

SPECIAL (EX) COMMITTEE ON RACE AND INSURANCE

Special (EX) Committee on Race and Insurance, April 12, 2021, Minutes

2021 Proposed Charges (Attachment One)

Comment Letters from Interested Parties (Attachment Two)

Draft Pending Adoption

Draft: 4/27/21

Special (EX) Committee on Race and Insurance
Virtual 2021 Spring National Meeting
April 12, 2021

The Special (EX) Committee on Race and Insurance met April 12, 2021. The following members participated: David Altmaier, Co-Chair (FL); Dean L. Cameron, Co-Chair (ID); Raymond G. Farmer, Chair Emeritus (SC); Chlora Lindley-Myers, Co-Vice Chair (MO); Andrew N. Mais, Co-Vice Chair (CT); Lori K. Wing-Heier (AK); Jim L. Ridling (AL); Alan McClain (AR); Evan G. Daniels (AZ); Ricardo Lara (CA); Michael Conway (CO); Karima M. Woods (DC); Trinidad Navarro (DE); Colin M. Hayashida (HI); Doug Ommen (IA); Dana Popish Severinghaus (IL); Stephen W. Robertson (IN); Vicki Schmidt (KS); Sharon P. Clark (KY); James J. Donelon (LA); Gary D. Anderson (MA); Eric A. Cioppa (ME); Kathleen A. Birrane (MD); Anita G. Fox (MI); Grace Arnold (MN); Mike Chaney (MS); Mike Causey represented by Jackie Obusek (NC); Jon Godfread (ND); Bruce R. Ramge represented by Martin Swanson (NE); Marlene Caride represented by David W. Wolfe (NJ); Russell Toal (NM); Barbara D. Richardson (NV); Linda A. Lacewell represented by My Chi To (NY); Judith L. French (OH); Glen Mulready (OK); Andrew R. Stolfi (OR); Jessica K. Altman (PA); Elizabeth Kelleher Dwyer (RI); Larry D. Deiter (SD); Carter Lawrence (TN); Doug Slape (TX); Jonathan T. Pike (UT); Scott A. White (VA); Tregenza A. Roach (VI); Michael S. Pieciak (VT); Mike Kreidler (WA); Mark Afable (WI); James A. Dodrill (WV); and Jeff Rude (WY).

1. Received a Report on Special Committee Activities

Commissioner Altmaier reported that the Special (EX) Committee on Race and Insurance established five workstreams to develop initial recommendations, and most of the work of the Special Committee has been done at the workstream level. All the workstreams, except for Workstream Two, which is looking internally at the NAIC and state insurance departments, held at least one open meeting as it conducted its initial work. The Special Committee met April 6 and March 24 in regulator-to-regulator session, pursuant to paragraph 4 (internal or administrative matters of the NAIC or any NAIC member) of the NAIC Policy Statement on Open Meetings, to receive those initial recommendations and determine where to place the continued work in the NAIC committee structure. The 2021 proposed charges (Attachment One) exposed for comment are the result of those initial consultations with staff. The Special Committee recognizes the quick turnaround for comments, and as noted when the proposed charges were released, additional commentary and engagement will certainly be necessary. The Special Committee is eager to continue a public dialogue on these important issues and appreciates the initial comments it has received, and it will discuss a more extensive comment period at the end of the meeting.

2. Received a Status Report on Workstream One

Executive Deputy Superintendent of Insurance To reported that Workstream One of the Special Committee was formed in September 2020, and it is co-chaired by Superintendent Cioppa and herself. Workstream One is charged with researching and analyzing the level of diversity and inclusion within the insurance industry and making recommendations on action steps.

In late February, Workstream One submitted its initial findings and preliminary recommendations on next steps to the Special Committee. Based on the initial research and engagement conducted by Workstream One, the Workstream has concluded that the insurance industry can and should do more to improve diversity and inclusion at all levels of its organizations, from corporate boardrooms and C-suites to middle-management and entry-level positions. This conclusion is based on information that the Workstream gathered through the collection and review of publicly available data, articles and studies, as well as comments submitted by industry representatives and other interested stakeholders.

Studies show that diversity is good for business, and one of the primary responsibilities of state insurance regulators is to ensure the financial stability of the insurers they oversee. Given the positive correlation of diversity and profitability, supporting the insurance industry's diversity and inclusion efforts is consistent with that core mission, as well as the broader duty of the insurance sector to address racial inequalities and discrimination.

Workstream One believes that more work is required to develop specific recommendations of action steps that state insurance regulators and companies can take to improve the level of diversity and inclusion in the industry. Additional engagement with stakeholders and industry representatives is necessary to learn more about the initiatives and programs that have been deployed by insurance companies to recruit, retain and develop diverse talent at all levels. The Workstream also recognizes the need to measure progress, and it wants to learn more about how state insurance regulators can support that effort. The Workstream plans to continue its work and hold at least two additional open meetings in 2021.

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Regarding process, Workstream One recommends that it continue in its present form at this time, and it will determine how best to proceed within the NAIC framework as part of its specific recommendations of action steps for state insurance regulators and the industry.

3. Received a Status Report on Workstream Two

Commissioner Clark reported that Workstream Two has two major components to investigate; diversity and inclusion within the NAIC and diversity and inclusion within state insurance departments. The Workstream is happy to report progress on both fronts. Commissioner Clark leads the subgroup on diversity and inclusion within state insurance departments.

The Workstream spent time as a group talking about the best way to collect information from its colleagues, and it developed a zone-based information gathering tool to capture state and department level diversity and inclusion best practices for consideration and implementation by its membership. The Workstream's plan, if approved by the Special Committee and the Executive (EX) Committee, is to start gathering information shortly after the Spring National Meeting.

As stated in the Special Committee's 2021 proposed charges, the Workstream will continue its work researching best practices among state insurance departments, and once it has gathered state and department level diversity and inclusion best practice information, it will continue to move its work forward by developing a method and forum to share this information among the states. Commissioner Clark asks that when the Workstream does reach out to state insurance departments, that they take the time to respond so the Workstream can start building a usable catalog of best practices to share with each other.

Commissioner Clark went on to report on the efforts of the subgroup on diversity and inclusion within the NAIC. The Workstream sent questions to the NAIC about its diversity, equity and inclusion (DE&I) efforts. The questions were based on the industry questions developed by Workstream One. In response, the NAIC submitted a written report, and the Workstream's January meeting was dedicated to hearing from the NAIC about its efforts, particularly its focus on recruiting and retention.

The Workstream has identified several ways the NAIC can help with the DE&I efforts of the state insurance departments. Specifically, as staff diversity training is developed at the NAIC, consideration will be given to offering similar training at the state and/or zone level. Also, Evelyn Boswell (NAIC), Director of Diversity and Inclusion, will be working to collect diversity contacts from the states so the Workstream can get a forum established to share ideas and information.

As its work continues, and as stated in proposed committee charge D, Workstream Two in coordination with the Executive (EX) Committee will continue to receive reports on NAIC DE&I efforts to ensure that DE&I remains a top priority for the NAIC. The Workstream will also serve as the coordinating body for state requests for assistance from the NAIC related to DE&I.

4. Received a Status Report on Workstream Three

Commissioner Mais reported that Workstream Three was tasked with the charge dealing with property/casualty (P/C) insurance. In late 2020, the Workstream held three regulator-only meetings and one open meeting to hear various viewpoints on P/C issues related to its charge of examining practices and barriers that potentially disadvantage people of color and/or historically underrepresented groups.

The Workstream first developed an issues list to begin to scope out the project and receive information from interested parties. On its open call, it heard from six speakers who had signed up to speak, as well as a couple others. Consumer groups requested that the Workstream streamline its issues list and not "re-examine" known issues but focus on solutions. The consumer groups called for the Workstream to develop guidance for testing for disparate impact and collect additional data for market regulation purposes. The Workstream heard about how to work with external third parties to look for hidden biases in external databases. The industry stressed that education of consumers should be a focal point, and risk must not be neglected as the Workstream looks at issues of race.

On its last two regulator-only calls, the Workstream streamlined its issues list and came up with some more specific actions and charges for next steps, which were then reported to the Special Committee.

Commissioner Schmidt reported that the Workstream developed several major recommendations with subheadings for each. Those have been incorporated within the proposed charges.

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For affordability, availability and access, the Workstream is asking that the NAIC and the Center for Insurance Policy and Research (CIPR) provide a status of studies concerning the affordability of auto and homeowners insurance, including a gap analysis of what has not been studied.

As part of this work, the Workstream recommends that state insurance regulators should determine steps that can be taken to mitigate the impact of residual markets, premium financing and nonstandard markets on disadvantaged groups.

For education and outreach, the Workstream seeks to develop ways to use education, outreach and consumer partnerships to improve access to underrepresented groups.

For producer issues, the Workstream asks for the Producer Licensing (D) Task Force to receive a report from NAIC staff on:

- Availability of producer licensing exams in foreign languages.
- Steps exam vendors have taken to mitigate cultural bias.
- Number and location of producers by company compared to demographics in the same area.

The issue of unfair discrimination is critical, and the Workstream recommends the development of analytical and regulatory tools to assist state insurance regulators in determining unfair discrimination, including issues related to:

- Use of socio-economic variables.
- Identifying proxy variables for race.
- Correlation vs. causation.
- Disparate impact considerations.
- Use of third-party data.
- Appropriateness of data, such as criminal history.

The Workstream also suggested exploring the possibility of the industry collecting data by race in order to better measure outcomes.

The Workstream also noted that it should work closely with existing groups, such as the Big Data and Artificial Intelligence (EX) Working Group and the Casualty Actuarial and Statistical (C) Task Force, as those groups continue their work in predictive modeling, price algorithms and artificial intelligence (AI) with a particular focus on how race is affected.

5. Received a Status Report on Workstream Four

Commissioner Afable reported that Workstream Four adopted its initial report and recommendations by e-vote on Feb. 5. The Workstream met Nov. 16, 2020, and Oct. 30, 2020, in regulator-to-regulator session, and Dec. 10, 2020, and Jan. 5 in open session.

During its open meetings, the Workstream heard presentations from a producer association, industry associations, an actuarial association, a financial educational institution, an insurance company, and a consumer representative. Each presentation brought to light different aspects of the complexities surrounding race and insurance in life insurance.

The primary conclusion of the Workstream was that it has only just started to delve into the practices and barriers that potentially disadvantage minority and underserved populations in the life insurance and annuity lines of business.

The Workstream recommends that research and discussions continue to: 1) better determine the practices or barriers that disadvantage people of color and/or historically underrepresented groups; and 2) identify steps that can be taken to eliminate those barriers and disadvantages.

The Workstream is willing to undertake this work to continue to research and formulate specific recommendations, as necessary, to address issues involving race and life insurance, such as:

- a) The marketing, distribution and access to life insurance products in minority communities, including the role that financial literacy plays.
- b) The impact of traditional life insurance underwriting on minority populations, considering the relationship between mortality risk and disparate impact.

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- c) Disparities in the number of cancellations/rescissions among minority policyholders.
- d) Whether there are other unresolved issues surrounding race and insurance in the life insurance industry that the Workstream should consider addressing.

The Workstream also recommended that the Accelerated Underwriting (A) Working Group, as part of its ongoing work to consider the use of external data and data analytics in accelerated life underwriting, include an assessment of and recommendations, as necessary, regarding the impact of accelerated underwriting on minority populations.

6. Received a Status Report on Workstream Five

Commissioner Lara reported that Workstream Five met Dec. 2, 2020, in open session and March 23, March 2 and Feb. 18 in regulator to-regulator session to prepare and finalize its initial report. Workstream Five finalized and adopted the report on March 23.

As its Dec. 2, 2020, meeting confirmed, and its initial report states, the Workstream believes access and network adequacy is an ongoing and persistent issue for people of color and/or historically underrepresented population groups. The Workstream also believes the other issues it has identified merit discussion and examination as well, including affordability. For these reasons, the Workstream plans to continue its work as its initial recommendations and the Special Committee's 2021 proposed charges reflect.

Commissioner Altman highlighted a few of the Workstream's initial recommendations. One recommendation it has is to conduct further research on measures to advance equity through lowering the cost of care and promoting access to care and coverage, with emphasis on people of color, low income and rural populations, and historically marginalized groups. The Workstream plans to focus this research on measures to remedy impacts on historically marginalized groups, as well as the examination of the use of network adequacy and provider directory measures to promote equitable access to culturally competent care.

The Workstream also recommends, in coordination with Workstreams One, Three and Four, developing a model data call to identify resources and products, including a product mix devoted or sold in specific zip codes.

The Workstream also recommends charging the Health Innovations (B) Working Group, consistent with its ongoing work, to evaluate mechanisms to resolve disparities and improve access to care, including: 1) the efficacy of telehealth as a mechanism for addressing access issues for people of color and low income and underrepresented groups; and 2) the use of advance payment models and the algorithms that power the underlying modeling and value-based payments and their impact on exacerbating or ameliorating disparities and social determinants of health.

Finally, another recommendation the Workstream has is for it to monitor opportunities and identify strategies for consumer education to address equity issues. The Workstream plans to make referrals, as appropriate, to the Consumer Information (B) Subgroup to develop educational materials after identifying areas and strategies it believes will help to increase awareness in communities of color and/or among other underrepresented groups.

7. Discussed its 2021 Proposed Charges and Heard Comments from Interested Parties

Commissioner Altmaier introduced the interested parties who submitted initial comments (Attachment Two) and requested to comment on the 2021 proposed charges of the Special Committee and other committee groups.

- a. Thomas A. Campbell (American Academy of Actuaries—Academy) commented on behalf of the Academy and reiterated and reinforced the Academy's previously stated commitment to work with the NAIC on the shared goal to address diversity and inclusion concerns pertaining to insurance coverages.

As communicated to the Special Committee upon its formation, the Academy is offering its ongoing assistance in the identification and exploration of areas where state insurance regulators can act in this regard and addressing practices that could create barriers, or conversely provide incentives, to the inclusion in insurance products. During the course of this work, Academy representatives have actively engaged the Special Committee, having made separate presentations to Workstreams Three, Four and Five on P/C, life, and health insurance issues, respectively. As the Special Committee moves forward on its newly proposed 2021 charges, the Academy stands ready to work with it on executing and implementing them. With the relatively recent posting of those charges, the Academy has not had the

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full opportunity to assess them as yet, but it will provide input to the Special Committee, as appropriate, as its work progresses.

As the national actuarial association for public policy and professionalism in the U.S., the Academy is looking at issues surrounding the appropriateness of data and assumptions used in U.S. actuarial practice across all areas of practice and actively working with various stakeholders and within the actuarial profession to advance this objective. A sampling of the work the Academy is doing can be found on the Academy's Diversity, Equity & Inclusion web page. The Academy has formed task forces and work groups under its Casualty, Health, and Life Practice Councils that are dedicated to DE&I. The Academy also has an active process within its Risk Management and Financial Reporting Council on data analytics and algorithms, and it will be issuing papers on those topics shortly.

To further illustrate the emphasis of this work, Mr. Campbell would like to bring attention to a recent publication from the Academy with respect to health equity issues. The discussion brief, *Health Equity from an Actuarial Perspective: Questions to Explore*, issued by the Academy's Health Equity Work Group, serves as an introduction to the Work Group's approach to examining efforts to reduce health disparities and applying actuarial expertise to the following areas: health insurance benefit design, provider contracting and network development, premium pricing, and managing population health. As the Work Group's chairperson, Annette James (Academy), has indicated, “[t]his foundational document on health equity issues begins by offering questions and topics for further exploration to help identify ways in which health benefit programs might affect health equity.” This is but the first offering from the Work Group; focused publications in each of the areas identified are expected to come forward in the near future. The Academy believes that charges relevant to the health workstream will relate to the ongoing work of the Work Group.

Finally, Mr. Campbell wanted to underscore the value the Academy places on the collaborative work with the NAIC that the Academy has enjoyed over the years on issues of mutual interest. On this initiative and the many other workstreams in which the Special Committee is actively working on at the NAIC, the Academy is committed to providing objective expert actuarial analysis on behalf of the U.S. actuarial profession.

- b. Angela Gleason (American Property Casualty Insurance Association—APCIA) stated that the APCIA remains committed to constructive partnership with all stakeholders to advance meaningful solution-driven dialogue aimed at sustainable proposals that benefit all. The APCIA looks forward to providing specific recommendations to the Special Committee's 2021 proposed charges, but it offers foundational observations into the deep thinking that it continues to exercise around race and insurance issues.

These are broad and complicated historical issues, so the solutions are not simple and will require time to craft meaningful change. In the letter the APCIA submitted, APCIA chief executive officer (CEO) Dr. David Sampson stresses that the core purpose of the insurance industry is to provide sustainable risk transfer and risk mitigation solutions for our customers at a price commensurate with their actual or expected losses. Doing so ensures an equitable cost to each customer while also protecting the solvency of the insurance industry.

In light of those fundamental principles, the APCIA identified two important areas where it believes there are omissions from the preliminary draft charges. First, there does not appear to be a reference to researching and analyzing underlying cost drivers and how the industry can assist in addressing these issues. Long-standing forward-thinking solutions to historical challenges necessitate consideration of the lost cost drivers. Second, the issue of economic empowerment has been a consistent and important consideration throughout the NAIC dialogue, and the APCIA would like to see that topic referenced more strongly.

The draft 2021 charges of the Special Committee reflect much of the broad thinking and wide analysis required for the insurance sector to meaningfully grapple with these issues. Promoting DE&I at every level of the company and throughout the supply chain is paramount, and the APCIA looks forward to partnering with and sharing information with state insurance regulators on this topic. However, the APCIA is concerned that the same approach to analysis is not carried through in some of the underlying tone and drafting in some of the Workstream Three, Four and Five changes. For instance, Special Committee charges include continuing research and analysis of the legal and regulatory approaches to addressing unfair discrimination, but they simultaneously presuppose the outcome of that research and analysis, directing the development of tools and definitions without any foundational consideration of the problem trying to be solved. To drive collaboration and consensus toward meaningful change, state insurance regulators and stakeholders must reach consensus on the current legal framework and where that framework presents opportunities for change. Without that threshold exercise, when reaching consensus, there is the risk of going down the wrong path and developing solutions that do not address the problem. The APCIA believes there could be a benefit to some

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language about taking a sequenced approach to first prioritizing the analysis of the current legal and regulatory framework. Specific to research, the APCIA will have some recommendations consistent with utilizing data that is available and meaningful.

Ms. Gleason turned it over to Roosevelt Mosley, principal and consulting actuary with Pinnacle Actuarial Resources, to highlight why reaching consensus on the legal framework and next steps matters. She thanked the Special Committee for the opportunity to share these thoughts, and the APCIA looks forward to continuing this important partnership.

- c. Roosevelt Mosley (Pinnacle Actuarial Resources) commented on the implication of the proposed charges as they relate to setting rates for P/C insurance. Pinnacle Actuarial Resources recognizes that this is a very important issue that must be addressed, and it is in full support of the work of the Special Committee and being involved in assisting in whatever way possible.

Ultimately, Pinnacle Actuarial Resources believes that the collaboration between insurance companies, legislators, state insurance regulators, and consumer representatives will develop a solution that maintains the right balance between cost-based pricing and equity and fairness in terms of rates.

Secondly, Pinnacle Actuarial Resources also supports the research-based approach that is being advocated and recommends that the Special Committee continue to focus on defining what the issues are and evaluating solutions that will potentially address the issue and lead to the intended desired results.

Pinnacle Actuarial Resources believes this will require taking a holistic approach to this issue; this is not an issue that is going to be necessarily addressed by eliminating one rating factor, or even particularly one potential group of rating factors because the issue is more nuanced than that. Therefore, Pinnacle Actuarial Resources would encourage the Special Committee to continue to focus on research to ensure that the issue is being defined properly and then continue that research to evaluate the effects of proposed solutions so that they do not create any unintended consequences.

The other issue Pinnacle Actuarial Resources would like to draw attention to is the issue of correlation versus causation, particularly from an actuarial perspective. The actuarial standards on the use of risk classification factors do not require causation, but they do state that a logical relationship to expected outcomes is desirable but is not necessarily required. Putting a requirement of causation on particular risk characteristics could be significantly challenging, and Pinnacle Actuarial Resources would respectfully request that the Special Committee carefully consider the idea of correlation versus causation.

Lastly, Pinnacle Actuarial Resources applauds and encourages the Special Committee's separate listing of affordability of insurance versus the fairness of rates and bias.

For the insurance process to work efficiently for the maximum benefits of customers and insurers, the fundamentals of cost-based insurance must be maintained and must be appropriately balanced with the fact that rates should be fair and unbiased.

- d. Birny Birnbaum (Center for Economic Justice—CEJ) stated, “CEJ greatly appreciates the efforts of the Special (EX) Committee on Race and Insurance and the NAIC to fully engage and examine the insurance impacts of systemic racism on communities of color. The proposed charges reflect a serious and sustained commitment by the members of the NAIC to identify and eliminate racism in insurance and to improve diversity, equity and inclusion among regulators and insurers.”

The CEJ’s review of the proposed charges suggests that the charges can be significantly improved for clarity; coordination; reducing overlapping activities; and most importantly, a more systematic approach to the issue. The CEJ sees the following problems with the charges:

- The charges seem to be more of a wish list of activities than a systematic approach to examining and addressing issues of race and insurance.
- The charges range from specific tasks to broad investigations with no distinction about the breadth of the activity.
- The charges largely fail to specify deliverables or time frames for delivery.

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- The charges create structures through Special Committee workstreams that duplicate lettered committee responsibilities and that make coordination unnecessarily difficult.
- The charges reflect an initial cut at identifying insurer policies and practices that may result in disparate impact or proxy discrimination, but they contain no provision for a comprehensive examination by the subject matter committees.
- The charges do not include key components of a comprehensive and systematic approach to examining race in insurance, including the identification of public policies that unfairly disadvantage communities of color or improving diversity and inclusion by consumer stakeholders, generally, and communities of color, particularly in regulatory processes.

The CEJ's comments of March 23 to the Special Committee discuss the need for and components of a comprehensive and systematic approach by the NAIC to examine the effects of systemic racism in insurance. The CEJ has summarized its review of the suggested revisions to the proposed charges into the chart included with its comment letter. The chart shows the major strategic components, the specific charges for specific NAIC committees, the specific deliverables, and the time frame for deliverables.

The CEJ also recommends significant streamlining of the many Special Committee workstreams into one working group for the DE&I efforts and the remaining activities either at the Special Committee level or in a Special Committee Legal and Regulatory Guidance working group combined with assignments to other NAIC committees. This streamlining will reduce unnecessary duplication, facilitate coordination, better engage subject matter experts (SMEs) within the letter committees and better allow consumer stakeholder participation. It is much more difficult for consumer stakeholders to meaningfully participate when the relevant activities are spread over so many different workstreams and committees because of the much more limited resources of consumer stakeholders compared to industry stakeholders.

The CEJ suggests that a comprehensive and systematic approach by the NAIC to addressing race in insurance has five major components:

1. **DE&I among insurers, state insurance regulators, and consumer stakeholders in NAIC and regulatory processes.** The proposed Special Committee charges address the first two groups, but there is no charge for DE&I for communities of color in regulatory processes. The CEJ suggests that the Special Committee efforts for DE&I be combined into a single working group of the Special Committee and that the NAIC/Consumer Liaison Committee be charged with developing recommendations for improving DE&I within regulatory processes.
2. **Analyze, affirm and develop, as necessary, the legal and policy framework for addressing race and insurance.** This set of activities is the foundation for identifying and addressing the structural and systemic causes of racial disparities in insurance. The main deliverable is definitions of disparate impact and proxy discrimination. These definitions will reflect the intent of state insurance regulators and provide the guiding principles for the remaining activities. This work should be the responsibility of the Special Committee.
3. **Develop the legal and regulatory guidance for implementing the policy framework for race and insurance and implementing the Principles for AI.** This component of the overall strategy includes:
 - a. Guidance for insurers to test for disparate impact and proxy discrimination.
 - b. Guidance for insurers to report test results and actions taken in response to test results.
 - c. Guidance for safe harbors for insurers who follow regulatory guidance.
 - d. Guidance for insurers to implement the NAIC Principles for AI.

The first three charges should be assigned to Special Committee, while the last charge should be assigned to the Big Data and Artificial Intelligence (EX) Working Group.

4. **Develop tools and resources for regulatory oversight.** This is the component of the overall strategy that ensures that state insurance regulators have the resources, tools, data and skills to effectively implement the regulatory guidance. Key tasks within this component are:
 - a. Develop market regulation data collection sufficient to monitor consumer market outcomes by prohibited class characteristics.

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- b. Identify gaps in regulatory skills and resources necessary for the analysis of disparate impact and proxy discrimination.

The CEJ suggests that these charges be assigned to the Market Regulation and Consumer Affairs (D) Committee for several reasons. First, the proposed charges have this activity assigned to three workstreams, creating repetitive efforts. This should be a unified activity because the types of data and analysis necessary to examine accelerated underwriting in life insurance for disparate impact and proxy discrimination are the same as those necessary to examine health insurance delivery outcomes, personal auto claim settlements, homeowners pricing, or marketing for small business owners insurance. Second, the D Committee is already where consumer market outcome data collection efforts are housed. Third, it is the market regulators who will likely be carrying the bulk of responsibility for analyzing policies and practices for disparate impact and proxy discrimination. While the CEJ has great respect for the actuaries who review rate filings, it is not actuarial expertise that is relevant for examining disparate impact and proxy discrimination

5. **Identify industry practices and public policies that may produce disparate impact and proxy discrimination.** The proposed charges include many specific inquiries for Workstreams Three, Four and Five for the CIPR. It is unclear how this list of issues of concern was developed or what equity framework was used to prioritize the listed items. Further, the list fails to distinguish between industry practices (subject to regulatory oversight) versus public policies (outside of regulatory oversight) that may lead to disparate impact and proxy discrimination. This is a critical distinction, and both lines of inquiry are essential to address systemic racism in insurance.

The CEJ suggests that instead of assigning this effort to Special Committee workstreams, the assignment to identify and examine practices and policies that may disadvantage communities of color should be assigned to the subject matter committees. It makes no sense to have a Special Committee workstream look at these issues for P/C insurance when the NAIC has a P/C committee. Moreover, assigning just the proposed charges to the three workstreams produces both major gaps and duplication. It produces gaps because there is no workstream that tracks the work of the Market Regulation and Consumer Affairs (D) Committee or the Financial Condition (E) Committee.

The CEJ also recommends that the charge to identify industry practices and public policies that produce disparate impact and proxy discrimination be given to the Financial Condition (E) Committee. It is vital that state insurance regulators and insurers examine their investment practices to identify investments that encourage or support environmental racism or abusive racial practices. For example, if state insurance regulators and insurers are committed to addressing systemic racism in insurance, then insurers should not be investing in predatory lenders or other businesses that systematically rob.

In closing, the CEJ asks for the Special Committee's consideration of its suggested changes to the charges. The CEJ's changes will better organize your efforts and, more importantly, facilitate stakeholder engagement. The CEJ looks forward to constructive engagement with other stakeholders and NAIC members to achieve concrete outcomes that match the anti-racism statements of industry and state insurance regulators.

- e. Tony Cotto (National Association of Mutual Insurance Companies—NAMIC) commented that although the NAIC and its members have faced unique operational challenges this year, those challenges should not be used as an all-encompassing shield to avoid transparency and establish open collaborative NAIC processes.

When the Special Committee was formed, NAMIC and its members pledged to be partners in good faith at the table for all the discussions of the important issues to be tackled at the intersection of race and insurance. NAMIC provided initial recommendations to focus on issues surrounding the talent pipeline, and it is very glad to see that as one of the new proposed charges.

At the same time, NAMIC is deeply concerned that while it is sitting at the table ready to work together, the Special Committee's work to date has largely taken place behind closed doors, with minimal time and opportunity for meaningful input.

The lengthy proposed charges that NAMIC had less than 72 hours to respond to include several significant substantive presumptions that, at the very least, merit additional discussion prior to adoption.

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In a number of places, problems are assumed as something needing to be addressed or mitigated. Instead, NAMIC believes that the Special Committee should first determine if there is enough proof to answer a threshold question; it is not how to address the problem, but it is whether the problem exists at all. The proposed charges further introduce concepts that are foreign to state insurance codes and regulatory authority because they are fundamentally incompatible with sound risk classification, risk-based pricing, and established principles of unfair discrimination, like disparate impact and causal requirements for rating factors. Additionally, suggesting enhanced data reporting and requiring insurers to collect race and other socio-demographic data that insurers are not interested in and consumers do not like to provide is also likely to run afoul of numerous state and federal laws.

NAMIC's members know that, like its regulators and the communities it serves, they are all stronger when NAMIC leverages and includes diverse backgrounds, skills, knowledge and perspectives of its policyholders, vendors and employees. At the same time, NAMIC respectfully discourages the use of departments or insurance (DOIs) regulation as tools for social engineering to fix societal problems that have nothing to do with insurance.

As NAMIC considers what it can and should do together within the bounds of the insurance ecosystem and its governing laws, Mr. Cotto encouraged not elevating demographics over data. Instead, he suggested focusing on what can be accomplished by working together to improve access for all stakeholders to the insurance mechanism and all of the economic empowerment that comes with that access.

- f. Sonja Larkin-Thorne (Consumer Advocate) thanked the NAIC for the work and commitment on this issue.

Ms. Larkin-Thorne stated that Dr. Rochelle Walensky, Director of the U.S. Centers for Disease Control and Prevention (CDC), described racism as a serious public health threat that directly affects the well-being of millions of Americans; as a result, it affects the health of the entire nation. Racism is not just the discrimination against one group based upon the color of their skin or their race or ethnicity, but the structural barriers that affect racial and ethnic groups differently to influence where a person lives, where they work, where their children play, and where they worship and gather in community. The social determinants have a long-term negative effect on the mental and physical health of individuals and their communities and on their ability to live beyond certain communities and categories in life.

Ms. Larkin-Thorne noted that as the NAIC struggles to talk about race and insurance, it must be acknowledged that the business of insurance is the very foundation and the stability of the American economic system, but she does question why this system excludes so many Americans just trying to achieve the American dream. Ms. Larkin-Thorne questions whether there is something that is inherent in the fabric of the insurance industry that it has not been able to attract and retain diverse talent.

Ms. Larkin-Thorne noted that now everybody is bringing a person of color to the table to represent them. She believes insurance company CEOs need to come to the table and talk instead of sending their talking heads. They need to come to the table and listen about what is being seen and heard and help develop a plan that addresses the concerns that consumers have brought to attention.

After the comments, Commissioner Altmaier responded to concerns that the Special Committee has not been transparent with this process; certainly some regulator-only discussions have occurred, as they do on many of its workstreams in the past. As the Special Committee has stated multiple times, it will continue being transparent with this process and engaging with all of its stakeholders across the spectrum of the insurance industry. The Special Committee looks forward to everyone's participation in this going forward.

Commissioner Lara noted his frustration with the comments made by some associations that represent the industry. Commissioner Lara said he finds it a little disheartening that the Special Committee is trying to work with the industry and all the parties involved, and some of these organizations are still not even acknowledging or taking responsibility for what the industry has done in the past. It remains impossible to get to a point of actually having fruitful and transparent discussions if these organizations are not fully ready to acknowledge that everyone has this responsibility and the insurance industry also has a responsibility moving forward.

Commissioner Conway echoed Commissioner Lara's comments and thanked the NAIC leadership for leading the charge and ensuring that the Special Committee keeps focused on these issues.

Commissioner Ommen also thanked the NAIC for continuing to work on these really important issues, and he appreciates all of the comments that have been received and the information that is continuing to be gathered.

Draft Pending Adoption

Commissioner Ommen also noted the Special Committee needs to continue to be honest and recognize the actual causes of the disparities that are in the marketplace. Government policies, educational and economic differences contribute to the underlying social, safety and health risks that affect communities of color, especially urban communities of color. The Special Committee must think about and to some degree contribute to the ongoing discussions that are occurring outside of our industry.

Commissioner Altman stated that many are at the table with statements about putting in the hard work and having the hard conversations. She agrees with the sentiments about the NAIC, the current leadership, the former leadership, and the regulatory community really stepping up. The 2021 proposed charges are indicative of that willingness for the regulatory community to put the work in. Commissioner Altman says she hopes the stakeholders will be the Special Committee's partners and will do the work with it and have a willingness to have those hard conversations and not just push back on them because they are hard.

Commissioner Navarro echoed Commissioner Lara's comment on his disappointment from the industry and comments. He would have loved to have heard them say they want to work with the state insurance regulators; agree that issues around credit score, lack of credit, marital status and education exist; and state that they are no longer going to use those because they know they are unfairly discriminatory. He said he did not hear anyone say that, and when the Special Committee tried locally to address those in both private auto and homeowners insurance, guests lined up against the state insurance regulators to fight this initiative in the legislature. The Special Committee asked to see the correlation between credit score and claims history, and the data just simply was not available. The Special Committee appreciates its interaction with the industry, but Commissioner Navarro believes they can do more.

Commissioner Altmaier noted that the Special Committee will expose its 2021 proposed charges for a 30-day public comment period ending May 14 to receive detailed commentary on the proposed charges, followed by a public meeting of the Special Committee to fully consider stakeholder comments and finalize the 2021 work plan and charges.

Director Cameron noted that he appreciates the comments made by his fellow commissioners and interested parties. It certainly leads to the understanding of how difficult this task is and how much work has to be done. Director Cameron said he wants to assure the industry that the Special Committee intends to be collaborative. He also cautioned that the Special Committee is going to ask everyone to step up, just as it is asking itself to step up and lead.

The Special Committee has to provide confidence to its consumers that it is not providing any sort of discrimination and that it is not participating either intentionally or unintentionally with any form of discrimination. Director Farmer knew when he started this process in 2020 that this would not be a short, rushed change in direction, but rather a change in direction that will take years to accomplish. The Special Committee intends to move in that direction to reach that consensus and urge others to work with it. The Special Committee looks forward to having those conversations and talking to others individually and collectively as we move forward.

Director Fox suggested that those interested parties who presented comments on the proposed charges provide specific language for consideration, specifically where there is discussion on correlation and causation and not just comments about what is inadequate.

Having no further business, the Special (EX) Committee on Race and Insurance adjourned.

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2021 Proposed Charges

SPECIAL (EX) COMMITTEE ON RACE AND INSURANCE

The Special (EX) Committee on Race and Insurance will:

- A. Serve as the NAIC's coordinating body on issues related to (i) diversity and inclusion within the insurance sector; (ii) race, diversity, and inclusion in access to the insurance sector and insurance products; and (iii) practices within the insurance sector that potentially disadvantage people of color and/or historically underrepresented groups.
- B. Coordinate with existing groups such as the Big Data and Artificial Intelligence (EX) Working Group and the Casualty Actuarial and Statistical (C) Task Force and encourage those groups to continue their work in predictive modeling, price algorithms and artificial intelligence (AI), with a particular focus on how race is impacted.
- C. (Workstream One) Continue research and analysis to develop specific recommendations on action steps that state insurance regulators and companies can take to improve the level of diversity and inclusion in the industry, including:
 1. Seek additional engagement from stakeholders to understand the efficacy of diversity-related programs, how companies measure their progress and what state insurance regulators can do to support these efforts.
 2. Collect input on existing gaps in available industry diversity-related data.
- D. (Workstream Two) In coordination with the Executive (EX) Committee, receive reports on NAIC diversity, equity and inclusion (DE&I) efforts. Serve as the coordinating body for state requests for assistance from the NAIC related to DE&I efforts.
- E. (Workstream Two) Research best practices among state insurance departments on DE&I efforts and develop forums for sharing relevant information among states.
- F. Continue research and analysis of insurance, legal and regulatory approaches to addressing unfair discrimination, specifically proxy discrimination and disparate impact, by defining the terms and determining appropriate steps to address, including:
 1. (Workstream Four) The impact of traditional life insurance underwriting on minority populations, considering the relationship between mortality risk and disparate impact.
 2. (Workstream Three) Developing analytical and regulatory tools to assist state insurance regulators in determining unfair discrimination including issues related to:
 - a. The use of socioeconomic variables.
 - b. Identifying proxy variables for race.
 - c. Correlation vs. causation.
 - d. Disparate impact considerations.
 - e. Use of third-party data.
 - f. Appropriateness of data such as criminal history.
- G. (Workstreams Three, Four and Five) Consider enhanced data reporting and record-keeping requirements across product lines to identify race and other sociodemographic factors of insureds. Consider a data call to identify resources and products sold in specific ZIP codes to identify barriers to access.
- H. Continue research and analysis related to insurance access and affordability issues, including:
 1. (Workstream Four) The marketing, distribution and access to life insurance products in minority communities, including the role that financial literacy plays.
 2. (Workstream Four) Disparities in the number of cancellations/rescissions among minority policyholders.
 3. (Workstream Five) Measures to advance equity through lowering the cost of health care and promoting access to care and coverage, with specific focus on measures to remedy impacts on people of color, low income and rural populations, and historically marginalized groups, such as the LGBTQ+ community, individuals with disabilities, and Alaska Native and other Native and Indigenous people.
 4. (Workstream Five) Examination of the use of network adequacy and provider directory measures (such as provider diversity, language and cultural competence) to promote equitable access to culturally competent care.
 5. (Workstream Five) Conduct additional outreach to educate consumers and collect information on health and health care complaints related to discrimination and inequities in accessing care.
 6. (Workstream Three) Steps that can be taken to mitigate the impact of residual markets, premium financing and nonstandard markets on disadvantaged groups.
 7. Make referrals for the development of consumer education and outreach materials as appropriate.

- I. Direct NAIC and Center for Insurance Policy and Research (CIPR) staff to conduct necessary research and analysis, including:
1. (Workstream Three) The status of studies concerning the affordability of auto and homeowner's insurance, including a gap analysis of what has not been studied.
 2. (Workstream Three) The availability of producer licensing exams in foreign languages, steps exam vendors have taken to mitigate cultural bias, and the number and locations of producers by company compared to demographics in the same area.
 3. (Workstream Five) Aggregation of existing research on health care disparities and collection of insurance responses to the COVID-19 pandemic and its impact across demographic populations.

LIFE INSURANCE AND ANNUITIES (A) COMMITTEE – NEW CHARGES

The **Accelerated Underwriting (A) Working Group**, as part of its ongoing work to consider the use of external data and data analytics in accelerated life underwriting, will include an assessment of and recommendations, as necessary, regarding the impact of accelerated underwriting on minority populations.

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE – NEW CHARGES

The **Health Insurance and Managed Care (B) Committee** will:

- A. Respond to inquiries from the U.S. Congress (Congress), the White House and federal agencies; analyze policy implications and the effect on the states of proposed and enacted federal legislation and regulations, **including, where appropriate, an emphasis on equity considerations and the differential impact on underserved populations;** and communicate the NAIC's position through letters and testimony, when requested.

The **Mental Health Parity and Addition Equity Act (MHPAEA) (B) Working Group** of the Regulatory Framework (B) Task Force will develop model educational material for state departments of insurance (DOIs) and research disparities in and interplay between mental health parity and access to culturally competent care for people of color and other underrepresented groups.

The **Health Innovations (B) Working Group** will evaluate mechanisms to resolve disparities through improving access to care, including the efficacy of telehealth as a mechanism for addressing access issues; the use of alternative payment models and value-based payments and their impact on exacerbating or ameliorating disparities and social determinants of health; and programs to improve access to historically underserved communities.

MARKET REGULATION AND CONSUMER AFFAIRS (D) COMMITTEE – NEW CHARGES

The **Producer Licensing (D) Task Force** will receive a report from on the availability of producer licensing exams in foreign languages, the steps exam vendors have taken to mitigate cultural bias, and the number and location of producers by company compared to demographics in the area.

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April 9, 2021

Honorable David Altmaier, Co-Chair
Honorable Dean L. Cameron, Co-Chair
Special (EX) Committee on Race and Insurance
National Association of Insurance Commissioners

Dear Commissioner Altmaier and Director Cameron:

On behalf of the American Academy of Actuaries,¹ I wish to reiterate and reinforce our previously stated commitment to work with the National Association of Insurance Commissioners on our shared goal to address diversity and inclusion concerns pertaining to insurance coverages.

As communicated to the committee upon its formation, the Academy is offering its ongoing assistance to you in your identification and exploration of areas where regulators can act in this regard and to address practices that could create barriers, or conversely provide incentives, to inclusion in insurance products. During the course of this work, Academy representatives have actively engaged the special committee, having made separate presentations to its workstreams three, four and five, on property/casualty, life, and health insurance issues, respectively. As you move forward on your newly proposed 2021 charges, we stand ready to work with you on executing and implementing them. With the relatively recent posting of those charges we have not had full opportunity to assess them as yet, but will provide input to you as appropriate as your work progresses.

As the national actuarial association for public policy and professionalism in the United States, the Academy is looking at issues surrounding appropriateness of data and assumptions used in U.S. actuarial practice across all areas of practice and is actively working with various

¹ The American Academy of Actuaries is a 19,500-member professional association whose mission is to serve the public and the U.S. actuarial profession. For more than 50 years, the Academy has assisted public policymakers on all levels by providing leadership, objective expertise, and actuarial advice on risk and financial security issues. The Academy also sets qualification, practice, and professionalism standards for actuaries in the United States.

stakeholders and within the actuarial profession to advance this objective. A sampling of the work the Academy is doing can be found on the [Academy's Diversity, Equity & Inclusion webpage](#). We have formed task forces and work groups under our Casualty, Health, and Life Practice Councils that are dedicated to diversity, equity, and inclusion. We also have an active process within our Risk Management and Financial Reporting Council on data analytics and algorithms and will be issuing papers on those topics shortly.

To further illustrate the emphasis of this work, I would like to bring to your attention a recent publication from the Academy with respect to health equity issues. The discussion brief, *Health Equity From an Actuarial Perspective: Questions to Explore*, issued by the Academy's Health Equity Work Group, serves as an introduction to the work group's approach to examining efforts to reduce health disparities and applying actuarial expertise to the following areas: health insurance benefit design, provider contracting and network development, premium pricing, and managing population health. As the work group's chairperson, Annette James, has indicated, "This foundational document on health equity issues begins by offering questions and topics for further exploration to help identify ways in which health benefit programs might affect health equity." This is but the first offering from this work group; focused publications in each of the areas identified are expected to come forward in the near future. We do think that charges relevant to the health workstream will relate to the ongoing work of our Health Equity Work Group.

Finally, I want to underscore the value the Academy places on the collaborative work with the NAIC that we have enjoyed over the years on issues of mutual interest. On this initiative and the many other workstreams in which we are actively working on at the NAIC, we are committed to providing objective expert actuarial analysis on behalf of the U.S. actuarial profession.

If you have any questions regarding these comments that you would like to discuss, please feel free to contact me or Craig Hanna, the Academy's director of public policy, at hanna@actuary.org.

Sincerely,

Thomas A. Campbell
President
American Academy of Actuaries

Cc: Andrew J. Beal, Michael F. Consedine, Kay Noonan



April 9, 2021

Commissioner David Altmaier, Co-Chair
Director Dean Cameron, Co-Chair
NAIC Special Committee on Race and Insurance
National Association of Insurance Commissioners
444 North Capitol Street NW, Suite 700
Washington, D.C. 20001-1512

Forwarded via email to: Kay Noonan, KNoonan@NAIC.org

RE: NAIC Special (EX) Committee on Race and Insurance 2021 Charges

Dear Commissioner Altmaier and Director Cameron:

On behalf of our member plans, we would like to thank you for the opportunity to review the 2021 Proposed Charges to the Special (EX) Committee on Race and Insurance in advance of the meeting in April 12.

AHIP continues to support this critically important work and we stand ready to partner with the Special Committee on Race and Insurance and Committees to develop frameworks for measurable action. Health insurance providers are committed to achieving health equity, and believe that every American deserves access to affordable, high-quality care and health coverage, regardless of race, color, national origin, gender, sex, sexual orientation, age, or disability. Members of minority communities have a long history of being underserved and under-represented, resulting in persistent discrimination and systemic racism, which have exacerbated inequality in our health care system and negatively impacted the health and wellbeing of the individual members of these minority communities.

In September 2020, AHIP provided detail on key actions AHIP member plans are taking to improve health equity across our communities and among the more than 200 million Americans they serve. As of April 8th, we have also launched a resource page devoted to this work highlighting that health insurance providers continue this fight with recent areas of focus which include:

- **Listening to Leaders.** Fighting for health equity begins with listening. As part of our Health Equity Spotlight, AHIP talked with a diverse group of health care leaders to better understand the challenges facing minority and underserved communities and how we can work together to effect change.
- **Serving Communities in Need.** Health insurance providers have been working with federal, state, and local leaders to ensure Americans can get vaccinated as quickly and equitably as possible. Through the Vaccine Community Connectors initiative, health insurance providers have committed to promote health equity by enabling the vaccination of 2 million seniors age 65+ in America's communities that are most at-risk and underserved — such as African American and Hispanic communities.

- **Taking Decisive Action.** Achieving health equity means addressing factors that go beyond “traditional” health care. In fact, many social barriers in everyday life play a large role in personal health and health outcomes. These factors include limited access to healthy foods, reliable transportation, or health care services, as well as unsafe or unstable housing. Health insurance providers are working hard every day to break down these barriers. Free dental care, grants to address systemic racism, and donations to help with housing stability are just a few of the many actions health insurance providers are taking to address social determinants of health.

Everyone in America has the right to live their best, healthiest life. Health insurance providers are committed to fighting for health equity and improving health outcomes for every Americans.

With respect to the 2021 proposed charges of the Special (EX) Committee on Race and Insurance, we look forward to a discussion and more thorough review of the proposed scope and focus of this year’s work both during and following the April 12 meeting. We will remain active and engaged on the following areas outlined in the proposed charges:

- predictive modeling, price algorithms and artificial intelligence (AI), with a particular focus on how race is impacted.
- insurance, legal and regulatory approaches to addressing unfair discrimination, specifically proxy discrimination and disparate impact, by defining the terms and determining appropriate steps to address.
- data reporting and record-keeping requirements across product lines to identify race and other sociodemographic factors of insureds.
- insurance access and affordability issues, including educating consumers and collecting information on health and health care complaints related to discrimination and inequities in accessing care; and
- aggregation of existing research on health care disparities and collection of insurance responses to the COVID-19 pandemic and its impact across demographic populations.

We express our ongoing appreciation for the NAIC’s willingness to undertake this effort, and we continue to look forward to working with you to address these issues in a meaningful and productive way.

Sincerely yours,

Miranda Motter
MMotter@AHIP.org
202-923-7246



DAVID A. SAMPSON
PRESIDENT & CEO

VIA EMAIL TRANSMISSION

April 11, 2021

Commissioner David Altmaier and Director Dean L. Cameron
Co-Chairs, Special (EX) Committee on Race and Insurance
National Association of Insurance Commissioner
1100 Walnut Street, Suite 1500
Kansas City, MO 6410

Via Electronic Mail: knoonan@naic.org

RE: 2021 Proposed Charges – Special (EX) Committee on Race and Insurance

Dear Commissioner Altmaier and Director Cameron:

The American Property Casualty Insurance Association (APCIA) remains committed to constructive partnership with all stakeholders to advance meaningful solution-driven dialogue aimed at sustainable proposals that benefit all. We look forward to providing specific recommendations to the Special Committee (EX) on Race and Insurance's proposed charges in the coming days, but offer foundational observations into the deep thinking that we continue to exercise around race and insurance issues.

The societal issues of today are long-standing and have been with our nation in some form since the founding of our Republic. Mellody Hobson, Co-CEO and President of Ariel Investments and Chairperson of the Board for Starbucks describes this period of “time as ‘Civil Rights 3.0’ – 1.0 representing the time after enslaved people were freed by the Emancipation Proclamation, and 2.0 being the 1960s, when societal momentum helped pass the Civil Rights Act and the Voting Rights Act. ‘The difference between then and now, this problem, this issue is at the feet of corporate America,’ Hobson says. ‘Now, corporate America is being held accountable in a very different way than we’ve ever seen before, by people inside the companies, by customers, by the broader society.’” (Michael Ko, “New Starbucks board chair lives, leads with urgency,” March 19, 2021 (quoting Mellody Hobson), available at <https://stories.starbucks.com/stories/2021/new-starbucks-board-chair-mellody-hobson-lives-leads-with-urgency/>).

These are broad and complicated historical issues, so the solutions are not simple and will require time to craft meaningful change. Importantly, these conversations must remain grounded in the core purpose of the insurance industry, which is to enable economic empowerment through sustainable risk transfer and risk mitigation solutions for our customers at a price commensurate with their actual or expected losses. Doing so ensures an equitable cost to each customer while also protecting the solvency of the insurance industry.



That is our core competency as an industry and anything that undermines our ability to deliver that fundamental value proposition also undermines the purpose of insurance.

This means some challenges may not lend themselves to insurance-specific solutions but will require the business community, government partners, and consumer groups to collaborate on holistic approaches that allow all to reach their highest economic potential. It also means that stakeholders will need to thoroughly understand the specific societal problems that need to be addressed and the current applicable regulatory and legal standards before requirements are imposed that could undermine both the fundamental risk-based pricing foundation of insurance and the ability to address the specific problem at issue.

APCIA's Board Working Group on Social Equity and Inclusion Issues meets regularly to discuss these broad societal issues and the role of the insurance industry as well as opportunities to enhance diversity in our own companies and supply chains. APCIA is a founding member of the Insurance Careers Movement, we just concluded another successful joint Diversity Equity and Inclusion conference with the American Council of Life Insurers (ACLI) and Life Insurance Council of New York (LICONY). APCIA worked with Aon's Ward Group and Plus Ultre to develop a Diversity and Inclusion Catalog (DEI Catalog). The DEI Catalog is an anonymized census of DEI policies, programs, and practices of APCIA member companies that will be updated biannually to benchmark and inform our industry improvements. APCIA renews its offer to present the Catalog findings to regulators.

The Draft 2021 Charges of the NAIC's Special Committee On Race and Insurance Reflect much of the broad thinking and wide analysis required for the insurance sector to meaningfully grapple with these issues. The draft would, however, benefit from a wider discussion of its contents with an eye on possible additions or improvements. Economic empowerment issues and strategies, impacting loss costs, and a recognition of the need to receive input from regulators, consumers, and the industry are just a few examples for inclusion.

Thank you for the opportunity to share these thoughts and we look forward to continuing our important partnership with you.

Sincerely,

A handwritten signature in blue ink that reads "David A. Sampson".

David A. Sampson



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

1310 G Street, N.W.
Washington, D.C. 20005
202.626.4800
www.BCBS.com

April 9, 2021

Commissioner David Altmaier, Co-Chair
Director Dean Cameron, Co-Chair
Special Committee on Race and Insurance
National Association of Insurance Commissioners
444 North Capitol Street NW, Suite 700
Washington, D.C. 20001-1512

Submitted electronically to: Kay Noonan (knoonan@naic.org)

Dear Commissioner Altmaier and Director Cameron:

The Blue Cross Blue Shield Association (BCBSA) appreciates the opportunity to provide preliminary comments on the proposed charges for 2021 to the Special (EX) Committee on Race and Insurance (Special Committee) and related charges to other committee groups. BCBSA supports the continued efforts of the Special Committee to advance diversity and inclusion and address racial disparities that disadvantage people of color and historically underrepresented communities.

BCBSA is a national federation of 35 independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies (Plans) that collectively provide health care coverage for one in three Americans. For more than 90 years, Blue Cross and Blue Shield companies have offered quality health care coverage in all markets across America – serving those who purchase coverage on their own as well as those who obtain coverage through an employer, Medicare and Medicaid.

BCBSA believes everyone should have access to high-quality health care regardless of race, ethnicity, national origin, sex, gender identity, sexual orientation, religion, education level, age, geography or disability. We understand the need to recognize the impact of long-standing structures of racism and discrimination, underlying bias and social factors on the health and well-being of many Americans. To that end, every BCBS company across the country, including in Puerto Rico, has launched at least one local initiative to address health disparities.

Our Issue Brief, [Addressing Health Disparities and Inequities in Communities of Color](#), identifies five essential steps to creating a more equitable health system:

- Use data to uncover the most critical opportunities to drive health equity

- Target interventions to specific conditions that are chronic and plague communities of color
- Improve access to health coverage
- Address social determinants of health
- Increase the number of racially and ethnically diverse clinicians and provide training to all physicians that enables them to deliver culturally appropriate care

Our policy recommendations align with the Special Committee's proposed 2021 charges and efforts to promote improved access to coverage and affordable culturally competent care.

Data

We agree that quality and accurate data is a key element to improving health equity in all communities across the country. Consistent race, ethnicity and language (REL) data collection standards should be implemented across the industry to avoid inaccuracies and inconsistencies. Currently, there are many variances in federal and state laws governing REL data collection in the healthcare sector. REL data sets come from different sources (i.e., provider records, employer records, member-provided information and imputation algorithms) and are collected using varying standards, which has an impact on their accuracy, consistency and completeness. We encourage the Special Committee to keep this in mind when finalizing its charges and recognize that any initial data calls will be challenged by these inconsistencies until standards can be implemented across the industry.

Access to Coverage

Research shows that people of color are more likely to be uninsured. BCBSA recommends [several key actions](#) to reduce inequities in access to coverage, including making permanent the enhancements to the ACA subsidies recently included in the American Recovery Plan Act, continuing to incentivize Medicaid expansion, automatically enrolling individuals in available coverage and removing barriers preventing immigrants from accessing necessary care.

Behavioral Health

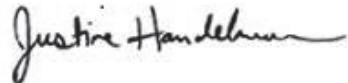
To improve behavioral health care for people of color, there is an urgent need for individuals to have access to high-quality mental health services. To meaningfully address existing barriers to access and quality we must focus on the root causes – the limited availability of providers in communities of color, the critical need to reduce underlying disparities exacerbated by the stigmatization of mental health in underserved communities, and institutional biases meeting patients' needs. These issues are critical to improving the health of people of color and reducing disparities in care. We are committed to ensuring compliance with mental health parity laws, but these laws and regulations focus on parity across types of services rather than across communities and cultural barriers, and alone cannot address the need to address provider shortages and systemic issues that hinder access for communities of color.

COVID-19

To date, BCBS companies have collectively committed more than \$7 billion to fight the COVID-19 pandemic. As part of this commitment, we believe that everyone deserves access to safe, effective COVID-19 vaccines to protect themselves, their families and their communities. That is why we joined America's Health Insurance Plans (AHIP) in a new White House initiative to promote health equity by removing barriers to vaccinations for 2 million Americans most at risk of COVID-19. The [Vaccine Community Connectors](#) pilot initiative aims to enable the vaccination of 2 million seniors age 65+ in America's most at-risk, vulnerable and underserved communities – such as African American and Hispanic communities.

BCBSA and a broad range of other stakeholders have provided input into the development of the workstream reports on race and insurance. We appreciate the NAIC's thoughtful consideration of those previous comments in developing the reports. We look forward to partnering with the Special Committee as it seeks industry input and technical expertise on this important topic. If you have any questions or want additional information, please contact Randi Chapman at randi.chapman@bcbsa.com or 202.826.5156.

Sincerely,



Senior Vice President
Office of Policy and Representation



**Comments from the Center for Economic Justice
To the NAIC (EX) Committee on Race and Insurance**

April 10, 2021

The Center for Economic Justice (CEJ) submits the following comments on the 2021 Proposed Charges for the Special (EX) Committee on Race and Insurance ("SCoRI") released on April 7, 2021. Our comments reference our March 23, 2021 comments to the SCoRI and our April 8, 2021 Consumer Liaison Committee presentation, both attached.

CEJ greatly appreciates the efforts of the SCoRI and the NAIC to fully engage and examine the insurance impacts of systemic racism on communities of color. The proposed charges reflect a serious and sustained commitment by the members of the NAIC to identify and eliminate racism in insurance and to improve diversity, equity and inclusion among regulators and insurers.

Our review of the proposed charges suggests that the charges can be significantly improved for clarity, coordination, reducing overlapping activities and, most importantly, a more systematic approach to the issue. We see the following problems with the charges.

- The charges seem to be more of a wish list of activities than a systematic approach to examining and addressing issues of race and insurance.
- The charges range from specific tasks to broad investigations with no distinction about the breadth of the activity.
- There charges largely fail to specify deliverables or time frames for delivery.
- The charges create structures through SCoRI work streams that duplicate lettered Committee responsibilities and that make coordination unnecessarily difficult.
- The charges reflect an initial cut at identifying insurer policies and practices that may result in disparate impact or proxy discrimination, but contain no provision for a comprehensive examination by the subject-matter committees.
- The charges do not include key components of a comprehensive and systematic approach to examining race in insurance, including identification of public policies that unfairly disadvantage communities of color or improving diversity and inclusion by consumer stakeholders, generally, and communities of color, particularly in regulatory processes.

Our comments of March 23, 2021 to the SCoRI discuss the need for and components of a comprehensive and systematic approach by the NAIC to examine the impacts of systemic racism in insurance. We have summarized our review of the proposed charges suggested revisions into the chart below. The chart shows the major strategic components, the specific charges for specific NAIC committees, the specific deliverables and the time frame for deliverables.

CEJ Comments to NAIC Special Committee on Race and Insurance
April 10, 2021
Page 2

We also recommend significant streamlining of the many SCoRI work streams into one working group for the DE&I efforts and the remaining activities either at the SCoRI committee level or in a SCoRI Legal and Regulatory Guidance working group combined with assignments to other NAIC Committees. This streamlining will reduce unnecessary duplication, facilitate coordination, better engage subject-matter experts within the lettered committees and better allow consumer stakeholder participation. It is much more difficult for consumer stakeholder to meaningfully participate when the relevant activities are spread over so many different work streams and committees because of the much more limited resources of consumer stakeholders compared to industry stakeholders.

We suggest a comprehensive and systematic approach by the NAIC to addressing race in insurance has five major components. Please see the chart for a summary.

- 1. Diversity, Equity and Inclusion (“DE&I”) among insurers, regulators and consumer stakeholders in NAIC and regulatory processes.** The proposed SCoRI charges C, D and E address the first two groups, but there is no charge for DE&I for communities of color in regulatory processes. We suggest the SCoRI efforts for DE&I be combined into a single working group of the SCoRI and that the Consumer Liaison Committee be charged with developing recommendations for improving DE&I within regulatory processes.
- 2. Analyze, affirm and develop, as necessary, the legal and policy framework for addressing race and insurance.** This set of activities is the foundation for identifying and addressing the structural and systemic causes of racial disparities in insurance. The main deliverable is definitions of disparate impact and proxy discrimination. These definitions will reflect the intent of regulators and will provide the guiding principles for the remaining activities. This work should be the responsibility of the SCoRI.
- 3. Develop the legal and regulatory guidance for implementing the policy framework for race and insurance and for implementing the Principles for AI.** This component of the overall strategy includes:
 - a. Guidance for insurers to test for disparate impact and proxy discrimination;
 - b. Guidance for insurers to report test results and actions taken in response to test results
 - c. Guidance for safe harbors for insurers who follow regulatory guidance
 - d. Guidance insurers to implement the NAIC Principles for AI

Charges a, b and c should be assigned to SCoRI, while charge d should be assigned to the Big Data / AI working group.

CEJ Comments to NAIC Special Committee on Race and Insurance
April 10, 2021
Page 3

4. **Develop tools and resources for regulatory oversight.** This is the component of the overall strategy that ensures that regulators have the resources, tools, data and skills to effectively implement the regulatory guidance. Key tasks within this component are:
 - a. Develop market regulation data collection sufficient to monitor consumer market outcomes by prohibited class characteristics; and
 - b. Identify gaps in regulatory skills and resources necessary analysis of disparate impact and proxy discrimination.

We suggest that these charges be assigned to the Market Regulation (D) Committee for several reasons. First, the proposed charges have this activity assigned to three work streams (in proposed charge G), creating repetitive efforts. This should be a unified activity because the types of data and analysis necessary to examine accelerated underwriting in life insurance for disparate impact and proxy discrimination are the same as those necessary to examine health insurance delivery outcomes or personal auto claim settlements or homeowners pricing or marketing for small business owners insurance. Second, the Market Regulation (D) Committee is already where consumer market outcome data collection efforts are housed. Third, it is the market regulators who will likely be carrying the bulk of responsibility for analyzing policies and practices for disparate impact and proxy discrimination. While we have great respect for the actuaries who review rate filings, it is not actuarial expertise that is relevant for examining disparate impact and proxy discrimination

5. **Identify industry practices and public policies that may produce disparate impact and proxy discrimination.** The proposed charges include many specific inquiries for work streams 3, 4 and 5 for the CIPR. It is unclear how this list of issues of concern was developed or what equity framework was used to prioritize the listed items. Further, the list fails to distinguish between industry practices (subject to regulatory oversight) versus public policies (outside of regulatory oversight) that may lead to disparate impact and proxy discrimination. This is a critical distinction and both lines of inquiry are essential to address systemic racism in insurance.

For example, let's look at uninsured motorist issues. Standard industry practice is to develop sub-state rating territories for uninsured motorist coverage rates. But, we know that the uninsured motorist rate is higher in communities of color for a variety of reasons tied to historic racial discrimination. By using sub-state rating territories for UM rates, consumers in communities of color who purchase UM are penalized because there is a higher percentage of community members unable to afford insurance. This is essentially a penalty for living in a community of color. Regulators currently have authority to identify such rating practices as unfairly discriminatory – an example of an industry practice that may result in disparate impact or proxy discrimination.

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For an example of public policy that likely creates disparate impact, the Property / Casualty C Committee could look at states' efforts to enforce financial responsibility laws and identify and punish uninsured drivers. If these increasingly intensive and data-driven monitoring and enforcement efforts disproportionately punish members of communities of color, insurance regulators should provide analysis and insight to policymakers to address the uninsured motorist problem without creating a debtors' prison for communities of color.

We suggest that instead of assigning this effort to SCoRI work streams, the assignment to identify and examine practices and policies that may disadvantage communities of color be assigned to the subject matter committees. It makes no sense to have a SCoRI work stream look at these issues for property/casualty insurance when the NAIC has a property/casualty committee. Moreover, assigning just the proposed charges to the three work streams produces both major gaps and duplication. It produces gaps because there is no work stream that tracks the work of the Market Regulation D or Financial Condition E Committees.

Our attached March 23, 2021 comments to the SCoRI and attached April 8, 2021 presentation to the Consumer Liaison Committee show that insurer practices for marketing, claims settlement and antifraud raise as much or more concern regarding potential racial disparities and exclusion than pricing. Most of these non-pricing industry practices are part of the D Committee's portfolio and, consequently, the D Committee should be just as much a "work stream" for the effort to examine racial disparities as the major lines of business – and that work should be done at the lettered committee and not in a parallel and duplicative "work stream" of SCoRI.

We also recommend that the charge to identify industry practices and public policies that produce disparate impact and proxy discrimination be given to the Financial Condition E Committee. It is vital that regulators and insurers examine their investment practices to identify investments that encourage or support environmental racism or abusive racial practices. For example, if regulators and insurers are committed to addressing systemic racism in insurance, then insurers should not be investing in predatory lenders or other businesses that systematically rob

In closing, we look forward to constructive engagement with other stakeholders and NAIC members to achieve concrete outcomes that match the anti-racism statements of industry and regulators. We also urge the SCoRI to provide a two-week comment period following your April 12, 2021 meeting for comments by interested parties, followed by a public meeting of the SCoRI by the end of April or beginning of May to fully consider stakeholder comments and finalize the 2021 work plan and charges..

CEJ Proposed 2021 Strategy and Charges for NAIC Special Committee on Race and Insurance

Major Strategic Activity	Specific Activity	Responsible Committee	Deliverable	Time Frame
Promote Diversity, Equity and Inclusion in Insurance	Within Insurers, Producers and Suppliers	Race and Insurance DE&I Working Group	Analysis of Current DE&I, Tools for Ongoing Measurement, Best Practices to Improve DE&I	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
	Within Regulators	Race and Insurance DE&I Working Group	Analysis of Current DE&I, Tools for Ongoing Measurement, Best Practices to Improve DE&I	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
	Within Regulatory Processes	Consumer Liaison Committee	Analysis of Current DE&I, Tools for Ongoing Measurement, Best Practices to Improve DE&I	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
Affirm the Legal and Policy Framework for Addressing Race and Insurance	Define Disparate Impact and Proxy Discrimination	Race and Insurance	Definitions	Draft by 7/15/2021, Final by Fall National Meeting
Develop Legal and Regulatory Guidance for Implementing Policy Framework for Race and Insurance and for Implementing Principles for AI	Guidance for Insurer to Test for Disparate Impact and Proxy Discrimination	Race and Insurance	Guidance (Model Law, Model Guideline, Bulletin, Other as Needed)	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
	Guidance for Insurers to Respond to Test Results	Race and Insurance	Guidance	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
	Guidance for Insurers to Report Test Results and Actions Taken in Response to Test Results	Race and Insurance	Guidance	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
	Guidance for Safe Harbors for Insurers to Follow Guidance	Race and Insurance	Guidance	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
	Guidance for Insurers to Implement NAIC Principles for AI	Big Data / AI	Guidance	Draft by Fall 2021 National Meeting, Final by Spring 2022 National Meeting
Develop Tools and Resources for Regulatory Oversight	Develop Market Regulation Data Collection Sufficient to Monitor Consumer Outcomes by Prohibited Class Characteristics	Market Regulation D	Proposed Statistical Plan and Data Reporting Infrastructure	Draft by Summer 2021 National Meeting, Final by Fall 2021 National Meeting
	Identify Gaps in Regulatory Skills and Resources Necessary for Analysis of Disparate Impact and Proxy Discrimination	Market Regulation D	Assessment of Current and Needed Regulatory Skills and Resources	Fall 2021 National Meeting
Identify Industry Practices and Public Policies That May Produce Disparate Impact and Proxy Discrimination, Including Low-Value Products That Target Communities of Color	Add Charge for A, B, C, D, E Committees	Life A, Health B, Property/Casualty C, Market Regulation D, Financial Condition E. D Committee to focus on insurer marketing, claims settlement and antifraud. E Committee to focus on insurer investments that promote or discourage environmental racism, predatory lending and other business practices that disadvantage	Reports to Committee on Race of Committee Investigation Results	Each National Meeting from Summer 2021 through Fall 2022.



**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 in 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:

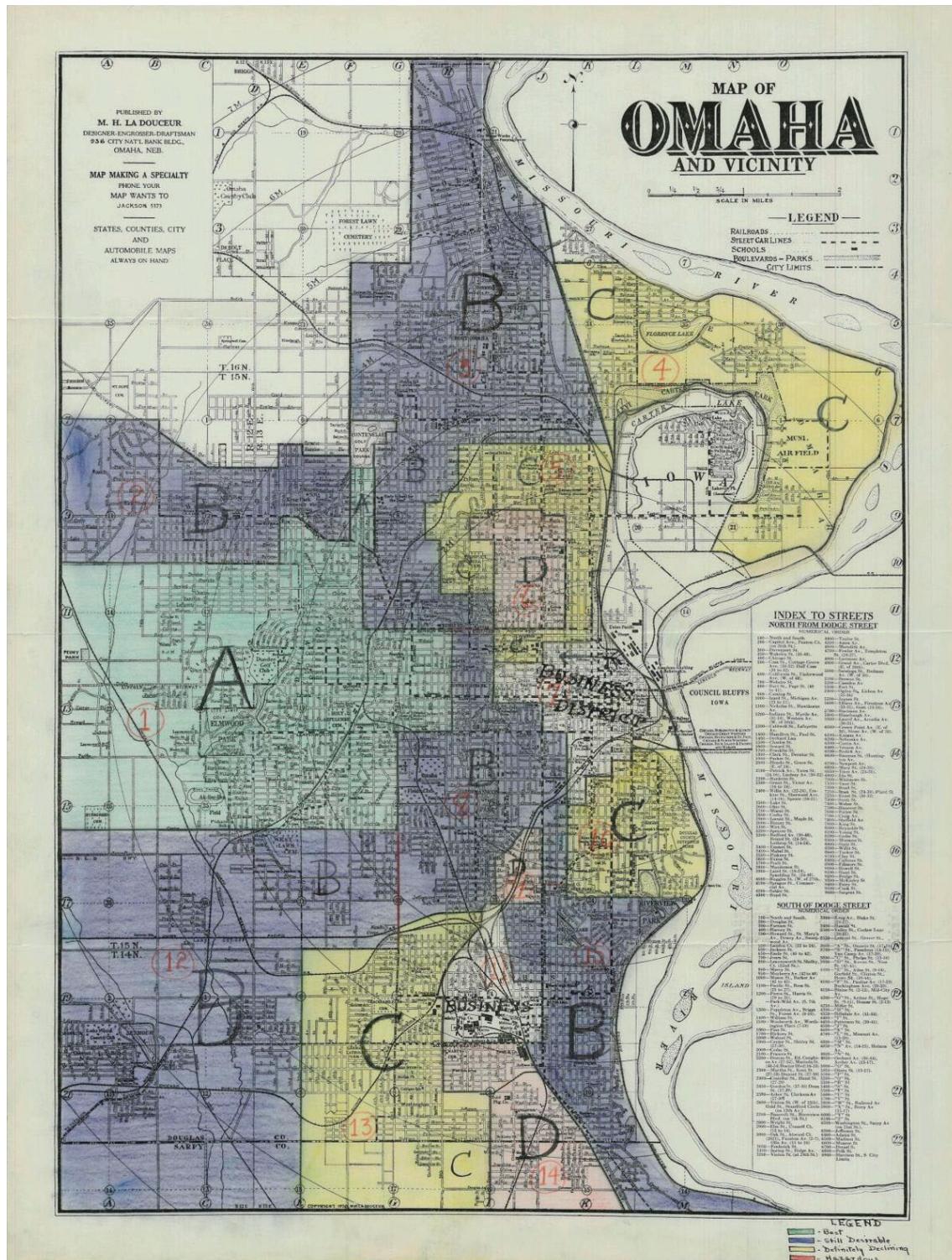
CEJ works to ensure ***fair access*** and ***fair treatment*** for insurance consumers, particularly for low- and moderate-income consumers.

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?



Systemic Racism¹

“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, steering 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.

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 X s 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 control variables.

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

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:

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b}_4\mathbf{R}_1 + e = y$$

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 X_1 is a perfect proxy for Race?

Then once we add the control variable for Race, X_1 no longer has any predictive value because all it was doing was predicting race, not the outcome y .

What if X_1 is both predictive of mortality and correlated to Race? Then, the model still shows X_1 's (now different) predictive value, but shorn of its correlation to Race, leaving the unique contribution of X_1 to explaining mortality.

How Do We Interpret the Disparate Impact Analysis?

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

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?

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

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.

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \mathbf{b}_4\mathbf{R}_1 + e = y$$

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.

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?



Comments from the Center for Economic Justice

To the NAIC Committee on Race and Insurance

March 23, 2021

CEJ writes to supplement our prior comments to the Committee of November 10, 2020 and December 16, 2020.

Our comments today focus on the following:

1. Specific descriptions and definitions of unfair discrimination on the basis of race – disparate treatment, disparate impact and proxy discrimination – and the legislative and regulatory response to each type of unfair discrimination.
2. Rejection of the recent NCOIL action to define proxy discrimination only as intentional use of a proxy for a prohibited factor with the intent to discriminate on the basis of the prohibited factor.
3. The need for concrete actions to address the legislative and regulatory policies that permit structural racism to unfairly impact insurance consumers of color.

Unfair Insurance Discrimination on the Basis of Race

CEJ suggests that there are three types of unfair discrimination on the basis of race. The first is intentional discrimination on the basis of race – disparate treatment. While many states prohibit such explicit discrimination, such prohibitions are not universal across all states and all lines of insurance.¹

Recommended NAIC Action: Catalog state laws regarding unfair discrimination on the basis of race and other prohibited classes and encourage uniform application to all insurers and all lines of business and all aspects of insurers' operations – marketing, sales, underwriting, pricing, claims settlement and anti-fraud.

¹ See Avraham, Logue and Schwarcz, "Understanding Insurance Anti-Discrimination Laws." The authors find "contrary to the conventional wisdom, state insurance antidiscrimination laws vary a great deal: in substance and in the intensity of regulation, across lines of insurance, across policyholder characteristics, and across states." https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2135800

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The second and third types of unfair insurance discrimination on the basis of race relate to the impacts of structural racism on insurers' algorithms, products and processes – disparate impact and proxy discrimination.

For purposes of the NAIC's efforts to address structural racism in insurance, CEJ identifies disparate impact at disproportionate outcomes tied to historic discrimination and embedded in insurance outcomes. One example is the disproportionate presence of certain health problems or shorter life expectancies in communities of color. Because the impacts of historic discrimination are embedded in insurance outcomes, it is a policy decision – and not a technical issue – to protect the groups experiencing the disproportionately poor insurance outcomes. As a policy issue, policymakers have addressed these outcomes prohibiting discrimination on the basis of certain facially-neutral factors in underwriting and pricing. So, regardless of actuarial indications, insurers cannot discriminate on the basis of race in health and life insurance.

For purposes of the NAIC's efforts to address structural racism in insurance, CEJ identifies proxy discrimination as disproportionate outcomes tied to the use of proxies for the prohibited characteristic and not to the outcomes. We've previously described one such situation when insurers were using age and value of the home as underwriting factors for home insurance – with the result that communities of color were systematically denied home insurance because these communities were characterized by older, lower-value homes – a results directly tied to historic discrimination in housing and lending. When challenged, the insurers discovered that the factors they were using – age and value of the home – were more correlated with race than with insurance outcomes. As a result of the disparate impact challenge, the insurers moved to more relevant risk factors – such as the condition of the home and its systems – with the result that insurance became more available in communities of color as the insurers reduced the correlation between their risk classifications and race.

This second type of disparate impact involves intentional or unintentional unnecessary discrimination on the basis of race. It is unnecessary because the facially-neutral factor that is purportedly associated with the insurance outcome is, in whole or in part, a proxy for the protected class characteristic and predictive of that protective class characteristic. Stated differently, the facially-neutral factor has a spurious correlation to the insurance outcome and is really correlated to the protected class characteristic. Attached is a presentation I will be giving at the Casualty Actuarial Society's Ratemaking and Product Management Seminar that provides a more technical explanation of these concepts.

It is this second type of disproportionate outcome on the basis of protected class membership that proxy discrimination analysis is intended to identify and minimize. It is this type of unnecessary racial discrimination that has been the concern of insurance regulators.

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Recommended Actions: Develop regulatory guidance that defines disparate impact and proxy discrimination in insurance.

For disparate impact, the definition should track that promulgated by the U.S. Department of Housing and Urban Development in 2013 and reaffirmed in 2016 (attached). The HUD rule defines “discriminatory effect” (i.e. disparate impact) as

“discriminatory effect” occurs where a facially neutral practice actually or predictably results in a discriminatory effect on a group of persons protected by the Act (that is, has a disparate impact), or on the community as a whole on the basis of a protected characteristic (perpetuation of segregation). Any facially neutral action, e.g., laws, rules, decisions, standards, policies, practices, or procedures, including those that allow for discretion or the use of subjective criteria, may result in a discriminatory effect actionable under the Fair Housing Act and this rule.

The rule establishes a burden-shifting approach to establish disparate impact liability:

Under § 100.500(c), the charging party or plaintiff first bears the burden of proving its prima facie case: that is, that a practice caused, causes, or predictable will cause a discriminatory effect on a group of persons or a community on the basis of race, color, religion, sex, disability, familial status, or national origin. Once the charging party or the plaintiff has made its prima facie case, the burden of proof shifts to the respondent or defendant to prove that the practice is necessary to achieve one or more substantial, legitimate, nondiscriminatory interests of the respondent or defendant. If the respondent or defendant satisfies its burden, the charging party or plaintiff may still establish liability by proving that these substantial, legitimate, nondiscriminatory interests could be served by another practice that has a less discriminatory effect.

For proxy discrimination, CEJ suggests the following definition:

Proxy discrimination is the 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.

Coupled with this definition should be the regulatory guidance for insurers to test for and minimize proxy discrimination in all aspects of their consumer-facing operations – marketing, underwriting, pricing, claims settlement, antifraud, payment plan eligibility, investments – and to report the results of such testing to insurance regulators and the public.

In addition, the Committee on Race should develop regulatory guidance for insurers and regulators regarding acceptable methods of testing, sources of proxies for racial characteristics and methods of reporting results.

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In prior comments and presentations, CEJ has explained the basic concept of proxy discrimination – where a facially-neutral factor is actually predicting race (or other prohibited class characteristic) instead of the insurance outcome. The general methodology to test for proxy discrimination is to use a multi-variate analysis to remove the correlation between race and other predictive factors.

A multi-variate analysis simply means analyzing multiple predictive variables simultaneously. By analyzing the predictive variable simultaneously, the correlation among the predictive variables is removed and the unique contribution of any particular predictive variable to explaining the outcome is better isolated. Using this general approach, we include a predictive variable for race in our multi-variate analysis, like so:

$$b_0 + b_1X_1 + b_2X_2 + b_3X_3 + r4R1 + e = y$$

X₁, X₂ + X₃ are the predictive variables trying to predict y. The coefficients b₁, b₂ and b₃ describe each of the predictive variable contribution to explaining y. Say that X₁, X₂ + X₃ are age, gender and credit score and we are trying to predict y – likelihood of an auto 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?

When we add a predictive variable for race – R1 – as a control variable 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 the predictive variables correlation to race.

What might the results of such an analysis and resulting regulatory response be? The table below describes outcomes, interpretation of those outcomes and the indicated action.

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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.
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.
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.
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?

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Reject NCOIL's Recent Action to Define Proxy Discrimination

NCOIL has recently adopted a change to its property/casualty modernization model act by defining and prohibiting proxy discrimination. Here is the adopted definition of proxy discrimination, with key parts highlighted, is:

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.**

This action by NCOIL, at the urging of the property/casualty trade associations, reflects a profound misunderstanding of how systemic racism affects insurance. By defining proxy discrimination only as intentional use of a proxy characteristic for a protected class characteristic, the revisions, if adopted, would memorialize insurer practices that discriminate indirectly on the basis of race, discourage insurers from examining the racial impact of their practices and would restrict current regulatory efforts to address such unfair discrimination.

Further, by the industry's own admission, the proposed revision do not enhance current regulatory authority. Rather, as industry is surely aware, the proposed revisions would hand cuff regulatory efforts to address proxy discrimination. The proposed revisions reflect such a misunderstanding of proxy discrimination and disparate impact that NCOIL will be inviting federal civil rights legislation aimed at insurance if the proposed revisions are adopted.

This definition misunderstands how systemic racism impacts society in general and insurance operations, specifically. Systemic racism involves institutional and personal biases that reflect and perpetuate historic discrimination. As Justice Kennedy wrote in the *Inclusive Communities* decision upholding disparate impact as unfair discrimination under the Fair Housing Act (which covers home insurance):

Recognition of disparate-impact claims is also consistent with the central purpose of the FHA, which, like Title VII and the ADEA, was enacted to eradicate discriminatory practices within a sector of the Nation's economy.

Recognition of disparate-impact liability under the FHA plays an important role in uncovering discriminatory intent: it permits plaintiffs to counteract unconscious prejudices and disguised animus that escape easy classification as disparate treatment.

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The proposed revisions would undermine the effort to address systemic racism in two ways. First, by defining proxy discrimination only as intentional use of a proxy for a prohibited class characteristic, the revisions set an impossible bar. Even if an insurer were using a perfect proxy for race, under the proposed NCOIL revisions, the regulator could take no action without proving an intent to discriminate and substitute on the basis of race. Were this requirement in effect, state regulators could never have taken action in the past on race-based pricing in life insurance.

Second, the requirement to prove intent reflects a profound misunderstanding of how systemic racism is reflected in and perpetuated by unconscious institutional, cultural and personal biases. The purpose of a proxy discrimination standard and methodology to address unnecessary disproportionate outcomes on the basis of race and other protected classes is to reveal the unnecessary and unintentional bias through rigorous and objective analysis. The proposed revisions move in the opposite direction by focusing on intent instead of on outcomes.

Concrete and Measurable Actions to Address Systemic Racism in Insurance

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.

Our comment letter of December 16, 2020 provides more detail, but we urge the following actions by the NAIC.

- 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, specifically – sales data showing products sold with price by specific type by granular geography area.

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- 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. Adding such charges is vitally important because many working groups have refused such analysis, arguing that other groups at the NAIC are looking at these issues. While there is certainly a role for the Committee on Race to provide broad guidance, it is essential that the subject matter experts – whether financial, producer licensing, antifraud, market regulation or lettered committees – examine these issues based on their in-depth knowledge of the particular subject area.
- 6 Add a charge to relevant committees – particularly the Life A, Health B, Property Casualty C and Market Regulation D 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. Even following the NAIC's stated commitment to address systemic racism in insurance last year, several NAIC events had minimal or no consumer participation. As we have noted in prior correspondence, it is the relative absence of consumer stakeholders from communities of color that has led to broad adoption of insurer trade association priorities that have, at best, ignored, systemic racism in insurance and, at worst, exacerbated the problem. 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. The purpose of advisory organization provisions in NAIC model laws and individual state laws is to provide necessary regulatory oversight of collaborative efforts by industry within the limited anti-trust carve-out of the McCarran Ferguson Act. It is only with oversight of advisory organizations that insurers are able to utilize an advisory organization for industry standard policy forms or rating assistance, like loss cost filings for overall loss trends and risk classification relativities. Yet, today, while a few organizations that have been licensed as advisory organizations for decades continue to maintain such license and, consequently, remain subject to regulatory oversight, many more organizations are engaged in the same type of collaborative or collusive activities but remain unlicensed as advisory organizations. 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.



Comments of the Center for Economic Justice to the

NAIC Committee on Race and Insurance

December 16, 2020

CEJ submits these comments to the Committee on Race and Insurance to provide a comprehensive set of recommendations addressing all of the work streams. Our recommendations are most detailed for the line of business and regulatory diversity work streams. We have limited comments on the insurance industry diversity work stream.

As mentioned in earlier comments and presentations, it is relevant and necessary to determine why, despite CEJ or other consumer and civil rights advocates raising issues of racial discrimination in insurance for decades, it took the murder of George Floyd for the NAIC and industry to acknowledge the problem and commit to actions to address systemic racism in insurance.

We offered our analysis of the structural impediments to regulatory action to address systemic racism in insurance in the past in our August 14, 2020 presentation, attached:

- Lack of Minority Voices and Experience in Insurer and Regulator Leadership
- Imbalance Between Consumer and Insurer/Producer Access to Critical Regulatory and Legislative Processes
- Trade Associations Fighting to Protect Practices that Reflect and Perpetuate Systemic Racism in Insurance
- Regulatory Authorities and Infrastructure Failing to Keep Up With Seismic Changes in Insurer Practices.

We all know that the lack of diversity among insurers and regulators is a problem. But, what has led to this lack of minority participation? Improving diversity is a strategy and not the goal. It is a strategy to cause insurers and regulators to better consider the impacts of their practices on communities of color by having people making decisions better reflecting the people who are affected by those decisions. The goal is racial justice and improved diversity is one part of the strategy to attain that goal.

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Our recommendations are informed by our 30 years of working on racial and economic justice in insurance at the NAIC, in the states and before Congress and the lessons we've learned about what's necessary to create the changes to lead to racial justice.

Our recommendations are presented as follows:

- Recommendations Common to All Line of Business Work Streams
 - Recommendations for Actions by the Committee on Race and Insurance
 - Recommendations for Actions by Other NAIC Committees, Task Forces and Working Groups
- Recommendations for Improving Regulatory Diversity
- Recommendations for Improving Insurer and Producer Diversity

Recommendations Common to All Line of Business Work Streams

Recommendations for Committee on Race and Insurance

- 1 Explicit recognition of disparate impact / 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, specifically – sales data showing products sold with price by specific type by granular geography area.

Discussion

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

Regulators have made clear in a variety of discussions that you believe you have authority to stop proxy discrimination against protected classes or disparate impact as unfair discrimination in insurance. You memorialized this in the principles for Artificial Intelligence which included a requirement for insurers to pro-actively avoid proxy discrimination against protected classes.

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Yet, industry has fought and continues to oppose the proposition that unfair discrimination on the basis of race means anything other than intentional discrimination. Industry has reiterated this position several times including most recently at the NCOIL annual conference in which they argued against and opposed any regulatory authority or insurer responsibility to address unintentional, unneeded proxy discrimination on the basis of race.

Clearly, any serious effort to address systemic racism in insurance must address practices that intentionally or unintentionally, reflect and perpetuate historic discrimination against protected classes. If the NAIC is to make any progress, it must avoid endless debates with industry about legislative intent or regulatory authority and start with the proposition that, whatever one thinks the current legislative intent or regulatory authority may be, the NAIC starts from the foundational premise that disparate impact is unfair discrimination in insurance. If changes are needed in legislative intent or regulatory authority, the NAIC will develop the model guidance necessary, but there should not be debate about the principle that is the foundation of racial justice.

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

Simply stated, it should be part of the DNA of insurers to test all their practices, operations and algorithms for disparate impact and take steps to minimize that impact within the risk-based framework of insurance. The burden must be on insurers to employ practices that do not unnecessarily and unintentionally reflect and perpetuate systemic racism. It is unreasonable to place the burden on consumers or regulators to identify such practices and then challenge insurers, particularly when the vast majority of the practices are opaque to regulators or consumers and incorporated into black-box big data algorithms.

Lenders have had such a responsibility for decades and testing for and minimizing disparate impact is simply part of the development of lender underwriting, pricing and other practices.¹

It is also essential that insurers test for racial inequities in all aspects of their consumer-facing operations. It is far from sufficient to examine only underwriting and pricing. In an era of big data micro-targeting, insurers, like other businesses, have the ability to micro-target particular product marketing to individuals with the result that the underwriting process is effectively moved to the marketing program.

Slides 25 to 27 of the attached CEJ presentation to NCOIL cite insurer CEO statements to investment analysts in which the CEO explain not just their intent to attract “high-value” customers and repel low-value customers – labels which reflect racial bias – but the ability to use marketing tools and big data to micro-target those high-value customers. It is specifically the big data tools like price optimization, customer lifetime value and propensity for fraud that are used and which rely on data and algorithms that reflect and perpetuate systemic discrimination. The

¹ See for example, chapter 10 of *Credit Scoring for Risk Managers: The Handbook for Lenders*.

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amount of personal consumer information available for micro-targeting is incomprehensibly large – just look at the websites of data brokers or vendors specializing in assisting insurers like Carpe Data or Journaya.

We've repeatedly raised the concern about claim settlement and antifraud algorithms that rely on biased data and biased modelers. In the case of antifraud, biased algorithms become self-fulfilling because an insurer will not find fraud if the claim isn't investigated. So bias in deciding which claims are suspicious will lead to bias in the claims labeled as fraudulent.

Insurers should also examine their investments and investment practices for climate and environmental justice. Numerous studies have shown that historical racism in housing has led to more severe impacts of climate change on communities of color as well as more severe impacts of the pandemic. Further, racial justice must consider and incorporate environmental and economic justice. Insurers should be examining their investments and investment practices to ensure they are not, for example, supporting predatory lenders or racist housing and environmental policies.

It is essential that the approach taken to address racism in insurance be holistic and comprehensive. Attempting to prohibit one offensive rating factor or data source or algorithm is a fool's errand. The same racial bias from that one prohibited factor will likely be replicated by another new data source or algorithm. Further, the goal should not be to eliminate data sources for insurers, but require the use of any data source in a manner that eliminates or minimizes the disparate impact.

The action needed here is for the Committee on Race and Insurance to develop the guidance for the requirement that insurers test for and minimize disparate impact in their practices. This will be universal guidance – and the guidance sought by many of the NAIC working groups – like the Casualty Actuarial and Statistical Task Force and the Anti-Fraud Task Force – who have punted on addressing issues of racial equity in algorithms.

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

Once the requirement for insurers to test for and minimize disparate impact is established, the next step is for the Committee on Race and Insurance to develop the guidance for how insurers should test, minimize and report the results of such disparate impact testing. This guidance should include data sources for protected class characteristics if the insurers does not collect those data, acceptable and unacceptable methods of testing, safe harbors for insurers who test for and minimize disparate impact and how and how often to test and report results to regulators and the public.

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It is important to note that insurance regulators do not have to reinvent the wheel here. There is a rich history of disparate impact testing methodologies not just from here in the U.S. related to federal employment, lending and housing laws – and applications of disparate impact analysis to insurance under the Fair Housing Act – but experience from other nations about how to address disparate impact in insurance.

4. Develop a data reporting framework to permit meaningful and timely analysis of availability and affordability of insurance, generally, and in communities of color, specifically – sales data showing products sold with price by specific type by granular geography area.

The Committee on Race and Insurance must address another key structural impediment to racial justice in insurance – the absence of routine data reporting by insurers of granular consumer market outcomes sufficient to analyze the impact of insurer marketing, sales, claims and antifraud practices on communities of color.

The contrast between the lack of market outcome data in insurance and other financial services is stark. While public and private sources have reported the impact of the pandemic and federal relief (e.g. CARES Act) on all types of borrowers on a weekly and monthly basis – including changes in delinquencies, late payments, use of forbearance and much more – insurance regulators have had no information on consumers' use of premium relief or real-time changes in claims during the pandemic.

More important, insurers have steadfastly opposed the publication of data by individual insurers by ZIP Code or Census Block that permits regulators, academics, consumer and civil rights groups from analyzing racial disparities in insurance. Regulators must overcome this opposition and develop a market regulation data reporting regime that matches the financial regulation data reporting regime in breadth and intensity.

Taken together, these four common-to-all-work stream actions should be memorialized in two charges to the Committee on Race and Insurance – one regarding disparate impact and one regarding data collection.

Recommendation for Specific to Lines of Business

In addition to certain racial justice actions that should be centralized at the Committee on Race and Insurance, there are also activities that should be assigned to other NAIC committees, task force and working groups. We mentioned above that some NAIC working groups have specifically rejected requests to examine racial bias in insurer practices that fall under that working group activity. For example, the CASTF white paper on predictive modeling explicitly rejected addressing racial bias in regulatory review of algorithms. The Antifraud Task Force explicitly rejected including a requirement for insurers to test for racial bias in antifraud practices and algorithms in the recent update the antifraud policy guideline. Both groups based their decision on the claim that other groups at the NAIC were working on the issue.

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While the development the guidance on how to test for, minimize and reporting the findings of disparate impact analysis should be centralized at the Committee on Race and Insurance, there are several actions that individual committees, task forces and working groups can and should take to help achieve racial justice in insurance.

1. Add a charge to identify potential **insurer practices** that disadvantage or disproportionately discriminate against communities of color.

Each committee, task force and working group should receive a charge for 2021 to identify insurer practices that may disadvantage or disproportionately discriminate against communities of color. Such a charge is vital for each of the subject matter groups to have ownership of the issue and to educate themselves about race and insurance. The outcome from this charge – a list of practices that insurers should prioritize for disparate impact testing – will complement the work of the Committee on Race and Insurance.

2. Add a charge examine **public policies** that disadvantage or disproportionately discrimination against communities of color.

This second charge to all committees, task forces and working groups is directed at public policies that unfairly harm communities of color. This charge focuses more on laws and regulatory guidance, as opposed to practices under the discretion of insurers. The outcome form this charge – a list of public policies, laws, regulations and regulatory guidance that unfairly discriminate against communities of color – will also complement the work of the Committee on Race and Insurance. To illustrate, we list some public policies related to private passenger auto that disproportionately and unfairly impact communities of color.

- a. Property Casualty / PPA
 - i. Pay to Play Laws Punishing Uninsured Drivers
 - ii. Territorial Rating for Uninsured Motorists
 - iii. High Minimum Limits
 - iv. Criminal Penalties / Debtors Prison for Uninsured Motorists
 - v. Oversight of Advisory Organizations / Data Brokers

3. Add a charge to **identify low-value products targeted to communities of color and new high-value products opportunities that better meet the needs of communities of color.**

A third charge to all committees, task forces and working groups is directed at identifying current products that, because of their low-value, strip consumers of assets instead of protecting those assets. In our experience, these low-value products are disproportionately marketed to and sold in and to communities of color. In addition, some lines of business simply have no products designed for the needs of communities of color and there are opportunities to identify the unique needs of these communities and then develop high-value products targeted to meet those needs. As discussed below, this charge is also relevant for addressing diversity in insurers and producers.

Recommendations for Regulatory Diversity

We have a series of recommendation to improve diversity within the regulatory community. As set out in our earlier comments and presentations to the Committee, the lack of diversity among the regulatory community and the regulatory decisions which codify disparate impact are a result of a lack of consumer stakeholder participation, generally, and an even greater absence of stakeholders from communities of color, specifically. Our recommendations are:

1. Develop guidance for establishing a public agency dedicated to representing consumer before the Department of Insurance and the Legislature – a Bureau of the Insurance Consumer Advocate.
2. Measure consumer participation, generally, and minority participation, specifically in NAIC meetings and conferences and events
3. Allocate speaking time, when there are time constraints, based on industry / consumer, not based on number of speakers
4. Increase funding for NAIC consumer participation to permit consumer reps to retain experts for priority projects.

Discussion

1. Develop guidance for establishing a public agency dedicated to representing consumer before the Department of Insurance and the Legislature – a Bureau of the Insurance Consumer Advocate.

There is a great need to establish institutions to advocate on behalf of consumers before insurance departments and state legislatures to level the playing field versus the hundreds of millions of dollars of policyholder-supplied funds spent by insurers and trade associations to press their views.

The establishment of a Bureau of Insurance Consumer Advocate in each state would have an impact far beyond the advocacy for consumers performed by that agency. These BICAs create opportunities for employment, including minority employment, in insurance other than working for insurers or regulators. And they create employment opportunities outside of industry for regulators who want to leave the insurance department. BICAs are a strategy to increase diversity in insurance as well as addressing a core barrier to ending systemic racism in insurance.

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2. Measure consumer participation, generally, and minority participation, specifically in NAIC meetings and conferences and events.
3. Allocate speaking time, when there are time constraints, based on industry / consumer, not based on number of speakers

If you can't measure it, you can't fix it. Speaking about diversity in abstract terms cannot lead to assessment of failure or success of the strategies to improve diversity. Further, a requirement to measure diversity in NAIC events will raise awareness of the need to improve diversity.

The need for such improvement is huge. We've pointed out that the CIPR events at the NAIC Summit not only failed to include any minority voices, but included one overtly racist presentation. We've pointed out that this year's Insurance Regulatory Examiners' Society Career Development Seminar failed to include any minority or consumer presenters. And these results occurred after the NAIC declared its commitment to racial justice. It gets worse. At the recent Fall National Meeting, the CIPR event on pandemic insurance featured eight white men. No members of the communities of color most impacted by the lack of pandemic insurance. No small businesses from communities of color. No consumer stakeholders who have been active in these debates from day 1.

The two actions will help ensure that NAIC event planners, committees, task forces and working groups better understand the importance of consumer stakeholder participation, generally, and minority participation, specifically.

As someone who is often the only consumer stakeholder among many industry stakeholders in NAIC meetings, I'm keenly aware of situations in which a half dozen industry trades each have the same amount of time as me – to repeat and agree with each other trade's comments. To be clear, this is not always the case, but the larger point is that, when speakers' time is limited, the allocation of that time should be based on the major positions/views and not on the sheer number of speakers.

4. Increase funding for NAIC consumer participation to permit consumer reps to retain experts for priority projects and engage with stakeholders from communities of color impacted by NAIC deliberations.

As someone who has been involved in the NAIC Consumer Participation program from its beginning 30 years ago, I'm grateful for the NAIC's commitment to consumer participation. The NAIC program stands in contrast to the absence of such a formal consumer participation program in most states and other organizations, like NCOIL.

The NAIC consumer participation budget is about 0.1% of the total NAIC budget. It covers reimbursement of travel expenses for funded consumer representatives to attend NAIC national and interim meetings and some IAIS events. It also covers registration fees, publication costs and conference call costs for funded and unfunded consumer representatives. No consumer

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representative is paid for their time out of NAIC funds. Most funded and unfunded consumer representatives volunteer their time – beyond their regulator work commitments – to advocate for consumers at the NAIC.

We are not asking for NAIC consumer representatives to be compensated for our time at NAIC events. Rather, we're asking for additional funding to leverage our individual contributions to retain subject-matter experts or consultants or to fund participation from key stakeholders from communities of color to assist the consumer representatives on key issues. This assistance is particularly important in areas like consumer testing of information and disclosures and analyzing actuarial, reserving, accounting, investment or capital-related proposals.

The NAIC consumer representatives took responsibility for the lack of minority voices among our group in 2020 by recruiting heavily for applicants representing communities of color. We were successful in encouraging many new, exceptionally-qualified applicants of color and hope they will be accepted as NAIC consumer representatives. But, we want these new consumer representatives – if accepted by the Consumer Board of Trustees – to feel their time is well spent and to continue to participate for years to come while helping recruit new consumer stakeholders of color. For that to happen, the Consumer Participation program must be strengthened and one way is to increase NAIC funding for the consumer reps to use to retain experts and consultants and reach out to communities and stakeholders impacted by NAIC discussions.

Recommendations for Insurer Diversity

1. Identify products providing low-value to communities of color and develop new high-value products that better meet the needs of communities of color

We offer this action to improve insurer diversity based on the belief that someone will want to work for companies who provide products and services that that person and that person's community values and likes. Why would members of community color want to work for an industry that the community perceives as ripping them off? We suggest that if communities of color value the products sold by insurers, members of those communities are more likely to seek out work with those insurers.

This recommendation is essentially the opposite of suggestions to improve financial or other education in communities of color. In our view, the improve-education argument blames the victim. Our approach suggests that people are not uneducated, but want to work for companies providing products that they and their community like and value.

2. Examine impact of criminal history in producer licensing qualifications

We raise this specific issue because of documented disparity and racial discrimination in policing and criminal complaints against members of communities of color.

April 9, 2021

Dear Committee Members:

The undersigned civil rights, consumer, and community organizations urge the National Association of Insurance Commissioners (NAIC) Committee on Race and Insurance to take urgent action to address the racially discriminatory use of credit-based insurance scores for underwriting and pricing auto insurance and other personal lines of coverage, such as renters' and homeowners' insurance. Consistent with NAIC's mission to facilitate the fair and equitable treatment of insurance consumers, we call on the committee to issue a recommendation that credit information no longer be used to determine eligibility for, or the cost of, auto or home insurance.

Drawing on premium data from Quadrant Information Services, LLC, the Consumer Federation of America finds that drivers with poor credit can be charged as much as 283 percent more for auto insurance than those with excellent credit—regardless of their driving record.¹ This translates into higher premium charges every month for a product that drivers are required by state law to purchase. Our greatest concern is that the use of credit-based insurance scores for auto insurance pricing perpetuates discrimination because credit data reflects racial disparities.²

It's true that credit data—including credit-based insurance scores—never formally takes race into account. Yet these metrics are not race-neutral, because they draw on data about personal borrowing and payment history that is shaped by generations of discriminatory public policies and corporate practices.³

From the American economy's earliest roots in chattel slavery that treated Black people as property to more recent policies like redlining, Black and brown families have been systematically excluded from wealth-building opportunities that benefited white families.⁴ Exclusion produced vast wealth disparities that persist to this day: according to an analysis by researchers at the Federal Reserve, for every dollar in wealth held by the median white household in 2019, the median Black household had less than 13 cents, and the median Latinx household had just 19 cents.⁵ This inequality is now being exacerbated by the uneven economic effects of the pandemic, including higher unemployment rates for Black and Latinx workers.⁶ With less wealth to draw on, the median Black and Latinx households facing economic hardship exhaust their limited resources more quickly than the median white household and are more likely to fall behind on bills and go into debt. And because consumers with poor credit are more likely to be denied loans, charged higher interest rates, and charged more for products like auto insurance, the cycle of disadvantage reinforces itself. One result is that Black and brown consumers disproportionately appear in the data as worse credit risks.

When auto insurers use credit information as a factor in determining prices, they reinforce historic discrimination. For example, a 2017 analysis by ProPublica found that major insurers in California, Illinois, Missouri, and Texas charge drivers living in predominantly Black and Latinx neighborhoods as much as 30 percent more than drivers living in other areas with similar accident costs.⁷ Drivers living in predominantly Black and Latinx zip codes in New Jersey pay 139 percent of the statewide premium average of \$1,459.69 for a 35-year-old driver with a clean driving record and other standardized characteristics, according to data sourced from Quadrant Information Services, LLC and compiled by Consumer Federation of America.⁸

The use of credit-based insurance scores is not the only way that systemic racism impacts insurance underwriting decisions, premiums, claims handling, and fraud investigation, but it is a clear source of bias in the industry. We urge the committee to recommend to state insurance commissioners and legislatures that credit information no longer be used in auto and home insurance pricing.

Thank you for your efforts, and we look forward to working with the NAIC to build a fairer system.

Sincerely,

Consumer Federation of America
Demos

CAARMA Consumer Advocates Against Reverse Mortgage Abuse
CASH Campaign of Maryland
Center for Economic Integrity
Center for Economic Justice
Citizens Action Coalition of IN
Consumer Action
Consumer Auto
Consumer Federation of California
Consumers for Auto Reliability and Safety
Empire Justice Center
Georgia Watch
GVE Media/Public Relations, LLC
Job Opportunities Task Force
Maryland Consumer Rights Coalition
Maryland Legal Aid
Maryland Legislative Coalition
MD Alliance for Justice Reform
Mountain State Justice, Inc.
National Consumer Law Center (on behalf of its low-income clients)
National Fair Housing Alliance
Public Citizen
Public Good Law Center
Public Justice Center
Robert W. Deutsch Foundation
SC Appleseed Legal Justice Center
Showing Up for Racial Justice Baltimore
Student Borrower Protection Center
Vehicles for Change
World Privacy Forum

¹ Consumer Federation of America, forthcoming.

² For a summary of this research, see *Past Imperfect: How Credit Scores and Other Analytics "Bake In" and Perpetuate Past Discrimination*, National Consumer Law Center, May, 2016.

http://www.nclc.org/images/pdf/credit_discrimination/Past Imperfect050616.pdf.

³ Amy Traub, *Establish a Public Credit Registry*, Demos, 2019. https://www.demos.org/sites/default/files/2019-03/Credit%20Report_Full.pdf.

⁴ Amy Traub, Laura Sullivan, Tatjana Meschede, and Thomas Shapiro, *The Asset Value of Whiteness: Understanding the Racial Wealth Gap*, Demos and the Institute on Assets and Social Policy at Brandeis University, 2017. <https://www.demos.org/research/asset-value-whiteness-understanding-racial-wealth-gap>.

⁵ Neil Bhutta, Andrew C. Chang, Lisa J. Dettling, and Joanne W. Hsu, "Disparities in Wealth by Race and Ethnicity in the 2019 Survey of Consumer Finances," *FEDS Notes*, Board of Governors of the Federal Reserve System, September 28, 2020, <https://doi.org/10.17016/2380-7172.2797>.

⁶ See, for example, Rhitu Chatterjee, "How The Pandemic Is Widening The Racial Wealth Gap," National Public Radio, September 18, 2020, <https://www.npr.org/sections/health-shots/2020/09/18/912731744/how-the-pandemic-is-widening-the-racial-wealth-gap>.

⁷ Julia Angwin, Jeff Larson, Lauren Kirchner, and Surya Mattu, "Minority Neighborhoods Pay Higher Car Insurance Premiums Than White Areas With the Same Risk," *ProPublica*, April 5, 2017, <https://www.propublica.org/article/minority-neighborhoods-higher-car-insurance-premiums-white-areas-same-risk>.

⁸ "Advocates Urge NJ Lawmakers to End Racial and Economic Bias in Auto Insurance Rate Setting," InsiderNJ.com, December 8, 2020, <https://www.insidernj.com/press-release/advocates-urge-nj-lawmakers-end-racial-economic-bias-auto-insurance-rate-setting/>.



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April 9, 2021

David Altmayer, Co-Chair
Dean Cameron, Co-Chair
Special (EX) Committee on Race and Insurance
c/o Kay Noonan, General Counsel – knoonan@naic.org
1100 Walnut St, Suite 1500
Kansas City, MO 64106-2197

Re: Notice of Meeting of Special (EX) Committee on Race and Insurance

Dear Co-Chairs and Committee Members:

On behalf of the National Association of Mutual Insurance Companies (NAMIC), thank you for the opportunity to provide initial comments on the Committee's new draft charges released on April 7, 2021. Following a productive conversation with the NAIC officers and NAMIC's board officers and executive leadership, we have anxiously anticipated the opportunity to partner with you on this very important work. Since the inaugural meeting on September 17, 2020, NAMIC has remained committed to constructive dialogue with the NAIC, regulators, and other interested parties on issues at the nexus of race and insurance.

NAMIC continues to have a strong desire to work with the NAIC in this space on behalf of our industry members. Mutual insurance companies are built on the notions of community and inclusivity; the mutual model has a long and proud history of service to minority communities. NAMIC and NAMIC's members are adamantly opposed to discrimination on the basis of race and unfair discrimination in general. We have a long history of support for legislative and regulatory policies to prevent these practices. We strongly believe that the elimination of racism improves every aspect of our relationships, institutions, and business communities, and that treating all employees and policyholders with dignity and fairness is essential to the continued success of our industry.

It seems imperative to mention that NAMIC finds itself troubled that such opportunity for engagement and partnership has been so limited on such an important and large body of work. We can certainly appreciate the especially challenging operational year we have all had in the wake of COVID-19, however, we are concerned with the lack of transparency in the committee's operations to-date, which have included dozens of regulator-only meetings involving the development of a substantive work product like the updated proposed charges. We respectfully request that appropriate time and attention is given to ensuring that future meetings are open and stakeholders are provided sufficient opportunity to provide insightful input, as we all work to find solutions that are "right" and "implementable." Going forward, we strongly encourage the Committee to, at minimum, provide

NAIC Special Committee on Race and Insurance
April 9, 2021

adequate time to review proposals/exposures, as well as access to forums where these very important proposals are being discussed.

In light of the short time window provided to comment on the draft updated charges for 2021, the following non-exhaustive comments are framed as a series of questions we believe should be publicly considered and addressed before any additional substantive work takes place.

General Questions:

- Is it the Committee's intention to develop a model law or regulation? If so, is it the NAIC's intention that such a model would be an accreditation standard?
- Does the Committee intend to develop specific definitions for historically underrepresented and disadvantaged groups?
- How will "workstreams" be treated under the NAIC Open Meetings Policy? Will the open meetings policy be amended to include the term "workstream?"
- Is the Committee or the NAIC willing to make a commitment to risk-based pricing? Such a commitment, in writing or in public statements, could alleviate many industry concerns regarding the direction of some of the conversations around the Committee's activity.

Charge Specific Questions and Comments:

- A. Language is used in the charges regarding practices that "potentially" disadvantage people of color and/or historically underrepresented groups – how will the potential for disadvantage be defined and measured?
- B. We appreciate the desire to avoid duplicative work – if issues of race are to be studied by other NAIC working groups and task forces, will instructions be added to their charges? Will stakeholders be provided adequate time to comment on those additional charges?
- C. We commend the committee for proposing to continue research and development of recommendations on action steps to improve the level of diversity and inclusion across the industry. We look forward to continued partnership with state regulators interested in supporting these critical talent pipeline efforts.
- D. Have State DOI's requested the NAIC's assistance regarding DE&I efforts? If so, what form have such requests taken, and were they approved by the corresponding state legislatures?
- E. It appears the research envisioned regarding State DOI best practices on DE&I efforts would fit more appropriately within the scope of workstream two, not three. Will this change be made?
- F. We would recommend the charge be "whether" unfair discrimination is present and "whether" additional appropriate steps are necessary.

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F2. Is the contemplated development of analytical and regulatory tools to assist regulators in determining unfair discrimination going to be completed exclusively by NAIC staff? Will new agreements be put in place for the delegation of authority? Which NAIC staff would be involved, and how would that be determined? Would ongoing monitoring of these analytical and regulatory tools be the responsibility of a standing letter committee? Will industry be provided the opportunity to self-monitor with the same tools and participate in the development of those tools? What will happen if an NAIC standard for unfair discrimination is in conflict with state law?

F2 a-f. The additional study to evaluate the validity of the use of correlation rather than causation seems to suggest that a causation standard for underwriting factors is being contemplated; is this accurate? If so, in what ways does the Committee believe any underwriting factor can be said to "cause" a loss? Similarly, it is unclear what "disparate impact considerations" means – under some interpretations, "disparate impact" can mean a simple outcomes-based approach to analysis that is fundamentally incompatible with risk-based pricing.

- G. Given that insurers do not currently collect data about policyholder race, would enhanced data reporting to identify the race of insureds be effective? If mandatory collection of racial information is being contemplated, has the committee considered how such a collection requirement may be at odds with state law in some instances and/or raise privacy concerns? How does the Committee envision handling mixed and multi-racial policyholders, or those policyholders that refuse to identify?
- H. Charge H6 indicates that steps need to be taken to mitigate the impact of residual markets, premium financing, and nonstandard markets. Does the committee have specific evidence regarding these markets that interested parties may see? If not, we suggest the approach of first investigating "whether" this is the case.

Thank you for the opportunity to comment on the proposed charges. We look forward to continued discussions with the committee, its members, and NAIC staff on these issues in a transparent and constructive manner.

Sincerely,



Jonathan Bergner
Vice President – Public Policy and Federal Affairs
National Association of Mutual Insurance Companies
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Sen. Travis Holdman, IN

April 9, 2021

The Honorable David Altmaier
Co-Chair
National Association of Insurance Commissioners
Special Committee (EX) on Race in Insurance

The Honorable Dean Cameron
Co-Chair
National Association of Insurance Commissioners
Special Committee (EX) on Race in Insurance

Sent via e-mail to Kay Noonan (knoonan@naic.org)

Dear Commissioner Altmaier and Director Cameron –

On behalf of the National Council of Insurance Legislators (NCOIL), we are responding to the request for comments on the recently distributed charges for the National Association of Insurance Commissioners (NAIC) Special Committee (EX) on Race in Insurance (Committee).

Our comments do not delve into the substance of the charges. Rather, we think it is important to remind the Committee that any work product it produces stemming from the charges must operate under a grant of legislative authority. Further, if legislators choose to act on any of the issues dealt with by the Committee by enacting legislation, such legislation will supersede any of the Committee's regulatory work product.

We also wish to note that it certainly seems discussions leading to the development of the Committee's charges were heavily substantive and as such would not appear to fit within any of the NAIC's stated reasons for holding a closed meeting¹.

¹ The NAIC's stated reason for closing the March 24th meeting of the Committee to the public was: "This is a regulator only session because the discussion or action contemplated will include: Internal or administrative matters of the NAIC or any NAIC member, including budget, personnel and contractual matters, and including consideration of internal administration of the NAIC, including, but not limited to, by the Internal Administration (EX1) Subcommittee or any subgroup appointed thereunder."



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We are hard pressed to see how substantive discussions, which surely took place in developing the Committee's charges, would constitute mere "internal or administrative matters." These problems are compounded by a remarkably short period of time for comments to be submitted on the charges, especially when the interested parties that the NAIC has requested comments from were locked out of the process.

We look forward to discussing these issues with your colleagues next week at the NCOIL Spring Meeting as this topic is included on the agenda for the NCOIL – NAIC Dialogue. Among the questions we would like you to consider for discussion include:

- Why did the NAIC choose to use a "special committee" structure for its handling of these highly sensitive, national, and indeed global issues, when "special committees" are not contemplated anywhere in either NAIC bylaws or the NAIC Policy Statement on Open Meetings?
- Is there any precedent for handling such a high-profile issue in this fashion?
- We also wonder about making a "special committee" with the issues attached to it a "coordinating body." We can find no definition for "coordinating body" anywhere on the NAIC website or in any NAIC documents; does it exist?
- In light of the special importance of these issues, we do wish to discuss why the NAIC opted to hold so many of the discussions surrounding them in a largely non-public format.

With appreciation for your consideration and kind regards, we are,

Very truly yours,



Representative Matt Lehman (IN)
NCOIL President



Assemblyman Ken Cooley (CA)
NCOIL Vice President