The Health Insurance and Managed Care (B) Committee met Dec. 8, 2019. During this meeting, the Committee:

1. Adopted its Oct. 24 and Summer National Meeting minutes. During its Oct. 24 meeting, the Committee:
   a. Adopted the Health Actuarial (B) Task Force’s 2020 proposed charges, the Regulatory Framework (B) Task Force’s 2020 proposed charges, and the Senior Issues (B) Task Force’s 2020 proposed charges.
   b. Adopted its 2020 proposed charges.

2. Adopted the following subgroup, working group and task force reports: the Consumer Information (B) Subgroup, including its Nov. 18, Oct. 21 and Oct. 7 minutes; the Health Innovations (B) Working Group, including its Oct. 28 minutes; the Health Actuarial (B) Task Force; the Long-Term Care Insurance (E/B) Task Force; the Regulatory Framework (B) Task Force; and the Senior Issues (B) Task Force.

3. Heard an update from the federal Center for Consumer Information and Insurance Oversight (CCIIO) on its recent regulatory activities. The CCIIO provided the Committee with a snapshot of current open enrollment, including data on the number of applications submitted and enrollment by subsidized and unsubsidized individuals. The CCIIO also discussed its efforts to provide price transparency in the health care marketplace, which is a top priority for the Trump Administration.

4. Heard a presentation from the co-author of the book “Overcharged: Why Americans Pay Too Much for Health Care.” The presentation highlighted the current problems in the health care system leading to high health care costs and solutions to address them.

5. Heard a panel presentation on state surprise billing laws. Representatives from the Texas Department of Insurance (DOI) and the Washington DOI discussed their surprise bill laws highlighting provisions in the laws related to their scope and method of establishing the out-of-network provider payment.

6. Heard an update on legal actions related to the federal Affordable Care Act (ACA), including: 1) a case challenging the constitutionality of the individual mandate and its potential impact on other key ACA provisions; 2) a case challenging the legality of the recent federal AHP regulation; 3) a case challenging the legality of the recent federal short-term, limited-duration plan (STLDP) regulation; and 4) a case challenging the legality of the federal government’s refusal to pay participants for full risk corridor amounts.

7. Heard a federal legislative update on congressional legislation and administrative actions of interest to the Committee.