Date: 4/4/21

NAIC/CONSUMER LIAISON COMMITTEE
Thursday, April 8, 2021
2:00 – 3:30 p.m. ET / 1:00 – 2:30 p.m. CT / 12:00 – 1:30 p.m. MT / 11:00 a.m. – 12:30 p.m. PT

ROLL CALL

Michael Conway, Chair	Colorado	Kathleen A. Birrane	Maryland
Andrew R. Stolfi, Vice Chair	Oregon	Anita G. Fox	Michigan
Jim L. Ridling	Alabama	Grace Arnold	Minnesota
Lori K. Wing-Heier	Alaska	Mike Chaney	Mississippi
Peni Itula Sapini Teo	American Samoa	Chlora Lindley-Myers	Missouri
Evan G. Daniels	Arizona	Bruce R. Ramge	Nebraska
Alan McClain	Arkansas	Barbara D. Richardson	Nevada
Ricardo Lara	California	Linda A. Lacewell	New York
Andrew N. Mais	Connecticut	Mike Causey	North Carolina
Trinidad Navarro	Delaware	Jon Godfread	North Dakota
Karima M. Woods	District of Columbia	Judith L. French	Ohio
David Altmaier	Florida	Glen Mulready	Oklahoma
John F. King	Georgia	Jessica K. Altman	Pennsylvania
Dean L. Cameron	Idaho	Doug Slape	Texas
Doug Ommen	Iowa	Jonathan T. Pike	Utah
Vicki Schmidt	Kansas	Tregenza A. Roach	Virgin Islands
Sharon P. Clark	Kentucky	Scott A. White	Virginia
James J. Donelon	Louisiana	Mike Kreidler	Washington
		Mark Afable	Wisconsin

NAIC Support Staff: Lois E. Alexander/Greg Welker/Tim Mullen

2021 NAIC Consumer Liaison Representatives

Jamille Fields Allsbrook	Center for American Progress	Lucy Culp	Leukemia & Lymphoma Society
David Arkush	Public Citizen's Climate Program	Deborah Darcy	American Kidney Fund
Amy Bach	United Policyholders	Yosha P. Dotson	Georgians for a Healthy Future
Birny Birnbaum	Center for Economic Justice	Eric Ellsworth	Consumers Checkbook/Center for the Study of Services
Ashley Blackburn	Community Catalyst	Erica Eversman	Automotive Education & Policy Institute
Brendan M. Bridgeland	Center for Insurance Research	Justin Giovannelli	Georgetown University Center on Health Insurance Reform
Courtney Bullard	Utah Health Policy Project	Ross Hammond	The Sunrise Project
Bonnie Burns	California Health Advocates	Marguerite Herman	Healthy Wyoming
Tasha Carter	Florida Office of the Insurance Consumer Advocate	Anna Schwamlein Howard	American Cancer Action Network
Symone N Crawford	Massachusetts Affordable Housing Alliance	Janay Johnson	American Heart Association
Brenda J. Cude	University of Georgia	Katie Keith	Out2Enroll

2021 NAIC Consumer Liaison Representatives (cont'd)

Karrol Kitt	The University of Texas at Austin	Dorianne Mason	National Women's Law Center
Kenneth S. Klein	California Western School of Law	Erin Miller	Colorado Children's Campaign
Rachel K. Klein	The AIDS Institute	Carl Schmid	HIV+Hepatitis Policy Institute
Peter Kochenburger	University of Connecticut School of Law	Karen Siegel	Health Equity Solutions
Natasha Kumar	Families USA	Matthew J. Smith	Coalition Against Insurance Fraud
Deborah Ojeda-Leitner	National Center for Transgender Equality	Andrew Sperling	National Alliance on Mental Illness
Steven T. Lopez	UnidosUS	Harold M. Ting	Consumer Advocate Volunteer
Sarah Lueck	Center on Budget and Policy Priorities	Wayne Turner	National Health Law Program
Gwendolyn Roberts Majette	Center for Health Law and Policy	Jackson Williams	Dialysis Patient Citizens
		Silvia Yee	Disability Rights Education and Defense Fund

AGENDA

1. Hear a Presentation on Federal Health Care Reform Developments and the Impact on States—*Lucy Culp (Leukemia & Lymphoma Society) and Katie Keith (Out2Enroll)*—15 minutes — Attachment One

2. Hear a Presentation on Enforcement Needed to Ensure Health Plan Compliance with HIV Preventive Drug Requirement—*Carl Schmid (HIV+Hepatitis Policy Institute) and Wayne Turner (National Health Law Program)*—10 minutes — Attachment Two

3. Hear a Presentation on How Commissioners Can Help Improve Maternal Health Outcomes—*Jamille Fields Allsbrook (Center for American Progress) and Dorianne Mason (National Women's Law Center)*—10 minutes — Attachment Three

4. Hear a Presentation Addressing Coverage Losses Among Kids—*Steven T. Lopez (Unidos US-formerly the National Council of La Raza); Courtney Bullard (Utah Health Policy Project); and Erin Miller (Colorado Children's Campaign)*—10 minutes — Attachment Four

5. Hear a Presentation on a Comprehensive Approach to Addressing Systemic Racism in Insurance—*Birny Birnbaum (Center for Economic Justice)*—20 minutes — Attachment Five

6. Hear a Presentation on the Short-Term and Long-Term Recovery of Texas in the Aftermath of Catastrophic Disaster—*Amy Bach (United Policyholders)*—15 minutes — Attachment Six

7. Discuss Any Other Matters Brought Before the Liaison Committee —*Commissioner Michael Conway (CO)*

8. Adjournment

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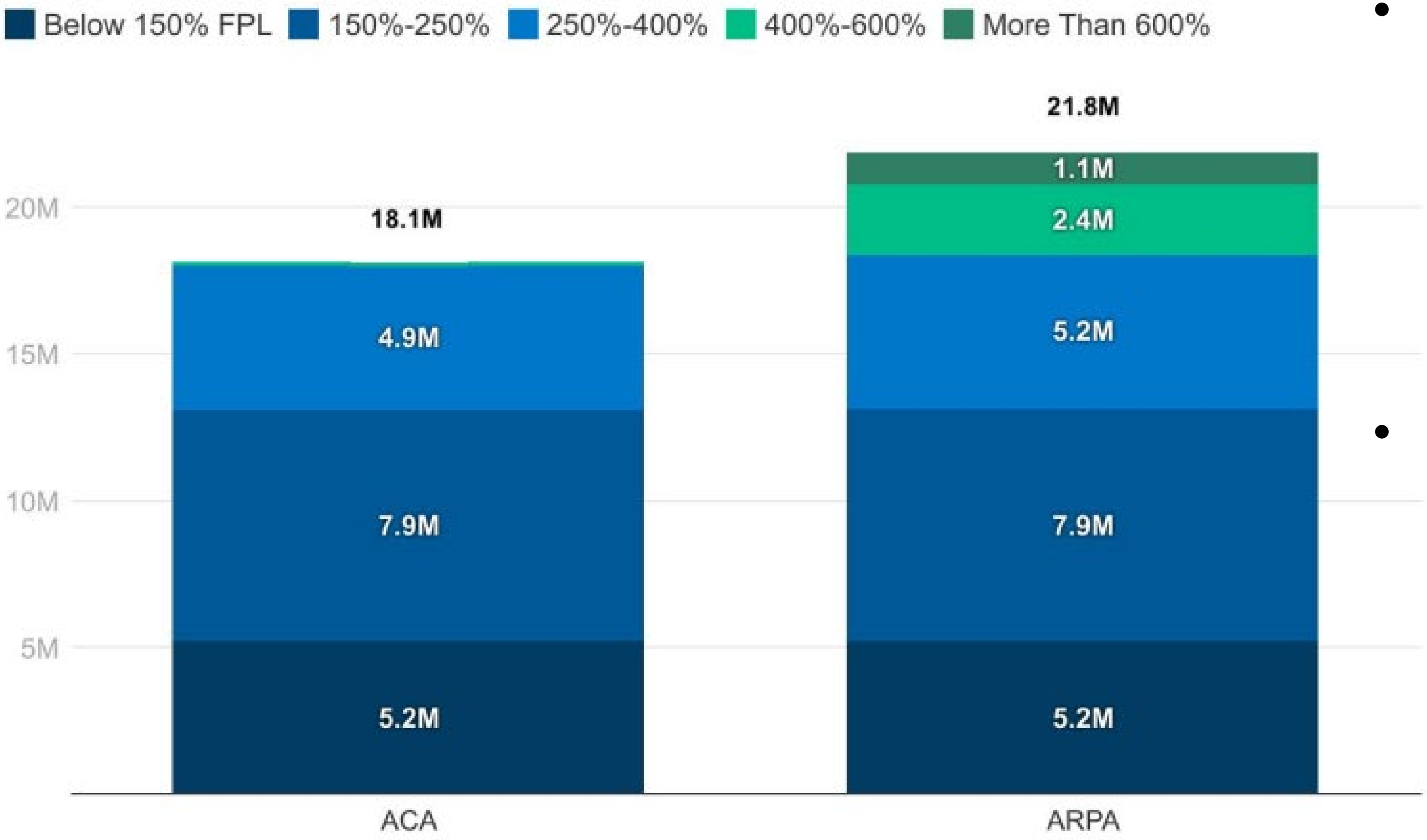
FEDERAL HEALTH REFORM DEVELOPMENTS AND RECOMMENDATIONS FOR STATES

Presented By:
Katie Keith, Out2Enroll
Lucy Culp, The Leukemia & Lymphoma Society

National Association of Insurance Commissioners

Number of People Eligible for Marketplace Subsidies Before and After American Rescue Plan Act



NOTE: Prior to the ARPA, California was the only state to offer financial assistance to people making over 400% of poverty.
SOURCE: KFF analysis of 2019 American Community Survey.

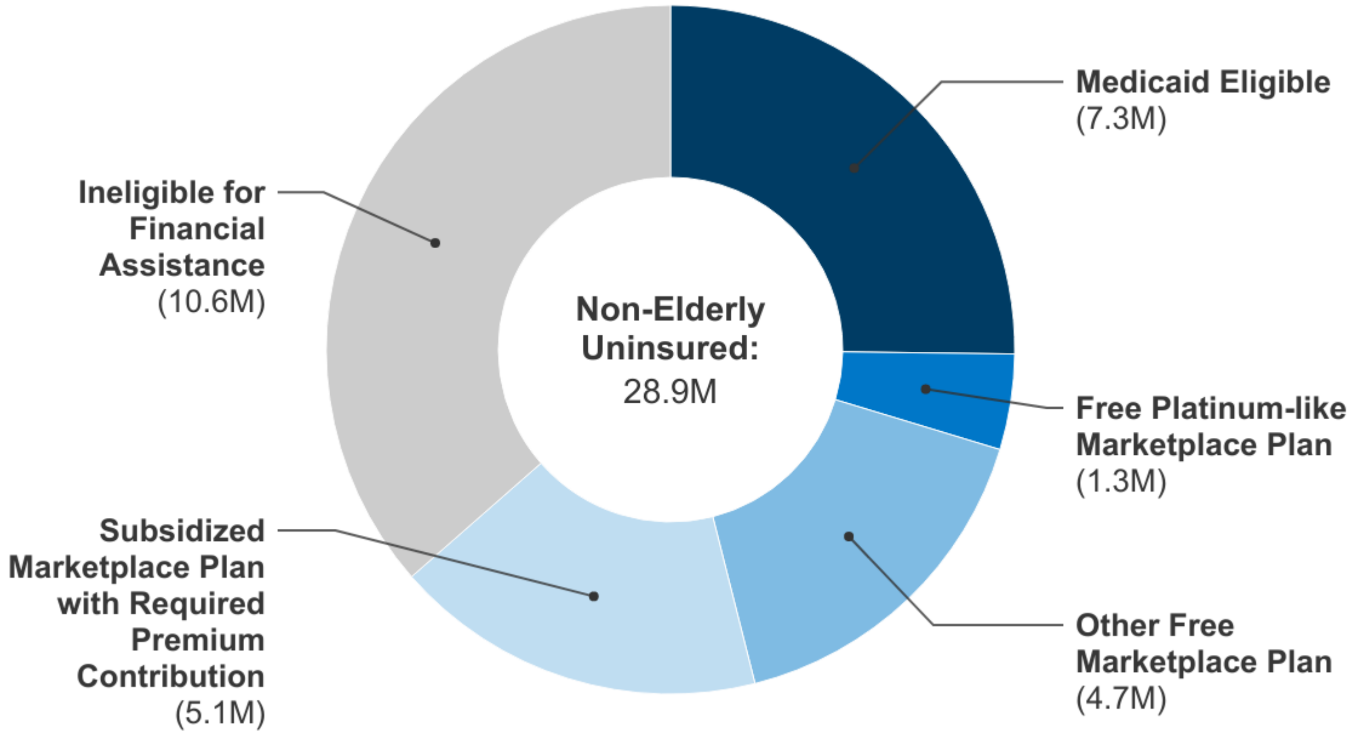
- **3.7 million uninsured newly eligible** for marketplace subsidies
- Average savings will be **$70/month** for 9 million current marketplace enrollees

KFF

Source: https://www.kff.org/health-reform/issue-brief/how-the-american-rescue-plan-act-affects-subsidies-for-marketplace-shoppers-and-people-who-are-uninsured/

Figure 4

Distribution of Marketplace Eligibility Among the Uninsured



NOTE: Analysis does not reflect unemployment income during the pandemic so the share of the uninsured eligible for platinum-like Marketplace coverage is likely higher than shown. Premiums used in this analysis are the portion attributable to essential health benefits, which includes coverage of abortion services in select states.

SOURCE: KFF analysis of 2019 American Community Survey.

KFF

- **Half of the uninsured population** is eligible for free or nearly free coverage through Medicaid or a $0 premium marketplace plan
- At least **5.2 million** qualify for the equivalent of platinum coverage ($0 premium plan with CSRs and avg. deductible of $177)

Source: https://www.kff.org/health-reform/issue-brief/how-the-american-rescue-plan-act-affects-subsidies-for-marketplace-shoppers-and-people-who-are-uninsured/

State Estimates of Increase in Federal Funding From Higher FMAP Under American Rescue Plan Act

State	Additional federal funding due to FMAP increase (in $millions)
Alabama	940
Florida	3,540
Georgia	1,880
Kansas	330
Mississippi	890
Missouri	1,730
North Carolina	2,430
Oklahoma	860
South Carolina	960
South Dakota	180
Tennessee	1,660
Texas	5,970
Wisconsin*	1,000
Wyoming	120

*The Wisconsin estimate assumes that childless adults currently enrolled in BadgerCare are moved to the Medicaid expansion population, which means they are not included in the Act's FMAP increase. Wisconsin would receive the higher, expansion population FMAP for covering this population rather than the base FMAP, but the additional funds Wisconsin would receive from that shift are not shown here.

Note: FMAP = federal medical assistance percentage. Our estimates are based on baseline Medicaid spending figures that account for increased Medicaid expenditures during the COVID-19 pandemic. All estimates are rounded to the nearest $10 million. The listed states have not implemented Medicaid expansion.

Source: CBPP analysis using Urban Institute estimates of Medicaid spending (2020) and Congressional Budget Office (CBO) baseline data.

For fiscal year 2021 through fiscal year 2023 expenditures, we inflate 2020 total traditional (non-expansion group and non-disproportionate-share-hospital) Medicaid spending from the Urban Institute using CBO's baseline estimates. We assume the federal share of all traditional Medicaid spending is increased by 5 percentage points from July 1, 2021 through July 1, 2023 for those states that have yet to implement the Medicaid expansion to low-income adults permitted under the Affordable Care Act.

- If all states expanded, federal government would contribute **$16.4 billion** in increased FMAP for traditional Medicaid spending, states contribute **$6.8 billion** for Medicaid expansion

- Medicaid expansion is associated with **decreases in individual market premiums**

Source: https://www.cbpp.org/research/health/health-provisions-in-american-rescue-plan-act-improve-access-to-health-coverage

Recommendations for State Regulators

- Increase marketing, outreach, and support
  - Emphasize new financial help and coverage options
  - Encourage insurers to help consumers understand their options
  - Coordinate with other agencies, such as unemployment agencies
  - Partner with organizations that work with underserved communities, especially immigrants and their family members
  - Work to reach those enrolled in non-ACA plans who newly qualify for financial help
- Allow consumers to newly enroll or change plans and consider additional SEPs for job loss or based on income
- Expand state Medicaid programs

30 Patient Organizations Release New Report

- Details 8 types of non-ACA compliant coverage
- Illustrates the significant risk patients face when they enroll in these plans
- Chronicles the stories of 6 patients who struggled with their health and finances after their plans refused to cover treatment
- Federal and State policy recommendations

www.lls.org/undercovered

Looking Ahead

- *California v. Texas*
  - Impending decision
  - Extreme risk for consumers and states if ACA is not upheld
- Federal rulemaking
  - 2022 Payment Notice
  - No Surprises Act
  - Additional pandemic guidance
- Opportunities for states and NAIC advocacy
  - Continue timely implementation of American Rescue Plan changes and urge Congress to make these enhancements permanent
  - Protect patients from subpar plans
  - Urge Congress and the Biden administration to fix the family glitch

Questions

Enforcement Needed to Ensure Health Plan Compliance with HIV Preventive Drug Requirement

NAIC Consumer Liaison Meeting
April 8, 2021

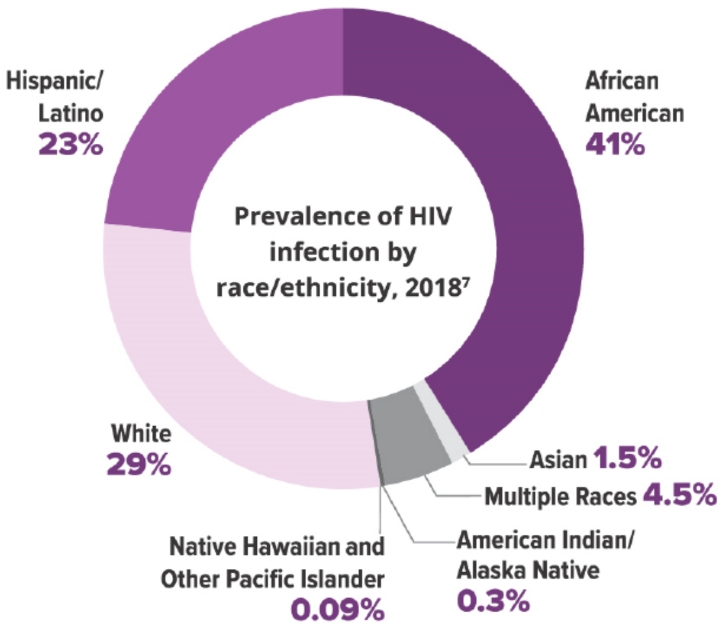
Carl Schmid
Executive Director
HIV+HEP POLICY INSTITUTE

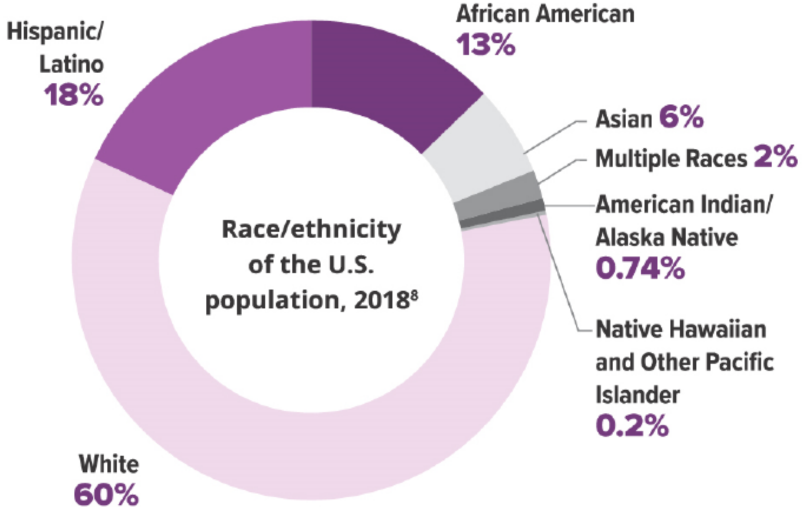
Wayne Turner
Senior Attorney
NATIONAL HEALTH LAW PROGRAM

What is Pre-Exposure Prophylaxis (PrEP)?

- Approved by FDA in 2012 and recommended by CDC in 2014 for HIV prevention
- Once daily medication regimen (three drugs now approved - Truvada, Descovy & Generic Truvada)
- Requires office visits, HIV & hepatitis B tests & other periodic lab tests monitoring liver and kidney function
- PrEP reduces the risk of contracting HIV by approx. 99%

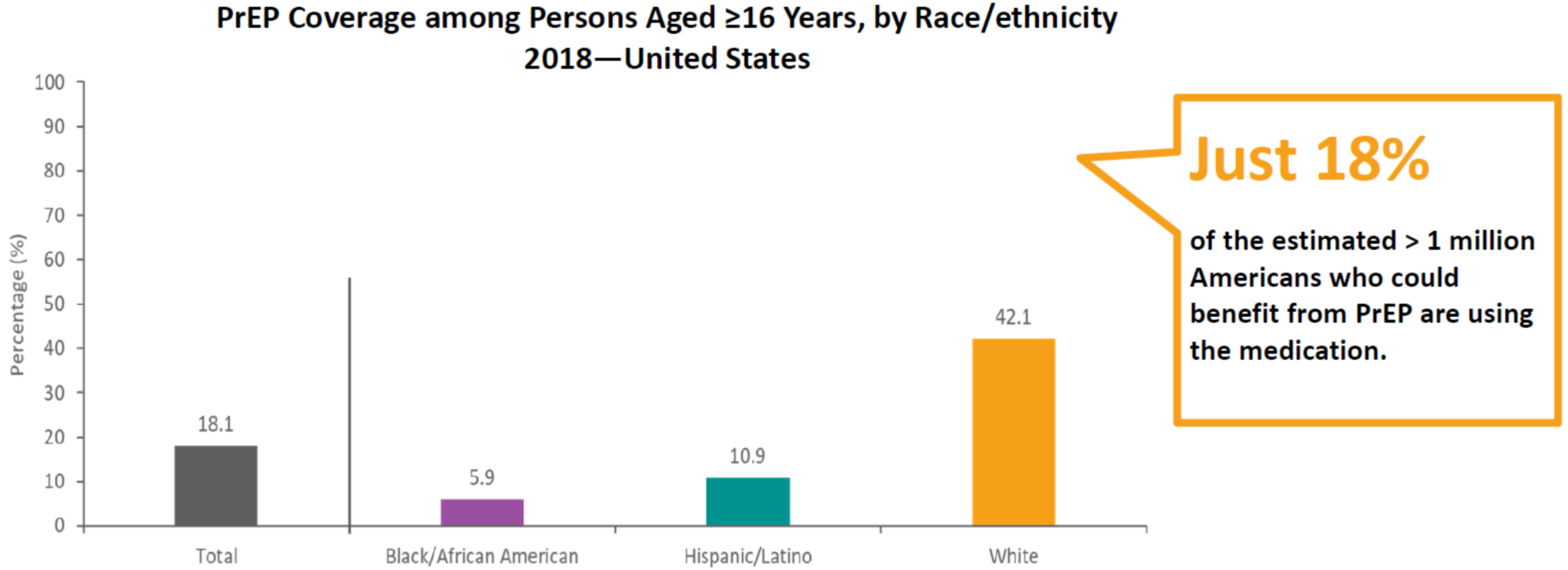
Black and Hispanic/Latino communities are disproportionately affected by HIV.





https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-prevention-bluebook.pdf

Gaps in PrEP coverage are the highest among gay and bisexual men of color and transgender women.



Note. PrEP coverage, reported as a percentage, was calculated as the number who have been prescribed PrEP divided by the estimated number of persons who had indications for PrEP. Race/ethnicity data were only available for 35% of persons prescribed PrEP in 2018. Number prescribed PrEP and PrEP coverage for race/ethnicity reported in the table were adjusted applying the distribution of records with known race/ethnicity to records with missing race/ethnicity. Different data sources were used in the numerator and denominator to calculate PrEP coverage.

https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-prevention-and-care-outcomes-2018.pdf

PrEP Coverage Requirements

- **Affordable Care Act** requires non-grandfathered individual and small group plans to cover ten Essential Health Benefits (EHB), including preventive services with no cost-sharing

- **June 2019: U.S. Preventive Services Task Force** (USPSTF) issues "A" rating for PrEP for certain at-risk populations

- **January 2021:** All EHB plans must cover PrEP w/o cost-sharing

Federal Actions

- Not included on healthcare.gov list of preventive services
  - Some plans link to this list
- PrEP ancillary services should also be covered w/o cost-sharing – example - colonoscopies
  - Interim Final Rule issued in December 2020 reiterates this
- FAQ on PrEP Pending

State Actions

NY:

Required Plan Compliance beginning January 2020

Further Guidance requiring coverage of ancillary services w/o cost-sharing

CA:

Guidance to cover *all* PrEP Rx w/o prior authorization (state law)

Includes ancillary services w/o cost-sharing

CO:

Regulation requiring coverage of *clinically appropriate* PrEP w/o cost-sharing

Further Bulletin *encouraging* coverage of ancillary services w/o cost-sharing

2021 Plan Review

- **Spot check of formularies during Open Enrollment Period (Nov. 2020)**
  - Many plans in compliance
    - Offering at least 1 PrEP Rx w/o cost-sharing
  - But several not & transparency issues
- **Redid Spot Check (March 2021)**
  - Greater compliance, some transparency improvements, but still some violations

Examples of Plan Violations

	Medical Mutual (OH)	ConnectiCare (CT)	Kaiser Permanente (GA)
Truvada:	Tier 4	Tier 4 (notes Generic Available)	Not listed
Descovy:	Tier 4	Tier 4	Tier 5
Generic:	Not listed		Tier 2 (Preferred Generic)
Preventive Drugs:	Tier 5	Tier 0 *Separate Document listing all ACA Rx, PrEP not included*	ACA
Formulary Updated:	3/1/2021	3/1/2021	3/10/2021

Transparency Issues

- **Kaiser Permanente (WA & DC):** Tier 4 for all 3 Rx, but should be Tier P
  - Separate Document Listing Preventive Drugs, PrEP included
- **Many plans place on high tiers**, but then if you click for additional information, $0 cost sharing
- **Lack of Consistency for Preventive Rx:** Tier 0, Tier 1, Tier 5, Tier 7, Tier P, $0, "Prev", or "ACA"

Next Steps for Enforcement

- Regulators review plans to ensure at least 1 PrEP Rx $0 cost-sharing
  - And for others, if medically necessary
- Ensure coverage of ancillary services w/o cost-sharing
  - Issue guidance or regulations
- Respond and track beneficiary complaints
- Prepare for new PrEP Rx's in the future
  - Long-acting injectable, oral, & implants

Thank you!

Wayne Turner
Senior Attorney
turner@healthlaw.org
Follow: @NHeLP_org

NATIONAL HEALTH LAW PROGRAM

Carl Schmid
Executive Director
cschmid@hivhep.org
Follow: @HIVHep

HIV+HEP POLICY INSTITUTE

How Insurance Commissioners can Improve Maternal Health Outcomes

Jamille Fields Allsbrook,
Center for American Progress
Dorianne Mason,
National Women's Law Center

Woman in a hospital gown, who appears to be Black, holds a newborn and kisses the baby on the nose.

Agenda

- Background
- Federal landscape
- Recommendation
- Resources

Maternal health in the U.S.

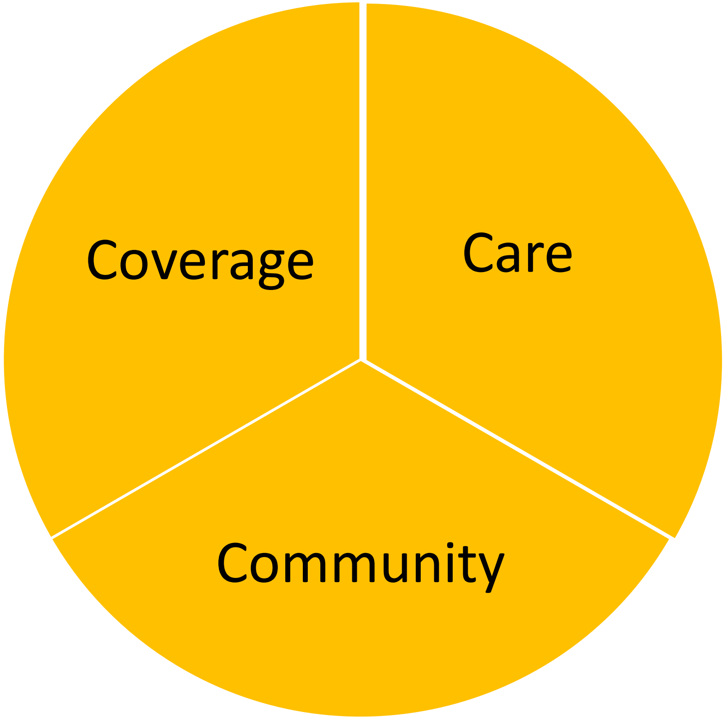
Woman, who appears to be Black, holds baby who rests his head on her shoulder and the baby's eyes look off screen.

Disparities in maternal and infant health

- Black women
- Native Americans
- Latinas

A woman, who appears to be Black, holds a baby in her right arm and smiles while she feeds the baby a bottle with her left hand. The woman has curly hair and has on a tan sweater. The baby has on a white onesie.

Disparities in health care



In the forefront of the picture, a woman, who appears to be Black with shoulder length dreadlocks, smiles down at a baby laying on a table. The woman has on a gray, short-sleeved dress, and she is holding a stripped small hat. The baby has on blue. Two women, who appear white, sit in the background of the picture.

Federal landscape

Federal legislation

BLACK MATERNAL HEALTH MOMNIBUS

- 12-month postpartum Medicaid extension

Recommendations

Network adequacy standards

- Ensure access to quality providers
- Coverage for midwives and doulas
  - Including certified professional midwives (CPMs) and certified midwives (CMs)
- Culturally competent care
  - Encourage implicit bias and anti-racism training

Two women sit closely with the woman on the left's arm around the other's shoulder. A baby sits on one woman's lap staring up at her while both ladies look down at the baby with smiles. Both ladies wear hijabs, one purple and the other light green, and the baby has on a pink romper with a cartoon character on it.

EHB benchmark selection

- Robust prenatal and postnatal services
- Coverage for birth centers & home births
- Ensure meet ACA requirements
  - Maternity coverage for dependent enrollees
  - No cost sharing for women's preventive services
  - No arbitrary limits on services
  - Coverage of breastfeeding education and breast pumps

State efforts to improve coverage

- SEP for Pregnancy
- Innovative Care Models
- Quality measures
- Medicaid Postpartum coverage extension
- Data collection

A baby lays on a table smiling up at a woman who leans over the baby smiling back. The woman, who appears Latina, holds the baby's arm.

Additional Resources

- **Building on the ACA: Administrative Actions to Improve Maternal Health:** https://www.americanprogress.org/issues/women/reports/2021/03/25/497536/building-aca-administrative-actions-improve-maternal-health/
- **Community-Based Doulas and Midwives:** https://www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doulas-midwives/
- **CAP Maternal and Infant Health resource page:** https://www.americanprogress.org/tag/maternal-and-infant-health/

ADDRESSING COVERAGE LOSSES AMONG KIDS

Presented By: Courtney Bullard, Steven Lopez, and Erin Miller

UNIDOSUS
STRONGER COMMUNITIES. STRONGER AMERICA.

UHPP Utah Health Policy Project
Sustainable Health Care Solutions for Underserved Utahns

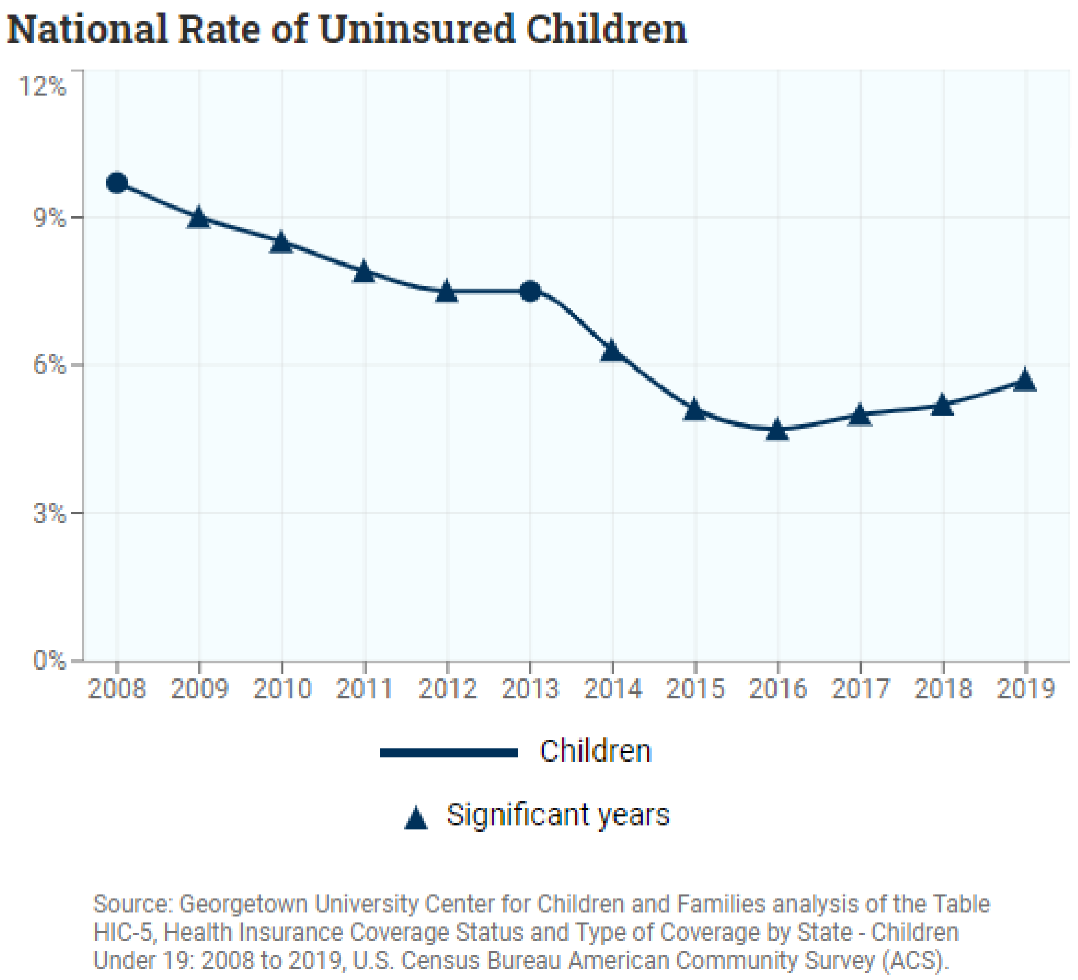
COLORADO CHILDREN'S CAMPAIGN
Every Chance for Every Child

NAIC
National Association of Insurance Commissioners

Benefits of Health Coverage

- Insured children are less likely to postpone care, resulting in fewer preventable hospitalizations and missed diagnoses.
- Coverage increases the likelihood of high school and college completion.
- Uninsured women are more likely to have adverse maternal outcomes and complications.

National Coverage Trends and Losses



- The national child uninsured rate rose to 5.7% in 2019, amounting to 4.4 million children nationwide.
- Since 2017, the Latino child uninsured rate has risen from a low of 7.7% to 9.2% in 2019.
- In 2018, the gap between health coverage rates for Latino children and all children widened for the first time in a decade.

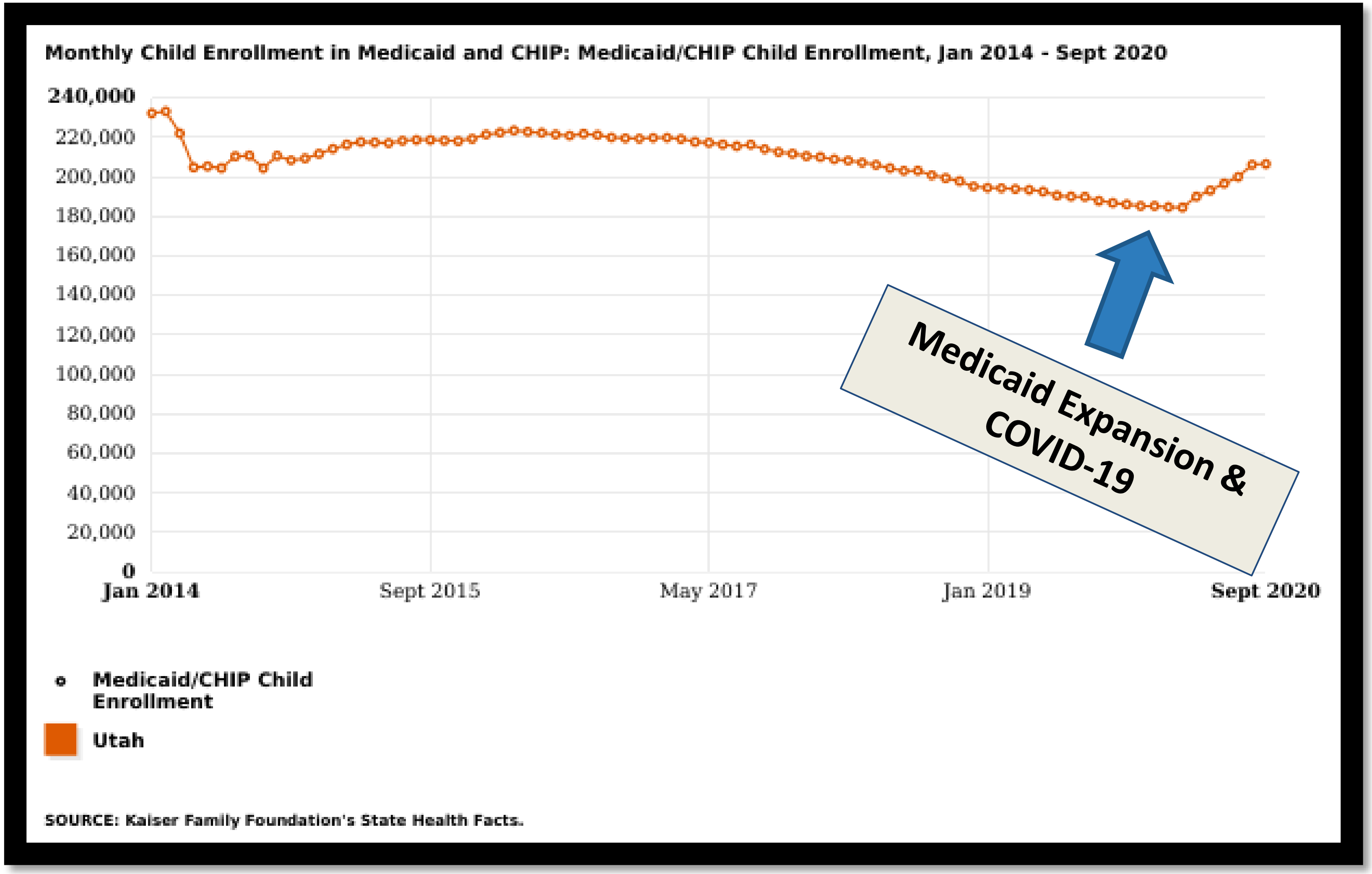
Utah Sees Steady Uptick of Uninsured Kids

Utah has:

- One of the highest rates of uninsured children in the nation, 82,000 children **(8%)**

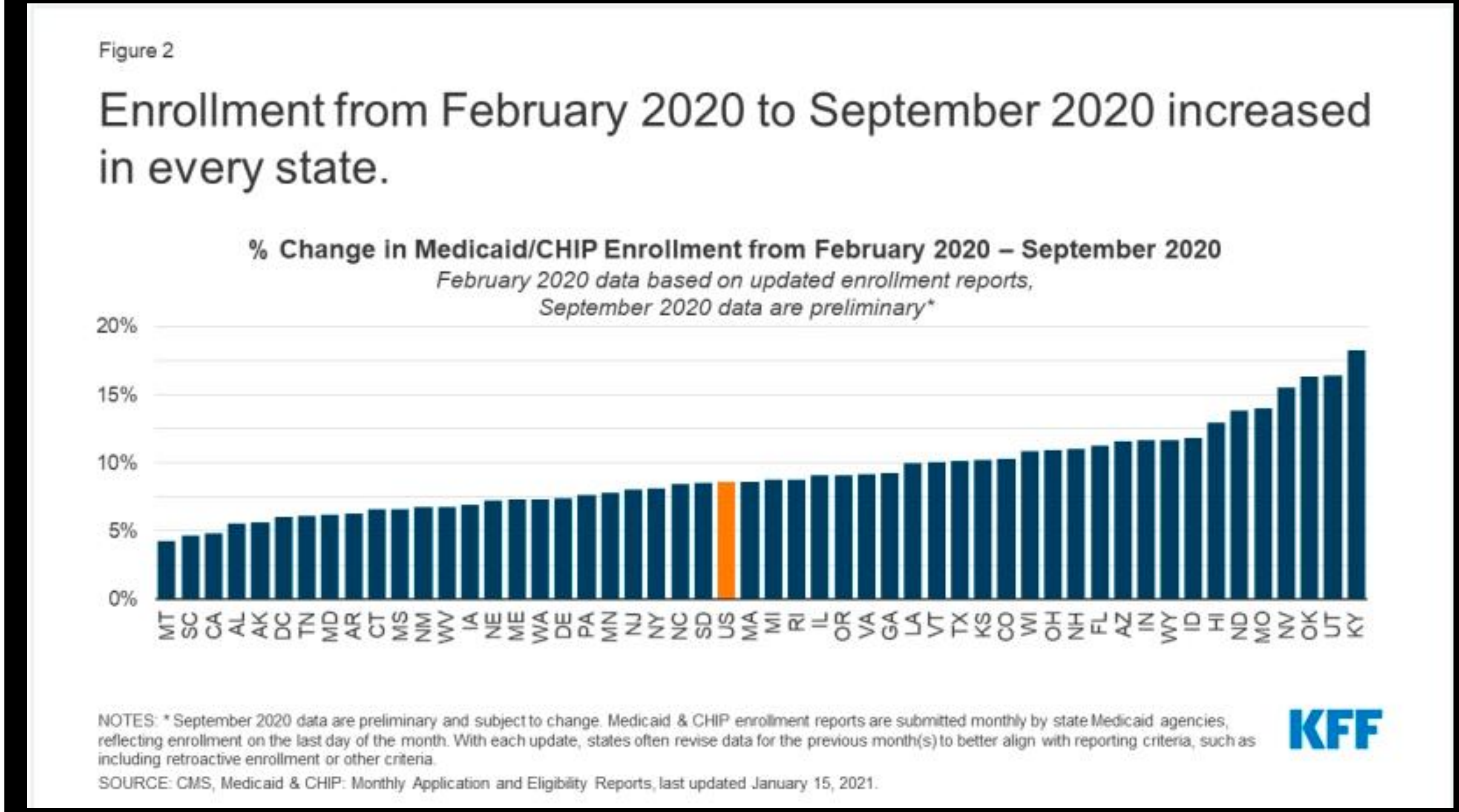
- The highest rate of uninsured Hispanic/ Latinx children in the nation **(19%)**

- The highest rate of children currently eligible for health insurance, but not enrolled



Medicaid Expansion's Effect on Kids

- Medicaid Expansion (passed via ballot initiative in 2018)
- Medicaid enrollment increased **33.3%** in Utah since March 2020, the second highest increase in the nation
- For the first time in several years, CHIP enrollment began to increase



Policy Steps to Covering More Kids

- Kids Coverage Amendments (passed 2021 legislative session)
- Community collaboration/buy-in on outreach and enrollment
- Expanding pregnancy Medicaid (failed 2021 session)
- Fixing the family glitch (was removed from the American Rescue Plan)

Legislation on Utah's Capitol Hill aims at closing health insurance gap for kids

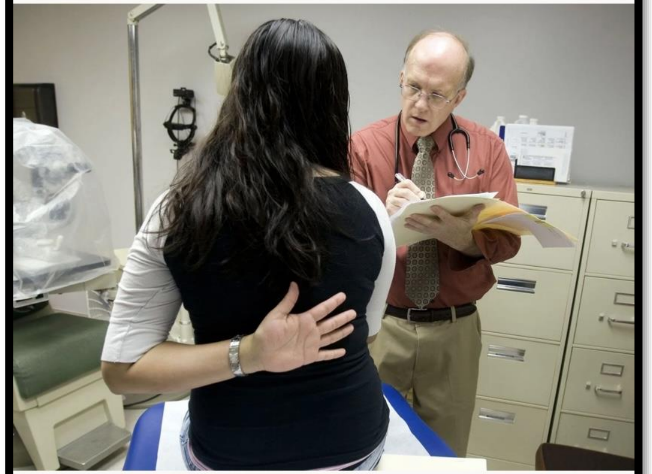
Utah is worst in the nation for insuring Latino children.

(Al Hartmann | Tribune file photo) This July 2017 file photo shows mothers with their children waiting in line to get immunization shots at the Horizonte Center in Salt Lake City. Advocates say Utah is in its 30th year of having the highest percentage of uninsured Latino kids in the nation. Some bills in the Legislature aim to boost coverage for all children.

By Marina McNairy | Feb. 10, 2021, 12:36 p.m.
| Updated: Feb. 11, 2021, 3:54 p.m.

With tens of thousands of kids without insurance, Utah lawmakers want state to step up

By Ashley Imlay on February 9, 2021 5:58 pm



Pediatrician Dr. Derrel Clarke talks with a teenager during a

Policy-making with Legislative Partners

The number of Colorado children who lacked health coverage in 2019 could fill nearly every seat in the Broncos' stadium.

An Act

SENATE BILL 20-215

BY SENATOR(S) Moreno and Donovan, Bridges, Danielson, Fenberg, Fields, Ginal, Gonzales, Pettersen, Rodriguez, Story;
also REPRESENTATIVE(S) Kennedy and McCluskie, Benavidez, Bird, Buckner, Buentello, Caraveo, Coleman, Cutter, Duran, Esgar, Gonzales-Gutierrez, Gray, Herod, Hooton, Jaquez Lewis, Kipp, Lontine, Melton, Michaelson Jenet, Mullica, Roberts, Snyder, Valdez A., Valdez D., Weissman, Woodrow.

What Can Regulators Do?

- Improve policy – through Medicaid and CHIP and private coverage
- Improve outreach – government officials and community-based groups
- Welcoming rhetoric

Questions

CENTER for ECONOMIC JUSTICE | FAIR ACCESS FAIR TREATMENT

Regulatory Modernization to Address Systemic Racism in Insurance

Presentation to NAIC Consumer Liaison Committee

April 8, 2021

Birny Birnbaum
Center for Economic Justice

The Center for Economic Justice

CEJ is a non-profit consumer advocacy organization dedicated to representing the interests of low-income and minority consumers as a class on economic justice issues. Most of our work is before administrative agencies on insurance, financial services and utility issues.

On the Web: www.cej-online.org

About Birny Birnbaum

Birny Birnbaum is the Director of the Center for Economic Justice, a non-profit organization whose mission is to advocate on behalf of low-income consumers on issues of availability, affordability, accessibility of basic goods and services, such as utilities, credit and insurance.

Birny, an economist and former insurance regulator, has worked on racial justice issues for 30 years. He performed the first insurance redlining studies in Texas in 1991 and since then has conducted numerous studies and analyses of racial bias in insurance for consumer and public organizations. He has served for many years as a designated Consumer Representative at the National Association of Insurance Commissioners and is a member of the U.S. Department of Treasury's Federal Advisory Committee on Insurance, where he co-chairs the subcommittee on insurance availability. Birny is also a member of the U.S. Federal Reserve Board's Insurance Policy Advisory Committee.

Birny served as Associate Commissioner for Policy and Research and the Chief Economist at the Texas Department of Insurance. At the Department, Birny developed and implemented a robust data collection program for market monitoring and surveillance.

Birny was educated at Bowdoin College and the Massachusetts Institute of Technology. He holds Master's Degrees from MIT in Management and in Urban Planning with concentrations is finance and applied economics. He holds the AMCM certification.

Why CEJ Works on Insurance Issues

Insurance Products Are Financial Security Tools Essential for Individual and Community Economic Development:

CEJ works to ensure ***fair access*** and ***fair treatment*** for insurance consumers, particularly for low- and moderate-income consumers.

Insurance is the Primary Institution to Promote Loss Prevention and Mitigation, Resiliency and Sustainability:

CEJ works to ensure insurance institutions maximize their role in efforts to reduce loss of life and property from catastrophic events and to ***promote resiliency and sustainability*** of individuals, businesses and communities.

What Information Does This Map of Omaha Nebraska Present?

a. Concentration of Minority Population?

b. Concentration of Flood Risk?

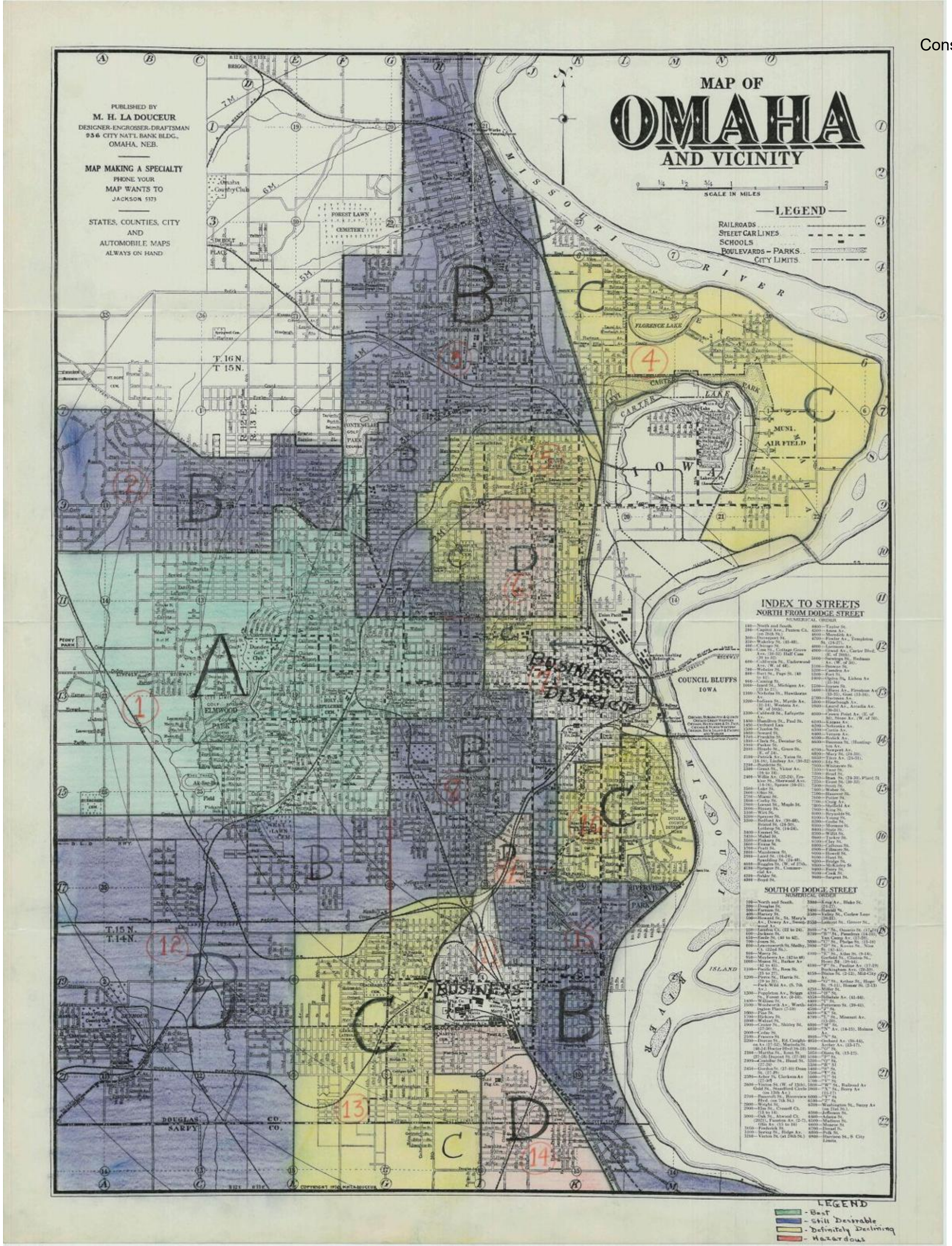
c. Concentration of Policing Activities?

d. Concentration of Rates of COVID Infections and Deaths?

e. Concentration of Home Ownership Rates?

f. Concentration of Family Wealth?

g. Federal Home Loan Eligibility 1930's to 1960's?


MAP OF
OMAHA
AND VICINITY
PUBLISHED BY
M. H. LA DOUCEUR
DESIGNER-ENGROSSER-DRAFTSMAN
OMAHA, NEB.
MAP MAKING A SPECIALTY
PHONE YOUR
MAP WANTS TO
STATES, COUNTIES, CITY
AND
AUTOMOBILE MAPS
ALWAYS ON HAND
SCALE IN MILES
LEGEND
RAILROADS
STREET CAR LINES
SCHOOLS
BOULEVARDS – PARKS
CITY LIMITS
MISSOURI RIVER
FLORENCE LAKE
CARTER LAKE
IOWA
MUNI. AIR FIELD
BUSINESS DISTRICT
BUSINESS
COUNCIL BLUFFS
IOWA
ELMWOOD PARK
DOUGLAS CO.
SARPY CO.
INDEX TO STREETS
NORTH FROM DODGE STREET
SOUTH OF DODGE STREET
A
B
C
D
LEGEND
- Best
- Still Desirable
- Definitely Declining
- Hazardous

Systemic Racism[1]

"Structural racism is the policies and practices that normalize and legalize racism in a way that creates differential access to goods, services, and opportunities based on race," the report says. "Environmental racism refers to policies, practices, or directives that result in advantages or disadvantages to individuals or communities based on race." Furthermore, environmental racism includes harm caused by infrastructures that determine access and quality of resources and services.

"To understand environmental racism in the United States, we must discuss the nation's history of housing policies and the ways they have impacted Black people," the report says. Those policies include zoning ordinances, restrictive covenants, blockbusting, steer ring and redlining. It defines redlining as a practice used by the Federal Housing Administration to outline Black neighborhoods with red, making them ineligible for federally insured loans, according to the rating system used by the Home Owners' Loan Corporation.

[1] https://new.finalcall.com/2021/03/09/death-by-zip-code-housing-discrimination-neighborhood-contamination-and-black-life/

How Can Systemic Racism Manifest Itself in Insurance – Whether for Marketing, Pricing or Claims Settlement?

1. Intentional Use of Race – Disparate Intent

2. Disproportionate Outcomes Tied to Historic Discrimination and Embedded in Insurance Outcomes – Disparate Impact

3. Disproportionate Outcomes Tied to Use of Proxies for Race, Not to Outcomes – Proxy Discrimination

The Evolution of Insurers' Analytics: Univariate to Multivariate Analysis

In the past 30 years, insurers have moved away from univariate analysis to multivariate analysis – from analyzing the effects of one risk characteristic at a time to simultaneous analysis of many risk characteristics.

What the problem with univariate analysis?

If I analyze the relationship of age, gender and credit score – each individually – to the likelihood of a claim, the individual results for each risk characteristic are likely capturing some of the effects of the other risk characteristics – ***because age, gender and credit score (or other risk classifications) may be correlated to each other*** as well as to the outcome variable.

How does multi-variate analysis address this problem?

Testing for Disparate Impact and Proxy Discrimination:

A Natural Extension of Typical Insurer Practices

Here's a simple illustration of a multivariate model. Let's create a simple model to predict the likelihood of an auto claim:

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + e = y$$

X_1, X_2 + X_3 are the predictive variables trying to predict y.

Say that X_1, X_2 + X_3 are age, gender and credit score and we are trying to predict y – the likelihood of an auto insurance claim

Let's assume that all three Xs are statistically significant predictors of the likelihood of a claim and the b values are how much each X contributes to the explanation of claim. The b values can be tested for statistical significance – how reliable are these estimates of the contribution of each X?

By analyzing these predictive variable simultaneously, the model removes the correlation among the predictive variables.

Use of Control Variables in Multivariate Insurance Models

Suppose an insurer want to control for certain factors that might distort the analysis? For example, an insurer developing a national pricing model would might want to control for different state effects like different age distributions, different occupation mixes, different frequencies of accidents or differences in jurisprudence. An insurer would add one or more <u>control variables.</u>

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b_4C_1} + e = y$$

C_1 is a control variable – let's say for State. By including State as a control variable, the correlation of the Xs to State is statistically removed and the new b values are now the contribution of the Xs, independent of their correlation to State, to explaining the likelihood of a claim. When the insurer deploys the model, it still only uses the X variables, but now with more accurate b values.

Disparate Impact as Both a Standard and a Methodology

Let's go back to multi-variate model, but now use Race as a control variable:

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b_4R_1} + e = y$$

R_1 is a control variable – by including race in the model development, the correlation of the Xs to race is statistically removed and the new b values are now the contribution of the Xs, independent of their correlation to race, to explaining the likelihood of a claim

What if X1 is a perfect proxy for Race?

Then once we add the control variable for Race, X1 no longer has any predictive value because all it was doing was predicting race, not the outcome y.

What if X1 is both predictive of mortality and correlated to Race? Then, the model still shows X1's (now different) predictive value, but shorn of its correlation to Race, leaving the unique contribution of X1 to explaining mortality.

How Do We Interpret the Disparate Impact Analysis?

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b_4R_1} + e = y$$

Result: No Proxy Discrimination or Disparate Impact

Outcome	Interpretation	Indicated Action
R is not statistically significant and there is little change to b1, b2 and b3.	There is little correlation between X1, X2 and X3 and race, little or no disparate impact or proxy discrimination	None, utilize the model.

How Do We Interpret the Disparate Impact Analysis?

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b_4R_1} + e = y$$

Result: Proxy Discrimination

Outcome	Interpretation	Indicated Action
R is statistically significant and b1 has lost its statistical significance	X1 was largely a proxy for race and the original predictive value of X1 was spurious. **This is an example of proxy discrimination**	Remove X1 from the marketing, pricing, claims settlement or anti-fraud model.

How Do We Interpret the Disparate Impact Analysis?

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b_4R_1} + e = y$$

Result: Disparate Impact

Outcome	Interpretation	Indicated Action
R is statistically significant and has a large impact on the outcome, but b1, b2 and b3 remain largely unchanged and statistically significant	This is an example of disparate impact.	Are X1, X2 or X3 essential for the insurer's business purposes? Are there less discriminatory approaches available? Would eliminating a predictive variable significantly reduce the disparate impact but not materially affect the efficiency or productiveness of the model?

How Do We Interpret the Disparate Impact Analysis?

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b_4R_1} + e = y$$

Result: Some Proxy Discrimination, Some Disparate Impact

Outcome	Interpretation	Indicated Action
R is statistically significant, but b1, b2 and b3 remain statistically significant with different values from the original.	X1, X2 and X3 are correlated to race, but also predictive of the outcome, even after removing the variables' correlation to race. **This is an example of some proxy discrimination and some disparate impact.**	Depending on the significance of the racial impact, **utilize the model with the revised predictive variable coefficients, consider prohibiting a variable on the basis of equity or both.**

Disparate Impact Analysis Improves Cost-Based Pricing

There is a long history and many approaches to identifying and minimizing disparate impact in employment, credit and insurance. But, the general principle is to identify and remove the correlations between the protected class characteristic and the predictive variables.

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b_4R_1} + e = y$$

What if X1, X2 and X3 are not perfect proxies for Race, but still have high correlation? Then, the disparate impact analysis – and our simple model – removes that correlation and the remaining values for b1, b2 and b3 are the unique contributions of each predictive variable to explaining the outcome. The result is more – not less – accurate cost-based or risk-based analysis.

Why is it Reasonable and Necessary to Recognize Disparate Impact as Unfair Discrimination in Insurance?

1. It makes no sense to permit insurers to do indirectly what they are prohibited from doing directly. If we don't want insurers to discriminate on the basis of race, why would we ignore practices that have the same effect?

2. It improves risk-based and cost-based practices.

3. In an era of Big Data, systemic racism means that there are no "facially-neutral" factors.

What Did We Learn from the *Coded Bias* Movie?

Advocates of algorithmic techniques like data mining argue that they eliminate human biases from the decision-making process. ***But an algorithm is only as good as the data it works with.*** *Data mining can inherit the prejudices of prior decision-makers or reflect the widespread biases that persist in society at large.* ***Often, the "patterns" it discovers are simply preexisting societal patterns of inequality and exclusion. Unthinking reliance on data mining can deny members of vulnerable groups full participation in society.***[2]

The fact that an insurer doesn't use race in an algorithm does not logically or factually result in no discrimination on the basis of race.

In fact, the only way to identify and eliminate the impacts of structural racism in insurance is to measure that impact by explicit consideration of race and other protected class factors**.**

[2] Barocas and Selbst

Defining Disparate Impact and Proxy Discrimination in Insurance

Disparate Impact: Use of a non-prohibited factor that causes disproportionate outcomes on the basis of prohibited class membership and that such disproportionate outcomes cannot be eliminated or reduced without compromising the risk-based framework of insurance.

Proxy Discrimination: Use of a non-prohibited factor that, due in whole or in part to a significant correlation with a prohibited class characteristic, causes **unnecessary,** disproportionate outcomes on the basis of prohibited class membership.

How Should These Definitions Be Implemented?

1. Require Insurers to Test for Disparate Impact and Proxy Discrimination, Eliminate Proxy Discrimination, Minimize Disparate Impact and Report Test Results to Regulators and the Public.

2. Create a Safe Harbor for Insurers Who Do This Using Methods Accepted by Regulators.

3. Establish Equity Standards for Minimizing Disparate Impact:

   a. Seek approaches that reduce disparate impact without compromising efficiency of the algorithm; and

   b. Establish an equity/efficiency trade off of 20 to 1: For example, reduce algorithmic efficiency by 2% if disparate impact can be reduced by 40% or more.

The Murder of George Floyd Raised Awareness of Systemic Racism
How Did Insurer CEOs React?

"In the coming days, I encourage each of us to step outside of our comfort zones, seek to understand, engage in productive conversations and hold ourselves accountable for being part of the solution. We must forever stamp out racism and discrimination." Those are the words of Kirt Walker, Chief Executive Officer of Nationwide.

Floyd's death in Minneapolis is the latest example of "a broken society, fueled by a variety of factors but all connected by inherent bias and systemic racism. Society must take action on multiple levels and in new ways. It also requires people of privilege—white people—to stand up for and stand with our communities like we never have before," Those are the words of Jack Salzwedel, the CEO of American Family.

How Have the Insurer Trades – Particularly NAMIC and APCIA – Responded to the Insurer CEOs' Calls?

- Opposed the inclusion of "Consistent with the risk-based foundation of insurance, AI actors should proactively . . . avoid proxy discrimination against protected classes."

- Have opposed the application of disparate impact liability under the federal Fair Housing Act to home insurance.

- Supported the gutting of the U.S. Housing and Urban Development's disparate impact rule – despite pleas from several insurers to leave the rule alone in the aftermath of the murder of Black Americans at the hands of police.

- Pushed NCOIL to adopt a resolution opposing the CASTF White Paper because it suggested that regulators could ask insurers to show a rational relationship between new data sources and insurance outcomes.

How Have the Insurer Trades – Particularly NAMIC and APCIA – Responded to the Insurer CEOs' Calls? (con't)

- Opposed state bills to limit the impacts of credit-based insurance scores during a pandemic, citing insurers' need for "risk-based pricing," while supporting efforts to permit such deviations when insurers find it convenient – price optimization, consumer lifetime value.

- Pushed NCOIL to adopt a definition of proxy discrimination that would block any efforts to identify and address disparate impact and proxy discrimination and shield insurers from any accountability for their practices.

NCOIL's "Definition" of Proxy Discrimination Must Be Rejected

At the urging of the P/C Trades, NCOIL recently adopted the following:

> For purposes of this Act, as well as for the purpose of any regulatory material adopted by this State, or incorporated by reference into the laws or regulations of this State, or regulatory guidance documents used by any official in or of this State, "Proxy Discrimination" means the **intentional** substitution of a neutral factor for a factor based on race, color, creed, national origin, or sexual orientation **for the purpose of discriminating** against a consumer **to prevent that consumer from obtaining insurance or obtaining a preferred or more advantageous rate due to that consumer's race, color, creed, national origin, or sexual orientation.**

At best, this action represents a profound misunderstanding of how systemic racism affects insurance. At worst, it is a conscious act of stopping insurance regulators and states from even attempting to address racial justice. The language memorializes insurer practices that indirectly discriminate on the basis of race, discourages insurers from examining such racial impact and restricts current regulatory efforts.

Addressing Systemic Racism in Insurance – A Comprehensive Approach Needed

CEJ applauds the efforts of the NAIC, individual states, insurance trades and individual insurers to examine, measure and improve racial diversity in leadership and throughout their organizations. While improving diversity is an important goal and strategy to address systemic racism in insurance, it is not nearly sufficient to address the structures that have caused insurer practices to reflect and perpetuate historic discrimination.

Concrete steps within a comprehensive framework are needed:

1. Explicit recognition of disparate impact and/ proxy discrimination against protected classes as unfair discrimination in insurance.

2. Develop guidance to require insurers to test for and minimize disparate impact in all aspects of their consumer-facing operations – marketing, underwriting, pricing, claims settlement, antifraud, payment plan eligibility, investments

3 Develop guidance for regulators and insurers for acceptable methods of testing and reporting results of testing for disparate impact to regulators and the public

4 Develop a data reporting framework to permit meaningful and timely analysis of availability and affordability of insurance, generally, and in communities of color.

5 Add a charge to all committees, task forces and working groups to examine their subject area for insurer and regulatory practices that may reflect and perpetuate historic racial discrimination.

6 Add a charge to relevant committees to identify public or regulatory policies that unfairly discriminate on the basis of race, including identification of low-value products targeted at communities of color.

7 Commit to significantly more consumer participation, generally, and consumers from communities of color, specifically, in NAIC proceedings and events. Efforts to improve consumer stakeholder participation should be measured with a concrete target of equal time with industry stakeholders.

8 Direct committees, task forces and working groups to be guided by and to implement the NAIC's Principles on Artificial Intelligence. The massive increase in insurers' use of big data and AI has increased the potential for proxy discrimination and disparate impact. Efforts to address systemic racism in insurance are inseparable from more effective oversight of insurers' use of big data and AI.

9 Update model laws regarding advisory organization. Any effort to implement the NAIC's AI principles and the address systemic racism in insurance must modernize and expand the reach of state advisory organization laws.

Why Test for Disparate Impact and Proxy Discrimination in All Aspects of Insurers' Operations?

Among the various parts of the insurance life-cycle – marketing, underwriting, pricing, claims settlement, antifraud – new data sources and complex algorithms for pricing currently get the most attention from regulators because in most states most insurers file personal lines rates. Data and algorithms used for marketing, in contrast, get little or no attention. ***Yet, it is the marketing function – and the new data sources and algorithms used in micro-targeting consumers – that has become the true gatekeeper for access to insurance.***

Consider the following quotes from 2005 to present. In 2005, in a meeting with investment analysts, the CEO of a major publicly-traded insurer was effusive about the benefits of the then relatively new use of consumer credit information – referred to as tiered pricing.

Tiered pricing helps us attract higher lifetime value customers who buy more products and stay with us for a longer period of time. That's Nirvana for an insurance company.

This year, we've expanded from 7 basic price levels to 384 potential price levels in our auto business.

Tiered pricing has several very good, very positive effects on our business. It enables us to attract really high quality customers to our book of business.

The key, of course, is if 23% or 20% of the American public shops, some will shop every six months in order to save a buck on a six-month auto policy. ***That's not exactly the kind of customer that we want.*** So, the key is to use our drawing mechanisms and our tiered pricing to find out of that 20% or 23%, to find those *that are unhappy with their current carrier, are* likely to stay with us longer, likely to buy multiple products and that's where tiered pricing and a good advertising campaign comes in.

Now fast forward to 2017, when the new CEO of that insurer told investment analysts:

> The insurer's "universal consumer view" keeps track of information on 125 million households, or 300 million-plus people, Wilson said.
>
> "When you call now they'll know you and know you in some ways that they will surprise you, and give them the ability to provide more value added, so we call it the trusted adviser initiative"

And just recently, the telematics subsidiary of this insurer pitched its ability to identify the most valuable customers in real time:

> Attract the most profitable drivers with telematics-based targeting
>
> Traditionally, insurance marketing has relied on demographic and behavioral data to target potential customers. While useful at a high level, these proxies fall short when it comes to considering customer value and retention. Now, you can reach the most profitable customers from the outset using the nation's first telematics-based marketing platform. . . . .
>
> Company intelligently layers driving score onto insurer campaign targeting criteria to purchase the ideal audience based on quartiles of driving risk. [The] Scored user receives a targeted offer via awareness and performance channels

Not to be outdone, another telematics data vendor announced a partnership with an auto manufacturer

> Insurers can harness the power of connected Hyundai vehicles as a new marketing channel to support the profitable growth of their behavior- or mileage-based programs. Discount Alert allows insurers to deploy personalized marketing offers directly to drivers through Hyundai's online owner portal and contains robust tools to anonymously segment ideal risk targets—ensuring your offers are only sent to qualified leads.

All of this begs the questions, what about consumers and businesses who don't have the wealth to provide the value sought by insurers? How do these strategies line up with public policies against discrimination on the basis of race and promoting widespread availability of insurance?

NAIC
National Association of Insurance Commissioners

Collaboration opportunities for optimizing disaster recovery assistance:

Amy Bach, NAIC Consumer Representative

Spring National Meeting
Consumer Liaison Committee
April 8, 2021

United Policyholders
Advocacy and Action Program

Facilitating the flow of accurate information and insurance dollars to overwhelmed, traumatized people:

- Insurance and Banking Regulatory Agencies
  - Commissioner Notices and Bulletins
  - Deadline extensions, claim handling reforms negotiated w/industry
  - Town Halls/Recovery Events, Consumer Assistance Hotlines
  - Facilitating lender releases on insurance checks
  - Anti-fraud/scam prevention
- Contractor Licensing/Oversight Agencies
- The United Policyholders Roadmap to Recovery™ program
  - Trained volunteers with personal experience from previous disasters
  - 30 years of experience providing empathy, technical info and guidance on insurance and financial decision-making
- Long Term Recovery Groups/VOADs/Disaster Case Managers

DISASTER RECOVERY HELP

Home » Disasters » 2020 California Wildfires – Insurance Claim and Recovery Help

TOTAL LOSS PARTIAL LOSS

2020 California Wildfires – Insurance Claim and Recovery Help

Through our Roadmap to Recovery program you can access free, trustworthy help navigating the proc
returning to a wildfire damaged area, repairing and replacing damaged and destroyed property, and c
available insurance funds.

August and October wildfires impacted homes and businesses in many regions throughout California
and support will be useful in all of them. Federal Disaster Declarations (DR-4554 and DR-4569) secure
Newsom means that SBA and FEMA resources are available for the counties in the Disaster Declaratio
Policyholders encourages all impacted households to register to get information and aid. Disaster as

UPCOMING EVENTS >

Survivor to Survivor Forum

Tuesday, April 6, 2021
7:00 p.m. PT / 8:00 p.m. MT

Zoom - registration required

All Wildfire Survivors

VIEW +

DISASTER RECOVERY HELP

Home » Disasters » 2020 – Oregon Wildfires Insurance Claim and Recovery Help

TOTAL LOSS PARTIAL LOSS

2020 – Oregon Wildfires Insurance Claim and Recovery Help

The Almeda Fire, Beachie Creek Fire, Lionshead Fire, Riverside Fire, Archie Creek Fire, Slater Fire, and Holiday Farm Fire have affected thousands of Oregon residents. Through our Roadmap to Recovery program, you can access free, trustworthy help navigating the process of returning to a wildfire damaged area, repairing and replacing damaged and destroyed property, and collecting all available insurance funds.

If your property is damaged or destroyed, our guidance will help you get started on the road to recovery, make good decisions, and keep moving forward. United Policyholders is non-profit and has expertise based on nearly three decades of assisting in communities hit by wildfires. Our staff, disaster veteran and professional volunteers and our partnerships with public, private and non-profit partners, will help lighten your load. We're rooting for you and here to help. No strings attached.

UPCOMING EVENTS >

Survivor to Survivor Forum

Tuesday, April 6, 2021
7:00 p.m. PT / 8:00 p.m. MT

Zoom - registration required

All Wildfire Survivors

VIEW +

Restoring a Wildfire-Damaged Standing Home

Wednesday, April 14, 2021
4:30 p.m. PT / 5:30 p.m. MT

Zoom - registration required

2020 Colorado, Oregon & Washington Wildfire Survivors

DISASTER RECOVERY HELP

Home » Disasters » 2020 Colorado Wildfires – Insurance and Recovery Help

TOTAL LOSS PARTIAL LOSS

2020 Colorado Wildfires – Insurance and Recovery Help

The Cameron Peak, Calwood, Lefthand Canyon, and East Troublesome Fires have affected many Colorado residents. Through our Roadmap to Recovery program you can access free, trustworthy help navigating the process of returning to a wildfire damaged area, repairing and replacing damaged and destroyed property, and collecting all available insurance funds.

If your property is damaged or destroyed, our guidance will help you get started on the road to recovery, make good decisions and keep moving forward. United Policyholders is non-profit and has expertise based on nearly three decades of assisting in communities hit by wildfires. Our staff, disaster veteran and professional volunteers and our partnerships with public, private and non-profit partners will help lighten your load. We're rooting for you and here to help. No strings attached.

We encourage you to take advantage of wildfire recovery help that available through the Colorado Division of

UPCOMING EVENTS >

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All Wildfire Survivors

VIEW +

Restoring a Wildfire-Damaged Standing Home

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2020 Colorado, Oregon & Washington Wildfire Survivors

DORA – Division of Insurance Bulletins

- Equitable Payment of Claims Resulting from Natural Disasters
- Homeowners' Right to Obtain Additional or Enhanced Coverages
- Notice of the Provisions Pertaining to the Payment of Claims for the Repair of Damaged Property
- Actions to Protect Consumers with Property and Casualty Insurance Policies During the COVID-19 Public Health Emergency in Colorado

Contact the Colorado DORA Division of Insurance with concerns and questions about insurance and the claims process. Call the Division at 800-930-3745 or email them at DORA_Insurance@state.co.us.

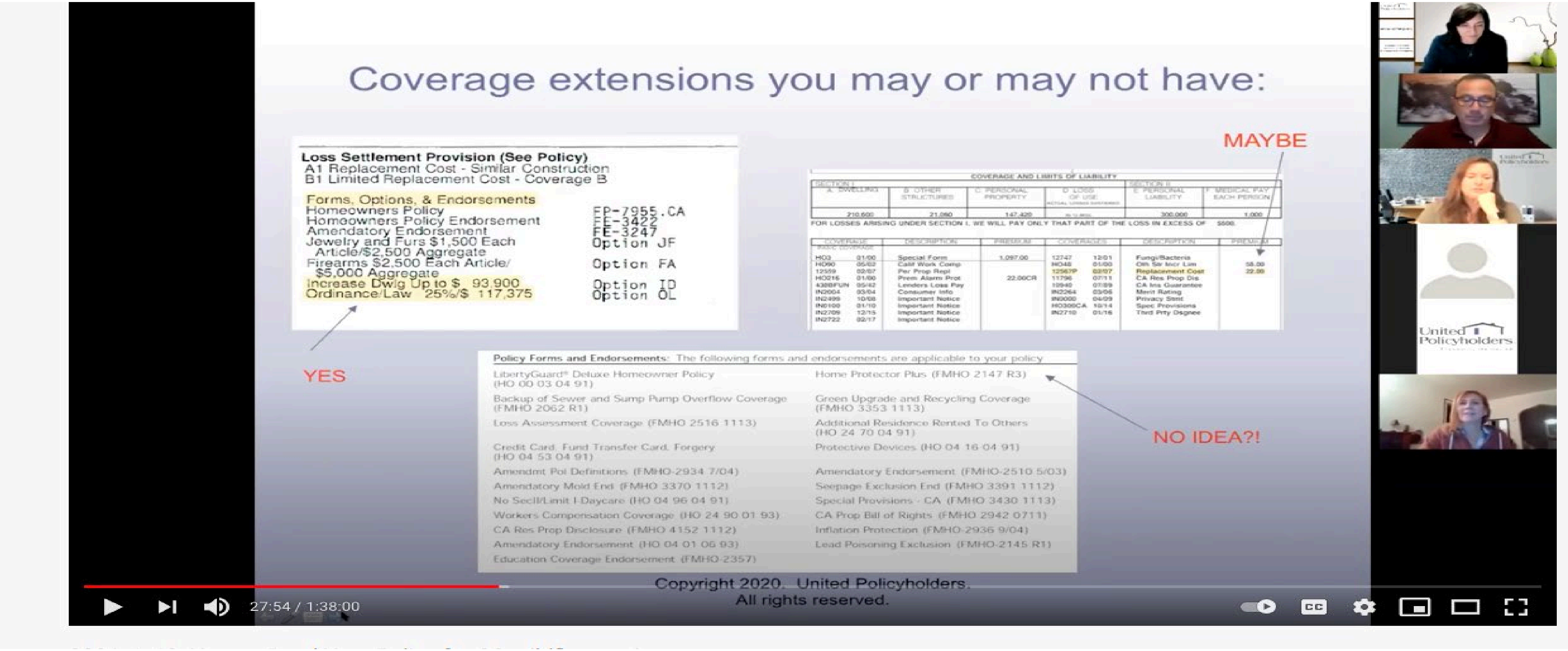
TAKING IT IN AND GETTING STARTED +

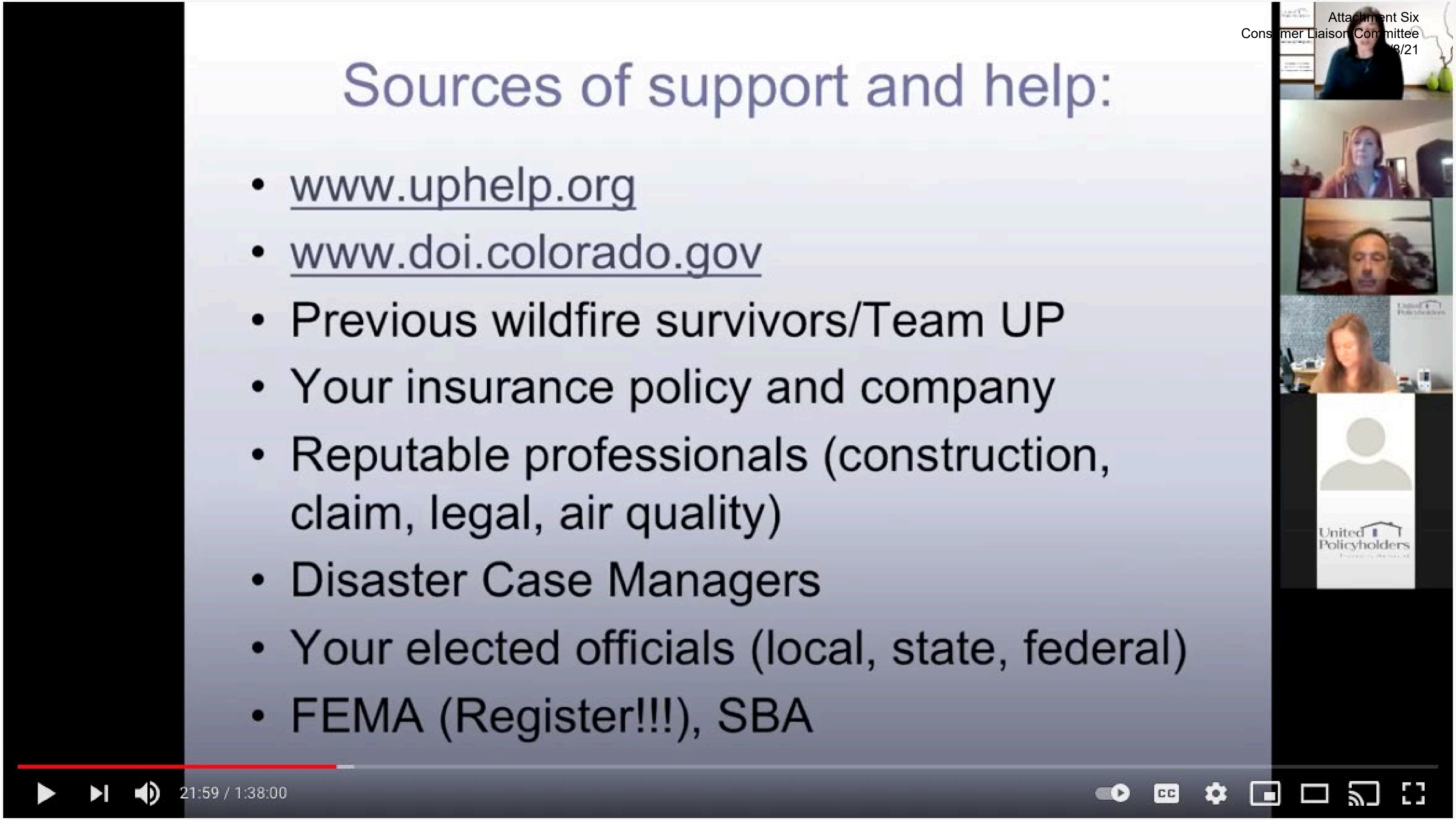
ARRANGING TEMPORARY HOUSING +

GETTING ORGANIZED +

GETTING DEBRIS REMOVED +

CO DOI and Team UP





2021_1_13_How to Read Your Policy for CO wildfire survivors

COLORADO
Department of Regulatory Agencies
Division of Insurance

Colorado Division of Insurance:
Our Mission is Consumer Protection

Consumer Services Property & Casualty Section
Tracy Garceau, Lead Analyst

Assistance available Monday-Friday 8:00 am to 5:00 pm
Phone: 303 894 7490
Email: dora_insurance@state.co.us

COLORADO
Department of Regulatory Agencies
Division of Insurance

Homeowners Insurance Reform Act of 2013 (HB 13-1225) Drafted as a result of the 2009 Fourmile Canyon, Waldo Canyon and High Park Fires

Companies must:

Offer Extended Replacement Cost of at least 20% of dwelling coverage

Offer Law and Ordinance Coverage of at least 10% of dwelling coverage

Offer at least 24 months of ALE

Consider a RC estimate from a licensed contractor or architect, subject to UW approval

Provide a copy of policy within 3 days of request, 30 days for a certified copy

Issue 30% of contents without an inventory if dwelling is a total loss

Allow 365 days after ALE expires to replace contents and receive withheld depreciation

COLORADO
Department of Regulatory Agencies
Division of Insurance

B-5.41 Onsite Property Damage Inspections….ALE due to COVID-19

ALE – (to the extent possible) extend ALE if repairs legitimately delayed for reasons outside of the insured's control and are a direct result of the COVID-19 emergency or State Orders

- Inability to hire a contractor, obtain permits and/or challenges in obtaining materials
- Insureds must request extension in writing along with an explanation

EVENTS

Overcoming Insurance and Recovery Obstacles

Tuesday, March 23, 2021
6:00 p.m. PT

Zoom

2020 Oregon Wildfire Survivors

WATCH VIDEO

RESOURCES

- 2020 – Oregon Wildfires Insurance Claim and Recovery Help
- Speak UP

Join United Policyholders, Representative Pam Marsh, the Oregon Department of Consumer and Business Services, and Legal Aid Services of Oregon for a Roadmap to Recovery[tm] workshop covering:

- Claim negotiations strategies
- Best practices for documenting and valuing your losses
- Dispute resolution resources

Attachment Six
Consumer Liaison Committee
4/8/21

2021_3_23_6 Months After the Fire: Overcoming Insurance and Recovery Obstacles

Wildfire rebuild agreement

Division reached an agreement with several insurance companies to:

- Provide at least 2 years from date of loss for people to rebuild homes
- Provide ability for people to rebuild at a different location

Wildfire rebuild agreement – Found at dfr.oregon.gov and click

Consumer protection – Insurance education

Wildfire insurance virtual town hall

For a reminder to register email:
outreach.dfr@Oregon.gov

How to reach an advocate:

Call
888-877-4894 (toll-free)

Email
dfr.insurancehelp@oregon.gov

Visit
dfr.oregon.gov

Wildfire Town Hall Meeting

Tony Cignarale

- Deputy Commissioner, California Dept. of Insurance since 2007
- 35 Years Insurance Experience
- Admitted to the State Bar in 1999
- Oversees Disaster Response, Consumer Hotline/ RFAs and Market Conduct Examinations
- Helped enact many of the laws in place that help disaster survivors collect insurance benefits timely

CALIFORNIA DEPARTMENT OF INSURANCE

FOR FREE, PERSONAL ASSISTANCE WITH YOUR CLAIMS OR UNDERINSURANCE ISSUES

CALL US AT: 1 800 927 4357

OR GO ONLINE: insurance.ca.gov

Questions? Comments?

amy.bach@uphelp.org