The Health Insurance and Managed Care (B) Committee met Aug. 14, 2023. During this meeting, the Committee:

1. Adopted its June 29 and Spring National Meeting minutes. During its June 29 meeting, the Committee took the following action:
   
   A. Heard presentations on the Maryland, Michigan, and Nebraska state appeal programs.
   
   B. Received an update on the Consumer Information (B) Subgroup’s work to educate consumers on their claim appeal rights.

2. Adopted the report of the Consumer Information (B) Subgroup, including its May 25 minutes. During this meeting, the Subgroup took the following action:
   
   A. Adopted its April 25 minutes, which included the following action:
      
   
   B. Adopted its April 17 minutes, which included the following action:
      
      i. Adopted its March 2 minutes. During this meeting, the Subgroup discussed ideas for future work, including developing a resource document on using social media, developing a guide to forming partnerships with other agencies, creating alternate versions of existing documents, and developing an education piece for consumers who may lose Medicaid.
      
      C. Discussed other potential Subgroup work related to educating consumers on their claim appeal rights.

3. Adopted the report of the Health Innovations (B) Working Group, which met Aug. 14 and took the following action:
   
   A. Adopted its Spring National Meeting minutes.
   
   B. Heard presentations on prior authorizations and gold carding.
   
   C. Heard a presentation on multistate prescription drug purchasing.
   
   D. Heard a presentation on health equity efforts.

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. Heard an update on the work of the Market Regulation and Consumer Affairs (D) Committee of interest to the Committee. Specifically, the Committee received an update on the work of the Improper Marketing of Health Insurance (D) Working Group to amend the *Unfair Trade Practices Act* (#880) to address regulatory and enforcement issues with health insurance lead generators.

8. Received an update on the Consumer Information (B) Working Group’s work to educate consumers on their claim appeal rights.

9. Heard a panel discussion on preventive services from a consumer-focused perspective. The panelists discussed the federal Affordable Care Act’s (ACA’s) preventive service requirements and the recent court case, *Braidwood v. Becerra*, challenging those requirements. The panelists also discussed the health equity implications of increasing access to preventive services. The panelists discussed how despite the ACA preventive care requirements for coverage and no cost-sharing for such services, compliance with such requirements has been a challenge for certain preventive services, particularly with respect to HIV preventive care services, including prescription drugs needed to manage the disease. The panelists discussed the findings from the NAIC consumer representative preventive care report. They also discussed their recommendations for state insurance regulators to address the issues in the report’s findings, which include using data calls and market conduct examinations to assess compliance, ensuring continued preventive protections with state legislative and regulatory action, establishing uniform billing and coding standards, and holding plans accountable for educating consumers and providers on preventive services requirements.

10. Heard a status update on the Medicaid redetermination process following the end of the COVID-19 public health emergency (PHE). The update discussed key findings from the first batch of Medicaid redeterminations data the federal Centers for Medicare & Medicaid Services (CMS) reported last month in accordance with the federal Consolidated Appropriations Act, 2023. The update also provided updated state renewal timelines; discussed new state flexibilities the U.S. Department of Health and Human Services (HHS) recently announced to help keep Americans covered as states resume Medicaid and Children’s Health Insurance Program (CHIP) renewals; and provided information on federal, state, and health industry resources for consumers and employers to assist them with transitioning through the renewal process and maintaining coverage.

11. Received an update on the work of the Special (EX) Committee on Race and Insurance Health Workstream. The Workstream is continuing its meetings on health equity issues. It recently had a meeting focusing on preventative care and lowering barriers to such care, particularly with respect to chronic disease care. The Workstream has planned upcoming meetings on the evolution of ACA Section 1332 waivers and state reinsurance programs, as well as reducing disparities in mental health services. The Workstream is also piloting a new collaboration space on the NAIC Connect platform to allow Workstream members and other NAIC members to discuss issues related to health equity and other related topics.