

HEALTH ACTUARIAL (B) TASK FORCE

Health Actuarial (B) Task Force March. 22, 2026, Minutes

Society of Actuaries (SOA) Research Institute Activities Update (Attachment One)

American Academy of Actuaries (AAA) Update (Attachment Two)

Academy Health Practice Council Update (Attachment Three)

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

Draft Pending Adoption

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.

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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



SOCIETY OF ACTUARIES RESEARCH UPDATE TO HATF

March 22, 2026

R. Dale Hall, FSA, MAAA, CERA
Managing Director of Research

The material and information contained in this presentation is for general information only. It does not replace independent professional judgment and should not be used as the basis for making any business, legal or other decisions. The Society of Actuaries assumes no responsibility for the content, accuracy or completeness of the information presented.

SOA Research Highlights

- Experience Studies
 - Long Term Care Study Update
- Practice Research Projects
 - Healthcare Insurance/Reinsurance Captive Landscape
 - 19th Annual Emerging Risk Survey released on March 10

Experience Studies & Practice Research

Attachment One
Health Actuarial (B) Task Force
3/22/2026

Project Name	Objective	Expected Completion Date
The Impact of Climate Change and Other Catastrophes on the U.S. Health Infrastructure	Examine the impact of extreme heat, wildfires, hurricanes, and other climate-related events on the health delivery system	https://www.soa.org/resources/research-reports/2025/climate-anomalies-mortality-health/
2026 Getzen Model Update	Update the long-term medical cost trend projection model based on 30+ years of observation	https://www.soa.org/resources/research-reports/2025/2026-getzen-model-update/
Provider Use of AI in Healthcare	Explore uses of AI to improve healthcare clinical and financial outcomes	https://www.soa.org/resources/research-reports/2025/provider-use-ai-healthcare/
Impact of Wildfires on US Health and Life Insurers- Morbidity Report	Examine the impact of wildfire smoke on air quality and morbidity	https://www.soa.org/resources/research-reports/2025/wildfireimpact-usinsurers-morbidity/
Healthcare Insurance/ Reinsurance Captive Landscape	Focus on health reinsurance captive landscapes by jurisdiction	https://www.soa.org/resources/research-reports/2026/healthcare-captive-reinsurance-landscape/
Behavior Health Article Series	A series of articles addressing various aspects of behavioral health from an actuarial health perspective	Apr 2026
2027 Getzen Model Update	Update the long-term medical cost trend projection model based on 30+ years of observation	Sep 2026
Diabetes Drug Studies	Study the effects of diabetes drugs on health care costs along with anticipated future effect	Oct 2026
Advanced Techniques for Healthcare Reserving	Look at techniques for enhancing health valuation using AI or other machine learning algorithms	Dec 2026
Healthcare Emerging Trends Survey	Survey practicing health actuaries to learn their expected short term health cost trends	Dec 2026
2000-2023 Long Term Care Experience Study - Report	Complete an experience study of Long-Term Care claim incidence, termination, and utilization	Mar 2027

Academy Professionalism Update

NAIC Spring National Meeting
March 2026

Housed in the Academy: The Web of Professionalism

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- 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*) and Up to Code (in *Contingencies*) columns.

Committee on Qualifications

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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 early March, the COQ received six 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



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*
- *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*

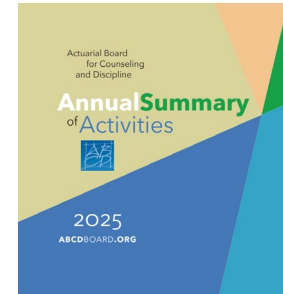
Actuarial Board for Counseling and Discipline (ABCD)

Recent ABCD activities

- In 2025, the ABCD handled a total of 138 cases, consisting of 114 requests for guidance (RFGs) and 24 inquiry cases.
- In addition, the ABCD conducted 25 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

- March/April 2026 Up to Code article, [Perspectives from the ABCD](#)
- Jan/Feb 2026 Up to Code article, [Precept 13 and Self-Regulation](#)
- Nov/Dec 2025 Up to Code article, [When Is a Violation Resolved?](#)



Coming Soon

7

Webinar on ASOP No. 41 Exposure Draft

*1.8 organized and professionalism
continuing education (CE) credits*

ASB Board and Committee members will discuss the recent exposure draft of ASOP No. 41, *Actuarial Communications*, which applies to all practice areas. Attendees will gain a clear understanding of the proposed changes and insight into why they are being made.

Questions?

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For more information, or to send suggestions/comments on the
U.S. Qualification Standards, please contact
Virginia Hulme, Assistant Director, Professionalism
professionalism@actuary.org

Looking Ahead: 2026 Health Policy Priorities

Health Actuarial (B) Task Force

March 22, 2026

Katie Dzurec, *Director, State Public Policy Outreach*

Annette James, MAAA, FSA, FCA

Vice President, Health and Chair, Health Practice Council

About the Academy

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Mission:

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



Community:

Serving over 20K MAAs & public stakeholders for 60 years



Standards:

Setting qualification, practice, and professionalism standards



Impact:

Delivering over 300 insight-driven publications & resources annually

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Agenda

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- Health Policy Priorities and Opportunities
- Recent Activity
 - Comments on the proposed 2027 NBPP
 - State Considerations for the ACA Market
 - Broadening the Focus Framework
- What Comes Next

Health Policy Priorities and Opportunities

Our Engagement and Priorities

5

- Last year, we created a [Resource Guide](#) focused on the dynamics for the under-65 health insurance markets (commercial, Medicaid, and employer)
- Annual premium rate driver issue brief and webinar



Recent Activity

Recent Academy Activity and Resources

7

Spring Policy Summit and annual federal Hill Visits

Publications

- [Investment Income Adjustment Stand-Alone Factor](#) (Health RBC (E) Working Group request) comment letter
- [Beyond Financial Return on Investment](#) issue brief
- [2027 Medicare Program proposed rule](#) comment letter
- [Evaluating Health Care Programs](#) issue brief

2027 Proposed Notice of Benefit and Payment Parameters (NBPP)

[Comments from the Individual and Small Group Markets Committee and
the Solvency and Financial Reporting Committee](#)

2027 NBPP Proposed Rule

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Actuarial considerations in reviewing proposed rules

- How would rules affect enrollment and the risk pool?
- How would rules affect predictability and regulatory certainty?
- How would rules affect solvency risk?
- How would rules affect affordability and consumer access?

2027 NBPP Proposed Rule: Academy Comments

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Our comments reiterate core elements for a stable and competitive individual market

- **Catastrophic plans:** proposed changes are innovative but may not have much impact on enrollment; could be difficult to price and implement (especially multi-year plans).
- **State-mandated benefits:** States need time to set up funding or make changes to mandates; implementing changes to deferrals for 2027 might not give states enough time, with potential to create solvency risk.
- **Non-network plans:** challenges with the AV calculator, the No Surprises Act, and network adequacy requirements.

2027 NBPP Proposed Rule: Academy Comments (con't.)

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- **CSRs:** CCIIO approach appears consistent with actuarial sound rate setting
- **Catastrophic plans:** proposed changes are innovative but may have limited enrollment impact and could be difficult to implement and price (especially multi-year plans)
- **EHB state-mandated benefits:** 2027 deferral timeline may not allow sufficient time for states to arrange funding or modify mandates, creating potential solvency concerns, particularly for retrospective defrayals
- **Non-network plans:** present operational challenges for the AV calculator, the No Surprises Act, and network adequacy requirements.

2027 NBPP Proposed Rule Comments: Risk Adjustment Pools

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- **Current structure:** Separate risk-adjustment pools drive much of the existing rate separation between bronze and catastrophic plans.
- **RFI topic:** CClIO requested comment on whether catastrophic and metal plan risk-adjustment pools should be integrated.
- **If pools were integrated:** Catastrophic plans would likely lose much of their current pricing advantage.
- **If pools remain separate:** Material growth in catastrophic enrollment could require pricing adjustments that leave metal-tier premiums insufficient relative to expected claims.

2027 NBPP Proposed Rule Comments: Multi-Year Catastrophic Plans

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- **Potential benefit:** Multi-year products could encourage longer-term enrollment and allow issuers to invest in preventive care and other benefits with longer-term health impacts.
- **Major design uncertainty:** It's unclear which elements of a multi-year contract would be fixed at issuance (e.g., premiums, rating factors, benefits, age progression, dependents). Without this clarity, actuaries cannot assess risk or appropriately price the product.
- **Operational and pricing questions:** Issues such as annual rate adjustments, rating-area changes, new dependents, and trend adjustments would significantly affect member experience and pricing.
- **Actuarial and regulatory implications:** Multi-year plans raise questions for risk adjustment, MLR, 1332 waivers, financial reporting, valuation assumptions, regulatory capital, and rate review requirements.

Health Insurance Marketplace Stability Considerations for States

What Should States Consider?

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Market Stability

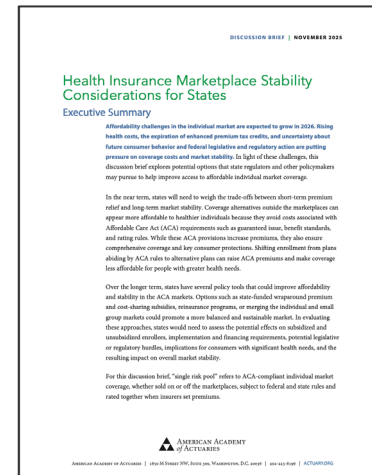
- Uncertainty, including regulatory and economic pressures
- Skewed risk pool
- Balancing short-term premium relief and long-term solutions—does your state prohibit or limit any alternative coverage options (e.g., STLDI)?

New fiscal obligations—regulators/legislators/executive branch have to partner

State Considerations for the ACA Markets Discussion Paper 16

What the paper covers

- Affordability pressures in the individual market driven by rising health costs and policy uncertainty
- Trade-offs between short-term premium relief and long-term market stability
- How alternative coverage options can affect the ACA single risk pool
- Policy options states may consider to improve affordability and stability



What's Needed for Stable and Affordable Individual Markets

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- **Adequate enrollment** to spread risk broadly
- **Balanced risk pool** that includes healthy and higher-cost individuals
- **Predictable policy and regulatory environment** to support insurer participation
- **Consumer protections and comprehensive coverage standards**

Why Affordability Pressures Are Intensifying

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- **Rising underlying health care costs** continue to drive premiums upward
- **Expiration of enhanced premium tax credits** could raise net premiums for many enrollees
- **Consumer responses are uncertain**—some may drop coverage or move to less comprehensive plans
- **Policy uncertainty** may affect insurer participation and market stability

This combination could increase pressure on the ACA single risk pool and affect premiums going forward.

Tradeoffs: Alternative Coverage vs. Market Stability

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Some coverage options outside the ACA single risk pool may appear more affordable because they:

- Can **deny coverage or vary premiums by health status**
- Often provide **more limited benefits**
- May **exclude pre-existing conditions**

However:

- These options tend to attract **healthier individuals**
- This can **raise average costs in the ACA market**
- Resulting in **higher premiums for those remaining**, especially people with greater health needs

Longer-term Policy Options for States

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States have several potential tools to improve affordability and stability:

- State-funded wraparound premium or cost-sharing subsidies
- Reinsurance or invisible high-risk pools (1332 waivers)
- Public option or Basic Health Program models
- Merging the individual and small group markets
- Encouraging ICHRAs or refining risk adjustment

Each approach involves trade-offs related to:

- Financing requirements
- Interactions with federal subsidies
- Impacts on subsidized vs. unsubsidized enrollees
- Long-term market stability

Broadening the Focus Project: A Framework for Evaluating Health Benefit Programs

Health Summit: Broadening the Focus

22

Actuarial insights on improving health care access and affordability by broadening the focus beyond ROI and shifting to a more holistic view of value.

When? April 16

[Registration for the virtual summit is open!](#)

*Actuarial perspectives and
insights on health care program
costs*

Save Your Seat

Why A Framework?

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- Consensus is that the US health care system is not using healthcare dollars efficiently
 - Simply put, we are not getting the best outcomes for our money
- Difficult to implement changes when the focus is on return on investment (ROI)
- Actuaries are often relied upon to estimate ROI and program costs
 - The information that actuaries provide can have a significant impact on the efficient use of health care resources for payers
- We wanted to explore a broader framework

Broadening the Focus: A Framework for Evaluating Health Benefit Programs

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- A holistic **principles-based framework**, or list of considerations to use when evaluating a health care program or benefit:
- Not intended to be prescriptive
 - A guide to highlight indirect costs, indirect savings, and non-financial outcomes that may impact the value of a program.
- Created with input from various experts (actuaries and non-actuaries)
- Vetted through discussions with decision-makers

Potential Issues with Financial ROI

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As part of this project, we interviewed several non-actuaries who perform program evaluations, to understand their approach and methods.

Those conversations exposed five key areas where financial ROI may fall short in demonstrating the true value of a program:

- Narrow Focus
- Inconsistent Application
- Misalignment with Clinical Health Care Goals
- Short-term Bias
- “Wrong Pocket” Problem

Next Steps

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Current phase: Refining the framework

We've hosted a townhall, virtual, and in-person events to get actuarial input and refine the framework

We invite HATF to meet with our committee to dive deeper into the discussion and share your feedback regarding the Framework

We anticipate other publications beyond our two initial issue briefs:

- » [Broadening the Focus: Evaluating Health Care Programs](#)
- » [Beyond Financial Return on Investment](#)

What Comes Next?

Potential Topics for HPC Committees

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- ACA Rate Review & Solvency Red Flags
- Medicare supplement
 - Closing of blocks
- Long-Term Care
 - Combo products
 - Reserving for LTC

REMINDER

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The Academy is seeking input on potentially disruptive events:

- significant developments (e.g., emergencies, disasters, cure for chronic disease);
- not covered by routine measures;
- can be caused by natural, man-made, or artificial circumstances;
- cause current actuarial models to no longer be effective.



actuary.org/potentiallydisruptive

Upcoming Events

- **Broadening the Focus Health Summit, virtual, April 16, 2026**
- **Life Investment Summit, New York, May 12-13, 2026**
- **PBR Seminar, Denver, August 26, 2026**
- **Life and Health Qualifications Seminar, Arlington, November 2026**

Attachment Three
Health Actuarial (B) Task Force
3/22/2026

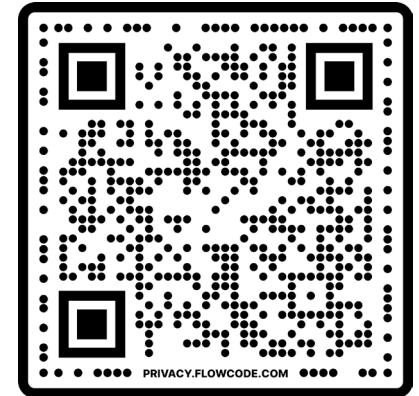
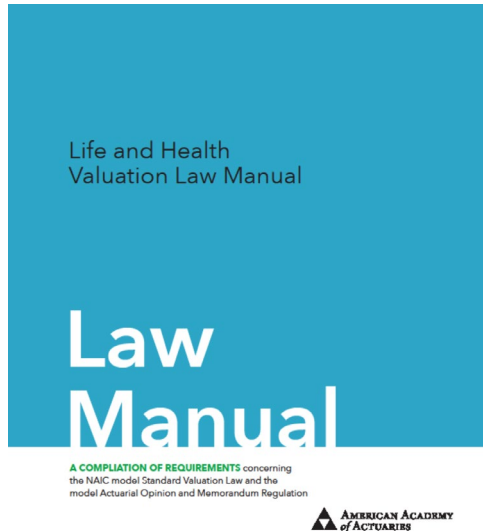
Join us Tonight!



Life and Health Valuation Law Manual

What's Inside?

- Current topics section outlining key valuation developments and specific state guidance;
- Current NAIC model laws and regulations that affect reserve calculations;
- A discussion of generally distributed interpretations; and
- Current actuarial guidelines from the NAIC *Financial Examiners Handbook*.



actuary.org/lifehealth-manual

Other Academy Resources

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Access the Following Resources:



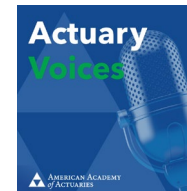
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Questions?

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