Multi-State Collaborative Regulatory Actions

By Pieter Williams and Holly Blanchard

Regulation of the insurance industry in the United States is primarily the responsibility of individual states. As clear as this principle may sound at first thought, each state having primary regulatory authority for insurance activities within its border creates significant challenges for regulation of the global insurance market. Consider: states don’t have the same laws, same politics, same public interests, insurers have customers in many states and are principally located in different states; our society is highly mobile; the federal government has certain insurance regulatory authority that supersedes state authority; and there is no central insurance regulator with authority to direct state and federal regulatory efforts.

A result of the U.S. system of insurance regulation is a significant need for collaborative market regulation actions (“collaborative actions”) by states to address common regulatory issues. This point was highlighted by the Federal Insurance Office (FIO) in its 2013 report on How to Modernize and Improve the System of Insurance Regulation in the United States (Report). The FIO stated “Coordination between states and standardization of market analysis, investigations and examinations are essential to modernization” of U.S. insurance regulation.

This article provides background on collaborative actions and summarizes considerations and best practices for regulators and regulated entities.

Background

Collaborative actions are a mechanism for more than one state to collectively evaluate and address common regulatory concerns with a specific insurance company or sector of the market. Benefits of collaborative actions include centralized management of a regulatory action, resolving concerns for multiple states, reducing costs of the regulatory action, avoiding inconsistent outcomes, protecting a greater number of consumers and protecting insurer solvency.

The number of states participating in a collaborative action and the type of the action vary depending on the issues and number of regulated entities involved. A collaborative action can involve any or all options on the continuum of regulatory responses (e.g., analysis to examination). Still, the central elements of most collaborative actions are:

1) more than one state partnering;
2) a lead state or lead states managing the process;
3) sharing of resources and information;
4) consensus decision making; and
5) a single regulatory settlement agreement agreed to by all participating states.

The National Association of Insurance Commissioners (NAIC) provides a beneficial forum and guidance for states to raise, discuss and consider collaborative actions.
The NAIC also encourages states to have a Collaborative Action Designee (CAD) to facilitate communication among states regarding regulatory concerns. The NAIC’s Market Action Working Group (MAWG) is the primary forum for states to raise issues for collaborative action consideration, monitor progress of an action and discuss resolution of an action. The MAWG is comprised of approximately 16 states and operates in a confidential manner. Regulated entities are not permitted in MAWG meetings, except when specifically invited by MAWG to attend. States can also pursue a collaborative action without utilizing the NAIC forum.

Considerations and Best Practices

Navigating the collaborative action process and securing successful resolution presents unique challenges for all parties due to more than one state being involved and the significance of issues for a regulated entity. Due to these challenges, not all collaborative actions are successful and proper management of a collaborative action is essential. To increase the likelihood of a successful collaborative action, common elements for all parties (states and regulated entities) should include: acceptance of consensus decision-making; willingness to compromise; candid communication; modesty; open-mindedness; and desire for an efficient process.

Management of collaborative actions by state regulators varies to some degree based on the type of action and issues involved. Still, management of a collaborative action is frequently complex, requires reconciling different interests, determining what constitutes success and is unlike management of personnel or other regulatory matters. Beneficial management practices for a collaborative action include facilitating: early acceptance by states of a consensus process and outcome; recognition of each state’s laws and regulations; appreciation of state political factors; productive communication; identification of common concerns; understanding of the regulated entity’s business, positions and interests; and identifying common consumer protection goals. Additionally, the NAIC’s Market Regulation Handbook provides procedural and technical guidance for collaborative action management.

Another beneficial practice for regulators’ management of a collaborative action involves utilizing services of an impartial regulator with broad perspectives, negotiation skills and collaborative action experience. Involving this type of regulator, including a consultant, typically will enhance existing capabilities of the participating states and alleviate strain on states’ resources.

Defining success for states participating in a collaborative action is often challenging and not obvious. As with any regulatory matter, achieving success is important to all parties; however, with a collaborative action the meaning of success may differ depending on a state’s perspective. Therefore, defining success through consensus and compromise is essential. Reliance on these two core elements of the collaborative action process should result with setting expectations, generating commitment and allowing each state to achieve a successful resolution.

Additionally, a regulated entity will have its own definition of success for a collaborative action, which should not be overlooked by states. Uncertainty created by a collaborative action and the significance of issues for the regulated entity can influence the entity’s participation, effort and the overall tone of the process. It is important for participating states to help the regulated entity understand the collaborative action process and to provide access to relevant information. The regulated entity being well informed will often facilitate agreement, participation and willingness to implement corrective actions.

Summary

Collaborative actions are a necessary and important tool for state regulators to properly regulated the insurance industry. Benefits of collaborative actions help regulators, consumers and regulated entities.

However, some or all beneficial aspects of collaborative actions will be unrealized if the process is not well managed.

The following summarizes best practices that if utilized will improve the collaborative action process for state regulators and regulated entities. Not every practice may apply to each collaborative action process; however, some should fit every collaboration action.

For state regulators: frequent communication among states; frequent communication by lead regulator with company; candor; compromise; consensus decision making; not overreaching; act with integrity; focus on the big picture; not minor issues; relinquish control to lead regulator; act efficiently; open mindedness; and attention to details.

For regulated entities: develop trust with participating states; establish senior-level internal team to manage process; set, adjust and regularly explain expectations internally; don’t hide behind attorneys; focus on the big picture; not minor issues; actively work toward resolution; act with integrity and intellectual honesty; candor; and open mindedness.

About the Authors

Holly Blanchard is the President of Regulatory Insurance Advisors, LLC (RIA). Holly was previously the Life and Health Administrator with the Nebraska Department of Insurance. Prior to being the Life and Health Administrator, Holly was a Market Conduct Examiner in Charge and worked directly with fellow regulators on collaborative examinations. She has over 20 years of experience in the insurance industry. Holly is considered a leading expert in the Affordable Care Act (ACA) and frequently presents on issues dealing with the ACA.

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Affordable Care Act: Repeal, Replace or Compromise

By Julie Fleming, Logan Mortenson, Brian Webb, and Melissa D. Berry.

May 8, 2017

Following intense negotiations, the U.S. House of Representatives passed the American Health Care Act, its effort to repeal and replace the Affordable Care Act (ACA). Passed by a 217-213 margin, the bill includes compromises on both the essential health benefits (EHBs) and preexisting exclusion provisions that had previously met strong resistance from fiscal conservatives in the Freedom Caucus.

The first version of the House bill to repeal and replace the ACA was scheduled for a vote on March 24, 2017 but House Speaker Paul Ryan (R-Wis.) pulled the bill when it became clear that there were not enough votes in the House to pass it.

This article will look at the key provisions of the bill as passed, including those that were part of the MacArthur amendment compromises on EHBs and pre-existing conditions.

One controversial compromise was the agreement to eliminate the essential health benefits (EHBs) provision of the ACA. The EHB provision requires all health insurers to cover ten benefits that the Obama Administration considered essential to meaningful health coverage. Opponents of the EHBs argue that forcing insurers to provide this coverage keeps premiums high and does not allow individuals adequate flexibility to purchase plans that meet their needs.

Under the bill as passed, states will be allowed to opt out of the ACA provision requiring insurers to provide coverage for these ten benefits. House Republicans argue that this will allow the states to require coverage only for those benefits crucial to their citizens without mandating coverage for less important benefits. Opponents of this change fear that it will result in the elimination of covered benefits for mental illness and substance abuse treatment.

These benefits are an area of considerable concern for states that are dealing with near epidemic levels of opioid addiction and that voted for President Trump in the 2016 election. Opponents also raise concerns that in states opting out of the EHB provision, coverage for maternity and infant care, preventative care and emergency services could be eliminated.

The bill also allows states to seek a waiver to opt out of the ACA provision that requires insurers to accept individuals with preexisting conditions and charge them the same premiums as other healthier insureds. Opponents of this change are concerned that much higher premiums will make health insurance unaffordable for many with preexisting conditions and, as a result, those individuals will allow their policies to lapse. Although the bill provides funding that will allow states that opt out of this provision to use federal money to set up high-risk pools to cover these individuals, there are still concerns that the high-risk pools may not be adequate and also that any lapse in coverage could be detrimental.

Among the areas that received consistent support across all Republican factions was the repeal of the individual mandate. The ACA requires individuals to purchase complying health insurance or pay a penalty to the IRS, which was charged with enforcing the mandate. Under the House bill, there is no individual mandate to purchase or maintain healthcare insurance and, as a result, no IRS penalty.

In order to offset some of the additional out-of-pocket expenses that will result from lower subsidies, the bill substantially increases the limits of health savings accounts (HSAs). The 2017 HSA contribution limits are $3,400/individual and $6,550/family. Under the Republican proposal, the contribution limits would be raised to $6,500/individual and $13,100/family.

HSAs come with a triple tax advantage: 1) contributions are tax free; 2) contributions can earn tax-free interest; and 3) withdrawals for qualifying medical expenses are also tax free. The bill would allow for over-the-counter medications to be included as qualified medical expenses. The bill also would expand what is considered a preventative service to include coverage of treatments and medications to help manage chronic diseases instead of requiring the HSA to cover those costs.

One of the more contentious issues under the Republican bill to repeal and replace the ACA is the elimination of the individual mandate. Opponents of this provision suggest that it might discourage individuals from purchasing health insurance initially to avoid a possible lapse and also from repurchasing insurance following a lapse.

Another noncontroversial component of the legislation would allow individuals to fully deduct health insurance premiums from their individual tax returns. For 2018-19, premium tax credits would be based on both age and income. Beginning in 2020, the deductions would range from $2,000 to $4,000 depending on the age of the individual and would increase to keep pace with inflation. Although intended as an incentive for individuals to purchase health insurance, the deductions are lower than the ACA subsidies. As a result, critics argue many of the poorest individuals would not be able to afford insurance. Proponents counter that these deductions would provide sufficient assistance while also encouraging greater personal responsibility.

1 This article follows a recent Thomson Reuters/Association of Insurance Compliance Professionals webinar held on March 9, 2017. Contributors to the webinar included: Julie Fleming and Logan Mortenson, compliance attorneys with Thomson Reuters; Brian Webb, Assistant Director with NAIC Health Policy and Legislation; and Melissa D. Berry, Moderator, Principal Attorney Editor with Thomson Reuters.

2 Yasmeen Abidullah and David Morgan, House Republicans repeal Obamacare, hurdles await in U.S. Senate, Reuters (May 4, 2017).


5 Yasmeen Abidullah and David Morgan, House Republicans repeal Obamacare, hurdles await in U.S. Senate, Reuters (May 4, 2017).

the ACA is Medicaid expansion. Under the ACA as passed, states were required to expand Medicaid to provide coverage to individuals with income up to 138 percent of the federal poverty level. Many states opposed this requirement, which was fully-funded by the federal government through 2019, but also penalized states that did not agree to expand. Following protracted litigation, the U.S. Supreme Court ruled that the federal government could not use the financial penalty to compel states to expand Medicaid. As a result, only 31 states and the District of Columbia expanded Medicaid.

As passed, the House bill repeals Medicaid expansion. The enhanced federal medical assistance percentages (FMAP), which are used in determining matching funds for Medicaid expansion, would be eliminated as of January 1, 2020. However, there would be an exception for individuals enrolled as of December 31, 2019 who do not have a break in eligibility of more than one month. Instead, funding would be provided through a type of block grant called a per capita cap, where a fixed sum would be given based on the number of people enrolled in the program. That amount would grow slightly each year to account for inflation and states would be given more freedom in determining how to spend the money, who qualifies and for what services.

Block grant supporters point to the savings that they would create. The Congressional Budget Office (CBO) estimates that it would reduce federal spending for Medicaid by $880 billion over the period of 2017-2026. However, critics argue that those savings could come at a significant cost. It is estimated that by 2026, 14 million fewer people would be covered by Medicaid than was expected under the current law. In addition, the number of uninsured people would increase by 21 million.

Changes to Medicaid funding under the Republican bill met with opposition from a number of Republican governors. These governors expressed serious concerns about the impact of a complete repeal of the ACA Medicaid expansion on their citizens and their budgets.

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In addition to the gubernatorial concerns, moderate Republicans in the House also expressed concern about the millions of individuals who are likely to lose their health insurance under the bill are whether this impact will make them vulnerable in upcoming elections.

The legislation now moves to the Senate where it is expected to be significantly reworked, if not completely rewritten, by an all male, 13-member working group led by Senate Republican Mitch McConnell (R-Ky). With only a 52-48 margin, Republicans in the Senate are certain to face many challenges to draft a viable bill that can pass in the Senate and also survive a return to the House for approval.

As individuals and insurers prepare for 2018, there is still considerable uncertainty in the insurance market.

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With the conclusion of the NAIC’s Spring National Meeting in April, this is an ideal time to review ongoing market regulatory efforts from 2016, new initiatives for 2017, and what to expect in the coming months.

Voluntary Market Regulation Certification

Market Regulation Certification continues to be a high priority for the Market Regulation and Consumer Affairs (D) Committee. A topic of much discussion in 2016, Voluntary Market Regulation Certification Program contains 12 market conduct regulation standards which a certified jurisdiction would be expected to maintain. The 12 standards cover 5 broad areas: state statutory authority to conduct market regulation, use of the NAIC Market Regulation Handbook; staffing resources and qualifications; interstate collaboration through participation in NAIC market regulation working groups; and use of NAIC market information systems.

Because of uncertainty about the impact of the certification program on jurisdictions, the Market Regulation and Consumer Affairs (D) Committee has proposed a two-year pilot program prior to the NAIC Membership considering the adoption of the full program. The NAIC’s Executive Committee and Plenary should consider the adoption of the pilot program prior to the NAIC Summer National Meeting in August.

The pilot program calls for 12 volunteer jurisdictions in 2017 and another 6 volunteer jurisdictions in 2018. Jurisdictions participating as volunteers would be awarded up to $5,000 annually for their Collaborative Action Designee to attend NAIC market conduct related meetings. As part of this process, volunteer jurisdictions would provide updates on their progress in meeting the standards of Voluntary Market Regulation Certification Program to the Market Regulation Certification (D) Working Group.

In addition, the pilot states would work with NAIC staff to produce an annual report to share key results of the pilot program, such as a jurisdiction’s change in compliance from the initial checklist assessment to the final checklist assessment; any difficulties encountered to reach 100% compliance, such

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as staffing or regulatory authority; the number of market regulation personnel seeking or earning professional designations; and the number regulatory actions initiated and resolved.

Pre-Dispute Mandatory Arbitration Clauses

Moving forward with the discussions from 2016, the Market Regulation and Consumer Affairs (D) Committee appointed a new Pre-Dispute Mandatory Arbitration Clauses (D) Working Group to discuss the use of pre-dispute mandatory arbitration clauses for insurance claims and consider and, if appropriate, amendments to the NAIC’s Unfair Trade Practices Model Act or development of a new model act prohibiting the use of pre-dispute mandatory arbitration clauses and choice-of-law and choice-of-venue clauses. It is important to note the scope of the Working Group is limited to the use of pre-dispute mandatory arbitration clauses. The Working Group will spend much of 2017 receiving comments from all parties on the use of these clauses. The Working Group will likely segment their discussions regarding choice-of-law and choice-of-venue clauses.

If the Working Group ultimately decides that an amendment to an existing NAIC model or creation of a new model is needed, the activities of the Working Group will receive a higher profile among the NAIC Membership. Per the NAIC model law development criteria, the NAIC’s Executive Committee must first determine if an amendment to an existing model or the development of a new model meets a two-pronged test: (1) the issue that is the subject of the model necessitates a minimum national standard and/or requires uniformity among all states and (2) NAIC members are committed to devoting significant regulator and NAIC resources to educate, communicate, and support a model that has been adopted by the NAIC Membership.

Market Analysis and Market Conduct Annual Statement

Another structural change for 2017 is the appointment of a new Market Conduct Annual Statement Blanks (D) Working Group. Because of the continued growth of the Market Conduct Annual Statement, the Market Regulation and Consumer Affairs (D) Committee formed this new Working Group to provide additional focus on the data elements and definitions of existing lines of insurance and to develop MCAS blanks to be used for the collection of data for additional lines of business.

At the same time, the Market Analysis Procedures (D) Working Group will continue to be the forum for the review and coordination of state market analysis programs and the development of procedures for uniform, nationwide analysis. This effort includes making recommendations for new line of business for MCAS. Because of this, there has been some expected uncertainty surrounding the role and potential overlap of these two groups. For example, the Market Conduct Annual Statements Blanks (D) Working Group is moving forward with creating the blanks and definitions for the new MCAS lines of business for lender-placed auto, lender-placed home, and disability income. At the same time, the Market Analysis Procedures (D) Working Group is discussing the potential addition of a new blank for credit life insurance as well as the established procedure for selecting new MCAS lines of business. As 2017 progresses, the lines of responsibility and necessary coordination between the two Working Groups will become clearer.

While there continues to be some uncertainty regarding the future of the Affordable Care Act, the NAIC is moving forward to implement the Health MCAS blank with the first submission of data to states scheduled for Sept. 30, 2018. The collection of health data will be an important enhancement in the states’ ability to monitor the health insurance market and much of the data to be collected is not intrinsically linked to the Affordable Care Act.

Privacy Disclosures

The Privacy Disclosures (D) Working Group has completed its work and was disbanded at the NAIC Spring National Meeting. During this meeting, the NAIC Membership adopted revisions to the NAIC’s Privacy of Consumer Financial and Health Information Regulation to make the annual privacy notification requirements consistent with the annual privacy notice requirement of the Gramm-Leach-Bliley Act (GLBA), as modified by the Fixing America’s Surface Transportation Act. The FAST Act was enacted into law on Dec. 4, 2015, and included an amendment to GLBA to eliminate the requirement for financial institutions to provide annual privacy notices if certain conditions are met. For example, an insurance company that only shares nonpublic personal financial information of insureds with a nonaffiliated third party for the servicing of their consumers’ insurance products would not be required to provide an annual privacy notice.

In addition, the sample privacy notices of the model, which provide a safe harbor of compliance with the privacy notice content requirements, were replaced with the Federal Model Privacy Form. The Federal Privacy Form was issued by federal regulatory agencies for use by financial institutions, such as banks and security investment companies, as a safe harbor of compliance with the privacy notification requirements of GLBA. To allow for the timely transition to the use of the Federal Privacy Form, the safe harbor
The Use of Big Data in the Insurance Industry

The Big Data (D) Working Group has moved under the new NAIC’s Innovation and Technology (EX) Task Force. The goal of the new Task Force is to provide a forum for regulator education and discussion of innovation and technology in the insurance sector, to monitor technology developments that impact the state insurance regulatory framework, and to develop regulatory guidance, as appropriate. The Working Group’s charges developed under the Market Regulation and Consumer Affairs (D) Committee will remain the same. With this, the Working Group will generally focus on the following three work streams: (1) review the regulatory framework used to oversee insurers’ use of data; (2) develop a proposal for states to share resources to facilitate the review of insurers’ complex models used for underwriting, rating, and claims; and (3) assess the data needs and required tools for regulators to monitor the market.

There continues to be a wide array of viewpoints regarding the benefits and consumer concerns surrounding insurers’ use of complex models for rating, claims, and marketing. During the NAIC Spring National Meeting, the Working Group received a presentation on the benefits of insurers’ use of big data, including more accurate pricing, better claims processing and identification of potential fraud, increased availability of insurance and improvement of insurers’ operational efficiency. In response to this presentation, the Working Group again heard multiple concerns about insurers’ use of big data, including the lack of transparency regarding insurers’ use of data, the use of certain data to result in unfair discrimination against protected classes, the growing challenge of state insurance regulators to properly review insurers’ complex rating models, and the increasing number of new data brokers essentially acting as advisory organizations.

The Working Group will use this information to finalize its work plan for 2017. Unlike 2016, which focused on the discussion and education, the Working Group will develop policy recommendations and guidance this year. Because of prior work of the Casualty Actuarial and Statistical (C) Task Force addressing the need for enhanced interstate communication regarding insurers’ use of consumer and other data, the Working Group will likely begin its work by developing a proposal for states to share resources to facilitate the review of insurers’ complex models used for underwriting, rating, and claims. In the coming months, the Working Group will also work closely with the Innovation and Technology (EX) Task Force to determine how best to obtain the needed detail from insurers regarding complex modeling techniques while protecting the confidentiality of insurers’ intellectual property.

Producer Licensing

The Producer Licensing (EX) Task Force has been realigned to report to the Market Regulation and Consumer Affairs (D) Committee. This change was made to recognize the more technical nature of the Task Force’s discussion. In addition, the Producer Licensing (EX) Working Group was disbanded. During the NAIC Spring National Meeting, the Producer Licensing (D) Task Force appointed three new Working Groups – the Uniformity Working Group, the Uniform Education Working Group, and the Independent Adjuster Licensing Working Group.

The Uniformity Working Group will focus on the ongoing coordination of states’ adherence to NAIC Uniform Licensing Standards and essentially step into the shoes of the prior Producer Licensing (EX) Working Group. Similar to 2016, the Uniform Education Working Group will continue its work on enhancing reciprocity guidelines, the review of uniform application forms for continuing education providers, and state review and approval of courses. Finally, the Independent Adjuster Licensing Working Group will monitor state implementation of independent adjuster licensing reciprocity and uniformity in the examination process, renewal process, and use of the “designated home state” by independent adjusters. Because not all states issue independent adjuster licenses, an individual seeking a non-resident license may need to designate a state (other than their actual home state of residency) as their home state. While this process was designed to enhance reciprocal licensing of independent adjusters, the use of the “designated home state” has created some consumer protection concerns due to variations in state licensing requirements for independent adjusters.

With the change of administration at the federal level, the NAIC is again seeking NAIC Members who may be interested in serving on the Board of Directors for the National Association of Registered Agents and Brokers. The National Association of Registered Agents and Brokers Act of 2015 (“NARAB II”) was signed into law in 2015 and formally created the NARAB. Pursuant to the law, a NARAB Board of Directors will be comprised of 13 individuals; 8 state insurance commissioners and 5 representatives of the insurance industry. The Board members are nominated by the President of the United States and subject to Senate confirmation. The Obama administration requested a list of recommended state insurance regulators to properly review insurers’ complex rating models, and the increasing number of new data brokers essentially acting as advisory organizations.
commissioners for the NARAB Board of Directors and the NAIC expects to receive a similar request from the Trump administration.

**NAIC Life Policy Locator Service**

The NAIC’s Life Insurance Policy Locator service continues to benefit consumers as state insurance regulators and the insurance industry work to reduce the number of unclaimed life insurance benefits. Through this national portal, insurance consumers who believe they are beneficiaries of a deceased person may submit a free search request for a potential life insurance policy. When a request is received, the NAIC asks participating companies to search their records to determine whether they have a life insurance policy or annuity contract in the name of the deceased. If a company identifies a life insurance policy or annuity, the participating company responds to the requester to begin the formal claims process if the requester is the designated beneficiary or is authorized to receive the information. As of April 1st, the service has returned more than $17 million to consumers since its implementation in Nov. of 2016.

Additional information about these and other activities of the Market Regulation and Consumer Affairs (D) Committee, its Task Forces, and Working Groups, may be found at the following Web link on the NAIC Website: http://www.naic.org/cmte_d.htm

Tim Mullen, JD, MBA, CPCU, CIE, is the Director of Market Regulation at the National Association of Insurance Commissioners. He oversees a wide range of activities supporting NAIC committees, task forces and working groups addressing antifraud, consumer services, market analysis, market conduct examinations, and producer licensing. He joined the NAIC in 1997 and was with the Missouri Department of Insurance prior to joining the NAIC. In addition to his work in state government, he worked for Aetna Insurance and was a practicing attorney before joining Aetna. He is a member of the Missouri Bar and the Kansas Bar, the 2009 recipient of the Paul L. DeAngelo Memorial Teaching Award from the IRES Foundation, and serves as Vice-President of the Kansas City CPCU Chapter.

**Spring State Chair Updates**

By Holly Blanchard

The IRES State Chairs continue to develop robust resources for our members. These resources include enhanced marketing materials; a blog to discuss happenings in the market place and potential problems and solutions to the changes forthcoming; a comprehensive list of presentations as well as experts in each area; and enhanced networking opportunities to interact with fellow IRES members both locally and nationally.

The State Chairs will continue to keep our members updated on changes and expectations. This information will be presented in the Regulator, but will also be available on the IRES website at https://www.go-ires.org/state-chapters#events. Be sure to check the website often, as updates will frequently be added for your information.

Here are some noteworthy things happening in our states:

**West Virginia-Mark Hooker, State Chair** | As of April 1st, West Virginia has a new Commissioner. Please welcome Alan L McVey, CPCU, ARM, AAI, AAM, AIS to the Commissioner role. As West Virginia Insurance Commissioner, Mr. McVey is responsible for the regulation of the insurance market, as well as protection of insurance consumers. He believes in the mission of the WV Insurance Commissioner’s office of promoting a competitive and solvent insurance market with adequate consumer protection by fairly and consistently administering the insurance laws of West Virginia.

**Kentucky-Duane Manns, State Chair** | Kentucky’s Insurance Commissioner, H. Brian Maynard, has resigned. His last day is April 30, 2017. We wish him well in his future endeavors.

We encourage all of our members to reach out to their state chair to learn about current events and continuing education opportunities. Also, let your state chair know if you need CE’s, and we can work together to find opportunities for you. To find your state chair click here: https://www.go-ires.org/state-chapters.

We are currently looking for state chairs in: Arkansas, Massachusetts, Montana, New Hampshire. If you are in one of these states, or know someone from these states that would be a great addition to our dynamic group, please reach out to hblanchard@riaconsulting.net.

The state chair subcommittee will continue efforts previously explored, such as potential webinars, and discussion boards for the state chairs.

If you would like to be involved with the state chairs, or have suggestions on ideas to assist the state chairs spread the word about IRES, please reach out to hblanchard@riaconsulting.net.

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CDS Update: 30 Year Anniversary!

By LeAnn Crow

Greetings from the 2017 IRES Career Development Seminar (CDS) Committee! It’s hard to believe, but the 2017 CDS conference is coming up in just a few short months. I hope you all are taking a look at your calendars and making plans to attend this year’s conference. Our theme this year is “Honoring the Past and Embracing the Future” where we will celebrate the 30th anniversary of IRES in beautiful Providence, Rhode Island.

I want to assure you we are planning a “Not to Miss Event” and you don’t want to miss the festivities.

Celebrate! Yes, we said Celebrate. It is the 30th Anniversary of IRES and we plan to have a celebratory “Welcome” Reception on Sunday, August 13th from 6:00pm-8:000pm. This will be a fun evening to meet new friends and reconnect with those you have not seen in a year. We have a fantastic band; Brother to Brother, lined up to provide the entertainment for the evening. They are a sure hit!

For those of you who may like a challenge, the CDS Committee is busy putting together a Scavenger Hunt, which we guarantee will be fun and informative. Brush up on your IRES History and be ready to go! Trust me, this will be fun and a good way to Honor our Past and Embrace our Future! More details will to follow as we get closer to CDS.

Of course, learning is the focus of CDS and the breakout sessions are the primary reason you attend the CDS. Over the course of the two and a half (2 ½) day event, we have over 40 breakout sessions for you to choose to attend– separated into six tracks: Financial, Health, Market Regulation, Property & Casualty, Life & Annuities and IT.

Here are just a few examples of the sessions:

• Troubled Companies—What To Look For, What To Do – This presentation will provide an overview of the NAIC Troubled Companies Handbook and provide practical advice on how examiners can reference and apply this resource during the Planning Phase of their examinations.

• The Long and the Short of It—Get the latest information on requirements for the Short-Term Major Medical plan market. Also, let’s talk about short term Long Term Care plans that are being sold as Long Term Plans.

• Data Validity—How do you know what you know is what you know? How can you determine your data is correct?

• Long Term Care—What is the future of Long Term Care? Are there special regulatory concerns related to Long Term Care companies? What is happening at the NAIC? How is data in the Market Conduct Annual Statement helping regulators identify concerns regarding claims and underwriting?

• The Speed of Auto Innovation—Learn how collision avoidance, autonomous vehicles, and over-the-air software updates may produce challenges for examinations and compliance.

• It’s Just a Roof!—Exploring the actions being taken or are under consideration by some states regarding insurers handling of roof claims. A particular area of interest in those states where Mother Nature takes regular aim on the vulnerability of homes roofs.

I hope these sessions give you a taste of what you can expect this year. You will not be disappointed!

Some of the comments we received from last year’s attendees recommended we lengthen the Commissioners Roundtable— and we could not agree more! This General Session-Commissioners Roundtable, will be on Tuesday, August 15, 2017 from 8:30 am-10:45 am. We are excited to have the following Commissioners and Superintendents be on the panel for this session:

• Commissioner Doug Ommen (IA)
• Commissioner Ken Selzer (KS)
• Commissioner Al Redmer, Jr. (MD)
• Superintendent Eric Gioppa (ME)
• Acting Director Chlora Lindley-Myers (MO)
• Commissioner John Doak (OK)
• Superintendent Elizabeth Kelleher Dwyer (RI)

Additionally, we are very pleased that Oklahoma’s Commissioner Doak has agreed to serve as this year’s Keynote Speaker.

Plan to attend our Appreciation Reception on Tuesday, August 15th from 6:00pm-8:000pm. We will begin with a social hour and end with a hilarious comedian to entertain us from 7:00pm-8:00pm.

So, what do you have to do? Simple, just take a few minutes to register. That’s it and then your set! Also, don’t forget to make your hotel reservations while you are at it. The Omni Providence Hotel will be a beautiful backdrop to our conference. You can do all this, and view the full agenda by using https://wwwgo-ires.org/events/2017/aug/2017-career-development-seminar-cds.

Don’t forget to pack your favorite IRES apparel to wear on IRES Pride Day, which is on Tuesday, August 15! If you don’t have any IRES fashion, don’t worry; you have plenty of time to order your apparel before the CDS. Simply use https://business.landsend.com/store/ires to shop.

If you have any questions, please feel free to contact me at 785.296.7827 or by email at lcrow@ksinsurance.org. We look forward to seeing you in Providence! #2017CDS
The Executive Committee Chairs are as follows:

- **Tracy Biehn** Accreditation & Ethics
- **Cristi Owen** Budget & Finance
- **LeAnn Crow** CDS
- **Randy Helder** Education
- **Tanya Sherman** MCM/AMCM
- **Ken Allen** Meetings & Elections
- **Martha Long** Membership & Benefits
- **Parker Stevens** Publications & PR

If you would like to join a committee or subcommittee please contact IRES.

Phone: 651-917-6240) or one of the committee chairs noted above.

On April 21st, Mark Plesha provided IRES members with his expertise during a webinar. Mark provided us with significant early steps that may ensure a smooth examination. Thank you to Mark for his time and insight on this matter.

The IRES webinar sessions are open to all IRES General and Sustaining members. IRES Continuing Education Credits are eligible for the individuals who’ve preregistered for the webinars.

**Upcoming Webinars:**

The next IRES webinar takes place in July. Kathy Donovan has offered to provide the membership with a legislative update. Check the IRES website for a future time and date.

More to come, but in the near future Stacy Rinehardt has agreed to provide us with an update concerning complaints and reconciliation.

IRES is planning on a total of six webinars during 2017. IRES continues to try to provide our membership with current regulatory updates and changes.

The MCM® Program is a unique and practical 2.5-day class that offers advanced, hands-on training for insurance regulators and insurance industry professionals on how to manage an effective and efficient market conduct examination. The course facilitates an information exchange between regulators and industry, offers advanced certification, and furthers professional standards and ethics in insurance regulation.

**We are offering the MCM® class at the following locations during 2017:**

- **May 22-24, 2017** - Bethesda, MD
- **August 16-18, 2017** - Providence, RI

**AMCM:** IRES is also working on a new AMCM class. We are preparing the new course to be an 11 – 12 month long course with live study, self-study, in-person course time around CDS and then testing. IRES is hoping to have the new course ready to start during 2018.

**CDS:** Join us in historic Providence, Rhode Island for the 2017 Career Development Seminar (“CDS”), on August 13th through the 16th. “Honoring the Past and Embracing the Future,” we will learn, share, and network around the latest trends and issues in market regulation while celebrating the 30th anniversary of IRES.

Finally, the A&E committee is working to update the AIE and CIE application for new paths and clarity. There will be more to come on this update, and the membership will be provided with an eblast when this is accomplished.

I am providing you with this information to ensure you that your IRES committees and subcommittees are working hard for you and the IRES membership. If you feel something has not been addressed that you would like to be considered, please contact a Committee Chair or myself and I guaranteed that it will be considered. All ideas are welcomed! Please contact us at office@go-ires.org

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**Registration Costs**

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**#IRESMCM**

Sign up for an IRES MCM event today!

[www.go-ires.org/mcm](http://www.go-ires.org/mcm)

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**2017 MCM® Designation Program**

Do you have your MCM Designation? The MCM Program is a unique and practical 2.5 day class that offers advanced, hands-on training for insurance regulators and insurance industry professionals on how to manage an effective and efficient market conduct examination.

There are lots of upcoming MCM dates and locations to choose from in 2017.

Please Join Us:

- **May 22-24, 2017** | Bethesda, MD
- **August 16-18, 2017** | Providence, RI

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The Regulator® • SPRING 2017
IRES Member of the Month

This Issue: Michael Morrissey
By Parker Stevens & Michael Morrissey

Throughout the year we want to highlight one of our members so that you might get to know them a little better. In this issue of The Regulator we introduce you to IRES member, Michael Morrissey. Below is an interview style Q&A with Mr. Morrissey.

Q1: Who do you work for? What is your job title? And in a very short description what are your daily duties?
A1: I work as an independent consultant as the “Principle” of Morrissey Consultants, LLC. I work on both financial and market conduct exams, wherever IT expertise is required—specifically knowledge of insurance policy and claim systems, insurance data and information security; so, I wear a few hats. My day could be inspecting a data center, interviewing insurance executives, studying system designs, reviewing prior audit work, drafting data requests, and using ACL or other data-mining tools to analyze policy or claims data.

Q2: How long have you been an IRES Member and what made you decide to join?
A2: I believe I joined in 2013 and gave a presentation about data requests at CDS in Portland.

Q3: What committees have you served on and what roles did you hold?
A3: I just became a member of the publications committee

Q4: How many IRES CDSs’ have you attended?
A4: Four

Q5: Is there one session at a CDS that stands out in your mind and why?
A5: I truly enjoyed working with Director Ray Farmer on a presentation in 2015 about the NAIC Cybersecurity Principles. While the topic is still hot, I think it was the year cybersecurity concerns reached the tipping point.

Q6: What is a personal or career goal that you would like to accomplish in the next five years?
A6: While I have no interest in retiring, I’m at a career point where I can donate more time to professional and non-professional organizations that helped me, including IRES. I’d love to work on a board of directors of a non-profit, do more technical writing, and develop some interesting training presentations.

Q7: When you aren’t working what are your hobbies?
A7: Gardening and beekeeping keep me busy this time of year. We have several hives, a large vegetable garden and about 2 acres of native plant gardens. In the off-season, we like to travel which often includes a sailboat charter somewhere or a loosely planned foreign road trip with hikes along the way.

Q8: Where did you attend college, what was your major(s), and what was one of your more memorable moments?
A8: I attended Colorado State and majored in landscape horticulture. But I honestly went there to ski and backpack as much as study. I spent Thanksgiving one year mountaineering on Long’s Peak with three friends, and we got snowed in at 13,000 feet. The storm passed by Sunday and we skied back down in the new snow on a crystal-clear day. I’m still in touch with those guys.

Q9: How did you meet your wife?
A9: When I was in graduate school at U of Penn, Gretchen and I were set up on a blind date by friends because she liked sailing and I had a small sailboat on Barnegat Bay. We lost touch for two years and met up again while rollerblading in Philadelphia. She had just started grad school at Philadelphia University, two blocks from my house—which became our house.

Q10: What is your biggest personal or professional accomplishment?
A10: That’s a tough one. Is it OK to have lots of smaller accomplishments? I love learning new aspects of information technology and using that knowledge to help others do their work. The transition from a network computer consultant in the early 90s to an IT Director at Cigna, and then into the insurance audit world has been a challenge with many rewards. Every time we perform an examination, find some hidden truth and issue a recommendation; I feel we’ve done something to help the insurer and the consumer—and that’s a valuable accomplishment.

2017 Board of Directors Candidates

Candidate bios for the IRES 2017-2018 Board of Directors are now posted on www.go-ires.org. Please take the time to review these colleagues and their qualifications at your convenience: Candidate Bios.

The election will open June 14, 2017 and online voting will close on August 10, 2017. Paper ballots will only be accepted on site at the CDS until Monday, August 14 at 4 pm. Watch for an email with the link to the ballot, which will be sent to voting members when the election opens, followed by a reminder postcard by postal mail.
Effective Dec. 31, 2017, health insurers, pharmacy benefits managers (PBMs), and utilization review entities in New Hampshire must use the state’s uniform prior authorization form when requiring prior authorization for prescription drugs dispensed by a pharmacy to a patient. However, entities may begin using the form on or after July 1, 2017. Other than requiring use of the uniform form, the new requirements do not: (a) require or prohibit the use of prior authorization or electronic prior authorization for prescription drugs; (b) affect which of the drugs are subject to prior authorization; (c) or otherwise alter the prior authorization process. Use of the form is not required for coverage under New Hampshire’s Medicaid managed care program (MCO coverage), but is required for qualified health plans (QHPs) purchased for New Hampshire Health Protection Program members under the Premium Assistance (PAP) program.

Effective 90 days after the legislature adjourns, SB 133 defines “damaged property” and “expense depreciation” and further provides that an insurance policy covering damaged property may allow for expense depreciation and must provide notice within the insurance policy in a form approved by the Arkansas Insurance Department that expense depreciation may be deducted. If expense depreciation is applied to a loss for damaged property, the insurer must provide a written explanation as to how the expense depreciation was calculated.

Directive 17-EX-3, issued on Apr. 18, 2017, addresses “Property Damage Liability Claims involving the Removal of Vehicles after an Accident.” Georgia’s Insurance Commissioner noted that “some insurers may not be complying with legal requirements in O.C.G.A. § 33-7-11.1(b), related to the prompt payment of towing costs” and reminded auto insurance companies of the coverage required for any policyholder whose vehicle is principally garaged or principally used in Georgia. Additionally, insurers are reminded of the requirement to pay applicable claims promptly.

Administrative Letter 2017-1, issued Apr. 4, 2017, addressed revised “Suitability in Annuity Transactions” requirements. Included in the new requirements are the following:

- Agents must complete a one-time four credit continuing education course (C.E.) on annuity products, with the compliance deadline set for Jan. 1, 2018 for agents currently holding a life insurance line of authority and who desire to sell annuities in Virginia;
Agents who obtain a life insurance line of authority on or after Jan. 1, 2018, must complete the C.E. requirement prior to engaging in the sale of annuities in Virginia;

Virginia resident agents are required to complete a Virginia approved one-time four credit C.E. course designated for annuity suitability on or after Apr. 1, 2017.

Non-resident agents are exempt if they have already completed a “substantially similar” course in their home state.

Insurers are responsible for verifying that any agent selling annuity products in Virginia on their behalf has completed the four credit C.E. course.

Western Zone | Idaho

Effective for individual life insurance policies issued or in force on or after Jan. 1, 2018, HB 244 requires that an applicant be afforded the option of designating one person, in addition to the applicant, to receive notice of lapse or termination of a policy for nonpayment of premium. Such designation must be on a form provided by the insurer and the applicant must provide the full name, address and telephone number of the person designated to receive notice of lapse or termination of the policy for nonpayment of premium. Individual life insurance policies under which premiums are payable monthly or more frequently are exempt from the requirements of these provisions. Additionally, an insurer must annually notify a policy owner of the right to:

• Make such a designation;
• Change the designee; and
• Update contact information of the designee.

Moreover, the policy owner must be allowed to change the designee or change the contact information of the designee more often than annually, with the insurer making the form available upon request. Notice requirements state that no individual life insurance policy shall lapse or be terminated for nonpayment of premium unless the insurer, at least 14 days prior to the effective date of the lapse or termination, “sends notice by first-class United States mail to the policy owner and to the policy owner’s designee, if a designation has been made pursuant to this section, of the lapse or termination, at the address or addresses provided by the policy owner for purposes of receiving such notice.”

Montana

Effective Oct. 1, 2017, an insurer that provides personal lines insurance for an insured may not consider the insured’s inquiries or claims made to any insurer that did not result in a payment by any insurer in considering an application for, renewal of, or change in an insurance policy as defined in 33-15-102. Of particular note is that this prohibition does not apply to an insurer’s consideration of a claim that was the basis for a criminal or civil insurance fraud action by a state or regulatory enforcement entity.
Throughout the year we want to highlight one of our Executive Committee members so that you might get to know them a little better. In this issue of The Regulator we introduce you to IRES Executive Committee member, Kenneth Allen. Below is an interview style Q&A with Mr. Allen.

Q1: Who do you work for? What is your job title? And in a very short description what are your daily duties?

A1: I work for the California Department of Insurance as Deputy Commissioner of the Rate Regulation Branch (RRB). A very short description won’t do it justice, but essentially the RRB Deputy Commissioner position is responsible for managing and directing all statewide activities of RRB. On a daily basis I am involved in responding to many different issues related to P&C rating, but one of the more significant aspects is overseeing RRB’s efforts when a consumer advocacy group has submitted a petition to intervene on a rate filing.

Q2: How long have you been an IRES Member and what made you decide to join the Board/Executive Committee?

A2: I officially joined IRES in 2000 but didn’t become active until 2007. That was the year Polly Chan became IRES President. She also worked in RRB and at that time was starting her search for a successor from California to pass along the IRES baton to. It took a few years of prodding and urging, but Polly finally swayed me and I ran for the Board in 2007. I was Chair of the Membership and Benefits Committee. Upon joining the Executive Committee I became Chair of the CDS Committee. And for the last two years I have been Chair of the Meetings and Elections Committee.

Q4: Which IRES CDS has been your favorite and why?

A4: The Charleston CDS in 2015. As CDS Chair for Charleston, seeing the fruition of all the work from the prior year come together successfully was very gratifying. I had an awesome CDS Vice Chair, and all of the Section Chairs and Co-Chairs did tremendous jobs in putting each of the sessions together. It was truly a team effort, and when the various Directors and Commissioners approached me at the end of the CDS and told me how great of an event they thought it was, that was the icing on the cake.

Q5: Is there one session at a CDS that stands out in your mind and why?

A5: Not one in particular, but there have been sessions on the topic of Big Data and all of the analytics and considerations that go along with that territory. Pricing granularity, the impact on consumers, all of those issues hit close to home on the job front.

Q6: What is one goal you want to accomplish once you become the IRES President?

A6: Based on my committee experiences, there are a few IRES members who serve on multiple committees. I certainly understand that it is difficult to work in the time to participate on a committee, but even joining just one committee is a great way to learn more about IRES and some of the behind the scenes activities and issues that otherwise a member wouldn’t know or get much information about. So for those IRES members that are not a member of any committee, that would be my push – join one of the committees and contribute to the future success of IRES. And most committee members don’t bite, so it is relatively safe!

Q7: When you aren’t working or helping make IRES the best organization on earth what are your hobbies?

A7: I spend a lot of time riding on a commuter train, does that count as a hobby? I enjoy playing softball, low-level indoor/outdoor home maintenance projects, travelling (when not work-related) and visiting as many states, state capitals, National Parks and Monuments, etc. as possible. And after reading the last issue of The Regulator, I have to say Randy Helder, or his son, threw the gauntlet down. I’ve been to home games for 29 of the 30 Major League Baseball teams, and 36 total stadiums if you count defunct stadiums. I’m also tracking minor league baseball games attended: 19 stadiums in 10 states. And… I’m part of a group that has had Anaheim Ducks season tickets since day one. With the MLB quest winding down, it’s time to focus on the National Hockey League: 12 out of 32 teams to date.

Q8: What is your biggest bucket list item?

A8: Did I mention I enjoy travelling for pleasure? I’ve taken two trips to Europe, but there are other random countries that I’d like to visit: Australia, New Zealand, Romania, China…and Japan to attend a Japanese league baseball game.
Educational Corner

Report CE Credits as You Earn Them

By Jo LeDuc, MCM, CIE

Did you know that you can report your CE credits as you earn them? That’s right, you don’t need to wait until after the compliance period is over. The NICE Submission Forms are always open and available online for you to report your credits.

To report your credits, go to the IRES website and log-in to your account. Once logged in, click on My Account and then My Credits.

The Online NICE Submission Forms appear below your CE transcript. Simply select the form applicable to the type of CE credit you are reporting, complete the form, and click Submit.

Remember, you are responsible for retaining documentation in support of your submitted credits. Each year IRES randomly audits a sample of designees to verify compliance with the National IRES Continuing Education (NICE) Program requirements. If you are selected for audit, you must be able to provide appropriate supporting documentation for the CE credits you have submitted. So be sure to put those certificates of attendance in a safe place.

If you have any questions about the NICE Program and/or how to report your CE credits, please contact the IRES office.

News from AHIP

The IRES partnership with America’s Health Insurance Plans (AHIP) is continuing in 2017! Qualifying general members (i.e. regulators, independent contractors) of IRES can get a 20% discount on AHIP courses* throughout 2017.

AHIP courses are all in online format. Many of the courses can be used in the pursuit of IRES designations and most of the courses qualify for continuing education credits under the NICE program. Information about the courses offered by AHIP is available online at www.ahipinsuranceeducation.org/ahip.

To utilize the benefit, please contact the IRES office for a coupon code to use when registering.

*Excludes the agent/broker training for the Federal Marketplace, Medicare + Fraud, Waste and Abuse Training, publications, taxes, and shipping charges.

News from The Institutes

The Institutes introduced a new designation earlier this year – Associate in Insurance Data Analytics (AIDA).

Created in response to the increasing use of big data and application of advanced analytics in the insurance industry, the AIDA designation is a series of intermediate and advanced level courses that focus on big data analytics, risk modeling and their application to claims, underwriting and risk management.

To learn more about the new AIDA designation, visit The Institutes online at www.theinstitutes.org.

News from LOMA

LOMA is making it easier for you to make sure you have ordered the correct course materials for your next course by adopting a quarterly release schedule for new and revised course materials. Beginning in 2017 on the first business day of a calendar-year quarter (January, April, July, or October), LOMA will release dates for new and revised course materials on its website (www.loma.org) and in the LOMA Education & Training Catalog. Remember it is your responsibility to ensure that you are studying from the correct materials. For more information about ordering the correct study materials, visit the LOMA help center page on Study Materials (http://www.loma.org/HelpCenter/StudyMaterials.aspx).

Ms. LeDuc is an Insurance Administrator at the Wisconsin Office of the Commissioner of Insurance and has been with the office since 1993. Ms. LeDuc has served and continues to serve in various roles on various NAIC committees, including the Market Regulation Accreditation Task Force, Market Information Systems Task Force, Market Analysis Procedures Working group, Consumer Connections Working Group, Market Actions Working Group, and Market Regulation Examination Standards Working Group.

Ms. LeDuc is a member of and a past President of the Insurance Regulatory Examiners Society (IRES). She has a M.B.A. and a B.S. in Business Administration. In addition, she has earned the CIE (Certified Insurance Examiner), MCM (Market Conduct Management), CPCU (Chartered Property & Casualty Underwriter), AIRC (Associate, Insurance Regulatory Compliance), AIC (Associate in Claims) and API (Associate in Personal Insurance) designations.

Advertising Space Available!

If you’re interested in advertising in The Regulator®, contact the editor at TheRegulator@go-ires.org.
New Members

Welcome!

The following members have joined IRES since the last issue of *The Regulator®*. Visit the online member directory to learn more about them—and please join us in welcoming them!

**GENERAL MEMBERS**
- Benjamin Eirikson
- Lauren Whatmough
- Brandon Ayers
- Kerri Grannum
- Penny Schuster
- Andrew Chow
- Jennifer Lindberg

**INDIVIDUAL SUSTAINING MEMBERS**
- Anita Edington
- Julie Ciarrocchi

**FIRM SUSTAINING MEMBERS**
- EY
- Deloitte & Touche LLP
- State Auto Insurance Companies

New Designees

Congratulations!

The following members have received their Accredited Insurance Examiner (AIE®), Advanced Market Conduct Management (AMCM®), Certified Insurance Examiner (CIE®), Certified Insurance Consumer Service Representative (CICSR®), or Market Conduct Management (MCM®) designation since the last issue of *The Regulator®*. Please join us in congratulating them!

**AIE®**
- Emmanuel Adonis AIE
- Scott Martin AIE

**CIE®**
- Desiree Mauller CIE

**MCM®**
- Tom Abel MCM
- Destiny Barris MCM
- Caroline Bergh MCM
- Ann Brown MCM
- Leigh Ann Butler MCM
- Felecia Chandler MCM
- Andy Chow MCM
- Eleanor Coe MCM
- Bill Cole MCM
- Frederick Doran MCM
- Bill Dow MCM
- Ashley Duncan MCM
- Ben Eirikson MCM
- Mandy Elder MCM
- Bruce Glaser MCM
- Gloria Goldbranson MCM
- Melissa Grisham MCM
- Christine Haag MCM
- Damion Hughes MCM
- Johnathan Judd MCM
- Jeannie Keller MCM
- Amy Klein MCM
- Jim Kocha MCM
- Susan Kurtz MCM
- Jon Lockhart MCM
- Lynn Ly MCM
- Deb Mack MCM
- Scott Martin MCM
- Becky McFarland MCM
- Melissa Meyer MCM
- Jacob Mitchell MCM
- Marc Moyer MCM
- Johanna Nagel MCM
- Dan Nelson MCM
- Jim Patino MCM
- Debbie Patteson MCM
- Susan Pavone MCM
- Kim Perron MCM
- Scott Przybyla MCM
- Mitchell Ristine MCM
- Yolanda Rodriguez MCM
- Troy Smith MCM
- Peter Strauss MCM
- Tracy Swalwell MCM
- Jason Sweeney MCM
- Tam Tam MCM
- Lisa Tate MCM
- Andrew Torrey MCM
- Sara VanDerWerff MCM
- Barbara Varnhagen MCM
- Melissa Viksne MCM
- Lisa Ward MCM
- Alyce Whittow MCM
- Curt Wilson MCM
Editor’s Corner

By Stephanie Duchene, MCM

We hope you have enjoyed this issue of The Regulator®. Pieter Williams and Holly Blanchard give us a thoughtful analysis of the considerations and best practices for collaborative actions in market regulation. The team at Thomson Reuters explores the key issues and areas of compromise facing House Republicans in their efforts to repeal and replace the Affordable Care Act. Tim Mullen updates us on the many initiatives underway in the NAIC Market Regulation and Consumer Affairs (D) Committee. Finally, Kathy Donovan keeps us Zoned In on changes in state law.

Featured this issue in Getting to Know Your Executive Committee is Ken Allen, Deputy Commissioner of the Rate Regulation Branch at the California Department of Insurance. Hopefully we all get the opportunity to know Ken over the next year as he serves as President of IRES. We also meet our featured member, and newest member of the Publications Committee, Mike Morrissey of Morrissey Consultants, LLC.

Please take some time to review the candidate bios for the IRES 2017-2018 Board of Directors, available now on the IRES website. I look forward to celebrating IRES’s 30th anniversary at the “Honoring the Past and Embracing the Future” Career Development Seminar August 13-16 in Providence, RI. Hope to see you there!

As always, thank you to our authors and many contributors. 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®!

Stephanie Duchene is a partner in the Insurance Regulatory group of Dentons US, LLP. Stephanie consults and advises clients on a variety of insurance regulatory compliance issues, including market conduct examinations (multi-state examinations and investigations), sales practices compliance, defense of enforcement actions, licensing, regulatory approvals, receivership and liquidation, electronic commerce and online advertising, agent and broker issues and transactional matters (including acquisition, merger and demutualization), as well as product and market development issues. She represents national insurers, insurance-related service companies, brokers and state governments.

NEXT ISSUE

We encourage our readers to contribute to The Regulator®. In addition to completed articles, we welcome suggested topics and/or authors. Submit your content and suggestions at go-ires.org/news/the-regulator/submit-content.

– Your staff at The Regulator® (Stephanie and Laura)