

Commissioner's Life & Health Advisory Committee Meeting

The Commissioner's Life & Health Advisory Committee conducted a public meeting on Thursday, February 5th, 2026, at 10:30 a.m. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The recording of this meeting is available on the Division's website, [Nevada Division of Insurance](#).

Roll Call of Members Present:

CJ Bawden
Janel Davis
Patrick Kelly
Todd Lefkowitz
Dan Rogoff
Heidi Sterner
Jesse Wadhams
Jeff Snyder

The Following Committee Members Absent:

Amber Carter
Julie Ann Evans
Tracey Green
Ashley Jonkey
Steven Evans
Gene Furr

Division of Insurance Staff in Attendance:

Katie Frazer
Kaysa Kight
Jeremy Christensen
Reida Wagner
Jack Childress
Tom Sargent
Maile Campbell
Meagan Werth-Ranson
Krstine Ludell
John Genard
Commissioner, Ned Gaines
Derick Dennis

1. Call to Order/Roll Call:

Mr. Childress, Chief Insurance Examiner of the Life & Health Section of the Division, called the meeting to order on Thursday, February 5th, 2026, at 10:30 a.m. Mr. Childress informed the attendees that there is an agenda of all the items scheduled to be considered by the committee. There are no actionable items within the agenda; and items on the agenda may be taken out of order, combined for consideration, removed or delayed.

2. Introductory Remarks & Welcome:

Mr. Childress stated that the meeting is subject to Nevada's open meeting laws; and proceedings are public, properly noted and recorded. Mr. Childress then introduced Commissioner Gaines. Commissioner Gaines welcomed everyone attending and stated he was hoping to have some good conversation with everyone pertaining to a variety of subjects.

3. Public Comment:

Mr. Childress stated that members of the public were invited to provide public comment during the designated period. Mr. Childress also stated that no action may be taken upon a matter raised under public comment unless the matter was already included on the agenda. Comments may be discussed by the Advisory Board, but no action may be taken. The matter may also be placed on a future agenda for action.

There were no public comments.

4. SSHIX/BBSP Update:

Ms. Davis mentioned that open enrollment for Nevada Health Link runs from November 1st to January 15th. Currently there are 104,286 Nevadans enrolled in Qualified Health Plans (QHPs). There were 63,000 who actively shopped for coverage — a **32% increase** from last year.

Mr. Plain informed the committee that at the end of open enrollment, they were looking at about 10,700 enrollments in Battleborn State Plans (“BBSPs”) for plan year 2026, which represents about 10.3 % of total enrollment. Mr. Plain also mentioned Senate Bill 4 passed during Nevada’s 2025 Special Legislative Session which provided the Nevada Health Authority and the Division of Consumer Health Services with \$1,250,000 for fiscal years 2026 and 2027 to use for broker commissions in the BBSPs. Mr. Plain also stated that the second lowest silver plan decreased in price by an average of over 4% by a result of the BBSPs and reinsurance program. The 1332 waiver was also briefly discussed, and Mr. Plain mentioned that all NVHA websites would be updated soon.

Ms. Sterner asked about migration of policyholders into BBSPs, but this is something Mr. Plain had to research before providing a response. Ms. Sterner also wanted to know the number of off-exchange compared to on-exchange enrollment. This is provided in Division filings, but not public information.

Mr. Lefkowitz also wanted to know the split in membership between the BBSPs, but this was again something Ms. Davis had to research and provide to the Committee member at a later date.

Mr. Bawden followed up with the enrollment questions and asked about enrollment data on a plan level basis from the Exchange. Ms. Davis stated that they are working on a dashboard for that information.

Mr. Snyder also followed up with a question regarding membership by county. Ms. Davis stated that she could get that data to him. Mr. Snyder also asked a question about how the BBSP

broker commissions were being paid and Mr. Plain responded that the funding came from SB 4 which was passed during the most recent special legislative session.

Ms. Sterner asked Ms. Davis if in the future, broker commissions would be higher than 0% to avoid the situation this year and next year where money came out of the general fund to fund SB 4. Ms. Davis stated that this was being discussed and addressed; and also stated that the Exchange is looking into updating issuer agreements to require commissions to be paid. Ms. Sterner also asked if the Division was going to make sure commissions are included in the actuarial memorandums. Mr. Childress stated that this was something being discussed.

Mr. Kelly asked if with 10,700 people enrolling in the BBSPs are we going to be able to draw down enough money to cover the reinsurance program? Is that going to be enough or are we going to be running into a financial shortfall? Mr. Plain replied that they are having conversations with CMS about what the pass-through funding finalized number is going to look like. When the 1332 waiver was submitted and was implemented for plan year 26, the actual estimate was approximately \$35 million of pass-through funding from the federal government to pay the reinsurance program administrative costs. Mr. Plain stated that first year estimates were around \$32 million; and to his knowledge, pass-through funding is based on estimates of cost savings to the federal government. He has no indication currently that the amount Nevada is going to receive in pass-through funding has changed from what the initial estimate was.

Mr. Kelly asked Ms. Davis to clarify whether people dropping off the Exchange due to high premiums would be considered as having a qualifying life event in order to shop for another plan. Ms. Davis stated that high premiums would not be considered a qualifying life event.

Mr. Childress inquired as to how much of the \$1,250,000 grant that was awarded is expected to be used in 2026. Mr. Plain responded that agencies receive \$35 per enrollment, totaling about \$375,000 for roughly 11,000 enrollments. Payments would be a one-time lump sum payment and not paid monthly as commissions are normally paid. Ms. Davis and Mr. Plain stated that the licensed producers must also register with the Nevada State Controller's Office as a vendor to effectuate the transfer of funds; and should a vendor not register, they will not be receiving the funds. Ms. Sterner followed up with a question about whether brokers registered with the Controller's Office would receive an end-of-year statement for tax purposes. Mr. Plain did not know and advised Ms. Sterner to ask the Controller's Office.

5. CMS/CCIIO Benchmark Plan Application:

Ms. Wagner, Insurance Actuarial Analyst II with the Division, provided the steps taken to update the Benchmark Plan Application and where we are today. The benchmark plan was revised, based on questions from CMS/CCIIO; and later, when checking the status of the application, a response was received on December 9, 2025, from Peter Nelson, Deputy Administrator and Director, stating that until further notice, CMS is pausing review of state applications to change benchmark plans while conducting a comprehensive review of ACA Section 1302 and considering future rulemaking. Ms. Sterner asked a question about defrayal and Commissioner Gaines commented that the defrayal responsibility doesn't fall under DOI; it's with B&I

leadership and it has been passed to the Governor's office because, ultimately, this would come from the general fund.

6. AB463:

Mr. Childress gave a brief update on Assembly Bill 463 which amends NRS 687B.225 to require health carriers, which includes organizations for dental care and utilization review organizations, providing updated prior authorization procedures to the Division for review and approval. Since the bill was effective January 1, 2026, any organization that hasn't filed updated procedures with the Division cannot require prior authorization until their procedures are submitted and approved by the Division.

7. MHPAEA:

Mr. Sargent, Insurance Actuarial Analyst II from the Division, provided an update on MHPAEA work being done by the Division. Pursuant to NRS 687B.404, on or before July 1st a data call is issued to the insurers identified by the Division; and by October 1st of each year, insurers deliver the data to the Division for analysis. By December 31st the DOI provides a summary of the insurer reports and provides this to the Patient Protection Commission, Governor and Legislative Counsel Bureau. This year, the Division will use the consulting firm of RIA less and instead rely on the identified insurers to do the analysis work.

8. Medicare Supplement Bulletin 25-006:

Mr. Sargent informed the committee that bulletin 25-006 addresses unfair marketing practices as it relates to SB 292, which passed during Nevada's 2025 Legislative Session. The bulletin also describes penalties for failure to comply with SB-292, which requires carriers to offer Medicare Supplement plans in the state to people less than age 65 who qualify for Medicare based on disability or ESRD at the same rate for people age 65, for Medicare Supplement plans A, B and D. For the other Medicare Supplement plans, carriers are allowed to rate up to 200% of the 65 rate for the same plans.

The Commissioner also noted that there is an additional statute that if you are offering a Medigap plan to somebody and they are married to someone who is under the age of fifty that all dependents and spouses must be provided with coverage as well regardless of their age, if the primary policyholder meets the criteria for the Medicare Supplement plan. Ms. Sterner asked for clarification on whether the spouse can be enrolled regardless of disability status. The Commissioner answered yes. Ms. Sterner asked if the DOI has notified the bill sponsor of this. The Commissioner stated that this wasn't unique to the under 65 enrollees. Ms. Sterner stated that we may be seeing this bill back again during the next legislative session. Mr. Sargent finished his comments by stating that going forward, carriers will still have to comply with the loss ratio requirements to apply for any rate increases.

9. Public Comment:

Mr. Childress opened the floor for public comment. Mr. Snyder commented that he feels that there is an impact towards a subset of the provider community, particularly the federal-qualified health clinics. Since the prospective payment system was moved to the MCOs, the MCOs haven't been prepared for it and payments have stopped. Those primary care physicians are a small margin of profitability and they're approaching millions of dollars in payments where they're not paid. It has the potential of really causing some financial strain and hopefully we can figure out funding for these organizations if we think that we can't fix it quickly.

There were no other public comments.

10. Closing:

Jack Childress adjourned the meeting at 11:29 a.m. Our next life and Health Advisory Committee meeting is to be determined and thank you for joining us today.