Draft Pending Adoption

Draft: 4/2/26

Senior Issues (B) Task Force
San Diego, California
March 24, 2026

The Senior Issues (B) Task Force met in San Diego, CA, March 24, 2026. The following Task Force members participated: Ned Gaines, Chair (NV); Jon Godfread represented by Chrystal Bartuska, Vice Chair (ND); Heather Carpenter represented by Sarah Bailey (AK); Ricardo Lara represented by Ted Chang (CA); Joshua Hershman represented by Tricia Davé (CT); Trinidad Navarro represented by Jessica R. Luff (DE); Michael Yaworsky represented by Alexis Bakofsky (FL); Scott Saiki represented by Arlene Ige (HI); Doug Ommen represented by Andria Seip (IA); Dean L. Cameron represented by Shannon Hohl (ID); Ann Gillespie represented by Jeff Varga (IL); Holly W. Lambert represented by Alex Peck (IN); Vicki Schmidt represented by Julie Holmes (KS); Sharon P. Clark represented by Angi Raley (KY); Michael T. Caljouw represented by Kevin P. Beagan (MA); Anita G. Fox represented by Renee Campbell (MI); Grace Arnold represented by Fred Andersen (MN); Angela L. Nelson represented by Jeana Thomas (MO); Mike Chaney represented by Bob Williams (MS); Mike Causey represented by Robert Croom and David Yetter (NC); Eric Dunning represented by Martin Swanson (NE); D.J. Bettencourt represented by Michelle Heaton and Roni Karnis (NH); Susan Ochs (NJ); Judith L. French represented by Tynesia Dorsey (OH); Glen Mulready represented by Andy Schallhorn (OK); TK Keen represented by Jesse O'Brien (OR); Michael Humphreys represented by Richard L. Hendrickson (PA); Larry D. Deiter represented by Jill Kruger (SD); Amanda Crawford represented by Latif Almazan (TX); Jon Pike represented by Tanji J. Northrup and Tomasz Serbinowski (UT); Scott A. White represented by Julie Blauvelt (VA); Kaj Samsom represented by Karla Nuissl (VT); Patty Kuderer represented by Andrew Davis (WA); Nathan Houdek represented by Darcy Paskey (WI); Allan L. McVey and Joylynn Fix (WV); and Jeff Rude represented by Tana Howard (WY).

1. Adopted its 2025 Fall National Meeting Minutes

Hohl made a motion, seconded by Williams, to adopt the Task Force's Dec. 10, 2025 (*see NAIC Proceedings – Fall 2025, Senior Issues (B) Task Force*) minutes. The motion passed unanimously.

2. Discussed the State Medigap Birthday Rule and Medigap for Those Under 65

William Schiffbauer (Schiffbauer Law Firm) noted that Medigap carriers have been hesitant to participate in Task Force discussions due to the highly competitive and price-sensitive nature of the market. He has had experience with Medicare supplement insurance (Medigap) companies for many years, but they are reluctant to communicate due to price sensitivity and the competitive nature of the business.

Schiffbauer said Medigap is designed for long-term premium stability, which depends on consistent enrollment and policyholder retention. Based on what he has learned regarding the actuarial side, because the product is standardized, Medigap can only compete on price and service. Annual switching and expanded guaranteed issue (GI) proposals, such as birthday rules or extending eligibility to those under 65, introduce instability and increase the risk of "rate shock" for existing policyholders, particularly given rising Medicare costs and the high expenses associated with populations such as those with End-Stage Renal Disease (ESRD).

Schiffbauer said he provided the Task Force with a two-page summary. According to data from the Medicare Payment Advisory Commission (MedPAC), ESRD beneficiaries incur costs more than six times higher than average, and prior Congressional estimates projected a $14 billion increase in Medicare spending over 10 years if coverage were expanded. He said some of the other expanded GI proposals have been driven by dissatisfaction and disenrollment among Medicare Advantage enrollees. He also pointed to a prior Congressional decision to prohibit

new enrollments for Plan C and F beneficiaries, which he said was based on the assumption that seniors needed to have greater cost-sharing responsibility.

Schiffbauer said that in 2024 and 2025, the California legislature considered establishing a 90-day open enrollment period for all Medicare Advantage and Medigap policyholders and conducted two studies. He said the studies estimated premium increases of 33% per member per month, and in a subsequent analysis, 14% per member per month. He said these types of changes contribute to instability, volatility, and rate shock in the Medigap market.

Schiffbauer said the primary concern is protecting existing policyholders from rate shock. He said Medigap companies share a common interest in maintaining coverage for these individuals and that annual policy switching introduces unpredictable risk and destabilizes pricing.

He also raised concerns about predatory provider practices. He said that, in some cases, dialysis clinics have targeted the lowest-cost Medigap insurers in a state and used social workers to enroll ESRD patients into those plans, resulting in unallowable loss ratios. He said that while Medicare Advantage plans now cover ESRD patients and receive risk-adjusted payments, Medigap plans do not have access to a comparable risk adjustment system.

Schiffbauer said the main concern with expansion proposals is the resulting rate shock. Medigap premium increases and price volatility in this market work to the advantage of Medicare Advantage plans. When Medigap prices go up, it makes Medicare Advantage plans look more attractive because they are overpaid, and those overpayments are used to fund additional benefits, offer zero premiums, and pay higher commissions to agents to attract enrollees into the Medicare Advantage program. He added that Medigap insurers do not receive risk-adjusted payments to offset adverse selection.

Schiffbauer said states considering these types of expansions should focus on these risks. He suggested potential solutions, including a private reinsurance arrangement funded by participating Medigap carriers to support risk-adjusted payments, or the creation of a high-risk pool for the ESRD population to distribute costs more equitably. He also suggested a broad funding mechanism to assist with cost-sharing for enrollees in original Medicare or Medicare Advantage.

Schiffbauer said that while expansion, such as the birthday rule and under-65 eligibility, is well-intentioned, it is likely to result in higher premium increases, greater premium volatility, and potential insurer exits, particularly among Medigap-only carriers.

Commissioner Gaines said while Medicare Advantage might appear more attractive due to risk adjustment, many plans are narrowing provider networks at the state level, limiting patient access to their preferred providers. This creates a “catch-22,” with Medigap struggling to absorb high-cost ESRD risk without risk adjustment and Medicare Advantage restricting provider choice, leaving patients with limited options.

Schiffbauer said providers are leaving Medicare Advantage networks and, in some cases, establishing hospital-owned Medicare Advantage plans, making it difficult to understand providers’ incentives. He noted that, unlike original Medicare, Medicare Advantage limits provider choice. He emphasized that Medigap plans are not risk-adjusted; therefore, when Medigap insurers take on additional risk and volatility, it is reflected directly in premiums. He said that without reinsurance or a risk-adjustment mechanism, the market will continue to face this “catch-22,” leaving policyholders few good options.

Hohl asked whether the Task Force could take steps to encourage industry participation. She noted that members have raised concerns in their states about Medigap rates and the Medicare Advantage market, and said it would be helpful to hear industry perspectives on birthday rules and extending guaranteed issue to those under age 65.

Commissioner Gaines said industry representatives are generally willing to discuss these issues, but they prefer not to do so in an open forum.

Bartuska said input from the Medigap industry would be helpful, particularly for states without a birthday rule that may be considering one. She noted that many beneficiaries remain in Plan F with rapidly increasing premiums and may need alternatives. She expressed concern that some may move to Medicare Advantage by default and said it would be useful to understand how a birthday rule affects carriers' business practices and premium levels.

Seip said Iowa has seen carriers enter the market with very low introductory rates, attract a large number of enrollees, and then significantly raise rates in subsequent years. She said that once premiums increase, the plan becomes uncompetitive and the carrier often closes the block of business.

Seip noted that Iowa requires a carrier that exits the Medigap market to remain out of the market for five years. Some carriers avoid this restriction by offering a new Medigap plan through an affiliated or sister company. She added that actuaries frequently raise concerns about this pattern of underpricing, rapid growth, and subsequent block closures.

Seip said these practices can leave consumers who cannot pass underwriting in closed blocks of business with sharply increasing premiums. She noted that, as affordability declines, these consumers may feel pushed into Medicare Advantage. She said she is unsure whether a birthday rule is a viable solution, but she characterized the problem of consumers being "trapped" in Medigap coverage as significant.

Karnis said New Hampshire is considering a birthday rule and has heard from advocates supporting the change. She asked whether states that have adopted a birthday rule have monitored their rates and what they have observed. She said it is important to hear from the industry and to understand how the policy has worked in other states.

Commissioner Gaines said Nevada recently enacted a birthday rule and has begun monitoring its impact but noted that data is not yet available.

Hohl said Idaho has been tracking results, but comparisons across states are challenging because program designs differ. She noted that Idaho changed its rating structure and required community rating when it implemented the birthday rule. She said Idaho continues to see steady rate increases, with more significant increases more recently, but it is difficult to determine whether the changes are driven by the birthday rule, community rating, Medicare Advantage market dynamics, or Part B cost trends.

Bartuska said rating approaches are also under review in her state and that officials are exploring options. She asked whether there is an existing compilation of the rating methodologies used across states, or whether the Task Force could develop one to support analysis.

Commissioner Gaines said that during the March 5 regulator-only session, the Task Force discussed these issues, including specific companies. He said members were asked to report whether their state has a birthday rule and, if so, what issues they are observing.

Fix said West Virginia recently enacted a birthday rule and previously conducted a data call with insurers at the legislature's request. She said the information helped inform drafting decisions intended to minimize rate impacts. She noted that birthday rules can be structured in different ways and said that states should evaluate design options based on expected effects in their markets.

Owen Urich (AHIP) noted that many AHIP members are Medigap carriers and would welcome a future discussion to share their perspective, summarize AHIP's related advocacy, and describe member experience. He added that previously raised concerns, including potential market exits and premium increases, could result from birthday rule legislation or broader open enrollment proposals.

Commissioner Gaines asked whether AHIP would be willing to help facilitate a call between the Task Force and industry representatives to discuss these issues.

Donna Novak (NovaRest Actuarial Consulting) noted that her firm reviews Medigap rates, including in states with a birthday rule, and emphasized the importance of consumer awareness. She observed that if beneficiaries do not know about a birthday rule and their options, they cannot make informed decisions. She encouraged carriers to provide clearer notice—particularly when policyholders face double-digit rate increases.

Commissioner Gaines emphasized that beneficiaries need clear information about their coverage and noted that carriers often rely on State Health Insurance Assistance Programs (SHIPs) for consumer education. He encouraged carriers to be more proactive and not depend solely on SHIPs to communicate benefits and options.

Lucy Culp (Blood Cancer United) expressed appreciation for the open sessions and encouraged more public discussions. While acknowledging rate pressures, she emphasized that the issues affect a vulnerable population and that consumer representatives can contribute stories and data. She also noted that much of the information discussed is publicly available and can be analyzed by comparing state experience, and she questioned whether these conversations need to occur in regulator-only session.

Commissioner Gaines reiterated the Task Force's preference to conduct discussions in open session and to use regulator-only sessions only when necessary.

3. Discussed LTC Riders

Commissioner Gaines noted that discussion of long-term care (LTC) riders on life insurance, sometimes called hybrid or combo policies, has continued over the past several meetings. He reminded members to send information on how their state processes these filings to David Torian (NAIC) so NAIC committee support can compile a summary of state approaches.

He added that states appear to be handling these products differently, which is understandable given variations in state law. However, he emphasized the need for greater consistency, citing ongoing questions about pricing, long-term performance, and whether additional consumer protections may be needed.

Commissioner Gaines raised the possibility of referring actuarial questions to the Life Actuarial (A) Task Force or the Health Actuarial (B) Task Force to review how these policies are priced, and he invited Task Force discussion.

Serbinowski encouraged the Task Force to keep some discussion within the Task Force because many issues are non-actuarial. He noted that questions about policy duration (e.g., term to 100, 90, or 80), definitions of "guaranteed renewable," and portability do not require actuarial input. He also emphasized the need to understand how LTC riders interact with base life policies, particularly in employer-sponsored group plans with multiple moving parts. He cautioned against automatically referring issues to actuarial task forces and suggested the Task Force define which products may be labeled as LTC.

Commissioner Gaines clarified that any referral would be limited to actuarial topics, with the Task Force continuing discussion of non-actuarial issues. He observed that more questions arise in the group market because the Interstate Insurance Product Regulation Commission (Compact) has standards for individual policies. He noted that many companies file individual products through the Compact, while states more often receive group filings for review.

Yetter noted that he presented to the Task Force at its March 5 meeting and that feedback suggested many view the issue as primarily actuarial. He emphasized, however, that states are not consistently reviewing these riders as LTC products when they should be. While acknowledging actuarial considerations, he encouraged regulators to consult with staff who approve filings and to scrutinize these riders more carefully, noting an instinct to treat accelerated benefits as exempt. He characterized that approach as a mistake and asserted that these riders are effectively stand-alone LTC products.

Not speaking for the Compact, Yetter shared his understanding that the Compact has seen only one filing on the individual side. He explained that the Compact uses a "dollar-for-dollar" standard: products that draw down a death benefit beyond that ratio are classified as LTC. He noted that, in the one case he recalled, the Compact required the filing to be treated as an LTC product, and the company withdrew it. He suggested some companies may file with individual states instead of the Compact because they believe state-level review may be less rigorous, and he urged regulators to treat the issue as a policy priority rather than solely an actuarial one.

Serbinowski noted differing interpretations of model language for hybrid products and whether certain products should be treated as LTC. He framed the question as whether the existing model can reasonably be read to include or exclude these products from LTC requirements. He echoed Yetter's concerns and suggested reviewing several example products as a group to reach consensus on which should be classified as LTC.

Commissioner Gaines asked whether any states would volunteer to review sample filings across states and develop a consistent approach to how these products should be filed.

Bartuska said North Dakota would not volunteer but highlighted the broader challenge of inconsistent approaches across states. She noted that North Dakota does not allow rate changes on a life policy; once a life policy is filed (based on mortality and morbidity tables), rates cannot be modified. She added that she understands some states do allow rate changes when an LTC rider is involved.

She said the first question is how states treat traditional life insurance policies, specifically, whether rates can be changed. If so, how do riders factor into that review? She noted this is why she raised the issue last year and questioned what happens over a longer horizon (e.g., 20 years) in states that do not permit life rate changes, as well as whether these riders could face challenges similar to traditional LTC.

Bartuska also noted that while an LTC policy may be issued without the life underwriting component, some consumers may have difficulty qualifying for life insurance, limiting access to hybrid products. As a result, some may have no practical alternative to traditional LTC. She said it would be helpful to hear from states that allow life policies to request rate increases and asked whether the issue should be raised with the Compact, given that many states participate.

Yetter asked whether North Dakota denies riders who are guaranteed renewable. Bartuska said she is not an actuary and may be misstating the details, but she explained that the rider is tied to the product's overall rating and that state actuaries take it into account when reviewing the life rate.

Andersen said the Long-Term Care Actuarial (B) Working Group, which he chairs, plans to meet in May during which an industry representative will discuss pricing issues, and the group will consider potential rate increases.

Serbinowski noted several complexities in how states regulate and review products with LTC components. He observed that products are often not clearly labeled as LTC, which can lead reviewers to overlook LTC requirements or approve them under standard life insurance frameworks. He noted that while older products were often non-cancellable, newer guaranteed renewable versions, particularly those attached to universal life (UL) policies, may allow companies to adjust rates by increasing cost-of-insurance charges due to poor LTC experience. He added that, in the group market, lapse rates can reach 48% in the first year, though it is unclear whether that reflects normal employment turnover or other actuarial factors. He said the primary challenge is establishing a consistent regulatory review process and clarifying how states should evaluate these hybrid products.

Hohl suggested partnering with the Long-Term Care Actuarial (B) Working Group to survey how states are handling these filings and to develop a document summarizing the issue.

Commissioner Gaines said gaining a clearer picture of how states are handling these filings would help the Task Force move the work forward.

Seip emphasized that the Compact should be included in that process. She noted that, in Iowa, most life, annuity, and LTC filings go through the Compact and expects the same to be true in many other states.

Yetter cautioned that many carriers may bypass the Compact by filing directly with states because they believe approval is more likely, and he suggested keeping that dynamic in mind when discussing the Compact's role.

4. Heard a Presentation on LTCI Fraud

Michelle Rafeld (Coalition Against Insurance Fraud—Coalition) described the Coalition as the nation's only alliance uniting insurers, government agencies, consumer groups, and other stakeholders to combat insurance fraud through outreach, education, and research. She noted that at last year's NAIC Spring National Meeting, the Coalition presented on the growing concerns about LTC fraud after industry feedback, and a Milliman report projected LTC claims could exceed $40 billion annually by 2042. She added that if just 5% of those claims involve fraud, potential losses could exceed $2 billion per year, underscoring the need for proactive prevention.

Rafeld reported that the Coalition created a long-term care fraud subcommittee under its life and disability fraud task force, which meets monthly to discuss emerging issues and awareness initiatives. She emphasized that because many LTC policies have capped benefits, fraudulent claims can deplete benefits and leave consumers without coverage for legitimate care. She noted that the subcommittee's first project was a consumer brochure and related graphics to educate consumers about LTC fraud.

Rafeld also summarized an industry survey conducted last year to better understand trends in LTC insurance (LTCI) fraud and how they vary by policy structure, care setting, and participant involvement. She noted that 12 carriers completed the survey and that formal results are expected to be published next month. She explained that the survey asked about fraud schemes identified over the past 24 months, affected policy types and parties, investigative challenges, reporting practices, and detection and prevention tools; responses were anonymous and aggregated. She added that 11 of the 12 carriers reported identifying suspected or confirmed LTC fraud.

Rafeld noted that carriers with large stand-alone LTC blocks reported higher investigation volumes than carriers focused on hybrid products, though she cautioned this may reflect differences in claim maturity, potentially lower

fraud exposure in some hybrid blocks, and controls used for life and annuity products with an LTC rider. She added that reported schemes were broadly consistent across respondents, with exaggeration or fabrication of care needs cited as the most common. She explained that the scheme typically involves overstating functional limitations to qualify for benefits or justify higher levels of reimbursable care.

Rafeld identified additional schemes reported by carriers, including billing for services not rendered (particularly in home-based care), billing for higher levels of care than provided, use of unlicensed or ineligible caregivers (including family members presented as independent caregivers), forged or altered documentation (e.g., care logs, invoices, and certifications), and collusion among multiple parties. She added that carriers most frequently identified claimants/policyholders, independent caregivers, home health agencies, family members, and powers of attorney as parties involved in suspected LTC fraud.

Rafeld noted recurring challenges for carriers, including difficulty verifying that services are being provided in home-based care settings; limited access to caregiver credentialing and employment data; privacy and consent constraints; delayed detection due to long claim durations; and resource-intensive field investigations. She said carriers reported using a mix of approaches, such as field investigations and surveillance, proof-of-payment and documentation reviews, third-party data sources, electronic visit verification, analytics, and AI-enabled tools. She added that most carriers reported referring suspected LTC fraud to state insurance and law enforcement agencies within the past 24 months, particularly when there was clear evidence of intentional misconduct, organized activity, or significant financial exposure.

Rafeld noted that some carriers do not refer all identified fraud externally, citing evidentiary challenges, difficulty establishing intent, delayed detection, resource constraints, and uncertainty about enforcement outcomes, despite state mandates to report suspected fraud. She added that the survey suggests an opportunity for additional education and engagement, which the Coalition plans to discuss with the Antifraud (D) Task Force.

Rafeld emphasized that addressing LTC fraud will require coordinated action among insurers, regulators, law enforcement and prosecutors, providers and caregivers, consumer groups, and consumers and families. She noted that the Senior Medicare Patrol (SMP) has begun using Coalition materials to educate consumers and encouraged regulators, SHIPs, and the NAIC to do the same. She also invited interested regulators to join the Coalition's long-term care fraud subcommittee.

Rafeld noted that the NAIC's vote last December to add an LTC fraud category to the Online Fraud Reporting System (ORFS) should support more uniform reporting by insurers and help the NAIC track LTC fraud trends.

Rafeld outlined next steps, including publishing and distributing the final survey results next month; identifying and sharing best practices for detecting and investigating LTC fraud; expanding education for carriers, caregivers, consumers, regulators, law enforcement, and prosecutors; encouraging improved verification and detection tools; advocating for consistent reporting and information sharing; monitoring the new LTC reporting mechanism in ORFS; and pursuing additional opportunities to strengthen cross-sector collaboration.

Commissioner Gaines asked whether incident-level data is available, including the average dollar amount of suspected fraud, noting that prosecution thresholds in some jurisdictions may discourage reporting when losses fall below a certain amount. Rafeld said the Coalition could not capture that data but is discussing it with carriers. She also noted that the Coalition is participating in an amicus brief in a Florida case involving alleged exaggeration of injuries and more than $1.9 million in losses; she added that, because the policy was very old, the carrier did not have termination rates for fraud.

Commissioner Gaines asked how carriers can more closely monitor situations in which a family member provides in-home care. Rafeld noted that some claims involve family caregivers who report providing around-the-clock care while also working full-time elsewhere. She added that when carriers suspect care is not being provided as claimed, they may use surveillance to monitor the individual providing care, and she noted that in some cases concerns may relate to the agency rather than the caregiver.

5. Heard a Presentation on a Newly Published Report on LTC and Heard Additional Comments

Bonnie Burns (California Health Advocates—CHA) noted that there is no consistent marketplace term for these LTC riders and that they are marketed under multiple designations. She emphasized that, regardless of how the products are filed, they are being sold to consumers as a way to pay for long-term care. She added that consumers are often told these are "two-for-one" products that provide a death benefit or annuity benefits, with additional options if long-term care is needed.

Burns emphasized that life insurance and annuity products are fragmented and complex, with no standardized platform. She noted that companies package base products, riders, and LTC options in many different ways, making it difficult for consumers to understand how an LTC rider interacts with the underlying policy. She added that consumers often cannot tell whether benefits are paid as a lump sum or through periodic draws and have difficulty comparing options because marketing and benefit descriptions vary widely, creating a significant transparency gap.

Burns described how, when consumers ask about a product they bought or are considering, she helps them identify questions to take back to the agent (e.g., what LTC benefit is provided, how it works, the benefit amount, and whether it is paid as a lump sum, daily benefit, or monthly benefit). She noted that the most common response to those questions is, "I don't know." She emphasized that these products warrant regulatory attention and involve complex issues beyond actuarial considerations.

Burns urged a more proactive regulatory approach to oversight and transparency for complex life insurance riders. She recommended that policy illustrations clearly show how an add-on option, such as LTC, interacts with the underlying universal life policy. She added that because companies file products individually, regulators may not have a complete view of what is being sold, and she recommended a comprehensive market survey. She emphasized that consumers should receive products that function as expected, in accordance with representations at the time of purchase.

Amy Killelea (NAIC Consumer Representative) noted that NAIC consumer representatives recently released a commissioned report on LTC, which Task Force members should have received. She emphasized that consumer representatives want to be active partners in developing solutions, not only identifying problems. She added that the report focuses on market disparities and presents a three-part framework—problem description, disparity analysis, and solutions—to inform future regulatory discussions.

Killelea said the report drew on a wide range of sources, including actuarial work from the Life Actuarial (A) Task Force, the Health Actuarial (B) Task Force, and the Academy, as well as state approaches and input from state regulators, departments of aging, Medicaid officials, and other subject matter experts and researchers. She characterized the LTC landscape as a systemic affordability and access crisis that extends beyond legacy insurance issues. She noted that while legacy products remain an acute concern, the broader problem is a lack of affordable options for many consumers. She cited AHIP survey findings indicating that the market is shifting toward higher-income purchasers and emphasized the challenges faced by middle-income consumers who do not qualify for Medicaid but lack the income and assets to afford LTC insurance. She added that women are disproportionately affected, both as unpaid caregivers and due to lower rates of LTC coverage. She said insurance alone cannot solve

the problem and noted that public options, such as Washington state's WA Cares Fund, are becoming part of the legislative conversation. She emphasized the need for cross-agency collaboration and the exploration of short-term, innovative products to bridge access gaps.

Killelea noted that the day's discussion highlighted the complexities of the hybrid market and emphasized that hybrid products are complex, relatively small in market share, and not a primary solution to the broader care gap. She encouraged the Task Force to view hybrid products as one piece of the LTC puzzle rather than a comprehensive fix. She outlined four suggested next steps for the NAIC: 1) recognize that LTC is not solely an insurance issue and engage additional experts and agencies; 2) establish a series of working groups because no single task force can address the issue comprehensively; 3) leverage the Center for Insurance Policy and Research (CIPR); and 4) support innovation through updates to model laws so models keep pace with market changes. She also noted a misalignment between evolving consumer needs and the current LTC infrastructure. She said consumer preferences, particularly the desire to age at home, are changing faster than insurance products or state programs can adapt, and she emphasized that there is no robust payment or delivery system to ensure home and community-based supports are accessible and affordable for those seeking to avoid institutional care. She also emphasized that family caregivers are the backbone of the system and cautioned that anti-fraud measures must be designed carefully to avoid penalizing consumers who are not the source of fraud and to support, rather than stifle, innovations that help families provide care and address provider gaps.

Andersen noted that few individuals have deep LTC expertise and encouraged applying that expertise beyond the insurance sphere to inform broader policy discussions. He referenced a Minnesota study that explored ways to improve the overall system and said one area of practical consensus was to consider both high-cost program designs and lower-cost improvements. He encouraged regulators to engage in those discussions in their states, including at the legislature.

Burns noted that by 2030, most states will have significantly larger populations age 65 and older and emphasized that long-term care needs will continue to grow. She said solutions will vary by state but encouraged more sustained discussion, noting the NAIC's role as a forum with relevant expertise. She added that states should share emerging issues and potential approaches, particularly given the implications for state Medicaid programs. She also noted that by 2030, the first baby boomers will turn 85, which will increase pressure on state systems. Burns encouraged the NAIC to continue serving as a forum for states to exchange ideas on addressing long-term care needs, noting the significant impact on individuals and families, including spouses and adult children who often become caregivers.

Swanson noted that Nebraska recently released a guidance document based on federal Centers for Medicare & Medicaid Services (CMS) guidance regarding consultants and the sale of Medicare Advantage plans. He stated that licensed consultants may sell or advise on Medicare Advantage plans if they charge clients reasonable fees directly, rather than receiving commissions, and noted that "reasonable" is not defined and may be addressed later. He added that Nebraska included the CMS letter and expressed hope for additional CMS guidance.

Hohl asked whether Nebraska's consultant license is unique or whether other states have a similar license. Swanson said he could not speak to other states but explained that, in Nebraska, a consultant must hold a producer license and complete additional testing. Commissioner Gaines noted that Nevada has a similar license, but that only two people currently hold it. Swanson added that Nebraska plans to work with additional agent groups and will update the Task Force.

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

SITF Spring Minutes

