

2017 Spring National Meeting
Denver, Colorado

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE

Sunday, April 9, 2017

3:30 – 5:00 p.m.

Meeting Summary Report

The Health Insurance and Managed Care (B) Committee met April 9, 2017. During this meeting, the Committee:

1. Heard a federal legislative and regulatory update, which included information concerning the U.S. Congress' efforts in the repeal, replace and/or repair of the federal Affordable Care Act (ACA).
2. Heard an update on the Robert Wood Johnson Foundation (RWJF)/Manatt Data Transparency Project and the System for Electronic Rate and Form Filing's (SERFF) role in data transparency with respect to qualified health plan (QHP) filings as part of the project's goal to enhance data transparency.
3. Heard an update from the Center on Health Insurance Reforms (CHIR) on its work related to the ACA. The update included information on the CHIR's ongoing work, which is being conducted with funding from the Commonwealth Fund and the RWJF. This work includes new analyses and publications related to: a) current and potential federal legislative ACA-related proposals, such as association health plans, and the possible implications of such proposals to consumers and the states; b) potential federal administrative actions, such as proposals to eliminate essential health benefits (EHBs) and the loss of cost-sharing reductions in the ACA marketplace, and the possible implications of such actions to consumers and the states; and c) state legislative and regulatory action. The CHIR's future work will include examining such issues as: a) insurance sales across state lines; and b) expanding health savings accounts (HSAs). The CHIR also plans to update its small group market paper, which was initially published in 2015.
4. Heard a panel discussion from representatives of health insurers, actuaries and consumers on federal legislative and regulatory proposals related to ACA repeal, replacement and/or repair. The discussion focused on recommendations each stakeholder group had for stabilizing the individual market, such as continuing uninterrupted the cost-sharing reduction (CSR) funding and finalizing the federal Center for Consumer Information and Insurance Oversight's (CCIIO) proposed market stabilization rule.
5. Adopted its March 16 and Feb. 15, 2017, and 2016 Fall National Meeting minutes, which included the following action:
 - a. Adopted the revisions to the *Health Insurance Reserves Model Regulation* (#10). The revisions incorporate the 2016 Cancer Claim Cost Valuation Tables (2016 CCCVT), replacing the current 1985 Cancer Claim Cost Tables (1985 CCCT). These revisions are to be considered for adoption by the Executive (EX) Committee and Plenary during its meeting April 11.
 - b. Discussed the Committee's 2017 planned activities, which will include a focus on federal legislative and regulatory proposals related to ACA repeal, replacement and/or repair.
 - c. Heard updates on the Committee's task forces' 2017 planned activities. The Health Actuarial (B) Task Force plans, through two of its subgroups, to continue work related to more uniform long-term care insurance (LTCI) rate reviews among the states and work on stand-alone LTCI asset adequacy. In addition, the Task Force's Health Care Reform Actuarial (B) Working Group will be tasked with reviewing any legislation and proposed regulations from an actuarial perspective related to ACA repeal, replace and/or repair. The Regulatory Framework (B) Task Force plans to continue its work to review and consider revisions to the *Accident and Sickness Insurance Minimum Standards Model Act* (#170) and the *Model Regulation to Implement the Accident and Sickness Insurance Minimum Standards Model Act* (#171). The Task Force, through the Model #22 (B) Subgroup, will continue its work on revisions to the *Health Carrier Prescription Drug Benefit Management Model Act* (#22). The Task Force also would be involved in any ACA repeal, replacement and/or repair activities that would affect existing NAIC models. The Senior Issues (B) Task Force plans, through the Long-Term Care Innovation (B) Subgroup, to develop realistic policy options for Congress, the states and the NAIC to consider for addressing ways consumers can finance their future long-term care (LTC) needs. The Task Force will monitor state adoption of the NAIC's recently adopted changes to the *Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act* (#651) required by the federal Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The

Task Force also recently established a new subgroup to develop a new NAIC model to address LTCI policies of short-duration.

6. Adopted the following subgroup, working group and task force reports: Consumer Information (B) Subgroup, including its Dec. 16, 2016, minutes; Health Care Reform Regulatory Alternatives (B) Working Group; Health Actuarial (B) Task Force; Regulatory Framework (B) Task Force; and Senior Issues (B) Task Force, including its disbanding of the Medigap (B) Subgroup and the Long-Term Care Disclosure (B) Subgroup.
7. Adopted the Senior Issues (B) Task Force's recommendations developed by the Long-Term Care Innovations (B) Subgroup for federal policy options to be presented to Congress for potentially increasing the number of affordable asset protection product options available for middle-income Americans for the financing of their LTC needs. The recommendations will be forwarded to the Government Relations (EX) Leadership Council for its consideration.
8. Adopted the Health Actuarial (B) Task Force's request for an extension of model law development for Model #10 concerning revisions to reflect appropriate LTCI reserving standards.

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