

Draft: 10/16/20

Senior Issues (B) Task Force
Conference Call
October 8, 2020

The Senior Issues (B) Task Force met via conference call Oct. 8, 2020. The following Task Force members participated: Marlene Caride, Chair (NJ); Lori K. Wing-Heier, Vice Chair (AK); Jim L. Ridling represented by Steve Ostlund (AL); Alan McClain represented by William Lacy (AR); Elizabeth Perri (AS); Ricardo Lara represented by Tyler McKinney (CA); Michael Conway represented by Peg Brown (CO); Andrew N. Mais represented by Paul Lombardo (CT); Karima M. Woods represented by Mary Beth Senkewicz (DC); Trinidad Navarro represented by Susan Jennette (DE); David Altmaier represented by John Reilley (FL); John F. King (GA); Colin M. Hayashida represented by Kathleen Nakasone (HI); Doug Ommen (IA); Dean L. Cameron represented by Kathy McGill (ID); Stephen W. Robertson represented by Mary Ann Williams (IN); Vicki Schmidt represented by Julie Holmes (KS); Kathleen A. Birrane represented by Joy Hatchette (MD); Eric A. Cioppa represented by Marti Hooper (ME); Anita G. Fox represented by Renee Campbell (MI); Grace Arnold represented by Fred Andersen (MN); Chlora Lindley-Myers (MO); Mike Causey represented by Ted Hamby (NC); Jon Godfread represented by Chrystal Bartuska (ND); Bruce R. Ramge represented by Martin Swanson (NE); Russell Toal represented by Bogdanka Kurahovic (NM); Barbara D. Richardson represented by Jack Childress (NV); Tynesia Dorsey represented by Laura Miller (OH); Glen Mulready represented by Ron Kreiter (OK); Jessica K. Altman represented by Jim Laverty (PA); Larry D. Deiter represented by Jill Kruger (SD); Hodgen Mainda represented by Brian Hoffmeister (TN); Tanji J. Northrup represented by Jaakob Sundberg (UT); Scott A. White represented by Bob Grissom (VA); Mike Kreidler represented by Michael Bryant (WA); and Mark Afable represented by Jennifer Stegall (WI). Also participating were: Vanessa Darrah (AZ); Eric Anderson (IL); Bob Williams (MS); Martin Wojcik (NY); Christina Rouleau (VT); and Mavis Earnshaw (WY).

1. Adopted its 2021 Proposed Charges

Director Wing-Heier made a motion, seconded by Mr. Swanson, to adopt the Task Force's 2021 proposed charges (Attachment One). The motion passed unanimously.

2. Discussed Medicare and a Possible Coronavirus Vaccine

Director Wing-Heier opened the discussion on the possibility that Medicare may not cover the costs of administering a coronavirus vaccine if approved under an emergency-use authorization. She felt it was important for the Task Force to address and discuss that several newspapers and online articles have written about the problem that Medicare would not cover the cost of administering any coronavirus vaccine approved for emergency use.

Director Wing-Heier said the recently passed Coronavirus Aid, Relief, and Economic Security (CARES) Act ensures coronavirus vaccine coverage with no out-of-pocket costs for people on Medicare, but Medicare does not cover costs for drugs approved under the U.S. Food and Drug Administration's (FDA's) emergency use authorization (EUA) designations.

3. Discussed Other Matters

Bonnie Burns (California Health Advocates—CHA) raised a couple issues. The first issue she raised was that persons with End-Stage Renal Disease (ESRD) will be able to enroll in Medicare Advantage, and most plans institute a 20% coinsurance for dialysis. She said these costs will be very high for ESRD patients because most do not know of these costs, and these costs will push many ESRD patients into Medicaid.

Ms. Burns raised a second issue regarding possible confusion of notices pertaining to rate increases and premium reductions. She said there is a lawsuit moving towards settlement and, as part of the settlement, policyholders will be offered a number of options to reduce a previous premium increase. She said the notice will also include information related to future premium increases, if any. She said the notice generated by this settlement could come in addition to or in combination with any current rate increase filings.

Ms. Burns said in California, 35,000 California Partnership policyholders may lose their Partnership status if they reduce their daily benefit below the minimum daily benefit allowed in California of \$240 or reduce or drop their inflation protection below the minimum of 5% compounded.

Having no further business, the Senior Issues (B) Task Force adjourned.

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Draft: 10/8/20

Adopted by the Executive (EX) Committee and Plenary, Dec. __, 2020

Adopted by the Health Insurance and Managed Care (B) Committee, Nov. __, 2020

Adopted by the Senior Issues (B) Task Force, Oct. 8, 2020

2021 Proposed Charges

SENIOR ISSUES (B) TASK FORCE

The mission of the Senior Issues (B) Task Force is to: 1) consider policy issues; 2) develop appropriate regulatory standards; and 3) revise, as necessary, the NAIC models, consumer guides and training material on Medicare supplement insurance, long-term care insurance (LTCI), senior counseling programs, and other insurance issues that affect older Americans.

Ongoing Support of NAIC Programs, Products or Services

1. The **Senior Issues (B) Task Force** will:
 - A. Develop appropriate regulatory standards and revisions, as necessary, to the NAIC models, consumer guides and training material on Medicare supplement insurance, senior counseling programs, and other insurance issues that affect older Americans. Work with federal agencies to advance appropriate regulatory standards for Medicare supplement and other forms of health insurance applicable to older Americans. Review the *Medicare Supplement Insurance Minimum Standards Model Act* (#650) and the *Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act* (#651) to determine if amendments are required based on changes to federal law. Work with the federal Centers for Medicare & Medicaid Services (CMS) to revise the annual joint publication, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.
 - B. Monitor the Medicare Advantage and Medicare Part D marketplace. Assist the states, as necessary, with regulatory issues. Maintain a dialogue and coordinate with the CMS on regulatory issues, including solvency oversight of waived plans and agent misconduct. Assist the states and serve as a clearinghouse for information on Medicare Advantage plan activity.
 - C. Provide the perspective of state insurance regulators to the U.S. Congress (Congress), as appropriate, and the CMS on insurance issues, including those concerning the effect and result of federal activity on the senior citizen health insurance marketplace and regulatory scheme. Review and monitor state and federal relations with respect to senior health care initiatives and other impacts on the states.
 - D. Monitor developments concerning the State Health Insurance Assistance Programs (SHIPs), including information on legislation affecting the funding of SHIPs. Provide assistance to the states with issues relating to SHIPs and support a strong partnership between SHIPs and the CMS. Provide the perspective of state insurance regulators to federal officials, as appropriate, on issues concerning SHIPs.
 - E. Monitor, maintain and review, in accordance with changes to Model #651, a record of state approvals of all Medicare supplement insurance new or innovative benefits for use by state insurance regulators and others. Review state-approved new or innovative benefits and consider whether to recommend that they be made part of standard benefit plan designs in Model #651.
 - F. Develop appropriate regulatory standards and revisions, as necessary, to the NAIC models, consumer guides, and training material on LTCI, including the study and evaluation of evolving LTCI product design, rating, suitability, and other related factors. Review the existing *Long-Term Care Insurance Model Act* (#640), the *Long-Term Care Insurance Model Regulation* (#641), the *Limited Long-Term Care Insurance Model Act* (#642), and the *Limited Long-Term Care Insurance Model Regulation* (#643) to determine their flexibility to remain compatible with the evolving delivery of long-term care (LTC) services and the evolving LTCI marketplace. Work with federal agencies, as appropriate.
 - G. Examine examples of health-related financial exploitation of seniors and work with other NAIC committees, task forces and working groups on possible solutions.
2. The **Long-Term Care Insurance (LTCI) Model Update (B) Subgroup** will:
 - A. Review and update Model #640 and Model #641 to determine their flexibility to remain compatible with the evolving delivery of LTC services and the evolving LTCI marketplace.
 - B. Update Model #642 and Model #643 to correlate with Model #640 and Model #641.
 - C. Consider recommendations referred from the Long-Term Care Insurance (EX) Task Force and/or its subgroups.

NAIC Support Staff: David Torian

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