



April 9, 2021

Commissioner David Altmaier, Co-Chair
Director Dean Cameron, Co-Chair
NAIC Special Committee on Race and Insurance
National Association of Insurance Commissioners
444 North Capitol Street NW, Suite 700
Washington, D.C. 20001-1512

Forwarded via email to: Kay Noonan, KNoonan@NAIC.org

RE: NAIC Special (EX) Committee on Race and Insurance 2021 Charges

Dear Commissioner Altmaier and Director Cameron:

On behalf of our member plans, we would like to thank you for the opportunity to review the 2021 Proposed Charges to the Special (EX) Committee on Race and Insurance in advance of the meeting in April 12.

AHIP continues to support this critically important work and we stand ready to partner with the Special Committee on Race and Insurance and Committees to develop frameworks for measurable action. Health insurance providers are committed to achieving health equity, and believe that every American deserves access to affordable, high-quality care and health coverage, regardless of race, color, national origin, gender, sex, sexual orientation, age, or disability. Members of minority communities have a long history of being underserved and under-represented, resulting in persistent discrimination and systemic racism, which have exacerbated inequality in our health care system and negatively impacted the health and wellbeing of the individual members of these minority communities.

In September 2020, AHIP provided detail on key actions AHIP member plans are taking to improve health equity across our communities and among the more than 200 million Americans they serve. As of April 8th, we have also launched a resource page devoted to this work highlighting that health insurance providers continue this fight with recent areas of focus which include:

- **Listening to Leaders.** Fighting for health equity begins with listening. As part of our [Health Equity Spotlight](#), AHIP talked with a diverse group of health care leaders to better understand the challenges facing minority and underserved communities and how we can work together to effect change.
- **Serving Communities in Need.** Health insurance providers have been working with federal, state, and local leaders to ensure Americans can get vaccinated as quickly and equitably as possible. Through the [Vaccine Community Connectors](#) initiative, health insurance providers have committed to promote health equity by enabling the vaccination of 2 million seniors age 65+ in America's communities that are most at-risk and underserved — such as African American and Hispanic communities.

- **Taking Decisive Action.** Achieving health equity means addressing factors that go beyond “traditional” health care. In fact, many social barriers in everyday life play a large role in personal health and health outcomes. These factors include limited access to healthy foods, reliable transportation, or health care services, as well as unsafe or unstable housing. Health insurance providers are working hard every day to break down these barriers. Free dental care, grants to address systemic racism, and donations to help with housing stability are just a few of the many actions health insurance providers are taking to address social determinants of health.

Everyone in America has the right to live their best, healthiest life. Health insurance providers are committed to fighting for health equity and improving health outcomes for every Americans.

With respect to the 2021 proposed charges of the Special (EX) Committee on Race and Insurance, we look forward to a discussion and more thorough review of the proposed scope and focus of this year’s work both during and following the April 12 meeting. We will remain active and engaged on the following areas outlined in the proposed charges:

- predictive modeling, price algorithms and artificial intelligence (AI), with a particular focus on how race is impacted.
- insurance, legal and regulatory approaches to addressing unfair discrimination, specifically proxy discrimination and disparate impact, by defining the terms and determining appropriate steps to address.
- data reporting and record-keeping requirements across product lines to identify race and other sociodemographic factors of insureds.
- insurance access and affordability issues, including educating consumers and collecting information on health and health care complaints related to discrimination and inequities in accessing care; and
- aggregation of existing research on health care disparities and collection of insurance responses to the COVID-19 pandemic and its impact across demographic populations.

We express our ongoing appreciation for the NAIC’s willingness to undertake this effort, and we continue to look forward to working with you to address these issues in a meaningful and productive way.

Sincerely yours,

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