

*2020 Summer National Meeting
Virtual Meeting*

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE

Tuesday, August 11, 2020

1:00 – 3:00 p.m. ET / 12:00 – 2:00 p.m. CT / 11:00 a.m. – 1:00 p.m. MT / 10:00 a.m. – 12:00 p.m. PT

Meeting Summary Report

The Health Insurance and Managed Care (B) Committee met Aug. 11, 2020. During this meeting, the Committee:

1. Adopted its April 28, Feb. 26, and 2019 Fall National Meeting minutes, which included the following action:
 - a. Received a report from the Health Actuarial (B) Task Force on its work to develop an outline and eventual 2021 rate pricing resource and guidance document for the states to consider when reviewing initial 2021 rates in light of the COVID-19 pandemic.
 - b. Discussed and heard comments from stakeholders on areas, such as telehealth requirements and form filing requirements, in which state insurance regulators can provide regulatory flexibility due to the COVID-19 pandemic.
 - c. Adopted the Regulatory Framework (B) Task Force’s revised 2020 charges, which added a charge for the newly appointed MHPAEA (B) Working Group.
2. Adopted the following subgroup, working group and task force reports: the Consumer Information (B) Subgroup, including its July 9, Jan. 21 and Jan. 7 minutes; the Health Innovations (B) Working Group; the Health Actuarial (B) Task Force; the Regulatory Framework (B) Task Force; and the Senior Issues (B) Task Force.
3. Heard a presentation on health equity and disparities in health care and coverage. The presentation explained what health and health care disparities are, their origin, and why health and health care disparities are a persistent and longstanding issue. The presentation also highlighted how the disparate impacts of COVID-19 mirror and compound underlying health disparities and how progress to address the problem will require long-term efforts across sectors to prioritize equity and address systemic and structural barriers, including racism and discrimination.
4. Heard a presentation on how the COVID-19 pandemic and the resulting recession has affected employer-sponsored insurance coverage. The presentation also discussed consumer considerations and choices after the loss of employer-sponsored insurance coverage. The presentation outlined several policy opportunities and lessons that state and federal regulators could consider when dealing with this issue, such as considering the impact of Medicaid expansion, the timing of enrollment and outreach, and expanded outreach efforts.
5. Heard a presentation on COVID-19 testing and costs. The presentation provided an overview of COVID-19 testing, its essential components and purpose. The presentation also discussed the current framework for COVID-19 testing and how each stakeholder involved—insurers, government, public health entities, and employers—plays a leadership role in ensuring access to such testing for those who need it. The presentation discussed the current costs of COVID-19 tests for diagnostic purposes and antibody testing and the potential impact of the cost of testing on premium rates. The presentation suggested several recommendations, including ensuring that all consumers are able to access COVID-19 testing regardless of coverage status, solidifying comprehensive strategies that incorporate testing to achieve occupational and public health goals, ensuring that testing does not lead to premium spikes in 2021 and protecting against testing fraud.
6. Heard an update on legal actions related to the federal Affordable Care Act (ACA), including U.S. Supreme Court cases from its recent 2019 term, such as the 8-1 decision in favor of insurers challenging the legality of the federal government’s refusal to pay participants for full risk corridor amounts. The update also discussed what to expect from the U.S. Supreme Court in its 2020 term, including oral arguments in a case challenging the constitutionality of the individual mandate and its potential impact on other key ACA provisions and a case challenging the authority of the states to regulate pharmacy benefit managers (PBMs).
7. Received an update on the work of the Pharmacy Benefit Manager Regulatory Issues (B) Subgroup in completing its charge to develop a new NAIC model regulating PBMs. The Subgroup exposed a draft PBM model for a public comment period ending Sept. 1. Following the end of the public comment period, the Subgroup will meet via conference call to discuss and consider revisions to the draft based on the comments received.

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

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