

*2024 Summer National Meeting
Chicago, Illinois*

HEALTH INSURANCE AND MANAGED CARE (B) COMMITTEE

Thursday, August 15, 2024
9:30 – 10:45 a.m.

Meeting Summary Report

The Health Insurance and Managed Care (B) Committee met Aug. 15, 2024. During this meeting, the Committee:

1. Adopted its Spring National Meeting minutes.
2. Adopted its July 26 minutes. During this meeting, the Committee took the following action:
 - A. Adopted the Regulatory Framework (B) Task Force’s revised 2024 charges, which revised the 2024 charges for the Pharmacy Benefit Manager Regulatory Issues (B) Subgroup.
3. Adopted its June 13 minutes. During this meeting, the Committee took the following action:
 - A. Adopted revisions to *Actuarial Guideline LI—The Application of Asset Adequacy Testing to Long-Term Care Insurance Reserves* (AG 51).
 - B. Adopted revisions to Valuation Manual (VM)-26, Section 3B—Contract Reserves for Credit Disability Insurance.
 - C. Adopted the Health Actuarial (B) Task Force’s revised 2024 charges.
 - D. Discussed the Health Actuarial (B) Task Force’s findings from its review and discussion of an issue the Committee referred to the Task Force late last year on how possible changes to the cost-sharing reduction (CSR) subsidy, like changes to silver loading, could impact plan options and costs to consumers.
 - E. Heard a presentation from the Center for Insurance Policy and Research (CIPR) on findings from a case study the CIPR completed as part of its Network Adequacy Project: Compensation of Travel Costs for In-Network Care in Mississippi.
4. Adopted the report of the Consumer Information (B) Subgroup, including its July 29 minutes. During this meeting, the Subgroup took the following action:
 - A. Adopted its June 18 minutes. During this meeting, the Subgroup took the following action:
 - i. Discussed developing two guides on prior authorization: 1) a consumer guide; and 2) a state insurance regulator guide.
 - ii. Decided to proceed with developing a consumer guide on prior authorization and deferred deciding on developing a state insurance regulator guide on prior authorization.
 - B. Discussed and adopted a consumer guide on prior authorization.
5. Adopted the report of the Health Innovations (B) Working Group, which did not meet at the Summer National Meeting but plans to meet following the Summer National Meeting.
6. Adopted the report of the Health Actuarial (B) Task Force.

7. Adopted the report of the Long-Term Care Insurance (B) Task Force.
8. Adopted the report of the Regulatory Framework (B) Task Force.
9. Adopted the report of the Senior Issues (B) Task Force.
10. Heard a federal update on various issues of interest to the Committee.
11. Heard a presentation from the consumer perspective on recent state activity related to the prior authorization process, including potential improvements to the process for the benefit of consumers and providers based on such state activity. The presenters also discussed recent federal activity on this issue, which states could use as a guide to inform their future activities. Additionally, the presenters discussed potential next steps that state insurance regulators and the Committee can take, such as: 1) charging the Consumer Information (B) Subgroup to modify and use the Subgroup's new consumer prior authorization guide to educate consumers; 2) forming a new Committee working group to share information and work on implementation, best practices and enforcement; and 3) partnering with the Innovation, Cybersecurity, and Technology (H) Committee on the use of artificial intelligence (AI) in the prior authorization process.
12. Heard presentations from the Center on Health Insurance Reforms (CHIR) and America's Health Insurance Plans (AHIP) on health cost transparency. The CHIR presentation focused on state-level options to improve transparency in coverage (TiC) data collected as a result of the federal TiC requirements. The AHIP presentation provided an overview of the federal TiC requirements, including an implementation timeline. In addition, AHIP discussed what actions states can take to address the issue, such as: 1) prioritizing solutions that provide direct consumer value; 2) considering approaches to expand consumer awareness and education of tools; and 3) avoiding single-state solutions.
13. Heard an update from the federal Center for Consumer Information and Insurance Oversight (CCIIO) on recent activities of interest to the Committee.
14. Discussed the Committee member priorities identified at the beginning of the year that have already been addressed and priorities to be addressed during future Committee meetings.