

PROASSURANCE.
Treated Fairly

provisions



**50 states means
50 different markets**

Direct written
premiums for the MPL
composite were up 1.1%
in 2020 to

\$7.9 billion

AM Best, featured in Insurance Journal

*“If you are in this business in 50 states,
you are in 50 different businesses.”*

Stan Starnes
Chairman of the Board
Former President & CEO
ProAssurance

ProVisions is ProAssurance’s monthly agent magazine.
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email AskMarketing@ProAssurance.com. Please include names
and email addresses for everyone who would like to subscribe.

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A Word from Gary Dowling

When I think about our recent acquisition of NORCAL Group, I am reminded of the challenges we faced in the past, merging ProNational with Medical Assurance and acquiring Medmarc, PICA, and Eastern Insurance. Each merger and acquisition presented new challenges and new frontiers in professional liability insurance.

You simply cannot apply a one-size-fits-all approach to medical professional liability insurance.

State regulations, patient compensation funds, tort law, upcoming legislation, and recent jury verdicts are different in every state. We have studied and sorted through the nuances that make each state a unique operating environment.

The MPL insurance market is also changing. Carriers are consolidating, and an increasing number of agents are joining large, multistate brokerages.

It’s important for us to keep our strategic business partners on top of changes in their local territories—and the larger regions around them—helping you gather the necessary facts and figures quickly when an opportunity arises.

This issue features 17 *MPL 50/50 State Profiles* to give you a quick view of the 2021 environment in key states. You’ll find a snapshot of current state-by-state challenges with links to industry resources. We will continue to share *MPL 50/50 State Profiles* in future issues.

Please let us know if there is particular information which would be helpful to you in your sales endeavors.

Our business development, underwriting, service center, risk management, and claims teams are always readily available to answer any questions you may have. Please do not hesitate to reach out.

Thank you!



Gary Dowling
Vice President, Business Development

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 **PROASSURANCE**
Treated Fairly

MPL 50/50 State Profiles

The MPL insurance market is changing. Carriers are consolidating, and an increasing number of agents are joining large, multistate brokerages.

The healthcare industry is emerging from the pandemic with increasing numbers of physicians joining larger practices and hospital networks.

Remote work and telemedicine trends are also on the rise. It's no longer uncommon to find physicians that are treating patients from a variety of locations.

To give you an edge on the competition and a unique view into new business landscapes, we've created in-depth profiles on 17 key states that have caught our attention post-merger.

MPL Industry Profile Data Sources

Rankings listed for each state were taken from the NAIC's year-end 2020 medical professional liability reporting. Market mix data is year-end 2020 figures from AM Best. Case numbers, news articles, government resources, and additional sources used to compile this information are cited throughout the issue as needed.

The regulatory, legal, and healthcare environment varies significantly from state to state—resulting in vast differences in the MPL markets in each location.

A variety of industry publications and reports were used to compile our state profiles.

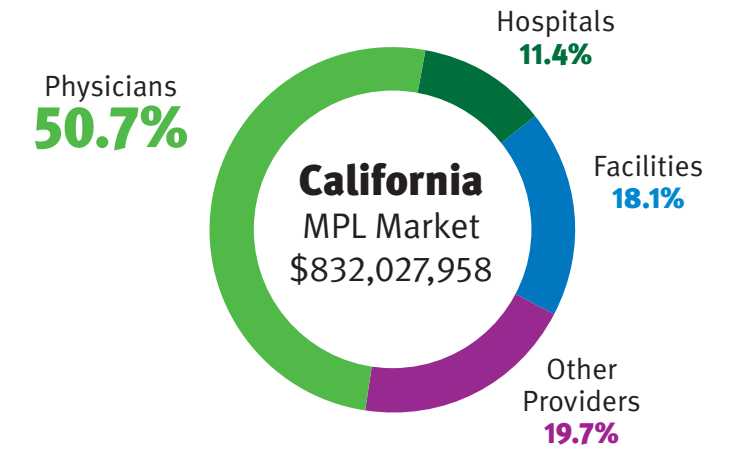
- **Market share information**—SNL Insurance Statutory Market Share 2020 statistics 📄
- **MPL market mix***—AM Best 2020 medical professional liability industry statistics
- **Tort reform**—Medical Professional Liability Association (MPLA) State Enactments of Selected Health Care Liability Reforms
- **Prejudgment interest**—White and Williams, LLP comparative chart. Individual laws cited and linked as applicable.
- **Legislative measures**—MPLA Legislative Tracking Center. Status of individual bills reviewed via GovHawk. 📄

We will feature additional profiles in future issues based on relevance or current events. If there is a state you would like us to cover, let us know at AskMarketing@ProAssurance.com.

State <i>(Bold states are featured this issue)</i>	2020 Rank in MPL Market	2020 ProAssurance Rank in State	2020 NORCAL Rank in State	2021 ProAssurance Post-Merger Rank in State
Alabama	21	1	21	1
D.C.	46	1	14	1
Delaware	44	1	6	1
Nevada	31	1	2	1
Wisconsin	30	1	35	1
Alaska	47	16	2	2
California	2	10	2	2
Illinois	5	6	3	2
Indiana	22	2	27	2
Kentucky	23	3	12	2
Tennessee	12	2	35	2
Texas	8	3	5	2
Arizona	13	19	4	3
Maryland	9	5	10	3
Michigan	16	3	23	3
Missouri	19	6	4	3
New Hampshire	38	3	13	3
Oklahoma	25	3	8	3
West Virginia	26	12	4	3
Florida	4	7	4	4
Kansas	32	5	13	4
Nebraska	41	4	27	4
Pennsylvania	3	24	6	4
Rhode Island	43	N/A	4	4
Utah	36	12	6	4
Connecticut	14	7	14	5
Maine	37	5	32	5
Ohio	11	5	14	5
South Carolina	29	6	20	5
Virginia	18	7	11	5
Georgia	10	12	10	6
Minnesota	28	6	24	6
Mississippi	39	12	11	6
Arkansas	34	8	19	7
Iowa	33	8	13	7
New Mexico	35	12	8	7
Oregon	27	13	17	7
Wyoming	48	16	7	7
Louisiana	24	14	17	8
New Jersey	6	14	11	8
Hawaii	45	13	22	9
Idaho	42	14	11	9
Massachusetts	7	15	21	10
Montana	40	22	11	10
New York	1	17	24	10
North Carolina	15	20	13	10
Colorado	20	23	19	11
Washington	17	17	24	11
Vermont	49	14	31	14
South Dakota	50	22	30	18
North Dakota	51	22	N/A	22

MPL 50/50 State Profiles California

- 2 2020 Rank in MPL Market
- 10 2020 ProAssurance Rank
- 2 2020 NORCAL Rank
- 2 2021 ProAssurance Post-Merger Rank



Department of Insurance Reporting

Since 1988, the California Department of Insurance has produced annual property and casualty market share reports. [Get them here.](#)

Tort Laws

- **Limits on damages for pain and suffering:** \$250k non-economic damage cap
 > Upheld (Civ. §3333.2)
- **Limits on contingent attorney fees:** Sliding scale
 > As of 1987 (Bus. & Prof. §6146)
- **Reform of collateral source rule:** evidentiary, bans subrogation
 > As of 1975 (Civ. §3333.1)
- **Periodic payment of future damages:** mandatory over \$50k at the request of either party
 > As of 1975 (Civ. Proc. §667.7)
- **Statute of limitations:** 3 years or 1 year from discovery, maximum 3 years; 1 year for foreign objects
 > As of 1988 (§13-80-102.5)

Prejudgment Interest

- **Tort action rate:** 7%
- **Accrual date:** if ascertainable, from the date about a consumer and uses that information for a political purpose to disclose to the consumer specified information upon receipt of a verifiable consumer request from the consumer, including the name of any candidate or committee for which the consumer's personal information was used for a political purpose. The bill would also require the business to annually disclose that information to the California Privacy Protection Agency and submit a statement certified, under penalty of perjury, by the chief executive officer of the business that the business has complied with that requirement.
- Rate:** 10% per year
- Accrual date:** date of the offer of the compromise
- Post judgment contract and tort actions rate:** unless lowered by the Legislature, 10% per year
- Accrual date:** date of judgment

ProAssurance Specifics

In 1975, California physicians joined forces through their representative county medical societies to form NORCAL Mutual Insurance Company, now known as NORCAL Insurance Company. The dedication to this long-standing physician base within the state will continue as NORCAL's book of business is consolidated into ProAssurance.

ProAssurance policy limits: \$1M/\$3M

Pending Legislation

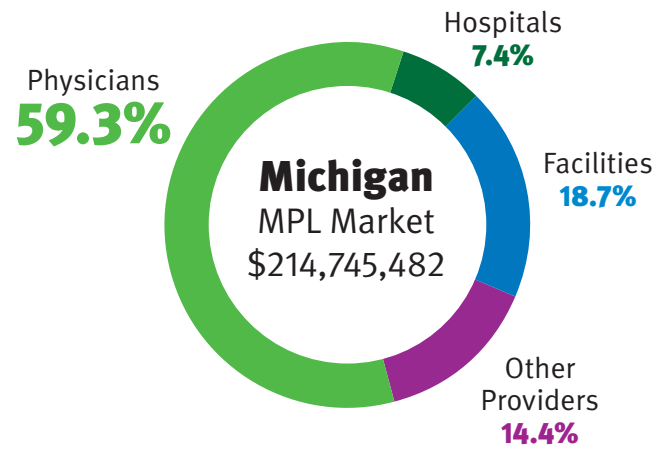
SB 746: Amended in the senate 5/20/21—This bill would grant a consumer the right to request that a business disclose to the consumer whether or not the business uses personal information collected about the consumer for a political purpose, as defined. The bill would require a business that collects personal information about a consumer and uses that information for a political purpose to disclose to the consumer specified information upon receipt of a verifiable consumer request from the consumer, including the name of any candidate or committee for which the consumer's personal information was used for a political purpose. The bill would also require the business to annually disclose that information to the California Privacy Protection Agency and submit a statement certified, under penalty of perjury, by the chief executive officer of the business that the business has complied with that requirement.

*MPL market mix data is provided by AM Best and is not public information. If you would like to obtain this information, please reach out to AM Best directly.

MPL 50/50 State Profiles

Michigan

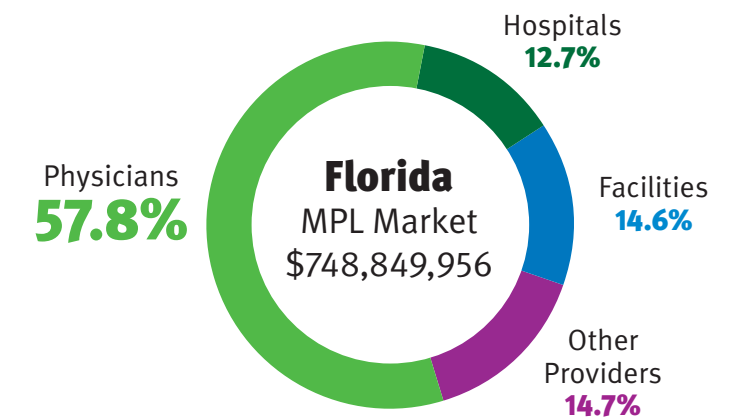
- 16** 2020 Rank in MPL Market
- 3** 2020 ProAssurance Rank
- 23** 2020 NORCAL Rank
- 3** 2021 ProAssurance Post-Merger Rank



MPL 50/50 State Profiles

Florida

- 4** 2020 Rank in MPL Market
- 7** 2020 ProAssurance Rank
- 4** 2020 NORCAL Rank
- 4** 2021 ProAssurance Post-Merger Rank



Tort Laws

- **Limits on damages for pain and suffering:** \$476k non-economic damage cap, exceptions reach \$851k (amounts adjusted for inflation annually on 12/31)
 - › Effective 1994 (§600.1483)
- **Limits on contingent attorney fees:** 33.33% of recovered MI court rules
 - › Effective 1985 (8.121(b))
- **Reform of collateral source rule:** mandatory unless right of subrogation exercised
 - › Effective 1986 (§600.6303)
- **Periodic payment of future damages:** mandatory over \$250k, with exceptions
 - › Effective 1986 (§600.6307)
- **Statute of limitations:** 2 years or 6 months from discovery, 6 year maximum, 6 months for foreign objects
 - › Effective 1986 (§600.5805 & §600.5838a)

Prejudgment Interest

- **Rate:** 1% above the average interest rate paid at auctions of 5-year U.S. Treasury notes during the 6 months immediately preceding July 1 and January 1, compounded annually. Rate calculated at 6 month intervals. Interest is calculated on the entire money judgment, including attorney fees and other costs.
- **Accrual date:** date of filing the complaint

Notably Excessive Malpractice Verdicts

As social inflation continues, excess jury verdicts continue to rise in prevalence nationwide.

In Michigan:

- **\$130M**—A premature baby developed hydronephrosis, resulting in brain damage and cerebral palsy.
- **\$17M**—A woman lost a leg and became paraplegic following complications during outpatient surgery.

Contingency Excess Policy Endorsement Available

Enhanced physician coverage is available in Michigan with a contingency excess policy endorsement. For individual policy limits of \$1M/\$3M, insureds are eligible for an additional \$1M in coverage (\$3M aggregate) in the event of an adverse jury verdict.

This additional coverage is automatically in effect for ProAssurance policies that carry the minimum \$1M/\$3M limits.

Department of Insurance Reporting

The Florida Department of Insurance publishes an annual report which outlines market trends, examinations and investigations, insurance regulations, and more. A section on the state of property and casualty is included.

The most recent report currently available is from 2019.

Tort Laws

- **Limits on damages for pain and suffering:** none
 - › Ruled unconstitutional (2017)
 - » \$500k non-economic cap per claimant, max \$500k per defendant
 - » \$1M max for severe injury
 - » \$750k non-economic cap per entity/claimant; \$1.5M max
 - » Exceptions - \$150k non-economic cap per emergency provider/claimant; \$300k max
- **Limits on contingent attorney fees:** after costs, 30% of first \$250k, 10% of remainder
 - › Effective 2004 (FL Const. Art. I, Sec. 26)
- **Reform of collateral source rule:** mandatory
 - › As of 1986 (§768.76)
- **Periodic payment of future damages:** mandatory over \$250k at request of either party
 - › As of 1988 (§768.78)
- **Statute of limitations:** 2 years or 2 years from discovery; 4 year maximum
 - › As of 1975 (§95.11)

Pending Legislation

- **HB 651: First chamber review**—This bill would allow parents of adult children to recover damages for mental pain and suffering in medical negligence suits.
- **HB 7005: Introduced**—This bill provides civil liability immunity to healthcare providers and facilities for COVID-19 related negligence claims, unless the plaintiff(s) can demonstrate via clear and convincing evidence that the act or omission constituted gross negligence, recklessness, or intentional misconduct. Applies to exposure and treatment/decisions directly related to COVID-19, as well as to other healthcare services and decisions unrelated to COVID-19 (i.e., delaying nonessential care).
- **SB 686: Introduced**—This bill authorizes a defendant to offer a judgment in the amount of the total allowable economic damages. It stipulates that parties serving exclusive offers of judgment are not required to specify an amount being offered for attorney fees and costs. It would apply to all offers of judgment served on or after July 1, 2021.

Prejudgment Interest

Prejudgment interest rates only apply to contract actions.

ProAssurance Specifics

ProAssurance has a long history in Michigan, dating back to 1980 and the founding of Physicians Insurance Company of Michigan (PICOM). The company was formed to assume the Brown-NcNeely Fund's business and address the lack of affordable professional liability coverage at the time.

Policy limits:

- \$100k/\$300k • \$200k/\$600k • \$250k/\$750k
- \$300k/\$900k • \$500k/\$1M • \$500k/\$1.5M
- \$1M/\$3M

ProAssurance Specifics

ProNational, a predecessor to ProAssurance Casualty Company, was formed when the Physicians Insurance Company of Michigan consolidated with the Physicians Protective Trust Fund (PPTF) in Florida in 1998. PPTF had been insuring physicians in the state since 1975.

NORCAL also has a strong presence in Florida, which began with the acquisition of FD Insurance in 2015.

Policy limits:

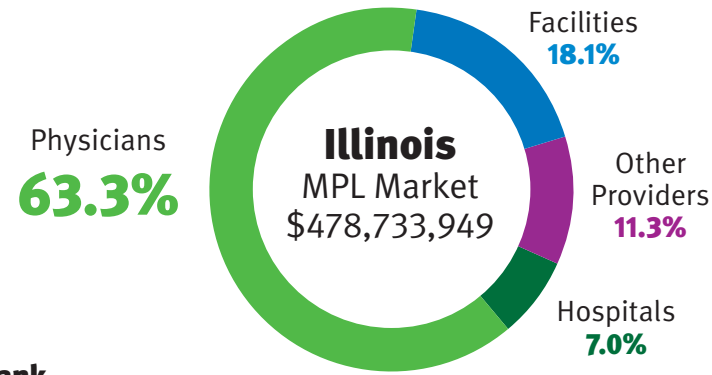
- \$100k/\$300k • \$250k/\$750k • \$500k/\$1.5M • \$1M/\$3M

The Hillsborough County Medical Association and Broward County Medical Association exclusively endorse ProAssurance as their medical professional liability carrier. Members of these associations receive a premium discount.

MPL 50/50 State Profiles

Illinois

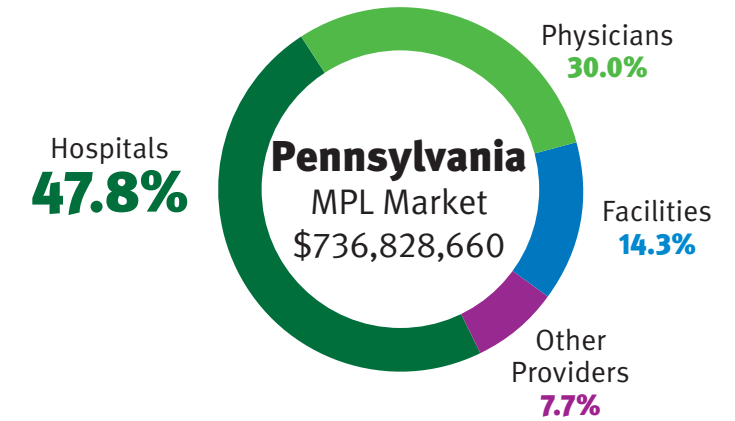
- 5** 2020 Rank in MPL Market
- 6** 2020 ProAssurance Rank
- 3** 2020 NORCAL Rank
- 2** 2021 ProAssurance Post-Merger Rank



MPL 50/50 State Profiles

Pennsylvania

- 3** 2020 Rank in MPL Market
- 24** 2020 ProAssurance Rank
- 6** 2020 NORCAL Rank
- 4** 2021 ProAssurance Post-Merger Rank



Prejudgment Interest

Senate Bill 72, which adjusts prejudgment interest on money awarded to plaintiffs in personal injury or wrongful death lawsuits in civil court, became effective July 1, 2021.

- **Tort interest rate:** 6%
- **Accrual date:** the date the action is filed.

Department of Insurance Reporting

- The Illinois Department of Insurance produces an [annual market share report](#) for the top 25 Illinois licensed P&C companies by line of business and all Illinois licensed companies.

Tort Laws

- **Limits on damages for pain and suffering:** none
 - › \$500k physician/\$1M hospital non-economic damage cap ruled unconstitutional in 2010
- **Limits on contingent attorney fees:** sliding scale
 - › Effective 1985 (§5/2-1114)
- **Reform of collateral source rule:** mandatory; 50% offset of lost wages, 100% offset medical benefits, no more than 50% of award
 - › Effective 1985 (§5/2-1205)
- **Periodic payment of future damages:** discretionary over \$250k by plaintiff; some restrictions on defendant
 - › Effective 1985 (§5/2-1705)
- **Statute of limitations:** 2 years from discovery, 4 year maximum
 - › Effective 1987 (§735 5/13- 212)

Pending Legislation

- **SB 74: Introduced**—This bill establishes requirements regarding the qualifications, testimony, disclosure, and compensation of expert witnesses, the bases of expert opinion testimony, limitations on expert testimony, pretrial hearings and disclosures concerning expert witnesses, precedents to be followed in interpreting the new provisions, interlocutory appeals of ruling on the admissibility of expert evidence, and standards to be followed by reviewing courts in determining the admissibility of expert testimony.
- **HB 3040: Introduced**—Based on the NAIC’s Insurance Data Security Model Act (MDL#668), this bill requires covered insurer entities to develop and maintain an information security program and also adhere to breach notification and investigation requirements set forth in the legislation.
- **HB 3412: Introduced**—This measure amends the Personal Information Protection Act. States that if there is a security breach of system data, a data collector must notify the Attorney General in addition to the Illinois resident to whom the breach relates. Requires the notice to be provided no later than five days after the breach.

Patient Compensation Fund (PCF)

The Medical Care Availability and Reduction of Error Fund (Mcare) was established in 2002 as a successor to the Medical Professional Liability Catastrophe Loss Fund. Fees for participation are collected annually. All medical providers who conduct at least half of their business in Pennsylvania must participate in the fund. These providers must have \$500k in liability coverage per incident and \$1.5M aggregate (\$700k/\$2.1M for hospitals).

Prejudgment Interest

- **Tort rate:** prime rate, as stated in Pa. R.C.P. 238(a)(3). The plaintiff must request delay damages within 10 days of the verdict or decision.
- **Accrual date:** the date that is one year after the date original process was first served.

Tort Laws

- **Pain and suffering:** state constitution prohibits
- **Limits on contingent attorney fees:** none
 - › Sliding scale ruled unconstitutional
- **Reform of collateral source rule:** mandatory and bans subrogation
 - › Effective 2002 (40 P.S. §1303.508)
- **Periodic payment of future damages:** mandatory over \$100k for future medical and related expenses
 - › Effective 2002 (40 P.S. §1303.509)
- **Statute of limitations:** 2 years or 2 years from discovery, 7 year statute of repose (except for foreign objects and minors)
 - › Effective 1992, 2002 (42 P.S. §5524 & 40 P.S. §1303.513)

Pending Legislation

SB 330: Introduced—This bill provides civil liability immunity to healthcare practitioners (including volunteers and certain retired practitioners) and providers (includes medical facilities) for acts or omissions resulting from healthcare during a declared state of disaster emergency. Applies to healthcare practitioners and providers (1) rendering healthcare services through a healthcare facility or government agency in a manner that is outside or exceeds their normal scope of practice or specialty, (2) canceling, discontinuing, or otherwise altering healthcare services in accordance with an executive order or guideline issued in relation to a state of disaster emergency, and/or (3) acting in good faith to render healthcare that results in an injury to another because the healthcare practitioner or provider is unable to provide the required level or manner of care due to a lack of resources attributable to the state of disaster emergency.

ProAssurance Specifics

Primary limits: \$1M/\$3M

ProAssurance assumed the business of Associated Physicians Insurance Company (APIC) in 1995. APIC had been serving physicians in Illinois since 1986. NORCAL was a top three carrier in Illinois prior to the merger and will continue to strengthen ProAssurance’s presence in the area.

ProAssurance Specifics

ProAssurance policy limits:

- \$500k/\$1.5M • \$1M/\$3M

NORCAL has a strong presence in Pennsylvania which began with the purchase of PMSLIC Insurance Company in 1998. PMSLIC was formed by the Pennsylvania Medical Society in 1978 to issue medical professional liability policies directly to Pennsylvania physicians.

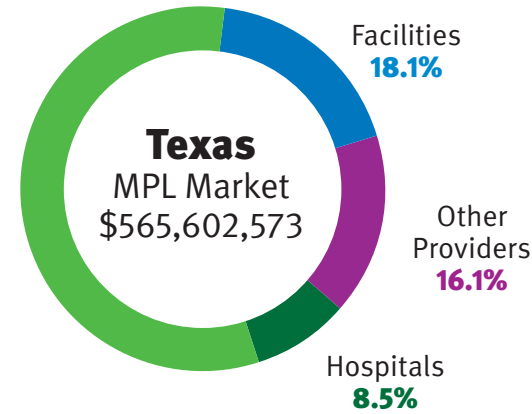
Pennsylvania is also home to Eastern Alliance Insurance Group, ProAssurance’s subsidiary workers’ compensation insurance carriers—founded by Specialty P&C president, Mike Boguski.

MPL 50/50 State Profiles

Texas

- 8** 2020 Rank in MPL Market
- 3** 2020 ProAssurance Rank
- 5** 2020 NORCAL Rank
- 2** 2021 ProAssurance Post-Merger Rank

Physicians
57.1%



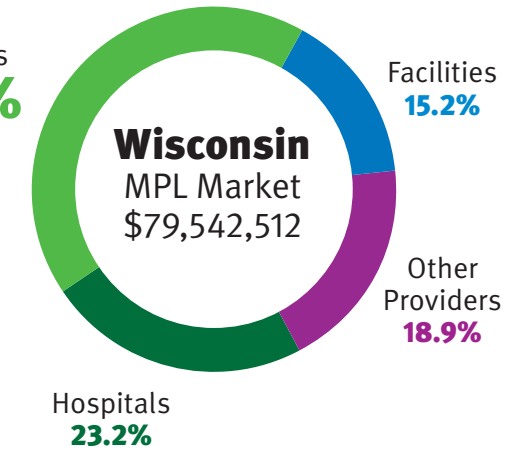
Texas
MPL Market
\$565,602,573

MPL 50/50 State Profiles

Wisconsin

- 30** 2020 Rank in MPL Market
- 1** 2020 ProAssurance Rank
- 35** 2020 NORCAL Rank
- 1** 2021 ProAssurance Post-Merger Rank

Physicians
42.5%



Wisconsin
MPL Market
\$79,542,512

Department of Insurance Reporting

- The Texas Department of Insurance posts [annual reports](#), but many capture the insurance industry as a whole.

Pending Legislation

- SB 207: Passed in senate, second house committee review**—The bill would amend the Civil Practice and Remedies Code to provide that a party in an action to recover medical or healthcare expenses may introduce evidence of the reasonableness of the amount charged for medical or healthcare services provided to the claimant. The bill would take effect September 1, 2021 and would apply to an action commenced on or after the effective date.

Patient Compensation Fund (PCF) Rules

The [Wisconsin Injured Patients and Families Compensation Fund](#) was created in 1975, and operates on a fiscal year basis. Administrative costs, operating costs, and claim payments are funded through assessments paid by healthcare providers participating in the fund. Participation is mandatory for doctors, CRNAs, and many types of healthcare facilities whose principal place of practice is Wisconsin. Fees were waived from July 1, 2020 to June 30, 2021 due to the COVID-19 pandemic, but are now back in effect.

Tort Laws

- Pain and suffering:** \$750k non-economic damage cap
 - Upheld in 2019 (\$893.55)
- Limits on contingent attorney fees:** sliding scale
 - Effective 1986 (\$655.013)
- Reform of collateral source rule:** none
 - Evidentiary rule nullified by State Supreme Court
- Periodic payment of future damages:** mandatory; awards over \$100k go to PCF
 - Upheld in 1995 (\$655.015)
- Statute of limitations:** 3 years or 1 year from discovery; 1 year from discovery for foreign objects
 - Effective 1986 (\$893.55)

Tort Laws

- Pain and suffering:** \$250k non-economic damages for physicians, or per claimant for institutions (up to 2)
 - As of 2003 (Civ. Prac. & Rem. Code §74.301)
- Limits on contingent attorney fees:** none
- Reform of collateral source rule:** none
- Periodic payment of future damages:** mandatory at the request of either party
 - As of 2003 (Civ. Prac. & Rem. Code §74.503)
- Statute of limitations:** 2 years; 10 year maximum
 - As of 2003 (Civ. Prac. & Rem. Code §74.251)

Prejudgment Interest

Tort actions interest is allowed in wrongful death, personal injury, and property damage cases, but not allowed on punitive damages.

- Rate:** interest applicable at the time of judgment. Interest is computed as simple interest and does not compound.
- Accrual date:** the earlier of the 180th day after the date the defendant receives written notice of a claim or the date suit is filed.

Pending Legislation

- AB 147: first committee review**—Modeled after the NAIC's *Insurance Data Security Model Act* (MDL#668), this bill requires covered insurance entities to develop an information security program and adhere to stipulated incident response protocols (investigation and notification). HIPAA exemption; Exemption for small insurers; No private right of action. Insurance commissioner has enforcement powers. Effective on first day of the 4th month beginning after publication.

Prejudgment Interest

- Rate:** for liquidated damages or damages that can be measured to a reasonably certain standard, 5% or amount agreed to, but not to exceed 12%
- Accrual date:** from the date due or the date of the breach. If an offer of judgment is made and interest applies, it runs from the date of the offer

ProAssurance Specifics

In 2010, ProAssurance acquired American Physicians Service Group, Inc., a publicly traded parent company of American Physicians Insurance Company. The company's roots in Texas extend back to 1975 and ProAssurance continues to maintain these relationships today, including an office in Austin.

NORCAL also has an established base in Texas, which was set forth by acquiring Medicus Insurance Company in Austin in 2011.

Enhanced physician coverage is available in Texas with a contingency excess policy endorsement. For individual policy limits of \$1M/\$3M, insureds are eligible for an additional \$1M in coverage (\$3M aggregate) in the event of an adverse jury verdict.

This additional coverage is automatically in effect for ProAssurance policies that carry the minimum \$1M/\$3M limits. Insureds with policy limits less than \$1M/\$3M who want the additional \$1M in coverage can apply to increase their limits mid-term.

ProAssurance Specifics

Primary limits: \$1M/\$3M

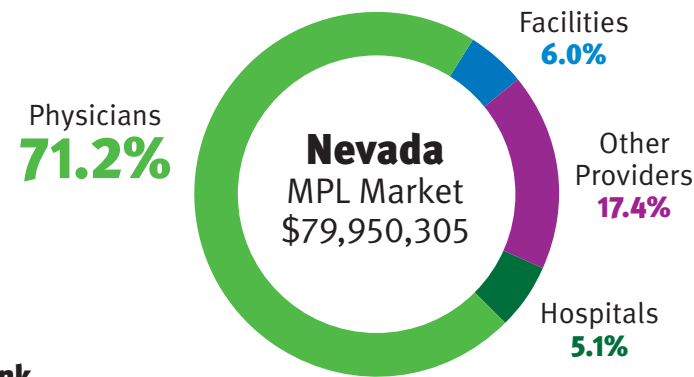
ProAssurance acquired the Physicians Insurance Company of Wisconsin, Inc. (PIC Wisconsin) in 2006, which has been the basis of a long-standing relationship with Wisconsin physicians. [The Wisconsin Medical Society \(Society\)](#) endorses ProAssurance as its healthcare professional liability insurer.

Since 1988, the Society and ProAssurance have provided members with high-value medical professional liability programs. [The Member Benefit Plan](#) includes strong protection for risks associated with evolving cyber threats at no additional cost. Members also receive a premium discount, enhanced professional liability insurance, and savings on Society webinars.

MPL 50/50 State Profiles

Nevada

- 31** 2020 Rank in MPL Market
- 1** 2020 ProAssurance Rank
- 2** 2020 NORCAL Rank
- 1** 2021 ProAssurance Post-Merger Rank

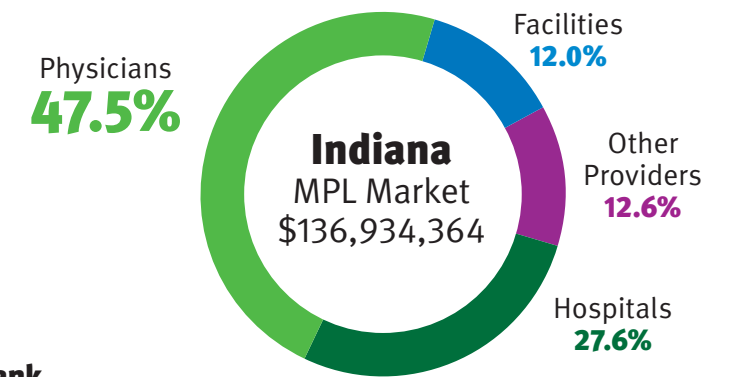


Nevada
MPL Market
\$79,950,305

MPL 50/50 State Profiles

Indiana

- 22** 2020 Rank in MPL Market
- 2** 2020 ProAssurance Rank
- 27** 2020 NORCAL Rank
- 2** 2021 ProAssurance Post-Merger Rank



Indiana
MPL Market
\$136,934,364

Department of Insurance Reporting

- The Nevada Department of Insurance publishes required industry reports on their [webpage](#). This includes a closed-claims report with indemnity payments of more than \$5,000 for medical malpractice cases.
- Case information is due 45 days after the settlement or award, though the web update schedule is unclear.

Prejudgment Interest

- **Rate:** if the rate is not established by contract, a rate equal to the prime rate at the largest bank in Nevada, plus 2%
- **Accrual date:** from the time of service of the summons and complaint. However, for future damages, interest runs only from the time of the entry of judgment.

Tort Laws

- **Pain and suffering:** \$350k non-economic damage cap
 - › Effective 2004 (NRS 41A.035)
- **Limits on contingent attorney fees:** sliding scale
 - › Effective 2004 (NRS 7.095)
- **Reform of collateral source rule:** evidentiary, bans subrogation
 - › Effective 2004 (NRS 42.021)
- **Periodic payment of future damages:** mandatory over \$50k at the request of either party
 - › Effective 2004 (NRS 42.021)
- **Statute of limitations:** After 10/1/2002, 3 years from date of injury, 1 year from date of discovery
 - › Effective 2004 (NRS §41A.097)

Pending Legislation

- **SB 239: Introduced**—This bill provides safe harbors to entities that experience a data breach if they had certain protective measures in place at the time of the breach.
- **AB 314: Introduced**—This amendment addresses the current law providing COVID-19 protections under NRS Chapter 41, extending immunity to hospitals, nursing homes, hospice facilities, intermediate care facilities, skilled nursing facilities, and independent emergency medical centers. This also extends to employees, officers, and independent contractors of the entity. This applies to a cause of action or claim arising from a personal injury or death (specified in NRS 41.835, as amended by section 3 that accrues before, on, or after the effective date of the act and before the termination of the 3/12/20 COVID-19 emergency). This will become effective upon passage and approval.

Patient's Compensation Fund (PCF)

Healthcare providers are responsible for the first \$500k of damages, with the PCF paying up to \$1.3M for the remaining damages. For claims arising between July 1, 2017 and June 30, 2019, the healthcare provider is responsible for the first \$400k and the PCF will pay the remaining damages up to \$1.25M.

[Get the 2021 surcharge rates.](#)

Department of Insurance Reporting

- The Indiana Department of Insurance produces:
- [An annual report on the state Patient's Compensation Fund](#)
 - [An annual Indiana Residual Malpractice Insurance Authority report](#)
 - [An annual Median Rate Report](#)

Pending Legislation

- **SB 229: Introduced**—This bill provides civil liability immunity to health and residential care facilities for acts or omissions due to compliance with visitation policies or procedures (designated caregivers mandated within the bill). This bill does not grant immunity for gross negligence or wanton misconduct.

Tort Laws

- **Pain and suffering:** \$500,000 cap on total damages per provider; \$1.8 million cap on total damages for all providers and state fund
- **Upheld in 2016:** §34-18-14-3
- **Limits on contingent attorney fees:** 15% max if paid out of patient compensation fund; otherwise none
 - › Effective as of 1999: §34-18-18-1
- **Reform of collateral source rule:** Evidentiary: §34-44-1-2
 - › Effective as of 1998
- **Periodic payment of future damages:** none
- **Statute of limitations:** 2 years from act or discovery
 - › Upheld in 1999: §34-18-7-1

Prejudgment Interest

- **Rate:** at the court's discretion a simple interest rate of not less than 6% nor more than 10% (§34-51-4-9).
- **Accrual Date:** on ascertainable damages, *Eden United v. Short*, 653 N.E.2d 126 (Ind. Ct. App. 1995), at the court's discretion, on the latest of the following dates:
 - › Fifteen months after the cause of action accrue
 - › 180 days after a medical review panel is formed to review the claim (Ind. Code 34- 18-10)
 - › The period cannot exceed 48 months (Ind. Code § 34-51-4-8)
- **Offers of Settlement:** no prejudgment interest is allowed if the plaintiff or defendant, as applicable, fail to make an offer of settlement (Ind. Code § 34-51-4-5 or Ind. Code. §34-51-4-6).

ProAssurance Specifics

Primary limits: \$1M/\$3M

In 2012, ProAssurance acquired Independent Doctors Insurance Exchange (IND), a Nevada reciprocal insurer. This positioned ProAssurance to create a solid base of operations in the far west. PIC Wisconsin, which ProAssurance acquired in 2006, also had a solid book of business in Nevada, which ProAssurance maintained.

Members of the Nevada State Medical Association, Clark County Medical Society, Washoe County Medical Society, the Western Physicians Alliance, or Nevada Osteopathic Medical Association may qualify for potential premium discounts.

ProAssurance Specifics

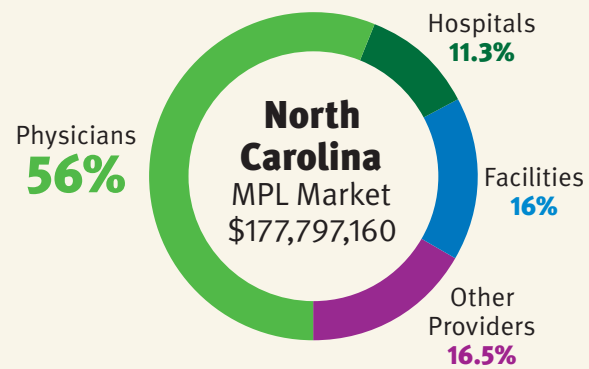
Primary limits: \$500k/\$1M

ProAssurance has significant history in Indiana. In 1995, the company purchased Physicians Insurance Company of Indiana, formed in 1982. This formed the basis of ProAssurance's midwest expansion. In 1996, PICOM, a ProAssurance predecessor assumed business of the American Medical Insurance Exchange (AMIE) and began servicing physicians in the company's home state. AMIE was organized in 1988 to fill the void created when a major commercial insurer left Indiana. Our final expansion in Indiana occurred in 2004 by purchasing the renewal rights to the Ohio Hospital Insurance Company's physician, hospital, and healthcare facility business, which included a significant number of Indiana accounts. As part of this longstanding commitment to the state, the Indiana State Medical Association endorses ProAssurance as its medical professional liability insurer.

MPL 50/50 State Profiles

North Carolina

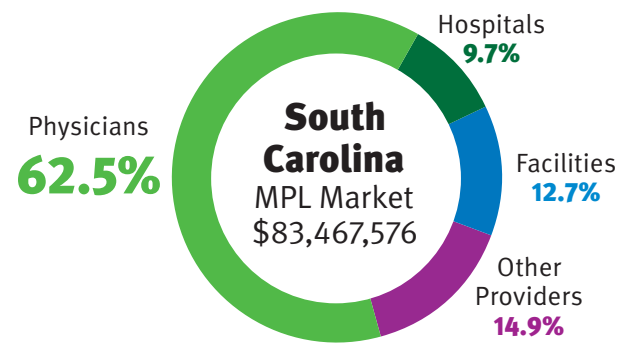
- 15** 2020 Rank in MPL Market
- 20** 2020 ProAssurance Rank
- 13** 2020 NORCAL Rank
- 10** 2021 ProAssurance Post-Merger Rank



MPL 50/50 State Profiles

South Carolina

- 29** 2020 Rank in MPL Market
- 6** 2020 ProAssurance Rank
- 20** 2020 NORCAL Rank
- 5** 2021 ProAssurance Post-Merger Rank



Patient Compensation Fund (PCF)

The *South Carolina Patients' Compensation Fund* (PCF) was established in 1976 due to the lack of adequate MPL coverage in the market. Today, the fund provides varying limits of coverage depending on the level of primary coverage a healthcare professional maintains. All members must have primary coverage of at least \$200k per claim/\$600k aggregate to participate.

In 2019, the South Carolina Joint Underwriting Association announced the PCF had an estimated \$90M in accumulated deficits. To address this, the Governor signed [H.3760](#), bringing a 2-6% assessment of net direct written premium on all MPL insurers in South Carolina. This assessment will be applied to the deficit, and will remain in place as late as 2035. Further, beginning this year, the South Carolina Medical Malpractice Association will charge an additional 1% premium surcharge per year for 10 years. Any future deficits will be addressed exclusively by rate increases on policyholders.

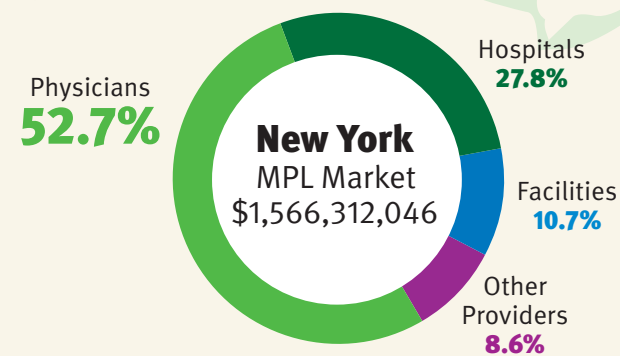
Tort Laws

- **Limits on damages for pain and suffering:** \$479,064 cap on non-economic damages per provider/claimant, up to \$1,437,192 maximum (annually indexed to inflation on 12/31)
 > Effective 2005 (§15-32-220)
- **Limits on contingent attorney fees:** none
- **Reform of collateral source rule:** none
- **Periodic payment of future damages:** none
- **Statute of limitations:** 3 years or 3 years from discovery, 6 year maximum (2 year foreign object exception)
 > Effective 1977 (§15-3-545)

MPL 50/50 State Profiles

New York

- 1** 2020 Rank in MPL Market
- 17** 2020 ProAssurance Rank
- 24** 2020 NORCAL Rank
- 10** 2021 ProAssurance Post-Merger Rank



Medical Indemnity Fund (MIF)

The *Medical Indemnity Fund* (MIF) was established in 2011 to provide a funding source for costs of “qualified plaintiffs”—specifically those who suffered birth-related neurological injuries due to medical malpractice during a delivery admission. MIF oversight transferred to the New York State Department of Health in 2019.

Tort Laws

- **Limits on damages for pain and suffering:** none
- **Limits on contingent attorney fees:** sliding scale judiciary law
 > Effective 1985 (§474-a)
- **Reform of collateral source rule:** mandatory
 > Effective 1986 (§4545)
- **Periodic payment of future damages:** mandatory over \$500k with restrictions
 > Effective 2003 (§5031)
- **Statute of limitations:** 2 years, 6 months or 1 year from discovery (foreign object exception)
 > Effective 1986 (CPLR §214-a)

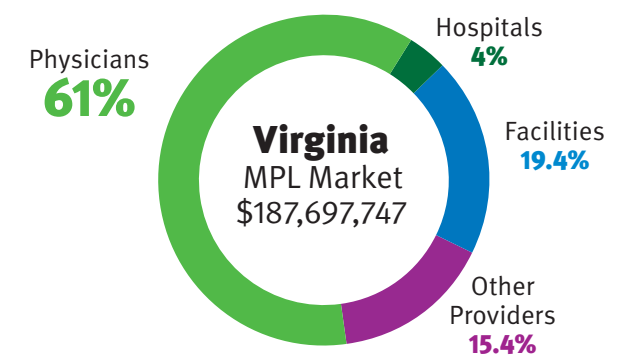
Prejudgment Interest

- **Tort action rate:** for an act or omission depriving or otherwise interfering with title to, or possession or enjoyment of property, 9%.
- **Accrual Date:** the earliest ascertainable date the cause of action existed. For equitable actions, interest and the accrual date are set at the court’s discretion.

MPL 50/50 State Profiles

Virginia

- 18** 2020 Rank in MPL Market
- 7** 2020 ProAssurance Rank
- 11** 2020 NORCAL Rank
- 5** 2021 ProAssurance Post-Merger Rank



Tort Laws

- **Limits on damages for pain and suffering:** \$2.45M non-economic damage cap (\$50k annual increases from 2012 to 2031)
 > Effective 2011 (§8.01-581.15)
- **Limits on contingent attorney fees:** none
- **Reform of collateral source rule:** none
- **Periodic payment of future damages:** discretionary at court opinion
- **Statute of limitations:** 2 years, 10 year maximum (foreign object exception)
 > Effective 1987 (§8.01-243)

Prejudgment Interest

- **All actions rate:** 6%, or amount provided in contract, if higher. However, the award of interest is discretionary.
- **Accrual date:** fixed at the discretion of the trier of fact.

Pending Legislation

- **HB 954: Introduced**—This bill updates cybersecurity rules, creating greater enforcement for care and disposal of customer records and security for connected devices.

Tort Laws

- **Limits on damages for pain and suffering:** \$562,338 non-economic damage cap per occurrence, exceptions for gross negligence
 > Adjusted by CPI every 3 years as of 2014
 > Effective 2011 (§90-21.19)
- **Limits on contingent attorney fees:** none
- **Reform of collateral source rule:** none
- **Periodic payment of future damages:** none
- **Statute of limitations:** 3 years, maximum of 4 years (1 year foreign object exception, 10 year maximum)
 > Effective 1979 (§1-15)

Prejudgment Interest

- **Tort actions rate:** 8% on compensatory damages
- **Accrual date:** date the action is commenced

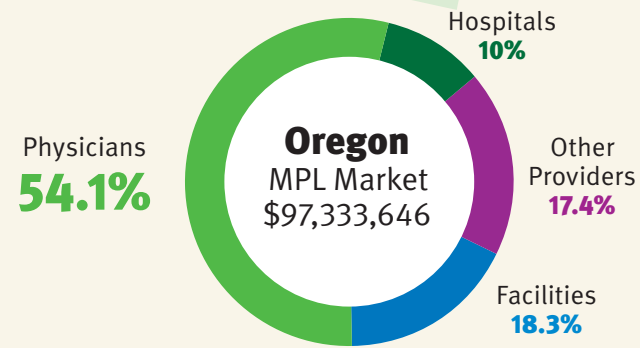
Pending Legislation

- **HB 196: Enacted 3/11/21**—This measure includes a section that amends Section 3D.7(b) of S.L. 2020-3 to expand the duration of COVID-19 liability protections that apply to healthcare providers and facilities beyond CY 2020 so long as there is a declared state of emergency in effect.

MPL 50/50 State Profiles

Oregon

- 27** 2020 Rank in MPL Market
- 13** 2020 ProAssurance Rank
- 17** 2020 NORCAL Rank
- 7** 2021 ProAssurance Post-Merger Rank



Tort Laws

- **Limits on damages for pain and suffering:** none
 - › \$500k non-economic damage cap ruled unconstitutional in 1999, overturned in 2016
 - › Still applicable to wrongful death (2020)
- **Limits on contingent attorney fees:** none
- **Reform of collateral source rule:** discretionary
 - › Effective 1987 (§31.580)
- **Periodic payment of future damages:** none
- **Statute of limitations:** 2 years from discovery, 5 year maximum
 - › Upheld (§12.110)

Prejudgment Interest

Ascertainable Damages Prejudgment interest may be allowed if the time from which interest runs can be ascertained and damages are ascertainable by simple calculation. Interest may be awarded if necessary to make the plaintiff whole.

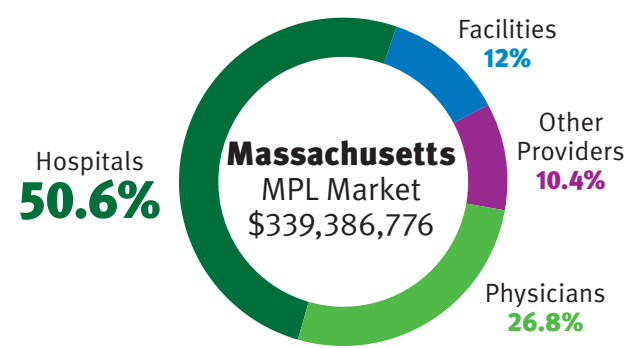
Pending Legislation

- **SB 193: Second chamber review**—Amendment 4 added by the Senate Judiciary Committee establishes that the state's \$500,000 cap on non-economic damages applies only to wrongful death, and not to personal injury claims. The bill would thus codify the most recent or Supreme Court ruling on damage caps.

MPL 50/50 State Profiles

Massachusetts

- 7** 2020 Rank in MPL Market
- 15** 2020 ProAssurance Rank
- 21** 2020 NORCAL Rank
- 10** 2021 ProAssurance Post-Merger Rank



Tort Laws

- **Limits on damages for pain and suffering:** \$500k non-economic damage cap, with exceptions
 - › Effective 1986 (MGLA 231 §60H)
- **Limits on contingent attorney fees:** sliding scale
 - › Effective 1986 (MGLA 231 §60I)
- **Reform of collateral source rule:** mandatory, bans subrogation
 - › Effective 1986 (MGLA 231 §60G)
- **Periodic payment of future damages:** none
- **Statute of limitations:** 3 years, exceptions with 7 year maximum
 - › Effective 1986 (MGLA 260 §4)

Prejudgment Interest

- **Tort action rate:** 12%. No interest is permitted against the Commonwealth.
- **Accrual date:** commencement of the action

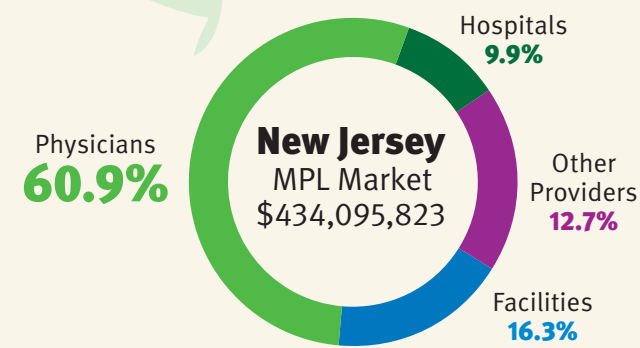
Pending Legislation

- **HD 1692: Drafted**—This bill makes the resolution of an MPL claim non-reportable if resolution was through a Communication and Resolution Program and no finding of substandard care was made.

MPL 50/50 State Profiles

New Jersey

- 6** 2020 Rank in MPL Market
- 14** 2020 ProAssurance Rank
- 11** 2020 NORCAL Rank
- 8** 2021 ProAssurance Post-Merger Rank



Tort Laws

- **Limits on damages for pain and suffering:** none
- **Limits on contingent attorney fees:** sliding scale by New Jersey rules of court
 - › Effective 2002 (§1:2107)
- **Reform of collateral source rule:** mandatory
 - › Effective 1987 (§2A:15-97)
- **Periodic payment of future damages:** none
- **Statute of limitations:** 2 years from discovery
 - › Effective 1993 (§2A:14-2)

Prejudgment Interest

- **Tort actions rate:** for judgments exceeding the monetary limit of the Special Civil Part, simple interest at a rate equal to 2% above the average rate of return, to the nearest whole or one-half percent of the State of New Jersey Cash Management Fund.
- **Accrual date:** the later of the date of the institution of the action or 6 months after the date the cause of action arises.

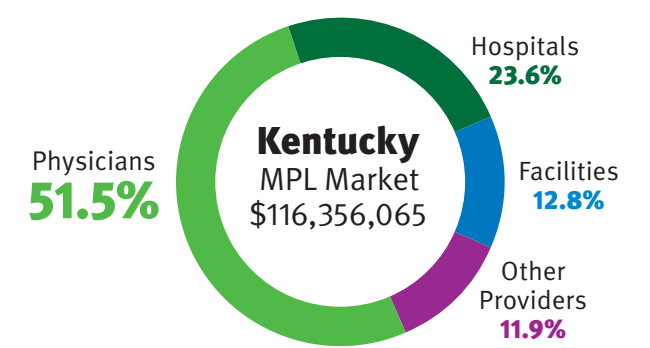
Pending Legislation

- **S 3172: Introduced**—This bill expands the parties who must receive affidavit of merits in malpractice or negligence cases.

MPL 50/50 State Profiles

Kentucky

- 23** 2020 Rank in MPL Market
- 3** 2020 ProAssurance Rank
- 12** 2020 NORCAL Rank
- 2** 2021 ProAssurance Post-Merger Rank



Tort Laws

- **Pain and suffering:** \$250k cap on non-economic damages
 - › Effective 2017 (147.136A)
- **Limits on contingent attorney fees:** determined by court
 - › Effective 1975
- **Reform of collateral source rule:** mandatory, bans subrogation
 - › Effective 1975
- **Periodic payment of future damages:** discretionary
 - › Effective 1986
- **Statute of limitations:** 2 years from discovery; 6 year maximum (foreign object exception)
 - › Effective 1975

Prejudgment Interest

Prejudgment interest, as well as the accrual rate, is discretionary, as decided by the court. (Ky. Rev. Stat. Ann. §360.010. Nucor Corp. v. General Elec. Co., 812 S.W.2d 136 (Ky. 1991))

ProAssurance Specifics


ProAssurance policy limits:

- \$100k/\$300k
- \$200k/\$600k
- \$300k/\$900k
- \$500k/\$1M
- \$1M/\$1M
- \$1M/\$3M

MEDICAL PROFESSIONAL LIABILITY

Industry Resources

Industry Articles

Med mal rate increases likely to accelerate: AM Best—Unfavorable profitability trends for insurers and liability uncertainties related to COVID-19 are expected to persist throughout the year. (Business Insurance) 

Biden executive order targets healthcare consolidation—Federal Trade Commission and Department of Justice officials say they will soon update their merger guidelines. (Healthcare Finance)

Hospitals employed nearly half of physicians by January 2021: 5 study findings—Hospitals employed 49.3 percent of physicians by January 2021, up 5 percent from January 2019, according to an updated study from the nonprofit Physicians Advocacy Institute and Avalere. (Becker's Hospital Review)

Volumes, margins on the rise as hospitals slowly recover from the COVID-19 pandemic—The numbers indicate the severity of the pandemic is waning, both in terms of virus transmission and hospitals' financial health. (Healthcare Finance)

Healthcare Rankings: Measuring how well states are meeting citizens' healthcare needs—Access to care, quality of healthcare, and public health were used to rank each state. (U.S. News)

The best states for physicians in 2020: The complete ranking—Each year, Physicians Practice ranks each state based on mean salary, MPL premiums, cost of living, tax climate, and physician density. (Physicians Practice)

Hospitals see job losses again after month of growth—Hospitals lost 5,500 jobs in June after gaining 2,900 jobs, though there were some gains in other healthcare subsectors. (Healthcare Finance)

Hardening medical malpractice rates, a slew of COVID claims, and what it all means for the healthcare sector—The COVID-19 pandemic has made an already-hardening insurance market in the healthcare sector even harder. (Risk & Insurance)

Physicians worked fewer hours during the pandemic's 2020 peak—These changes may reflect a decrease in healthcare utilization and increased flexibilities brought by COVID-19-driven regulations. (Healthcare Finance News)

Ties that Bind

"Research before you go" is good practice when planning any endeavor. It applies to almost everything from air travel (so you don't pack a liter of souvenir wine in your carry-on) to meeting the Queen (so you don't hug her and create an international incident).

It even applies to selling MPL insurance.

Reviewing essential information before contacting prospects and clients in a tightly niched and highly regulated environment creates a personalized experience.

Discerning customers expect you to know who they are and about anything that affects their practice liability. With clients and prospects in 50 states, each governed by its own set of insurance regulations, researching before going isn't just nice; it's essential.



Diverse Prospects and 50 Markets:

Research Before You Go

Know the Prospect/Customer

It's important to get personal because MPL insurance is personal. Healthcare providers (HCPs) buy it to protect their assets and sleep better at night. That's personal!

Review Customer Relationship Management (CRM) records before engaging clients. Go through emails, messages, and notes from previous discussions. HCPs tend to be detail-oriented; they expect you to remember information they've shared with you. When those clients feel like you know them and their practices, it shows you care and builds trust.

Before engaging with new prospects, perform a Google search of their name and the name of their practice. Review the search results for relevant information. Look for the practice's website. Read through their "Home" and "About Us" pages. Pay attention to mission or vision statements, and how they describe the practice and themselves. These pages reveal how they wish to be seen by patients and the community—and by you.

Take advantage of social media. Many doctors have a LinkedIn profile. Scan for information about their practice, education, training, experience, professional associations, accomplishments (such as medical journal articles they've authored or contributed to), board memberships, and professional interests. Pay attention to what they say about themselves. What's important to them? What do they seem proud of? What are they for or against?

You might grab a glimpse of prospects' personal lives by searching for them on Facebook, Instagram, or Twitter. But be careful how you use the information you find here. Talking about a mutual interest might help you make a personal connection, but coming across as a stalker won't.

Written by **Mace Horoff** of Medical Sales Performance

Mace Horoff is a representative of [Sales Pilot](#). He helps sales teams and individual representatives who sell medical devices, pharmaceuticals, biotechnology, healthcare services, and other healthcare-related products to sell more and earn more by employing a specialized healthcare system.

Have a topic you'd like to see covered? Email your suggestions to AskMarketing@ProAssurance.com.

Know the State Insurance Regulations

As an agent who sells MPL insurance, it's often said that you have *50 lines of business*. This refers to each state having its own set of insurance regulations.

At a minimum, familiarize yourself with:

- **State mandated limits**—Refer to the minimum coverage limits a physician must have. Most states don't require this, but make sure you're familiar with the states that do.
- **Patient Compensation Fund (PCF)**—Know which states have a PCF, the required coverage amounts, and how they will affect the cost of your client's policy.
- **The legal environment**—States where high verdicts are common may limit what's negotiable as far as cost and features offered.
- **Tort reform**—States have extremely varied laws governing malpractice litigation.
- **Competition**—Know which competitors have a strong presence or medical society backing in a given state.

When you *do your research*, you demonstrate to clients and prospects that protecting them with the appropriate MPL coverage is important to you. Properly applied, knowledge is power. Use easy-to-gather data to build your competitive advantage and grow your diverse markets.

THE Comments Section

This month's article is from *The Journalist's Resource*

Hospital mergers and acquisitions of physician practices: Research illuminates what's at stake for consumers

These consolidations tend to raise prices for private health insurance providers without necessarily improving quality of care, according to a wide body of research published in major peer-reviewed research journals, including the *New England Journal of Medicine*, *The Quarterly Journal of Economics*, and *JAMA*.

[View the full article.](#)

"Hospital systems, some of which are publicly traded, and others backed by venture capital, are seeking profits. With consolidation, the larger players will have more bargaining power and less competition. Seems to be an obvious and unfortunate conclusion that costs will be passed on to healthcare providers and patients."



Gina Harris
Regional Vice President Claims

"Mergers present unique risk control challenges for hospital leadership. Goals and responsibilities for safety and quality are frequently unclear. Numerous studies have concluded there can actually be a decline in delivery and availability of healthcare services as acquired hospitals adjust to achieving greater efficiency in a cost controlled environment. Studies have shown no evidence of quality improvement contributable to a change in ownership. However, most recent studies have not researched all dimensions of quality. When cost efficiency becomes the primary goal, employees and staffing practices could change, negatively impacting the quality of care. The executive management team should define a clear operational model. This could include ensuring various core systems, such as the EMR, interface during transition and that ultimately all systems could be consolidated. Additionally, a solid communication plan must be pushed throughout the organization so that the staff can access the tools and systems needed to do their jobs."



Brenda Tuck
Senior Risk Resource Advisor

"This article symbolizes a decades-long march towards the marketization of healthcare. Today's healthcare environment isn't a patient's free market, whereas no transaction occurs if a price is not agreed. If I'm unconscious and stuck under a truck I'd be in no position to shop for the best ambulance service. That decision is largely outside of my control."



Brian Gaffney
Assistant Vice President Hospital Underwriting

About the Comments Section

The *Comments Section* is a recurring feature which focuses on an industry article in line with the monthly theme. ProAssurance thought leaders will offer insight on the article and how the topic presented relates to our industry.

Implementing a Production Underwriting Model

We recently shared changes in our organizational structure at ProAssurance and NORCAL Group with you. To achieve our goal of building a best-in-class organization we restructured our Standard Underwriting and Business Development areas to implement a production underwriting business model.

Production underwriting most directly aligns agencies with the ProAssurance staff servicing your clients and making decisions on writing profitable new business opportunities—and allows Business Development to focus on the overall agency relationship, growth initiatives, and program development. While implementation is still in progress, we believe production underwriting better serves our agency partners and insureds clients.

What will this look like?

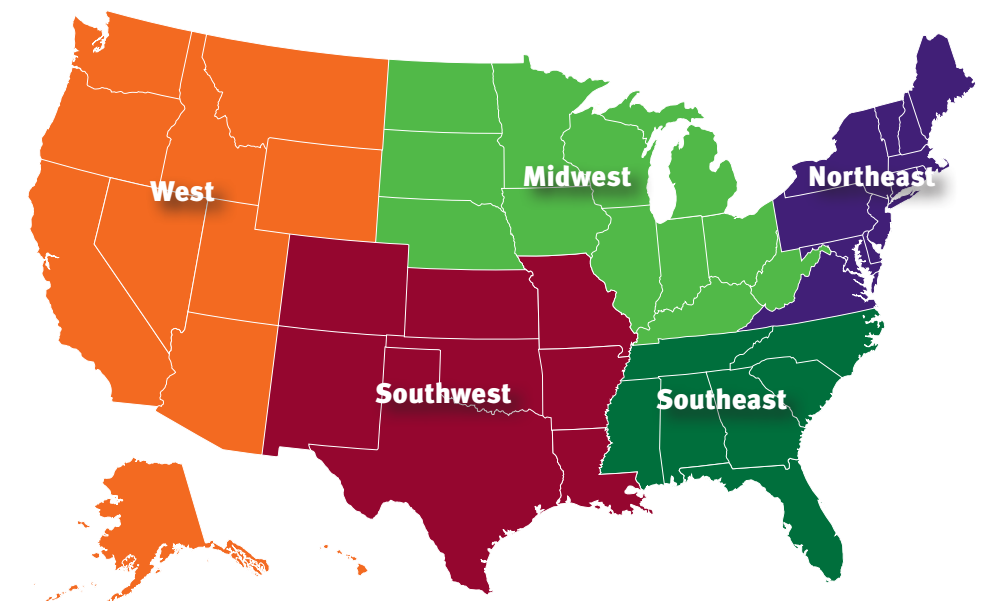
Departmental responsibilities are as follows:

- **Standard Underwriting:** Led by Karen Carlile, SVP, Standard Underwriting will be organized in five regional teams. In addition to moving to a production underwriting model, underwriting activities previously performed and managed by policy specialists in the Service Center will move to the Underwriting team.
- **Business Development:** Led by Gary Dowling, VP, Business Development will support the organization through relationships with agency leadership and the overall management of the agency group—focusing on new business opportunities, as well as partnerships with medical society associations and other industry stakeholders.

Your New Regional Team Leadership

Your assigned production underwriter will be communicated in the near future as we implement this new model.

The August ProVisions will communicate additional details regarding the regional model, and additional structural changes designed to improve the business experience for our agency partners.



Region	Business Development	Standard Underwriting
Southeast	Dennis Wilson, Director	Heather Spicer, Vice President
Southwest	Stephanie Spina, Director	Heather Spicer, Interim Vice President
West	Open	Lucy Sam, Assistant Vice President
Northeast	Shaun Fisher, Director	Lois Wyrick, Interim Vice President
Midwest	Doug Darnell, Director	Debbie Farr, Assistant Vice President

Catching Up **With Frank**

This month we sat down with Frank O'Neil, former Chief Communications Officer at ProAssurance. Frank utilized his previous broadcasting and journalism experience, and managed corporate communications for ProAssurance. Keep reading to learn how Frank went from a 15-year career in television as a producer, sports anchor, and weatherman, to more than 30 years in insurance.



Tell us about your career path.

I majored in broadcasting and got a bachelor's degree in broadcasting and journalism from the University of Alabama. While I was a senior, there was an opening for a sports anchor at WCFT in Tuscaloosa. I got the job and worked there for a little over a year making about \$50 a week. I was also going to graduate school and was offered a graduate teaching position that paid my tuition and \$100 a week—a 100% raise. I left graduate school to go to a station in North Alabama doing sports, but decided to go back to graduate school and take a reporter's job at WCFT.

I was promoted to News Director after a few years, during which time I was also continuing to report, and I became the on-air weatherman. I left WCFT to work at WBRC, in my hometown of Birmingham. I started as the producer for the late newscast, and was eventually promoted to Executive Producer, and just like in Tuscaloosa, I ended up doing weather on air during the mornings two-days a week. My wife-to-be and I were both working there, and after we got married, we decided that receiving two paychecks from the same employer wasn't very smart, so I went back to graduate school for a liberal arts MBA. Just about the time I was finishing that degree, I got a call from a dear friend about an opportunity at Mutual Assurance (now known as ProAssurance).

I got the job a couple weeks later and never looked back. I spent 15 years doing television and news, and over 30 years at ProAssurance. We went from a small company of about 100 people when I started to a national leader. We converted from a mutual company to a publicly traded company, and we preserved the "customer first" aspect of the company. Culture can grow or erode over time depending on how you bring people into the organization. We did it in a remarkably consistent and purposeful way.

"Treat people the way you want to be treated. Where you are now is a product of where you've been and the decisions you've made. You can't change history, but if you do the right things in your journey, you'll end up in a good place."

Is there a career highlight that stands out to you at ProAssurance?

Derrill Crowe and physicians in Alabama started Medical Assurance with a specific vision in mind. When Derrill retired, the transition from Dr. Crowe's leadership to Stan Starnes was truly seamless because of the culture that was instilled in the company and the inspiring leadership from both gentlemen. To have that vision continue the way it did was a tribute to everything we established beforehand and to all the individuals involved. I'd say the same thing about the transition from Stan to our current CEO, Ned Rand. I'm proud of the role that I played in all of it.

My time at ProAssurance was life changing in very good ways. I feel like I was where I was meant to be. I got to work with phenomenal people and got to do some phenomenal things.

What is a typical day like for you now?

I continue to do some freelance writing and investor relations-related consulting. I'm involved in a Napa Valley wine project, Southern Roots, which Janet and I own with a great friend and his wife. Our friendship spans decades, and we have a shared interest in fine wines among other things, so this is a natural outgrowth. I also play golf as often as I can. My son, who had to cancel his wedding in 2020 due to COVID, got married in June of this year. Prior to COVID, I traveled to Mongolia as part of a Rotary humanitarian program, and played golf at the only course in the country. I hope travel continues to be a big part of my life. My wife and I hope to take a bucket-list trip to Africa this fall—COVID permitting, and I've got my sights set on a visit to Antarctica, although I'm not sure Janet's up for that one.

What pearls of wisdom would you offer to ProAssurance team members?

Treat people the way you want to be treated. Where you are now is a product of where you've been and the decisions you've made. You can't change history, but if you do the right things in your journey, you'll end up in a good place.

Frank O'Neil

ProAssurance Founder and former Chief Communications Officer



PROASSURANCE.
Treated Fairly

provisions

To subscribe or see previous issues,
visit ProAssurance.com/ProVisions.

NEW ONLINE CME SEMINAR

Cannabis: History, Trends, Tensions Now Available

Physicians may complete this new seminar for CME credit by signing into ProAssurance.com.

The United States is the only country distinguishing between hemp and marijuana (other countries simply use the term “cannabis”), which adds an additional layer of complexity as products like CBD oil are produced and become more widespread. It also places unique barriers on medical research into the potential therapeutic properties of cannabis.

This presentation is an overview of the evolving cultural and legal landscape of cannabis and includes the tensions created by current conflicts in federal and state laws governing medical and recreational marijuana. Michelle Hackley is the Associate Director of Risk Management at Cedars-Sinai Medical Center in Los Angeles, California, and will address the practical implications in balancing patient rights under state law and federal prohibitions affecting physicians and other healthcare providers.

