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*Adopted by the Executive (EX) Committee and Plenary, TBD*

*Adopted by the Health Insurance and Managed Care (B) Committee, TBD*

**2024 Proposed Charges**

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE

The mission of the Health Insurance and Managed Care (B) Committee is to consider issues relating to all aspects of health insurance.

**Ongoing Support of NAIC Programs, Products, or Services**

1. The **Health Insurance and Managed Care (B) Committee** will:

 A. Respond to inquiries from the U.S. Congress (Congress), the White House, and federal agencies; analyze policy implications and their effect on the states of proposed and enacted federal legislation and regulations; and communicate the NAIC’s position through letters and testimony, when requested.

 B. Monitor the activities of the Health Actuarial (B) Task Force.

 C. Monitor the activities of the Long-Term Care Insurance (B) Task Force.

 D. Monitor the activities of the Regulatory Framework (B) Task Force*.*

 E. Monitor the activities of the Senior Issues (B) Task Force*.*

 F. Serve as the official liaison between the NAIC and the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission), the National Committee for Quality Assurance (NCQA), and the Utilization Review Accreditation Commission (URAC).

 G. Examine factors that contribute to rising health care costs and insurance premiums. Review state initiatives to address cost drivers.

 H. Coordinate with appropriate Market Regulation and Consumer Affairs (D) Committee groups, as necessary, on health benefit plan and producer enforcement issues.

 I. Coordinate with the Market Regulation and Consumer Affairs (D) Committee, as necessary, to collect uniform data and monitor market conduct trends on plans that are not regulated under the federal Affordable Care Act (ACA), including short-term, limited-duration (STLD) insurance, association health plans (AHPs), and packaged indemnity health products.

2. The **Consumer Information (B) Subgroup** will:

 A. Develop information or resources, as needed, that would be helpful to state insurance regulators and others in assisting consumers to better understand health insurance.

 B. Review NAIC publications that touch on health insurance to determine if they need updating. If updates are needed, suggest specific revisions to the appropriate NAIC group or NAIC division to make the changes.

3. The **Health Innovations (B) Working Group**will:

1. Gather and share information, best practices, experience, and data to inform and support health innovation at the state and national levels, including, but not limited to, state flexibility options through the ACA and other health insurance-related policy initiatives.
2. Discuss state innovations related to health care—i.e., access, insurance plan designs, underlying medical and prescription drug costs, stability for health care and insurance as a whole, health insurer and provider consolidation or competition, the use of data in regulatory and policy decision making, and health care delivery and financing models—to achieve better patient outcomes and lower spending trends.
3. Explore sources and methods for state insurance regulators to obtain data to inform health reform initiatives.
4. Disseminate materials and reports, via the NAIC, to the states and the U.S. territories wishing to use the information gathered by the Working Group.
5. Take up other matters as directed by the Health Insurance and Managed Care (B) Committee.

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