2026 Summer National Meeting
Columbus, Ohio

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE
Friday, August 14, 2026
12:15 – 1:30 p.m.

Meeting Summary Report

The Health Insurance and Managed Care (B) Committee met Aug. 14, 2026. During this meeting, the Committee:

1. Adopted its Spring National Meeting minutes.

2. Adopted the report of the Consumer Information (B) Working Group, including its July 23 and April 10 minutes. During these meetings, the Working Group took the following action:
   A. Discussed its 2026 planned activities based on a poll of Working Group members. The poll showed that their top priorities are mental health parity and balance billing protections under the No Surprises Act (NSA). The Working Group decided to complete work on both topics before updating the *Frequently Asked Questions About Health Care Reform* document in the fall.
   B. Discussed and exposed a consumer guide on the NSA for a seven-day public comment period ending July 29. The Working Group plans to conduct an e-vote to adopt the guide after the Summer National Meeting.
   C. Discussed and exposed a consumer guide on mental health parity for a seven-day public comment period ending July 29.
   D. Based on a stakeholder suggestion, discussed and decided to add to its list of potential future projects the development of consumer disclosures or guides on health savings accounts (HSAs) following recent legislative changes that expand access to HSAs.

3. Adopted the report of the Health Care Affordability and Mitigation (B) Working Group, which met Aug. 13. During this meeting, the Working Group:
   A. Adopted its Spring National Meeting minutes (*see NAIC Proceedings – Spring 2026, Health Insurance and Managed Care (B) Committee, Attachment Four).*
   B. Adopted its June 2, May 5, April 21, and April 7 minutes. During these meetings, the Working Group took the following action:
      i. Discussed its work plan for the year with a focus on developing a series of short issue briefs covering state options for improving the affordability of health care. The Working Group received updates on the work of its drafting groups and compiled a list of potential topics to cover in the issue briefs.
      ii. Discussed its *State Options for Reducing Health Insurance Costs* document.

iii. Discussed a list of policy topics to focus on when developing briefs describing state options for addressing health care affordability. The Working Group conducted a poll among its members to identify the top priority affordability options.

iv. Heard presentations from the Georgetown University Center on Health Insurance Reforms (CHIR) and the Health Care Affordability Lab at Yale on drivers of health care costs and strategies for controlling them.

C. Heard a presentation from the Blue Cross and Blue Shield Association (BCBSA) on challenges posed by the independent dispute resolution process under the NSA and recommendations for mitigating them.

D. Heard a presentation from Equality Arlington on limited benefit health plans that consumers may view as alternatives to Marketplace health plans and how the plans affect consumer costs and risks.

E. Discussed and solicited input on the draft affordability issue briefs that the Working Group exposed July 13 for a 45-day public comment period ending Aug. 31.

4. Adopted the report of the Health Actuarial (B) Task Force.

5. Adopted the report of the Regulatory Framework (B) Task Force.

6. Adopted the report of the Senior Issues (B) Task Force.

7. Adopted the *Guidance Document—ERISA Preemption and State Pharmacy Benefit Manager (PBM) Laws*. The purpose of the guidance document is to provide information to state insurance department regulators and other state government officials on the Employee Retirement Income Security Act (ERISA) preemption of state PBM laws. The guidance document considers the different types of state PBM laws and how appellate courts have applied the reasoning of the U.S. Supreme Court case *Rutledge v. Pharmaceutical Care Management Association (PCMA)* to those laws. Recognizing ongoing legal activity in this area, the guidance document includes an addendum summarizing cases involving ERISA preemption of state PBM laws. The ERISA and Alternative Health Coverage (B) Working Group adopted the document on July 22. The Regulatory Framework (B) Task Force adopted it on Aug. 13.

8. Heard remarks the Mark Cuban Cost Plus Drug Company on prescription drug affordability and access. The discussion covered the company's mission and strategies to make prescription drugs more affordable and accessible for consumers. It also included several suggestions that state insurance regulators might want to consider to help reduce health care costs for consumers.

9. Heard remarks from the federal Center for Consumer Information and Insurance Oversight (CCIIO) on its vision and key regulatory activities related to the individual market, including activities it has already implemented and plans to implement to deliver high-quality health care and lower health care costs for consumers. The discussion also highlighted some of the CCIIO's main priorities, including

targeting fraud, waste, and abuse and improving price transparency. The CCIIO believes these priorities are also key to lowering health care costs.