

Draft: 8/5/25

Speed to Market (D) Working Group
Virtual Meeting
June 24, 2025

The Speed to Market (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met June 24, 2025. The following Working Group members participated: Maureen A. Motter, Chair, and Lilane Fox (OH); Julie Fairbanks, Vice Chair, and Amanda McCauley (VA); Erick Wright (AL); Mary Grover (CO); Susan Jennette (DE); Spencer Hawkins (ID); Tammy Lohmann (MN); Camille Anderson-Weddle and Jo LeDuc (MO); Tracy Biehn and Ted Hamby (NC); Yuri Venjohn and Chrystal Bartuska (ND); LuAnne J. King (NH); Joshua Blakey and Lauren Bodine (OR); Marianne Baker, Angela McNeal, and Lynnette Bentley (TX); Kelly Christensen and Heidi Clausen (UT); Rob Lee and Gail Jones (WA). Also participating were Christina Huff (FL); Nina S. Hunter (LA); Nour Benchaaboun (MD); Audrey I. Wade (ME); and Mary V. Richter (VT).

1. Adopted its Spring National Meeting Minutes

Fairbanks made a motion, seconded by Wright, to adopt its March 4 (see *NAIC Proceedings – Spring 2025, Market Regulation and Consumer Affairs (D) Committee, Attachment XX*) minutes. The motion passed unanimously.

2. Discussed Suggestions Received on the PCM

Motter explained that the Working Group received seven suggestions for changes to the product coding matrix (PCM). Each suggestion was discussed in detail to reach a determination (Attachment One). The first suggestion was to add two new hospital indemnity types of insurance (TOIs): H14G.001 Health-Hospital Indemnity and H14I.001 Hospital Indemnity. These would describe a hospital indemnity contract that pays a fixed amount for a hospital confinement that is less than the minimum standards outlined in state law. The rationale behind this suggestion was to align the types with the limited benefit health coverage outlined in the *Model Regulation to Implement the Accident and Sickness Insurance Minimum Standards Model Act (Model #171)*. The Working Group considered several factors, including where states were currently filing such submissions and whether existing TOIs H15.G004 and H15.I002 could serve the same purpose. They also discussed whether to amend the descriptions of H14.G000, H14I.000, H15.G004, and H15.I002 to indicate which TOIs to use for products that do not meet state minimum standards, and if this could be a solution instead of adding additional sub-TOIs. Other considerations included the identification of such products through filing labels or state filing descriptions, the number of states that would use the new TOIs, and whether updates to the descriptions of H14.G000 and H14I.000 would be necessary.

Ultimately, the outcome was a lack of interest in the additions by other states, since Utah had adopted Model #171. The requesting state believed that a filing label could not be a long-term solution since it would not be available in the System for Electronic Rates & Forms Filing (SERFF) modernization project. However, NAIC SERFF staff confirmed that filing labels would continue to exist, so the state would likely use that solution. Motter concluded that the Working Group would not be able to add any new TOIs but could add two new filing labels to accommodate this suggestion. The NAIC SERFF team, including Renee Brownfield and Alex Rogers, would reach out to Clausen to try to get the filing labels added for hospital indemnity contracts that week. Rogers noted that for this change to be cost-effective, SERFF would need to be widely adopted and have high utilization.

The second suggestion was to add several sub-TOIs for limited long-term care coverage. These included LTC07G and LTC07I for limited long-term care services such as nursing home care, assisted living care, home health care, and adult day care, all providing reimbursement for periods of less than one year. Additional sub-TOIs included

LTC02G.005 and LTC02I.005 for home health care policies, LTC03G.005 and LTC03I.005 for long-term care policies, LTC04G.005 and LTC04I.005 for nursing home policies, LTC05G.005 and LTC05I.005 for nursing home and home health care policies, LTC05.1G.005 and LTC05.1I.005 for assisted living care policies, and LTC05.2G.005 and LTC05.2I.005 for adult day care policies, all providing reimbursement for periods of less than one year. Clausen and Bartuska highlighted the challenges faced by their states with limited long-term care product categorization. Utah was the only state using LTC06, and Clausen noted difficulties in pulling up the number of filings, possibly due to the H13s. North Dakota also had a less than 12-month LTC policy and used H13 for the short-term care piece due to the low number of filings. Motter emphasized the importance of uniformity and asked Clausen to revisit the issue with the Working Group.

The third suggestion was to add TOIs and sub-TOIs for behavioral health, specifically H27G and H27I, with potential sub-TOIs for various group sizes. The rationale was to add a new TOI instead of using existing Affordable Care Act (ACA)-eligible TOI codes. The Working Group considered where such submissions were currently filed, whether existing TOIs could serve the same purpose with a description update, the number of states that would use the new TOIs, and the fact that some states denied standalone behavioral health policies, preferring them as part of broader health benefits. The outcome was a lack of interest in pursuing additions by other states, as standalone behavioral health products were rarely submitted and often not permitted.

The fourth suggestion was to add a TOI for network adequacy, possibly NA02. This new TOI would be used for network adequacy form filings, including attestations, network access plans, and enrollment documents. The Working Group considered where such submissions were currently filed, whether a filing type for network adequacy could serve the purpose, the number of states that would use the new TOI, and the variation in network adequacy filings by state. Rogers planned to contact Colorado regarding the network adequacy forms to see if adding a filing type might assist them. The outcome was a lack of interest in the addition by other states, with most not receiving this type of filing submission.

The fifth suggestion was to add a TOI for occupational accident (Occ/Acc) coverage to differentiate it from other filings. The Working Group considered where such submissions were currently filed, whether submission requirements would differ from existing ones, and whether a filing label or description could serve the purpose. The outcome was a lack of interest in the addition by other states, with such filings currently received under H03. The requesting state was advised to consider using a filing label or description.

The sixth suggestion was to add sub-TOIs for HOrg 04 Group Health-Single Service Dental to differentiate by group size, possibly large group and small group. The rationale was to allow differentiation for reporting purposes. The Working Group considered whether submission requirements would differ for small and large dental, whether a filing label or description could serve the purpose, and whether the expansion should include H10G Group Dental. The outcome was a lack of interest in pursuing additions by other states and in group size differentiation. The requesting state was advised to consider using a filing label or description.

The seventh suggestion was to revise the description and/or add sub-TOIs for HOrg 04 and H10 to acknowledge ACA stand-alone dental plans that provide coverage beyond the pediatric age. The rationale was that current descriptions and sub-TOIs did not contemplate these plans. The Working Group considered where such submissions were currently filed, whether the description should be amended or additional sub-TOIs added, whether submission requirements would differ, and whether a filing label or description could serve the purpose. The outcome was that Utah had insurers using H10G.000 or H10I.000 when the product offering also provided coverage beyond the pediatric age, while Washington instructed insurers to use H10.G001 or H10.I001 in such situations. The Working Group discussed potential PCM TOI description revisions and sought feedback from all members before making changes.

3. Heard a Report on the SERFF Modernization Project and SERFF Product Steering Committee

Lauren Bandle (NAIC) said the SERFF modernization project was an overall success. However, she said there are still a few users who are unable to access the platform due to various issues, but they are being addressed as a top priority. Bandle said development teams refine issues and measure user satisfaction for early adopter feedback. She said 10 early adopters participated in a recent workshop to discuss intake and review processes. Bandle said the workshop included presentations on reporting capabilities and a hands-on artificial intelligence (AI) lab.

4. Discussed Other Matters

The discussion of the suggested changes received on the PCM caused a time constraint on the meeting, so the update on the Interstate Insurance Product Regulation Commission (Compact) was postponed until the Working Group's next meeting.

Motter said a survey will be sent to Working Group members and interested regulators to gather feedback on current internal reporting requirements and future needs related to SERFF data and filing-related data.

Having no further business, the Speed to Market (D) Working Group adjourned.

1. Can we change descriptions for H10G.000 and H10I.000 and HOrg04G.000 to include the following as a final sentence at the end of each: For ALL ACA-related dental, use H10G.001. For ALL ACA-related dental, use H10I.001. For ALL ACA-related dental, use Horg04G.00.	OH-1st VA - 1st	MT MO DE	IL - 2nd	first choice second choice	5 states 1 state
2. If the additional sentence is not acceptable for your state because you wish to have product filed elsewhere, would this description work? For ALL ACA-related dental, use H10G.001 unless the state instructs otherwise. For ALL ACA-related dental, use H10I.001 unless the state instructs otherwise. For ALL ACA-related dental, use Horg04G.001 unless the state instructs otherwise.	AL UT	VA-2nd OH-2nd MD-2nd		first choice second choice	2 states 3 states
No Change	MD-1st IL-1st			first choice	2 states

