

Date Submitted: July 30, 2013

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Are there portions of the QS that have prevented otherwise qualified actuaries from practicing in certain areas? If so, how can the QS be modified to allow these actuaries to practice in certain areas while maintaining proper qualification standards?

I do not know of situations where the qualification standards prevented a health actuary from taking a job. Concerns I have are among brand new positions at health care provider systems that are emerging in relation to innovative payment reform solutions and delivery system reform. One point to consider is that the first few actuaries who migrate to these new fields and employers do not have the typical professionalism and peer support that areas of long-standing practice do, and their needs should be considered. Further, the applicability of existing standards to their work is a bit more ambiguous, with the exceptions of ASOPs 23 and 41. Actuaries entering these new fields compete with analytical professions that have less financial, time and professional risk requirements placed on them and their employers. I would encourage the ASB to monitor these emerging areas for the profession in light of the balance between all stakeholders involved, but also in the need to make actuaries in emerging fields aware of the applicability of specific ASOPs to their work, as well as what constitutes relevant continuing education.

As another example of the emerging new areas for our field, many health providers must newly have an actuarial opinion accompany their CMS bids if revenues exceed \$10 million. This has created many new inquiries for actuarial assistance in broad areas that may be new for our profession.

In my view, rather than preventing actuaries from practicing in new areas, there is evidence that the qualifications standards lead some actuaries interested in expanding their knowledge into new boundaries for the profession (such as working directly for providers) to retire their memberships to the AAA and SOA. The likely reasons for this scenario are 1) lack of financial support from non-actuarial employers, 2) lack of clarity on what suffices as relevant continuing education in emerging practice areas, 3) lack of clarity on what constitutes actuarial opinions in these new lines of work or 4) lack of understanding on whether these new areas of practice are actuarial areas of practice, particularly when the positions are generally filled by non-actuaries. I see retirements of memberships also occur with some actuaries entering executive positions. To support these actuaries, it would be helpful for the ABCD to remind these actuaries of their counseling role and for the AAA to target market continuing education on the qualifications standards to those who have retired their membership so that they can better realize that the standards are not overly onerous and are flexible. We would like to encourage health actuaries to work for providers because their role may play a key part of bringing health care costs under control. But I would also like them to feel connected to the profession, and value their learnings and continued connection in that it can help educate others.

Are there existing, new, or emerging practice areas that require new specific qualification standards to ensure that actuaries practicing in those areas are qualified to do so? If so, what are these areas and what particular standards should be added to any contemplated

specific qualifications?

At this time, I do not see a need to expand specific qualification standards, though I believe that the ASB should recruit actuaries working with providers over the next three years in order to seek their counsel on the type of work they perform to determine whether new ASOPs are in order, and how existing ASOPs relate to their work. The applicability guidelines need to be updated as well to fit in new ASOPs, as well as to deal with the new areas of practice. I am concerned that there seems to be much pressure on the ASB for a change in ASOPs and qualifications standards to respond to one or two regulators who seem unhappy with the work emanating from one or two actuaries in their states. There is a process for these conflicts via the ABCD; the ASOPs themselves are very comprehensive in terms of traditional practice areas.

In the current QS, is it clear as to what qualifies as organized, other, professionalism and business activities? If not, what changes do you suggest that would clarify these categories of the QS?

I believe that it is clear; though questions come up with organized versus non-organized *volunteering* hours with the Academy and SOA; it is often difficult to understand how and whether to break up pieces of an organized project, such as responding to an exposure drafts or writing actuarial exam questions. Parts of the projects are done on one's own, while a few hours are spent communicating with others. Yet many hours are spent reading others' drafts and improving upon their drafts. Clarity on whether roles done in physical isolation on organized projects constitute organized activities would help actuaries in knowing they have met the continuing education requirements, and would help standardize the counting of hours across the profession. If a favorable finding towards organized credits is determined – this clarity could possibly influence more actuaries to volunteer.

Should there be a yearly cap on professionalism CEs? Currently there is a minimum number of professionalism CEs but no maximum. If capped, what maximum amount do you recommend?

Actuarial standards of practice are evolving quickly, even if only the revisions, new ASOPs and exposure drafts are considered. There were already many ASOPs that pertain to the work health actuaries perform. There should be no cap on professionalism credits, since cognitively exploring the ASOPs alone, plus the qualifications standards and Code of Conduct, takes a lot of time. These should be sought annually by actuaries. The ASOPs encompass a fairly technical set of considerations, and their role in professionalism and protecting our profession cannot be overstated. If anything, the minimum on professionalism credits should be increased.

Are the carryover provisions of the QS understandable or do they need to be clarified? If so, what is confusing to you and what suggestions do you have in clarifying the requirements? In addition, should the maximum carryover be reduced so that an actuary will always need to earn some CEs in a given calendar year? Currently, an actuary could

carry over a full year's CE from the prior year resulting in no additional CEs for the current calendar year. For both of these questions, please address whether your comments apply to general carryover requirements or to specific, organized, professionalism or business requirements.

I do not find the carryover provisions confusing and I do not believe that the full carryover of hours presents a concern.

One last comment that I would like for the Committee on Qualifications Standards to consider is that when actuaries self-assess their skills, or when our profession is assessed by employers or others who work with us, a common message emerges - we need to become better verbal communicators, presenters, writers, influencers and decision makers. It seems that the three hour cap on general business skills is not enough to adequately address the major issues holding many actuaries from attaining executive positions. I think that the Committee should consider lifting the general business cap to a higher value.

Thank you for your consideration of my comments.