



February 27, 2026

Mr. Joshua Guillory, Chair
Market Conduct Annual Statement Blanks (D) Working Group
National Association of Insurance Commissioners
1100 Walnut Street, Suite 1500
Kansas City, MO 64106

Via email: Hal Marsh, hmarsh@naic.org

Re: Exposure of Long-Term Care Market Conduct Annual Statement Draft Blank – 01/29/26

Dear Mr. Guillory:

On behalf of the American Council of Life Insurers (ACLI),¹ and America's Health Insurance Plans AHIP,² we appreciate the opportunity to comment on [Long Term Care Market Conduct Annual Statement Draft Blank – 01/29/26](#) (LTC MCAS Draft Blank – 01/29/26).

During the Working Group's February 5 call, our organizations provided several comments on the referenced draft. As the draft was exposed for comment at the end of the meeting, we wanted to further document our comments. We appreciate the work done to date by the Working Group and NAIC staff to discuss and introduce potential changes and additions to the LTC MCAS Annual Statement reporting. We would like to provide the following comments on LTC MCAS Draft Blank – 01/29/26 which contains several proposed changes and additions to current required reporting:

- LTC Interrogatories, Line 15 – Among the items inserted here for potential additions is a line asking for, "Number of class action lawsuits?" In looking back at notes from when the LTC reporting requirements were originally created, we noted that class action lawsuits were discussed in some detail. There were several issues identified then related to appropriate

¹ The American Council of Life Insurers is the leading trade association driving public policy and advocacy on behalf of the life insurance industry. 90 million American families rely on the life insurance industry for financial protection and retirement security. ACLI's member companies are dedicated to protecting consumers' financial wellbeing through life insurance, annuities, retirement plans, long-term care insurance, disability income insurance, reinsurance, and dental, vision and other supplemental benefits. ACLI's 275 member companies represent 93 percent of industry assets in the United States.

² AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and to help create a space where coverage is more affordable and accessible for everyone.

definitions and identification of class action lawsuits. As a result of these discussions, it was decided that the LTC Lawsuit Activity section (current lines 59-63) was the best way to capture overall lawsuit activity. We would suggest that the additional item for class action lawsuits be removed as lawsuit activity is already captured in the existing Lawsuit Activity section.

- Furthermore, regarding LTC Interrogatories, Line 15 - inserted for potential additions is a line asking for, “Is there a reason that the reported LTC (Stand Alone, Life Hybrid, Annuity Hybrid) information may identify the company as an outlier or be substantially different from previously reported data (such as assuming, selling or closing blocks of business; shifting market strategies; underwriting changes, etc.)?”. This appears to be duplicative of questions 4-15, thus, we are seeking clarification if this would be in addition to existing questions 4-15 or in lieu of them.

- LTC General Information, Line 19 – In the exposure, two new items related to LTC premium have been included prior to Line 19. We would like to point out that LTC premiums by state are already currently reported to the NAIC via other reports such as the State Pages of the Annual Statement and Form 5 of the LTC Experience Exhibit, and that for hybrid products, the Annual Financial Statement captures the premium for the whole product, providing little insight about the premium amount solely related to LTC coverage. In recent years, industry and the NAIC have looked to eliminate redundant work/reporting. We respectfully request removal of the two new premium items as they provide limited value from a Market Conduct viewpoint and would be redundant to already existing reporting.

- LTC General Information, Line 20 – There is a potential edit to replace existing Line 20 (which requests ‘number of new business policies/contracts issued during the period’) with ‘number of applications approved during the period’. In addition, other data regarding applications approved, pending and denied are being considered. We would recommend leaving existing Line 20 as currently stated and not adding the application tracking. LTC underwriting practices vary significantly across carriers due to differences in product design and underwriting methodologies which may cause these data items to not be comparable across carriers and therefore susceptible to inconsistent interpretation. Furthermore, the availability of this data could be a challenge for carriers. Application and underwriting data may not be stored in the policy administration system used to access other MCAS requested data.

- LTC General Information, Line 22 – After existing Line 22 (‘Number of lapses during the period’) there is consideration of additional data lines on policy termination/cancellation reasons. We would note the need for detailed definitions for these potential line items and would also point out that this data may be duplicative of data already provided to states in required annual LTC Lapse/Replacement reports. Additionally, clarification on what is meant by “Number of policies terminated or cancelled by the insurer for reasons other than non-payment or free looks” would be helpful.

- LTC General Information, Line 30 – After existing Line 30 (‘Number of complaints received directly from consumers’) there are five potential additions for data items regarding adverse determinations. We would request that these items not be added to MCAS reporting. These

data items can be onerous to measure/collect and may require significant system alterations. In addition, we believe these items might be more appropriate for Market Conduct exams or follow-ups. However, if these items are to be added to MCAS reporting, we kindly request clarifying language, such as, is the data being requested on all complaints, complaints related to claims, and/or benefit appeals?

- Confirmation of Timing for any potential changes – We would like to confirm the timing for implementation noted during the meeting. Namely, any changes in the MCAS Annual Statement approved by mid-year 2026 would be effective for calendar year 2027 data which is reported by April 1, 2028.

Please let us know if there are any questions regarding the above comments. We are committed to working with the Working Group to create a final product that provides states with meaningful and useful LTC data for Market Conduct reviews.

Thank you for the opportunity to provide these comments.

Sincerely,



Kirsten Wolfford
Senior Counsel, ACLI



Amanda Herrington
Executive Director, AHIP