

NATIONAL COUNCIL OF INSURANCE LEGISLATORS  
LIFE INSURANCE & FINANCIAL PLANNING COMMITTEE  
INTERIM COMMITTEE MEETING – FEBRUARY 23, 2026  
DRAFT MINUTES

The National Council of Insurance Legislators (NCOIL) Life Insurance & Financial Planning Committee held an interim meeting via Zoom on Monday, February 23, 2026, at 12:00 P.M. (EST).

Representative David LeBoeuf of Massachusetts, Chair of the Committee, presided.

Other members of the Committee present were:

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| Sen. Justin Boyd (AR)    | Sen. Walter Michel (MS)       |
| Rep. Camille Lilly (IL)  | Sen. George Lang (OH)         |
| Rep. Edmond Jordan (LA)  | Rep. Ellyn Hefner (OK)        |
| Rep. Brenda Carter (MI)  | Rep. Carl Anderson (SC)       |
| Sen. Mark Huizenga (MI)  | Rep. Tom Oliverson, M.D. (TX) |
| Sen. Lana Theis (MI)     | Rep. Barbara Dittrich (WI)    |
| Sen. Michael Webber (MI) |                               |

Other legislators present were:

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|---------------------------------|-----------------------|
| Rep. Rita Mayfield (IL)         | Rep. Bob Foley (ME)   |
| Rep. Erika Hancock (KY)         | Rep. Mike McFall (MI) |
| Rep. Michael Sarge Pollock (KY) | Sen. Jeff Barta (ND)  |

Also in attendance were:

- Will Melofchik, NCOIL CEO  
Christa Rapoport, NCOIL General Counsel  
Pat Gilbert, Director of Policy, Administration & Member Services, NCOIL Support Services, LLC

**QUORUM**

Upon a Motion made by Sen. Walter Michel (MS), and seconded by Rep. Brenda Carter (MI), NCOIL Secretary, the Committee voted without objection by way of a voice vote to waive the quorum requirement.

**INTRODUCTORY REMARKS: CHAIR LEBOEUF**

Rep. LeBoeuf thanked everyone for taking the time to attend this meeting and stated that the purpose of the meeting is to conduct some business before our April meeting in Louisville. We're going to be continuing the discussion on the NCOIL Model Act Regarding Life Insurers Use of Genetic Information and taking any comments on the Models scheduled for re-adoption in Louisville. This will help ensure that we move through the April agenda in a timely manner.

**CONTINUED DISCUSSION ON NCOIL MODEL ACT REGARDING LIFE INSURERS' USE OF GENETIC INFORMATION**

Rep. LeBoeuf noted that first on the agenda is continued discussion on the NCOIL Model Act Regarding Life Insurers Use of Genetic Information. There's been significant

effort that's gone into shaping this model, with thorough consideration being given by the committee and the sponsor throughout the previous year.

The goal for today's meeting is to take final comments on the model so that the committee's prepared to vote on this at the spring meeting. As we've been discussing this issue for over a year, both I and the sponsor believe that the model is ready for a vote in Louisville, and we do want to have some last opportunities for comments today. I do want to note that the comment letters regarding the model have been posted on the NCOIL website, along with all other materials for this meeting. And with that, I will turn things over to the model's sponsor, Rep. Brenda Carter (MI), NCOIL Secretary.

Rep. Carter thanked everyone who has participated in the process throughout the past year. I'm very proud to sponsor this model as it deals with such an important issue. As I mentioned at the beginning of this process, this topic has generated a lot of discussion in state legislatures across the country in recent years and I think it's great timing for NCOIL to discuss this issue and develop some guidance for states to consider using. This model is fairly straightforward, and as I mentioned previously, it largely mirrors a law that Tennessee passed a few years ago. This does not seek to outright prohibit life insurers' use of genetic information, as I don't think that's the right approach. Rather, it sets forth what I think are some reasonable guardrails around such use. And really this model somewhat codifies what the current process is right now in terms of life insurer use of genetic testing and I haven't seen yet enough evidence to go in an opposite direction and ban the use of such information. I really do appreciate all the comments that have been submitted throughout this process, and I've incorporated some of them. I'm certainly open to hearing further potential changes and that's why we're having this discussion today.

But overall, I do think the model in its current form is very strong and I don't anticipate making any drastic changes between now and Louisville. And related to that, I want to stress the overall NCOIL philosophy of developing its models. NCOIL models are meant to be a framework that states can use to add or remove things as they deem fit. If a state wants to use this model as a starting point and make certain modifications or even go in a different direction, that's certainly fine. The important thing is by discussing this issue at a national level and producing guidance, it sends a signal to states that this issue is worth devoting time to, and your legislatures should know that these safeguards are important and can be enacted for both consumers and insurers alike. I look forward to hearing the discussion today and hopefully getting this legislation across the finish line in April.

Alex Meixner, VP of State Policy and Advocacy at the ALS Association, thanked the committee for the opportunity to speak and stated that the ALS Association is one of many patient centered organizations that has been intrigued and interested in this legislation. Frankly, the ALS Ass'n is hoping to move forward the strongest possible model that would protect not only current enrollees in life insurance from potentially losing their insurance, although that's important, but the ALS Ass'n also wants to protect those folks that might not yet have chosen to buy life insurance but might be forced with the choice of going down one of two roads. One choice is getting genetic testing that could inform their own health future and help them make smarter, more informed choices about their own health. And the other is being able to purchase life insurance or long-term care disability insurance without the worry that the carriers are going to decide to not provide them with any option to buy coverage or to charge them much more than they would otherwise be charged based on a genetic test which is not the same thing as an identified diagnosed disease.

It is a potential likelihood at some point down the road of developing something. It's not a certainty, nor is the certainty of what that diagnosis will mean if one day a diagnosis is made. That is, science may have progressed to the point that what might look like a life-ending or life-shortening disease today, may in 10 years, 20 years, 30 years be something that is curable or manageable and might become a chronic condition. So, we need to be very cognizant of that when we see how genetic testing might be used. Now I've already had the opportunity to speak to you at the Chicago meeting so I won't belabor too many of the same points I've already made. But I will say that when we look at the model, we think it is not strong enough and it does not go far enough. We do annual grades on various policies that impact the ALS community and the model as it currently lies, I believe would grade a D. While that's again better than an F, it's not as good as we'd like to see it. From our perspective advocating for our patient community, we would like to see a little bit of a stronger model that not only protects current enrollees, but also goes a little bit further to protect potential enrollees as they already do in the state of Florida, and have done for years as in Canada, the UK, and Australia.

And in fact, there are multiple bills out there on this issue right now. In fact, there's one bill that goes to committee in Massachusetts tomorrow that we think might be slightly stronger than this Model. And again, I have nothing but admiration and respect for Rep. Carter for bringing this up because we wouldn't be having this conversation if she had not chosen to make this a priority, and we want it to be a priority in multiple states throughout the country to follow Florida's example. And it's our hope that over these next weeks, that this language can be strengthened a bit more to produce that floor that can be then built upon. But we don't want to make the floor too low. We'd love to see this model get up to at least a C in our grading platform, if not even greater than that to ensure that it really does strike a good balance between all sides. And again, the ALS Assn's perspective is that patients and consumers come first. We understand there's a lot of competing interests here.

Lisa Schlager, Vice President of Public Policy at Facing Our Risk of Cancer Empowered (FORCE), thanked the Committee for the opportunity to speak and stated that I want to echo what Mr. Meixner shared. We have worked very closely with the ALS Association. FORCE is a national nonprofit focused on hereditary cancers, and the majority of our constituents do carry an inherited genetic mutation that is believed to increase the risk of cancer. Part of the reason I wanted to speak is because the research is evolving very quickly. And sometimes we have mutations that we thought conferred a very high risk of disease, and then the science comes back and says, oh no, we made a mistake - the risk is much lower than we initially thought. And on the flip side, we have individuals who test negative for a known mutation in their families, and they're still denied insurance based on the family history. So I think what the problem here is that we have little or no transparency from the insurers as to how or why they're making these decisions.

And we have no guarantee that the insurers are basing their decisions on the most current research and the most current information about the mutations. And so that leads to concerns for the consumers about how those decisions are being made. So, I just want to point out again how complex this topic is and that insurers did fine for many years without access to genetic testing information. It didn't exist. They based their decisions on family health history and that was that. So, this is really a new thing that's evolved in the past 10 or 15 years. And the reality is that the insurance industry did just fine before genetic testing was available. And just because an individual has a genetic test doesn't mean the person next to them doesn't have the exact same predisposition, but maybe they've chosen not to have a genetic test. So how do you level that playing field? You level it by removing the genetic test results from the

decision making. I know we've submitted comments on this, and we sincerely appreciate all of your time and consideration, but I just wanted to highlight some of the concerns. And again, we appreciate the committee's attention and dedication to representing consumers.

Jill Rickard, Regional VP of State Relations at the American Council of Life Insurers (ACLI) thanked the committee for the opportunity to speak and for really hearing out all of the concerns and working with all of the stakeholders in this process. I am speaking on behalf of ACLI's 275 member companies who support this model and think it represents a thoughtful, well-reasoned approach to life insurers' consideration of genetic information in underwriting. Most importantly, because it recognizes the importance of information symmetry between an applicant and an insurer. Information symmetry is the reason life insurance works and it's crucial for it to remain affordable and accessible. I wanted to take this opportunity to respond to some of the comments made by the patient advocate groups in both their letters submitted to the committee recently and also made on this call today.

First, ACLI agrees that a genetic marker does not guarantee disease onset or severity. Life insurers engage in a holistic evaluation of each applicant that accounts not only for genetic test results, but also other health factors, other test results, family history, lifestyle, and they reward proactive healthcare. If a medical record shows that an applicant is taking preventative actions to manage their risks, such as monitoring, medication and interventions, the insurer will take this into account when setting the appropriate rate. In fact, genetic testing can help a person get a better rate. If a person has a family history of a disease and then undergoes genetic testing to show they don't have the same genetic marker, then this factor will significantly improve their rate, and they will have a policy repriced to reflect it in the future. If they have a policy and they later get the genetic testing, they can ask for that policy to be repriced.

Second, the advocates claim that life insurers are permitted to use genetic test results in underwriting decisions with little to no transparency. This is simply not true. Life insurance rates are typically filed and used, so insurers must submit detailed actuarial and financial data to state insurance departments to demonstrate that their rates are not excessive, inadequate or unfairly discriminatory and to ensure compliance with state regulations. Third, yes, genetic testing is new to the life insurance industry, and we have existed 100 years without using it, but it's also new to patients and again, information symmetry is what's important here. Life insurers did not use the genetic test results, but also patients did not have the genetic test results 20 years ago and the fact that we use them now and patients have them now really goes to that information symmetry that's crucial to the industry.

ACLI will now address the claim that has been made that a high percentage of individuals declined to participate in genetic testing due to concerns about insurance discrimination. I just wanted to point out some research that shows that this is just not the case. A 2023 survey found that fewer than 0.1% of respondents cited any unprompted reluctance to take doctor recommended tests because of concerns related to life insurance. The real concerns are convenience and confidentiality, not insurance. So again, ACLI members are committed to a robust and competitive life insurance market that offers a variety of products that are affordable and meet consumers needs. We're able to provide this affordable coverage because applicants share with consent their complete medical records. The proposed model would enact reasonable guardrails that protect consumers and preserve access to affordable coverage, and we again encourage this committee to adopt it in its current form.

Jillian Brady, Senior Manager of Science, Regulation and Policy at Faegre Drinker Consulting thanked the Committee for the opportunity to speak on behalf of the National Society of Genetic Counselors (NSGC) which is a professional society that is the leading voice for genetic counselors representing over 5,000 members nationwide. We submitted comments on Friday, and we appreciate the committee's consideration of those comments and entering those into the record. First and foremost, we also echo the appreciation of Rep. Carter and this committee for bringing this important issue forward. It's timely. We agree that this Model, if adopted with some of the suggestions that we've recommended, would benefit Americans by bringing consistency and greater clarity to the protections that they can expect when it comes to the use of their genetic information which while they may not be specific to life insurance as was suggested by Ms. Rickard, are generally a concern for consumers and Americans across the country.

So, anything that brings consistency and greater clarity to Americans, I think can lead to better choices. We also echo Ms. Schlager's and Mr. Meixner's comments. We believe minor changes with this legislation would significantly strengthen consumer protections and reduce that general fear of genetic discrimination and ultimately achieve what we really strongly believe is an important end goal, which is encouraging participation in genetic testing and research. Some of the things that we have suggested and noted in our comments are the benefits of broadening the definition of "genetic information" to reflect a little bit closely to what we see in existing federal standards. We think this is extremely important, given how rapidly this research develops and how rapidly genetic information has evolved. So, building in or considering how to build in a definition that allows for consideration of all of those various genetic testing and that genetic information is important.

We also believe in the suggestions that have been put forth by many in expanding the protections on the use of genetic information, not just in part, but using it in whole and in coverage denial, benefit limitations, and premium settings, not just policy cancellations. We think this would go a long way to really protect the use of potentially the misuse of genetic information or misinterpretation of genetic information. We also believe in expanding the protections that exist for requiring prior express written and informed consent, making that separate from general medical authorizations. We believe this will improve the symmetry Ms. Rickard referred to. And we also strongly support limiting life insurers' ability to request or encourage genetic testing. We think this is a decision that is deeply personal and should be made at the decision of the consumer based on what is best for them. We appreciate all of the thoughtful discourse that has gone into crafting the legislation and we think it could be further strengthened by a few minor tweaks.

Eric DuPont, on behalf of the ACLI, thanked the Committee for the opportunity to speak and thanked Rep. Carter for sponsoring the model. I'm a colleague of Dr. Deborah VanDommelen, whom you heard from in November at your fall meeting. Understanding medical risks that could affect the life expectancy as part of the underwriting process is necessary for life insurers to meet commitments to policyholders for decades into the future, even though we only get one chance to set pricing. Underwriting benefits the vast majority of consumers by allowing insurers to offer the most coverage to the most people for the lowest price. That fact does not change when it comes to genetic information. Underwriting is not based on a single piece of information. Predicting life expectancy with any accuracy relies on a holistic approach. Therefore, our medical directors and MDs consider treatments and interventions for inherited conditions in the same way they consider how well hypertension is managed with medication, for one example.

And our MDs do stay up to date on the latest information. We want to sell insurance. We're not looking to put up roadblocks. Privacy is an important part of the discussion, and the proposed language offers several consumer protections in addition to protections that already exist given the sensitive information insurers review as part of the medical records. So too is consent, which is an important and standard part of the existing insurance application process. We appreciate the efforts of NCOIL to weigh the risks of all policyholders. The current language is a reasoned approach to maintain appropriate matching of risk with pricing, keep insurance affordable to the most consumers, support access for those stretching to afford to protect their families, and to ensure the consent process maintains privacy. There are two points brought up by previous speakers I'd just like to try to address. One is that current enrollees are losing coverage because of a genetic test. When we sell a life insurance policy. It's sold. We set the price. That's it. We don't re-underwrite as it goes along. And so, I cannot think of a way that it would compromise coverage of somebody who is already covered by life insurance that we've already underwritten. And as far as requesting this information, I'm not aware that any life insurers request genetic tests. We look at what's in the medical record.

Sen. Lana Theis (MI) stated that I appreciate the commentary from those pushing back against this legislation, and those asking for stronger protection. I also support insurers asking for significantly stronger information. Insurers insure risk, not guarantees. So, if I put a trampoline in my backyard, my rates go up not because there is a trampoline in my backyard, but because my risk went up. And so I think insurers have a right to understand risk and I think they have a right to understand it with the most recent information available. I want to commend Rep. Carter for bringing this forward. I think it's extremely important information that we have and I think its guardrails are important and avoiding a prohibition from the usage is what we need to focus on here. I think we're heading in the right direction.

Sen. George Lang (OH) thanked Rep. Carter for bringing this forward and stated that I am somewhat opposed to this legislation. Section 4(D) is the only reason why I think this may make some sense, but as someone who is fighting stage four colon cancer, and who is a carrier of the Lynch syndrome, I believe the life insurance companies have the right to know as much information as they can before they take on a risk such as me. And I think it is important that we look out to protect citizens and constituents and future enrollees but we also have to protect the life insurance industry and we cannot ask them to take on unnecessary risk that will raise the rates for the entire population. So, I would just encourage us not to consider anything that would make this legislation stronger or more anti-insurance companies because we need profitable insurance companies in order for them to continue offering their services. They need to be profitable and viable. Plus, we don't know what future technology is going to come out to really give them more tools in their underwriting process and I don't want to see us doing anything that puts handcuffs on the insurance companies as they try to make the best decision possible. And keep in mind their goal is to sell insurance – they don't make money without premiums.

Rep. Carter thanked everybody for the work they've done on this. All of the comments were very heartfelt, but regarding the argument that costs will increase for life insurers if they are restricted from using genetic information, I have a question - did the Florida, UK, or Canada ban result in increased premiums? Because one of the things that I'm looking at is balancing the issues. Can we protect our consumers without raising costs and premiums.

Ms. Rickard stated I think there are two different answers. First, in Florida, that is a brand new ban that's four years in effect and because life insurance policies can be

ten, twenty, thirty, fifty years out from the time they pay claims, it's really impossible to know at this point whether this will impact rates. In terms of Canada and the UK, their systems for life insurance are entirely different. There is some mandatory minimum life insurance, which makes it different from our entirely voluntary market here in the U.S. where you don't have to buy life insurance. But in Canada and the UK, you have to buy some minimum amount, which makes it more along the lines of a health insurance policy. So unfortunately, I don't think we can compare ourselves to those countries.

Ms. Schlager agreed that the systems in Canada and the UK are different. However, we have research from Florida. The Florida law is now five years old. That Florida data has shown that the Florida insurance rates increased only 2% over recent years when the average increase is 6% to 8%. So, obviously, there has not been a rush on the market, and we have data to back that up. So early signs are that there is no significant impact and definitely not a negative impact by banning the use of genetic information. I can't say what's going to happen long term, but we've heard, "oh, there's going to be a rush on the market, people are going to cross state lines to purchase policies." We're not seeing that. Most people just want to ensure that their family is protected, that they can cover their mortgage or basic expenses. They're not really out there to scam the system. So early signs are that there's no significant impact.

Christa Rapoport, NCOIL General Counsel stated that Rep. Barbara Dittich (WI) posted a question in the Zoom chat asking: have we checked the model against the federal Genetic Information Nondiscrimination Act of 2008 (GINA) law to make sure we're not missing anything?

Ms. Rickard stated that Congress made a decision when passing GINA that it would specifically not apply to life and long-term care insurers. And the reason for that is that we can't change our rates, unlike property and casualty or specifically health insurers to whom GINA applies. Those rates are rewritten on an annual basis, and changes can be taken into account and then priced into the policy. Life insurers can't do that. We write a policy now that might be in effect for 50 years, and we are unable to reprice that policy. And unlike health insurance which is not mandatory but is essential for people, life insurance is a completely voluntary product. So, for those couple of reasons, Congress made the decision specifically to exclude life insurance from GINA and the protections are therefore different.

Ms. Schlager stated that it took 13 years to pass GINA and initially, life and long-term care and disability insurance was something that the community and the public wanted to see included. The only way that we were able to get the law passed was by removing those portions because of the opposition by the insurance industry. That being said, the existing GINA law only addresses health care and employment. It does not address life, long-term care or disability. So, there is no overlap at all between the model and the existing federal law.

Rep. LeBoeuf stated in a scenario where someone were to apply for a life insurance policy and they were under the impression that they had a family history of breast cancer, but then they do genetic testing and find out that they actually do not have that genetic marker, is there an opportunity for a kind of a re-underwriting? And how is that taken into account in regards to what rates are accepted? Are they allowed to have a better rate than the initial policy?

Ms. Schlager stated that as a person who has a mutation, I will say that it's a different scenario. I have a known mutation in my family. So, if my daughter tests and she's negative, she should be able to get a policy just like the average risk population because she's negative for the mutation that I carry. However, if you have a family with

no known mutation, testing negative for a genetic mutation doesn't mean anything because you don't know what is causing the risk in that family. Unfortunately, because this is very sophisticated, we do have some unfortunate examples - there was an article in Forbes written by Ellen Matloff for somebody whose family had a heavy history of colorectal cancer and had a known mutation. He tested negative for the mutation but was still denied a policy based on that family history. And that just goes to show that the insurer doesn't really understand the implications or the science. But philosophically, yes. If you have a known mutation and a family member tests negative, they should be able to obtain a policy without being penalized for their family history.

Ms. Rickard stated I would actually agree with most of what Ms. Schlager has said except that one insurance company denying you a risk does not mean that every insurance company will deny you a risk. That's why we have a competitive market. I can't speak to that case she mentioned and I can't speak to every individual insurance company underwriting policies but I do know if you have a family history of breast cancer, and that is the information that was available when a life insurer underwrote your risk, and you have a policy based on that or priced based on that fact and then twenty years later, you take a genetic test, and it shows you don't have the genetic marker for that disease, then you can apply for a new policy with that new information. And if the rate is less, then you can take the new rate and you won't be penalized in any way. I will also say if we're talking about the two year contestability clause for getting that genetic test, the contestability clause is really for fraud and applies if you had that information and didn't share it, it's not for if you just got a test within that period.

Anya Prince, Associate Professor at the University of Iowa College of Law, thanked the Committee for the opportunity to speak and stated that I just wanted to make one point about reapplying for life insurance. The insurers have mentioned many times that they can only underwrite one time for the policy. But as Ms. Rickard mentioned, somebody can apply 20 years later. Well, 20 years later they're 20 years older. And so then they will have higher rates because they are older or they could have developed a different condition. And so, while I absolutely agree that on principle, a new application might take that into account, there are other things that could occur that could mean that individual has lost the opportunity to have the lower rate application from the very beginning.

Rep. Camille Lilly (IL) asked if someone could summarize the main purpose of the model. Also, when it comes to health insurance, the families who are needing it are wanting to insure. The constituents and the citizens I represent, the reason why they're needing health insurance is to have access to health care and quality of life. And so, I am a little concerned that those who are in this space aren't really in it for creating access for care. And I am concerned about that because I hear it constantly that people don't have a lot of confidence in health insurance because of the preauthorization and denials and things like that. I just want to be sensitive to what I hear from my constituents around why they have health insurance.

Rep. Carter stated that this model addresses life insurance, not health insurance, and there is, as one of the speakers mentioned earlier, a different way of evaluating risk with life insurance versus health insurance. But the main reason for this model is to ensure that individuals are not treated unfairly and solely because of a genetic test. And it also prevents life insurers from requiring applicants to undergo testing. But it also protects the insurance industry to make sure that they're able to actuarially assess risk. So, it's a gentle balance between the two. What we're doing with this model is creating guardrails that protect the consumer and also protect the industry.

Mr. Meixner stated that Rep. Carter summed it up perfectly of what this model is seeking to do and trying to find balance. And again, from our perspective, the key question here comes down to how you orient that balance from the beginning. And if we are in a new world with regard to genetic testing right, where it didn't really exist 20 years ago. Now, every year, if you look at a graph of new conditions that are identified to have genetic links, it's going up almost exponentially. So, the number of us on this call that have some genetic link or predisposition to a disease, I don't know what that percent is today, but I guarantee in 10 years it'll be double. And in 30 years it'll be nearly all of us. Everybody will have some genetic link to something or other. And so, as we're entering into this accelerating world of genetic information that is going to be more widely available. From our perspective, we would be wise to start with the balance of saying, let's limit access to that information until we figure out how it can be responsibly used in a fair way for all sides, and especially for the individual consumers who are going to have less power in this dynamic than the companies that are offering the insurance.

Now to do the opposite, to say, "Okay, all this information is usable, and we'll figure out additional guardrails as problems emerge down the road". Well again, those solutions are going to be a little bit late to the party. They're going to be coming after problems have been identified and have been felt on the consumer end pretty significantly until the legislative process can grind forward and make spot fixes. We think it would be a better balance to start with saying, we are going to set stronger limits on the use of this genetic information until we as a society get our heads around this new world in which we live as opposed to saying we're going to start from a point of insurers can use anything and everything as much as they'd like and then setting additional guardrails as problems emerge.

Ms. Schlager stated that in essence, this legislation and similar legislation is codifying the ability of the insurers to use this information and ultimately, it's going to be very difficult to reverse that in the future versus if it was the opposite and we said, "Hey, let's not use this right now. Let's not allow it. And then we can reassess in the future." I think that would make more sense given that the science is evolving so quickly. So again, we are in support of some stronger guardrails that are more aligned with some of the comments that have been received. And if the Committee members have not had the opportunity to read those comments, I sincerely appreciate taking the time to do so.

Rep. Carter thanked everyone for their passionate comments and work on this for the past year. And I did want to express the fact that NCOIL creates these models, but the states ultimately decide whether they want to accept the model and whether they want to modify it or whether they don't want to use it at all. This is just trying to standardize and put guardrails around something that has no guardrails. And as many people mentioned, the science is evolving rapidly. So once again, I appreciate everybody's comments and we look forward to talking with everybody in Louisville.

Rep. LeBoeuf thanked Rep. Carter and everyone for their comments and stated that we all are looking forward to this continued conversation. Thank you, everyone, for your engagement. If you do have any additional comments or questions, please reach out to Rep. Carter or myself or NCOIL staff to get more information. And I'm really confident that we'll be in a good place in April to have this discussion continue and have a vote.

OPPORTUNITY FOR COMMENT/DISCUSSION ON MODEL LAWS SCHEDULED FOR RE-ADOPTION BY THE COMMITTEE AT UPCOMING SPRING MEETING IN APRIL

Rep. Leboeuf stated that next on our agenda is an opportunity for comment and discussion on model laws that are scheduled for re-adoption by the committee at the upcoming spring meeting in April. The Committee has three model laws that are scheduled for consideration of re-adoption. As a reminder, per NCOIL bylaws, all NCOIL models are scheduled to be considered for re-adoption every five years. If a model is not re-adopted, it sunsets. The models that are up for re-adoption in front of this committee in Louisville are: the Beneficiaries Bill of Rights, the Life Insurance Consumer Disclosure Model Act, and the Long Term Care Tax Credit Model Act. I do want to note that these models will not be voted on for re-adoption today. Rather, this is an opportunity for any initial comments and discussions on these models in advance of the meeting in April in Louisville, where the actual vote will take place.

No comments or questions were offered on the Models by legislators or interested parties.

#### ADJOURNMENT

Hearing no further business, upon a Motion made by Sen. Justin Boyd (AR) and seconded by Sen. Theis, the Committee adjourned at 1:00 p.m.