

FROM THE NAIC HEALTH CONSUMER REPRESENTATIVES

January 27, 2025

To: Glen Mulready, Chair of the Health Insurance and Managed Care (B) Committee
Anne Gillespie, Co-Vice-Chair
Grace Arnold, Co-Vice-Chair

RE: NAIC Consumer Health Representatives' 2025 Priorities

On behalf of the undersigned Consumer Representatives to the National Association of Insurance Commissioners (NAIC), congratulations on your appointment as leaders of the B Committee. We look forward to working closely with you as you address the many health related insurance issues that come before the NAIC to ensure beneficiaries can better access and afford the quality healthcare they deserve.

Below is a summary of our ongoing priorities that we hope we can address together this year. As events unfold and we are able to better incorporate priorities of the new consumer representatives, we expect this list to evolve, but want to communicate them for your consideration now as you develop your agenda for the year.

1) Market stability and preservation and enforcement of consumer protections

NAIC should ensure that individual and small group markets remain stable and that consumer affordability and non-discrimination protections are maintained and enforced. This should include continuing to weigh in with policymakers on the importance of extending the enhanced premium tax credits (PTCs) beyond 2025. Failure to extend enhanced PTCs will have dire consequences for consumers, causing [millions of marketplace enrollees to lose coverage](#) and significantly raise premiums. We applaud NAIC for communicating regulator concerns to Congress about the impact ending the enhanced PTCs will have on market stability and consumer access to health insurance, and we urge NAIC to amplify its efforts with federal lawmakers as we approach rate filing deadlines for the 2026 plan year. We are also concerned about potential federal changes to Medicaid and the harmful consequences that major cuts to Medicaid will have for the state-regulated private insurance market. We look forward to collaborating with the NAIC to navigate federal policy challenges and ensure consumers are protected.

2) Utilization management & other beneficiary access barriers

NAIC should continue to focus on the role that utilization management practices play in blocking access to clinically necessary services, including exploring greater enforcement of regulatory authority over [prior authorization and appeals and denials](#), improved data collection and transparency, and developing best practices on use of artificial intelligence (AI). We urge the B Committee to work collaboratively with the H Committee on increasing oversight of AI use for prior authorization, including considering the recommendations in the [NAIC Consumer representative report](#) issued last year. Prescription drug access and regulation of pharmacy

benefit managers (PBMs) is another important area for the NAIC to continue to focus on, as consumers continue to struggle with access to affordable medications. Lastly, the NAIC should further examine the financial toxicity and [medical debt](#) faced by consumers who experience the aforementioned barriers. This work should include examining drivers of medical debt, including rampant provider consolidation. Additionally, NAIC should prioritize [network adequacy standards](#) that better meet the needs of communities that have historically faced barriers to care and improve access to culturally responsive health care providers. NAIC should also prioritize network adequacy monitoring, such as [secret shopper surveys](#), and enforcement to ensure that information in provider directories is timely and accurate.

3) Health equity

We urge the NAIC to continue to ensure that consumers are able to access health care services free of discrimination and barriers based on health status and other protected classes (including disability, sex/gender identity/sexual orientation, race, and immigrant status) and that laws and regulations are fully enforced. We also urge the NAIC to continue its bold work to examine the role of racism and other systemic inequities on insurance access and affordability. Developing clear and specific charges and prioritizing presentations and topics that describe how certain communities are disproportionately harmed by insurance practices and designs will be critical to continuing to advance this work, especially given the formal end to the Special Committee on Race and Insurance (SCORI). This work should include prioritizing data reporting practices that measure health inequities as well as forums that identify actions regulators can take to address inequities. We also direct you to recommendations the Consumer Representatives have recently provided on specific charges for NAIC health work streams that reflect a commitment to health equity.

4) Mental health parity and addiction equity

Access to mental health and substance use disorder treatment continues to be a challenge in the United States, with growing disparities based on race, ethnicity, age, LGBTQ+ status, and income. NAIC should identify best practices for increased monitoring and accountability of plan compliance with mental health parity and network adequacy requirements, including working to align state regulations and compliance oversight with updated federal regulations to achieve this goal. NAIC should also examine mental health parity in [other types of health products](#) such as those covered by the recently adopted Accident and Sickness Minimum Standards model regulation (171).

5) Consumer outreach and engagement

We are grateful for participating in the work of the Consumer Information (B) Subgroup and hope to continue to develop plain language descriptions of important insurance topics for consumers. We urge the NAIC to expand this work to also include recommendations directed at how insurance plans communicate important benefits information to consumers. We also believe that regulators should think more creatively about partnerships with community-based organizations best able to provide feedback loops with and disseminate information to communities who may not be aware of departments of insurance in their states. Finally, we urge the NAIC to continue to encourage regulators to communicate important public health messages to consumers, including the availability of no-cost preventive services.

6) Senior issues and long-term care insurance

NAIC should prioritize the needs of seniors by examining ways to ensure consumers have access to the Medicare Advantage and Medigap plans that they need. NAIC could, for instance, stand up a task force or subgroup aimed at identifying replicable state regulatory actions in the Medigap market. Work could include assessing the impact of non-discrimination protections based on protected classes, such as age, gender, and disability. We also urge NAIC to continue to work on Medicare Advantage network challenges, including providing resources to consumers and fostering productive communication and dialogue with both the federal Centers for Medicare and Medicaid Services and Congress to improve oversight of Medicare Advantage plans (including oversight authority by states). This is particularly important given the alarming trends in Medicare Advantage of improper marketing and inadequate provider networks. Finally, NAIC should assist state efforts to create state plans to pay for long term care (acknowledging differing state approaches in planning to pay for care) and identify best practices to finance long-term care at the state level.

NAIC consumer representatives have expertise in these and other areas and have presented on many of the above issues in recent years (see presentations available on [our website](#)). We have proposed ways in which the NAIC and individual Commissioners can address these challenges in collaboration and are eager to work with you over the coming year.

We look forward to discussing these, along with your priorities, and how we can address them together in the very near future. Ideally, we would like to meet before the March meeting in Indianapolis.

In order to arrange such a meeting, please reach out to Carl Schmid, HIV+Hepatitis Policy Institute at cschmid@hivhep.org and Lucy Culp, Leukemia & Lymphoma Society, lucy.culp@lls.org.

Thank you very much.

Sincerely,

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Ashley Blackburn
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