

NAIC/CONSUMER LIAISON COMMITTEE

NAIC/Consumer Liaison Committee Nov. 19, 2024, Minutes

NAIC/American Indian and Alaska Native Liaison Committee Nov. 18, 2024, Minutes (Attachment One)

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purpose of forcing a compromise, but must be an election made with no alternative) when election made, repair or replacement must be suitable and adequate.

Eversman said some states have anti-tiering laws

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of UM, and preliminary efforts to regulate 1) key informant interviews to supplement the environmental scan to create a more holistic view of the industry's current use and challenges of AI, including information not publicly known or published and 3) synthesis (i.e., white paper development) to combine the environmental scan and in-depth interview findings with policy recommendations.

Fox said a summary of the report findings indicated that the use of AI is already a regular part of UM activities and continues to expand 2) proponents cite the potential value of reduced administrative burden and expedited approvals (however, there are significant risks of exacerbating biases, prioritization of misaligned incentives, and use of technologies outside their intended use case or design leading to unintended 2) and stakeholders interviewed noted the opportunities with the use of AI, but also the need for the proper safeguards 3) while some states have begun to regulate the use of AI in health insurance, for the most part, they have not been able to keep pace with the rapid proliferation of AI use. This has created a challenging essential problem to solve.

Wayne Turner (National Health Law Program NHeLP) said the key issues and concerns are: 1) the limitations that AI has for healthcare determinations are not size-fits-all but

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aim to achieve the highest level of quality, and penalties for compliance need to be significant enough to have influence Yee said governance structures that measure and prevent

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applied and include the right to Medigap when a consumer experiences loss of providers from a Medicare Advantage plan.

Burns suggested that state insurance regulators create state SEP that are coordinated with the AEP, with a Medigap guaranteed issue right and 2) monitor the industry for illegal practices such as kickbacks to agents, brokers and producers and agent churning based on commissions where Medicare Advantage and Medigap commissions are used as an incentive or disincentive for replacements or churning. She said state insurance regulators could also require the following agent training specific to Medicare: 1) pre-licensing and continuing education (CE) tied to license renewal, 2) understanding Medicare and other coverage, 3) Medicare, Medigap, Medicare Advantage and Part D plans, 4) other forms of health coverage with Medicare, 5) Medicaid and

b(2.4)a(Medicare Savings Programs) (6/14/2024)

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Killelea said other potentially discriminatory practices might include refusing to accept third party payments from charitable or government programs for people with disabilities (e.g., HIV), denying coverage based on a disability, or 3) charging people higher premiums based on gender. She said state insurance regulators should consider 1) assessing

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FPs) Snow said that regardless of the election outcome, 2025 will bring the expiration of the APTC implementation of the IRA, expiration of the Tax Cuts and Jobs Act (TCJA) and reinstatement of the debt limit. She said however, that through all of that, consumer representatives are here to be a resource for state insurance regulators.

Harris asked how to keep consumers from being overburdened when they have been automatically enrolled in a plan. Snow said the key is to keep consumers fully informed prior to the enrollment.

Having no further business, the NAIC/Consumer Liaison Committee adjourned.

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Draft: 11/27/24

NAIC/American Indian and Alaska Native Liaison Committee
Denver, Colorado
November 8, 2024

The NAIC/American Indian and Alaska Native Liaison Committee in Denver, CO Nov. 18, 2024 The following Liaison Committee members participated: Glenn Twyman (3); -32.00 41 0 Td [78 0 Td 818

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2021, the U.S. rate of deaths before age 75 from preventable causes per 100,000 population was 231.9. For AI/AN individuals, however, that rate was more than double the national rate, at 478.9. In one state, the rate of preventable deaths was more than four-and-a-half times the national rate, at 1,394 deaths from preventable causes per 100,000 population. Snyder said the AIMES Alliance is working to accomplish its mission through communications, outreach, and policy development. Dr. Muzquiz said the AIMES Alliance envisions an environment where urban and rural Tribal members benefit from access to fully staffed medical facilities filled with physicians who provide high quality and culturally appropriate care and invest in the communities they serve. She said the Alliance also envisions a medical education and training environment where allopathic and osteopathic physicians have extensive opportunities to benefit communities and further their education and training in urban and rural Indian Health Service (IHS), Tribal-administered, and other Indigenous clinics and facilities.

Dr. Muzquiz said Dr. Donald Warne leads the AIMES Alliance a-6 (h)-7 (d)hd pv-6.6 (e)-3 (S)1.59 (e)-3 (ic)9 (an)-1.

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Organizations (UIOS) she said this system finds creative ways to help patients. GME provides an opportunity for this type of creative training.

Dr. Muzquiz said the goal was for medicare to pay for this type of training.

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(PRC) program provides short-term assistance to low-income families and individuals in need of emergency help. The program is run by the local County Department of Job and Family Services.

McKenna said Tribal Cost Management Resources through the Medicare Modernization Act and PRC Rates Rule allow Medicare-like rates which saves 75% of billed charges on hospital or professional medical claims; through Indian Self-Determination and Education Assistance Act (ISDEA), Indian Health Care Improvement Act