Draft date: 8/3/26

2026 Summer National Meeting
Columbus, Ohio

HEALTH ACTUARIAL (B) TASK FORCE
Tuesday, August 11, 2026
3:30 – 5:00 p.m.
Hilton Tower 401—Bellows Ballroom A-D—Lower Level

ROLL CALL

NAIC Member	Representative	State/Territory
Anita G. Fox, Chair	Kevin Dyke	Michigan
Jon Pike, Vice Chair	Ryan Jubber	Utah
Mark Fowler	Sanjeev Chaudhuri	Alabama
Peter M. Fuimaono	Edward S. Lotulelei	American Samoa
Ricardo Lara	Ahmad Kamil	California
Joshua Hershman	Tricia Davé	Connecticut
Trinidad Navarro	Charles Santana	Delaware
Karima M. Woods	Stephen Flick	District of Columbia
Michael Yaworsky	Kyle Collins	Florida
Scott Saiki	Kathleen Nakasone	Hawaii
Dean L. Cameron	Weston Trexler	Idaho
Ann Gillespie	Shannon Whalen	Illinois
Holly W. Lambert	Scott Shover	Indiana
Doug Ommen	Klete Geren	Iowa
Vicki Schmidt	Nicole Boyd	Kansas
Timothy N. Schott	Marti Hooper	Maine
Grace Arnold	David Nelson	Minnesota
Angela L. Nelson	William Leung	Missouri
Eric Dunning	Margaret Otto	Nebraska
Ned Gaines	Maile Campbell	Nevada
Susan Ochs	Seong-min Eom	New Jersey
Jon Godfread	Colton Storseth	North Dakota
Remedio C. Mafnas	Maryann Borja-Arriola	Northern Mariana Islands
Judith L. French	Craig Kalman	Ohio
Glen Mulready	Andy Schallhorn	Oklahoma
Michael Humphreys	Michael Hibbert	Pennsylvania
Suzette M. Del Valle	Carlos Vallés	Puerto Rico

Carter Lawrence	Eric Scott	Tennessee
Amanda Crawford	R. Michael Markham	Texas
Scott A. White	Tim Connell	Virginia
Patty Kuderer	Rocky Patterson	Washington
Erin K. Hunter	Joylynn Fix	West Virginia

NAIC Committee Support: Eric King

AGENDA

1. Consider Adoption of its Spring National Meeting Minutes — Attachment One
   —*Kevin Dyke (MI)*

2. Consider Adoption of the Report of the Long-Term Care Actuarial (B) Working Group, Including its July 14 and May 27 Minutes — Attachment Two, Attachment Three
   —*Kevin Dyke (MI)*

3. Discuss the Task Force's 2026 Work Plan—*Kevin Dyke (MI)*

4. Hear an Update from the Federal Center for Consumer Information and Insurance Oversight (CCIIO)—(*CCIIO)*

5. Hear an American Academy of Actuaries (Academy) Professionalism Update—*Tricia Matson (Academy), April Choi (Academy), Linda Hanson (Academy), and Linda Lankowski (Academy)* — Attachment Four

6. Hear an Update from the Academy Health Practice Council — Attachment Five
   —*Annette James (Academy) and Julia Lerche (Academy)*

7. Discuss Any Other Matters Brought Before the Task Force
   —*Kevin Dyke (MI)*

8. Adjournment

Draft Pending Adoption

Draft: 3/26/26

Health Actuarial (B) Task Force
San Diego, California
March 22, 2026

The Health Actuarial (B) Task Force met in San Diego, CA, March 22, 2026. The following Task Force members participated: Anita G. Fox, Chair, represented by Kevin Dyke (MI); Jon Pike, Vice Chair, represented by Ryan Jubber (UT); Mark Fowler represented by Sanjeev Chaudhuri (AL); Ricardo Lara represented by Ahmad Kamil (CA); Joshua Hershman represented by Tricia Davé (CT); Karima M. Woods represented by Stephen Flick (DC); Michael Yaworsky represented by Kyle Collins (FL); Scott Saiki represented by Kathleen Nakasone (HI); Dean L. Cameron represented by Weston Trexler (ID); Ann Gillespie represented by Shannon Whalen (IL); Holly W. Lambert represented by Scott Shover (IN): Vicki Schmidt represented by Nicole Boyd (KS); Robert L. Carey represented by Marti Hooper (ME); Grace Arnold represented by David Nelson (MN); Angela L. Nelson represented by William Leung (MO); Jon Godfread represented by Colton Storseth (ND); Eric Dunning represented by Margaret Otto and Michael Muldoon (NE); Justin Zimmerman represented by Seong-min Eom (NJ); Ned Gaines represented by Maile Campbell (NV); Judith L. French represented by Craig Kalman (OH); Glen Mulready represented by Andy Schallhorn (OK); Carter Lawrence represented by Eric Scott (TN); Amanda Crawford represented by R. Michael Markham (TX); Scott A. White represented by Tim Connell (VA); and Patty Kuderer represented by Rocky Patterson (WA).

1. Adopted its 2025 Fall National Meeting Minutes

Trexler made a motion, seconded by Schallhorn, to adopt the Task Force's Dec. 8, 2025, minutes (*see NAIC Proceedings – Fall 2025, Health Actuarial (B) Task Force*). The motion passed unanimously.

2. Discussed its 2026 Work Plan

Dyke said the Task Force has several new initiatives tied to its 2026 charges. He said the Task Force plans to finalize the health knowledge statements, which will ultimately be referred to in the definition of qualified actuary in the Health Annual Statement Instructions. Dyke said the public comment deadline for the second exposure of the health knowledge statements is March 23.

Dyke said the Long-Term Care Actuarial (B) Working Group and the Task Force will consider adoption of 2021 long-term care insurance (LTCI) lapse and mortality valuation tables proposed by the Society of Actuaries (SOA) and the American Academy of Actuaries (Academy), along with incorporation of the tables into Valuation Manual (VM)-25, Health Insurance Reserves Minimum Reserve Requirements. Dyke said the Working Group will also evaluate VM-25 to determine if any changes are needed to introduce a principles-based reserving (PBR) framework for LTCI valuation, or if the use of *Actuarial Guideline LI—The Application of Asset Adequacy Testing to Long-Term Care Insurance Reserves* (AG 51) is sufficient.

Dyke said the Working Group and Task Force will monitor and evaluate the actuarial approach used in the multistate actuarial (MSA) rate review process, as outlined in the Long-Term Care Insurance Multistate Rate Review Framework (LTCI MSA Framework) document, and monitor and evaluate the progress of the MSA rate review process and state insurance department rate review actions related to the LTCI MSA Framework.

3. Heard an update from the CCIIO

Jeff Wu (federal Center for Consumer Information and Insurer Oversight—CCIIO) said the comment period for the proposed 2027 Notice of Benefit and Payment Parameters (NBPP) ended March 13, and the CCIIO is working

through comments received as part of the rulemaking process. Wu said the CCIIO is working to issue the final 2027 NBPP as quickly as possible.

Krutika Amin (CCIIO) said one of the changes proposed in the proposed 2027 NBPP is to include additional information in Affordable Care Act (ACA) rate filings related to cost sharing reduction (CSR), CSR loading, and how these affect rates. She said specifically in the Unified Rate Review Template (URRT) for 2027, the CCIIO proposed including CSRs paid for enrollees in the 2025 experience period. Amin said the CCIIO proposed including additional revenue collected through CSR loading in 2025 in the URRT. She said the CCIIO proposed requiring the CSR load factor for 2027, the expected additional revenue, and the expected CSR paid. Amin said it was also proposed to include an explanation of how the CSR load factor was created and how the expected versus additional revenue will compare in the actuarial memorandum.

Brent Plemons (CCIIO) said that changes related to CSRs have been made to Worksheet 2 (Plan Product Info) of the URRT. He said that line 2.5, previously the CSR payment line, was changed to federal CSR payments. He said that if CSRs were to be funded at some point and issuers were paid for it, they would enter that amount there. Plemons said the CCIIO wants to collect information on CSR payments that the issuer provided that they are not being compensated for, and how that compares to the recovery from the CSR load. He said a new field, the CSR load factor, has been added.

Plemons said proposed rates are due from issuers by June 1 for most states, and the CCIIO will post the proposed rates for comment on July 31, with rates being finalized in mid-August.

Trexler asked for a description of the expectations for issuers regarding CSR payments and whether a specific formula will be provided to them. Plemons said the CCIIO wants to collect two things. He said one is the CSR amounts that issuers are obligated to provide to enrollees because of CSR regulations that issuers are not getting compensated for, and the second is what additional premiums were collected due to the CSR load in the rates. Plemons said that in the proposed rule, the CCIIO proposed to use the standard methodology to readjudicate the claims as if they were paid under a standard plan versus the CSR plan.

Patterson asked about the CCIIO's expectations concerning recoveries from the CSR load and how the information will be used. Plemons said the expectation is that it will help in rate reviews to determine whether a CSR load factor is appropriate. Patterson asked if it is correct that the CCIIO is not mandating a CSR load methodology, but is rather trying to determine if a methodology is actuarially sound. Wu said that is correct.

Plemons said the 2027 Actuarial Value Calculator (AVC) has been updated to include out-of-network claims for emergency services. He said the AVC has been modified to allow maximum out-of-pocket amounts higher than the standard limit in certain instances.

4. Heard an update on SOA Research Institute Activities

Dale Hall (SOA) gave a presentation (Attachment One) on SOA Research Institute experience studies and research project activities. Hall said 21 companies are participating in the 2000–2023 long-term care (LTC) experience study, which represents about 84% of the industry. He said the data for 18 companies is currently being validated. Hall said the SOA will tentatively present a broader presentation on the study at the 2027 Spring National Meeting. He said a group long-term disability study is being conducted and is halfway completed. Hall said 18 companies, which represent about 97% of the industry, are participating. He said that once the study is completed, the SOA would like to discuss the results with the Task Force, compare them to the 2012 Group Long-Term Disability Valuation (2012 GLTD) Table, and determine if an update to the 2012 GLTD Table is needed.

5. Heard an Academy Professionalism Update

Linda Lankowski (Academy), William Hines (Academy), and Laura Hanson (Academy) gave an Academy professionalism presentation (Attachment Two).

6. Heard an Update from the Academy Health Practice Council

Katie Dzurec (Academy) and Annette James (Academy) gave an update on Academy Health Practice Council activities and priorities for 2026 (Attachment Three).

7. Heard an Update on the AI Systems Evaluation Tool Pilot

Dorothy Andrews (NAIC) said that earlier this year, the Big Data and Artificial Intelligence (H) Working Group finalized a draft of its initial artificial intelligence (AI) systems evaluation tool. She said the tool represents the NAIC's latest step to adapt its examination or related processes for insurance company use of AI, and that it gives regulators an optional resource to assist in evaluating a company's use of AI systems. Andrews said the latest version of the tool is available online on the Working Group's web page.

Andrews said the pilot program, which will be how regulators field test the tool prior to its adoption, officially started earlier this month, meaning that at that point, all regulators were cleared to send inquiries related to the tool. She said the pilot group of regulators is now holding weekly calls to coordinate company selection, share insights on anticipated responses, and receive training on the tool and the related data science, compliance, and governance concepts reflected in it. Andrews said domestic regulators decide which companies receive the tool, but regulators are generally engaging their domestic companies to ensure the use of the tool is explained and understood. She said regulators are coordinating among pilot group members and are reaching out to non-pilot states to ensure everyone is aware of the inclusion of the company in the pilot.

Andrews said mostly property/casualty (P/C) and life companies were selected for the pilot. She said most pilot states selected one to 10 insurers, with two states sending inquiries to more than 10. Andrews said there are also regulators using the tool in a mix of regulatory processes, including in support of market conduct exams, financial exams, financial analysis, and as part of a more general regulatory inquiry. She said the pilot state regulators are collaborating and sharing information to create a feedback loop and learn from each other, and the Working Group is stressing the importance of open lines of communication between participating companies and regulators. Andrews said the Working Group is creating a coordinated mechanism to solicit feedback from participating companies on the tool. She said regulators and NAIC staff will collaborate to provide updates on this initiative at seven meetings at the Spring National Meeting. Andrews said any further inquiries should be directed to Miguel Romero (NAIC).

Having no further business, the Health Actuarial (B) Task Force adjourned.

SharePoint/NAIC Support Staff Hub/Member Meetings/B CMTE/HATF/2026_Spring/3-22-26 HATF/03-22-26 HATF Minutes.docx

Draft: 7/29/26

Long-Term Care Actuarial (B) Working Group
Virtual Meeting
July 14, 2026

The Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force met May 27, 2026. The following Working Group members participated: Fred Andersen, Chair (MN); David Yetter, Vice Chair (NC); Sarah Bailey (AK); Sanjeev Chaudhuri (AL); Lisa Luo (CA); Sean Brady (CO); Tricia Davé (CT); Stephen Flick (DC); Scott Shover (IN); Nicole Boyd (KS); Marti Hooper (ME); Kevin Dyke (MI); William Leung (MO); Margaret Otto (NE); Jennifer Li (NH); Neil Gerritt (NY); Craig Kalman (OH); Andy Schallhorn (OK); Jim Laverty (PA); Carol Lo (TX); Tomasz Serbinowski (UT); and Joylynn Fix (WV).

1. Heard a Presentation on Hybrid LTCI Products

Paul Lombardo (PSL Consulting), Adam Bezman (Trustmark), Doug Krupa (Transamerica), and Robert Eaton (Milliman) gave a presentation (Attachment) providing an overview of product features and pricing of hybrid combination life/long-term care insurance (LTCI) products. Eaton said there was a peak in stand-alone LTCI sales around 2005. He said that the market has gone from one with hundreds of thousands of policies sold annually to a market in 2015 where the stand-alone LTCI product is less commonly sold than hybrid life/LTCI products. He said that the comparatively larger number of stand-alone LTCI policies sold in 2021 can be partially attributed to the effects of the requirements of the WA Cares Fund, Washington's mandatory, state-run LTCI program. Eaton said the policy counts shown on the Growth of Hybrid LTC Products slide do not include life policies with no-fee chronic illness acceleration riders. He said the counts represent life products with an LTCI component that has an additional premium for the benefit.

Krupa said an advantage of hybrid life/LTCI products is that they offer protection at different stages of a policyholder's life, providing life insurance coverage during younger years and long-term care (LTC) coverage in later years. He said another advantage is that there is less of a "use it or lose it" perception than for life-only products, where policyholders may feel that they have received no benefit from the policy if the insured does not die. He said this flexibility has helped increase sales of hybrid products.

Bezman said group hybrid products are attractive to employers because they allow them to offer permanent life insurance that complements term life coverage. He said another benefit to the employer is the ability to offer LTCI coverage on a guaranteed issue basis, rather than offering stand-alone group LTCI, which requires underwriting. Bezman said that LTCI can help protect employees' retirement savings if an event requiring LTC services occurs. He said an option available in the group market but not seen in the individual market is permanent term life insurance with an LTCI component. He said permanent term life insurance is designed to offer life insurance coverage for the insured's lifetime. Bezman said these products, unlike whole life insurance, do not have a cash value component.

Bezman said acceleration of benefits riders does not create much extra risk for the insurer, as it is expected that a policyholder receiving LTC benefits is likely to die soon after the LTC benefits go into effect. He said extension of benefits riders adds to the LTC benefit so it lasts beyond the standard acceleration period. He said a restoration of the benefit rider restores some or all of the original death benefit after an acceleration of the death benefit for LTC services. Bezman said the premium associated with the LTCI component for hybrid products is typically between 15% and 40% of the total premium.

Krupa said in the individual market, there is a great deal of flexibility in LTCI rider benefit options. He said the total death benefit that can be accelerated to pay LTC benefits can vary, as can the portion of the available benefit that can be accelerated each month. Krupa said inflation of the available benefit is also an option. He said the relative affordability of hybrid products compared to stand-alone LTCI makes them more attractive to younger consumers. He said the average issue age for hybrid products is about 10 years younger than that for stand-alone LTCI.

Krupa said benefit triggers for hybrid products are generally the same as for stand-alone LTCI products, such as the inability to perform at least two of six activities of daily living (ADLs) or the presence of significant cognitive impairment, with annual recertification required for continued benefit payment. He said waiting periods for benefit payment apply, with 90-day waiting periods being the most common. Krupa said some carriers offer a residual death benefit option, which pays a final expense benefit in the event acceleration of benefits has exhausted the original death benefit amount.

Eaton said the consideration of mortality for hybrid products is more complex than for life insurance only, as the mortality for the life insurance component for active lives differs from that of disabled lives that are receiving LTC benefits. He said the integration of life and LTCI components in hybrid products provides greater predictability and price stability than that of stand-alone LTCI. He said that the policyholder's ability to decide when and how much of the available death benefit can be accelerated for LTC needs is a factor in how hybrid products are priced. He said that many hybrid products' LTCI component is noncancelable, with premiums that cannot increase, unlike most stand-alone LTCI policies, which are guaranteed renewable and can have premium increases.

Serbinowski asked if the premium structure for permanent term life is like whole life, where it is expected to be level, or like a term product, where premiums increase with attained age. Bezman said it is like whole life, where premiums are designed to be level over the length of the policy.

Andersen asked whether it is fair to think of the stand-alone LTCI policies as being less expensive but more volatile and the hybrid products as being more expensive but less volatile when considering pricing rate increases. Bezman said he thinks this is accurate, and Eaton said he thinks this is generally correct. Andersen asked whether the pricing assumptions, such as mortality and lapse for hybrid products, tend to fall more in line with life insurance assumptions or stand-alone LTCI assumptions. Eaton said this depends on the market in which the product is sold. He said if it is sold on a voluntary basis in the worksite market, the mortality assumption is similar to other voluntarily sold permanent life insurance policies. Eaton said if it instead is sold in the retail market, and full underwriting is being done, mortality might be more similar to that seen in the traditional stand-alone LTCI market.

Andersen asked if pricing in the hybrid market is currently aggressive and competitive or if it is more conservative. Eaton said he thinks the pricing is appropriate and would not call it aggressive or conservative, and that reserves are set with conservative assumptions. Andersen asked if there are any reasons to change any statutes or rules based on the products that are being sold today or that can be anticipated to be sold in the next few years. Eaton said that the *Valuation Manual* addresses certain life insurance assumptions but does not focus as much on LTCI assumptions. He said that it would be good to consider whether there are gaps in the *Valuation Manual* related to hybrid products. Krupa said he wants to give more thought to this issue and will respond to the question in the future. Eaton said some thought should be given to whether the 5% inflation protection requirement for stand-alone LTCI policies is also applicable to the LTCI component of hybrid policies.

Having no further business, the Long-Term Care Actuarial (B) Working Group adjourned.

Draft: 6/13/26

Long-Term Care Actuarial (B) Working Group
Virtual Meeting
May 27, 2026

The Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force met May 27, 2026. The following Working Group members participated: Fred Andersen, Chair (MN); David Yetter, Vice Chair (NC); Sarah S. Bailey (AK); Lisa Luo (CA); Sean Brady (CO); Tricia Davé (CT); Stephen Flick (DC); Lilyan Worlund (FL); Scott Shover (IN); Nicole Boyd (KS); Marti Hooper (ME); Kevin Dyke (MI); William Leung (MO); Margaret Otto (NE); Jennifer Li (NH); William B. Carmello (NY); Craig Kalman (OH); Andy Schallhorn (OK); R. Michael Markham (TX); Tomasz Serbinowski (UT); and Joylynn Fix (WV).

1. Exposed Proposed Mortality and Lapse Tables

Andersen presented a long-term care insurance (LTCI) mortality and lapse study by the American Academy of Actuaries (Academy) and the Society of Actuaries (SOA) Research Institute that includes proposed lapse and mortality valuation tables. These tables are being considered as replacements for outdated tables currently in *Valuation Manual* (VM)-25, Health Insurance Reserves Minimum Reserve Requirements. The new tables will only apply to newly issued standalone LTCI business.

Andersen said that, for mortality, many actuaries have observed, through work on valuation, pricing, and rate increases, that LTCI mortality resembles annuity mortality more than life insurance mortality. Under current valuation standards, the table used is over 30 years old, and the proposed table will be an update that reflects the more recent annuity mortality shown in the 2012 Individual Annuity Mortality Table. In valuation, pricing, and rate increase work, actuaries have observed lapses decline over time and, in many cases, fall below 1% annually at later policy durations.

Andersen said the Academy/SOA study used data from companies that separated deaths from lapses, and the data appears credible and consistent with what actuaries are observing throughout the industry. For the mortality study, the predictive variables used include age, risk class, and benefit limits. Both data and judgment were used to focus on the factors with the greatest impact. For mortality, a 10% margin was used that would grade to 0% at very high ages. The base mortality rates would be in line with the 2012 Individual Annuity Mortality Table, and a mortality improvement factor would be applied, consistent with observations and conservatism.

Andersen said the lapse data show a continued decline in lapse rates, as observed in prior studies. The study used policy duration, premium status, age, and underwriting as key predictive factors. Margins were provided to ensure appropriate applicability for a majority of companies. The recommended individual lapse rates vary by duration, issue age, marital status, and risk class. Andersen said the proposed group lapse table is similar to the individual table, but places greater emphasis on lower issue ages. This reflects the tendency for individual coverage to be purchased at higher issue ages than group coverage.

Andersen said the Working Group will expose the Academy/SOA report and tables for 45-day public comment ending July 14. He said during the exposure period, the Working Group can analyze the numbers and the analysis that went into the development of the tables for a future discussion. Another topic for discussion can be whether adoption of new tables is actually needed given the small number of companies currently selling standalone LTCI and the fact that *Actuarial Guideline LI—The Application of Asset Adequacy Testing to Long-Term Care Insurance Reserves* (AG 51) has been in effect for several years and is applicable in many more cases because AG 51 applies

d11/26 to existing business in addition to new business, whereas these new tables would only apply to new business. Andersen believes that having the new tables makes sense because they are more accurate.

2. Discussed Presentations on Pricing Hybrid LTCI Products

Andersen said the Working Group plans to offer one or more presentations on the pricing of hybrid LTCI products in the near future. He said initially this will involve hybrid life/LTCI products and may eventually include hybrid annuity/LTCI or other products. Andersen said the Working Group, in coordination with the Health Insurance and Managed Care (B) Committee, the Senior Issues (B) Task Force, and the Health Actuarial (B) Task Force, determined that discussion of policy and actuarial issues regarding these products would be useful. The Senior Issues (B) Task Force will continue to focus on policy issues, and the Working Group will focus on pricing issues. Andersen said he has been in contact with the industry, and within the next couple of months, the Working Group will meet to hear a presentation from subject matter experts, who will provide background on these products and general pricing practices, such as accelerated death benefits, extension of benefits, and restoration of benefits.

Having no further business, the Long-Term Care Actuarial (B) Working Group adjourned.

Attachment Four

Academy Professionalism Update

NAIC Summer National Meeting

Health Actuarial (B) Task Force

Aug. 11, 2026

American Academy of Actuaries

Housed in the Academy: The Professionalism Structure

- U.S. Code of Professional Conduct
- U.S. Qualification Standards (USQS)
- Actuarial Standards Board &
  Actuarial Standards of Practice (ASOPs)
- Actuarial Board for Counseling and Discipline (ABCD)

All of these are accessible via the Academy's professionalism page, actuary.org/professionalism, along with Discussion Papers, the Applicability Guidelines, and Professionalism Counts (in Actuarial Update). Up to Code (in *Contingencies*) columns may be found on the ABCD's website (abcdboard.org).

American Academy of Actuaries

Committee on Qualifications

The Committee on Qualifications (COQ)

- Recommends to the Academy's Board of Directors the minimum qualification standards, including continuing education requirements, necessary to qualify credentialed actuaries to issue statements of actuarial opinion in the United States.
- Answers questions relating to qualifications.
  - As of mid-July, the COQ received 14 questions in 2026, covering qualifications for non-US actuaries to issue SAOs, specific qualifications, CE, and documentation requirements.

The most recent U.S. Qualification Standards took effect Jan. 1, 2022.

Actuarial Standards Board (ASB)

General ASOPs under revision

- ASOP No. 1, *Introductory Standard of Practice*
- ASOP No. 12, *Risk Classification (for All Practice Areas)*
- ASOP No. 41, *Actuarial Communications*

Learn more at: [*www.actuarialstandardsboard.org*](http://www.actuarialstandardsboard.org)

Actuarial Standards Board (ASB)

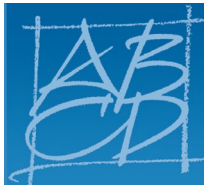
Health ASOPs under revision or development

- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 49, *Medicaid Managed Care Capitation Rate Development and Certification*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*
- *Pricing Reinsurance or Similar Risk Transfer Transactions Involving Life Insurance, Annuities, or Long-Duration Health Benefit Plans* (new)

Recently approved

- ASOP No. 7, *Life or Health Cash Flow Analysis* (Effective June 1, 2026)

Actuarial Board for Counseling and Discipline (ABCD)



Recent ABCD activities

- In the first half of 2026, the ABCD handled a total of 83 cases, consisting of 55 requests for guidance (RFGs) and 28 inquiry cases.
- In addition, the ABCD conducted nine outreach presentations, both virtually and in person, for actuarial organizations, regulators, and actuarial clubs and firms across all major regions of the United States.

In *Contingencies* magazine

- July/August 2026 Up to Code article, Don't Be 'That Actuary'
- May/June 2026 Up to Code article, Are You Offside?
- March/April 2026 Up to Code article, A Show of Hands

Questions?

For more information, or to send suggestions/comments on the U.S. Qualification Standards, please contact

Virginia Hulme, Assistant Director, Professionalism

professionalism@actuary.org

Academy Health Practice Council Update

Health Actuarial (B) Task Force (HATF)

Aug. 11, 2026

About the Academy

Mission:
To serve the public and the U.S. actuarial profession

Community:
Serving over 20K MAAAs & public stakeholders for 60 years

Standards:
Setting qualification, practice, and professionalism standards

Impact:
Delivering over 300 insight-driven publications & resources annually

Visit actuary.org to learn more.

American Academy of Actuaries

Academy Hires New Senior Actuary, Health

Julia Lerche joins the Academy as the Senior Actuary, Health, bringing over 25 years of diverse actuarial experience spanning Medicaid, large employer benefits, the Affordable Care Act (ACA) commercial market, and the healthcare safety net.

This new full-time role with the Academy will further enhance our ability to engage strategically with key stakeholders, deepen actuarial expertise and enhance work products, and support the Academy's mission of serving the public and the U.S. actuarial profession.

Agenda

- Current Priorities and Cross-Practice Updates
- Broadening the Focus Update
- Long-Term Care Activity
- Other Academy Updates and Resources

Health Practice Council Updates

Recent Work

- Federal Comment Letters, including 2027 NBPP and Medicaid managed care state directed payments
- Testimony to Texas House Select Committee on Health Care Affordability
- Medicaid Risk Adjustment Practice Note

Health Practice Council Updates

Cross Practice Areas of Interest

- Retirement Symposium
- Behavioral Economics Survey
- AI Use Cases in Insurance and Pensions
- Climate Change Activities (Insurance Affordability, AI Data Center Impact, Emerging Climate Products)
- RBC Model Governance (EX) Task Force

Health Practice Council Updates

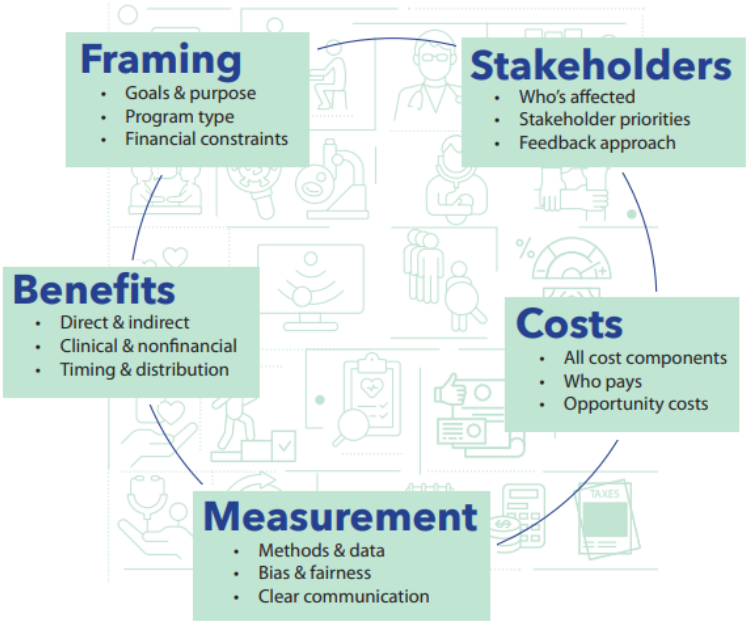
Upcoming Activities

- GLP-1 Policy Paper
- Premium Drivers Issue Brief and Webinar
- LTC Combo Products Paper
- Medicare Trustees Report Paper and Webinar
- Active Benefits Committee *Funding Arrangements for Employer Health Plans* Paper

Broadening the Focus Update

- A project exploring alternatives to traditional ROI measures.
- We introduced the holistic, principles-based framework that complements financial metrics and supports health care decision-making, which followed prior issue briefs.
- The April Health Summit highlighted real-world applications of the framework, including Medicaid waivers and commercial benefit design.
- Engagement since has included presentations at the Food is Medicine Conference (FIMCON), as well as a health equity presentation at SOA Health.

Broadening the Focus Framework



Long-Term Care (LTC) Activities

- Creating a Joint Life and Health LTC Combo Products Committee
  - Bringing together health and life actuaries to support innovation while analyzing risks and opportunities related to combo products
  - Looking for regulatory insights and suggestions on potential issues to consider

Other Relevant Health Practice Council Resources

Health Insurance Market Dynamics

- Health Insurance Marketplace Stability Considerations for States
- The Interconnectedness of Health Coverage Sources

2026 Academy Award for Research

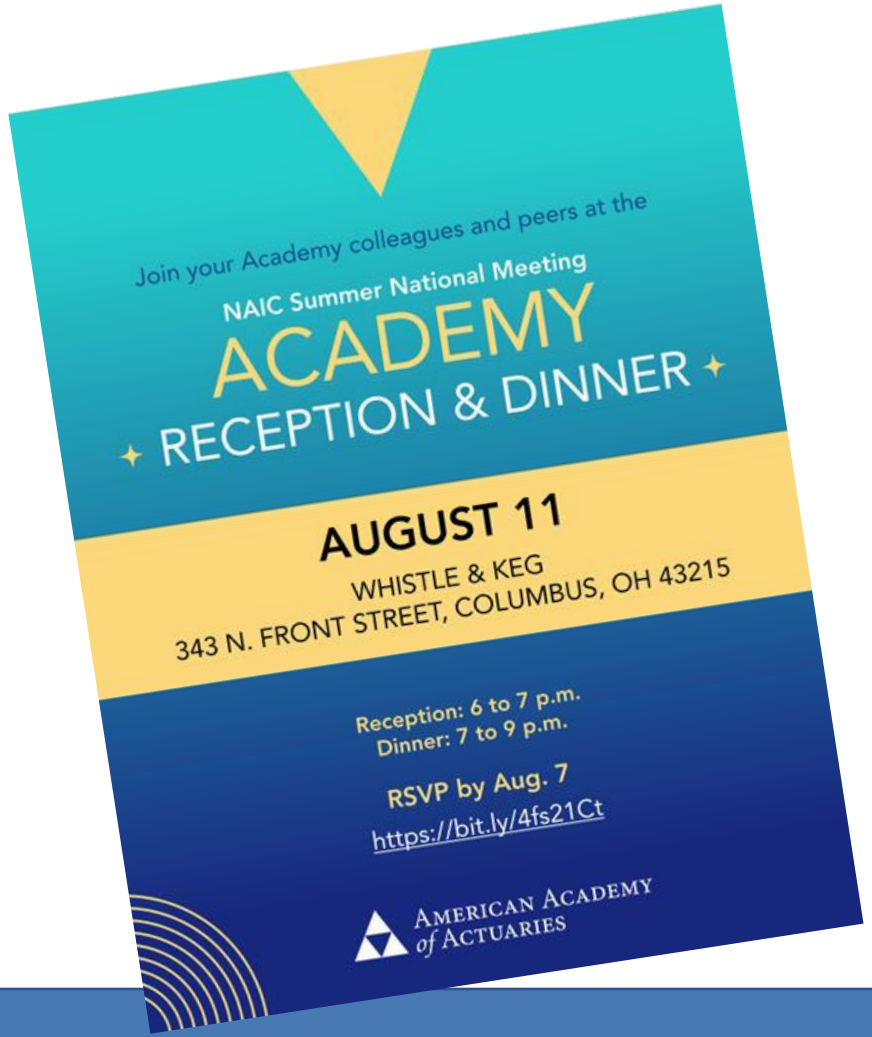
Theme: Access, Affordability, and The Protection Gap

2026 Winner: *A Scalable Toolbox for Exposing Indirect Discrimination in Insurance Rates,* by Olivier Côté, Marie-Pier Côté, Arthur Charpentie

- How can insurance companies identify and quantify proxy discrimination without compromising predictive accuracy or market viability?

Public Policy connection: Suggests actionable tools actuaries can use to navigate evolving regulatory expectations surrounding fairness, rating equity, and consumer protection while addressing how unmitigated rating disparities can inadvertently exacerbate coverage gaps and restrict access for underserved risk pools.

Join us Tonight!



Questions?

For more information, please contact

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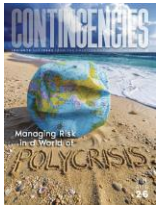
Upcoming Events

- **Call for Volunteers,** Aug 17, 2026
- **VM-22 Forum,** Aug. 26, 2026
- **Retirement Symposium, D.C.,** September 2026
- **Casualty Loss Reserve Seminar (CLRS) with CAS, Las Vegas,** Sept. 14-16, 2026
- **Life and Health Qualifications Seminar, Arlington,** Sept. 28-Oct. 1, 2026
- **Seminar on Effective P/C Loss Reserve Opinions, Nashville,** Dec. 7-8, 2026

Other Academy Resources

Follow the Academy on LinkedIn

Access the Following Resources:



Contingencies Magazine

Policy Forum

Actuarially Sound Blog

Actuary Voices Podcast

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