandemic to endemic COVID will still be around, and may even increase during certain times of the year, but it will be at a manageable and relatively constant level, with largely predictable patterns over time.

It’s unclear exactly when this shift will occur. But experts agree that one day we’ll treat COVID as we do the flu; then masks, distancing, shutdowns and mandating vaccines will no longer be needed.

Source: Healthline: <https://bit.ly/3G9eO80>

Wellness Spotlight: Nutrition as Metabolic Treatment for Anxiety

Despite the overwhelming prevalence of anxiety disorders in modern society, medications and psychotherapy often fail to achieve complete symptom resolution. A complementary approach to medicating symptoms is to address the underlying metabolic pathologies associated with mental illnesses and anxiety. This may be achieved through nutritional interventions. In this perspectives piece, researchers highlight the roles of the microbiome and inflammation as influencers of anxiety. They further discuss the evidence base for six specific nutritional interventions: avoiding artificial sweeteners and gluten, including omega-3 fatty acids and turmeric in the diet, supplementation with vitamin D, and ketogenic diets.

Source: Frontiers: <https://bit.ly/31w6hwZ>

