Benefits Briefing Webinar: New Jersey's Individual Mandate and Massachusetts' Employer Contribution/Supplement

Thursday, September 13, 2 p.m. ET

The American Benefits Council will hold a webinar on Thursday, September 13, at 2 p.m. Eastern Time, to discuss the individual health insurance mandate recently enacted in New Jersey and implementation of an employer assessment under the Massachusetts Employer Medical Assistance Contribution (EMAC) and supplement, which increased for employers in 2018.

In this webinar, moderator Kathryn Wilber, the Council’s senior counsel, health policy, will be joined by Seth Perretta, Malcolm Slee and Lisa Campbell, principals with Groom Law Group, Chartered, to review these state laws and discuss implications for multi-state health plan sponsors.

We will solicit feedback and take questions from webinar participants throughout the session. Members are encouraged to submit questions for the webinar in advance.

A recording of this session will be sent to all registrants. Even if you will not be able to attend in person, please register to receive a digital playback of the webinar automatically.

NOTE: Participation in Council webinars may be used toward continuing education/renewal requirements for many professional accreditation programs, but only by means of self-certification. Descriptions of past programs are available by clicking here. Please retain your registration confirmation for your verification records.

Background

On May 30, 2018, New Jersey Governor Phil Murphy signed the New Jersey Health Insurance Market Preservation Act, establishing an individual health care mandate that requires New Jersey residents to obtain health coverage or pay a tax penalty. Penalties imposed by the law will be used to stabilize and subsidize state insurance programs.

The New Jersey law effectively adopts the individual mandate rules under the Affordable Care Act (including the tax penalties that were in effect before Congress reduced the federal penalties to “zero” in the federal tax bill signed in 2017). The New Jersey individual mandate applies January 1, 2019. The New Jersey law includes reporting requirements that generally track the federal ACA reporting requirements (which Congress did not repeal or modify). Reporting entities would be required to send a return to the New Jersey State Treasurer as well as to the individual.
In 2017, Massachusetts enacted a law temporarily increasing the existing Employer Medical Assistance Contribution (EMAC) and impose an additional Supplement on employers whose employees receive Medicaid or subsidized coverage through the Massachusetts Connector (ACA exchange). The EMAC and supplement are effective January 1, 2018, through December 31, 2019, and:

- Apply to employers with five or more employees in Massachusetts.
- Increased the basic EMAC annual fee to $77 per employee (from $51 per employee).
- Include a new supplemental penalty of up to $750 for each non-disabled employee, full-time or part-time who receives health insurance coverage through MassHealth (Medicaid) or subsidized coverage through the Massachusetts Connector (ACA exchange) for a continuous period of at least eight weeks during a quarter.

The Massachusetts Department of Unemployment Assistance (DUA) administers the EMAC and supplement on a quarterly basis. Employers have limited appeal rights for contesting the DUA’s determination.

For questions related to registration – If you have colleagues at your organization who would like to participate in this session, but do not regularly receive Council materials, please contact Deanna Johnson, senior director, membership, Sondra Williams, manager, member and staff engagement, or Mary Lindsay, executive assistant, at (202) 289-6700.

The American Benefits Council is the national trade association for companies concerned about federal legislation and regulations affecting all aspects of the employee benefits system. The Council’s members represent the entire spectrum of the private employee benefits community and either sponsor directly or administer retirement and health plans covering more than 100 million Americans.

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