

September 1, 2021

Dear Interested NAIC Regulators, the Long-Term Care Insurance (LTCI) Reduced Benefit Options (EX) Subgroup, Senior Issues (B) Task Force, Health Actuarial (B) Task Force, and Interested Parties:

This letter is in response to the draft long term care insurance (LTCI) wellness program document circulated on 7/22/2021. We are a group of physicians who specialize in cognitive and neurological issues in adults. Many of our patients require home care, assisted living, or long-term care eventually in their lifetime. LTCI has been beneficial for our patients that need custodial care.

Regarding the cognitive wellness initiatives specifically related to “Technological solutions aimed at improvements in cognitive impairment prevention and early diagnosis”, we have the following concerns:

- Insurance carriers are implementing various digital technologies such as wearables, eye-tracking, and other digital biomarkers as the sole means to flag patients with cognitive risk. These technologies are rapidly evolving, experimental and, at most, should be considered data points that are used for decision support. We highly recommend that insurance carriers urge their members to see their physician for a proper cognitive risk evaluation.
- Research from the Alzheimer’s Association has demonstrated approximately 50% of cognitive impairment cases are undiagnosed. New cognitive wellness programs in LTCI that identify patients for cognitive risk could potentially do so before a physician has diagnosed or disclosed the medical condition to the patient. This brings up a variety of legal risks to both the insurance carrier, cognitive wellness coaches, and for the patient.
- As part of cognitive impairment guidelines from the American Academy of Neurology, there is bloodwork and imaging to do as part of the medical workup, as well as ruling out common conditions that “mimic” cognitive impairment (i.e., delirium, vitamin deficiencies, depression). This process is not being verified by insurance carriers or cognitive wellness programs. This gap in care may result in a high number of patients incorrectly flagged as having cognitive risk (false positives). This may also have downstream financial implications for patients through increased insurance premiums.

- Social workers and nurses should not be flagging, diagnosing, or telling patients they have cognitive impairment without a proper medical evaluation and workup by their physician using evidence-based clinical practice guidelines. This gap in care is currently underway at LTCI third-party administrators (during face-to-face assessments) and in internal claims processing workflows during chronic illness verification and the adjudication process. In 2020, an independent external medical advisory task force found 20-30% of potential claims to have a possible “treatable” condition to their cognitive impairment (delirium, depression, vitamin deficiencies etc.). These patients may have received an incorrect label of irreversible cognitive impairment.
- There are ethical and legal consequences to consider in telling someone they are at risk for dementia or have cognitive impairment before a physician does so. Some states require clinicians to report the patient’s medical condition to the DMV or alert banks regarding mental capacity.

As advocates for patient safety and care representing several U.S territories, we are concerned that these issues will put our patients in harm rather than benefiting them. We suggest to the committee that they seek the advice from an external independent medical advisory board before implementing any nationally approved cognitive wellness programs.

Yours respectfully,

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