

Draft: 4/4/25

NAIC/American Indian and Alaska Native Liaison Committee  
Virtual Meeting  
February 25, 2025

The NAIC/American Indian and Alaska Native Liaison Committee met Feb. 25, 2025. The following Liaison Committee members participated: Jeff Rude, Chair (WY); Glen Mulready, Vice Chair (OK); Lori K. Wing-Heier represented by Heather Carpenter (AK); Peter M. Fuimaono represented by Elizabeth Perri (AS); Barbara D. Richardson represented by Fausto Burrueal (AZ); Trinidad Navarro represented by Christina Miller (DE); Dean L. Cameron represented by Shannon Hohl (ID); Grace Arnold represented by Jackie Dionne (MN); Mick Campbell represented by Cynthia Amann (MO); James E. Brown represented by Molly Plummer (MT); Mike Causey represented by Angela Hatchell (NC); Jon Godfread represented by John Arnold (ND); Scott Kipper (NV); Andrew R. Stolfi represented by Lisa Emerson (OR); Larry D. Deiter represented by Frank Marnell (SD); Patty Kuderer represented by Larry Robinette (WA); and Nathan Houdek represented by Timothy Cornelius (WI). Also participating were Randy Pipal (ID); Renee Campbell and Parker Fisher (MI); Jo A. LeDuc (MO); Tracy Biehn (NC); Santana Edison (ND); Brian Downs (OK); Bryon Welch (WA).

1. Adopted its 2024 Fall National Meeting Minutes

Robinette made a motion, seconded by Cornelius, to adopt the Liaison Committee's Nov. 18, 2024 (*see NAIC Proceedings – Fall 2024, NAIC/Consumer Liaison Committee*) minutes. The motion passed unanimously.

2. Discussed the Results of the Committee Member Survey and Selected Agenda Topics for 2025

Commissioner Rude said this meeting is intended for regulators to receive presentations, discuss current consumer issues affecting Native Americans, and discuss ways to enhance this Committee's outreach and communication with American Indian and Alaska Native (AIAN) communities. Commissioner Rude said the mission of the Liaison Committee is to provide a forum for ongoing dialogue between NAIC Members and the AIAN communities concerning insurance issues of common interest. Specifically, the Liaison Committee will provide a forum for an exchange of information and views on issues surrounding the availability of insurance for AIAN consumers and tribal interests, an opportunity for AIAN groups to bring insurance consumer protection issues to the attention of NAIC Members, and a dialogue on best practices for dealing with insurance issues unique to sovereign tribal nations.

To prepare for this discussion, Commissioner Rude said Liaison Committee members were asked to suggest topics surrounding their positive experiences, outreach successes, and insights that they would like to discuss during Liaison Committee meetings in 2025. He said potential speakers for presentations might include Liaison Committee members, interested regulators, state tribal liaisons, tribal leaders, federal government agencies, industry, NAIC Consumer Representatives, and other interested parties. He also said these meetings would focus on discussing consumer issues affecting Native Americans, including health care and insurance coverage, with a particular emphasis on improving policy comprehension and addressing network provider shortages.

Commissioner Rude reviewed the summary of the suggested topics document and invited Committee members to comment:

**Identify health care and insurance coverage issues that are important to tribal leaders along with how insurance departments can help.** Commissioner Rude said this topic comes up from time to time, and a few states weighed in positively for it on the survey.

**Hear from large insurance agencies and other organizations, including AMERIND, the National Congress of American Indians (NCAI), and Indian Country Radio, which work with AIANs.** Commissioner Rude said some feedback was received on this topic. Commissioner Mulready said the Committee heard from a large agency during the Fall National Meeting that focuses completely on the tribal space, so Commissioner Rude said it might be best to hold this topic over for another time.

**Find an opportunity through tribal communities, public relations, financial literacy, and coordination between the Centers for Medicare and Medicaid Services (CMS) and Indian Health Services (IHS) to improve how AIAN insureds understand their policies.** Brenda Cude (University of Georgia) emphasized the need to improve consumer understanding of insurance coverage, noting that unique cultural or situational factors may cause American Indians or Alaskan Natives to misunderstand coverage differently than others. For instance, she asked if there are parallels tribal members might draw from their experience that would create misconceptions about how insurance functions. Cude said she was not prepared to answer the question but thought the question might be worth pursuing with those who have more direct contact with AIANs.

Carpenter said she did not know what tribes are facing in other states, but language barriers, especially when it comes to the fine print in insurance contracts, add to the confusion because Alaska has so many unique native languages. Cude gave an example: In Spanish, a word has a misleading English parallel, leading someone to wrongly attribute legal status. She said that is the kind of issue she had in mind. Commissioner Rude said these are great points and that this topic should be included as an agenda topic for this year's meetings.

**Hear a presentation from Nevada on its state-based exchange's work with tribes to support member enrollment and implement consolidated billing.** Commissioner Rude said it is still a work in progress and not yet a confirmed success story but it is something the Committee can consider later. Commissioner Mulready said the Committee should also reach out to other states that have a state-based exchange and a substantial tribal population to see what creative ideas they have utilized. There may be other states that can talk about specific steps they have taken to enroll tribal members in their state-based exchanges. He said there are a number of states, including Oklahoma, that are getting ready to establish a state-based exchange and would love to hear those ideas.

Commissioner Rude said there are 12 topics listed, and the goal is to narrow them down to five or six manageable ones. Committee members will then review what their states have on the topics and identify contacts who can assist.

**Address shortages of in-network providers in rural tribal areas by improving access through telehealth and coverage gaps by expanding coverage to include culturally relevant care.** Carpenter said that Alaska's tribal health system has been a leader in telehealth and has made significant advancements. She expressed confidence that it would be willing to share its expertise and noted that telehealth is essential to Alaska's success. Commissioner Rude agreed, emphasizing the relevance of telehealth to all states, as geographic latitude is not a determining factor, and many states face challenges related to remote areas.

**Collaborate and coordinate with IHS, Medicaid, Medicare, and private insurance on how insurers can work with tribal health systems to clarify payment responsibilities, reduce administrative burdens, and improve care coordination** to avoid tribal members being sent to collection agencies over medical bills due to the billing process complications. Robinette said this is a big issue in Washington. He said that it is unclear how often a tribal member seeks treatment outside the reservation. While the IHS refers cases due to their inability to provide the necessary care, equipment, or personnel, these services are still billed to the individual, even when processed through IHS, Medicare, Medicaid, or private insurance. The result is an outstanding balance, often reaching hundreds or even thousands of dollars. Robinette noted that for vulnerable populations, particularly those with limited income, this becomes a significant challenge. He suggested that a study be conducted to determine how many Native

Americans and non-native individuals in rural communities are affected by this issue, where tribal members must seek care outside their area and are billed as if they lacked a referral. Robinette emphasized that this situation is harmful, as it can be as dangerous as any health care crisis for these individuals.

Commissioner Rude inquired whether Washington has personnel managing or receiving feedback on this issue, or contacts who might be useful for the Committee to hear from. Robinette acknowledged suggesting the topic but noted that even entities like IHS simply maintain that a referral was made, and the billing process must follow. He described a scenario where a large claim, such as for open-heart surgery, might leave an individual with a significant balance, requiring them to apply to the catastrophic fund, which is often depleted early in the year. Robinette expressed that this issue is similar in some states, where the prescribed process leaves little room for resolution, and negotiation is often the only recourse. While he does not have a solution, he asked if he could gain direction from a person who could address these concerns and help streamline the process, reducing or eliminating these burdens.

**Determine what steps can be taken to expand access to mental health and addiction treatment services** while ensuring culturally competent care for AIAN communities. Commissioner Rude said that there had been briefings on past abuses and expressed a desire to explore potential success stories. He invited comments or thoughts on the matter.

Commissioner Rude asked **how premiums, co-pays, and financial barriers be reduced for AIAN individuals and what outreach strategies can improve awareness of Special Enrollment Periods (SEPs) and other financial assistance options**. Robinette said this issue is similar to item 6 regarding how to enroll individuals into these programs and what grants are available to them. He noted that some area agencies receive supplemental grants, but these are minimal and infrequent. These grants are typically used to support daily health clinics or bring providers into clinics to expand coverage for more people.

Commissioner Rude asked **what policies can support long-term care for AIAN elders**, including in-home and community-based services, and **how sustainable funding can be ensured for aging tribal populations**.

**Presentations or speakers to talk about property/casualty (P/C) insurance in tribal communities including any successes or issues**. Commissioner Rude said the Committee is willing to contact tribes located in Idaho to see if they have information on this topic that they would like to present. Cornelius said they had encountered this kind of issue while doing tribal consultations, as there are very few agents and brokers as well as very few insurers that will write P/C coverage on tribal land.

Plummer said that about a year ago, some tribal communities partnered with lending groups to address housing shortages, as little to no new housing had been available since a housing initiative in the 1980s. Two Montana reservations sought assistance in navigating insurance-related challenges, including securing funding and determining property ownership. Based on these requests, she recognized that this issue had affected multiple communities.

Dionne said she is the tribal liaison at the Minnesota Department of Commerce, and it had begun visiting tribal communities to assess interest in holding listening sessions on P/C, auto, and homeowners' insurance. The state has conducted one session so far, revealing challenges tribes face in understanding policy details, particularly in flood-prone areas where insurers are unwilling to provide coverage. Even when coverage is available, the rates are often too high for tribes to afford. Dionne noted that the department aims to visit all reservations and compile a summary of the findings. Commissioner Rude encouraged sharing the results with the Committee, emphasizing their potential value and benefit.

**Presentations by AIAN leaders to help state regulators learn more about AIAN culture and communication preferences.** Commissioner Rude said that similar presentations had been given in the past but emphasized their continued value, especially for new members. Plummer recalled that a few years ago, Montana collaborated with several states to examine how cultural differences influence communication effectiveness. She noted that a related document is available on the Committee's webpage for members to review and consider updating. Additionally, Montana developed a state-specific version of its website tailored to its tribes and communities. Commissioner Rude thanked her, noting that he had seen both documents on the NAIC Committee webpage and Montana's website and found them to be valuable resources.

**Sharing success stories on positive outreach and education activities between state insurance regulators and AIAN communities.** Robinette said he would like to speak to that just mainly as a former tribal insurance person. Robinette said as a normal member of the Colville confederated tribes Robinette said that the Colville Confederated Tribes worked with Conover, an insurance company in Washington, following a devastating fire that destroyed its government center. He compared the loss to a state capital burning down along with its entire infrastructure. The insurance company provided critical support, including nearly half a million dollars in initial funding to reduce the tribe's financial burden. They also assisted in coordinating services, working with utilities, and securing temporary housing. The recovery process lasted two and a half years and resulted in the loss of historical artifacts and essential digital records. Robinette commended the company for its assistance, noting that it had been helpful in other fire- and wind-related incidents. With 30 years of experience in insurance, he acknowledged that some coverage gaps remained, particularly for car theft, certain fire damage, and specialty equipment. However, he emphasized that these shortcomings were minimal compared to the overall support received.

Commissioner Rude expressed appreciation for Robinette's insight and reminded members that presentations could come from a variety of sources, including Committee members, regulators, state tribal liaisons, tribal leaders, federal agencies, industry representatives, and consumer advocates. He encouraged broad participation and emphasized that valuable contributions could come from diverse perspectives rather than specific individuals or organizations.

Based on the Liaison Committee's discussion of each of the suggested topics, Cornelius made a motion, seconded by Arnold, to select the following six agenda topics for presentation and discussion in 2025: 1) health care and insurance coverage; 2) better understanding of insurance policies; 3) success stories from state-based exchanges; 4) addressing network provider shortages; 5) coordinating between HIS and other insurance providers; and 6) affordable coverage and out-of-pocket costs. Property/casualty (P/C) insurance in tribal communities was highlighted as an area of interest for further exploration. The motion passed unanimously.

### 3. Discussed Other Matters

Commissioner Rude reminded attendees that the Liaison Committee was not meeting during the Spring National Meeting. He asked Lois Alexander (NAIC) to distribute the list of topics selected to Liaison Committee members, interested regulators, and interested parties. Commissioner Rude also asked Liaison Committee members to gather information and resources on these topics. This includes coordinating with Alaska's tribal health systems to share their telehealth experiences, examining outstanding medical balances for off-reservation treatment to identify potential solutions, and compiling successful P/C coverage programs for future presentations. He expressed appreciation for everyone's time and efforts and looks forward to reviewing their findings.

Having no further business, the Liaison Committee adjourned.