



**WELCOME MEMBERS, SPONSORS and  
GUESTS!**  
**NCBGH SPRING 2017 MEETING**  
**Proximity Hotel – March 24, 2017**



# NCBGH is 'springing' forward with a new President!

Please join me in welcoming Jon Rankin as the new President of the North Carolina Business Group on Health!

Director of Total Rewards at Sonic Automotive since May 2008

- MSSM from the University of Southern California
- BBA from Wichita State University



# WELCOME!!

## NCBGH SPRING AGENDA

Welcome to our NEW NCBGH President Jon Rankin (Director, Total Rewards, Sonic Automotive

- Thank you to our former-President (5 years as NCBGH President Kimberli Lasyone!!) (9:00 am – 9:15 am)

**North Carolina Chief Deputy Commissioner, Dr. Michelle Osborne** (9:15 am – 10:00 am)

- Plans for his administration
- Initiatives for North Carolina

**President Trump and Healthcare: Tracy Watts, Senior Partner, National Leader for U.S. Health Care Reform at Mercer** (10:00 am – 11:00 am)

- What Now? Impact of Trump Presidency
- How will “Trump-Care” Affect Employers?
- Employer Update on Healthcare Reform

**BREAK 11:00 am – 11:15 am**

**Wellness to Well-Being: Are you leading or lagging? Seth Serxner, Ph.D., M.P.H., Chief Health Officer and Senior Vice President of Population Health, Optum** (11:15 am – 12:15 pm)

- Review of 7th Annual National Wellness Survey by Optum
- Compare the NCBGH respondents and other North Carolinas based companies that responded; to the 500+ National Respondents
- How do NC Employers compare from a wellness perspective to their national peers?

**NCBGH Best Practice Networking and Lunch** (12:15 pm – 1:00 pm)

- Share ideas around topics chosen by your peer NCBGH member companies
- Network, learn, advice each other on challenges and best practices
- Build stronger relationships among our peer member companies

**Event Wrap Up** (1:00 pm)



# WELCOME NCBGH PLATINUM SPONSOR



# WELCOME NCBGH SPONSORS



Organization	Sponsor Since
Mercer – Founding Sponsor	2011
Parker Poe – Founding Sponsor	2011
Aetna	2012
BCBSNC	2012
Cigna	2012
Merck	2012
United Health Care	2012
Aon	2013
Prime Therapeutics	2013
Wells Fargo Insurance Advisors	2013
NFP	2014
American Behavioral	2016
ConnectYourCare	2016
Elliott Davis Decosimo	2016
Healthworks	2016
Willis Towers Watson	2016



BlueCross BlueShield of North Carolina



Promoting a better healthcare delivery system  
Advocate. Innovate. Educate.





# NCBGH Members: THANK YOU!!

Acuity Healthcare, LP	Charlotte Pipe & Foundry	International Textile Group	TIAA	Bernhardt Furniture	
Alex Lee Inc.	Charlotte Radiology	Old Dominion Freight Line	UNIFI Mfg.	bioMerieux	Parker Poe
American & Efird LLC	City of Greensboro	OrthoCarolina, PA	University of NC	Coca-Cola Bottling Co.	Piedmont Natural Gas
Arysta Life Science	Coats North America	Parkdale Mills	VF Corporation	Compass Group	Polypore
Bahakel Communications	Crowder Construction Co.	Precision Fabrics Group	Volvo US	Cree Inc.	Sensus
BB&T Corporation	Davidson College	Recommunity	Wake Med Health	Culp, Inc.	Sonic Automotive, Inc.
CAI	Employers Association	Replacements, Ltd.	Aon Hewitt	Duke University	Zenith Freight Lines
Carolina Handling, LLC	Glen Raven Inc	RSC Brands	Bank of America Merchant Services	Easter Seals	
Carolinas Healthcare System	HAECO Americas	SAS	Belk	Mercer	
Caromont Health	Indian Head Industries	Smith Turf	Bell Partners, Inc.	National Gypsum	



# ABOUT NCBGH

## ABOUT NCBGH

- **What is NCBGH?**
  - 501c(6), Non-profit trade association. We are an advocacy group of senior HR and Finance leaders from area employers, with a common goal to positively impact and improve healthcare in North Carolina
- **Why should I be involved?**
  - NC lawmakers **and other stakeholders in the healthcare delivery system** need a unified voice on healthcare issues that impact the business community.
- **What does it cost to participate?**
  - Membership is only **\$100** per year and allows for you and a colleague to attend 2 meetings per year and gain access to unmatched “content” and “influence”.



# ABOUT NCBGH

## Mission and Charter

**North Carolina Business Group on Health** is a 501c(6) trade association which acts as advocacy group of employers who use their collective voice to influence decisions that impact the quality and cost of healthcare delivery systems. We will accomplish our mission and foster North Carolina's economic development in the following ways:

- **Advocate** – Create a business community with a shared vision and message on matters of healthcare policy, regulation, and legislation based on sound fiscal principles and quality standards.
- **Innovate** – Seek creative, common sense solutions to improve the overall cost and quality of our healthcare delivery system.
- **Educate** – Promote health and wellness education. Advocate for provider performance disclosure of both quality and outcomes to help employees become better consumers of healthcare services.





## ...An opportunity for you to get involved...

- **NCBGH Best Practices lunches** –We hosted “Best Practice” lunches in 2014, 2015 and 2016...holding a “live” one today at lunch!
- **Membership and Marketing** - Leigh Elrod, Chair (Easter Seals)
  - Focusing on helping attract and retain quality HR Leaders throughout North Carolina who can help us grow NCBGH both now and into the future

Have you visited us at [www.ncbgh.org](http://www.ncbgh.org)  
Our new web site is growing in  
Capabilities with Social Networking!



# NCBGH IS ON TWITTER!!!



@NCBGH\_1

# PLEASE WELCOME!!

**Chief Deputy  
Commissioner, Dr.  
Michelle Osborne**

**North Carolina  
Department of  
Insurance**

**North Carolina**  
*Business Group on Health*

Promoting a better healthcare delivery system  
**Advocate. Innovate. Educate.**



PLEASE WELCOME!!

## Tracy Watts

Senior Partner, National  
Leader for U.S. Health  
Care Reform at Mercer



HEALTH WEALTH CAREER

# WASHINGTON UPDATE: PRESIDENT TRUMP AND HEALTHCARE

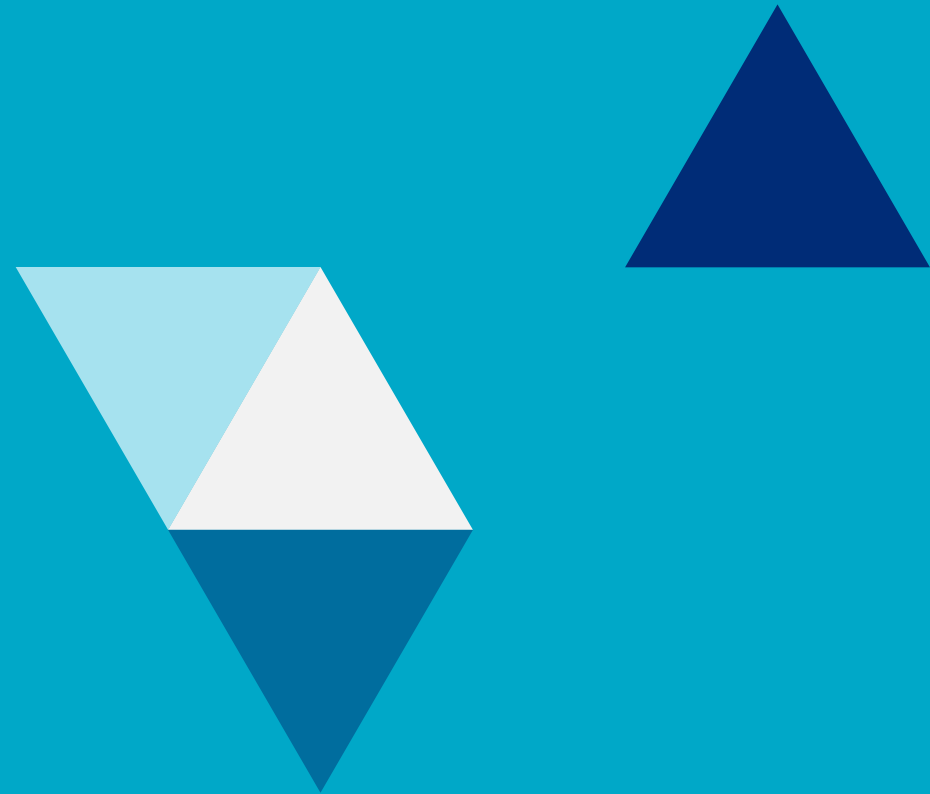
March 24, 2017

**Tracy Watts**

Senior Partner, US Health Reform  
Leader



# GETTING READY FOR NCBGH...





# WEDNESDAY NIGHT: *DO YOU THINK HOUSE WILL VOTE ON THURSDAY?*

FROM A  
LEADERSHIP  
AIDE TODAY: WE  
WILL HAVE THE  
VOTES  
TOMORROW.

THEY APPARENTLY  
DON'T HAVE THE  
VOTES BUT ARE  
WHIPPING HARD. RYAN  
SAYS THE VOTE WILL  
HAPPEN TOMORROW -  
WE'LL SEE

YES, FAILURE  
IS NOT AN  
OPTION

# BREAKING NEWS ON THURSDAY

**BREAKING NEWS**

## House leaders postpone vote on health-care plan

As they struggled to meet demands of conservative lawmakers who said they could not support the bill, House leaders decided to postpone the vote that had been scheduled for today. Earlier, conservative House Republicans had rebuffed an offer by President Trump to strip a key set of mandates from the nation's current health-care law, raising doubts about whether House Speaker Paul D. Ryan (R-Wis.) had the votes to pass the bill.

THURSDAY EVENING...

tions 

The Washington Post  
*Democracy Dies in Darkness*

PowerPost

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# Trump delivers ultimatum to House Republicans: Pass health-care measure on Friday or he'll move on

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# LET'S BACK UP...TODAY'S DISCUSSION

**1** THE TRUMP EFFECT

**2** ACA REPEAL AND REPLACE

**3** WHAT NOW? THE IMPACT ON EMPLOYERS

# ACA REPEAL AND REPLACE TRUMP'S CAMPAIGN PROMISE



(Jan Kruger/Getty)

# ON HIS FIRST DAY IN OFFICE...

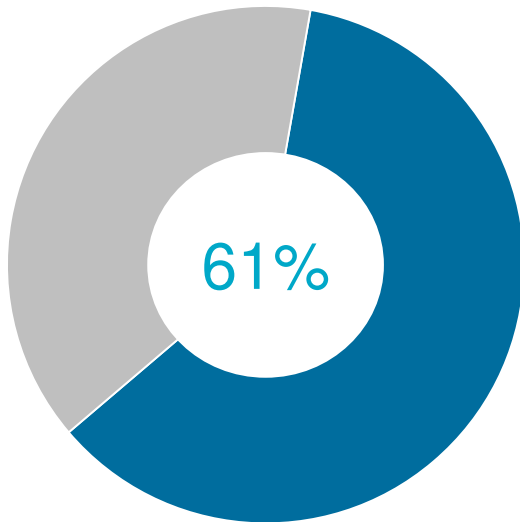




# POTUS MOVED QUICKLY ANNOUNCING INTENT TO REPEAL ACA AND MINIMIZE ITS BURDENS



# WE WEREN'T ON THEIR RADAR SCREEN ...



More than 61% of covered individuals (177 million Americans) get their health coverage through an employer...



...with employers collectively spending \$668 billion on health benefits each year.

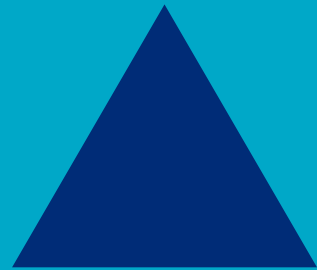
# REPUBLICAN RETREAT IN PHILADELPHIA... AGREED ON “THREE BUCKETS OF REFORMS”

1. Include as much “repeal and replace” as possible in reconciliation bill
2. Legislation and regulation to prevent individual market collapse
3. Enact “replace” provisions not eligible for reconciliation with help from Democrats

“NOBODY KNEW THAT HEALTH CARE  
COULD BE SO COMPLICATED.”

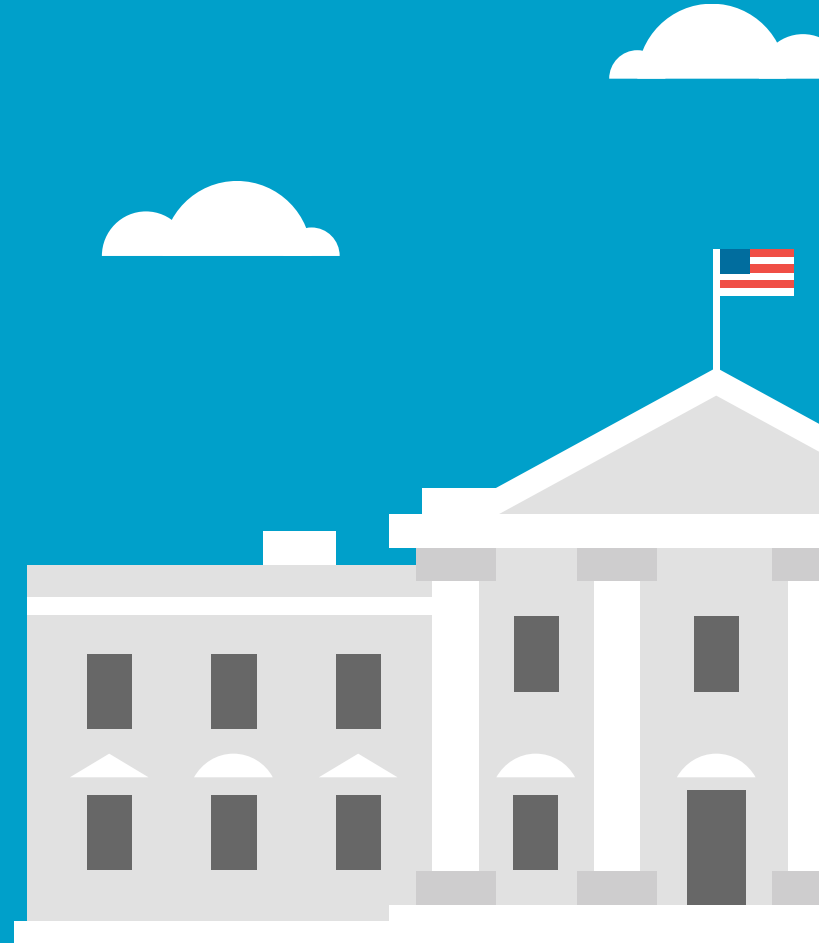
– PRESIDENT TRUMP, FEBRUARY 27, 2017

# ACA REPEAL AND REPLACE



# ACA REPEAL AND REPLACE PRESIDENT TRUMP'S POSITIONS

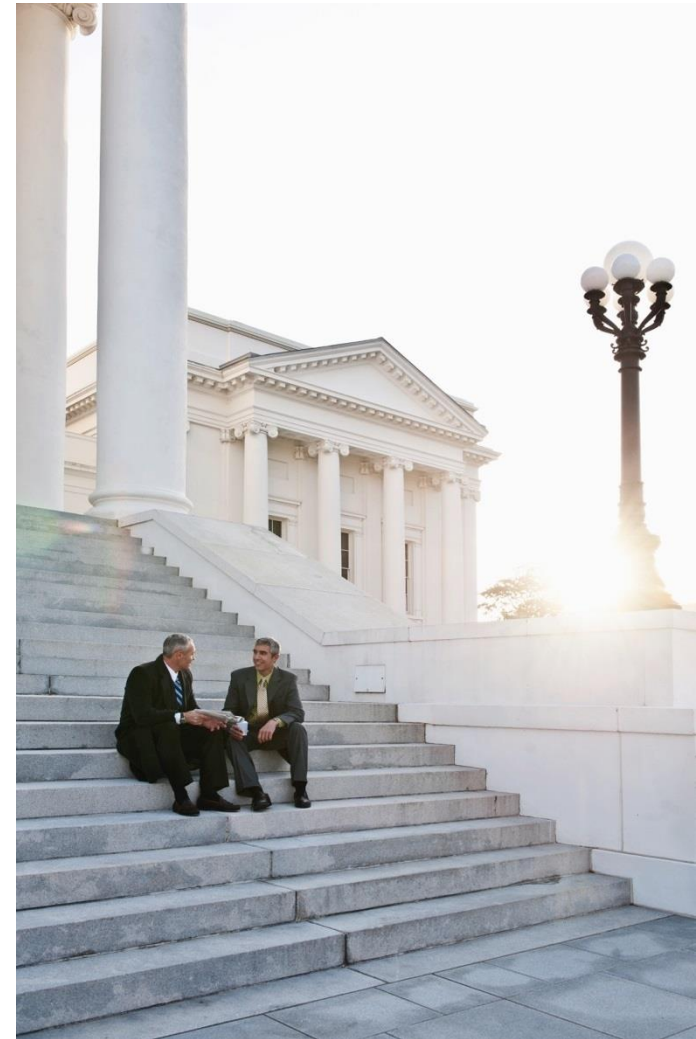
- Ensure Americans with preexisting conditions have access to coverage
- Help Americans purchase coverage through the use of tax credits and expanded health savings accounts
- Give states the resources and flexibility they need with Medicaid “to make sure no one is left out”
- Implement legal reforms to protect patients and doctors from unnecessary costs (presumably medical tort reform)
- Reduce “artificially high” cost of drugs
- Allow sale of health insurance across state lines





# THE AMERICAN HEALTH CARE ACT (HR 1628)

- House leaders released ACA repeal and replace budget reconciliation legislation –The American Health Care Act – on March 6
  - **March 13:** Congressional Budget Office analysis -estimates 24 million would lose coverage by 2026 and federal deficits would be reduced by \$337 billion
  - **March 20:** Committee on the Budget Report and Manager’s amendment released
  - **March 22:** Rule Committee votes on Amendments
  - **March 23:** House vote delayed; Trump delivers ultimatum



# ACA REPEAL AND REPLACE THE AMERICAN HEALTH CARE ACT

- The “Cadillac” tax remains, although delayed from 2020 to 2026
- Employer and individual mandate penalties eliminated for 2016 and later years
  - Individuals with coverage gaps would pay 30% premium surcharge beginning as early as 2018
- Age-based tax credits starting in 2020
  - Credits phase out for those making more than \$75,000 per year (\$150,000 joint filers)
  - No credits for those offered employer coverage
- Other ACA taxes repealed for years beginning after 2016
- HSA enhancements
  - Increase limits to max deductible/out-of-pocket limits for HDHPs
  - \$6,550 single/\$13,100 family for 2018
- Medicaid expansion eliminated after 2019; work requirements; block grants
- Employer’s ACA reporting not repealed; offers of coverage reported via W-2
- Late Thursday negotiation – Repeal of Essential Health Benefits



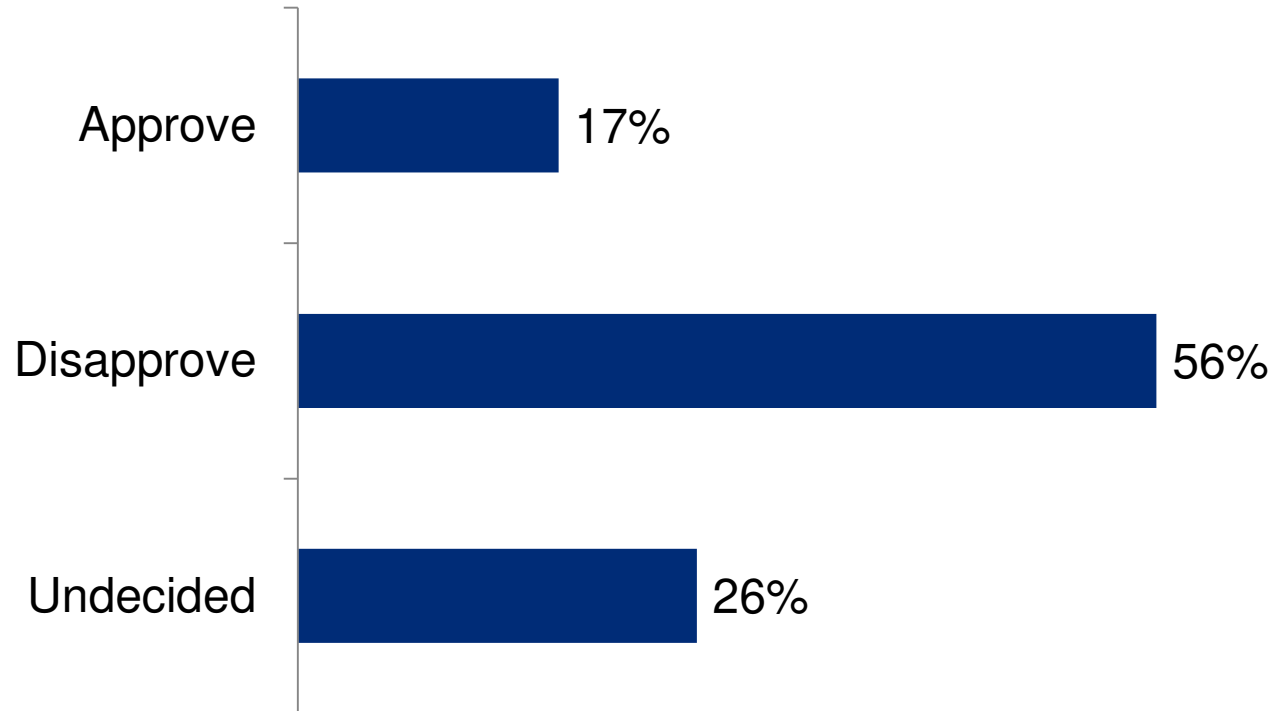
# CBO SCORES AHCA

- **Federal deficit *reduced*** by \$337 billion over 10 year period – **Revised to \$150B after amendment**
- **Number of uninsured *increased*** by 14M in 2018, 21M in 2020 and then 24M (to a total of 52M) in 2026 relative to projections under the ACA
- **Average cost of individual market premiums *increased*** prior to 2020, and ***decreased*** thereafter, relative to projections under ACA.



## DATA FROM LATEST POLL

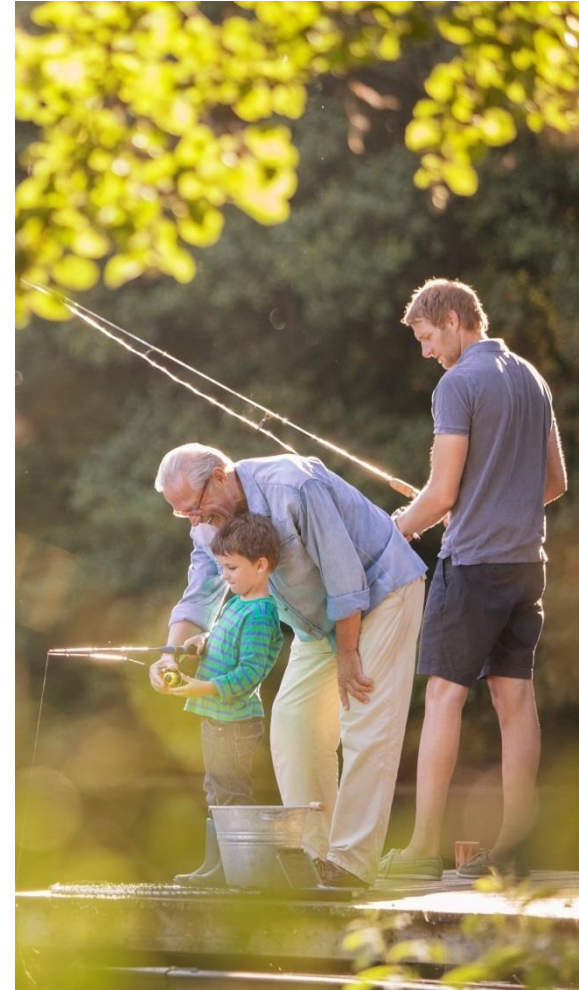
Do you approve or disapprove of this Republican health care plan?



Quinnipiac University Poll; March 16-21; 1,056 voters

# HEALTH POLICY TRADE-OFFS WHO LOSES?

- Medicaid beneficiaries
- Early retirees (pre-65)
  - Permissible age-based rating ratio differential increases to 5:1 (from ACA's 3:1)
  - Loss of ACA's cost-sharing subsidies and premium tax credits
- Self-employed and “gig” workers – Will repeal efforts drive employees from temporary jobs and startups to more traditional employment?
- Private Payors
  - Losses in coverage and Medicaid funding cuts result in cost shifting to employers



# WHAT NOW? THE IMPACT ON EMPLOYERS



# PROVISIONS TO WATCH

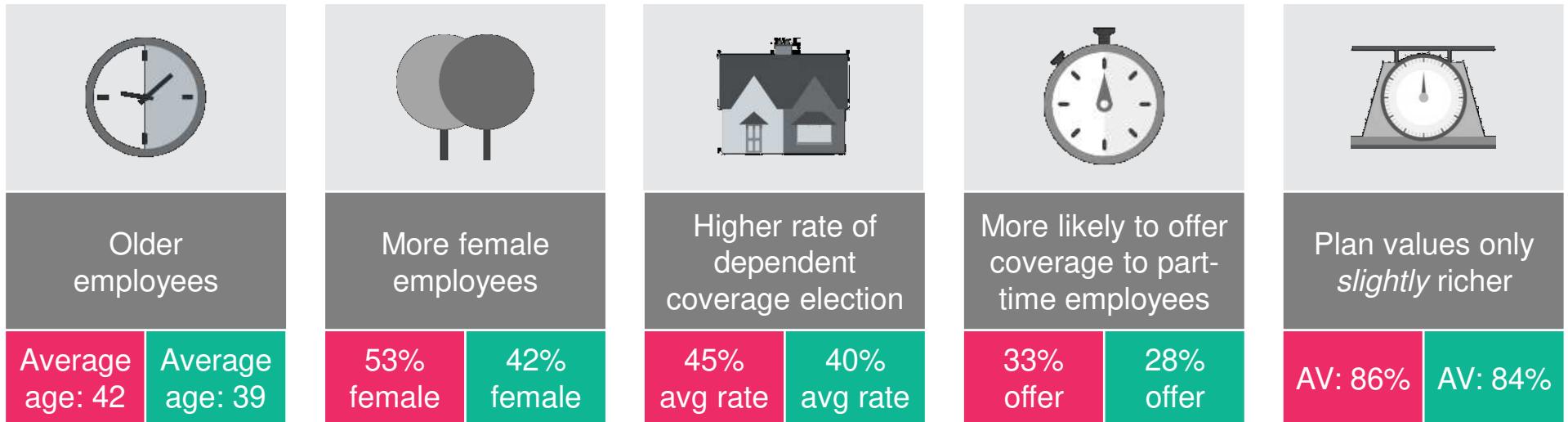
- **ACCESS - Pre-Existing Condition gaps**
  - Provisions that include continuous coverage language – welcome back HIPAA certifications?
- **COBRA**
  - Individual coverage more expensive than COBRA coverage?
  - Use of tax credits to purchase unsubsidized COBRA coverage?
- **The Cadillac tax**
  - Repeal would increase federal deficits beyond ten-year budget “window” in violation of reconciliation process. Senate could vote to waive “budget point of order” and repeal tax, but 60 votes needed
  - Employer groups urging bipartisan vote for repeal, but outlook uncertain
  - Cadillac tax and/or cap on employee tax exclusion could be reconsidered as part of coming tax reform effort
- **CAP on Individual Tax Exclusion**





# FACTORS THAT AFFECT PLAN COST NOT JUST PLAN DESIGN—DEMOGRAPHICS MATTER

Characteristics of employers with plans that **will reach** versus **won't reach** the Cadillac tax threshold in 2025:



Employers covering more older workers, women, families, and part-timers are more likely to be subject to the Cadillac tax... *while there is relatively little difference between the plan designs of those that will reach the threshold and those who won't.*

Estimates based on data from Mercer National Survey of Employer-Sponsored Health Plans 2016; premium trended at 4.7% (the 10-year average medical plan cost trend), tax threshold trended at 3% in 2021 and 2% in future years

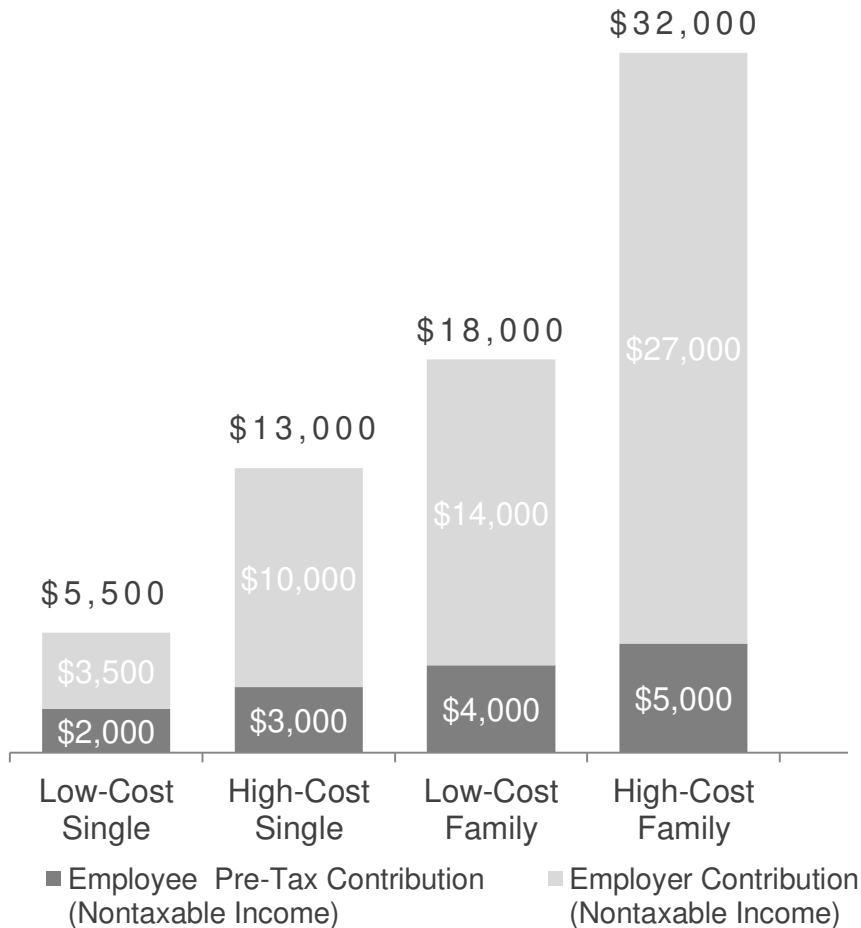
# COULD WE SEE A CAP ON EMPLOYEE HEALTH COVERAGE TAX EXCLUSION?

- An early “leaked” version of the American Health Care Act would have repealed the “Cadillac” tax and replaced it with a cap that limits the tax exclusion for employer-provided coverage starting in 2020.
  - Thresholds at 90th percentile of the employee and employer cost for coverage for either self-only or other than self-only coverage
  - Excludes HSA contributions
  - Value of benefit tied to calculation of COBRA premiums
  - Special exemption for law enforcement, firefighters, emergency medical personnel
  - Baseline in 2019; Indexed at CPI + 2% beginning in 2020
- **There’s still a chance the cap could return and be set lower to meet revenue targets**

2016 PROPOSAL & CURRENT LAW	INDIVIDUAL	FAMILY
THE “EMPOWERING PATIENTS FIRST ACT”	\$8,000	\$20,000
40% “CADILLAC” EXCISE TAX ON HIGH COST PLANS 2020 effective date Projected assuming CPI of 2.15%;	\$10,750	\$28,950

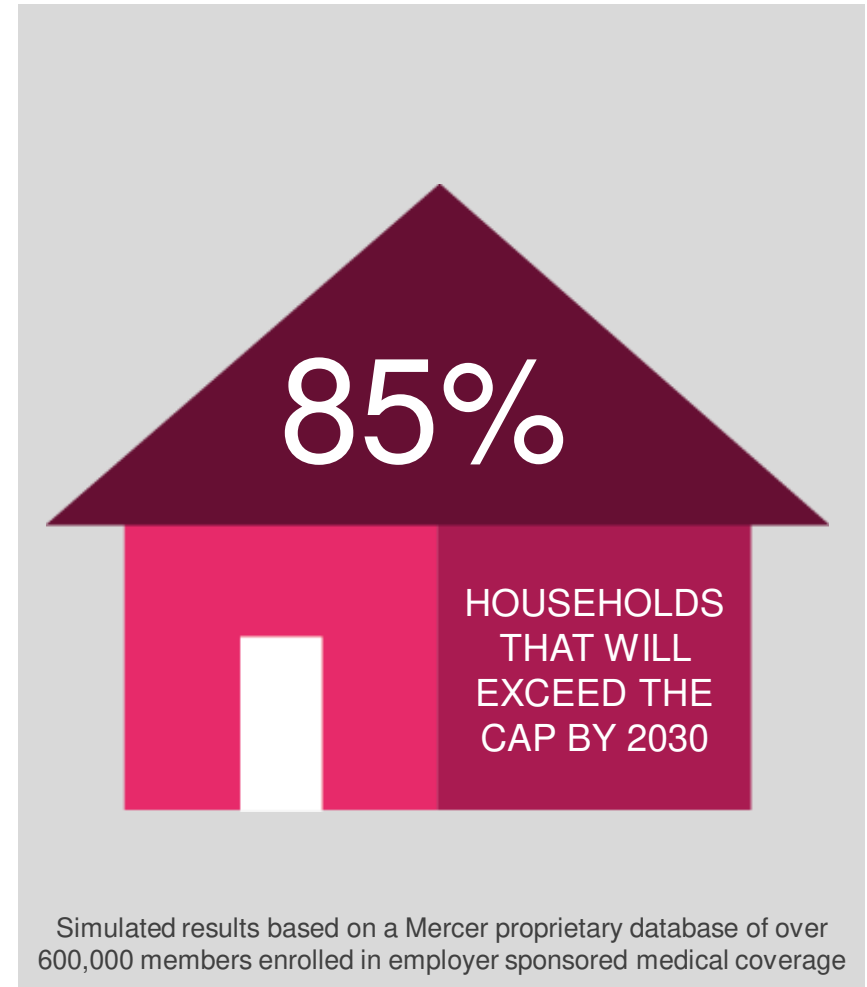
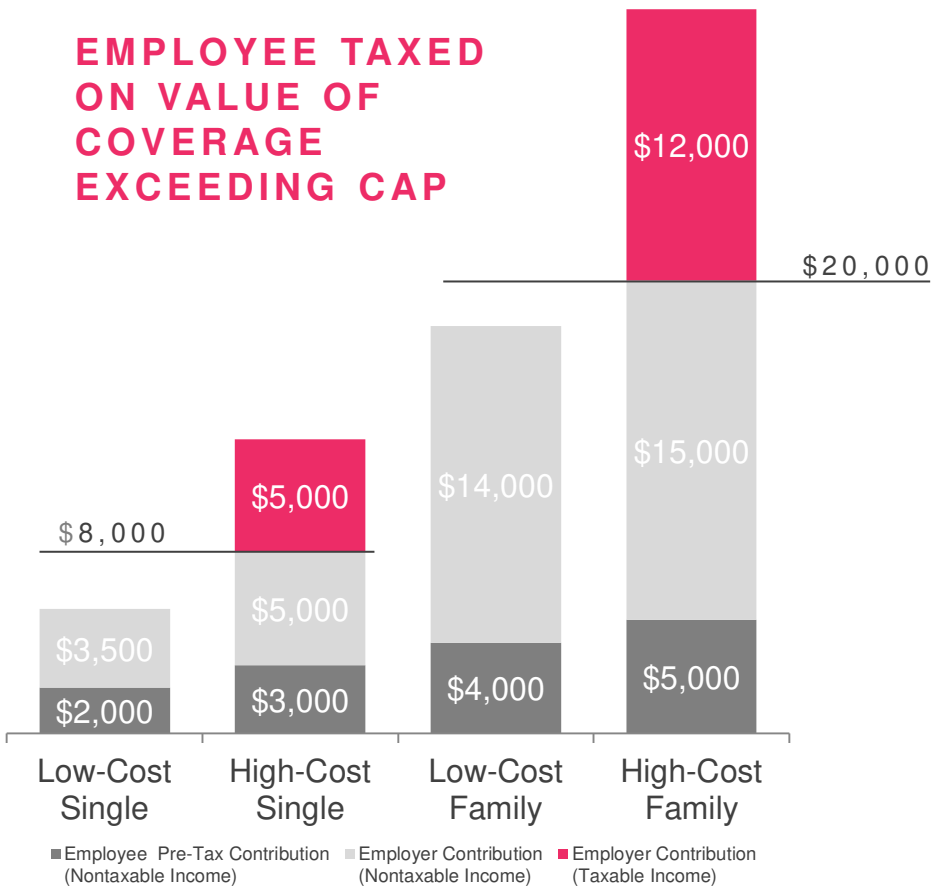
# CAP ON THE HEALTH COVERAGE TAX EXCLUSION GENERAL ILLUSTRATION

## CURRENT



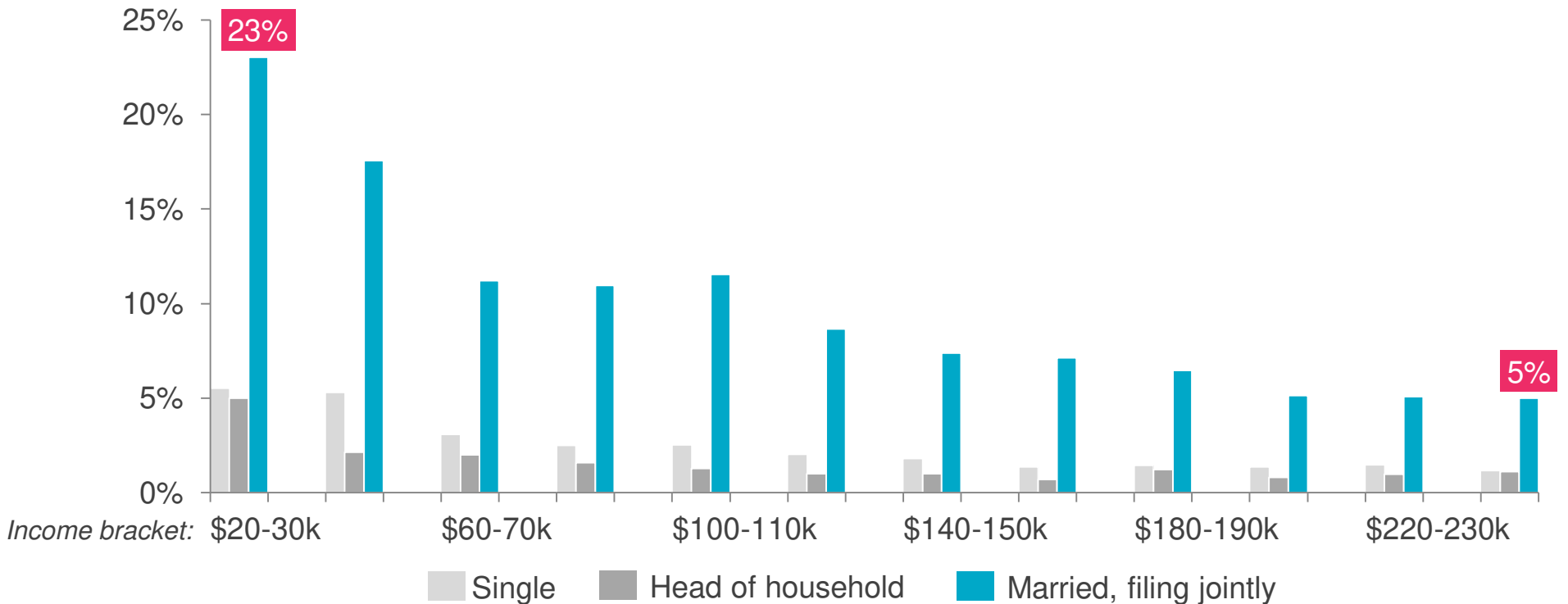
- The **LOW-COST PLANS** illustrate what we see among many of our clients who actively manage health plan cost.
- The **HIGH-COST PLANS** displayed are not typical among our clients, but are displayed to illustrate the mechanics of the cap proposals.

# CAP ON THE HEALTH COVERAGE TAX EXCLUSION IMPACT OF THE PATIENTS FIRST ACT



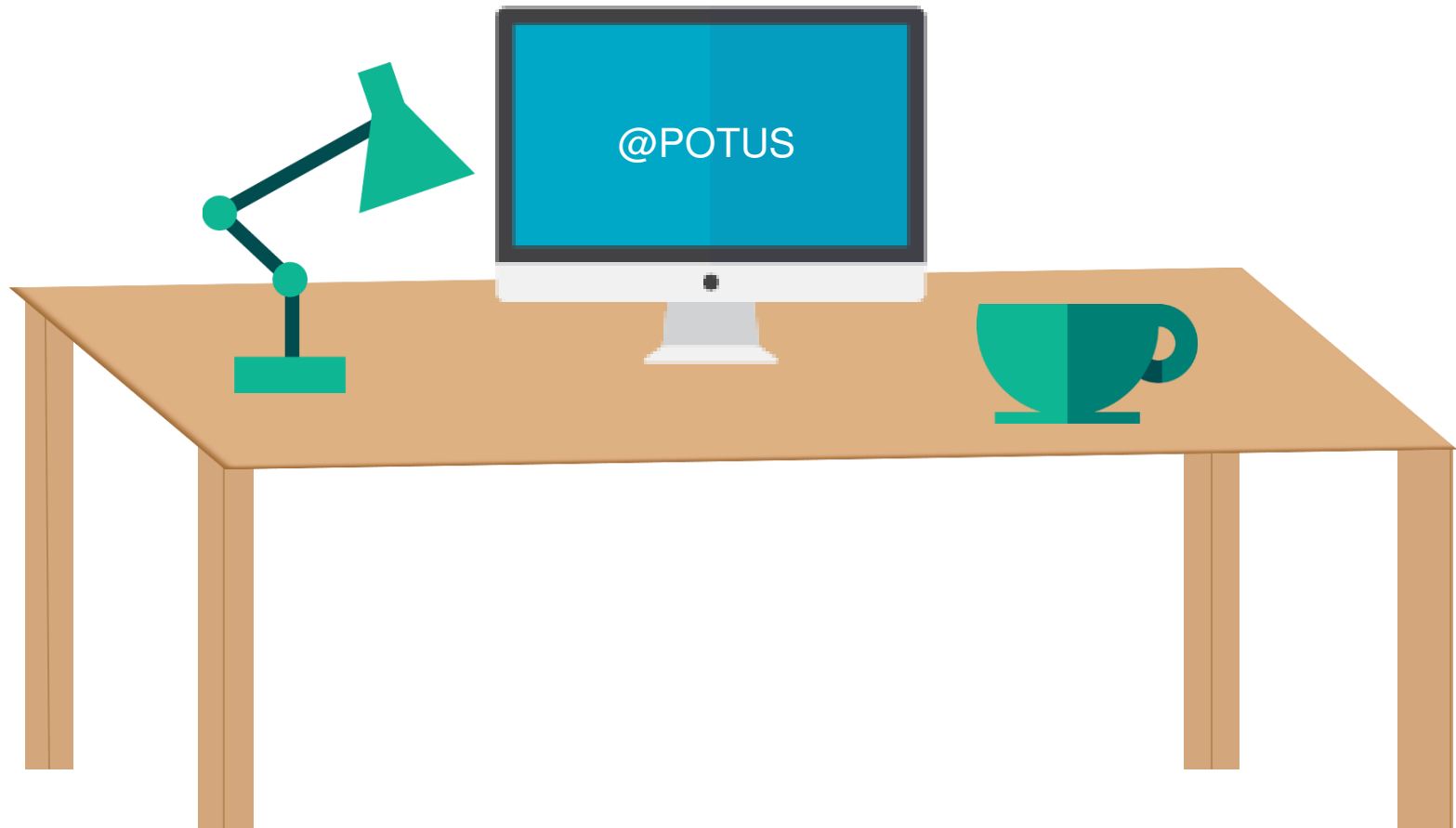
# LOW INCOME FAMILIES HIT HARDEST IMPACT OF THE PATIENTS FIRST ACT

Cap will result in **increased income tax liability** for middle-income Americans



- The bars represent the percentage increase in income tax liability in 2026. Payroll taxes not included
- Proposed caps indexed at CPI% (CPI assumed to be 2%); medical plan trend assumed to be 5.5%
- Projects the impact of including account contributions – FSAs, HRAs and HSAs – in value of coverage
- Based on a Mercer proprietary database of 600,000 members' salary and benefits. Salary information used as proxy for household income.

# DEAR MR. PRESIDENT AND CONGRESS WHAT WOULD YOU ASK FOR?



# DEAR MR. PRESIDENT AND CONGRESS WHAT WOULD YOU ASK FOR?

-



# “WISH LIST” FROM KANSAS CITY

1. Common ground to control pharmacy costs
  - Prohibit pharma advertising (more spent on ads than R&D)
  - Shorten patent life of brand name drugs
  - Point of service recognition of rebates for actual purchaser
2. Transparency for all medical services/supplies
3. On site care and telemedicine not subject to deductible in HDHP/HSA eligible plan
4. Penalty/incentive to “buy insurance when you are young”
5. Health improvement/health education

# BEYOND THE ACA: FOUR RECOMMENDATIONS FOR POLICYMAKERS



1. Address healthcare cost growth and avoid shifting costs to private payers
2. Maintain favorable tax treatment of employer-sponsored benefits
3. Update health savings account rules
4. Create a “President’s Healthcare Leadership Council”

# US HEALTH NEWS

GET THE LATEST HEALTHCARE  
NEWS AND INSIGHTS

[www.ushealthnews.mercer.com](http://www.ushealthnews.mercer.com)



**MAKE**



**TOMORROW,  
TODAY**

PLEASE WELCOME!!

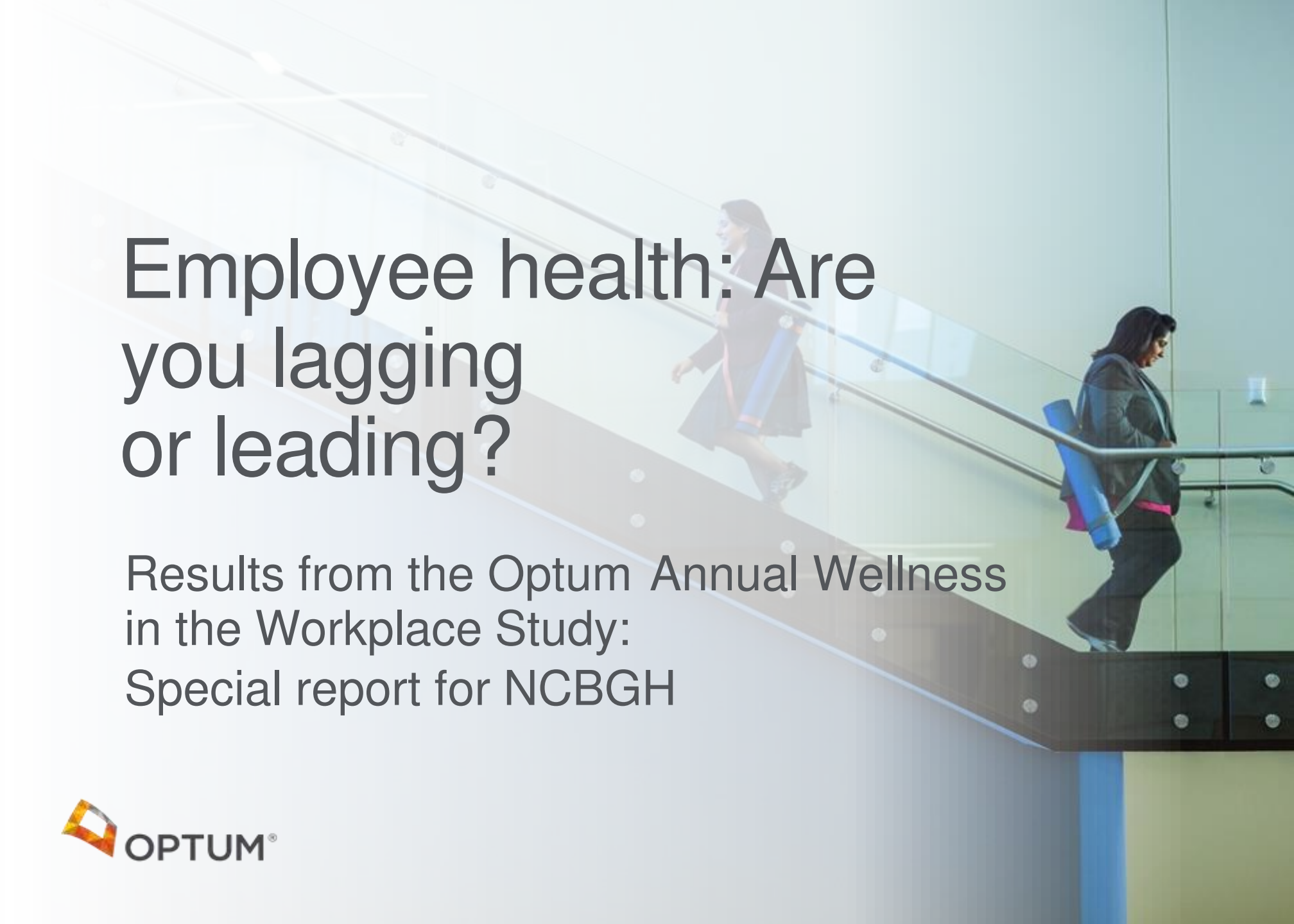
**Dr. Seth Serxner**

Ph.D., M.P.H., Chief  
Health Officer and  
Senior Vice President of  
Population Health,  
Optum

**North Carolina**  
Business Group on Health

Promoting a better healthcare delivery system  
Advocate. Innovate. Educate.





# Employee health: Are you lagging or leading?

Results from the Optum Annual Wellness in the Workplace Study:  
Special report for NCBGH

# Bringing you thought leadership and innovation

## Optum Resource Center for Health and Well-being

Find us on [optum.com/resourcecenter](https://optum.com/resourcecenter).

### Producing in-depth research and insights



- Wellness in the workplace
- Culture of health analysis
- Consumer-driven health plan and wellness analysis
- Value of investment
- Cadillac tax
- Employee engagement

### Developing thought leadership resources



- White papers
- Webinars
- Expert perspectives
- Five-minute briefs
- Infographics
- Articles
- Case studies
- Optum events

### Partnering with industry experts





# Survey background

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## Background

- Goal of the survey is to understand how employers are approaching wellness at work
- Web-based survey with respondents who are members of an online panel or members of the North Carolina Business Group on Health
- Special analysis: Compares North Carolina employers (N=16) to all employers in sample (N=449)



## Analyst notations

- Percentages in charts and tables may not sum to 100% due to rounding
- Results should be interpreted with caution due to the small sample size

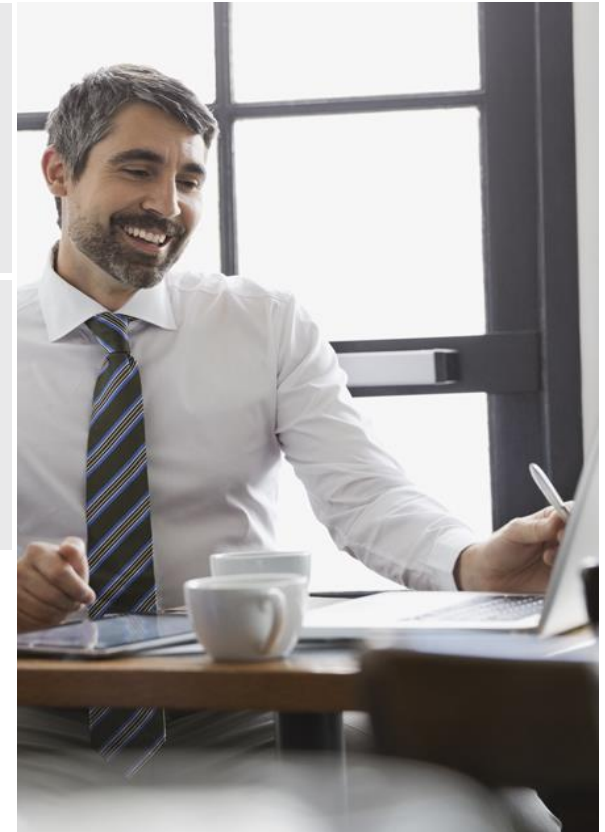
# Qualification criteria for respondents

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All respondents included in these results confirmed:

Company currently offers at least two types of health and wellness programs to employees

Involved in decision-making in regard to health benefits and instituting employee wellness programs for his/her company



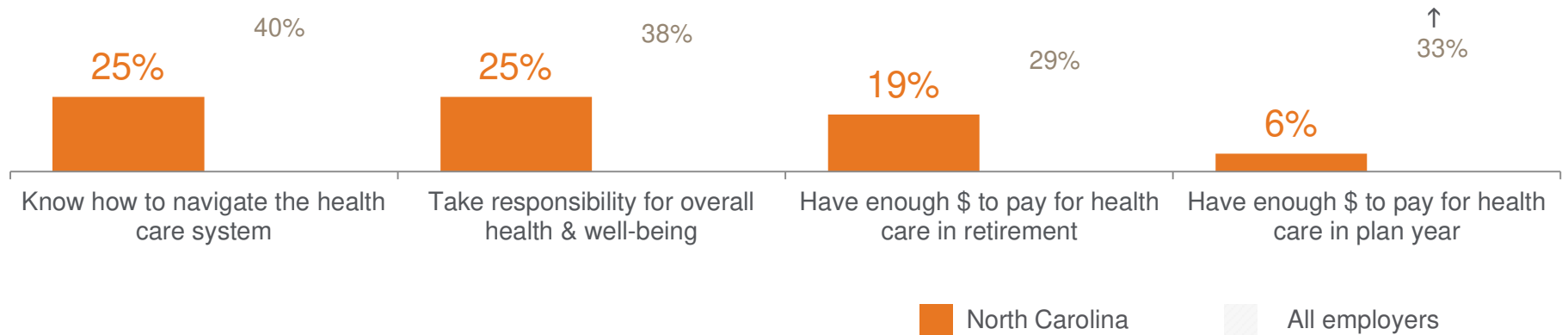
A close-up, slightly blurred photograph of a person's hands holding binoculars to their eyes. The person's face is partially visible in the background, looking through the lenses. The binoculars have a dark frame and reddish-orange lenses. The overall lighting is bright and soft, creating a sense of focus and vision.

# Results: “Wellness in the Workplace Study”

# Employer perceptions

NCBGH members and NC employers are less likely than others to feel confident that employees are able to navigate the health care system, take responsibility for their health and have enough money to pay for health care in retirement.

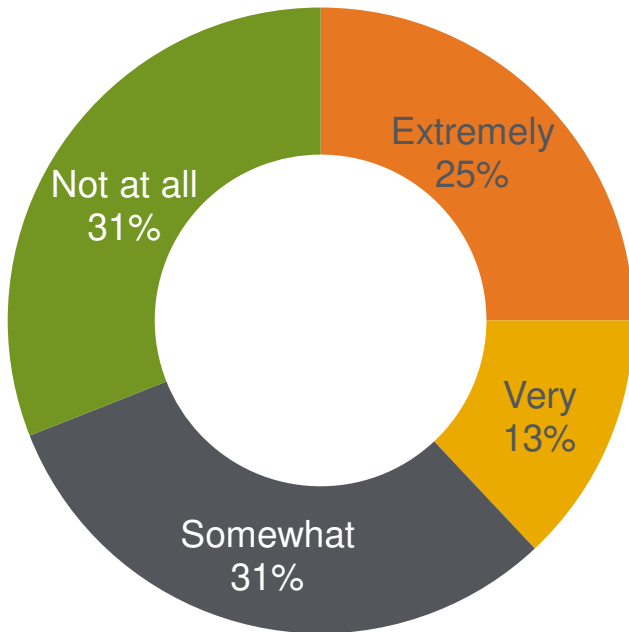
## Strongly Agree that Employees...



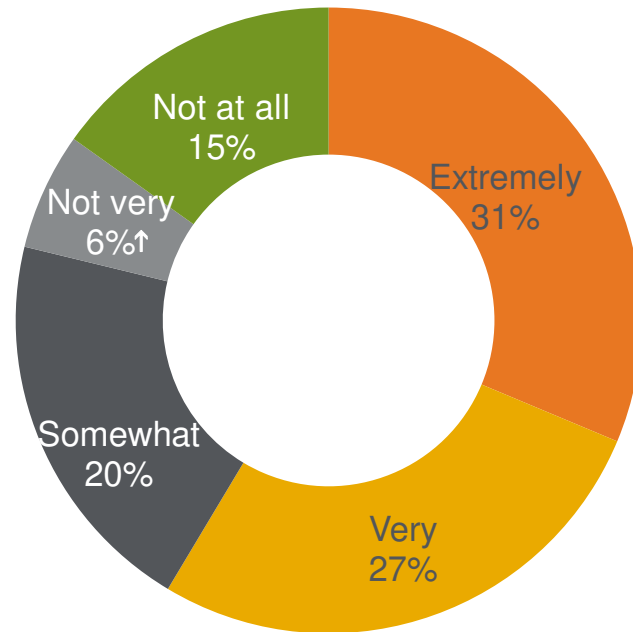
QD2d. To what extent do you agree with the following statements about employees at your company?  
Arrow indicates value is significantly higher than other group at the 95% confidence level

# Concern over potential ACA changes

NCBGH members and NC employers are concerned about potential ACA changes  
\*but less than other employers



North Carolina



All Employers

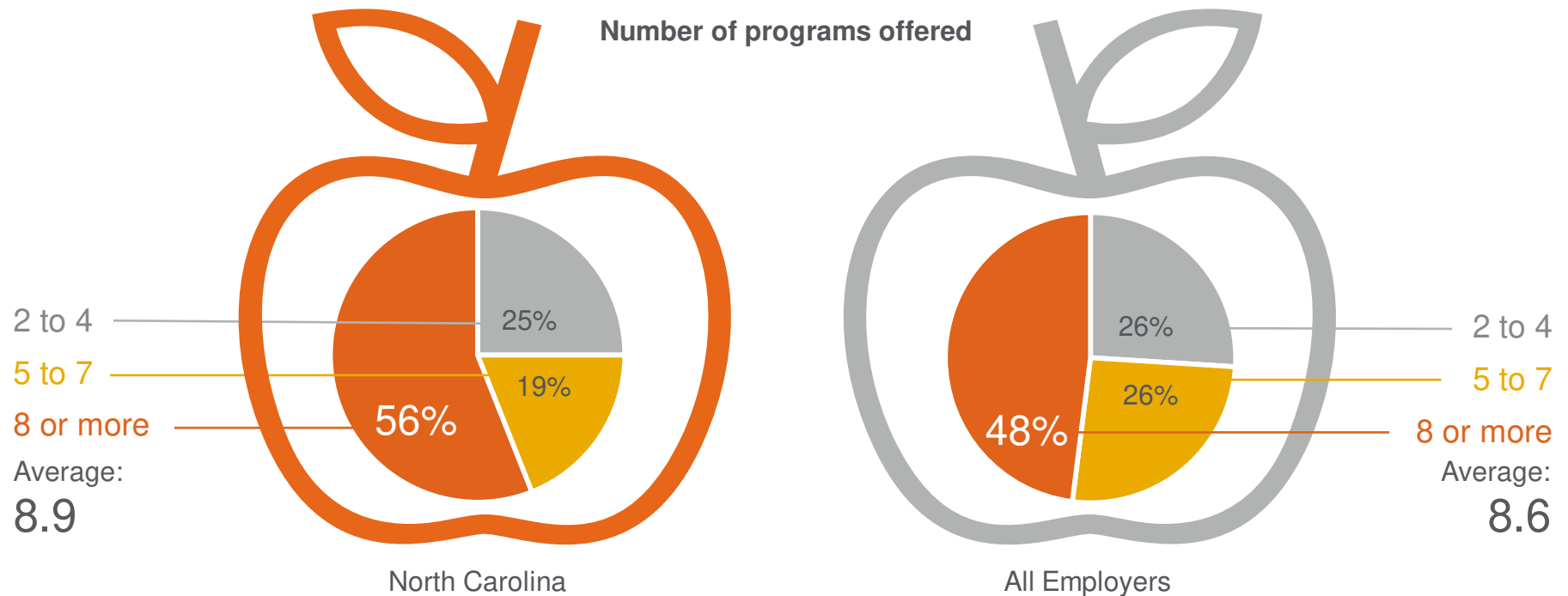
QH9b: As you may be aware, President-elect Donald Trump has indicated that he plans to make changes to the Affordable Care Act. Currently, how concerned are you about how these potential changes to the ACA could impact your company's health & wellness benefits in the future? Please consider your health & wellness offerings in addition to your medical plan benefits when answering this question.

NCBGH members and NC employers have slightly higher levels of investment in health and wellness programs than other employers across the country.



# Number of programs offered overall

NCBGH members and NC employers offer slightly more health and wellness programs compared to other employers.



QA1. Which of the following types of wellness and health management programs/activities do you currently offer?

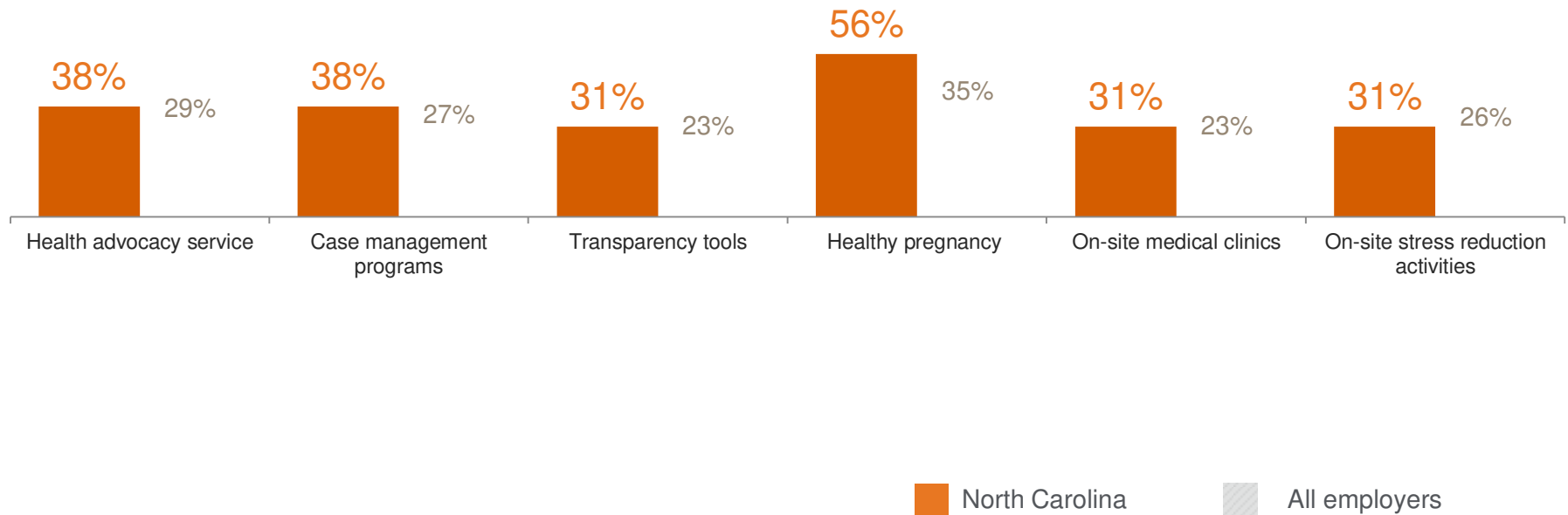


NCBGH Members and NC Employers are focused on emerging programs that address health care navigation and all dimensions of well-being.



# Health and wellness offerings overall

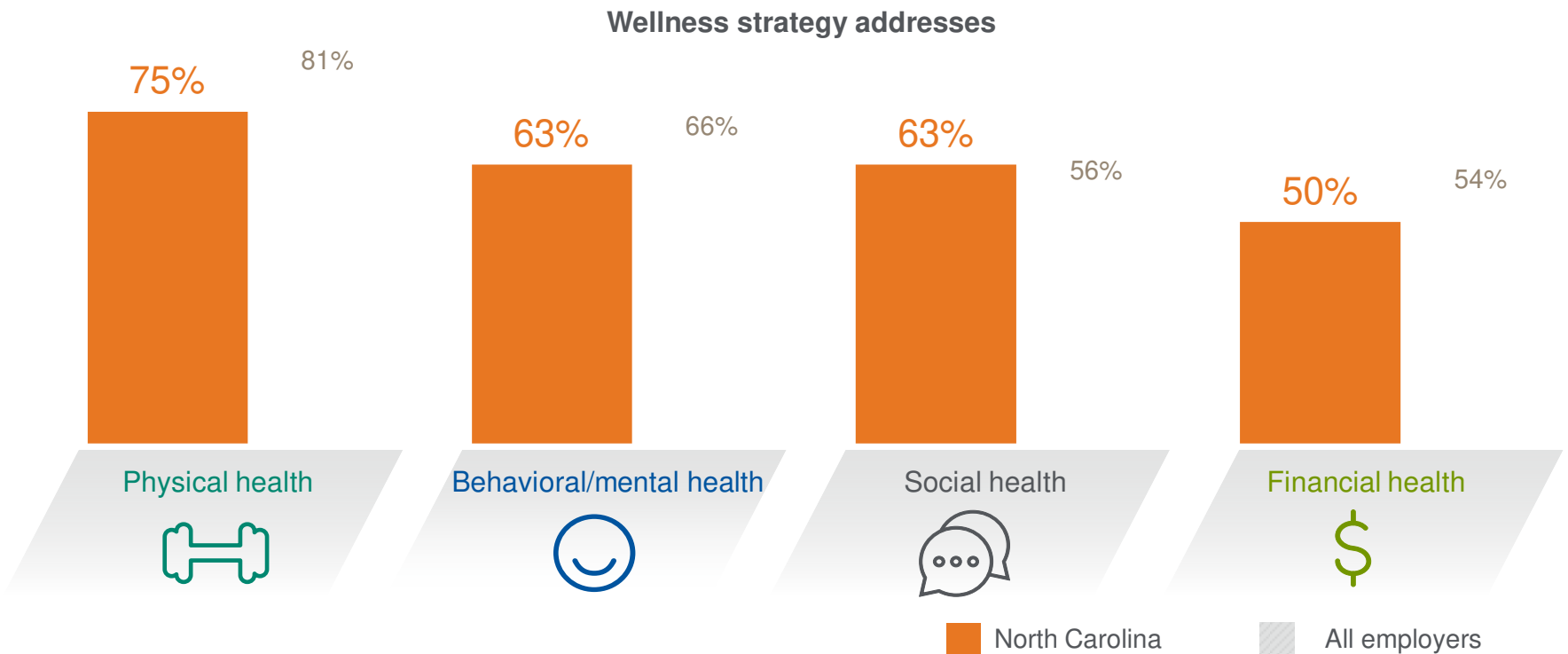
## Current health and wellness programs offered



QA1. Which of the following types of wellness and health management programs/activities do you currently offer?

# Dimensions of well-being addressed by health and wellness strategy

NCBGH members and NC employers are addressing multiple dimensions of well-being.



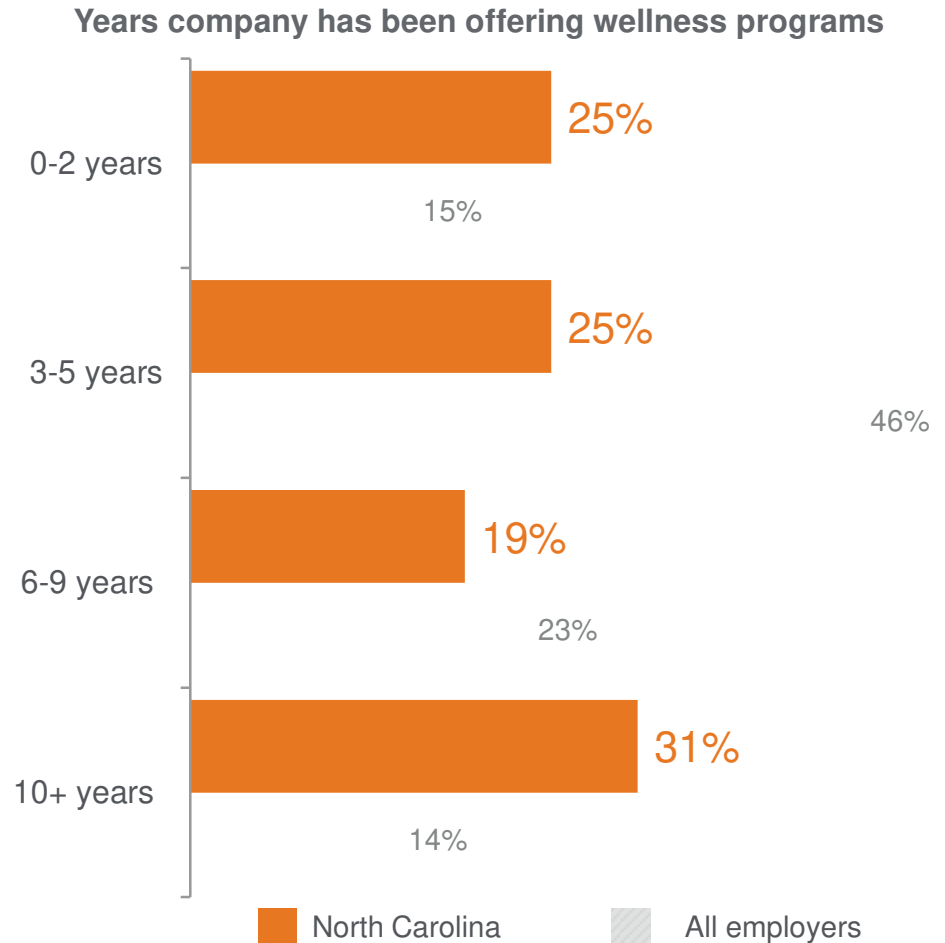
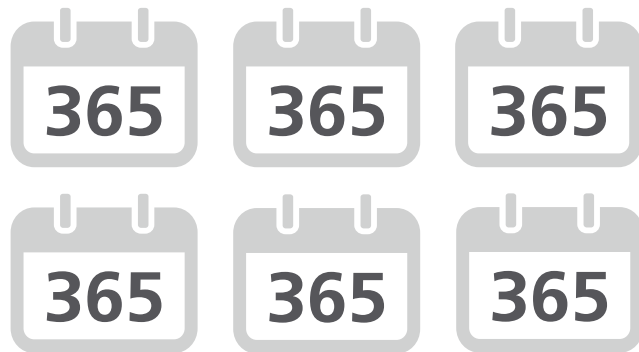
QD7a. What aspects of employees' well-being do you feel your company's health and wellness strategy addresses?

Employee wellness is not a “new” concept to NCBGH members and NC employers – they’ve been building programs for years.



# Years company has been offering health and wellness programs

- An average of 6 years for NCBGH members and NC employers and 5 for all employers.



QD1. How long have you been offering wellness and health management programs?  
Note: "Don't know" option not shown.

NCBGH members and NC employers offer health and wellness programs for a variety of reasons.

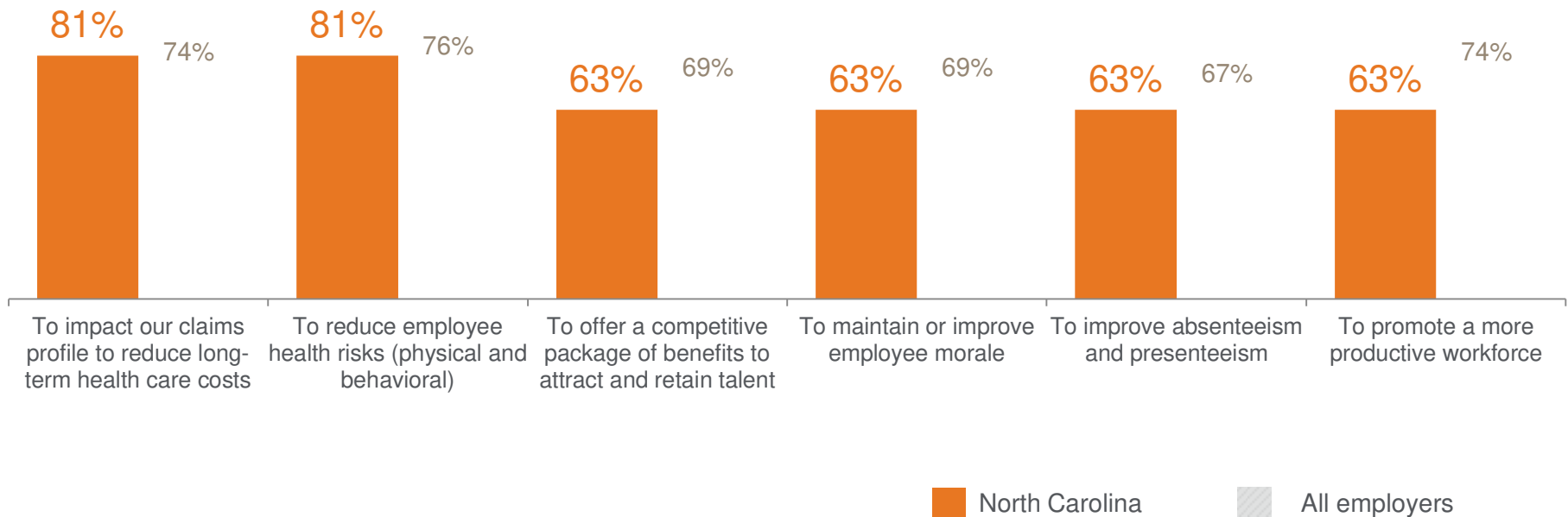




# Rationale

NCBGH members and NC employers are focused on reducing health care costs and health risks, similar to employers overall.

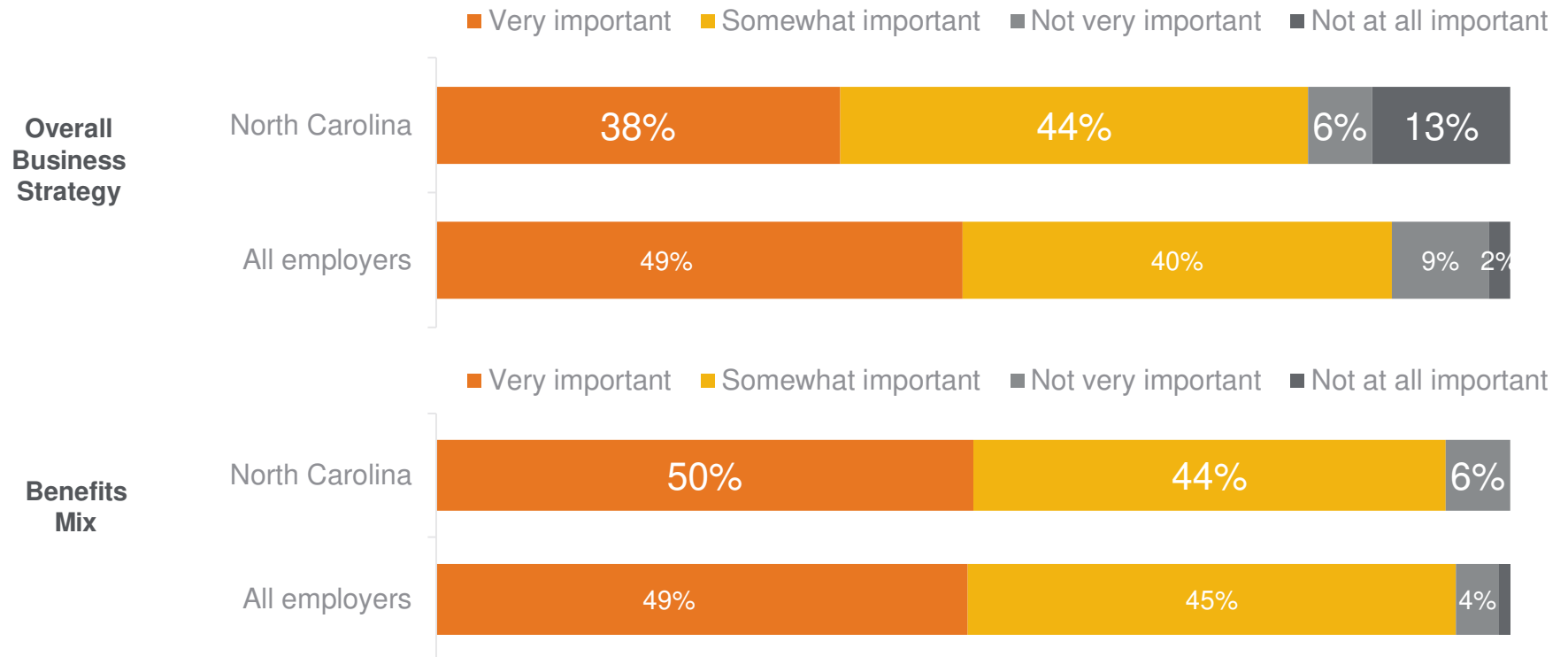
**Reasons for offering wellness and health management programs**  
(% important – 6 to 7 on a 7-point scale)



QD6. How important are each of the following in terms of your company's reasons for offering wellness and health management programs to employees?

# Importance of programs to...

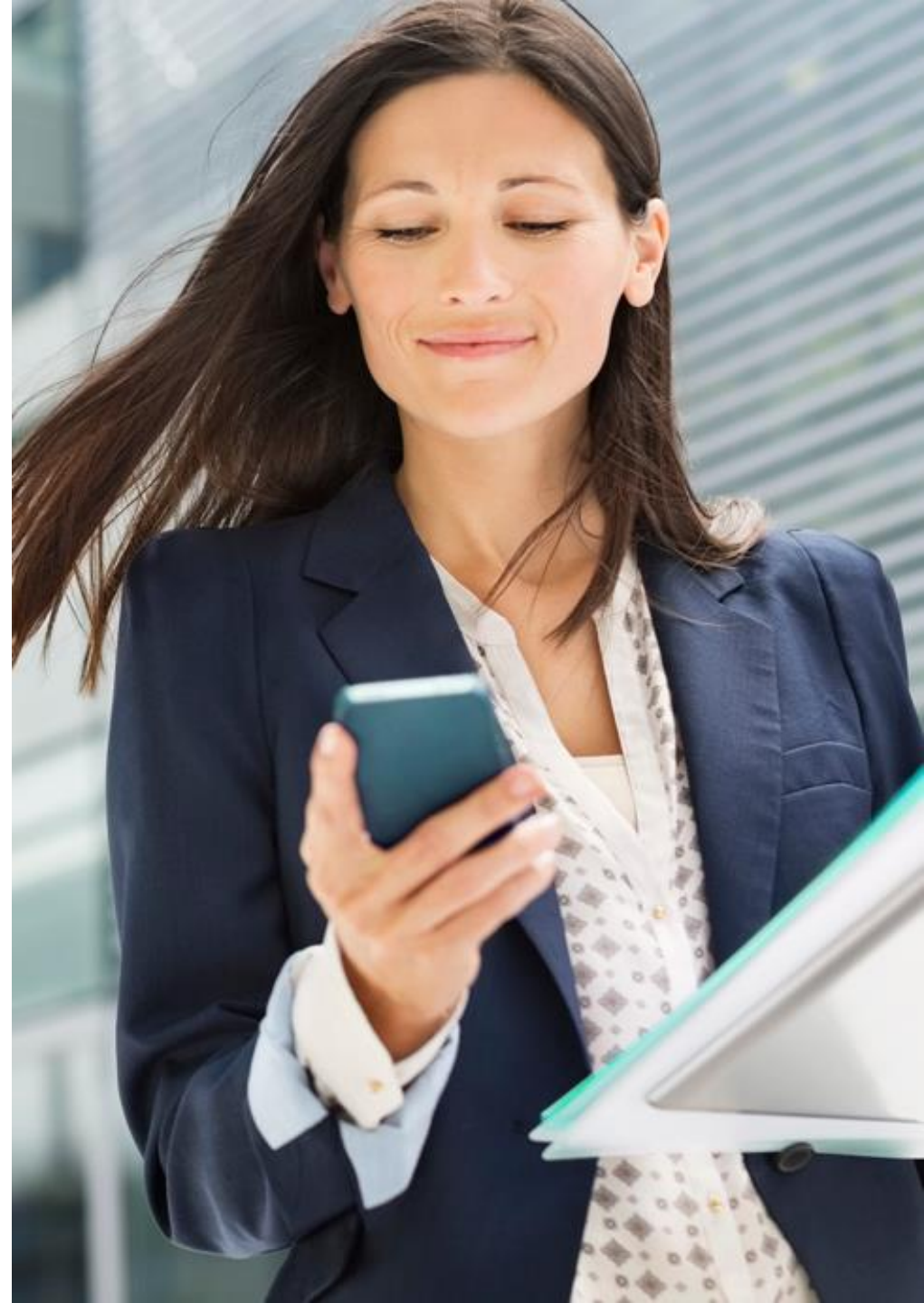
NCBGH members and NC employers find programs to be more important to their **benefits mix** than their overall business strategy.



QE2. How important are wellness & health management solutions to the following?  
 Arrow indicates value is significantly higher than other group at the 95% confidence level



NCBGH members and NC employers have an opportunity to leverage technology to improve engagement.

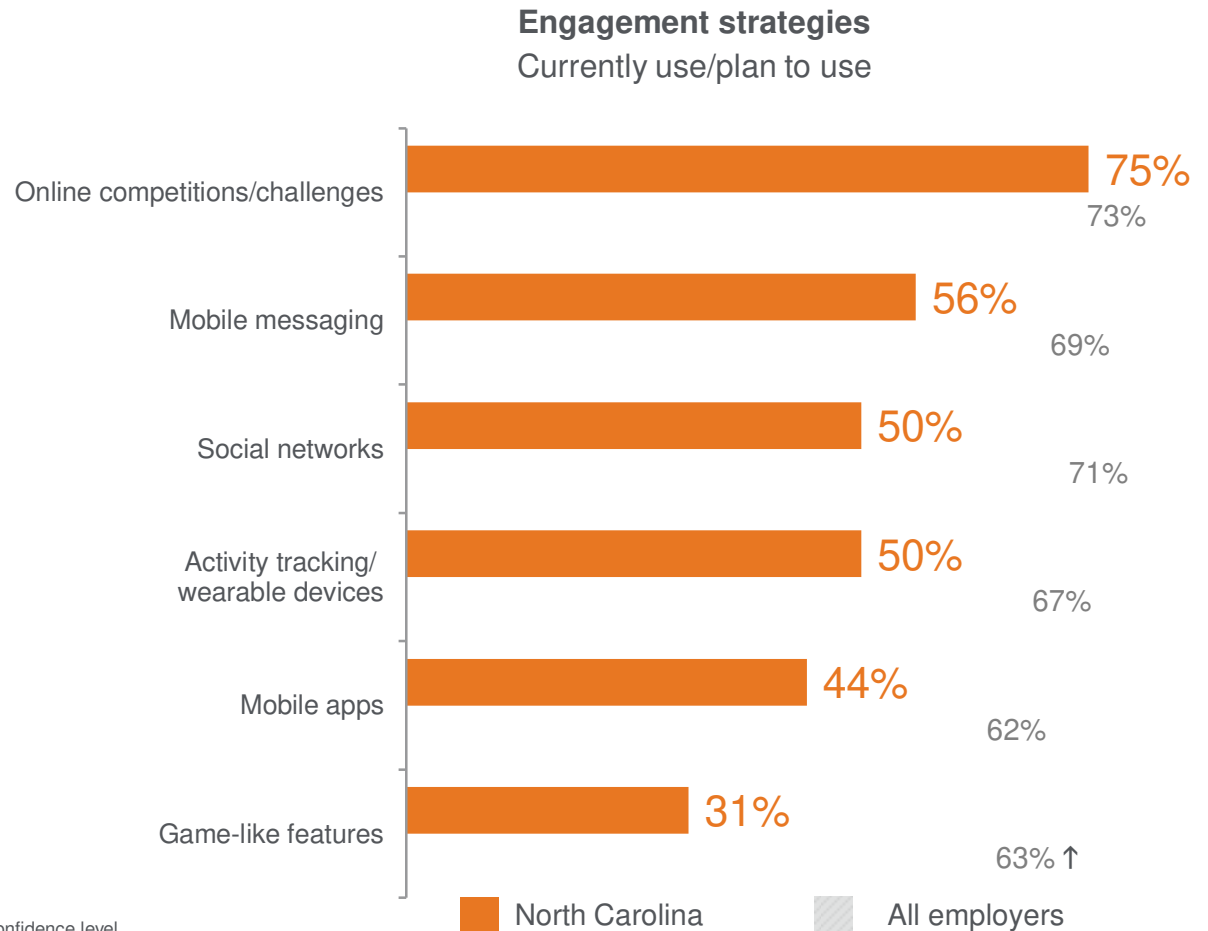


# Use of engagement strategies

NCBGH members and NC employers are under-leveraging engagement technology.



Q11. Does your company use any of these?  
 Arrow indicates value is significantly higher than other group at the 95% confidence level



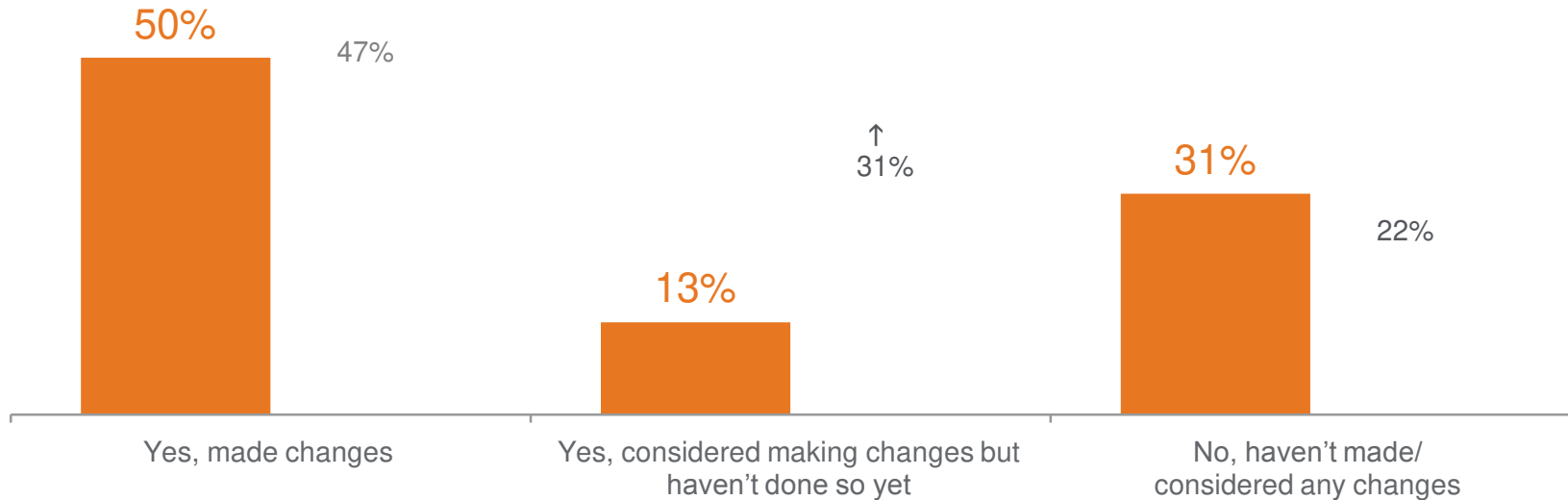
NCBGH members and NC employers are committed to building workplace environments that support healthy decisions.



# Worksite environment

2 in 3 NCBGH members and NC employers have made changes to the worksite environment to support good health decisions or are considering doing so.

Has made/considered physical changes to work environment



QG3. Has your company recently made (or considered making) any changes to your physical work environment to help employees make healthy decisions at work?

Note: "Don't know" option not shown.

Arrow indicates value is significantly higher than other group at the 95% confidence level

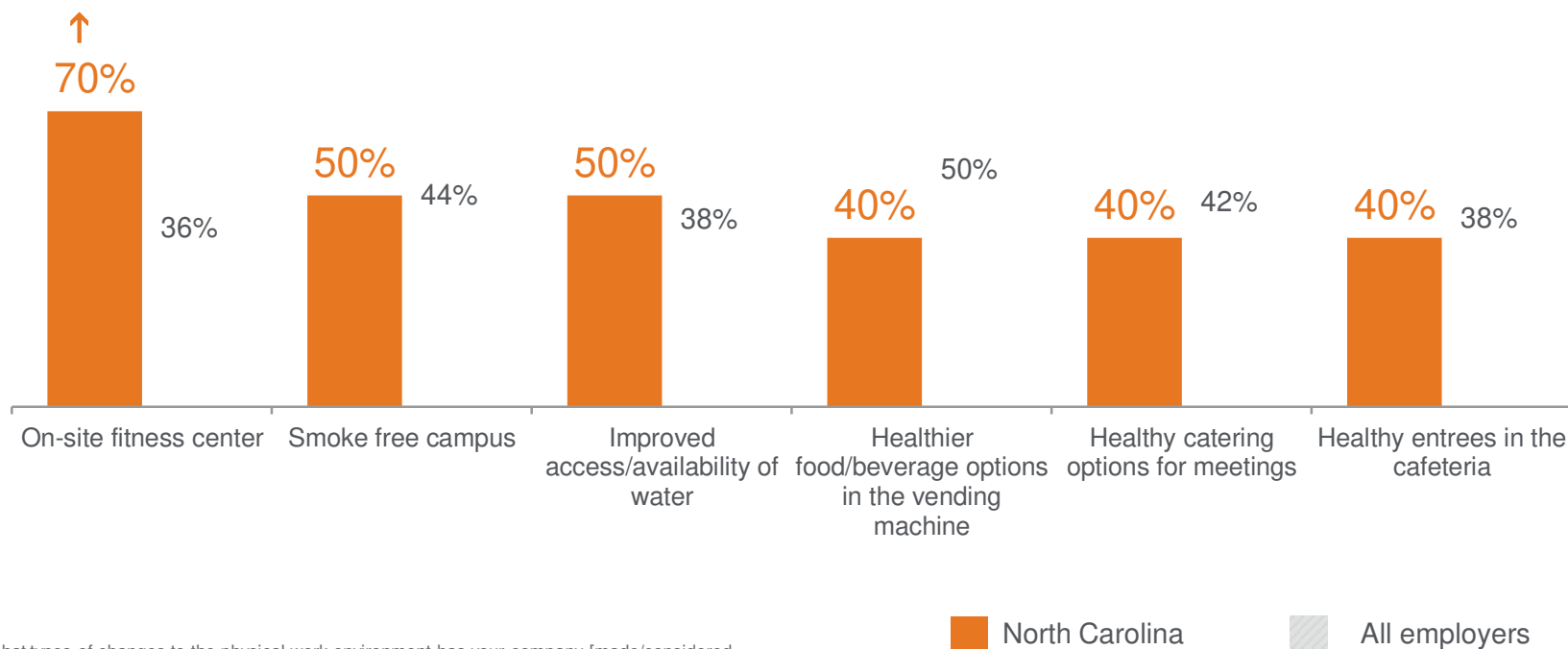
North Carolina

All employers

# Environmental changes

NCBGH members and NC employers are particularly likely to have an on-site fitness center.

Top Environmental Changes Implemented/Considered



QG4. What types of changes to the physical work environment has your company [made/considered making] to help employees make healthy decisions at work?

Arrow indicates value is significantly higher than other group at the 95% confidence level

NCBGH members and NC employers are leveraging incentives to increase participation.



# Incentives overall

All NCBGH members and NC employers offer incentives, with a slightly higher value per person, per year when compared to other employers.



QB2. What types of health and wellness incentives do you offer your workforce?

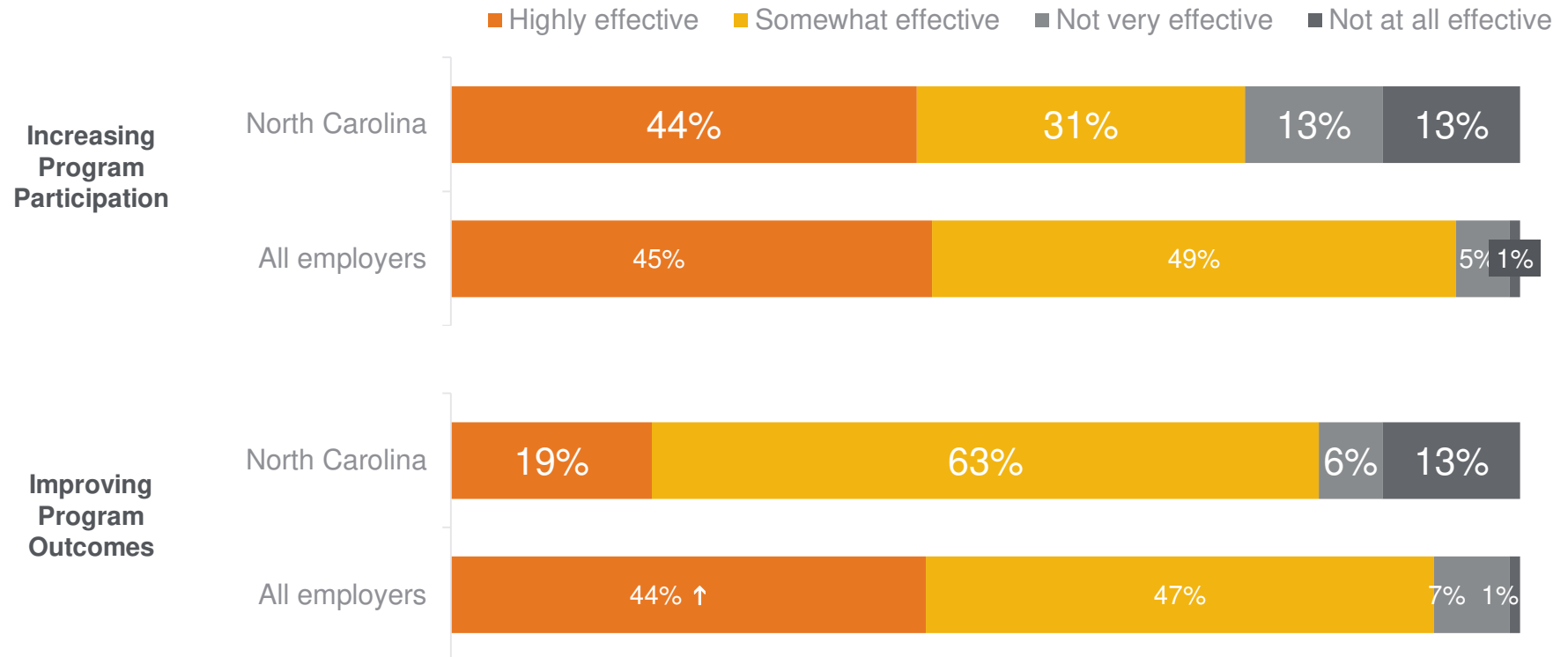
QB6. Considering the incentives you mentioned, please give your best estimate of the total possible monetary value that could be earned by each participant per year, across all programs.

Arrow indicates value is significantly higher than other group at the 95% confidence level



# Effectiveness of incentive strategy

While NCBGH members and NC employers find that their incentive strategy has increased program participation, it's not widely seen as highly effective in improving outcomes.



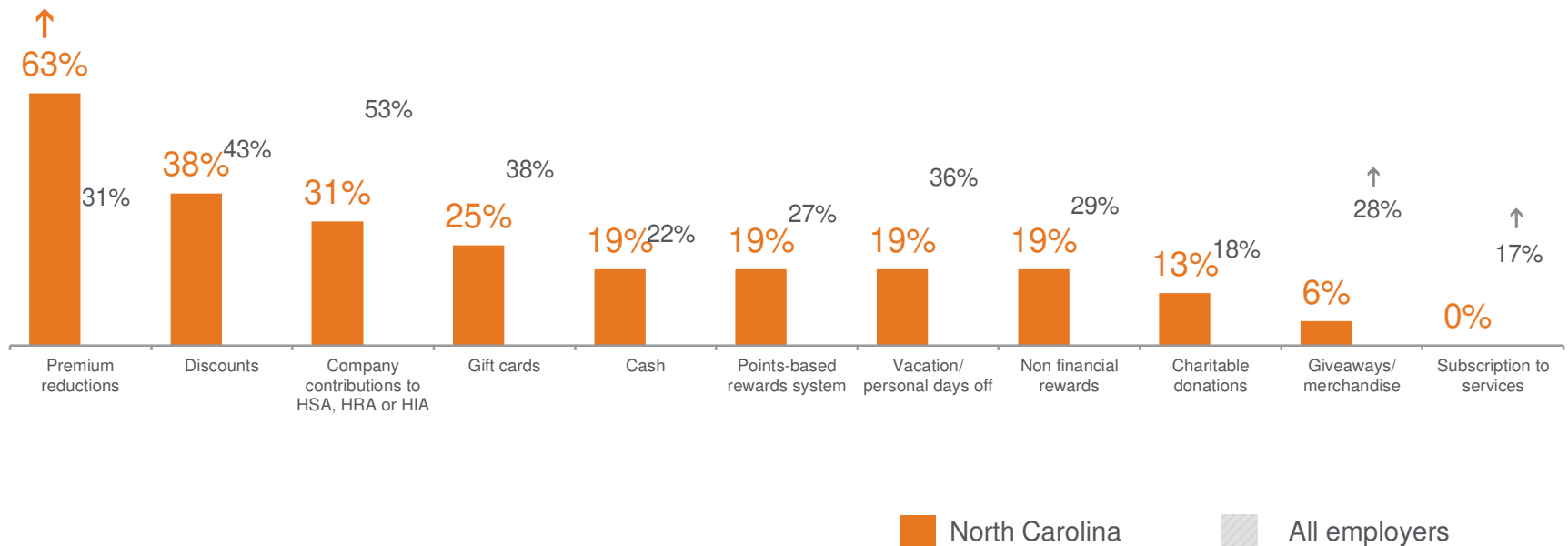
QB9. Overall, how effective has your company's incentive strategy been in terms of...?  
 Arrow indicates value is significantly higher than other group at the 95% confidence level



# Types of incentives offered

NCBGH members and NC employers use a variety of incentives, but are particularly likely to offer premium reductions (more so than other employers).

Incentives offered to workforce



QB2. What types of health and wellness incentives do you offer your workforce?  
 Arrow indicates value is significantly higher than other group at the 95% confidence level

# Concluding thoughts

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## Employee health – Are you lagging or leading...

- Are you supporting all dimensions of well-being at work?
- Have you implemented emerging programs that can help employees address health care navigation needs?
- Is your incentive strategy employee-friendly?
- Are you leveraging the power of emerging technology to drive behavior change?
- Have you demonstrated your program's VOI?



# Questions and answers

# We Invite You To Be Part of NCBGH FUTURE

- For those new members... we THANK YOU for joining NCBGH!
  - The board of directors of NCBGH has set annual membership dues at a very affordable rate of \$100 per company (2 members allowed from each company)
- Membership allows for:
  - Attendance at the 2 NCBGH membership meetings per year.
  - National Alliance for Healthcare Purchasers Membership
  - New NCBGH.org Social Media...stay connected...ask questions..share..network!
  - Most important the opportunity for you and your company to help to achieve the mission and goals of NCBGH.
  - Simple process, membership benefit and invoice will be emailed. Membership committee votes on applications.
  - Exclusive peer to peer networking, best practice lunches, membership meetings and new ncbgh.org networking coming soon!
  - For those who are joining us today who are not NCBGH members, we will reach out to you via email post meeting.



## Special thank you to:

- Our members of NCBGH
- Our sponsors of NCBGH
- Our speakers today
- Our Board of Directors and Committee Chairs
- Watch your inbox for details of the 2017 **FALL** meeting

**PLEASE JOIN US FOR LUNCH and BEST  
PRACTICE SHARING**

Visit us often at [www.ncbgh.org](http://www.ncbgh.org) to stay up to date  
on things happening with NCBGH.

