



#### Overview of Medical Professional Liability Insurance

- ▶ MPL insurance is a function of the healthcare delivery and legal systems
- ♦ Healthcare delivery has, and continues to, evolve
  - ♦ Complexity of medical care
  - ♦ Cost containment
    - ▶ Healthcare spending ~18% of GDP and rising
  - Consolidation
- Medical practice is changing/has changed
  - Most physicians used to be independent but now the majority(?) are employees
     Solo and small group practices make up ~30% vs. ~60% ten years ago
  - ▶ Medical groups that remain independent are getting larger
  - ▶ Small hospitals are becoming part of larger healthcare systems





#### Overview of Medical Professional Liability Insurance

- ▲Legal system is generally state-driven
  - ♦ Various tort systems, some MPL-specific
  - ♦ Changes can have significant effect implementation or removal of tort reform
  - ♦ Long-tail report lag and disposition lag
- MPL coverage insures providers for negligence in the provision of professional services
  - Providers can be individuals or entities
  - ▶ Professional services are generally defined by licensure, but not always
- Coverage is generally not required or specified by law, with some exceptions



# **Brief History of the MPL Line of Business**

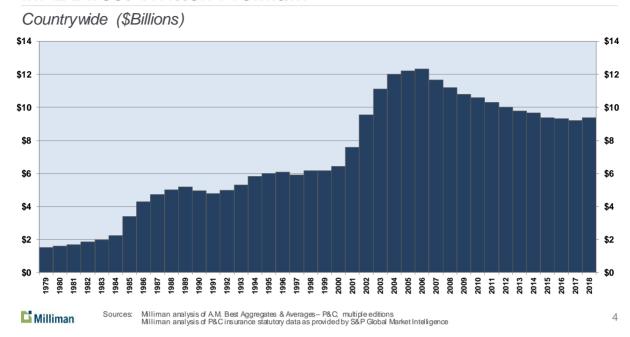
- Created as a separate Annual Statement line of business in 1976
- ♣ Historically (pre-1975) most HCPL was written by large commercial carriers as a sideline – Aetna, Hartford, Employers of Wausau, St. Paul, etc.
- ▶ Rapid increase in loss activity in the early-to-mid 1970s pushed these carriers out of the business
- ▶ Physicians and hospitals formed their own insurance companies out of necessity (over 60 companies at one point)
- Several "malpractice crises" mid-1970s, mid-1980s, early 2000s
   rapid rate increases, limited availability
- ♦ Consolidation began in the 1990s.



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#### **MPL Direct Written Premium**



## **Brief History of the MPL line of business**

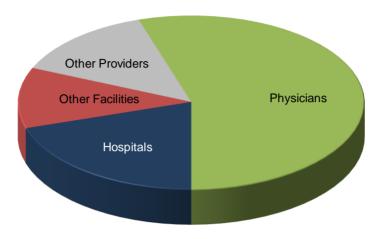
- Market structure and changes
  - ▶Physician vs. hospital markets
  - ♦ Specialist vs. multiline carriers
  - ♦ Distribution Direct vs. Agent/Broker
  - **♦**Capital adequacy
  - **▶**Regulation
  - **♦**Rating agencies





## **Distribution of MPL DWP by Sub-Line**

Countrywide, 2018



Milliman

Source: Milliman analysis of P&C insurance statutory data as provided by S&P Global Market Intelligence

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#### Recent, Current and Future(?) MPL Market Conditions

- ▶ Soft market since ~2006
  - ♦ Historically low frequency and moderate severity trends
- ♦ Recent indications of increased severity
  - ▶ Increasing number of very large (\$10M+) verdicts and settlements since 2016
  - ▶ Mega-verdicts of \$50M to \$200M+ against hospitals

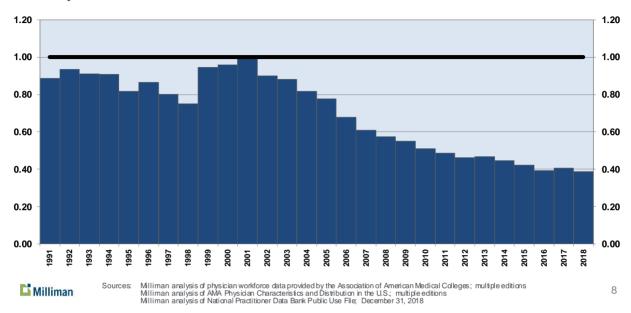


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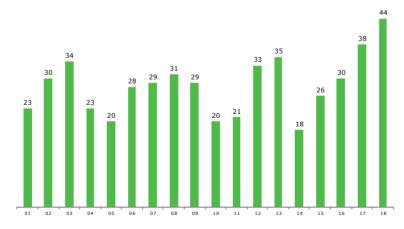
## **Closed Claim Frequency**

Countrywide, Relative to 2001



## Severity – A Frequency of Large Verdicts







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#### **Drivers of Current Market Environment**

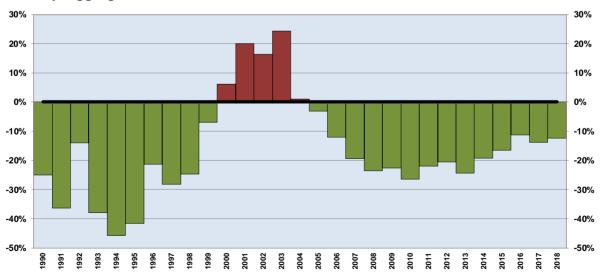
- Flat frequency + increasing severity + price competition = deteriorating results
- ▶ Underlying risk exposure larger accounts, higher limits
- ♦ Increasing cost of litigation
- ♦ Use of analytics, both for risk selection and claims handling
- **♦** Capital position of market participants
- ♦ Healthcare consolidation
- **♦** Other?



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#### **Net Reserve Development Ratio**

Industry Aggregate, Relative to Net Earned Premium



Milliman

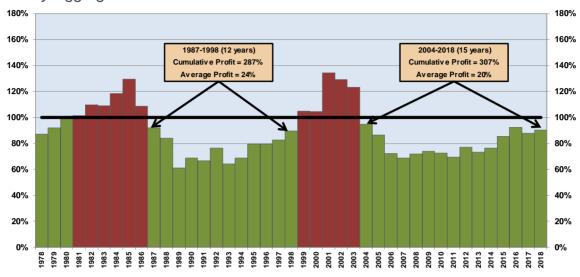
urces: Milliman analysis of A.M. Best Aggregates & Averages— P&C; multiple editions
Milliman analysis of P&C insurance statutory data as provided by S&P Global Market Intelligence

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## **MPL Operating Ratio**





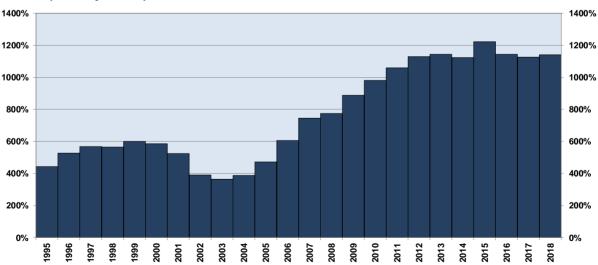
Milliman

Sources: Milliman analysis of A.M. Best Aggregates & Averages – P&C; multiple editions Milliman analysis of P&C insurance statutory data as provided by S&P Global Market Intelligence

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# Risk-Based Capital (RBC) Ratio

#### MPL Specialty Companies



Milliman

Source: Millim

Milliman analysis of P&C insurance statutory data as provided by S&P Global Market Intelligence Chart represents results of 33 MPL specialty companies

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