

**From the NAIC Consumer Representatives**

To Commissioners and Commissioners (NAIC), we thank you for the

revisions to Model #17L.

The consumer representatives have worked closely with state regulators and interested parties throughout the process of updating Model Law 170 and Model Act 17L. We want to acknowledge and thank the Co-Chairs, staff, and members of the Accident and Sickness Insurance Minimum Standards (BSIS) Subgroup for their collaboration and open, transparent efforts over the years to revise the model.

Unfortunately we cannot recommend that the Task Force adopt the model as currently written. Throughout the process, we have often raised our concerns related to the limited value some of these plans offer to consumers. We have found that in most instances, the committee came to a reasoned compromise between the needs of consumers and industry. However, as we have conveyed numerous times in letters to and meetings with the Subgroup, we strongly object to the inclusion of "mental or emotional disorders, alcoholism and drug addiction" and "suicide (sane or

the mental health field but is also at odds with the NAIC's commitment to mental health parity and meaningful response to the opioid crisis. This language also perpetuates stigma against people with these health conditions and stands in stark contrast to NAIC's diversity, equity, and inclusion efforts. Furthermore, the existing data suggests there is limited to no actuarial rationale for

remove this exception before adopting the revised model.

**Evidence compilation**

In 2009, the Vermont Department of Banking, Insurance, Securities, and Health Care Administration issued a Bulletin prohibiting disability income replacement policies from discriminating against individuals disabled because of a mental health condition. The Bulletin

