2026 SUPPLEMENTAL HEALTH, DI AND LTC CONFERENCE

Navigating Change

Navigating the Supplemental Health Regulatory Maze

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Get to the Cheese: Finding the Right Path Through Regulatory Twists and Turns

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Setting Up the Maze

- Lack of federal regulation
- Increase in state regulation/positions
- Inconsistent reviews across jurisdictions and within the same jurisdiction

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Setting Up the Maze

- Difficult states are still difficult states but previously “easy” states have become increasing difficult
  - Reliance on catch-all discretionary clauses
  - Increasing adversarial posturing of the reviewers

Best Navigational Practices

- Communication is key
  - Internally and externally
- Use your resources
- Always be curious

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Twists and Turns

- Tennessee

  House Bill 2503 (2026)

  A health insurance entity may offer hospital indemnity coverage on the marketplace if the coverage allows the individual to choose from five tiers outlined in the regulation and meets other requirements.

  More rules to be promulgated by the DOI

Twists and Turns

- Washington

  “Catastrophic Outcome”

  Heart attack and stroke are not allowed to be covered conditions in a Critical Illness product unless they are caused by a covered condition

  Tobacco use questions not allowed if applicant is under the age of 21 as it would be encouraging tobacco use.

Twists and Turns

- Indiana

  “Forever” Pre-ex

  The department has taken issue with pre-existing condition limitations, which they have referred to as the "pre-existing condition benefit" and have taken the position that a 12-month exclusionary period for diagnosis occurring during that period is a "forever exclusion" because a benefit is never payable for that diagnosis even after the exclusionary period has run.

  Going dark – Montana similar time-to-market expectations

Twists and Turns

- Minnesota

  Have started requiring a continuation provision.

  Just copy the statutory language, do not try to integrate with the rest of your forms.

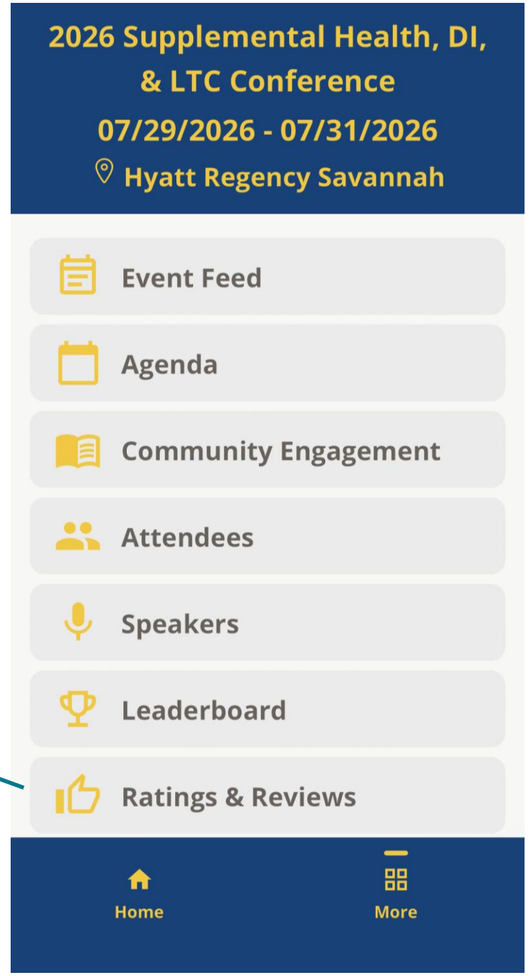
  Have taken the position that portability is not allowed

AI Use Being Regulated In “Healthcare” Determinations

- Georgia Senate Bill 444 – Effective Jan 1, 2027. Can use AI to automate tasks, but cannot be used to issue adverse determinations (denials)
- Iowa House File 2635 – Effective July 1, 2026. Similar, but applies to third-party UR agencies and stipulates AI can not be “sole” reason for medical necessity determinations
- Washington SB 5395 – Effective June 11, 2026. More comprehensive restrictions that apply to carriers as well as plan sponsors. Only physicians can deny PAs based on necessity.
- Implications for “auto-adjudication” in Excepted Benefits?

We Value Your Feedback — Share It in the Conference App

Module Option



Ratings & Reviews

Agenda Option

Welcome and General Session 1: AI and Regulation: Where Innovation Meets Oversight

1:30 PM - 2:45 PM 07/29/2026 0.0 ★

Harborside Ballroom (0 reviews)

Add to Calendar

Details Notes Live Feed

Description

Artificial intelligence is rapidly transforming how insurers price, underwrite, adjudicate claims, and file products — but how are regulators responding? This session explores how state departments are evaluating AI-driven innovations today, where they're drawing cautionary lines, and what they

0.0 ★
(0 reviews)

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Thank You

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