Meeting Summary Report

The NAIC/Consumer Liaison Committee met Aug. 14, 2020. During this meeting, the Liaison Committee:

1. Adopted its June 19 and 2019 Fall National Meeting minutes.

2. Heard a presentation from Amy Bach (United Policyholders—UP) on COVID-19 related business interruption claims, coverage issues, disputes and litigation. This presentation highlighted the lack of and need for pandemic coverage for business interruption.

3. Heard a presentation from Erica Eversman (Automotive Education & Policy Institute—AEPI) on digital claims handling and photo-estimating. This presentation focused on the need for additional consumer education and consumer protection in the form of advance notifications regarding initial claim payments and follow up claim payments, especially during the COVID-19 pandemic.

4. Heard a presentation from Birny Birnbaum (Center for Economic Justice—CEJ) proposing a model law to modernize insurance rate and form regulation that would address algorithmic bias plans used on patients and markets. This presentation explained how some algorithmic plans have a built-in bias based on discriminatory data points being used. A new model law was proposed to alleviate the inconsistencies currently noted from state to state.

5. Heard a presentation from Wayne Turner (National Health Law Program—NHLP), Ashley Blackburn (Community Catalyst—CC), and Deborah Darcy (American Kidney Fund—AKF) on improving equity in health care access. This presentation discussed how the pandemic highlighted the problem of inequity and discrimination in the equal and adequate access to health care for consumers.

6. Heard a presentation from Amy Killelea (National Alliance of State and Territorial AIDS Directors—NASTAD) on COBRA, Medicare, and the NAIC Coordination of Benefits Model Regulation (#120). This presentation recommended that state insurance regulators revise Model #120, so it no longer allows insurers to avoid paying for medical treatment when an insured person is eligible for Medicare but not enrolled in Medicare Part B because they are still covered by their employer.

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