The Regulatory Framework (B) Task Force met Dec. 7, 2019. During this meeting, the Task Force:

1. Adopted its Oct. 2 and Summer National Meeting minutes. During its Oct. 2 meeting, the Task Force:
   a. Adopted its 2020 proposed charges.

2. Adopted the report of the Accident and Sickness Insurance Minimum Standards (B) Subgroup, which included its Nov. 25, Nov. 19, Nov. 4, Oct. 28, Oct. 7 and Sept. 16 minutes. During these meetings, the Working Group:
   a. Discussed the comments received on Sections 1–5 of the Model Regulation to Implement the Accident and Sickness Insurance Minimum Standards Model Act (#171) (now known as the Supplementary and Short-Term Health Insurance Minimum Standards Model Act (#170). The Subgroup plans to complete its review of the comments received via conference call after the Fall National Meeting.

3. Adopted the report of the ERISA (B) Working Group, which met Dec. 7 and took the following action:
   a. Adopted its Summer National Meeting minutes.
   b. Discussed association health plans (AHPs), including state legislative and regulatory activity addressing multiple employer welfare arrangements (MEWAs).
   c. Adjourned into regulator-to-regulator session, pursuant to paragraph 2 (pending investigations which may involve either the NAIC or any member in any capacity), paragraph 3 (specific companies, entities or individuals) and paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings.

4. Adopted the report of the HMO Issues (B) Subgroup, which included its Nov. 21 and Sept. 16 minutes. During these meetings, the Subgroup:
   a. Exposed the Virginia Insurance Bureau’s recommendations for revising the Health Maintenance Organization Model Act (#430) for public public comment period ending Oct. 15 to address inconsistencies and redundancies with the provisions in the Life and Health Insurance Guaranty Association Model Act (#520).
   b. Discussed the Virginia Insurance Bureau’s revised recommendations for revising Model #430 and the Maine Department of Insurance’s (DOI) comments on the revised recommendations.
   c. Adopted a motion to accept the Maine DOI’s approach for revising Model #430. The Subgroup plans to review and discuss an initial draft of revisions to Model #430 reflecting the Maine DOI’s approach via conference call after the Fall National Meeting.

5. Adopted the report of the Pharmacy Benefit Manager Regulatory Issues (B) Subgroup, which included its Dec. 2, Oct. 3, Aug. 29, Aug. 22, and Aug. 15 minutes. During these meetings, the Subgroup:
   a. Heard presentations from various stakeholders, including representatives from health insurers, pharmaceutical manufactures, pharmacy benefit managers (PBMs), academia, and consumers. The Subgroup conducted these information-gathering sessions to help inform its discussions on next steps to carry out its 2019 charge to consider developing a new NAIC model to establish a licensing or registration process for PBMs. As part of its 2019 charge, the Subgroup may consider including in the new NAIC model provisions on PBM prescription drug pricing and cost transparency.
   b. Discussed its next steps in making progress on its 2019 charge during a regulator-to-regulator session pursuant to paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings.

6. Heard an update from the Center on Health Insurance Reforms’ (CHIR) work related to federal Affordable Care Act (ACA) implementation and other issues of interest to state insurance regulators. The update included a discussion of a forthcoming publication discussing state oversight of health care sharing ministries. There was also discussion of the CHIR’s work related to MEWAs. The CHIR recently published thousands of pages of U.S. Department of Labor (DOL) investigative records regarding MEWAs. The CHIR is continuing to track and analyze state regulatory approaches to MEWAs and short-term, limited-duration plans (STLDPs) in the wake of federal rule changes. The CHIR is also continuing its work to
track state reforms affecting the individual market. The presentation also highlighted the CHIR’s future research projects, including projects related to reinsurance and standardized health plans.

7. Heard a presentation on the implementation of the Consumer Purchasing Model in Summit County, CO.

8. Heard a panel presentation from America’s Health Insurance Plans (AHIP) on health care cost trends. The presentation also included affordability recommendations for state insurance regulators to consider.