OUR INTERIM MEETING WILL BEGIN SHORTLY

WELCOME TO THE AMERICAN INDIAN AND ALASKA NATIVE LIAISON COMMITTEE MEETING

Tuesday, June 28, 2022 (11:00 am - 12:30 pm)
Date: 6/27/22

NAIC/AMERICAN INDIAN AND ALASKA NATIVE LIAISON COMMITTEE
Tuesday, June 28, 2022
12:00 – 1:30 p.m. ET / 11:00 a.m. – 12:30 p.m. CT / 10:00 – 11:30 a.m. MT / 9:00 – 10:30 a.m. PT

ROLL CALL

Troy Downing, Chair Montana Mike Causey North Carolina
Russell Toal, Vice Chair New Mexico Jon Godfread North Dakota
Lori K. Wing-Heier Alaska Glen Mulready Oklahoma
Trinidad Navarro Delaware Andrew R. Stolfi Oregon
Dean L. Cameron Idaho Larry D. Deiter South Dakota
Grace Arnold Minnesota Mike Kreidler Washington
Edward M. Deleon Guerrero N. Mariana Islands Jeff Rude Wyoming

NAIC Support Staff: Lois E. Alexander

AGENDA

1. Consider Adoption of its Spring National Meeting Minutes — Commissioner Troy Downing (MT)
   Attachment A

2. Hear a Presentation on Consumer Outreach and Education Regarding Fraud — Matthew J. Smith (Coalition Against Insurance Fraud — CAIF)

3. Hear a Presentation on Maximizing Collaboration Between Health Insurers and Tribal Communities – What Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Oklahoma are Doing to Build Partnerships — Bonnie Vallo (Community Outreach Specialist and Tribal Liaison, Blue Cross and Blue Shield of New Mexico) and Lucinda Myers (Tribal Relations Specialist, Blue Cross and Blue Shield of Oklahoma)

4. Hear a Presentation on New Mexico’s Health Insurance Exchange – American Indian Program — Teresa Gomez, MA (beWellnm Board Member; Board Vice Chair, Native American Standing Committee Chair)

5. Discuss Any Other Matters Brought Before the Liaison Committee — Commissioner Troy Downing (MT)

6. Adjournment
Privacy Protections (D) Working Group
Kansas City, Missouri
April 6, 2022

The Privacy Protections (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met in Kansas City, MO, April 6, 2022. The following Working Group members participated: Katie Johnson, Chair (VA); Cynthia Amann, Co-Vice Chair (MO); Chris Aufenthie, Co-Vice Chair (ND); Sarah Bailey (AK); Damon Diederich (CA); George Bradner (CT); Erica Weyhenmeyer (IL); LeAnn Crow (KS); Ron Kreiter (KY); Robert Wake (ME); T.J. Patton (MN); Martin Swanson (NE); Teresa Green (OK); Raven Collins (OR); Gary Jones and David Buono (PA); Frank Marnell (SD); Carole Cearley (TX); Todd Dixon (WA); and Rachel Cissne Carabell (WI). Also participating were Trinidad Navarro and Frank Pyle (DE); Kathleen A. Birrane and Alexander Borkowski (MD); Chlora Lindley-Myers and Carrie Couch (MO); Tracy Biehn (NC); Eric Dunning (NE); and Don Beatty (VA).

1. **Heard Opening Comments**

Ms. Johnson said as this Working Group has an aggressive work plan, it is still accepting Working Group members who are committed to volunteering to work on specific sections as noted in the work plan. She asked those interested to contact Lois E. Alexander (NAIC) to become a Working Group member or to join one of the distribution lists for interested state insurance regulators and interested parties.

2. **Adopted its 2021 Fall National Meeting Minutes**

She also said the Working Group met March 23, 2022, and March 9, 2022, in regulator-to-regulator session, pursuant to paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings, to draft its work plan. Ms. Johnson said a group of subject matter experts (SMEs) also met to draft revisions to the Preamble and the first three sections of the *NAIC Insurance Information and Privacy Protection Model Act* (#670) for the Working Group’s consideration.

Ms. Amann made a motion, seconded by Mr. Patton, to adopt the Working Group’s Dec. 11, 2021, minutes (see *NAIC Proceedings – Fall 2021, Privacy Protections (D) Working Group*). The motion passed unanimously.

3. **Heard Updates on State Privacy Legislation and on Federal Privacy**

Jennifer McAdam (NAIC) said the Working Group outlined in its report to the Market Regulation and Consumer Affairs (D) Committee at 2021 Fall National Meeting the state privacy legislation at that time, including the California Consumer Privacy Act (CCPA) and the California Privacy Rights Act (CPRA), which amended the CCPA; the Colorado Privacy Act (CPA); and the Virginia Consumer Data Protection Act (VCDPA). Since that time, she said just one other state has adopted a similar data privacy law, and that is the Utah Consumer Privacy Act (UCPA). She said other states have proposed privacy legislation, but none of the bills have been signed into law yet. However, she said many of those state legislatures are still in session or will have carryovers until next year. She said there are currently more than 20 bills pending across the country and that she will continue to monitor those. Ms. McAdam said the NAIC Legal team tracks the legislation and has created two different charts listing the bills. She said the charts will be posted to the Working Group’s web page soon. She said the charts list the business obligations, the consumer rights provided, the manner of enforcement – whether by the attorney general or by
creating a private right of action, and any exemptions based on federal Gramm-Leach-Bliley Act (GLBA) or federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) exemptions. She said it is important for the Working Group to follow these laws because of the consumer rights and obligations that are being established, as well as to be aware of the carve-outs that are applicable to the insurance industry.

Ms. McAdam said California was the first U.S. state to adopt an omnibus privacy law that would impose its broad obligations on businesses that would provide consumers with transparency and control of their personal data. She said California’s law does not go as far as the General Data Privacy Regulation (GDPR), but it is certainly the most comprehensive of the other three existing state data privacy laws. As a refresher, she said many of the consumer rights that are found in the CCPA and GDPR can be traced back to the rights found in the federal Fair Credit Reporting Act (FCRA), which looks remarkably like Model #670. She said two updated charts on state privacy legislation will be posted to the Working Group’s web page soon. She said the charts include GLBA carve-outs and HIPAA exemptions. She said of the state privacy laws, California’s law could be categorized as being the most stringent, with Utah’s on the opposite of that continuum, and Colorado and Virginia in the middle. She said that Colorado may be closer to California and that Virginia may be slightly closer to Utah.

Ms. McAdam said for those tracking the GLBA and HIPAA preemptions found in these laws:

- California has a data level exemption for the GLBA and an entity level exemption for HIPAA.
- Virginia has an entity level exemption for the GLBA and HIPAA.
- Colorado has a data level exemption for the GLBA and HIPAA.
- Utah has a data level exemption for HIPAA and an entity level exemption for the GLBA, which is the opposite of California.

She said that current laws run the gamut and that the NAIC Legal team will continue to follow state privacy legislation for the states that remain in session this year.

Brooke Stringer (NAIC) said there have been reports in the media that U.S. Rep. Frank Pallone, Jr. (D-NJ), chair of the U.S. House Committee on Energy and Commerce, is going to be convening a meeting with staff for Sen. Maria Cantwell (D-WA), chair of the U.S. Senate Committee on Commerce, Science and Transportation; and Sen. Roger Wicker (R-MS), ranking member of the U.S. Senate Committee on Commerce, Science and Transportation, and Rep. Cathy McMorris Rodgers (R-WA), ranking member of the U.S. House Committee on Energy and Commerce. Ms. Stringer said their respective staff are going to be meeting to try to form a bipartisan agreement on comprehensive privacy legislation. She said these two committees have the primary jurisdiction over data privacy, as well as some of the financial services committees. She said it has been an elusive goal at the federal level, so it remains to be seen what is going to come of this. She mentioned that over the past few years, there have been some key points of contention that can come up in these congressional discussions: 1) whether it attempts to preempt state laws; and 2) whether there is a private right of action at the state level. So, she said these negotiations will certainly evolve around certain trade-offs regarding the extent of the preemption, the private right of action, and the stringency of the privacy standards.

Ms. Stringer said bills that have been introduced or reintroduced by this Congress all recognize consumer rights to control their information; they all require companies to take steps to protect those rights; and they create enforcement procedures for those requirements. She said Sen. Wicker’s SAFE DATA Act (S. 2499) has been reintroduced with lofty standards for data privacy and security that would preempt all state data privacy and security laws. She said it has a GLBA carve-out, which may protect some state consumer data privacy laws, but it also has some instructions for the Federal Trade Commissioner (FTC) to develop privacy standards. Ms. Stringer
said it is particularly important to watch due to Sen. Wicker’s position on that committee. She said that last year, Sen. Cantwell had introduced legislation that had strict standards, but it would have established a preemptive privacy floor and it would have provided for a private right of action. However, it would not have prevented laws with much greater levels of protection. She said that in November 2021, the House Committee on Energy and Commerce Republicans released a draft bill of the Control Our Data Act, which would have created a national preemptive privacy standard. Ms. Stringer said Sen. Jerry Moran (R-KS) had reintroduced the Commerce Data Privacy and Security Act (S. 1494), which would preempt state data privacy and security authority with certain exceptions so it would not supersede state laws that address financial information held by financial institutions defined Title V of the GLBA.

On the House of Representatives side, Ms. Stringer said Rep. Suzan DelBene (D-WA) reintroduced the Information Transparency and Personal Data Control Act (H.R.1816), which is another bill that would create a national database of privacy standards and preempt state control if there are conflicting state laws. Ms. Stringer said that would allow users to opt out before companies can use their most sensitive personal information. She said all of this is to say that there are many flavors and approaches to federal data privacy bills, and Congress has struggled to reach any sort of compromise on the issue. However, she said that could change at any time. She said when momentum is growing at the state level to enact data privacy laws, the pressure ramps up at the federal level to act. In addition to Congress, it is also worth noting that the FTC is expected to provide data privacy regulations. Ms. Stringer said the NAIC continues to engage with Congress to oppose preemptive federal legislative proposals and to inform Congress of the Working Group’s efforts to update its models. She said the NAIC makes the point to Congress that states have proven the ability to act quickly to address technological changes that affect data privacy and data security. She also said that the NAIC underscores the importance of not undermining the existing state regulatory framework or inhibiting ongoing efforts in the states to develop data privacy laws and regulations so that state insurance regulators can continue working in the best interests of insurance consumers.

Mr. Patton asked about the difference between data versus entity-level exemptions. Ms. McAdam said the various laws treat the GLBA and HIPAA differently. She said that entity-level exemptions use the phrase “this law does not apply to entities covered by or controlled under GLBA or HIPAA covered entities” and that data-level exemptions use the phrase “data or information collected pursuant to GLBA or HIPAA.” Ms. McAdam said it would be up to the Working Group to determine whether only certain data is carved out or if any data collected by the entire entity is carved out. Mr. Wake said the Working Group should not even consider an entity-level exemption under the GLBA because it would mean excluding the financial sector, which would be fine if it could be said that the GLBA covers the financial sector, and the Working Group wants to cover the Facebooks of the world that are not financial institutions. However, he said since the Working Group consists of state insurance regulators drafting a state insurance privacy law, it is using its delegated functional regulatory authority under the GLBA to regulate. So, the Working Group cannot carve GLBA out because that would carve out everything that the Working Group wants to do. Mr. Wake said California’s data-level exemption for the GLBA means the data collected is not being regulated, but insurers might be regulated in other ways. It leaves everything up to state insurance regulators except the private right of action, which applies only to the attaching of the data to the regulation.

Chris Petersen (Arbor Strategies), speaking on behalf of the Coalition of Health Insurers, said there should be a HIPAA safe harbor like Model #670, under which there is no exemption from the law unless insurance companies comply with the Privacy of Consumer Financial and Health Information Regulation (#672). He said if insurance companies comply with HIPAA, they do not need to comply with any other lessor standard. Mr. Petersen said Model #672 is an insurance-only model, so he said the Working Group’s work plan should start with Model #672, not Model #670 as part of it is obsolete. Mr. Wake said the Working Group already had these discussions in regulator-to-regulator meetings prior to coming to the decision noted in the work plan. Ms. Johnson said the
Working Group has determined that it would be looking at Model #670 and Model #672 and drafting a white paper on consumer data ownership.

4. **Adopted its Work Plan**

Ms. Johnson said the exposure draft of the Working Group’s work plan was drafted in two regulator-to-regulator meetings on March 23 and March 9, and that the draft was exposed for comment on March 23 for a seven-day public comment period ending March 30. She said written comments had been received from the American Council of Life Insurers (ACLI) and the Coalition of Healthcare Providers. Ms. Johnson asked if there were any comments from Working Group members, interested state insurance regulators, or interested parties. Birny Birnbaum (Center for Economic Justice—CEJ) said the work plan, while ambitious, showed a depth of understanding of the issue, so he agreed with it as a sound plan. However, he said the Working Group may need to revise or tweak it as it proceeds through it.

Robert Ridgeway (Coalition of Healthcare Providers) said he agrees with what Mr. Petersen had written in his comments on behalf of the Coalition of Healthcare Providers and that he also wanted to highlight two of the points made in that letter. One was that the Working Group should focus on Model #672 by starting its work with it, and the other was that a gap analysis should be done prior to any revisions being suggested. Mr. Ridgeway said the difficult timeline given would require all stakeholders to work together on drafting of any revisions, especially on wordsmithing.

Kristin Abbott (ACLI) said the comment period was too short and that future comment periods should be at least 30 days to give trade associations like hers enough time to distribute the drafts to their members and then compile all comments received prior to responding to the Working Group. She said the Working Group should be mindful to avoid holidays. Ms. Abbott also asked the Working Group for more detail about the white paper, particularly about its design and purpose.

Wes Bissett (Independent Insurance Agents and Brokers of America—IIBABA) asked how the white paper would fit into the Working Group’s work plan. He asked what type of issues the white paper would address and if it would include any recommendations from the Working Group. Mr. Bissett also asked if the white paper would be looking into any private contracts. Ms. Johnson said the issues noted in the comments submitted would be considered by the Working Group as it moved through its work plan in 2022.

Ms. Amann made a motion, seconded by Mr. Aufenthie, to adopt the Working Group’s work plan for 2022 (Attachment xx). The motion passed unanimously.

5. **Discussed Other Matters**

Ms. Johnson said Mr. Aufenthie had volunteered to lead the workstream team on drafting the white paper on data ownership and use rights. Mr. Aufenthie said the team’s goal was to identify where the gaps are in Model #670 and Model #672 about who owns consumer data; where it comes from; who has control over it; for how long; and under what circumstances. He said the team would solicit questions from Working Group members, interested state insurance regulators, and interested parties (including NAIC consumer representatives) for a survey that would be exposed to seek other questions that could first be tied back to the six consumer data rights identified by NAIC Members over the last two years.

Ms. Johnson reminded the Working Group that the survey questions are scheduled to be exposed for a brief comment by May 11, with the final survey scheduled to be distributed in July.
Having no further business, the Privacy Protections (D) Working Group adjourned.
New Ways to Inform & Protect Against Insurance Fraud

American Indian and Alaska Native Liaison Committee
Fighting fraud helps fulfill our missions

The Liaison Committee will provide ... an opportunity for American Indian and Alaska Native 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.
Insurance fraud is the crime we all pay for
Especially the most socially and financially vulnerable
Insurance fraud takes many forms

- Policyholder acts or misrepresentations
- Third-parties seeking financial profit
- Insurer actions and practices.
Why native & indigenous people may be at higher risk for insurance fraud?

- More trusting culture traditions.
- Historically tribes and corporations were more closed – the internet changed everything.
- Fraudsters are now more prevalent, operating on wider platforms.
- Mostly, these communities have not been informed and equipped to sufficiently avoid becoming victims of insurance fraud.
Financial crimes impact native peoples

During the 2020 pandemic, people living in majority-Native communities faced persistently high rates and levels of delinquent debt, nearly half had subprime credit, and some turned to high-cost predatory lenders to meet their financial needs. Policymakers have the power to help address these inequities....
NAIC Consumer Representative Study 2021

Disparities in Insurance Access
A report detailing findings from a survey of grassroots consumer organizations

A REPORT COMMISSIONED BY THE CONSUMER REPRESENTATIVES TO THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
AUGUST 2021
Systemic Discrimination & Bias

When asked the extent to which consumers face discrimination or bias in insurance, the vast majority of respondents (79%) reported “some” or “a lot” of discrimination or bias.

Bias primarily involves system-level inequities, pointing to the impact of broad and historic oppression.

Addressing the inequities requires broader interventions among regulators beyond traditional complaint driven compliance enforcement.
Lack of Regulator Engagement

While several organizations mentioned new or creative partnerships with state insurance regulators, most respondents had little contact or interaction with regulators.

A recurring theme is state insurance regulators should improve outreach efforts to constituents. The outreach should be more intentional to reach underserved communities.
“I have never seen the DOI hold a community forum, townhall, or similar event to hear from the community about their priorities.”

—local organization leader

CHART 4
To the best of your knowledge, in the last five years, how frequently has the state department of insurance reached out to your constituents to...

- Provide education about insurance to your constituents: 26%
- Increase awareness about insurance among your constituents: 24%
- Ask about opportunities to learn what your organization does its work with constituents about insurance: 18%
- Discuss the department’s services: 17%
- Ask about opportunities to hear about your constituents’ insurance issues: 17%
Coalition Against Insurance Fraud

A partner to help your efforts
“Cost sharing groups, ministries or similar types of non-traditional healthcare programs may not be regulated as insurance products. Be cautious when considering such programs as if problems later arise, our Department may not be able to assist you with claim payments or other issues.”
Other tools & resources

• Translation or adaption of materials to specific groups or needs.
• Partnerships on anti-fraud programming and presentations.
• Training for DOI staff and teams on anti-fraud outreach efforts.
• Assistance with anti-fraud reporting programs and information.
• Laws, regulations, pending legislation and fraud tracker mapping.
• The largest searchable data base of anti-fraud materials.
Contact:

www.insurancefraud.org

matthew@insurancefraud.org

(202) 393-7332
MAXIMIZING COLLABORATION BETWEEN HEALTH INSURERS AND TRIBAL COMMUNITIES

What BCBSNM and BCBSOK are doing to build partnership
PRESENTERS

Bonnie Vallo (Laguna/Acoma Pueblo)
BCBSNM Tribal Affairs Specialist, Community Outreach

Lucinda Myers (Muscogee / Seminole)
BCBSOK Tribal Relations Specialist
BLUE CROSS BLUE SHIELD ASSOCIATION TRIBAL MARKETS WORKGROUP

Founded in 2018

Comprised of four BCBS plans and one third-party administrator representing nine states

- Health Care Service Corporation (Oklahoma, New Mexico, Illinois, Montana, & Texas)
- Blue Cross Blue Shield of Arizona
- Blue Cross Blue Shield of North Dakota
- AmeriHealth Administrators (Minnesota & Pennsylvania)

Mission: Promote Information sharing between BCBS Plans to support the needs of Tribal Communities.
HCSC TRIBAL RELATIONS WORKGROUP

Purpose: To provide a venue to share best practices and improve performance in working with American Indian populations and to support one another across all services.
NAIP members represent the communities we serve

NAIP members give HCSC insight into the health and social challenges of specific Native American populations

NAIP members serve as brand ambassadors to promote health insurance coverage education

NAIP members engage in business activities
BEST PRACTICES IN WORKING WITH NATIVE AMERICAN POPULATIONS

INVEST
- Invest in dedicated positions to accomplish strategies

REMEMBER
- Remember those you serve are the experts on issues. Be willing to listen & engage them!

PROVIDE
- Provide ongoing cultural competency education to employees.
TRIBAL COMMUNITY OUTREACH: MOBILE ASSISTANCE CENTER
TRIBAL COMMUNITY OUTREACH: CARING FOUNDATION VANS
TRIBAL COMMUNITY OUTREACH: 
EDUCATION
TRIBAL COMMUNITY OUTREACH: BUILDING RELATIONSHIPS
NEW MEXICO TRIBAL OUTREACH

- Build solid relationships
- Support, educate members & community about benefits and resources
- Collaborate with community partners and providers
- Help to close health care gaps and address social determinants of health
NEW MEXICO COMMUNITY OUTREACH

- Our goal is to serve the 23 New Mexico Tribes, Pueblos and tribal communities.
- Sponsorships & Grants
- Employee Giving & Initiatives
- Medicaid Education & Outreach
2020 MONTANA GOALS & ACTIVITIES:

Continue partnering with Tribal IHS facilities and medical groups on COVID-19 and telehealth informational updates
- MT Urban Indian Health Center donations $75,000 ($15,000 each)
- Billings, Butte, Missoula, Helena, Great Falls
- Internally share communications from Senators and Representatives to avoid traveling and stopping in tribal communities
- Actively engage with tribal facilities to support utilizing the public grants designed to help local and tribal health departments support contact tracing and other COVID19 related costs ($5 million)

2021 scheduled clinics with the Care Van
- Fort Belknap IHS
- Lodge Grass IHS
New Mexico Health Insurance Exchange
American Indian Initiatives

Presented by: Teresa Gomez,
beWellnm Board Vice Chair and Chair of Native American Standing Committee
Teresa Gomez is an enrolled member of the Pueblo of Isleta and a lifelong resident of New Mexico. Teresa has dedicated her career to serving Tribes and advocating for issues affecting American Indians. In 2006, Teresa served as the Deputy Cabinet Secretary for the New Mexico Indian Affairs Department. Teresa also served as the Deputy CEO for the NM Behavioral Health Purchasing Collaborative.

Teresa has worked extensively with Tribal governments and various governmental agencies at the federal, state, and local levels. She has been instrumental in building and strengthening Tribal-State relations and collaborations.

Teresa has served on beWellnm’s Board of Directors since 2013. Ms. Gomez serves as the Board’s Vice Chair and the Native American Standing Committee Chair. She serves on the Board as a Consumer Member.

As an ovarian cancer survivor, Teresa is keenly aware of the importance having adequate, affordable health insurance. She uses her experience working with American Indian Tribes and populations, along with her personal experience as a cancer survivor to advocate for consumers.
In 2013, New Mexico’s Legislature passed the NM Health Insurance Exchange Act

- Providing for the Appointment, Powers and Duties of a Board of Directors for the Exchange
- Providing the Superintendent of Insurance with Rulemaking Powers for the Exchange
- Providing for Powers and Duties of the Exchange
“Native American” means: (1) an individual who is a member of any federally recognized Indian nation, tribe or pueblo or who is an Alaska native; or (2) an individual who has been deemed eligible for services and programs provided to Native Americans by the United States public health service or the bureau of Indian affairs.

The board shall be composed, as a whole, to assure representation of the state's Native American population, ethnic diversity, cultural diversity and geographic diversity.

Create an advisory committee made up of Native Americans, some of whom live on a reservation and some of whom do not live on a reservation, to guide the implementation of the Native American-specific provisions of the federal Patient Protection and Affordable Care Act and the federal Indian Health Care Improvement Act;

Designate a Native American liaison, who shall assist the board in developing and ensuring implementation of communication and collaboration between the exchange and Native Americans in the state. The Native American liaison shall serve as a contact person between the exchange and New Mexico Indian nations, tribes and pueblos and shall ensure that training is provided to the staff of the exchange,

Consult with representatives of New Mexico Indian nations, tribes and pueblos and develop and implement policies that: (a) promote effective communication and collaboration between the exchange and Indian nations, tribes and pueblos, including communicating and collaborating on those nations', tribes' and pueblos' plans for creating or participating in health insurance exchanges.
• The Native American Committee is a committee of the Board (“Board”) of beWellnm. The Native American Committee is established in beWellnm’s Annual Plan of Operations to assist the Board.

• The Committee promotes effective communication and collaboration between the Exchange and the Native American communities of New Mexico.

• The Committee ensures adherence to Native American-specific provisions included in the Affordable Care Act (ACA), Indian Health Care Improvement Act (IHCIA) or any other Exchange related policy.

• They shall nurture communication and collaboration as established via the Native American Liaison.

• Cultural Competency Training. The Committee shall work with the Native American Liaison to ensure that training is provided to the staff of the Exchange on cultural competency.

• Native American Service Center. As identified in The New Mexico Health Insurance Exchange Act, the Board may establish a Native American Service Center. The Committee will take the lead in making recommendations to the Board regarding the Native American Service Center if necessary.

• Native American Advisory Committee. The Committee shall work in close coordination with the Native American Advisory Committee as established by The New Mexico Health Insurance Exchange Act and as led by the Native American Liaison.
Native American Service Center

As identified in The New Mexico Health Insurance Exchange Act, the Board may establish a Native American Service Center to ensure that the Exchange is:

- Accessible to Native Americans
- Complies with the provisions of the federal Indian Health Care Improvement Act and the Indian-specific provisions of the Affordable Care Act
- Facilitates meaningful and ongoing consultation with Native Americans
• Originally contracted out these services to an American Indian serving organization

• 2016/17 time frame, Board voted to formally establish a Native American Program at beWellnm
  • Native American Liaison
  • Native American Advisory Committee
  • Native American Standing Committee
  • Targeted messaging and strategies for outreach, education, enrollment
Thank You

Questions?

Teresa Gomez
tgomez@nmhix.com