





Smith said the process of the LTCITF included 24 public meetings with public comment; early discussions on







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Senior Issues (B) Task Force

that allow access through a state high-risk pool, to some with voluntary sales with health underwriting, to those states with no access to those under age 65.

Burns said three states require the same Medigap plans as age 65 with no change in premiums. She said five states require the same Medigaps as age 65 with limits on premiums, caps, or other limitations. Burns said the Medigap waiver states limit premiums and have some Medigaps available to younger beneficiaries. She said 13 states and D.C. have no Medigap requirements for under age 65, and seven of those states provide coverage through the -risk pool. She said one state has year-round open enrollment without health underwriting or age-rated premiums.

Burns asked how the three states that require the same Medigap plans as age 65 with no change in premiums can do this. She asked what the Medigap experience is in those states in relation to premium costs, medical and claims experience, and loss-ratio experience. Burns asked how they compare to other states. She suggested the NAIC should collect data to inform states and policymakers. She said such data should include the impact of state rules on access to Medigap, Medigap rates, loss ratios, state high-risk pools, and the Medicare/Medicaid dual-eligible populations, both under and over age 65. She said the NAIC should also collect insurer data, including health underwriting in voluntary markets and pricing data.

Deborah Darcy (American Kidney Fund – AKF) said she would address the Medicare beneficiaries over 65 and how many seniors feel stuck in Medicare Advantage. She said that in 2021, about 58 million people were enrolled in both Medicare Part A and Part B, with about 53% covered under traditional Medicare and 47% enrolled in Medicare Advantage plans. She said that in 2023, the growth of Medicare Advantage plans increased, and 51% or almost 31 million people are now enrolled in a Medicare Advantage plan.

Darcy said that the breakdown of those with traditional Medicare is about 40%, with traditional Medicare and Medigap; a little over 30% with traditional Medicare and employer coverage; 17% with traditional Medicare and Medicaid; with the remaining having traditional Medicare and either another type of coverage or no other coverage.

Darcy said that the consumer protections in Medigap under federal law state that when an individual first gets Medicare coverage, they have six months wherein a medical insurer cannot deny a Medigap policy to any applicant based upon age, gender, health status, preexisting conditions; however, outside of those six months, there are no federal protections and state law decides the consumer protections.

Darcy said that four states require either continuous or annual guaranteed protections for Medigap beneficiaries, and 28 states require Medigap insurers to issue policies to those eligible when their employer coverage has changed, so if they had a retirement plan and that changed, they would have access to those plans. She said that in other states, people may be denied a Medigap plan when they switch from a Medicare Advantage plan to traditional Medicare because they have a preexisting condition.

Darcy highlighted some reasons someone may want to leave a Medicare Advantage plan, such as provider directory inaccuracies, inadequate provider and facility network standards, prior authorizations, or delay or denial of care. She said that approximately 50% of beneficiaries leave their current Medicare Advantage plan within five years, which could be looked at in two different ways. Darcy said that the market is working or that beneficiaries are unhappy with their Medicare Advantage plan.

Darcy said that as the number of beneficiaries enrolling in Medicare Advantage plans increases, there will be more beneficiaries who would like to leave their plans and go back to traditional fee-for-service Medicare, but essentially, they cannot because they do not have secondary insurance. She said that as a representative of the





Yee said it is incorrect to assume that allowing people over age 65 and Medicare recipients under 65 to obtain a Medigap product would make premiums unaffordable. She said some states have made Medigap policies much more affordable, and the sky has not fallen. Yee said giving people the healthcare they need and ensuring that they are not skipping medication doses and checkups will lead to bqt 61.3 Tm0 g0 G(will )TJET@.00000912 0 612 792 reW