



Tim Clement

The Mental Health Parity & Addiction Equity Act at Ten Years

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into law on October 3, 2008. This landmark, bipartisan law was hailed as a watershed moment for individuals with mental health conditions and substance use disorders. The concept behind the law is simple: insurance coverage for and consumer access to behavioral health care should be no more restrictive than coverage for and access to other medical care. However, MHPAEA and its implementing regulations are complex, nuanced, and fundamentally different than other laws and regulations that govern health insurance.



Irvin "Sam" Muszynski

Health insurance issuers (issuers) are largely in compliance with the more straightforward aspects of MHPAEA that relate to financial requirements and quantitative treatment limitations—although thorough oversight is still needed. Financial requirements include copays, coinsurance, and deductibles, while quantitative treatment limitations include outpatient visit limits, inpatient day limits, and episodic limits. Unfortunately, issuers still have ground to cover to secure full compliance with the non-quantitative treatment limitation (NQTL) requirements of MHPAEA. The requirements specify how issuers must design and apply NQTLs such as prior authorization, step therapy, network admission standards, and geographic restrictions, among many others.

Make no mistake: the NQTL requirements are incredibly dense and challenging to navigate. However, we should not confuse density with ambiguity. While intricate and multifaceted, the NQTL requirements of MHPAEA are clear and the federal agencies—the Departments of Health and Human Services

(HHS), Labor (DOL), and Treasury—have issued numerous FAQs and other sub-regulatory guidance providing further clarity. However, due to the complexity of the language, any serious attempt to achieve compliance must unbundle the key terms from the regulations and walk through them in a structured and logical fashion.

Key Terms from the Final Rules

There are several groups of terms in the MHPAEA regulations, found at 45 CFR 146.136(c)(4), that delineate the NQTL requirements for mental health and substance use disorder (MH/SUD) benefits in relation to medical/surgical benefits. The first set of terms is "as

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Mental Health Parity

Passed by
Congress on
October 3, 2008



written and in operation”. What that means is that the NQTL requirements apply to both all written materials used in the design and application of the NQTL and everything that goes into the operationalization of the NQTL. It is not possible to determine if the NQTL requirements are satisfied without completing both cells of the test.

The second set of terms is “comparable to and are applied no more stringently than”. This set of terms is the hinge upon which MHPAEA swings and what makes compliance fundamentally unique in relation to other laws. There is no way to determine compliance without performing a comparison between MH/SUD benefit design and application and medical/surgical benefit design and application. In other words, parity compliance is best thought of as a balance scale. The weight of either side in a vacuum is irrelevant; how they compare to one another is what matters.

The final set of terms are “processes, strategies, evidentiary standards, or other factors”. These are the underlying components that when applying an MH/SUD NQTL must be comparable to and applied no more stringently than those same components when applying an NQTL to medical/surgical benefits, both as written and in operation. This deepens the evaluation even further in that all the underlying components of the NQTL must be accounted for and examined, comparatively, between MH/SUD and medical/surgical to complete a faithful analysis.

An example of an NQTL and its components is appropriate to demystify the topic and remove it from the abstract and into the concrete. Prior authorization is a common NQTL that virtually every issuer uses to some extent. When an issuer imposes prior authorization there must be some sort of factor or factors that trigger the imposition. Maybe the factor is that claims for the service, item, or medication are associated with a high percentage of fraud, or simply that the service is a sub-acute inpatient service. These factors must have some sort of evidentiary standard that defines what constitutes high percentage of fraud or a definition of what is considered sub-acute. Then, there are as written processes and strategies that indicate how prior authorization was designed, such as quality management and utilization management committee notes and protocols, among others. There are also as written processes and strategies used in the application of prior authorization such as utilization management

manuals and criteria hierarchy, among others. And, finally, there are processes and strategies used in operation such as peer clinical review and clinical rationale used in approving or denying benefits, among others.

An issuer must examine all these components used in designing and applying prior authorization for MH/SUD benefits in a classification of benefits and compare them to the same components used in designing and applying prior authorization for medical/surgical benefits in the same classification. This inherently means that comparative analysis is required for the issuer to assert that it complies with MHPAEA regarding prior authorization, or any NQTL, for that matter. There is no way to determine if there is comparability and equivalent stringency without performing an analysis as such. If an issuer has not performed comparative analyses of its NQTL design and application components, it could only be in compliance through blind luck.

A Stepwise Approach to Assuring Compliance

We created a stepwise approach in securing compliance with the NQTL requirements of MHPAEA and have worked with state and federal regulators in implementing this approach. Our approach consists of a compliance guide and an NQTL spreadsheet and is closely in line with the stepwise NQTL approach detailed on pages 13-17 in Section F of the Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act released by the United States Department of Labor (DOL) on April 23, 2018. An approach structured as such is a logical way to unbundle the key terms of the final rules. The steps sequentially address the terms processes, strategies, evidentiary standards, and factors and probe both the as written and in operation aspects. And, of course, they seek to produce demonstrations that those components are comparable to and are applied no more stringently for MH/SUD than for medical/surgical.

It has been ten years since MHPAEA became law and there is still an ongoing struggle to achieve full compliance, particularly with the NQTL requirements.

Most importantly for regulators, this approach places the burden for demonstrating compliance on issuers, where it belongs. As noted before, an issuer cannot possibly assert that it complies with MHPAEA if it has not performed internal comparative analyses of its design and application of NQTLs. Our guide and spreadsheet simply require the issuer to provide the evidence (i.e., documentation) that it has performed the necessary analyses and provide the results of the analyses. The sequential format adds an element of structure to the analysis process that prevents the compliance process from becoming unwieldy. Furthermore, there are no additional requirements or terms that are not found

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within the NQTL paragraph of the final rules or Section F of the Self-Compliance Tool.

Several state regulators are currently using this approach for securing compliance with the NQTL requirements of MHPAEA and it has been codified into law in Delaware, Illinois, and Tennessee. While it is important that states retain flexibility to regulate issuers in a way that meets the unique demands and challenges of their state, the immense complexity of MHPAEA lends itself to a uniform approach to compliance. Learning and understanding the nuance of the NQTL requirements in MHPAEA can be a steep, but certainly achievable learning curve. Adding additional or novel approaches to probing for compliance may ultimately create undue administrative burden for both regulators and issuers.

It has been ten years since MHPAEA became law and there is still an ongoing struggle to achieve full compliance, particularly with the NQTL requirements. A stepwise approach that unpackages the NQTL terms of the final rules and arranges them in a structured fashion is an orderly and efficient way to assure compliance. And, it ensures that the consumer protection the law is intended to provide- equitable treatment- is upheld and secured. ■

About the Author:

Tim Clement is the Northeast Regional Field Director of State Government Relations at the American Psychiatric Association. Previously Tim served as the Senior Policy Advisor for the Kennedy Forum, which is led by former Congressman Patrick Kennedy, who was lead sponsor of the Mental Health Parity and Addiction Equity Act. In 2015, Tim led the creation of the website www.paritytrack.org, which tracks parity implementation in all 50 states.

About the Author:

Irvin L. "Sam" Muszynski, JD, MCM serves as Senior Policy Advisor and Director of Parity Implementation and Enforcement at the American Psychiatric Association. in Washington, D.C. He is responsible for the association's external and internal analysis activities and regulatory liaison regarding mental health and substance use disorder parity. He was involved with the enactment of the Mental Health and Addiction Equity Act of 2008 and has been engaged since then with federal and state regulators regarding its implementing regulations and formal guidance.



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701 S. Hurstbourne Pkwy
Louisville, Kentucky 40222
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Letter from the President



Martha Long

Hello IRES!

Hello IRES! August 15, 2018 saw the close of CDS, where we had an opportunity to learn from each other and renew our commitment to raise insurance regulation to a highly respected profession marked by technical proficiency and ethical behavior. The technical sessions were more informative than ever, keeping pace with the changing industry. Thanks to all the sponsors, presenters, VPG staff, and IRES volunteers who worked to make the CDS a success. I want to thank LeAnn Crow, Barry Wells and Shelly Schuman for leading the

CDS committee last year and for agreeing to make next year's CDS in Spokane, Washington, August 18-21, 2019 even better!

At CDS I challenged our members to think outside the box and ask the right questions. I know at least some of you were listening because I have had some great questions. VPG has been fielding questions regarding Continuing Education with the help of the Education Committee. It is the first time VPG has worked on the CE reporting and I know our reporting system is new, so thanks for your patience.

Last year was a year of transition to VPG. Thanks to Ken Allen and the many members who worked with VPG to bring them on board. I'd like this to be a year of continuity and growth. It is my hope that this year we can focus on getting back to basics with the process and procedures that worked and updating the ones that didn't work, especially in light of the new systems in place. There is a bit of a learning curve with some of the new platforms.

Fortunately for us, learning is one of the things we do best at IRES. We are learning the new look and feel and functionality of our website, our CE reporting, our electronic voting and the use of 'YourMembership.'

I want to thank all the officers and committee chairs who agreed to serve in the upcoming year. I know you will do great work. We have some continuity in our committee leadership so we can move forward with confidence and keep our committees on track. I want to focus on updating the core responsibilities so we can work with VPG to fine tune and automate the service we provide to our members.

I want to encourage each of you to get active in the organization. Please think about joining a committee that interests you or writing an article for The Regulator. Look around you for individuals who deserve some recognition and nominate them for an award or scholarship. The vitality and health of our organization depends on you, its members.

Our MCM Program is healthy; we have more and more new Designees for all three designation programs. Watch our website for more MCM programs being scheduled. If your Company or Department is interested in hosting an MCM class, please contact the MCM Chair, Pieter Williams.

I am looking forward to more news about our AMCM designation. This continues to be a large project and one I am committed to moving forward.

We have made some changes to the Student membership so we can help individuals who choose a compliance career path to become insurance regulatory professionals. I look forward to our first student members who can help us navigate what our organization can do to encourage future Insurance Regulators.

One of the things I value in our organization is our desire to bring examiners and regulators, both government and contractors, together with insurance company representatives to focus on what we can learn from each other and what we have in common, instead of where we disagree. The insurance industry is changing, regulation is changing, and IRES will continue to keep current with those changes. ■

Thanks for your membership.



Educational Corner

The National IRES Continuing Education (NICE) Program is a professional continuing education program, which requires all members holding an AIE®, CIE® and/or CICS® designation to earn 15 hours of continuing education credit (CE) annually. The intention of the program is to help ensure that every active designation holder pursues a plan of continuing education throughout his or her career to remain current with issues facing the insurance industry.

To ensure that members subject to the NICE program have ample opportunities to earn the necessary CE, the program was designed to allow maximum flexibility. However, this flexibility can introduce ambiguity about what qualifies for CE under the NICE program. Hopefully, this article will make it easier for you to determine what educational events qualify for CE under the NICE program.

We start by defining an educational event. Next, we provide an overview of how to determine if an educational event qualifies for CE. Then we provide information about exceptions that everyone should be aware of. We conclude with a brief discussion on other ways to earn CE.

An educational event is an event for which you seek CE credit. It could be a course, conference, self-study course, seminar, or webinar. Each educational event is judged on its own merits and the contents of the event along with the method of delivery are taken into consideration when determining if it qualifies for CE under the NICE program.

The first step is to determine if the educational event meets the '50% insurance rule'. The 50% insurance rule requires that the content of the event be more than 50% directly and substantively insurance related. If the content of the event does not meet this requirement and does not qualify for an exception (see below), it doesn't qualify for CE under the NICE program.

For many educational events, it is relatively easy to make this determination. This is because the content of the course is clearly expressed in the course title. Sessions on annuity suitability, title insurance, the impact of peer to peer car sharing on insurance, Medicare Supplement, or NAIC risk focused analysis framework are a few examples where it is easy to determine that the event meets the 50% insurance rule. However, it isn't this easy for all educational events.

For example, let's look at recent submission of course titled 'Sexual Harassment in the Workplace'. On the surface, this course would not qualify for CE. This is because a general course on this topic would not meet the 50% insurance rule. However, the actual course content focused on managing sexual harassment exposures and how to effectively handle harassment insurance claims. By looking past the course title and reading the course description, it was evident that the course qualified for CE as it looked at the issue from an insurance perspective. Using this approach should help you determine if educational events you are considering qualify for CE under the NICE program.

If the educational event meets the 50% insurance rule, the next step is to look at the delivery method of the event. While most events that meet the 50% insurance rule qualify for CE, there are some instances where the event doesn't qualify due to the mechanics of the event itself. Here is a quick reference guide to help you determine if the method of delivery qualifies for CE and if so, what documentation must be provided to receive CE.



Jo A. LeDuc

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CONGRATULATIONS TO THE NEWEST IRES DESIGNEES

Sarah Bailey, CIE
Brian Gabbert, AIE
Christopher Heisler, AIE
Tracy Swalwell, AIE
Janet Wade, AIE
Vince Wiegand, AIE

Overview

DELIVERY METHOD	CREDIT IS GRANTED...	DOCUMENTATION
SEMINARS & CONFERENCES	For seminars and conferences that provide a certificate of attendance	Certificate of attendance or other documentation verifying of attendance.
IRES STATE CHAPTER MEETINGS	For IRES State Chapter meetings that provided insurance related educational content (i.e. non-business meetings).	Certificate of attendance or other documentation verifying of attendance.
COLLEGE & UNIVERSITY COURSES	For the successful completion of any course related to insurance offered by an accredited college or university.	Proof that the course was passed.
ONLINE PRODUCER LICENSING CONTINUING EDUCATION COURSES	For courses which are more than 50% insurance related and approved by the State Department of Insurance as producer CE.	Certificate of attendance or other documentation verifying successful completion of the course.
ONLINE COURSES & WEBINARS	When you have preregistered for and participate in a live insurance related webinar. <i>Note: You don't have to personally register if you attend as a part of a group and there is a group moderator responsible for taking attendance and proof of attendance is provided.</i>	Certificate of attendance or other documentation verifying of attendance.
CORRESPONDENCE AND/OR SELF-STUDY COURSES	If attendance of the insurance related course can be authenticated and a certificate of completion and/or post-assessment test indicating successful completion of the course is provided.	Certificate of attendance, or other documentation verifying of attendance, or proof of successfully completing the testing component.
READING CORRESPONDENCE JOURNALS	For reading insurance related correspondence journals through professional organizations that have a testing component (up to four (4) credits per organization).	Proof of successfully completing the testing component.
IN-HOUSE PROGRAMS	For in-house insurance related programs that provide a certificate of attendance.	Certificate of attendance or other documentation verifying of attendance.
LOCAL INSURANCE GROUP MEETINGS	For attending local or state chapter meetings of an insurance group where insurance related continuing education was presented (i.e. non-business meetings).	Certificate of attendance or other documentation verifying of attendance.

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There are also three important exceptions to the 50% insurance rule of which you will want to be aware.

1. Information Technology (IT) Courses: Up to five (5) CE credits for IT courses may be earned annually if it relates to the work of the regulator (i.e. "Fundamentals of Windows," "Word Processing", "Using Excel Spreadsheets").
2. Specialized Software Program Training: Computer-training programs may also qualify for CE if the course concentrates over 50% of the content on insurance specific applications. The most common examples that qualify for this exception are training on NAIC endorsed programs such as ACL and TeamMate
3. Cybersecurity Courses: Cybersecurity courses that involve cyber IT governance and focus on IT controls may qualify for CE. These courses typically cover the handling of privileged and confidential information including, but not limited to its collection, transmission, maintenance, and storage.

Of course, attending educational events is not the only way to earn CE under the NICE program. You can also earn CE for:

- Speaking/Presenting - CE is granted for being a speaker/presenter at events directly related to insurance or insurance regulation. The amount of CE is based upon actual presentation hours and is dependent on whether you are the sole presenter or a member of a panel.
- Writing Articles - Up to five (5) CE credits can be earned annually for authoring articles that have been published by professional insurance magazines, journals, and widely distributed industry newsletters such as The Regulator®.
- Helping IRES - To recognize the professional development gained by participating in IRES Committees and Subcommittees, IRES members may earn up to three (3) CE credit hours annually for active participation in IRES committees and/or subcommittees. ■

For more detailed information about what qualifies for CE under the NICE Program and how much CE will be granted, please consult the NICE Program Manual. If you have questions, please contact the IRES office at info@go-ires.org.



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Zoning In



Kathy Donovan

Northeast Zone

Connecticut

A Department of Insurance Notice dated Aug. 31, 2018 reminded insurers about Public Act 18-105, "An Act Concerning Law and Ordinance Coverage." Effective July 1, 2019 for policies issued or renewed after that date, insurers issuing policies under § 38a-308 (i.e. other than a "Standard Fire Insurance Policy") must offer ordinance or law coverage in an amount not greater than the amount specified in the policy. Conditional renewal notice requirements apply to companies reducing the amount of coverage for ordinance or law from that which was offered in the prior policy period, including an explanation regarding the reduction in coverage. The department

also indicated that insurers are expected to document that ordinance or law coverage was offered and a conditional renewal notice was provided to the insured if the amount of such coverage is reduced.

Delaware

Effective Sept. 4, 2018, HB 413 establishes provisions regarding certain disclosures to be made concerning limits of liability under a motor vehicle liability policy. Specifically, this bill states that an attorney who represents an individual injured in a motor vehicle accident, or the injured individual if they are not represented by an attorney, may, before filing an action for such injuries, request in writing that the insurer disclose the bodily injury limits of liability of any motor vehicle liability policy that may be applicable to the claim. Additionally, this bill sets forth processes applicable to such requests, along with mandates that:

- such disclosure of the bodily injury policy limits shall not constitute an admission that the alleged injury or damage is subject to the policy;
- information concerning the insurance policy is not by reason of disclosure under this bill admissible as evidence at trial; and
- the disclosure shall be confidential and available only to the individual injured and the attorney representing the injured person and personnel in the office of the attorney.

Maryland

Issued Sept. 11, 2018, Bulletin 18-17, in response to the declaration of a state of emergency on Sept. 10, 2018, announced the activation of Emergency Regulation COMAR 31.01.02.06A(3 & 4), with the Insurance Commissioner requiring "health carriers to waive any time restrictions on prescription medication refills and

authorize payment to pharmacies that fill prescriptions for the residents of Maryland for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription medication had most recently been filled. This waiver for time restrictions on prescription medication refills shall stand while the state of emergency remains in effect." Health carriers are also required to waive any time restrictions on the replacement of durable medical equipment or supplies, eyeglasses, and dentures.

Southeast Zone

Arkansas

Rule 118, effective Jan. 1, 2019, implements the PBM Licensure Act and to provide licensing, reporting and activity standards for pharmacy benefit managers which provide claims processing services or other prescription drug or device services, or both, for health benefit plans.

North Carolina

The Department of Insurance issued several Hurricane Florence related notices and bulletins including the following:

- Bulletin 18-B-12, dated Sept. 17, 2018 (and later amended to include additional counties on Sept. 19, 2018), addressed the activation of the state of disaster automatic stay of proof-of-loss requirements, and premium and debt deferrals for the identified counties.
- Bulletin 18-B-11, dated Sept. 17, 2018 (and later amended on Sept. 19, 2018) ordered the activation of NCDOL's Disaster Mediation Program, following the President's Sept. 14, 2018 declaration of disaster for North Carolina in specified counties. The Bulletin further advised that insurers are required to notify all first-party disaster claimants in identified counties of their right to mediate "disputed claims," as that term is defined under section 58-44-75.
- Bulletin 18-B-09, dated Sept. 10, 2018, reminds health benefit plans of compliance requirements applicable to obtaining extra prescriptions during a state of emergency or disaster. This authorization of extra prescriptions during this state of emergency is valid for prescription medication requests made within 29 days of Sept. 10, 2018, unless extended by an order issued by the Commissioner.

South Carolina

The Department of Insurance issued several Hurricane Florence related notices and bulletins including the following:

- Notice dated Sept. 20, 2018 advises property and casualty insurers in South Carolina about updated reporting dates for data calls relating to Hurricane Florence insurance claims, along with a revised claims reporting spreadsheet. The first report continues to be due Oct. 1, 2018.
- Notice dated Sept. 14, 2018 announced the issuance of Emergency Regulation 69-79 which includes imposes a 60-day moratorium on cancellations for nonpayment of premiums

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and on nonrenewals for insureds directly impacted by Hurricane Florence. The 60-day moratorium began Friday, Sept. 14, 2018 and ends Nov. 13, 2018.

- Emergency Order 2018-EO-001 orders persons licensed or authorized to transact insurance business in South Carolina to comply with the requirements of Emergency Regulation 69-79.

Midwest Zone

Illinois

Bulletin 2018-05, dated Aug. 28, 2018, focused on both the prompt payment and payment of interest to workers' compensation providers. Carriers are directed to undertake an immediate review and institute policies to ensure compliance with Illinois law concerning these requirements. The Bulletin specifically indicated that this requires carriers to either make payments to a provider, or its third-party billing entity, within thirty days of receipt of bills that contain substantially all of the required data elements necessary, or to provide a specific basis for denial. The department further noted that "lack of resolution on the indemnity portion of a workers' compensation claim is not sufficient justification for nonpayment." Specifically, with regards to any outstanding substantially completed bill submitted more than thirty days prior to this Bulletin, the entity is directed to issue payments immediately and promptly pay the required interest.

Indiana

Bulletin 244, issued Sept. 4, 2018, focused on Indiana's existing statutes on short term health plans, given the federal "Short-Term, Limited-Duration Insurance" Final Rule which extends the maximum duration of a short-term, limited-duration policy. Under that Final Rule, effective Oct. 2, 2018, short-term, limited-duration policies may have an initial contract term of less than twelve months with a maximum duration not to exceed thirty-six months under a single contract. As this federal "Final Rule" does not preempt existing state law regulating such plans, the department indicates that short-term, limited duration insurance must not be for longer than six months and may not be renewed. The department further indicated that "insurers that have policyholders enrolled in plans that followed the previous federal guidance by limiting plans to three months may continue to offer these policies. Effective October 2, 2018, if an insurer wants to issue policies conforming to current Indiana state law, the insurer will need to submit a new filing for a six-month duration policy through the System for Electronic Rate and Form Filing ("SERFF")."

Nebraska

Issued Sept. 18, 2018, Bulletin CB-83 (Amended) announced that the Department of Insurance conducted a review of relevant data concerning credit life insurance and credit accident and health insurance and determined the existing prima facie rates should remain unchanged. The Amended Bulletin includes the reissued prima facie rates which are applicable to all credit life insurance and credit accident and health premiums. Insurers currently utilizing the prima facie rates do not need to refile their rates as a result of the reissuance of the rates

Western Zone

Alaska

HB 240, effective July 1, 2019, establishes various requirements for pharmacy benefits managers including requiring that person may not conduct business in the state as a pharmacy benefits manager unless the person is registered with the director of insurance as a third-party administrator. This registration permits a PBM to: (1) contract with an insurer to administer or manage pharmacy benefits provided by an insurer for a covered person, including claims processing services for and audits of payments for prescription drugs and medical devices and supplies; (2) contract with network pharmacies; (3) set the cost of multi-source generic drugs under AS 21.27.945; and (4) adjudicate appeals related to multi-source generic drug reimbursement.

California

AB 1797, operative on July 1, 2019, creates a new residential property insurance disclosure requirement. Specifically, an insurer that provides replacement cost coverage in accordance with California insurance law, will be required to provide disclosures on an every-other-year basis of an estimate of the cost necessary to rebuild or replace the insured structure that complies with specified existing regulations at the time an offer to renew a policy of residential property insurance is made to the policyholder. However, an insurer is exempt from this requirement if either (i) the policyholder has requested, within the two years prior to the offer to renew the policy, and the insurer has provided, coverage limits greater than the previous limits that the policyholder had selected, or (ii) if the insurer has made specified offers to the policyholder as set forth in this bill.

Oregon

The Oregon Division of Financial Regulation Memorandum of Aug. 9, 2018 addressed the marketing, sale or offer of short-term health insurance policies. The division noted that the federal rule on short-term, limited-duration insurance does not limit a state's ability to establish laws regarding these plans and reminded the industry and consumers that "it is a violation of Oregon law to market, sell, or offer short-term health insurance policies that exceed three months, including renewals, and a new policy cannot be issued to a customer within 60 days of expiration."

Utah

Bulletin 2018-4, issued Aug. 14, 2018, concerned the prohibition of using not-at-fault incidents when rating a private passenger automobile policy. Premium increases for certain claims or inquiries presented under such policies is a violation of Utah Code § 31A-19a-212(l)(b). The Department further indicated that it considers the removal of a discount or refusal to give a discount due to a not-at-fault incident to be a premium increase, and that not-at-fault incidents include, but are not limited to, comprehensive, glass, vandalism, and theft claims. ■

Nominations Open

**Al Gross/Jim Long
Rookie of the Year Scholarship!**

This award is named after two long-serving Insurance Commissioners who passed away shortly after retiring from their positions: North Carolina Insurance Commissioner, Jim Long, and Virginia Commissioner of Insurance, Al Gross. Both of these Commissioners were dedicated to serving their constituents. They demonstrated dedication, leadership, innovation, and mentorship; and neither were afraid to get involved in difficult issues and find solutions by looking outside the box. Both men were recognized as exceptional leaders by their peers and those who worked for them.

The scholarship is awarded annually to up to four (4) state regulators (one in each zone) who have demonstrated exceptional promise, professionalism, and a commitment to continual improvement. Applications are accepted during the second half of the year; scholarships are awarded and must be used in the following year. Recipients receive waived registration fees and are reimbursed up to \$1,000 in travel-related expenses for one of the following programs (held during the award year):

- IRES Foundation National School on Market Regulation: March 24-26, 2019 in Atlanta, Georgia
- IRES Career Development Seminar: August 18-21, 2019, in Spokane, Washington
- MCM (Market Conduct Management) Designation Program: Next course: November 14-16, 2018 in Louisville, Kentucky (see page 3)

Eligibility: To be eligible, applicants must:

- Be a current state insurance department employee with less than two (2) years of service in her/his current position as of January 1st of the award year.
- Demonstrate exceptional promise and professionalism in representing their states as regulators.
- Seek to develop skills through completion of training programs provided by recognized insurance industry institutional programs, including, but not limited to, those provided by The Institutes, The American College, LOMA, and the NAIC.

IRES membership is not required.

Applications are due December 31, 2018 at 11:45 p.m. CST.

To apply, complete the online scholarship application. You will be required to upload a letter of recommendation from your commissioner, director, or superintendent (addressed to the Insurance Regulatory Examiners Society, 207 E. Ohio Street #430, Chicago, IL 60611).

2019 Award Nominations Are Open

Thomas L. Reents Memorial Scholarship

Do you know someone who puts forth award-winning effort and is a current State Insurance Department Employee with less than 5 years of service as of January 1, 2019?

The Thomas L. Reents Memorial Scholarship honors the first President of the Insurance Regulatory Examiners Society (IRES). This award was established in 2016 by IRES and the IRES Foundation. The inaugural scholarship was presented in 2017.

Mr. Reents had a long, successful and well-respected career in insurance, primarily in a regulatory capacity. He was with the Nebraska Department of Insurance from 1974 to 1997, during which time he performed market conduct examinations, investigated consumer complaints, and developed an insurance counseling program for seniors. Prior to joining the department, he worked in the private insurance industry in both personal and commercial lines. After leaving the Nebraska Department of Insurance, Mr. Reents continued his insurance career as a compliance consultant. Mr. Reents earned his Certified Insurance Examiner (CIE) designation in 1988.

Eligibility: To be eligible, applicants must:

- Be a current state insurance department employee with less than five (5) years of service in her/his current position as of January 1st of the award year.
- Demonstrate exceptional promise and professionalism in representing their states as regulators.
- Seek to develop skills through completion of training programs provided by recognized insurance industry institutional programs, including, but not limited to, those provided by The Institutes, The American College, LOMA, and the NAIC.
- Be a current General member of IRES.

Applications are due December 31, 2018 at 11:45 p.m. CST.

Recipients will be reimbursed up to \$1,000.00 in travel-related expenses, as well as waived registration fees, at one of the following programs:

- IRES Foundation National School on Market Regulation: March 24-26, 2019 in Atlanta, Georgia
- IRES Career Development Seminar: August 18-21, 2019, in Spokane, Washington
- MCM (Market Conduct Management) Designation Program: Next course: November 14-16, 2018 in Louisville, Kentucky (see page 3)

Highlights from the 2018 CDS

By Parker Stevens, FLMI, AIRC, CCP, CIE, MPM, AMCM

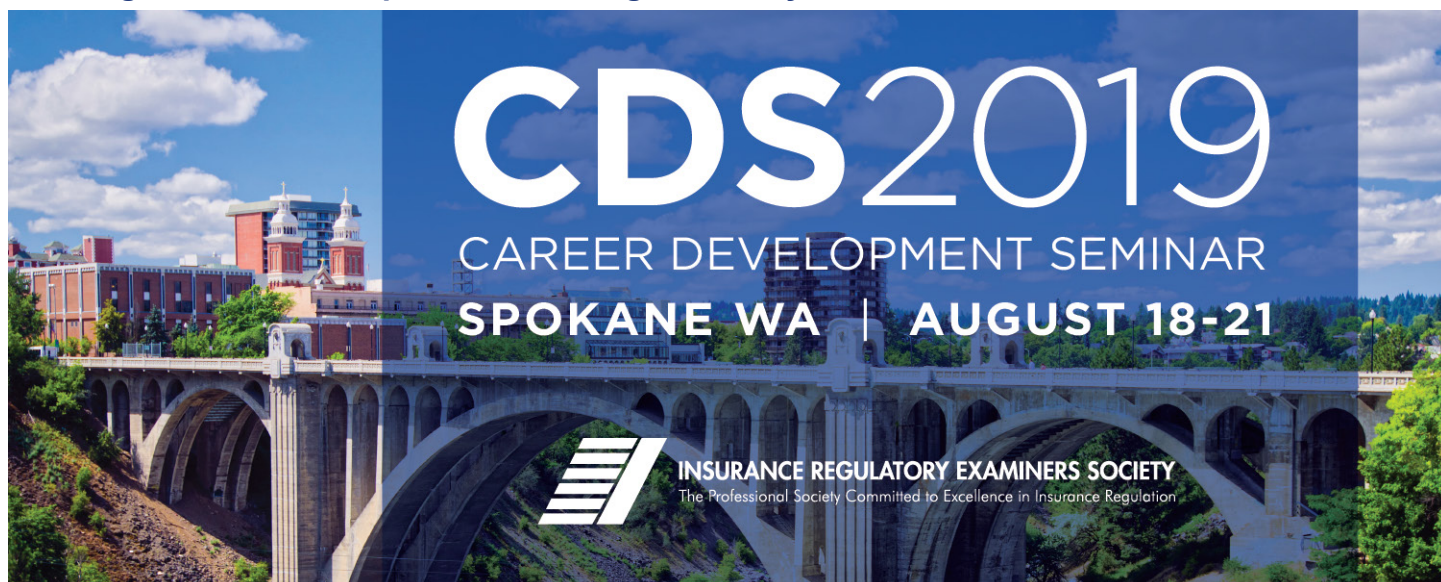


Approximately 250 members and interested parties attended this year's IRES CDS and Regulatory Skills Workshop from August 12th through the 15th. The CDS was held at the Hyatt Regency Riverwalk in historic San Antonio, Texas, and this year's theme was "Something to Remember." Sunday's Reception featured wonderful food and fun entertainment as some regulators and industry folks squared off in their version of "Match Game." Monday kicked off with Jon-Mike Kowall, USAA, as the conference's keynote speaker. Session topic highlights for Monday and Tuesday included Data Security, Mental Health Parity, Suitability, Assignment of Benefits, Risk-Focused Analysis Process, Blockchain/Artificial Intelligence, and Forced Placed Insurance.

An engaging Commissioners Roundtable discussion started Tuesday morning off and featured Commissioner Doug Ommen (IA), Commissioner Ken Selzer (KS), Commissioner Jim Donelon (LA), and Host Commissioner Kent Sullivan (TX). At lunch on Tuesday, IRES was excited to announce the following IRES award winners:

- Al Greer Achievement Award – Mary Mealer
- Chartrand Communications Award – Jo A. LeDuc
- Schrader-Nelson Publications Award – Dr. Uma S. Dua
- President's Award – Holly Blanchard, Lisa Brandt, and Nancy Thomas
- Thomas L. Reents Memorial Scholarship Award - Desiree Mauler
- The Al Gross/Jim Long Rookie of the Year Scholarships were awarded to Monica Hale, Sarah Neil, Jessica Bullington.

Looking to the future...Spokane, Washington...See you all there!





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**SUMMER
2018**

Editor's Corner



Stephanie Duchene

As the weather cools and the leaves begin to turn (or so I've heard, here in Los Angeles our summer lingers through Thanksgiving), we come to you with the Fall issue of The Regulator®.

In this issue, we have a thorough and thought-provoking article by Tim Clement and Sam Muszynski of the American Psychiatric Association about the lingering compliance gaps with the Mental Health Parity and Addiction Equity Act even ten years since its enactment. We also highlight the wonderful CDS conference in San Antonio, Texas. Another hearty congratulations to this year's award winners: Mary Mealer (AI Greer Achievement Award); Jo A. LeDuc (Chartrand Communications Award); Dr. Uma S. Dua (Schrader-Nelson Publications Award); Holly Blanchard, Lisa Brandt, and Nancy Thomas (President's Award); Desiree Mauller (Thomas L. Reents Memorial Scholarship Award); and Monica Hale, Sarah Neil, Jessica Bullington (AI Gross/Jim Long Rookie of the Year Scholarships). Jo LeDuc's Educational Corner explains the professional continuing education available under the National IRES Continuing Education (NICE) Program. As always, Kathy Donovan keeps us Zoned In on recent changes in state insurance laws. Finally, in this issue we have our first President's Remarks from our new President, Martha Long from the Missouri Department of Insurance. We welcome Martha's contributions to The Regulator and look forward to working with her in the year ahead!

Thank you to all our authors and contributors to this Fall issue. Without your volunteer efforts, this publication would not be possible!

Please let me know if you have any feedback on this issue, or ideas for upcoming issues. It's your organization: make sure your voice is heard - right here in The Regulator®! ■