Draft date: 11/12/25

2025 Fall National Meeting
Hollywood, Florida

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE
Thursday, December 11, 2025
10:45 a.m. – 12:00 p.m.
Diplomat Convention Center—Great Hall 3–6—Level 3

ROLL CALL

Glen Mulready, Chair	Oklahoma	D.J. Bettencourt	New Hampshire
Ann Gillespie, Co-Vice Chair	Illinois	Alice T. Kane	New Mexico
Grace Arnold, Co-Vice Chair	Minnesota	TK Keen	Oregon
Trinidad Navarro	Delaware	Jon Pike	Utah
John F. King	Georgia	Kaj Samsom	Vermont
Dean L. Cameron	Idaho	Patty Kuderer	Washington
Marie Grant	Maryland	Allan L. McVey	West Virginia
Anita G. Fox	Michigan		

NAIC Committee Support: Jolie H. Matthews/Brian R. Webb/Jennifer Cook

AGENDA

1. Consider Adoption of its Nov. 20 and Summer National Meeting Minutes —*Commissioner Glen Mulready (OK)* — Attachment One

2. Consider Adoption of the Reports of its Working Groups and Task Forces —*Commissioner Glen Mulready (OK)*
   A. Consumer Information (B) Working Group—*David Buono (PA)*
   B. Health Innovations (B) Working Group —*Commissioner Marie Grant (MD)*
   C. Health Actuarial (B) Task Force—*Director Anita G. Fox (MI) and Kevin Dyke (MI)*
   D. Regulatory Framework (B) Task Force —*Commissioner Grace Arnold (MN)*
   E. Senior Issues (B) Task Force—*Commissioner Ned Gaines (NV)*

3. Receive a Status Update on and Consider Adoption of the Prior Authorization (PA) White Paper—*Commissioner Grace Arnold (MN)*

4. Hear a Presentation on State-Level Actions to Mitigate Projected Coverage Losses and Premium Impacts from H.R. 1 – One Big Beautiful Bill Act (OBBA) and Other Federal Changes Impacting the Individual

Market—*Lucy Culp (Blood Cancer United) and Sabrina Corlette (Center on Health Insurance Reforms [CHIR])*

5. Hear a Presentation on the Emerging 2025 Individual Market Risk Pool —*Michael Cohen (Wakely) and Michelle Anderson (Wakely)*

6. Hear an Update from the Federal Center for Consumer Information and Insurance Oversight (CCIIO) on its Recent Activities—*Peter Nelson (CCIIO)*

7. Receive a Status Update on the Health Innovation (B) Working Group's Work to Develop Guidance on State Flexibility and the Affordable Care Act (ACA) Innovation Waivers—*Commissioner Marie Grant (MD)*

8. Discuss Any Other Matters Brought Before the Committee —*Commissioner Glen Mulready (OK)*

9. Adjournment

Agenda Item #1

Consider Adoption of its Nov. 20 and Summer National Meeting Minutes
—Commissioner Glen Mulready (OK)

Draft: 11/25/25

Health Insurance and Managed Care (B) Committee
Virtual Meeting
November 20, 2025

The Health Insurance and Managed Care (B) Committee met Nov. 20, 2025. The following Committee members participated: Glen Mulready, Chair (OK); Ann Gillespie, Co-Vice Chair (IL); Grace Arnold, Co-Vice Chair (MN); Trinidad Navarro represented by Susan Jennette (DE); John F. King represented by Steve Manders (GA); Dean L. Cameron represented by Weston Trexler and Shannon Hohl (ID); Marie Grant (MD); Anita G. Fox (MI); D.J. Bettencourt represented by Brenda Golden Hallisey (NH); Alice T. Kane represented by Brittany O'Dell (NM); TK Keen (OR); Jon Pike (UT); Kaj Samsom represented by Anna Van Fleet and Christine Menard-O'Neil (VT); Patty Kuderer (WA); and Allan L. McVey represented by Joylynn Fix (WV).

1. Adopted its Task Forces' 2026 Proposed Charges

Commissioner Mulready said the Committee's first item of business was to consider adoption of its task forces' 2026 proposed charges. He said that prior to this meeting, committee support distributed the task forces' 2026 proposed charges and posted them on the Committee's web page. He said the Health Actuarial (B) Task Force adopted its 2026 proposed charges Oct. 20; the Regulatory Framework (B) Task Force adopted its 2026 proposed charges Oct. 20; and the Senior Issues (B) Task Force adopted its 2026 proposed charges Oct. 24.

Commissioner Pike made a motion, seconded by Director Fox, to adopt the task forces' 2026 proposed charges. The motion passed unanimously.

2. Adopted its 2026 Proposed Charges

Commissioner Mulready said committee support distributed the Committee's 2026 proposed charges and posted them on the Committee's web page prior to the meeting. He said its 2026 proposed charges are the same as its 2025 charges. Commissioner Mulready said the Committee received one comment letter from the NAIC consumer representatives on the Committee's 2026 proposed charges, suggesting revisions to the proposed charges for the Committee, Consumer Information (B) Working Group, Health Innovations (B) Working Group, and Senior Issues (B) Task Force.

Amy Killelea (Killelea Consulting) said that to continue the work of the Health Workstream under the former Special (EX) Committee on Race and Insurance, the NAIC consumer representatives suggest that the Committee add a charge similar to a charge adopted by the Regulatory Framework (B) Task Force to: "Examine factors contributing to disparities in coverage and affordability and recommend appropriate steps to reduce those disparities." The Committee discussed the suggested language. Although some Committee members expressed support for the suggested charge, others suggested that the charge should be more general, as the Regulatory Framework (B) Task Force has already adopted a similar charge. After additional discussion, the Committee agreed to add a new charge with the following language: "Continue to support efforts to address disparities in coverage and affordability and recommend appropriate steps to reduce those disparities." Killelea said the NAIC consumer representatives also suggest that the Committee expand its charge 1F to examine rising health care costs and cost drivers, as well as factors that contribute to coverage losses. The Committee agreed to accept the suggested revision.

Killelea said the NAIC consumer representatives suggest that the Consumer Information (B) Subgroup add a new charge to: "Identify communication goals, strategies, and tactics to reach communities that experience inequities in health insurance access, including through partnerships with community-based organizations." After

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discussion, the Committee agreed to add the new charge. Killelea said the NAIC consumer representatives suggest revising the Health Innovations (B) Working Group's charge 3B to include discussing state innovations related to health care that reduce disparities in coverage and affordability. Commissioner Grant, who serves as chair of the Health Innovations (B) Working Group, expressed support for the suggested revisions.

Killelea said the NAIC consumer representatives also suggested revisions to the Senior Issues (B) Task Force's 2026 proposed charges. After discussion, the Committee decided to defer consideration of the suggested revisions because the Task Force has already adopted its 2026 proposed charges, and as such, the Task Force members have not had the opportunity to discuss the suggested revisions. The Committee suggested that after the Task Force is reestablished in 2026, the NAIC consumer representatives reach out to the Task Force's 2026 chair and vice chair for consideration of their suggested revisions.

Commissioner Pike made a motion, seconded by Commissioner Grant, to adopt the Committee's 2026 proposed charges, including the revisions to the Consumer Information (B) Working Group's and the Health Innovations (B) Working Group's 2026 proposed charges (Attachment One-A). The motion passed unanimously.

Having no further business, the Health Insurance and Managed Care (B) Committee adjourned.

SharePoint/NAIC Support Staff Hub/Member Meetings/B CMTE/National Meetings/2025 Fall National Meeting/Final Minutes/B Cmte 11.20.25 MtgMin.docx

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Draft Pending Adoption

Draft: 8/21/25

Health Insurance and Managed Care (B) Committee
Minneapolis, Minnesota
August 13, 2025

The Health Insurance and Managed Care (B) Committee met in Minneapolis, MN, Aug. 13, 2025. The following Committee members participated: Glen Mulready, Chair (OK); Ann Gillespie, Co-Vice Chair (IL); Grace Arnold, Co-Vice Chair, and Fred Andersen (MN); Dean L. Cameron (ID); Marie Grant (MD); Anita G. Fox and Kevin Dyke (MI); D.J. Bettencourt (NH); Alice T. Kane represented by Viara Ianakieva (NM); Jon Pike (UT); Kaj Samsom represented by Mary Block (VT); Patty Kuderer (WA); and Allan L. McVey and Joylynn Fix (WV). Also participating were: Heather Carpenter (AK); Maria Ailor (AZ); Martin Sullivan (GA); Andria Seip (IA); Michael T. Caljouw (MA); Robert Wake (ME); Angela L. Nelson (MO); Michael Muldoon (NE); Michael Humphreys (PA); and Patrick Smock (RI).

1. Adopted its Spring National Meeting Minutes

Commissioner McVey made a motion, seconded by Commissioner Arnold, to adopt the Committee's March 26 minutes (*see NAIC Proceedings – Spring 2025, Health Insurance and Managed Care (B) Committee*). The motion passed unanimously.

2. Adopted the Reports of its Working Groups and Task Forces

Commissioner Pike made a motion, seconded by Director Gillespie, to adopt the following task force and working group reports: 1) Consumer Information (B) Working Group, including its June 26 minutes (Attachment One); 2) Health Innovations (B) Working Group (Attachment Two); 3) Health Actuarial (B) Task Force; 4) Regulatory Framework (B) Task Force; and 5) Senior Issues (B) Task Force. The motion passed unanimously.

3. Adopted the Revised LTCI MSA Framework

Dyke said the Health Actuarial (B) Task Force forwarded a memorandum to the Committee on the revisions to the long-term care insurance multistate actuarial framework (LTCI MSA Framework) (Attachment Three). He said that as described in the memorandum, the key revisions to the LTCI MSA Framework are: 1) a change from two actuarial rate review methodologies to a single rate review methodology; 2) a revised cost-sharing formula; and 3) moving the governance of the LTCI MSA Framework and related processes to the Health Actuarial (B) Task Force, and other related work such as reduced benefit options (RBOs), to the Senior Issues (B) Task Force. Dyke said that the revisions were discussed in open session multiple times and that all the revisions were exposed for public comment by the Long-Term Care Actuarial (B) Working Group and/or the former Long-Term Care Insurance (B) Task Force. He said the former Long-Term Care Insurance (B) Task Force adopted the revisions changing the actuarial rate review methodology from two to one and the revisions moving the governance of the LTCI MSA Framework and related processes to the Health Actuarial (B) Task Force, and other related work such as RBOs, to the Senior Issues (B) Task Force on Dec. 18, 2024. The Health Actuarial (B) Task Force adopted the revised cost-sharing formula on July 14.

Andersen updated the Committee on the LTCI MSA Framework. He said that as discussed during his update to the Committee at the Spring National Meeting, the Long-Term Care Actuarial (B) Working Group revised the LTCI MSA Framework to include a single multistate methodology, which the former Long-Term Care Insurance (B) Task Force and the Health Actuarial (B) Task Force adopted late last year. He said that, as he also discussed, the second part of the proposed revisions to the LTCI MSA Framework, the cost-sharing formula, took a little longer to reach consensus. He explained that the cost-sharing formula is a way to increase the cost-sharing burden for the

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company as the cumulative rate increases over time. He said that one concern the Long-Term Care Actuarial (B) Working Group identified with the current cost-sharing formula is that it allows rate increases that are too high when there are very high cumulative rate increases, which tended to occur for people aged 85 and older who have held on to their policies for 25 or more years. Given this, there was agreement among the Long-Term Care Actuarial (B) Working Group members that the cost-sharing burden for companies needs to increase in these cases.

Andersen said that also during his update to the Committee at the Spring National Meeting, he said the Long-Term Care Actuarial (B) Working Group exposed, for a public comment period ending May 12, an alternative proposal providing a 95% company cost-sharing burden after a certain cumulative amount. Andersen said that following the end of the public comment period, the Working Group discussed the comments received and adopted an alternative proposal on June 2 to increase the company cost-sharing burden from 50% to 85% when cumulative rate increases get high. The Health Actuarial (B) Task Force adopted it on July 14. Andersen urged the Committee to adopt the revised LTC MSA Framework.

Commissioner Mulready expressed appreciation for all the work done by both the Long-Term Care Actuarial (B) Working Group and the Health Actuarial (B) Task Force to revise the LTCI MSA Framework. He expressed concern, however, on whether the states will adopt it and whether the companies will use it for their rate filings. Andersen said he shares Commissioner Mulready's sentiment, but he said that given all the discussions and disagreement and then agreement as they worked through the drafting process, he is optimistic that a vast majority of the states will adopt it.

Fix said that for the Committee's consideration, a company reached out to her asking for information on what states they should approach to encourage them to vote for the revised LTCI MSA Framework. She said companies want the NAIC to adopt it because they want consistency. Director Cameron expressed support for adopting the revised LTCI MSA Framework. He noted all the work done to date. He acknowledged that it is not perfect, but he believes it is a good step forward. He said it has already been shown that improvements can be made if needed, but, as revised, the LTCI MSA Framework makes it more efficient and easier for companies to file their needed rate increases and provide the data justifying them.

Director Fox made a motion, seconded by Commissioner McVey, to adopt the revised LTC MSA Framework (*see NAIC Proceedings – Spring 2025, Health Actuarial (B) Task Force, Attachment One*). The motion passed unanimously.

4. Discussed 2025 State Legislative Activity of Interest to the Committee

Acting Director Carpenter, Christina Haas (DE), and George McNab (OH), who are members of the NAIC's State Insurance Department Legislative Liaison Roundtable (Roundtable), discussed current trends and emerging trends in legislation considered and enacted legislation from recently concluded 2025 state legislative sessions.

Haas said that in 2025, state legislatures are building significant momentum as they work to improve patient access, reduce provider burden, and increase transparency in health care delivery. She said today, they would discuss three major policy areas state legislatures are grappling with: 1) prior authorization (PA) reform; 2) pharmacy benefit manager (PBM) regulation; and 3) mandated coverage for biomarker testing.

Beginning with PA, Haas said stakeholders view PA from vastly different perspectives. Some insurers view it as a cost-control tool, while some providers often see it as a barrier to needed patient care. She said that today, 49 states, the District of Columbia, and Puerto Rico have enacted some form of PA law. Haas said that many of these laws include "gold carding"—essentially a fast pass for providers who consistently receive approval for their requests. More than 20 jurisdictions now have some form of gold carding law, and that number continues to grow.

Acting Director Carpenter described Alaska's experience with its PA bill during the 2024 state legislative session and the discussions with various stakeholders, including state legislators, to reach consensus and enact PA legislation during Alaska's recently concluded 2025 state legislative session. Hass also discussed Delaware's efforts to enact PA reform legislation this year. She noted that consensus on certain provisions, such as reviewer qualifications, in recent PA reform legislation was key to enactment. She stressed that this is an important piece because, as some have reported, including the American Medical Association (AMA), artificial intelligence (AI) is leading to more claim denials.

McNab discussed PBM regulation. He said that like PA reform, PBM regulation has received heightened attention in recent state legislative sessions. He said that such legislation focused on transparency, pricing fairness, and accountability. McNab said that in 2025, laws enacted on PBM regulation required PBMs to disclose: 1) their ownership; 2) how they calculate rebates; and 3) what they charge health plans compared to what they reimburse pharmacies. He said spread pricing, where PBMs profit by charging plans more than they reimburse pharmacies, is also under fire, with multiple states banning or limiting this practice. McNab said other laws target pharmacy reimbursement, anti-steering practices, and network adequacy. He said another major trend requires PBMs to act as fiduciaries, meaning they must prioritize the consumer's best interest over maximizing profits. He said many states are also stepping in to protect 340B program pharmacies from discriminatory PBM practices and are reining in utilization management tactics like step therapy and PA delays. He said examples of such reform can be found in recent legislation enacted in Alaska, Colorado, Connecticut, Hawaii, Illinois, Montana, Nebraska, New Jersey, New Mexico, North Carolina, Oklahoma, and Wisconsin. McNab noted that states like Alabama, Indiana, Missouri, and Nevada are also advancing reforms through omnibus legislation, tackling multiple PBM concerns at once. McNab said that in response to these new laws and regulations, PBMs are beginning to explore flat-fee models instead of profit-based ones, and they are partnering with AI-driven tech companies to improve transparency and efficiency.

Haas discussed Delaware's experience with regulating PBMs. She said Delaware has had regulatory authority over PBMs for several years now, and it has completed some of the nation's first in-depth PBM market conduct exams. She said that she hesitates to state that Delaware is far ahead of other states because PBMs continue to resist being regulated by the states. She said this is done, in part, through litigation forcing the states and state legislatures to decide whether to continue enforcement, halt it, or amend the law entirely. Haas said the NAIC's State Insurance Department Legislative Liaison members have had robust discussions on the PBM regulation issue. She said that it increasingly appears that PBM reform efforts will continue to be a hot-button issue even in those states with existing PBM reform laws. Haas said that as state regulatory efforts advance, Roundtable members expect to see the states attempt to address other entities that operate in the pharmaceutical benefit management area, such as group purchasing organizations (GPOs) and pharmacy services administrative organizations (PSAOs).

Acting Director Carpenter shared Alaska's most recent experience with enacting PBM reform legislation, focusing on its work to transition PBMs from registration to licensure. She discussed how Alaska used the resources and expertise of the Roundtable members to determine the approach it should take to update its laws regulating PBMs, which led to it adding new disclosure requirements and clarifying its examination requirements regarding PBMs.

McNab said that in summary, both PA process reform and PBM regulation are undergoing rapid change. She said the legislative momentum is clear, and while many of the reforms are still too new to fully evaluate, the overall trajectory is moving toward more transparent, more accountable, and more patient-centered health care delivery.

Haas touched on a relatively new health benefit mandate that has emerged as a common legislative effort over the last few years in state legislatures—biomarker testing. Biomarker testing is a laboratory procedure that samples tissue, blood, or other body fluid to check for certain genes, proteins, chromosomes, or other molecules

that may be a sign of a disease or condition or may increase a person's risk for developing diseases or conditions. She said that about half of the states that have enacted this mandate have used the National Council of Insurance Legislators (NCOIL) model as a base. She said the states are also receiving model legislation on the subject from the American Cancer Association (ACA). Haas discussed potential issues with legislation mandating coverage for such tests that states should consider in reviewing legislative proposals or implementing existing state law related to this mandate. She said a state adoption resource will be posted on the Legislative Liaison Connect page soon.

Haas said Roundtable members would be happy to present to the Committee in the future on any of the issues they discussed today and many others. She welcomed Committee members and other state insurance regulators to join their monthly meetings as a great way to engage Roundtable members and stay informed on current and emerging state legislative trends.

5. Heard a Presentation from HealthPartners

Pahoua Yang Hoffman (HealthPartners) presented on "Supporting Medicaid Members & Patients: Eligibility Redeterminations & Learnings," during which she discussed HealthPartners' strategies for working through Minnesota's Medicaid eligibility redetermination process for its members and lessons learned. Hoffman described Minnesota's Medicaid eligibility determination process, noting that Minnesota's systems are paper-based and rely on U.S. Mail for renewal notification. This means that health plans can educate and direct their members to navigators or counties, but they cannot physically help them submit eligibility paperwork. She discussed the challenges health plans, including HealthPartners, must navigate as part of the eligibility determination process and the importance of partnering with others and multichannel communication.

Hoffman described the outreach HealthPartners did to its members and patients in the fall and winter of 2022 before Minnesota's eligibility redetermination began. This included 459,600 direct-to-consumer messages through direct mail, email, text, and prerecording calls. HealthPartners also leveraged social media through ads on Facebook. She said that during the eligibility redetermination process, which began in March 2023 and is ongoing, HealthPartners applied key learnings from its pre-redetermination outreach. Hoffman said one of the surprising key learnings was that prerecorded telephone calls had the most expansive reach of all the direct-to-member channels, especially when recorded in multiple languages. She said HealthPartners also enhanced its website landing page and added blog posts discussing the need to submit eligibility paperwork and why.

Hoffman discussed the results of HealthPartners' direct-to-member campaign and key takeaways. She said the key takeaways include: 1) multichannel and frequent outreach strategies to increase member engagement; 2) the use of social media to yield higher interaction rates; and 3) continuous message and support to Medicaid members to ensure they maintain eligibility. Commissioner Arnold suggested that the strategies HealthPartners used to engage their Medicaid members and patients could be adopted for the non-Medicaid market.

6. Heard an Update from the CCIIO on its Recent Activities

Peter Nelson (Center for Consumer Information and Insurance Oversight—CCIIO) updated the Committee on the CCIIO's recent activities of interest and priorities. He discussed the CCIIO's work to support premium rate approval for 2026 and the implementation of the federal 2025 Marketplace Integrity and Affordability Final Rule and H.R. 1, The One Big Beautiful Bill Act (OBBBA). Nelson said Aug. 13 is the federal deadline for filing initial 2026 premium rates. He said there will be an opportunity, if needed, Sept. 11–12 for rate refilings to make any necessary corrections.

Nelson also discussed state innovation opportunities through federal Affordable Care (ACA) waivers, such as Section 1332 and Section 1333 waivers. He said he presented at the Health Innovations (B) Working Group meeting Aug. 12 on the opportunity for states to increase their regulatory flexibility and stability under Section

1333 of the ACA through health care choice compacts. He said Section 1333 directs the Secretary of the Department of Health and Human Services (DHHS), in consultation with the NAIC, to establish a regulatory framework that allows two or more states to enter into a health care choice compact to facilitate the sale of health insurance across state lines. He discussed the benefits to the states of entering into such compacts. Nelson said he looks forward to having additional discussions with the NAIC on Section 1333.

Director Gillespie asked whether there would be a federal response to the increase in 2026 rates due to the impending expiration of the enhanced premium subsidies. Nelson said there have been some discussions in Congress, but the CCIIO will for wait to see what, if anything, Congress decides to do. He said that the CCIIO is prepared to implement whatever the Congress might pass. Nelson said that from the federal Centers for Medicare & Medicaid's (CMS') perspective, with respect to the premium rate increases and approaching open enrollment period, CMS is doing everything it can to create a thoughtful communication strategy to ensure that consumers are prepared and that agents and brokers are prepared to communicate what needs to be communicated so that consumers have the information they need to make the best choices for themselves and their families. Director Fox also expressed concern about the impending increase in premium rates and the seemingly lack of a federal communication strategy to: 1) explain the changes to consumers; and 2) help providers and vulnerable populations manage their impact. Nelson discussed potential strategies the states can use, such as creating reinsurance programs under Section 1332. He also encouraged the states to reach out to the CCIIO to discuss potential strategies and tools.

Having no further business, the Health Insurance and Managed Care (B) Committee adjourned.

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Agenda Item #2

Consider Adoption of its Working Group and Task Force Reports
—Commissioner Glen Mulready (OK)

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

Virtual Meetings

CONSUMER INFORMATION (B) WORKING GROUP
October 31, 2025 / October 23, 2025 / October 3, 2025 / August 11, 2025

Summary Report

The Consumer Information (B) Working Group met Oct. 31, Oct. 23, Oct. 3, and Aug. 11, 2025. During these meetings, the Working Group:

1. Discussed and adopted revisions to the *Frequently Asked Questions About Health Care Reform* document.

2. Discussed and adopted Consumer Guide on Selecting a Health Plan and Avoiding Improper Marketing Practices.

3. Adopted the *A Consumer's Guide to Buying Your Own Health Insurance* document.

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Draft: 11/10/25

Consumer Information (B) Working Group
E-Vote
October 31, 2025

The Consumer Information (B) Working Group of the Health Insurance and Managed Care (B) Committee conducted an e-vote that concluded Oct. 31, 2025. The following Working Group members participated: David Buono, Chair (PA); TJ Patton, Vice Chair (MN); Anthony L. Williams (AL); Debra Judy (CO); Terri Smith (MD); Jeana Thomas (MO); Donna Dorr (OK); Jill Kruger (SD); Vickie Trice (TN); Shelley Wiseman (UT); and Andrew Davis (WA).

1. Adopted Revisions to the *Frequently Asked Questions About Health Care Reform* Document

The Working Group conducted an e-vote to consider adoption of the *Frequently Asked Questions About Health Care Reform* document (Attachment 1). The document provides state insurance department staff information about the Affordable Care Act (ACA) and related policies to aid in responding to consumer questions. The Working Group revises the document each year to keep it up to date. The motion passed unanimously.

Having no further business, the Consumer Information (B) Working Group adjourned.

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Draft: 11/5/25

Consumer Information (B) Working Group
Virtual Meeting
October 23, 2025

The Consumer Information (B) Working Group of the Health Insurance and Managed Care (B) Committee met Oct. 23, 2025. The following Working Group members participated: David Buono, Chair (PA); T.J. Patton, Vice Chair (MN); Randy Pipal (ID); Michelle Baldock (IL); Alex Peck (IN); Jeana Thomas (MO); Elouisa Macias (NM); Donna Dorr (OK); Jill Kruger (SD); and Christina Keeley (WI).

1. Discussed Revisions to the *Frequently Asked Questions About Health Care Reform* Document

Buono thanked regulators and interested parties who reviewed and made updates to portions of the *Frequently Asked Questions about Health Care Reform*.

He said the revised document had been circulated earlier in the week and asked reviewers whether they had any questions for the Working Group on their sections. Lucy Culp (Blood Cancer United) discussed changes she made to how non-major medical plans are described in several questions. Her changes highlighted that short-term, limited benefit plans are not the only non-major medical plans consumers may consider. The Working Group agreed to retain her changes.

J.P. Wieske (Monument Advocacy) suggested adding language across several questions encouraging consumers to shop and compare their options for 2026 due to the expected changes in premiums. The Working Group decided to add a statement on this topic to the Purpose section at the beginning of the document, rather than in individual questions and answers.

The Working Group discussed the proposed addition of several questions by consumer representatives. The added questions and answers cover mental health and substance use services, finding navigators, and re-enrollment. The Working Group agreed to add these questions and answers and to delete a question on navigators that was made redundant by the addition of another question.

The Working Group discussed whether to include a statement on Medicaid eligibility changes that take effect in January 2027, despite the document being updated to reflect changes for 2026. The Working Group decided to retain the suggested addition because the language clarifies when the Medicaid change takes effect.

Brenda J. Cude (University of Georgia) said she made additional edits and added questions to the version circulated on Oct. 21. Because her changes had not been reviewed by others, the Working Group decided to review the document again, send any final edits to Joe Touschner (NAIC), and conduct an e-vote on approval of the document in the week of Oct. 27.

Having no further business, the Consumer Information (B) Working Group adjourned.

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Draft: 11/10/25

Consumer Information (B) Working Group
Virtual Meeting
October 3, 2025

The Consumer Information (B) Working Group of the Health Insurance and Managed Care (B) Committee met Oct. 3, 2025. The following Working Group members participated: TJ Patton, Vice Chair (MN); Tara Smith (CO); Michelle Baldock (IL); Alex Peck (IN); Jeana Thomas (MO); Jennifer Ramcharan and Vickie Trice (TN); Shelley Wiseman (UT); and Coral Manning (WI).

1. Confirmed State Votes to Approve a Template Media Release on Shopping for Health Plans in 2026

Patton reminded the group of an ongoing e-vote to approve a template media release to encourage consumers to review their plan choices for 2026. Patton described the document and mentioned that several states had already submitted electronic votes in favor of approving the template. Colorado and Indiana added their votes to approve the template.

2. Discussed its Plan for Revising the *Frequently Asked Questions About Health Care Reform* Document

Patton described the purpose of the *Frequently Asked Questions About Health Care Reform* document as a reference document for state insurance department staff. He said it can be used by states to help respond to consumer questions about health care reform topics, although the document is not intended to be shared directly with consumers.

Patton asked about the Working Group's past process for making updates. Joe Touschner (NAIC) said that Working Group members, interested regulators, and interested parties can volunteer to review sections of the document and make any necessary updates. Touschner reviewed the 14 sections of the document.

Regulators and interested parties selected sections of the FAQ to review. Brenda J. Cude (University of Georgia) offered to help other reviewers with wording for their sections. The Working Group agreed to provide updates to the document by Oct. 20 to meet the goal of distributing the final document to states before Nov. 1.

3. Discussed Changes in the Medicare Advantage Market

Patton asked for feedback from the Working Group on changes occurring in the Medicare Advantage market. He said plans in Minnesota have left the state entirely or reduced their service areas. He said remaining carriers have eliminated commissions for selling their plans for 2026. He said this could result in Medicare beneficiaries having difficulty understanding their options and selecting the right plans. Patton said he would support the Working Group taking up this issue and developing a template document that helps consumers understand their Medicare choices. He said the Working Group could potentially work with the Senior Issues (B) Task Force on such a document.

Harry Ting (Consumer Representative) reported observations from a Medicare broker he spoke with. He said drug plans are dropping out or offering minimal commissions. He said Medicare Advantage plans are dropping preferred provider organization (PPO) plans.

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Bonnie Burns (California Health Advocates—CHA) said health care providers are also leaving the Medicare Advantage market. She said that Medicare supplement guaranteed issue opportunities only occur when providers leave a network, provided the federal Centers for Medicare & Medicaid Services (CMS) grants the opportunity. She said that both the Senior Issues (B) Task Force and the Improper Marketing of Health Insurance (D) Working Group should examine these issues.

Patton said states should consider providing broad overviews for consumers of Medicare, Medicaid Advantage, and Medicare supplement plans. He said states should also do outreach with the broker communities in their states. Burns encouraged state insurance regulators to work with State Health Insurance Assistance Programs (SHIPs) in their states. Ting said it is difficult for consumers to compare prices for Medicare supplement plans, but SHIPs can help them make such comparisons.

Patton said the Working Group would continue conversations on this topic with the Senior Issues (B) Task Force.

Having no further business, the Consumer Information (B) Working Group adjourned.

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Draft: 11/10/25

Consumer Information (B) Working Group
E-Vote
October 3, 2025

The Consumer Information (B) Working Group of the Health Insurance and Managed Care (B) Committee conducted an e-vote that concluded Oct. 3, 2025. The following Working Group members participated: David Buono, Chair (PA); TJ Patton, Vice Chair (MN); Tara Smith (CO); Michelle Baldock (IL); Alex Peck (IN); Terri Smith (MD); Jeana Thomas (MO); Maryann Arriola (MP); Vickie Trice (TN); Shelley Wiseman (UT); and Christina Keely (WI).

1. Adopted a Template Media Release on Health Insurance Changes for 2026

The Working Group conducted an e-vote to consider adoption of the *Template Media Release on 2026 Health Coverage* document (Attachment 1). The template encourages consumers to explore all their health coverage options for 2026 considering potential changes to premium costs for plans purchased through Affordable Care Act (ACA) marketplaces. The motion passed unanimously.

Having no further business, the Consumer Information (B) Working Group adjourned.

SharePoint/NAIC Support Staff Hub/B CMTE/National Meetings/2025 Fall National Meeting/Final Minutes/Cons Info 10.3 evote

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Draft: 11/10/25

Consumer Information (B) Subgroup
E-Vote
August 11, 2025

The Consumer Information (B) Working Group of the Health Insurance and Managed Care (B) Committee conducted an e-vote that concluded Aug. 11, 2025. The following Subgroup members participated: David Buono, Chair (PA); TJ Patton, Vice Chair (MN); Anthony L. Williams (AL); Terri Smith (MD); Jeana Thomas (MO); Jill Kruger (SD); Vickie Trice (TN); Shelley Wiseman (UT); Andrew Davis (WA); and Christina Keely (WI).

1. Adopted a Consumer Guide on Shopping for Health Insurance

The Working Group conducted an e-vote to consider adoption of the *A Consumer's Guide to Buying Your Own Health Insurance* document (Attachment 1). The guide helps consumers understand health insurance, providing key definitions, explanations of plan types, questions to ask, and tips to follow. The motion passed unanimously.

Having no further business, the Consumer Information (B) Working Group adjourned.

SharePoint/NAIC Support Staff Hub/B CMTE/National Meetings/2025 Fall National Meeting/Final Minutes/Cons Info 8.11 evote

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2025 Summer National Meeting
Hollywood, Florida

HEALTH ACTUARIAL (B) TASK FORCE
Monday, December 8, 2025
3:30 – 5:00 p.m.

Meeting Summary Report

The Health Actuarial (B) Task Force met Dec. 8, 2025. During this meeting, the Task Force:

1. Adopted its Summer National Meeting minutes.

2. Adopted its Oct. 20 minutes. During this meeting, the Task Force took the following action:
   A. Adopted its 2026 proposed charges.

3. Adopted the report of the Long-Term Care Actuarial (B) Working Group, which has not meet since the Summer National Meeting.

4. Heard an update from the federal Center for Consumer Information and Insurance Oversight (CCIIO) on insurers increasing 2026 federal Affordable Care Act (ACA) rates to account for increased morbidity following the expiration of enhanced Advance Premium Tax Credits (eAPTC). CCIIO also discussed its efforts to release the 2027 Notice of Benefit and Payment Parameters (NBPP) and keep key dates aligned as closely as possible with those in the 2026 NBPP.

5. Heard an update on Society of Actuaries (SOA) Research Institute activities

6. Heard an American Academy of Actuaries (Academy) professionalism update.

7. Heard an update from the Academy Health Practice Council.

Agenda Item #3

Receive a Status Update and Consider Adoption of the Prior Authorization (PA) White Paper
—Commissioner Grace Arnold (MN)

Agenda Item #4

Hear a Presentation on State-Level Actions to Mitigate Projected Coverage Losses and Premium Impacts from H.R. 1—One Big Beautiful Bill Act (OBBA) and Other Federal Changes Impacting the Individual Market—*Lucy Culp (Blood Cancer United) and Sabrina Corlette (Center on Health Insurance Reforms [CHIR])*

Recommendations for States' Efforts to Mitigate Coverage Loss

Presentation to B Committee on Behalf of NAIC Consumer Representatives

Sabrina Corlette, J.D.

December 11, 2025

A team of nationally recognized experts

The Center on Health Insurance Reforms operates within Georgetown University's McCourt School of Public Policy. CHIR's team is composed of leading health policy researchers with deep and nationally recognized expertise in health insurance laws, regulation, policies and market practices.

Federal Changes Will Lead to Unprecedented Coverage Loss

Reduced Affordability

- Expiration of enhanced PTCs
- Termination of eligibility for lawfully present immigrants
- Uncapped liability at APTC reconciliation
- Higher premium contributions and OOP cost growth
- Higher deductible plans and reduced PTCs due to AV changes

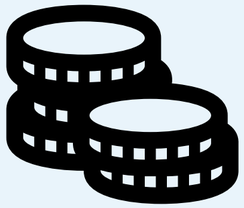
Increased Red Tape; Less Help

- End of automatic re-enrollment
- New documentation demands for SEPs/DMIs
- Termination of APTCs for failure to reconcile
- End of low-income SEP
- Shorter open enrollment windows
- Navigator cuts

14+ million expected to lose health insurance

Average 114% net premium increase

State Options to Mitigate Coverage Loss



Affordability



Marketplace Policies and Processes



Plan Management and Insurance Regulation



Market Oversight & Enforcement



Consumer Communications & Engagement

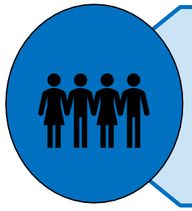


Documenting the Effect of Federal Changes

State Options to Mitigate Coverage Loss: Affordability

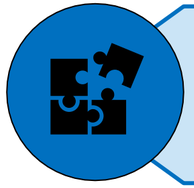


State-funded financial help. State "subsidy wraps" can significantly improve affordability, reduce coverage loss, improve the individual market risk pool, and support market stability. 11 states and D.C. currently provide such funds.

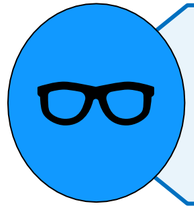


Basic Health Program. A BHP can improve the affordability and comprehensiveness of coverage for low-income people (up to 200% FPL), though the effect depends heavily on a state's available funding, implementation choices, and operational systems. 3 states and D.C have a BHP.

State Options to Mitigate Coverage Loss: Marketplace Policies and Processes



Facilitated Enrollment. Simplify the eligibility & enrollment process for consumers, largely by leveraging state data infrastructure and improving data sharing.

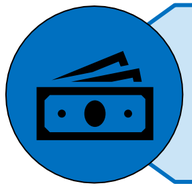


Sludge Audits. Identify and remove existing barriers and friction points that hinder consumers from obtaining an eligibility determination and enrolling in optimal coverage.



Enrollment Opportunities. Take advantage of available flexibility for open and special enrollment periods, such as January SEPs for individuals who start but fail to complete an application.

State Options to Mitigate Coverage Loss: Plan Management

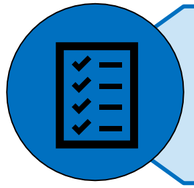


Active Purchasing. Leverage regulatory authority and market position so that insurers meet standards for affordability, benefit design, and other elements.

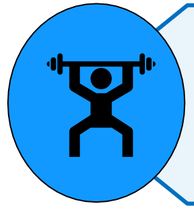


Standardized plans. Optimize consumer decision-making by standardizing benefit design and/or limiting the numbers of plans offered at each metal level.

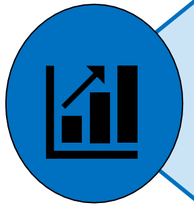
State Options to Mitigate Coverage Loss: Insurance Regulation



Guaranteed Issue. Prevent insurers from denying an applicant coverage solely because of past-due premiums.



Silver Loading. Continue to require plans to price for cost-sharing reductions via on-Marketplace silver plans. This improves enrollees' buying power and helps maintain market stability.



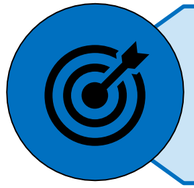
Maximizing Actuarial Value. Require plans to meet actuarial value targets that exceed the minimum federal standard. This can help lower deductibles and increase enrollees' buying power.

State Options to Mitigate Coverage Loss: Market Oversight

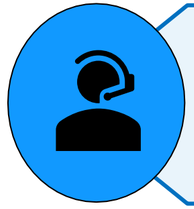
For All Non-Compliant Products and Arrangements	For Excepted Benefit Products	For Short-term Limited Duration Insurance
• Require submission of marketing materials for review/approval • Monitor marketing and broker activity • For SBMs, require brokers to provide side-by-side comparisons between Marketplace and non-Marketplace options	• Require to be sold to accompany major medical insurance • Require strong and clear consumer disclosures	• Mandate stronger disclosure than federal rules • Prohibit sale during open enrollment • Limit contract term to 3 months • Require compliance with consumer protections

For Health Care Sharing Ministries	For Farm Bureau, AHPs and Other Non-ACA Arrangements
• Require HCSMs to report enrollment and other key data • Prohibit brokers from selling products or arrangements that aren't sold by insurers licensed under state law	• Repeal laws exempting Farm Bureau plans or other insurance-like arrangements from insurance regulation • Set a level playing field for MEWAs/AHPs

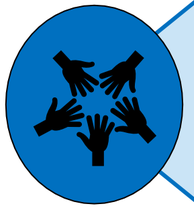
State Options to Mitigate Coverage Loss: Consumer Communications & Engagement



Targeted Communications. Invest in data-driven, targeted strategies to identify and reach consumers in the most need of assistance, expand language access, and engage partners trusted in the communities they serve



Consumer Support. Identify, invest in, and train personalized consumer assistance so consumers have help navigating changing policies and new paperwork.



Resources for the Uninsured. Provide resources and information for families who become uninsured; help educate people about the risks of products and arrangements that do not meet ACA standards.

Documenting the Effect of Federal Changes

SBMs

- Maintain robust, regularly updated dashboards during/after open enrollment with data on plan selections, % of enrollees receiving PTCs/CSRs, call center performance, etc.
- Invest in longitudinal analyses that document the effect of federal policy, e.g, changes in net premiums, shorter OE impact on total enrollment

DOI/SBMs

- Collect data, publish reports on key market trends
- Partner with research organizations to document changes over time
- Conduct and publish results from consumer surveys

Questions?

Sabrina Corlette, J.D.
Research Professor

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Stay In Touch

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Agenda Item #5

Hear a Presentation on the Emerging 2025 Individual Market Risk Pool
—Michael Cohen (Wakely) and Michelle Anderson (Wakely)

Wakely
An HMA Company

National Association of Insurance Commissioners **Individual Market Trends**

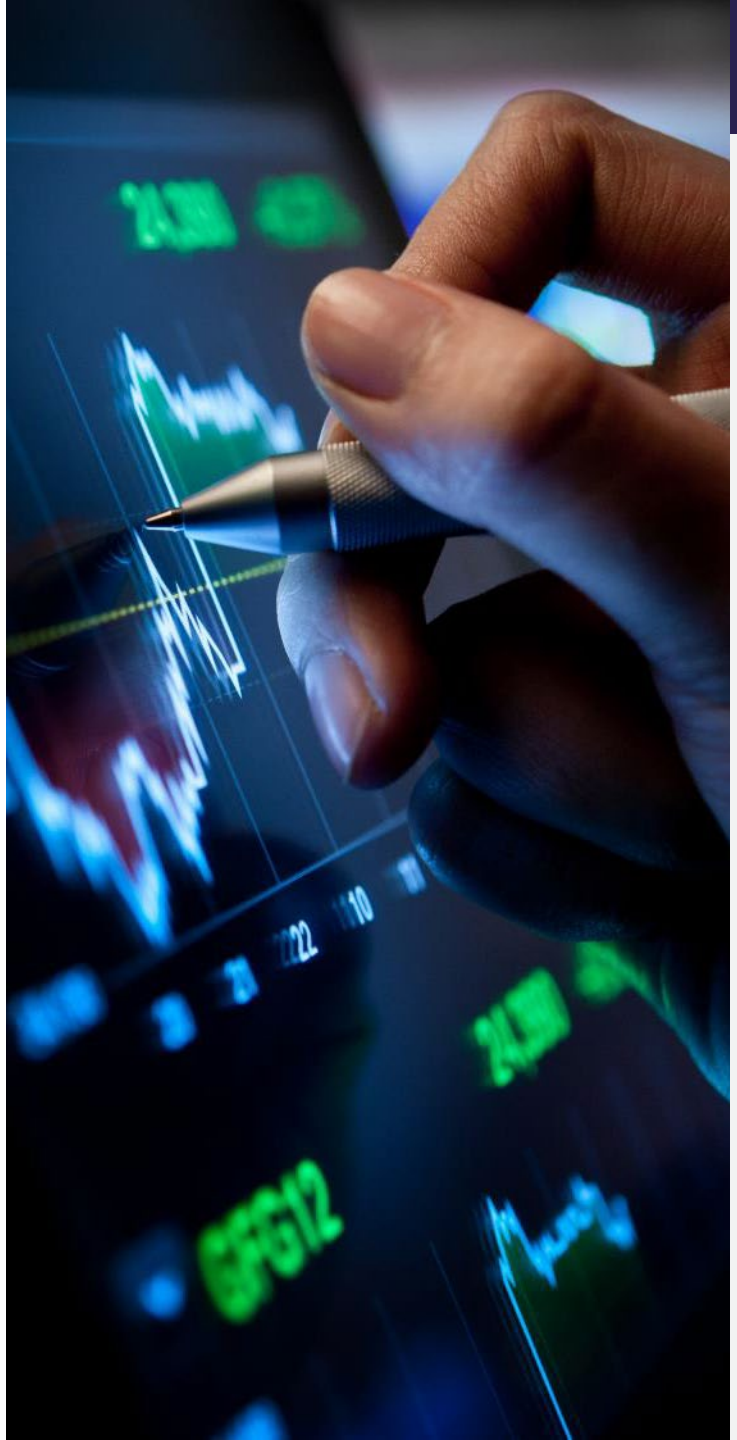
December 11, 2025



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Agenda

- Get to Know the Wakely Team
- 2026 Market Framework
- 2025 Individual Market Morbidity
- Medical Trend in the Individual Market & Commercial Market
- Key Considerations and Uncertainties Going Forward



About Wakely Consulting Group, an HMA Company

Wakely has extensive expertise with ACA premium rate certification in multiple states, rate review, ACA risk adjustment, and policy analysis.

- **Deep 1332 Waiver Expertise** Currently, support 1332 waiver programs in seven states. Wakely has been a part of eight successful 1332 waiver applications, including initial waivers, amendment waivers, and renewal waivers.
- **Policy Analytics Experience** Wakely provides additional support to state clients to help mitigate program risk when faced with unanticipated regulatory changes or other external factors.
- **Multi-disciplinary Expertise** Wakely and HMA consultants have unmatched multi-disciplinary experience with 1332 waiver programs. The project team includes several consultants with direct ACA marketplace and 1332 waiver experience at CMS, state ACA policy and marketplace operational experience, and several actuaries specializing in state affordability programs and 1332 waivers.

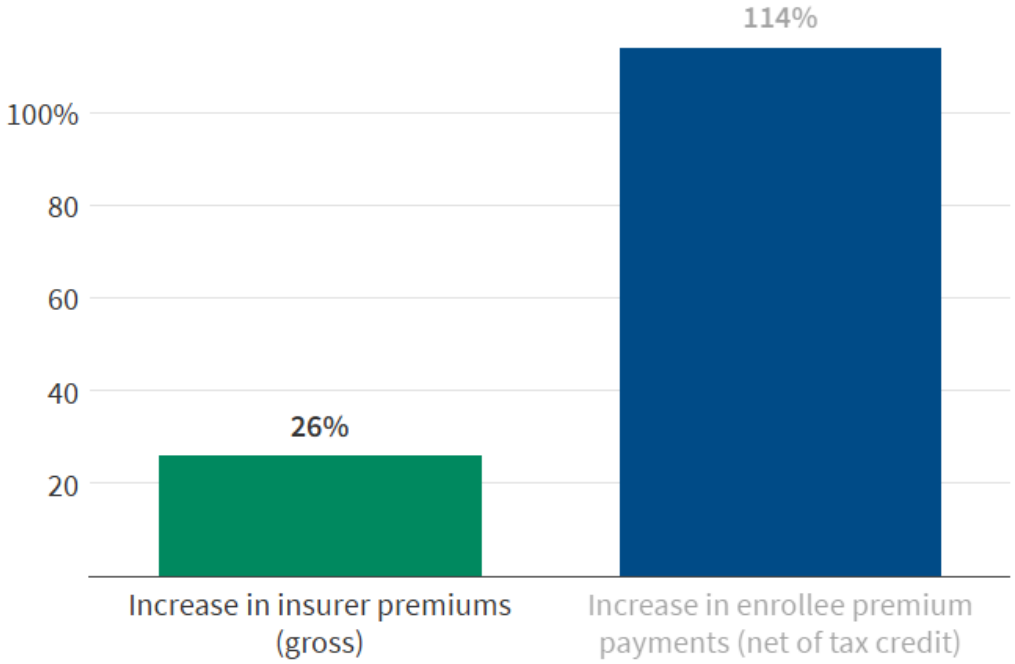
What Is Happening in 2026 Market?

- **Highest premium rate changes since 2018**
- Drivers include:
  - 2025 emerging experience and sicker population
  - Trend patterns
  - Provider price increases
  - Inflation
  - Rate correction from prior years
  - Regulatory changes, including enhanced premium tax credit expiration
  - Expensive medications such as GLP-1s
  - Uncertainty

Figure 1

ACA Insurers Are Raising Premiums by an Estimated 26%, but Most Enrollees Would See Sharper Increases in What They Pay if Enhanced Tax Credits Expire

Percent change in gross and net premium payments, 2026



Source: KFF analysis of ACA Marketplace premium data • Get the data • Download PNG KFF

Source: CCIIO Data Brief on Section 1332 Waivers

2025 Changes in Morbidity

- **Wakely performed an analysis on 2025 market morbidity changes - which supported many carrier findings**
- We continued to see a dramatic increase in overall relative risk of 6.8 percent from 2024 to 2025, with higher increases in Federally Facilitated Marketplaces.
- Claimant ratios also increased for most states from 2024 to 2025, equal to 2.2 percent overall.
- Nationally, we found the following:
  - State relative risk score increases strongly correlated with lower increases in the percentage of enrollees with net premiums of less than $10.
  - States that experienced lower rates of effectuation from enrolled members reported during open enrollment period (OEP) data as well as percentage of members auto enrolled during OEP were correlated with higher relative risk increases and vice versa.

2025 Changes in Morbidity (Continued)

Enrollment Continues To Increase

Year over Year Enrollment Comparison July 2024 to July 2025

Metal	SBE	FFE Expanded	FFE Not Expanded
Platinum	-3.9%	9.7%	-2.9%
Gold	1.6%	21.1%	2.5%
Silver	15.3%	14.5%	8.3%
Bronze	0.9%	2.4%	5.4%
Total	**8.3%**	**10.0%**	**6.6%**

Historically higher enrollment increase is correlated with lower morbidity.

2025 Changes in Morbidity (Continued)

Relative Risk Also Increased Year over Year

Comparison July 2024 to July 2025

Metal	SBE	FFE Expanded	FFE Not Expanded
Platinum	-0.5%	1.3%	0.7%
Gold	4.4%	2.6%	11.2%
Silver	2.7%	8.8%	8.4%
Bronze	2.9%	9.5%	7.5%
Total	**2.5%**	**9.2%**	**8.6%**

Since Medicaid redetermination started, the correlation of higher enrollment and lower morbidity has not continued.

2025 Changes in Morbidity (Continued)

Change in Percent of Enrollees with Claims

Metal	SBE	FFE Expanded	FFE Not Expanded
Total	1.0%	3.5%	2.4%

Comparison July 2024 to July 2025

This is a distinct change from the trend in reduction in number of people with claims that occurred since the introduction of enhanced premium tax credits.



General Drivers of Trend

2024-2026

- Persistent inflationary pressure on provider costs, especially hospital labor and supplies, continues to push unit cost trend upward across all years.
- Utilization trend is elevated due to increased demand for behavioral health, chronic disease management, and uptake of new prescription drug categories (particularly GLP-1 weight-loss therapies).
- Pharmacy trend remains highly influenced by specialty drugs and GLP-1 agonists, which are adding roughly 0.5–1% to total medical trend in 2025–2026.



Implications for 2027

- Potential for pressure on premiums, due to both changes in morbidity and unit cost
- Uncertainty on base data, even before considering changes in policy, could also put pressure on premiums
- It's uncertain to what extent issuers included (or over-corrected for) these factors
- Historical data might not be a good indicator for the future
  - Important to keep track of emerging 2026 data
- Regulators should consider having issuers provide additional details on these factors to gain better insight into market dynamics and appropriateness of rate changes

Appendix

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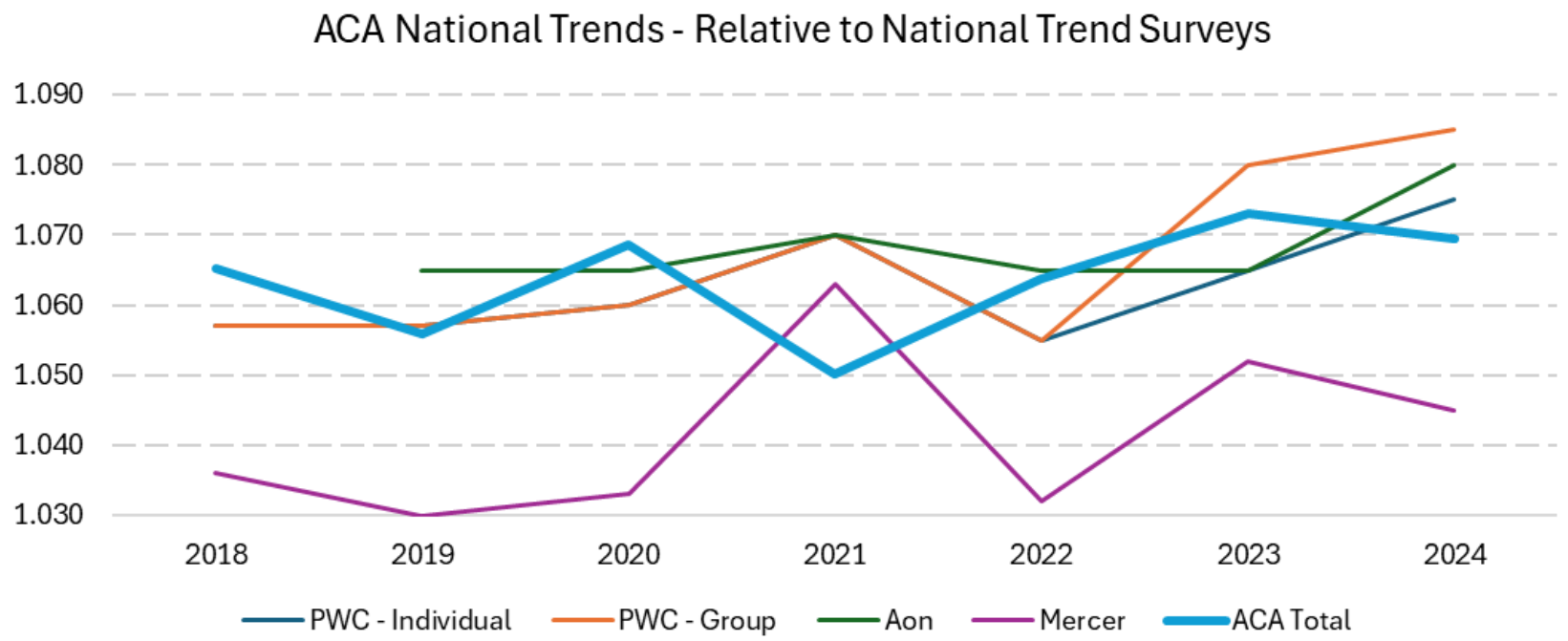
2025 Changes in Morbidity

- The analysis relied on data from the Wakely National Risk Adjustment Reporting (WNRAR) project in 2024 and 2025, using data from January–July as comparison points.
- The WNRAR project provides Wakely with summarized data from participating Affordable Care Act (ACA)-compliant individual market plans. Data reporting is voluntary and, thus, exclusive of some issuers in a given state. Though the data are not representative of the entire market, the WNRAR project collected data from over 75 carriers in 36 states
- Risk scores, normalized for particular demographic changes, were used as a proxy for relative risk shifts by measuring the changes that occurred in 2025 relative to those in 2024.
- https://www.wakely.com/blog/update-2025-individual-market-risk-pool-considerations/

Source: CCIIO Data Brief on Section 1332 Waivers

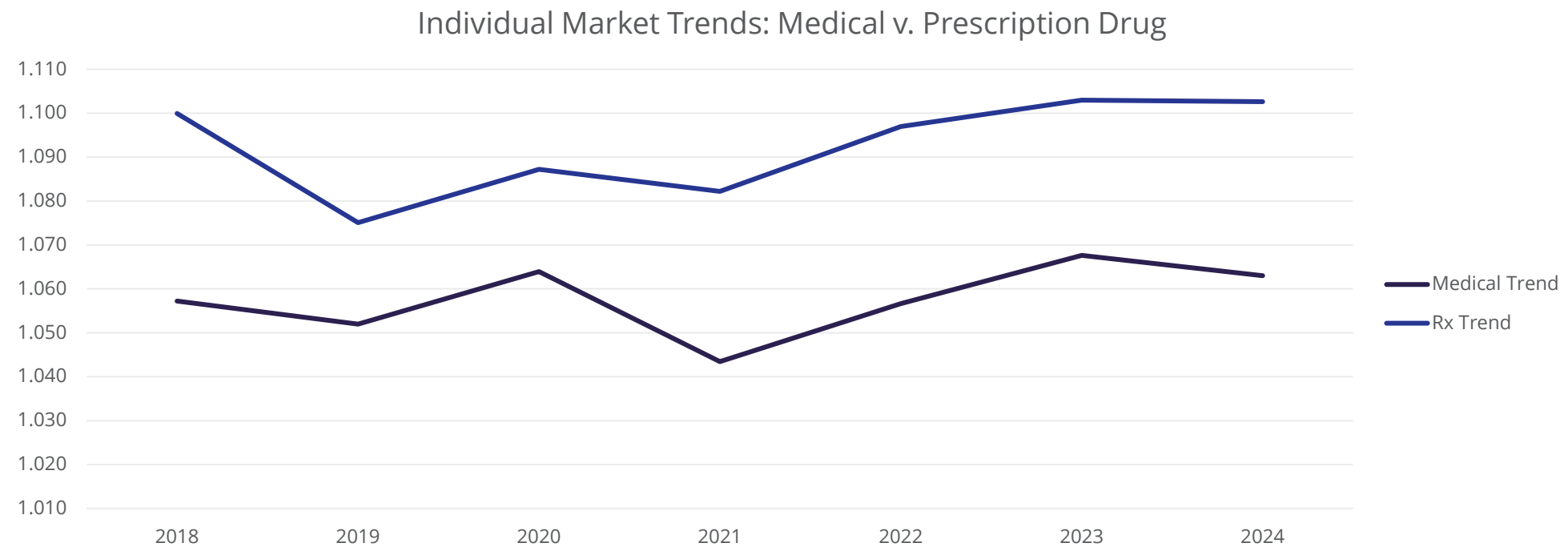
ACA TREND COMPARED TO NATIONAL (COMMERCIAL) TRENDS

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ACA TREND COMPARED TO NATIONAL (COMMERCIAL) TRENDS

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Thank you

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Agenda Item #6

Hear an Update from the Federal Center for Consumer Information and Insurance Oversight (CCIIO) on its Recent Activities—*Peter Nelson (CCIIO)*

Agenda Item #7

Receive a Status Update on the Health Innovation (B) Working Group's Work to Develop Guidance on State Flexibility and the Affordable Care Act (ACA) Innovation Waivers
—Commissioner Marie Grant (MD)

Agenda Item #8

Discuss Any Other Matters Brought Before the Committee
—Commissioner Glen Mulready (OK)