

## NAIC/CONSUMER LIAISON COMMITTEE

NAIC Consumer Liaison Committee Aug. 12, 2024, Minutes

NAIC/American Indian and Alaska Native Liaison Committee Aug 14, 2024, Minutes (Attachment One)

Draft: 8/26/24

MN); Lori K. Wwin-Heier (AK); Ma  
NAIC/Consumer Liaison Committee  
Chicago, Illinois  
August 12, 2024

The NAIC/Consumer Liaison Committee met in Chicago Aug. 12, 2024. The following Liaison Committee members participated: Grance Arnold, s

Brenda Cude (University of Georgia) said Karroll (University of Texas), who passed away on July 27 as an NAIC Consumer Representative since 1999. The Committee paused for a moment of silence to remember Kitt and her contributions as an NAIC Consumer Representative.

2. Adopted its Spring National Meeting Minutes

Commissioner Conway made a motion, seconded by Commissioner Lara, to adopt the Committee’s March 15 minutes (see NAIC Proceedings – Spring 2024 NAIC/Consumer Liaison Committee). The motion passed unanimously.

3. Heard a Report from the Consumer Participation Board of Trustees

Commissioner Arnold said the Board of Trustees: (a) discussed the automatic reappointment process for 2025; (b) adopted amendments to the Consumer Participation Plan of Operation regarding qualifications for an applicant to be appointed as a consumer representative and the process for a consumer representative changing their post-appointment status from an individual consumer representative to a consumer representative with an organization; and (c) reviewed two requests for actions from NAIC Consumer Representatives. The first request seeks additional NAIC action on readability and the second request seeks additional NAIC action on the regulation of prior authorizations.

4. Heard a Presentation on Insurance Obstacles to Mental Health and Substance Use Disorder Care

Jennifer Snow (National Alliance on Mental Illness—NAMI) said the United States is facing a mental health crisis, as indicated by rising rates of depression, suicide, and drug overdose. Federal surveys consistently show that about one-third of Americans aged 12 and older have a mental health or substance use disorder at any given time. Given its high prevalence, Snow said policymakers have been focusing on access to mental healthcare for decades. The federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires health plans that cover mental health and substance use disorders to do so no more restrictively than they cover medical and surgical benefits.

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such as prior authorization, provider reimbursement rates, and formulary design, are more complex. Snow said recent federal legislation requires plans to provide comparative analysis for these non-quantifiable limitations, but that enforcement is challenging.

Joe Feldman (Cover My Mental Health) said 9% of cancer patients and 13% of people with cardiovascular disease do not receive treatment; whereas 50% of people needing mental health treatment and 75% of people needing substance use disorder treatment do not receive treatment. Feldman said many people think insurance will not cover the costs of mental health or substance use disorder. Feldman said insurers lack accountability regarding network adequacy and that inadequate networks would not be paid for medical and surgical

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Turner said there are other significant changes in the new payment parameters rule. When prescription drugs are offered above the regulatory minimum, those additional drugs are also considered EHBs. This means cost-sharing protections apply. Fox said there have been instances where health plans tried to impose annual lifetime caps or ignored EHB cost-sharing protection by labeling certain drugs as non-EHB.

### 7. Heard a Presentation from LICAC on the Misuse of Indexed Life and Annuity Policy Illustrations

Richard Weber (Life Insurance Consumer Advocacy Center-ACC) said he is handling several consumer

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Brent Walker (Coalition Against Insurance Fraud—CAIF) said predatory contractors exploit vulnerable homeowners after disasters, leading to financial loss and poor-quality repairs. Walker said there is a need for effective information dissemination and offered to maintain ongoing collaboration with state insurance regulators to create educational toolkits to protect consumers from fraud after a catastrophe.

### 11. Heard a Presentation on the Progress and Challenges in Insurance Sector Disclosures in Navigating Climate Risks

Jaclyn de Medici Bruneau (Ceres Accelerator Sustainable Capital Markets) discussed integrating climate risk

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Chicago, Illinois  
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The NAIC/American Indian and Alaska Native Liaison Committee met in Chicago, IL, Aug. 14, 2024. The following Liaison Committee members participated: Glen Mulready, Chair (OK); Lori K. Wing-Heier (AK); Barbara D. Richardson (AZ); Dean L. Cameron represented by Lynn Sh Hohl (ID); Grace Arnold represented by Peter Brickwedde (MN); Chlora Lindley-Myers represented by Ed Duc (MO); Scott Kipper represented by Nick Stosic (NV); Mike Causey represented by Angela Hatchell (NC); Jon Godfread represented by John Arnold (ND); Andrew R. Solfi represented by Alex Cheng (OR); Larry DeDeit represented by Frank Marnell and Tony Dorsch (SD); Jon Pike represented by Ryan Jubber (UT); Mike Kreidler represented by Todd Dixon (WA); Nathan Houdek represented by Andrea Davenport (WI); and Jeff Rude (WY).

### 1. Adopted its Spring National Meeting Minutes

Cabinet Executive Officer Richardson made a motion seconded by Commissioner Rude, to adopt the Liaison Committee's March 17 minutes as the NAIC Proceedings – Spring 2024, American Indian and Alaska Native Liaison Committee. The motion passed unanimously.

### 2. Heard a Presentation on the AIMES Alliance

Robert M. Dorrell (Blue Cross Blue Shield of Oklahoma—BCBSOK) introduced Spencer Davis (Leavitt Partners) and noted that the American Indian Medical Education Strategies (AIMES) Alliance is a new program being developed in conjunction with BCBSOK and the Health Care Services Corporation (HCSC). Davis said this program is collaboratively advancing federal and Tribal solutions that expand graduate medical education (GME) opportunities in Indian Country through community-based outreach and policy development (encompassing the 63 (under) Tribal

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appropriate care and invest in the communities they serve. He 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.

Davis said Dr. Donald Warne leads the AIMES Alliance as its co-director and is currently serving as co-director of the Johns Hopkins



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Tribes, but the AIMES Alliance map had none listed in Arizona. Davis said the map listed the organizations' headquarters locations, so they reached out to Arizona through their home office in Minnesota and had good conversations with the University of Arizona. Commissioner Mulready said Oklahoma was a notable example of the launch phase and asked where the AIMES Alliance was going next. Davis said it was investigating how to use this program to benefit Tribal organizations. He said that historically, Oklahoma had incredible leaders in this space and that they meet monthly about how to take all these ideas forward. He said they are now in implementation mode for four major categories and plan to accelerate over the coming year.

Commissioner Mulready introduced Bill Snyder (Leavitt Press) and asked about funding, specifically, what meaningful contributions from non-Tribal organizations meant. Davis said the AIMES Alliance has no set dues but encourages participation. He said the Bush Foundation