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AHPs Would Lead To Increased Health Fraud, Report Says

WASHINGTON (Managed Care Wire) Opponents of association health plans are pleading their case as Congress tries once again to pass AHP legislation.

The House of Representatives has passed AHP bills numerous times over the last few years, and it passed the latest bill July 26. Past bills have died in the Senate, but this year more senators seem to be warming to the idea of AHPs in hope that they will decrease uninsurance rates. That raises the stakes in the AHP debate.

AHPs, which would allow large associations and employer groups to offer health plans that would not be subject to state insurance regulations, would create a market that fraudsters would gleefully exploit, according to a new report from Georgetown University's Health Policy Institute. Past experience shows that the federal government, which would be in charge of regulating AHPs, simply isn't up to the challenge, report author and Georgetown Assistant Research Professor Mila Kofman tells MCR.

The report notes that health insurance fraud was widespread until 1982, when Congress amended the Employee Retirement Income Security Act to give states enforcement powers over associations and multiple employer arrangements. Fraud still exists in the industry, the report notes, but it would become widespread once again if AHP legislation stripped states of their regulatory powers.

The new AHP bill (HR 525), "would be devastating to small businesses and their workers who are in desperate need for quality, affordable health coverage," said the Blue Cross and Blue Shield Association.

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