

Draft date: 7/23/24

*2024 Summer National Meeting
Chicago, Illinois*

Thursday, August 15, 2024

9:30 – 10:45 a.m.

McCormick Place Convention Center—S103—Level 1

1. Hear

Agenda Item #1

HearOpening Remarks–Director Anita G. Fox(MI)

Agenda Item #2

Consider Adoption of its July 26, June 13, and Spring National Meeting Minutes
—Director Anita G. Fox (MI)

Draft: 7/29/24

Health Insurance and Managed Care (B) Committee
E-Vote
July 26, 2024

The Health Insurance and Managed Care (B) Committee conducted an e-vote that concluded July 26, 2024. The following Committee members participated: Anita G. Fox, Chair (MI); Glen Mulready, Co-Chair (OK); Trinidad Navarro (DE); John F. King (GA); Dean L. Cameron represented by SHohl (ID); Joy Y. Hatcher represented by David Cooney (MD); D.J. Bettencourt (NH); Andrew R. Stolfi represented by TK Keen (OR); Michael Humphreys

Draft: 7/10/24

Health Insurance and Managed Care (B) Committee
Virtual Meeting
June 13, 2024

The Health Insurance and Managed Care (B) Committee on June 13, 2024. The following Committee members participated: Anita G. Fox, Chair (MI); Kevin Dyke and Tina Nacy, Co-Vice Chair (MN); Grace Arnold, Co-Vice Chair (OK); Glen Mulready, Vice Chair (OK); Trinidad Navarr, represented by Susannette (DE); John F. King, represented by Teresa Wine (GA); Dean L. Cameron, represented by Weston Trexler and Shannon Hoff (ND); Kathleen A. Birrane, represented by Jamie Sexton and David Cooney (MD); D.J. Better, represented by Michelle Heat (NH); Alice T. Kane, represented by Viana Makieva (NM); Andrew R. Stolfi, represented by TK Keen (OR); Michael Humphreys, represented by Sarah L. Ykema (PA); Alexander S. Adams Vega, represented by Carlos Valles (PR); Jon Pike, represented by Tanji Northrup (UT); Mike Kreidler, represented by Ned Gaines (VA); and Allan L. McVey, represented by Joylynn Fix (WV).

1. Received an Update on Health Actuarial (B) Task Force Activities

Dyke said the Health Actuarial (B) Task Force has three items it is presenting for the Committee's adoption: 1) proposed revisions to Actuarial Guideline - The Application of Asset Adequacy Testing to Long Term Care Insurance Reserves (AG 51); 2) proposed revisions to Valuation Manual (VM)-26, Section 3B-Contract Reserves for Credit Disability In 3 (ab)24, Basic Capital (E) Working Group

statement instructions to inconsistencies in reporting of health
as well as a significant amount of health business reported on the life and
discussion of changes to the health test question was raised

Actuarial (B) Task Force exposed the proposed versions for a 45-day public comment period ending March 22

Nacy said that based on his discussion, it appears the CIPR is looking to obtain software to enable to conduct more of these types of studies and analyses. She asked Edmiston if the CIPR had thought of other ways to assist the states with this issue. Edmiston said the CIPR is always happy to assist but that it seeks to obtain the software primarily to reduce the cost of conducting such studies and analyses and to eliminate the need to rely on outside entities, such as Google, to perform the necessary millions of calculations. Commissioner Mulready asked if the CIPR conducted this analysis prior to after the regulation's adoption. (s)-4 AN žB AAu£&ĐCa IC£1A 1Đ,,.

Draft Pending Adoption

Draft: 3/27/24

Health Insurance and Managed Care (B) Committee
Phoenix, Arizona
March 18, 2024

The Health Insurance and Managed Care (B) Committee in Phoenix, AZ, March 18, 2024. The following Committee members participated: Anita G. Fox (MI), Chair; Grace Arnold (MN), Co-Vice Chair; Glen Mulready, Co-Vice Chair (OK); Trinidad Navarro (DE); John F. King (GA); Dean L. Cameron (ID); D.J. Bette (ND); Alice T. Kane (NM); Andrew R. Stolfi represented by TK Kee (OR); Michael Humphreys (PA); Alexander S. Adams Vega (PR); Jon Pike (UT); Mike Kreidler represented by Ned Gaines (VA); and Allan L. McVey represented by Joylynn Fix (WV). Also participating were: Paul Lombardo (CT); Andria Seip (PA); Patrick Smock (RI); and Jennifer Stegall (WI).

1. Heard Opening Remarks

Director Fox said she believes the Committee was able to accomplish many things in 2023. She hopes to continue the collaboration with each other and senior staff and connect this year by continuing to hold virtual and in-person regulator-to-regulator meetings to allow time for more in-depth discussion on its 2024 priority issues. She said the Committee also was able to be more connected with other stakeholders across the NAIC on issues of mutual interest, such as the NAIC consumer representatives, the Center for Insurance Policy and Research (CIPR) and other NAIC committees, including the Market Regulation and Consumer Affairs (D) Committee and the Special (EX) Committee on Race and Insurance's Health Workstream, which she also hopes to continue in 2024.

She said that the survey results identified many of the same priorities as last year—mental health, ground ambulances, network adequacy, pharmacy benefit managers (PBMs), long-term care insurance (LTCI), prior authorization, and cost transparency. She said that during this meeting, the Committee will discuss two of these priorities: ground ambulances and LTCI.

Director Fox said that like last year, the Committee is dealing with an unexpected issue this year, it was issues related to the low number of consumer appeals of claim denials. She said this year, it concerns the Change Healthcare cybersecurity attack, which is greatly affecting health care operations across the nation given the scope of Change Healthcare. H pd [(t)-311.9 ((H)-)-6 (n)-0.8444

Draft Pending Adoption

plan certification process; and monitoring and enforcing compliance through the complaint process, data calls, and market conduct examinations

7. Heard an Update from CMS' CCIIO on its Recent Activities

Jeff Wu(CCIIO)

Agenda Item #3

Consider Adoption of its Subgroup, Working Group and Task Force Reports

—

OE LW ôlíñíîđ

}v•µu OE /v({OEu Ÿ}v ~ • ^µ P OE}µ%
s]OEšµ o D ŸvP
:µoÇ îđU îîîđ

dZ }v•µu OE /v({OEu Ÿ}v ~ • ^µ P OE}µ% } (šZ , oštu€0
^µ P OE}µ% u u OE• % OEŸ]% š W Á] µ}v}U Z]OE ~W •V dX:X W ©}vU s]
V o]ÆuVŠZI ~DE•V d OE OE dZ}u • ~DK•V ,]Ç ^Á vv ~E •V :]oo <OEµP OE ~^ •V
v s] l] dOE] ~dE•V ^Z oo Ç t]• u0]]•V OE @À‡ µ}v}]• µ•• šZ Á}OEI } (OE
L]vP P OE}µ% (}OE]š• Á}OEI v •]]š]vš v šZ Pµ] š} }Á OE]u%}OEš vš %}
%oo XE, v• }]ušZ Pµ] U }v %%%OE}Á U u Ç u}]. Ç •š š • š} .š šZ]OE

Á šZ OE L v]• µ•• vµu OE } (Z vP •X /š o OE](Ç]vP 3OE]]v @Z Đ(

• }v Ç < o ÇU š} %%%OE}Á šZ ©P]u -vÁ]vZ šZ Z vP •
µ•oÇX :} d]µ• Zv OE ~E / • •] šZ Pµ] Á}µo •Z OE Á]šZ šZ , ošZ /v•µCE v
}uu]© (}OE Á OE v ••U v šZ .v o À OE•]]v Á}µo • vš š} ^µ P

© OE•

µ}v} •] šZ ^µ P OE}µ% •Z}µo Æ% š š} Á}OEI }v µ% š • š} šZ &OE <µ v
Z (}OE u& Y• •š OEŸvP]v ^ %š u OEU •} šZ }µu vš]• OE Ç (}OE šZ P]v
^µ P OE}µ% Z • o]•š } (%}š vŸ o %OE}i š • š} š l µ% L OE šZ š }v U]v o
v .š %o v•U u vš šÇZ] ošZšZ% OEφ v]oo]vP %OE}š Ÿ}v• } (šZ E} ^µ OE
^µ P OE}µ% }µo] š (µšµOE u ŸvP ÁZ] Z š}%] š} š l µ% L OE šZ

, Á]vP v} (µOEšZ OE µ•]v ••U šZ }v•µu OE /v({OEu Ÿ}v ~ • ^µ P OE}µ% i}µ

E / ^µ% %}OEš ^š + ,µ l Dd IE Ÿ}v o D ŸvP•îîîđ ^µuu OE E Ÿ}v o D ŸvP l]v• /v({ óX

ž îîîđ E Ÿ}v o ••}] Ÿ}v } (/v•µCE v 1 }uu]••}}v OE•

Prior Authorization: What It Is, When It's Used, and Your Options

t Z š / • W CE] } CE μ š Z } CE] Ì Ÿ } v M

W CE] } CE μ š Z u } CE v } y } μ } CE Z o š Z CE % μ } CE } μ CE š } CE } CE Z š Z š CE CE % } CE } À] CE
% % CE } CE } š Z } CE } À] o š Z CE } CE } CE } • CE] % Ÿ } } v Z } CE } CE } } CE } U Ÿ } v
Ç } μ CE Z o š Z % o v u Ç v } š % Ç (} CE Ç } μ CE š CE š u v š } CE u] Ÿ } v

E K d W CE P v Ç • CE À] • CE v } } CE CE μ š Z } CE] % Ÿ } v X

Why P š À À À Z I š Z š Ç } μ CE % o v } À] CE } š Z } % CE } % } • CE

] (š Z u CE } φ • Ç v • • CE Ç } U š + (Ÿ À X

E Ç M

E À] Ç % CE • CE] CE } P v } • š Z v š [• š }] P v } • } CE š CE š v] o o v • • U] v i μ CE Ç U

U } CE X] š μ • Ç u % š } u % š • š v CE • T (u]] Á Z } u] o o Ç

% μ • š v (} o o } š š v Ç v (CE š Z š À % % o Ç

v • t Z š [• ^ (M

μ CE • U š CE š u v š • U w š Z CE o š Z } μ } Ÿ } v • š CE μ P CE u μ • X P μ] o] v •

À] v š CE Ÿ } CE μ Ç } μ Á CE v o CE Ç CE I š u P } } CE CE CE] À] v P

W o v with a P r o p o s e d CE š u v š } CE D] Ÿ } v M

Ç v Ç š Z CE < μ • š U • I (} CE u } CE] v (} CE) CE Ÿ } Á] š Z CE Ç } μ CE v v } š Z CE % % CE } Z
š Z u } • š % % CE } % CE] š CE % o v X š z } μ CE Z } v o š v Z } % o o v u] P Z š • μ P P • š } š Z CE
] •] } v X

V o v v Ç W CE] } CE μ š Z } CE] Ì Ÿ } v μ • } (Cost

u CE } } CE v Ç μ % Z Á CE] Ì Ÿ } v } CE μ P • P E À] CE • < μ o o Ç v (+ Ÿ À μ š

o o š Z u % Ç o % % CE } À] P o] Ç } μ š CE Ç • AE % v •] CE • š CE š Z P š CE μ P

• • •] Z] • + u Ç • o o • š % š Z CE % Ç

E] š } Ÿ } v Ÿ } v μ d CE š u v š / [u μ CE CE v š o Ç Z] À] v P M

CE CE o š o v Z À À Z Đ p CE o } À À Z [o š Z š v P v À P

} v M

z o μ š Z } CE] Ì Ÿ } v X

K C E] P] v o D D]] C E V C E š v W C E š • P v C E o o Ç } • v } š C E < μ] C E % C E] } C E
D] C E À v š P D] C E % C E • C E] % v v v C E S E P u μ C E % C E] } C E μ š Z } C E] Ì Y } v X
, } Á > } v P } W C E] } C E μ š Z] } C E] Ì Y } v
, } Á o } v P] š š l % C E] } P E š μ š Z } C E] Ì Y } v v • Z] Á μ C E š o v Ç Ç } μ š Z . C E / (Ç } μ C E v
] • μ C E P } μ š C E Ç } μ C E % C E •] Á () C E C E A E % ~] š C E < μ C E] Á] S Á X } C E (C E C o] E μ š Y š Z
Z o š Z % v o š v l š } u l] •] } v • X

What Rules Must W o v • & A b o u t } W C E] } C E μ š Z } C E] Ì Y } v M

, o š Z % C E] } C E μ š Z } C E] Ì Y } š v (% C E) o] Á] (C E o . v % š v š] v P Á v Ç } Z C E • š š Á U š
u Ç C E : • •
x , } Á < μ] Z o Ç o š Z % μ o š E • • % } v š } C E μ % C E] } C E μ š Z } C E] Ì Y } v
x W Z š š C % C E] } v u o Ç C E À] Á % C E } À v Ç C E % C E] } C E] Ì Y } μ U • š
x W Z š] v () C E u Z } o š Z % o Z v C E μ Á š š Z v Ç C E] } C E } Á] Z C E š v] • % C E] } C E μ š Z } C E
C E < μ U • š
x H } Á o } v P % C E] } C E % Z C E] Ì Y } š () C E Ç } μ u μ • š μ š Z } C E] Ì Y } v Á

How Do I Ask for W C E] } C E μ š Z } C E] Ì Y } v

Y } μ C E Z o š Z C E % C E } Á] C E v u l • š Z / % C E] C E • μ š Z } C E] Ì Y } % C E } Á] C E X Á] C E
Ç } μ • š C E š š Z % C E] } C E μ š Z } C E] Ì Y } v % C E } • • X

If your providers submit the \$, À D C E š Z Á v } C E] Ì Y } P v g š Z Y • Z] C E v Y] v } C E u Y } v Y š } Y š Z Y Z

OE LW òîòîîð

}v•µu OE /v({OEu Ÿ}v ~ • ^µ PCE}µ%
s]OEšµ o D ŸvP
:µv íôU îîîð

dZ }v•µu OE /v({OEu Ÿ}v ~ • ^µ PCE}µ% } (šZ , ošZ /v•µCE v v D v P
îîîðX dZ (}oo}Á]vP ^µ PCE}µ% u u CE• % CEŸ]% š W À] µ}v}U Z]
D] Z oo o } | ~ />•V d CE]vZ]šZ ~DK•W:,]Ç ^Á vv ~E •V :]oo <CEµP CE -
~hd•V v ZCE]•Ÿv < o Ç v :} Ç hoou v ~t/•X o} % CEŸ]% ŸvP Á •W

îX, OE /všOE} µ š}OEÇ Z u OEI•

µ}v} v W ©}v]všOE} µ šZ u• oÀ • • šZ ^µ PCE}µ% [• v Á Z]CE v
IPCE}µv Á]šZ šZ W vv•ÇoÀ v] /v•µCE v % CEšu v š v Z]• Á}OEI }v
Z]•š}OEÇ Á]šZ šZ D]vv •}š % CEšZ]•šÁ}CE]uu vCEP]vP }v•µu OE ••}•š v >
CE P CE š} À o}% u š CE] o• (}OE µ• Ç •š š]v•µCE v CE Pµo š}CE• Á]

îX]• µ•• 'µ] • }v WCE]]OE µšZ}OE]î Ÿ}v

µ}v}]• µ•• šZ Á}OEI } (OE L]vP PCE}µ% Á}OEI]vP }v }v•µu OE Pµ]
OE L]vP PCE}µ% Z • u %CE}PCE••U v Z Z}% • šZ OE L]vP PCE}µ% Á]
L OE }v }OE šÁ}]Ÿ}X o]vŸ]šP••š š]v•µCE v OE Pµo š}CE• v]vš OE
OE L]vP PCE}µ% [• µ% }OE]vP]vP Ÿ}OE]µ% }v šZ]• (µ •Ÿ}vX

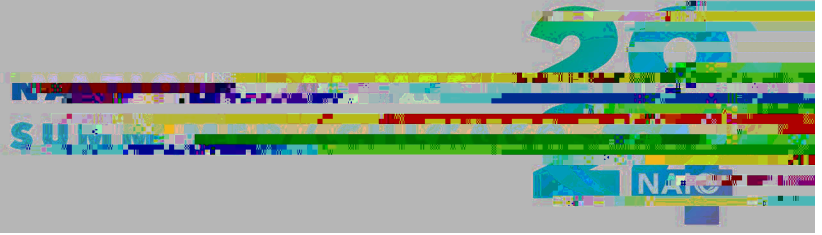
îX]• µ•• KšZ OE D © OE•

µ}v} •] šZ š]v]Ÿ}v š} šZ %CE]]OE µšZ}OE]Ÿ}µ Pµ]Ç v] µ%µ šŸ}š
, ošZ OE Ÿ šZCEµ PCE}µ% •Z}µo }v•] OE]Ÿ}v o %CE}i š• (}OE šZ OE
šÁ} %}š vŸ o %CE}i š• Á}µo %CE} µ }v•µu OE Pµ] • }v šZ (OE o E)
% CE]šÇ %CE}š Ÿ}v•X , •i šZ v^p P]OE]µ%•Ÿ}µš]Ÿ}v•] OE X

^µ PCE}µ% u u CE• v]vš OE •š % CE -š CEuU o]u]š µCE Ÿ}v ~^d> •U]
•µ%CEš šZ] (%CE} µ]vP Pµ]Z }ošZ%OE]šÇXuµ}š} •] šZ š Z
]• µ•• šZ •µPP •Ÿ}v• v }u l š} šZ ^µ PCE}µ% Á]šZ %CE}%• o (}OE

, Á]vP v} (µCEšZ OE µ•]v ••U šZ }v•µu OE /v({OEu Ÿ}v ~ • ^µ PCE}µ% i}µ

E / ^µ%CEš ^š + ,µ l Dd IE Ÿ}v o D ŸvP•îîîð ^µuu OE E Ÿ}v o D ŸvP] }v• /v({ òX
ž îîîð E š}}v o ••}] š}}v } (/v•µCE v]uu]••} }v CE•

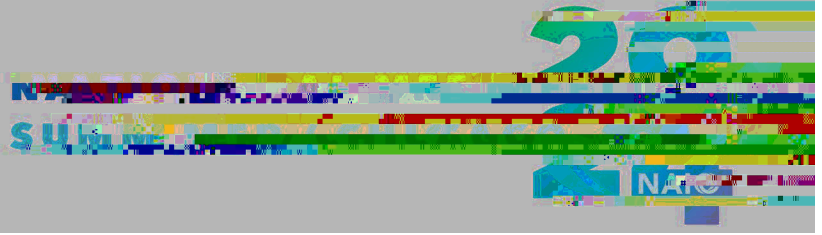


*2024 Summer National Meeting
Chicago, Illinois*

Monday, August 12, 2024
2:30 – 4:00 p.m.

The Health Actuarial (B) Task Force met Aug. 12, 2024. During this meeting, the Task Force:

1. Adopted its May 13 minutes. During this meeting, the Task Force took the following action:
 - A. Adopted its Spring National Meeting Minutes.
 - B. Adopted an amendment proposal form (2ro37 (r27 (p)2.3 (t)-3 (e)-3 (d)2)-6.7413.1 (e)r3 (t) (e)4 Tw 179013.1 (o)

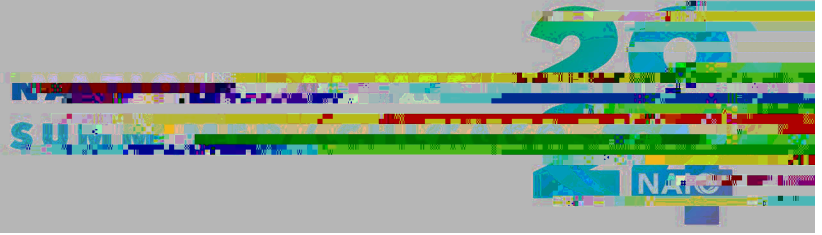


*2024 Summer National Meeting
Chicago, Illinois*

Tuesday, August 13, 2024
10:30 – 11:15 a.m.

The Long-Term Care Insurance (B) Task Force met Aug. 13, 2024. During this meeting, the Task Force:

1. Adopted its Spring National Meeting minutes.
2. Adopted the report of the Long-Term Care Actuarial (B) Working Group, which met Aug. 12. During this meeting, the Working Group took the following action:
 - A. Adopted its Spring National Meeting minutes.
 - B. Adopted its July 2 minutes suggested adjustments as a candidate for a single long-term care insurance (LTCI) multistate rate review approach methodology for use in multistate actuarial (MSA) filing reviews.
- ii. Exposed the Minnesota approach with any suggested adjustments to the cost-sharing formula to address large rate increases for policyholders at roughly age 85 with a policy duration of 25 years (85/25 issue) as a candidate for a single LTCI multistate rate review approach for a 30-day public comment period ending Aug. 1. proposed single multistate rate review approaches for a 45-day c
3. Heard a report on industry trends that could have an impact on the solvency of LTCI companies and reserves.
4. Heard an update from Delaware regarding consumer education on reduced benefit options (RBOs). The updated included Delaware Department of Insurance's (DOI's) Office of Long-Term Care Insurance website, staff who are trained to provide customer assistance, and links to additional LTCI and RBO information.
5. Heard a presentation from the Center for Insurance Policy and Research (CIPR) on a study of RBO letters to consumers and consumer choices. The CIPR plans to continue to model the data, as well as consider ways to improve RBO checklists and better ways to educate consumers.

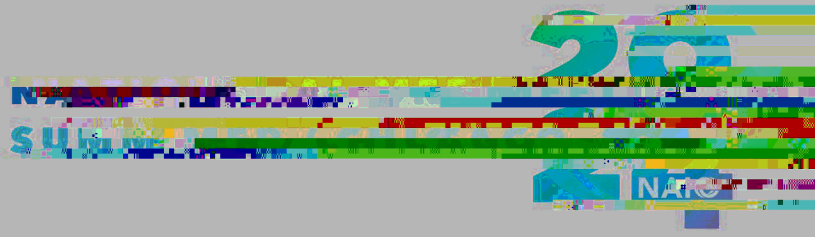


2024 Summer National Meeting
Chicago, Illinois

Tuesday, August 13, 2024
11:30 a.m. – 12:30 p.m.

The Regulatory Affairs 2024 revised charges, which revised the 2024 charges for the Pharmacy Benefit Manager Regulatory Issues (B) Subgroup.

3. Adopted the report of the Accident and Sickness Insurance Minimum Standards (B) Subgroup, including its July 29, July 15, June 24, April 22, April 8, and March 25 minutes. During these meetings, the Subgroup took the following action:
 - A. Completed its discussion of the Dec. 1, 2023, comments received on the Oct. 12, 2023, draft of proposed revisions to the *Model Regulation to Implement the Accident and Sickness Insurance Minimum Standards Model Act (#171)*.
 - B. Distributed for final review a May 3 draft of proposed revisions to Model #171 reflecting the Subgroup's discussions.
 - C. Discussed comments received on the May 3 draft of proposed revisions to Model #171.
4. Adopted the report of the Employee Retirement Income Security Act (ERISA) (B) Working Group.
5. Adopted the report of the Mental Health Parity and Addiction Equity Act (MHPAEA) (B) Working Group, including its Spring National Meeting minutes. The Working Group will meet Aug. 14. During this meeting, the Working Group plans to take the following action:
 - A. Hear presentations on clinical guidelines for behavioral health care.
 - B. Meet in regulator-to-regulator session, pursuant to paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings, to continue discussion of the opioid use disorder issue.
6. Adopted the report of the Pharmacy Benefit Manager Regulatory Issues (B) Subgroup



*2024 Summer National Meeting
Chicago, Illinois*

Tuesday, August 13, 2024
9:00 – 10:15 a.m.

The Senior Issues (B) Task Force met Aug.

Agenda Item #

Hear a Federal Update—Brian R Webb (NAIC)

Agenda Item #5

Hear an Update from the Consumer Perspective on Recent State Activity Related to the Prior Authorization Process—Carl Schmid (HIV+Hepatitis Policy Institute), Stephani Becker (Shriver Center on Poverty Law), and Lucy Culp (The Leukemia & Lymphoma Society)

Recent Activity on Improving Prior Authorization (PA)

Stephani Becker, Shriver Center on Poverty Law
Lucy Culp, The Leukemia & Lymphoma Society
Carl Schmid, HIV+Hepatitis Policy Institute

NAIC Health Insurance and Managed Care (B) Committee
Chicago, Illinois
August 15, 2024

Impacts Patients & Providers (AMA Survey)

78% of physicians reported PA often or sometimes results in patients abandoning recommended treatment
19% say resulted in a serious adverse event leading to a patient being hospitalized
Spend 12 hours completing PA each week
Leads

New Report: The Good, The Bad, The Costly

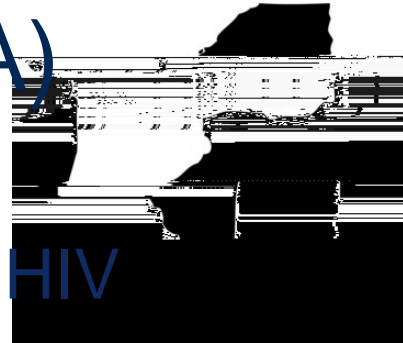
Researchers at Georgetown Center on Health Insurance Reforms examined PA state laws in AR, IL, TX, WA

Recommendations:

- Requiring greater transparency of services subject to PA, clinical

N

New York HIV (S.1001A/A.1619A)



Prevents Insurers from Implementing PA on HIV treatment & prevention drugs

- Overcomes barriers to access in effort to end HIV
- Will promote racial and ethnic equity
- Insurers oppose, PA is needed to protect patients
- Signed by Gov. Hochul June 28, 2024

Other States, including CA, already prohibit PA for PrEP.

Vermont (H. 766)

No PA for treatments & services ordered by primary care providers, but allows for Rx and out of network services

Helps ensure that patients with chronic conditions don't have to continuously seek repeat PAs.

Requires urgent PA requests are responded to within 24 hours.

Requires plans, physicians and providers to report to the legislature on impact of the law

California: PA & AI (SB 1120)

Illinois (Public Act 1030650)

Healthcare Protection Act (signed July 10, 2024).

Builds on prior Illinois PA laws and includes negotiated language between the Governor's Office, DOI, insurers and provider groups.

- Requires insurers to maintain and publish a complete list of services for which PA is required on their public website (i.e., not requiring credentials or membership to access it).
- Bans "step therapy"- ending the practice of requiring patients to try cheaper, less effective medications before accessing their prescribed treatment.
- Prohibits PA for inpatient mental health hospitalizations for both children and adults.

Rhode Island (SB 290Aaa)

Law signed on June 22, 2023, required the Office of the Health Insurance Commissioner (OHIC) to convene the [Administrative Simplification Task Force](#) to make PA recommendations.

- [In its Final Report](#) (June 28, 2024), OHIC committed to ensuring uniform implementation of a reduction in the volume of PA; collecting data in new ways to measure volume reductions; and creating a new public body convened to serve as a forum for ongoing dialogue between payers and providers to inform process improvements.
- OHIC also noted in the report that “facts concerning prior authorization burden and the strategies proposed to address them warrant regulatory action.”

Federal Changes that Impact State Efforts

Prior Authorization and Interoperability final rule

- Impacts MA, Medicaid, CHIP, and QHPs on the federal marketplace
- Requirements include: specific reason for denial, shortened response times, public reporting, and automation
- No changes for prescription drugs, but proposed rule is anticipated (fall)

2024 Medicare Advantage final rule

- Numerous meaningful changes that states can borrow from
- New limits on use of PA, bans retroactive denials, PA approvals as long as medically necessary, grace period with new plans, expert reviewers, and more!
- Also includes limits on AI for PA determinations

Federal Activities Continued

FTC Interim Staff Report on PBMs

- Found PBMs use PA not for medical reasons & “put payers’ financial interests before patients’ best interests”
- Use PA to steer higher priced drugs & away from generics

Suggested Next Steps

Align state requirements with federal regulations

- Adopt continuity of care provisions, prohibit retroactive denials, and increase automation

Take further actions beyond federal floors

- Include Rx, shorten response times, increase transparency, public reporting, ensure clinical criteria (n)2

Suggested Next Steps

Partner in your state to reform prior authorization

Consumer Information Subgroup

- Modify and utilize the new consumer guide on prior authorization to help educate consumers

Form new B Committee Working Group

- Share information
- Work on implementation, best practices & enforcement

Partner with H Committee on the use of AI in the prior authorization process

- Consumer Representative research coming this fall!

Additional B Committee meetings to discuss this topic

Agenda Item #6

Hear Presentations on Health Cost Transparency (Sabrina Corlette, Center on Health Insurance Reforms (CHIR) at Georgetown University's McCourt School of Public Policy) and Kelley Schultz

National Association of Insurance Commissioners

Health Insurance Committee

August 15, 2024

Health Plan Price Transparency Files Are a
Mess: States Can Help Make Them Better

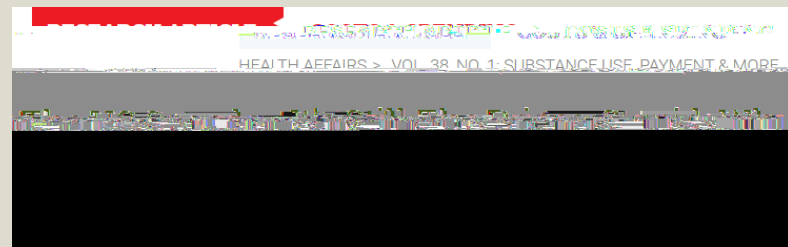
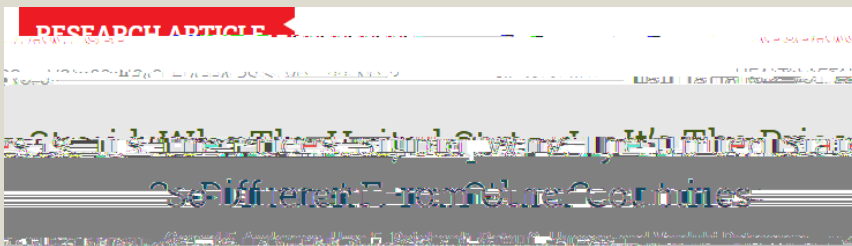
Georgetown University
Center on Health Insurance Reforms (CHIR)
Sabrina Corlette, J.D.

Nationally recognized team of private insurance experts

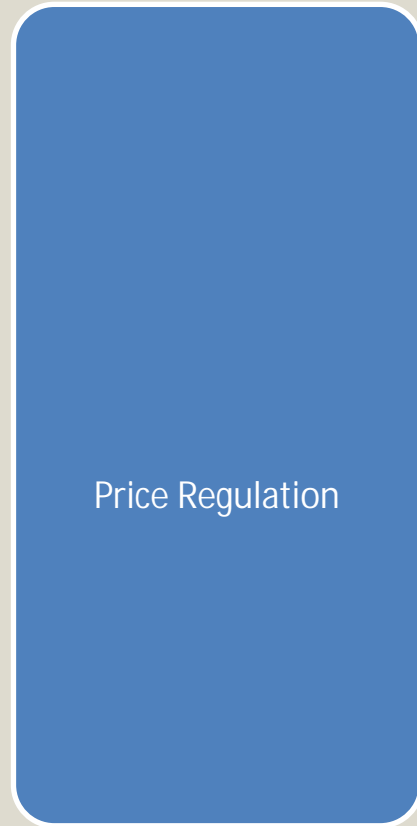
- Part of McCourt School of Public Policy
-

Prices—Not Consumption—Drive Up Costs

Health Affairs & RAND Studies ([2003](#), [2019](#), [2022](#))



Continuum of Policy Options to Promote Affordability



Potential State-level Uses of TiC Data

- **Market scans**
 - Identify price outliers, cost drivers
- **Anti-trust enforcement**
 - Monitor compliance with anti-trust actions, settlements
- **Cost containment initiatives**
 - Implementation/oversight of cost-growth benchmarks, public option, reference pricing
- **Purchasing alliances**
 - Support employer purchasing efforts
- **Surprise billing**

TiC Enforcement: A Federal-State Partnership

Oversight/Enforcement

Issuers

State DOI

CMS

45 states responded to this question in 2020
48 states responded to this question in 2022

State-level Options to Improve TiC Data

- **Require issuers to**
 - Attest to completeness/accuracy of TiC files
 - Provide a data directory or library index to enable users to identify TiC file contents
 - Submit extracts to enable an assessment of data quality
 - Publicly share data summaries, such as negotiated prices for the top-10 most utilized services
- **Prohibit redacting information that could be acquired from TiC data**
- **Host a centralized website with links to all issuer**

Questions?

CHIR Publications

www.chir.georgetown.edu

CHIRBlog

www.chirblog.org

SEHP Report and Maps

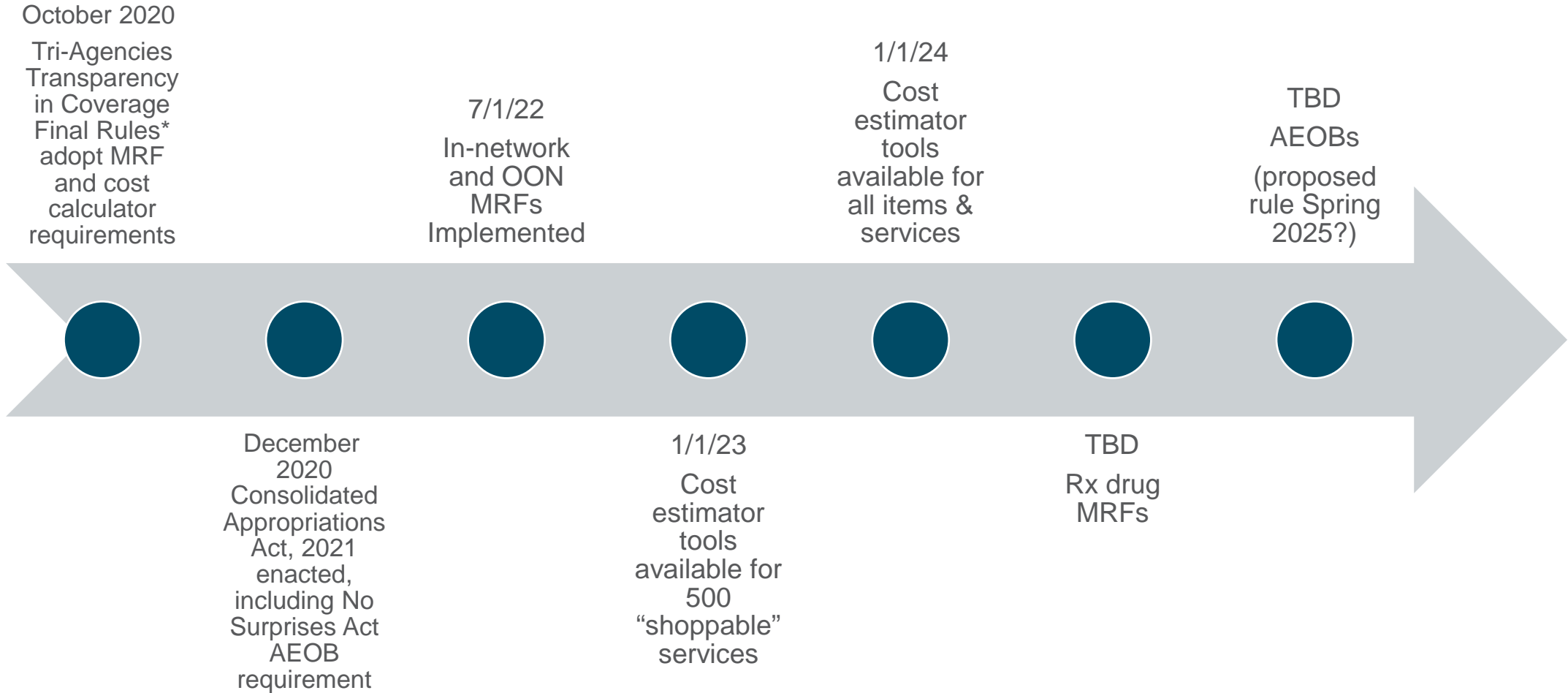
<https://sehpcostcontainment.chir.georgetown.edu/>

Sabrina Corlette sc732@georgetown.edu

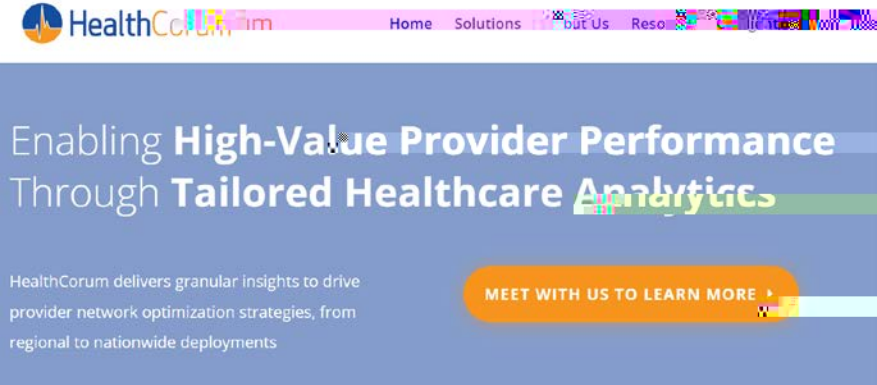
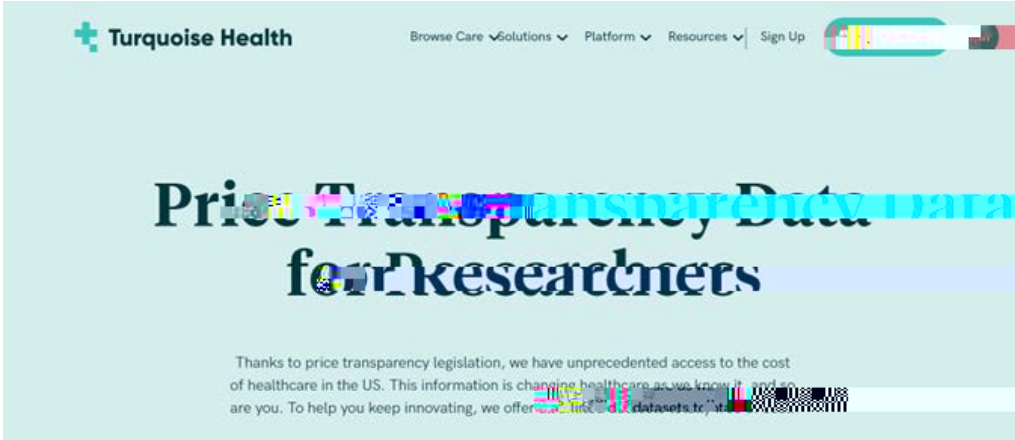
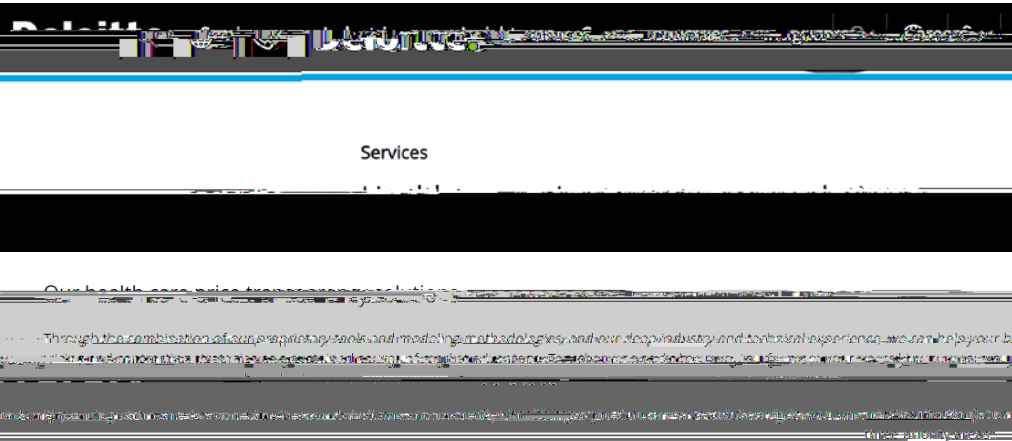
Transparency in Coverage

Kelley Schultz, Vice President, Commercial Policy
AHIP

Reminder: Implementation Status



Machine-Readable Files



A 2

• $\frac{1}{2}$

What's Next for States?

- Prioritize solutions that provide direct consumer value
- Consider approaches to expand consumer awareness & education of tools
- Avoid single-state solutions
-

Thank You

Kelley Schultz, Vice President, Commercial Policy

kschultz@ahip.org

Agenda Item #7

Hear an Update from the Federal Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information and Insurance Oversight (CCIIO) on its Recent Activities
—Dr. Ellen Montz (CCIIO) and Jeff Wu (

Agenda Item #8

Agenda Item #9

Discuss Any Other Matters Brought Before the Committee
—Director Anita G. Fox (MI)