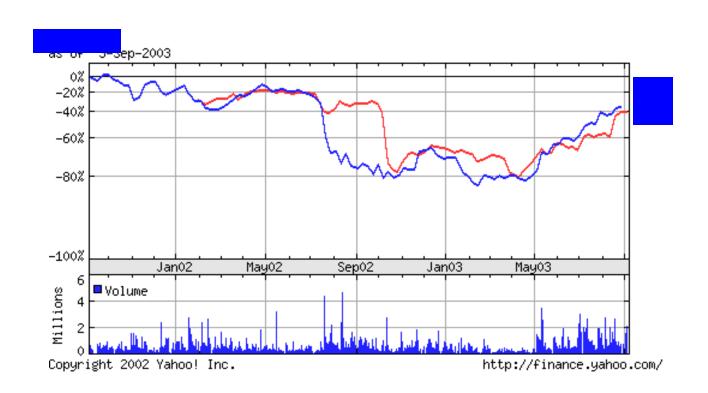
# 2003 CAS ANNUAL MEETING Nursing Home Professional Liability Insurance Crisis – An Update

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#### Houston, we have a problem

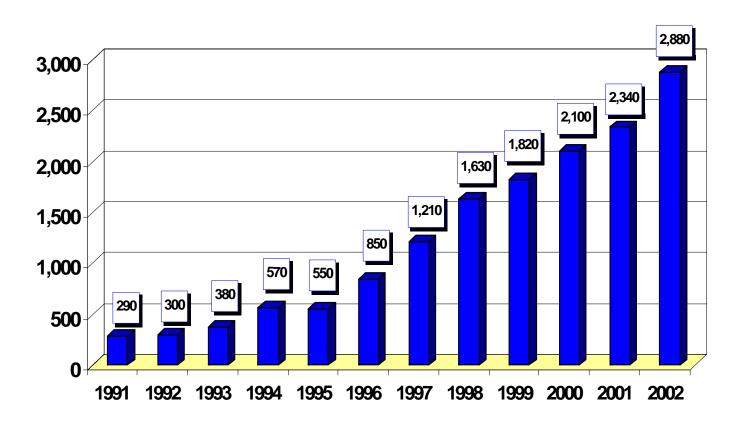


- AON LTC Database
  - Primarily Multi-Facility Providers
    - 16 Large Multi-State
    - 6 Regionals (2 or 3 state presence)
    - 55 Single State
  - Primarily For-Profit
  - 420,000 Licensed SNF Beds and
     60,000 ALF/Indep. beds Countrywide

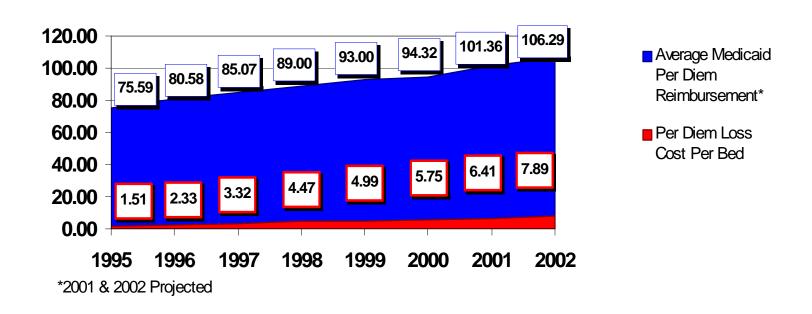
State	Exposure (Beds)	% of Beds in State
Countrywide	480,000	26%
Florida	45,000	54%
Texas	33,000	26%
Mississippi	6,600	38%
California	34,000	24%
Arkansas	9,500	29%
Alabama	19,000	75%
All Other	335,000	24%

- Key Observations of Changes from Prior Studies
  - Frequency higher than expected
    - Continuing crisis
    - Previously understated claim count dev.
  - Offsetting effect to severity
  - Flatting trend lines in "aged" states, particularly Florida
    - Exodus of Deep pocket providers
    - Size of awards leveling off
  - Newly emerging litigious states

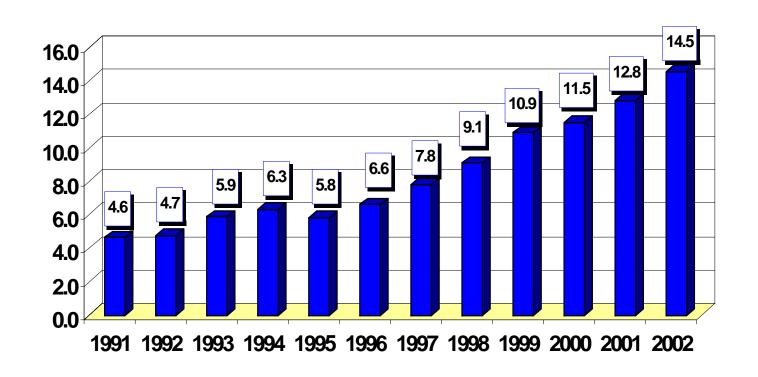
### Loss Cost per Occupied Bed Countrywide



#### **Countrywide Per Diem Loss Cost Versus Medicaid Reimbursement**

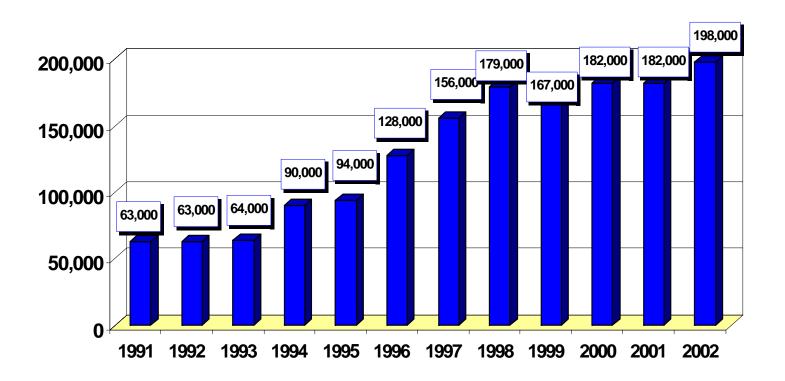


#### Annual Number of Claims per 1,000 Occupied Beds Countrywide

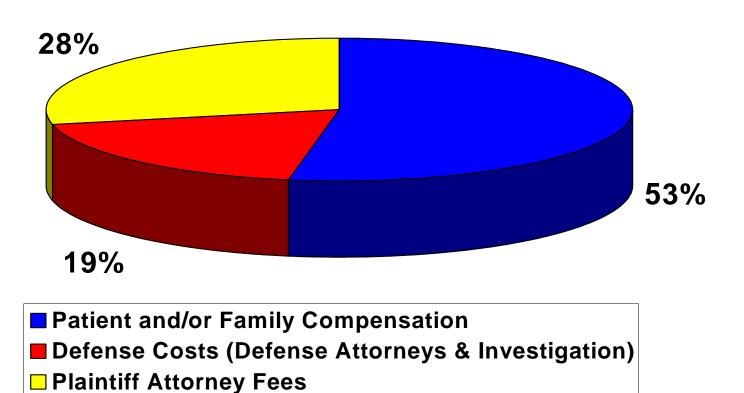


#### **Severity per Non-zero Claim**

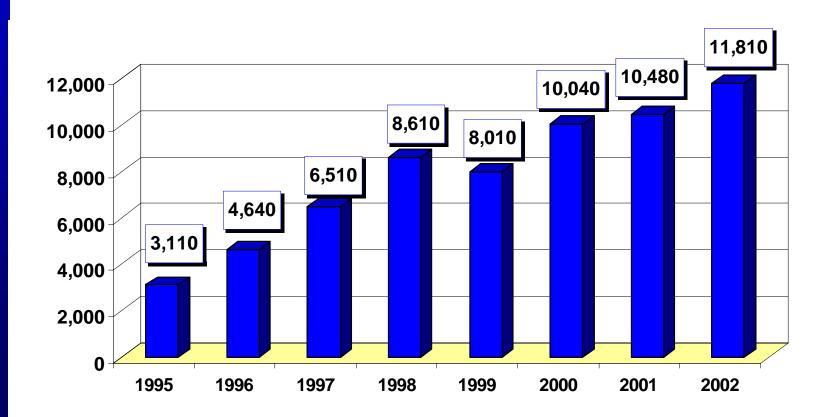
#### Countrywide



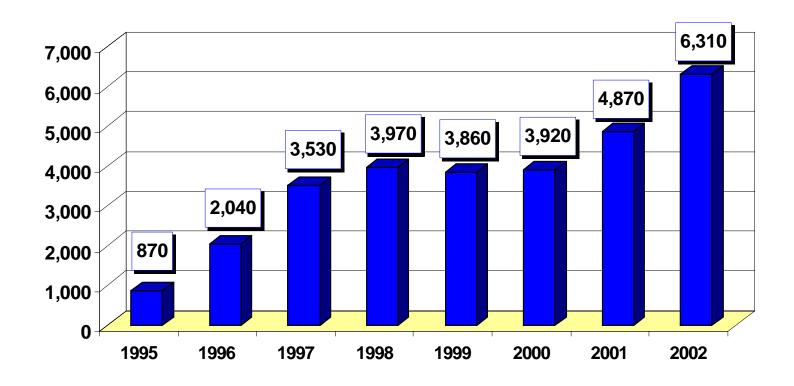
#### **Distribution of Compensation**



#### Florida Loss Cost per Occupied Bed



#### **Texas Loss Cost per Occupied Bed**



- Most frequent allegations
  - Decubitus Ulcers (\$213M) 3rd in frequency
  - Negligent Care (\$112M) 2nd in frequency
  - Slip/Fall (\$93M) 1st in frequency
  - Lack of Care (\$87M)
  - Abuse/Assault (\$47M)
  - Multiple Causes (\$34M)
  - Dehydration/Malnutrition (\$19M)
  - Elopement/Wandering (\$14M)
  - Choke/Aspiration (\$9M)
  - Transfer/Lifting (\$9M)
  - Burns (\$7M)
  - Mis-Medication (\$5M)

#### The problem

 A mismatch between the level of care expected by society and the quality of care that can be reasonably delivered under the current funding structure.

#### Solutions

- More and better staffing (requires funding)
- Limits on damages (must max losses between \$250K to \$1M to have any impact)
- Limits on use of survey data as evidence of gross negligence
- Change in family expectations

- Texas Tort Reform HB 4 eff. 9/1/03
  - \$250,000 cap on non-economic
  - NH and ALF defined as HC institution
  - \$250,000 applies per institution
  - Constitutional amendment passed
  - NH came under state punitive cap of \$750,000
  - \$1.5M total limit wrongful death case
  - HPL/Physician Liab. filed changes: -12%
  - LTC impact should be even more

- Mississippi Tort Reform (2002)
  - Non-economic cap of \$500,000 per incident
  - Punitive Damages cap indexed to size of company, starting at 4% of net asset value.

- Florida Tort Reform (2001 S.B. 1202)
  - Stronger Negligence Std.
  - Punitive Damage caps (3 tiers up to \$4M or 4 x compensatory)
- Florida Tort Reform (2003 S.B. 2-D)
  - Non-economic damages cap
    - \$500,000 for physicians
    - \$750,000 for hospitals
    - Emergency room cases \$150,000
    - Other nonphysician providers \$750,000 per claimant; \$1.5M all claimants.

- Ohio Tort Reform (2003 S. 281)
  - Non-economic cap250,000 or 3 x econ.
  - Max cap of \$350,000 per plaintiff or \$500,00 per occurrence
  - Exceptions allow \$500,000/\$1M caps
- West Virginia (2003 H.B. 2122)
  - Non-economic caps
    - \$250,000 per occurrence
    - \$500,000 per occurrence for
      - Wrongful death
      - Deformity
      - Loss of limb or bodily function
    - Inflation adjustment to \$1Mr

- Observed Trends of LTC Providers
  - Continued exodus from litigious states
    - Paying down of legacy liabilities
  - More aggressive litigation strategies
    - Mock trials
    - Arbitration agreements
  - Increased staffing
  - Re-defining expectations for families
  - Improvements to facilities
  - Focus on patient care