






provisions



**Telehealth Use
Remains Above
Pre-Pandemic Levels**
Compliance Risks Remain

TELEHEALTH TALKING POINTS

Telemedicine is the **delivery of healthcare at a distance**—video conference, phone, secure text messaging, email, etc.

-  Telehealth delivery is **not a separate type of coverage**. → Rather, **it is a patient care delivery model** used by healthcare providers in a variety of specialties.
-  Telehealth providers must consider **privacy, confidentiality, and continuity of care** at all points in their practice.
-  Risk management essentials like **documentation, record retention, hand offs, and cybersecurity still apply**. Providers must ensure that their policies address these issues.

A Word from Mike Rosenthal

Telemedicine Risk Assistance

ProAssurance Has Your Back

According to [Chief Healthcare Executive](#), Medicare beneficiaries increased usage of telemedicine by 149,000% during the pandemic. The article also noted recent studies that have concluded 83% of those using telemedicine planned to continue using it after the pandemic subsides. Telemedicine is here to stay. As your clients enter the space, expand telemedicine's use, or simply continue to offer the service, ask them what resources can you provide to help them understand the risks associated with this widely utilized medical delivery vehicle?

Like anything that is growing quickly, initially, the potential pitfalls in the delivery of telemedicine services can be hard to ascertain. [Physicians Practice](#) lists litigation as one of the top risks in the delivery of telemedicine services and briefly discusses the importance of policies, procedures, documentation, and informed consent. While this general direction is a valuable start, specifically determining how to implement these risk-mitigation tools is the critical component. In this issue, ProAssurance professionals will discuss their expertise regarding the growth of telemedicine, the potential pitfalls, and options to mitigate those pitfalls.

ProAssurance has your back. Decades of experience in 50 states across all specialties and all practice modes gives ProAssurance the nuanced expertise that you can rely on to help your clients offer telemedicine services the right way. Read on and share the information with your clients to get the conversation started. Once you've got their attention, bring in your Risk Manager to dig into the details.

Your carrier of choice needs to do more than issue a policy. Your carrier of choice needs to provide you with the resources that help your clients protect themselves. Whether it's issues related to well established modes of practice or emerging issues related to new practice innovations—like telemedicine—ProAssurance is your partner and will provide the resources you need to help your clients practice their best medicine. Contact your Risk Manager or Business Development Representative to learn more about how we can help.



Mike Rosenthal
Senior Vice President,
Business Development

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Please include names and email addresses for everyone who would like to subscribe.

Limitations & Best Practices in Telemedicine

The COVID-19 pandemic changed the practice of medicine and paved the way for a vast increase in the number of physicians using telemedicine to treat patients. While we tend to think of telemedicine as being a relatively new offering in the healthcare sphere, providing care across long distances has really been around since the beginning of medicine, according to Patrick O’Doherty, Vice President of Custom Physicians.

“Look back at battlefield injuries,” he says. “When you envision a soldier on the phone with a medic—I consider that one of the first instances of telemedicine. Subsequent wars further established the technological capabilities of providing care remotely and used telemedicine extensively.”

Radiology has used it for decades. Where the image is made and where it’s read and ultimately where it’s shared with the patient are all taking place in different places. In fact, most radiologists today are not reading at the hospital, said O’Doherty.

In fact, there are some instances where there is benefit to separating the provider from the patient—in home health, for instance, where care may be cost prohibitive or where logistics make it nearly impossible for the patient.

“If an elderly diabetic patient in a rural setting must travel 60 miles to see a doctor in person, they’re less likely to get the care they need,” said O’Doherty. “But if a provider can check on this patient over the internet and modify treatment based on how the patient appears on video, now there’s value to society and medicine. This is where we’re seeing the most of telemedicine’s utilization.”

Technology Safeguards and Limitations

It’s vital that providers understand the limitations of telemedicine. Most importantly, they should know the state licensure laws of where their patients reside and consider technology safeguards and constraints.

If a patient is depending on them for their primary care, the reliability of their practice’s internet service becomes essential. “Unexpected technology problems can create a critical gap, which is not something providers often think about,” said Sarah Logue, Assistant Vice President, Miscellaneous Medical. “If computer equipment is not up to par and you can’t provide services in an appropriate manner simply because of technological issues or poor internet connectivity, that’s never a good position to be in as a healthcare provider and presents additional risks of liability that can be prevented.”

She encourages agents to make it a point to discuss technology requirements and potential pitfalls with clients who may be providing telemedicine or telehealth services. “Think about the reliability of their systems and whether the systems are protected against unauthorized access or hacks, leading to breaches impacting HIPAA compliance,” said Logue. “There’s a whole cyber component that needs to be considered.”



Patrick O’Doherty
Vice President,
Custom Physicians



Sarah Logue
Assistant Vice President,
Miscellaneous Medical

Importance of Communication

For providers, knowing and communicating their limitations to patients should be required as well. A signed informed consent specific to telemedicine services—listing specifically what it will be used for and an agreement of what it will not be used for—is immensely helpful for both the patient and the provider.

“It’s important to think about how to triage patient interactions when, for example, they’ve fallen and hit their head or have chest pains,” said Logue. “A provider’s triage procedures should clearly indicate when to cease using telehealth or telemedicine and have a patient go directly to the ER. This should be communicated to patients well in advance so they’re not waiting for a video call or telemedicine consult.”

Ultimately, telemedicine should exist to improve the patients’ health and well-being. Taking into consideration its limitations and ensuring good practice procedures are in place will help ensure telemedicine services continue to evolve to provide the safest possible care and reduce providers’ exposure to avoidable litigation.

For more information on telemedicine, visit ProAssurance.com/Telemed.

Telemedicine or Telehealth?

Semantics matter. How do you define healthcare delivery at a distance?

The terms telemedicine, telehealth, and virtual medicine are often used interchangeably. But while these terms are similar, they carry different meanings in the industry. This might include state law, Medicare/Medicaid reimbursement, or healthcare liability coverage options.



TELEMEDICINE—the delivery of healthcare at a distance. This is often used as an umbrella term referring to the broader scope of remote health care services.



TELEHEALTH—the delivery of health-related education using technology



VIRTUAL MEDICINE—receiving health-related education without human intervention



“If an elderly diabetic patient in a rural setting must travel 60 miles to see a doctor in person, they’re less likely to get the care they need.”



MEDICAL PROFESSIONAL LIABILITY ASSOCIATION

Are You Attending the MPL Association Conference?

Steve Dapkus, Vice President, Marketing, will be moderating a panel at the upcoming MPL Association Conference—What Is the New Standard of Care? There will be a specific focus on how telemedicine and medical technology are impacting how care is provided.



Panel speakers include:

Sara Dyson, JD, CPCU
Vice President,
Underwriting Operations
and Risk Management,
Medmarc

Jaryl Rencher, JD
Partner,
Rencher Anjewierden

Karen Rheuban, MD
Professor of Pediatrics,
University of Virginia Health System

The MPL Association Conference is at The Grand America Hotel in Salt Lake City, Utah from May 11-13

Catch the panel from 10:45 a.m.-noon, Thursday, May 12

Learn more about this year’s conference, including more information on the full agenda, here:
<http://mplassociation-events.org/conference/>

Telehealth Use Remains Above Pre-Pandemic Levels While Compliance Risks Remain

In the first half of 2020—the beginning of the COVID-19 pandemic—telehealth experienced extraordinary growth as social distancing protocols, concern over spreading the virus, and other pandemic realities spurred demand and adoption. While this growth has receded since that time, usage remains well above pre-pandemic levels and the regulatory environment remains dynamic.¹

Telehealth technology is improving and jurisdictions² continue to adjust regulations to accommodate an evolving healthcare environment.² Patients—particularly digital native younger generations—are now expecting and seeking out this alternate care model. But along with the advantages that telehealth offers both providers and patients, there are also compliance risks to consider.³

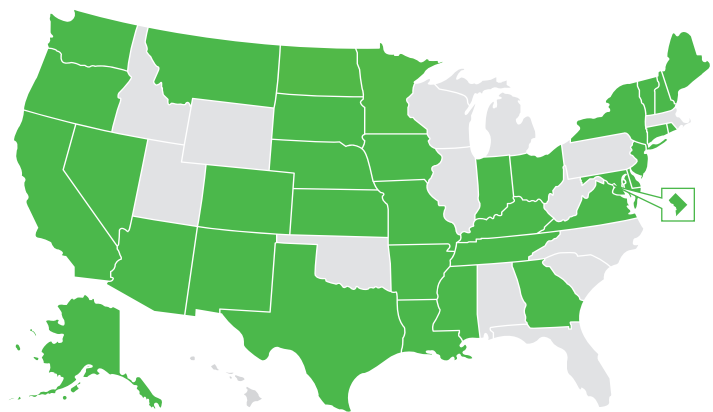
The Dynamic Regulatory Environment in Telehealth

Before the pandemic, 36 states* and DC required insurance coverage of telemedicine visits, 25 limited cost sharing, 15 required reimbursement parity with in-person visits, and 3 required coverage of audio-only telemedicine visits. Since the onset of the pandemic, 22 jurisdictions (as well as Medicare) changed or added requirements.² Requirements to cover telehealth generally (and audio-only telehealth specifically) as well as parity in provider reimbursement and patient cost sharing² helped facilitate the growth of telehealth in early 2020. The future of telehealth regulations, however, remains highly dynamic post-pandemic. It is yet unclear if the lowered regulatory barriers enacted temporarily in response to the pandemic will become permanent. Some states began pulling back on their regulations post-pandemic¹ and temporary emergency policies remain siloed from their permanent telehealth policies in many states.⁴

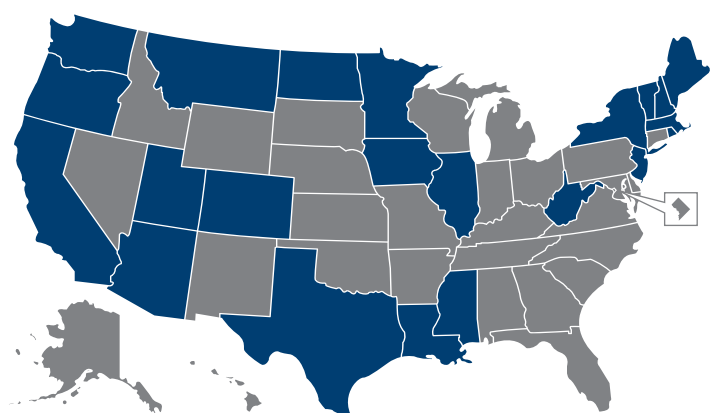
The Center for Connected Health Policy report, [State Telehealth Laws and Reimbursement Policies](#), offers a useful reference for understanding state-level policies. When engaging in telehealth services across jurisdictional lines, however, it is still wise for providers to consult with their business attorney and insurance carrier to ensure compliance and liability coverage.

The following resources provide useful guidance on the relevant state laws when practicing telehealth—particularly across borders—as well as the potential medical liability risks.

- AMA: [“Telehealth Quick Guide”](#)
- Federation of State Medical Boards: [“Telemedicine Policies: Board by Board Overview”](#)



PRE PANDEMIC
36 STATES required insurance coverage of telemedicine visits²



POST PANDEMIC
22 STATES changed or added telehealth insurance requirements²

For the expanded version of this article with risk reduction strategies to share with your clients and prospects, visit [“Telehealth Offers Advantages for Practices, But Liability Risks Remain.”](#) While you’re there, browse through the many additional articles on a variety of other topics of interest to healthcare professionals.

Telehealth Demographics, Pre- and Post-Pandemic

Despite incremental growth, telehealth usage prior to 2020 remained a small fraction of total claim lines through early 2020.⁵ Spurred by the realities of the pandemic and subsequent COVID-related liability protections and regulatory changes,^{1,2} telehealth saw a dramatic increase in usage[†] but fell to lower levels by the end of 2021.⁵



Telehealth use was negligible pre-pandemic, peaked at its onset, and has **dropped 62%** since but is still **significantly above pre-pandemic levels**[†]



Urban use has been consistently higher than **rural use**[†]

While telehealth use dropped post-pandemic, the technology continues to advance⁶, and the rising rate of adoption in late 2021⁵ suggests continued interest in the technology by both providers and patients. As with all advancement in the field of medicine, the advantages of adopting a new way of practice should be considered carefully and the risks assessed. It is important to consult with your medical professional liability insurance provider on your individual policy to ensure that you are adequately covered for the scope of practice and consult with your business attorney as needed.

Notes

* includes the 50 U.S. states and the District of Columbia

† percent of medical claim lines

‡ share of outpatient visits by telehealth

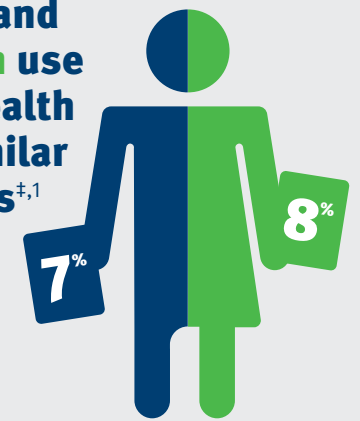
§ percent of telehealth claim lines

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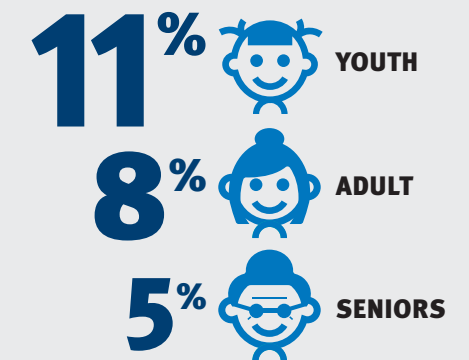
1. Health System Tracker. <https://www.healthsystemtracker.org/brief/outpatient-telehealth-use-soared-early-in-the-covid-19-pandemic-but-has-since-receded/>
2. Commonwealth Fund. <https://doi.org/10.26099/r95z-bs17>
3. Forbes. <https://www.forbes.com/sites/forbesbusinessdevelopmentcouncil/2020/02/12/telehealth-has-huge-potential-but-challenges-remain/#6aea73a2191>

4. The Center for Connected Health Policy. <https://www.cchpc.org/resources/state-telehealth-laws-and-reimbursement-policies-report-fall-2021/>
5. FAIR Health. “Monthly Telehealth Regional Tracker.” Data compiled from monthly reports Jan. 2020 through Dec. 2021. <https://www.fairhealth.org/states-by-the-numbers/telehealth>
6. Healthcare IT News. “Advances in Telemedicine Are on the Way in 2022.” <https://www.healthcareitnews.com/news/advances-telemedicine-are-way-2022>

Men and women use telehealth at similar rates^{‡,1}



Telehealth use has been consistently higher among younger patients^{‡,1}



Mental health conditions was the top diagnosis on average overall^{‡,5}

Healthcare Technology

What will the future of healthcare delivery look like?

Today, telemedicine and telehealth delivery are additional tools in a physician's toolbox. But when we envision virtual care, it's much more fun to envision how technology could transform the way the healthcare industry operates. We rounded up a few examples of interesting ways healthcare providers are taking advantage of technology to improve diagnosis and healthcare delivery.

Remote blood oxygen monitoring helped detect COVID-19 deterioration

As providers continue to uncover methods of caring for COVID-19 patients, recent research published in [Lancet Digital Health](#) shows that blood oxygen monitors, or pulse oximeters, helped identify health deterioration.

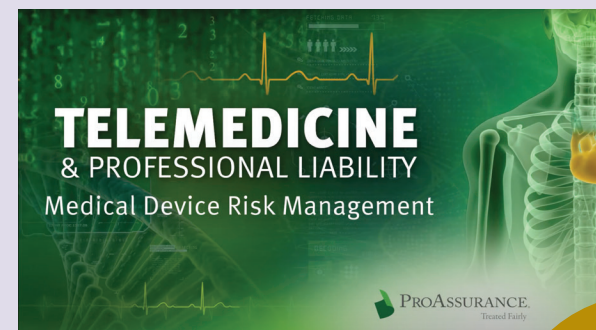
The research included an examination of 13 studies, including about 3,000 participants. The analysis showed that the device acted as a "safety net," enabling early identification of COVID-19-related deterioration, thereby allowing care teams to take action.

Do you have a client with their eye on the future?

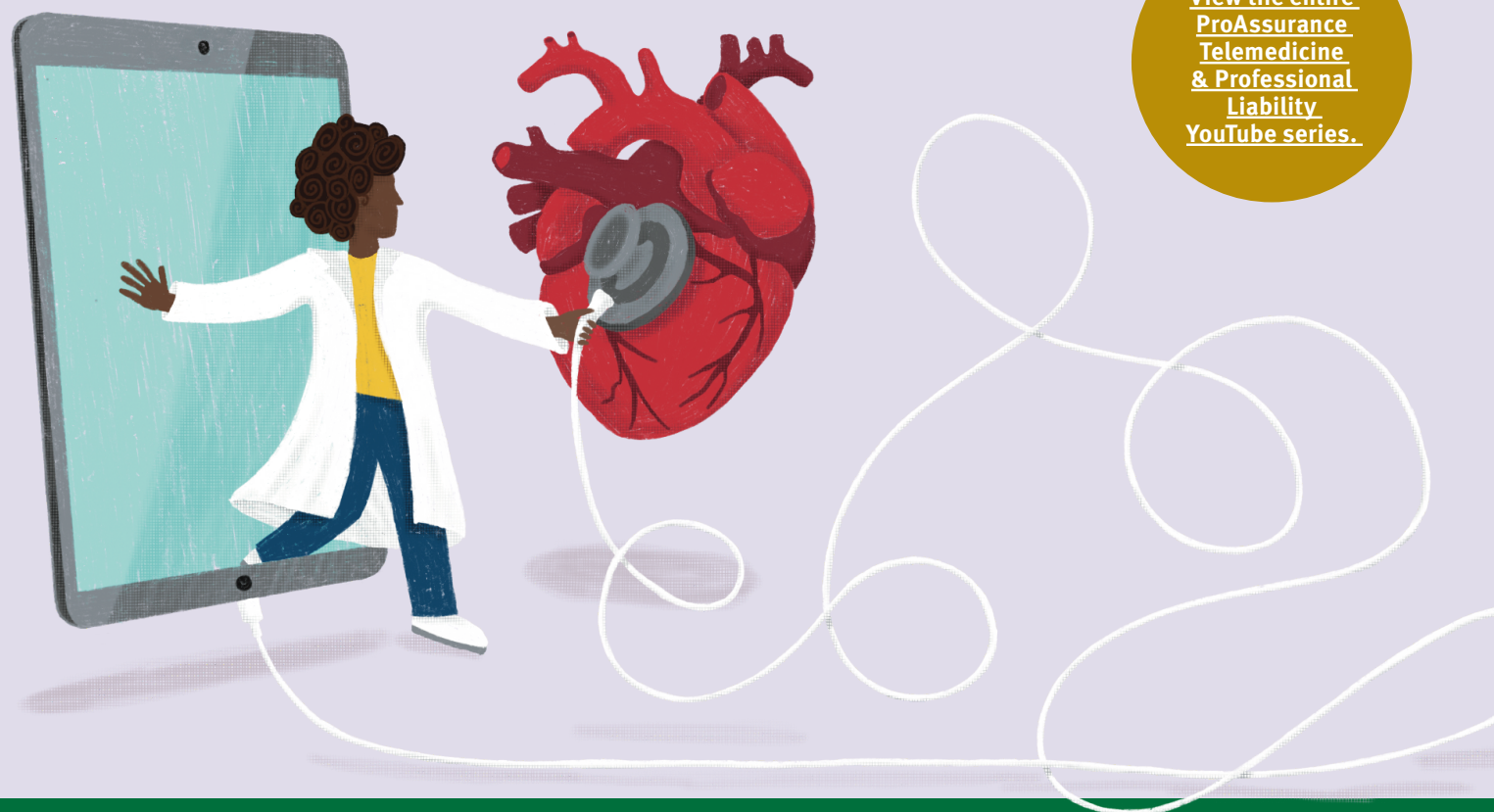
Whether a healthcare provider is looking to manufacture new tech or modify an existing device to work remotely, ProAssurance has professional liability coverage options for those individuals. Medmarc, ProAssurance's subsidiary, is the longest serving underwriter of product liability insurance to the medical technology and life sciences industry. They cover both manufacturers and distributors.

Of course, with new technology comes new risk management considerations. Medmarc's Sara Dyson shared her perspective on medical device risk management for telemedicine practitioners as part of ProAssurance's telemedicine professional liability series.

[View the video.](#)



[View the entire ProAssurance Telemedicine & Professional Liability YouTube series.](#)



THE Comments Section

This month's topic: Telehealth Secures Foothold but Virtual Care Needs Work, Survey Finds

A recent [survey](#) by Optum, a UnitedHealth Group company, tapped the thoughts and experiences of 240 physicians, the majority of them primary care providers, about virtual care and telehealth usage.

Highlights:

- A majority of respondents (75% and 72%, respectively) use telehealth for primary or chronic care visits.
- 88% use video features to conduct telehealth visits.
- 65% of participants didn't offer telehealth services prior to the COVID-19 pandemic.

[View the full article.](#)

Source: Patient Care

"As much as 'telehealth' covers the function of Secure Messaging, telehealth is now on my list of mandatory criteria when selecting new medical professionals. Being able to securely send messages to my doctor or their staff instead of having to navigate a telephone menu to reach someone, and/or waiting on hold, is paramount for me now."



Brant Boatright
Systems Engineer

"In my experience the article is consistent with what I have heard from our physicians and practice managers. The challenges can be overwhelming. If it is decided that telehealth is the right fit for your practice, it is imperative that the program is implemented with the knowledge of state-specific and federal laws regarding telehealth, credentialing, security, licensure, connectivity, and education in mind. To help mitigate the risk and navigate the waters, ProAssurance has resources available. Visit www.ProAssurance.com/COVID-19-risk/ and choose the drop down Telemedicine."



Joanne Simmons
Senior Risk Management Consultant

"Telehealth, if used as a tool to enhance, rather than replace, in-person patient care, can improve the patient experience and streamline services. However, it is only as good as its users, and the patient and provider must be comfortable with the technology to benefit from its use."



Biz Nieuwsma
Risk Management Data Analyst I

About The Comments Section

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

Ties that Bind

Monthly Insights for Selling to Healthcare Professionals

Capitalizing on the Opportunities in Telemedicine

Telemedicine use skyrocketed during the pandemic. Even as COVID-19 winds down, 55% of patients say they're more satisfied with telehealth/virtual care visits than in-person encounters. Medical schools are increasingly adding telemedicine competencies into undergraduate training. All signs point to telemedicine remaining a valuable tool in healthcare.

Telemedicine: A Timely Topic That Opens Doors

In last month's Ties That Bind [article](#) in *ProVisions*, March 2022, I discussed how the topic of avoiding or minimizing risk could be a door-opener with busy physicians. Doctors may turn away sales representatives offering little more than a sales pitch, yet they'll make time to discuss relevant topics they can't ignore. The potential liability risks associated with telemedicine fit squarely into this category.

Target the Specialties and Practices Using Telemedicine

Nearly 85% of physicians responding to an American Medical Association survey reported using telehealth to care for patients.¹ Another survey showed which specialties used videoconferencing extensively. These include psychiatrists (83%), dermatologists (87.3%), urologists (87.2%), pediatricians (82.9%), cardiologists (82%), family and general practice physicians (80.9%), and internists (76.6%).²

Remote patient monitoring is used by 33% of medical specialists. Cardiologists and endocrinologists comprise the largest share at 63.3% and 41.6%, respectively.³

Since almost all medical specialties use telemedicine in some way (including just verbal consultations via a phone call), it's worth having a conversation about associated liability risk with your clients and prospects.

Sources:

- American Medical Association (AMA). (2022, March). "AMA Survey Shows Widespread Enthusiasm for Telehealth." <https://www.ama-assn.org/press-center/press-releases/ama-survey-shows-widespread-enthusiasm-telehealth>
- American Medical Association (AMA). (2021, September). "Survey Shows Video Telehealth's Broad Reach 6 Months Into Pandemic." <https://www.ama-assn.org/practice-management/digital/survey-shows-video-telehealth-s-broad-reach-6-months-pandemic>
- Mark Thill, "Telemedicine: What's Ahead in 2022?" *Repertoire Magazine*, February 2022. <https://repertoiremag.com/telemedicine-whats-ahead-in-2022.html>

Starting a Conversation About Telemedicine Liability Risk

The SBT, or Symptoms, Benefits, Time technique (*ProVisions*, March 2022) is perfect for approaching prospects/clients to discuss telemedicine. Add some follow-up questions to get prospects and clients to consider potential liability blind spots in their practice.

Your SBT opening might go something like this:

Symptom: "As telemedicine becomes a standard component of practices like yours, physicians often ask whether their workflows and practice policies are adequate to avoid unnecessary liability risk."

Benefit: "ProAssurance helps clients manage liability risk through our risk resource services and keeping our clients updated. We can discuss the common liability blind spots surrounding telemedicine and review your current MPL policy to check for any gaps in your coverage."

Time: "We'll need about 15 minutes together, and if you like, I can schedule time with your practice manager and any designated staff to go over ProAssurance's risk management resources."

As an alternative or an adjunct to the SBT technique, ask probing questions to direct the conversation about telemedicine and spotlight common concerns. Here are a few examples:

- What safeguards have you implemented to shield your practice from potential liability associated with telemedicine?
- Are you familiar with any scope of duty restrictions in your MPL policy? There may be coverage gaps where telemedicine is concerned. Have you confirmed your coverage?
- As the head of a physician group that employs independent providers, how do you assess each employee physician's MPL coverage to protect the group?

“

As COVID-19 winds down, **55% of patients** say they're more satisfied with telehealth/virtual care visits than in-person encounters.

”

- Patients have said a key concern when consulting with their doctors via videoconferencing is that the doctor can't examine them. How are you documenting these encounters to address patient concerns and protect yourself from liability exposure?
- What do you include in your informed consent for a telemedicine visit (Informed consent laws vary by state)?

Telemedicine has gone mainstream in healthcare, and its use will likely increase as needs and technologies evolve. Now is the perfect time to ensure the physicians and other HCPs and entities you serve are aware of medical liability risks associated with telemedicine and the steps they can take for avoidance and mitigation.



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.

Reminder:

Back to Basics Now Available

ProAssurance's 2022 Loss Prevention Seminar focuses on managing difficult patient relationships and the fundamentals of follow-up.

Insureds can sign in at ProAssurance.com to take the program at their convenience. Simply select Seminars from the main menu, then Physician Online Seminars. The LPS program is the featured seminar at the top of the page.

All physician insureds are welcome to take *Back to Basics* for CME. Participation in the program may qualify ProAssurance physicians for premium credit if they watch the entire two-hour activity and pass the posttest with a score of 70% or greater. Premium credits are subject to approval by the state insurance department and are applied at policy renewal.

Some insured categories are not eligible to receive premium discounts for this activity due to current rate structures:

- Most Certitude® programs
- Ob-Gyn Risk Alliance®
- Excess & Surplus Lines
- Wisconsin physicians who are not Wisconsin Medical Society members

ProAssurance insureds potentially eligible for premium credit received a mailing announcing the launch of this year's program. If you would like to receive copies of promotional materials your clients receive, email AskMarketing@ProAssurance.com.

Copies of this year's promotional flyer and video can be found at ProAssurance.com/BacktoBasics.



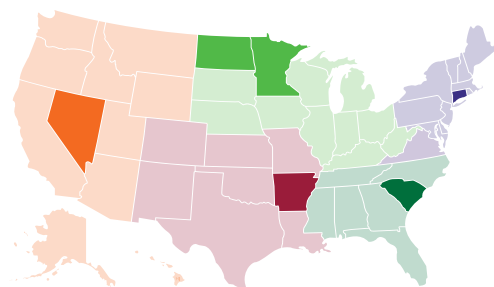
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Nearly **85% of physicians** responding to an American Medical Association survey reported using telehealth to care for patients.¹

”

MPL State News

There are several active legislative measures that impact delivery of or reimbursement for telehealth services. We have curated a selection that most closely aligns with healthcare professional liability and risk management issues relevant to your clients.



CONNECTICUT

HB 5037—last public hearing 3/11/22

The current proposed state budget includes expanded funding for telehealth services.

HB 5001—First committee review

This bill requires the Commissioner of Public Health to develop and implement a plan to establish licensure by reciprocity or endorsement of a person who is a mental/behavioral health provider in Connecticut. The bill specifies that providers may schedule up to three follow-up telehealth appointments with a mental health provider after a pediatric provider begins a program on behalf of the patient. It also extends telehealth expansions begun in the pandemic from June 30, 2023 to June 30, 2024.

SOUTH CAROLINA

S 265—Introduced

This bill would prohibit hospitals from using telemedicine to deliver intensive or critical care services. Any services defined as such would need to be provided or supervised by a physician who is board-certified in critical care medicine.

H 3867—Introduced

This bill would amend the code of laws, adding a section to define guidelines contracting for telemedicine services and adding a provision to provide requirements to allow for out-of-state telemedicine services.

H 3230—Introduced

This amendment requires Health and Human Services to reimburse practitioners for mental health telehealth services delivered to Medicaid patients.

NATIONAL

Telehealth Policies in the Omnibus FY 2022 Spending Bill—On Tuesday, March 15, the President signed the Consolidated Appropriations Act, 2022, an omnibus funding bill that includes government appropriations for the fiscal year 2022 through September 30, 2022. In addition to discretionary funding for the Department of Health and Human Services and other federal agencies, the omnibus legislation includes several health policy provisions, including telehealth provisions. (Manatt)

MINNESOTA

HF 4576—Introduced

This bill extends grants which may be put toward telehealth services for home and community-based service providers. Grants must be used to provide technology assistance such as internet services to older adults and those with disabilities who do not have access to the technology resources necessary for telehealth and other remote healthcare service delivery.

NORTH DAKOTA

Notice of Intent to Adopt, Amend, and Repeal Administrative Rules—The rules provide a definition for telehealth in dentistry and establish requirements for managing patient records.

NEVADA

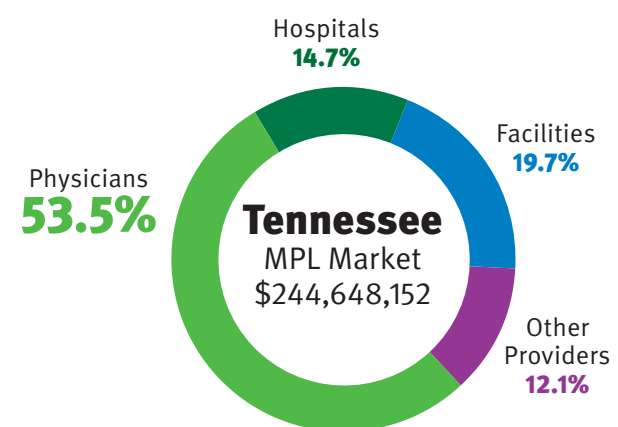
Proposed Regulation of the Nevada Physical Therapy Board—Among other changes, this draft updates physical therapist licensure requirements, stating the provider must have the ability to perform telehealth.

ARKANSAS

Proposed Rules: Arkansas State Board of Nursing—The register revises current nursing rules to include when a provider/patient relationship can be established, including when an advanced practice nurse may access medical records. The rules also establish appropriate use of technology, including the telephone, to diagnose, treat, and prescribe non-controlled drugs. Finally, the rules would allow for telemedicine group therapy.

MPL State Profile Tennessee

- 12** Rank in MPL Market
- 2** ProAssurance Rank
- 35** NORCAL Rank
- 2** ProAssurance Post-Merger Rank



Tort Laws

- **Limits on damages for pain and suffering:** \$750k cap on non-economic damages per incident, exceptions up to \$1M
 - › Effective for injuries occurring after 10/1/2011
 - › Upheld 2020 (TN Code Ann. 29-39-102)
- **Limits on contingent attorney fees:** 33.3% of damages awarded
 - › Upheld (§29-26-115)
- **Reform of collateral source rule:** mandatory, exceptions include insurance purchased by claimant
 - › Effective 1975 (§ 29-26-119)
- **Periodic payment of future damages:** none
- **Statute of limitations:** 1 year from discovery, 3 year maximum (foreign object exception)
 - › Effective 1976 (§29-26-116)

Prejudgment Interest

- **Tort action rate:** Interest cannot be awarded for personal injury claims. Otherwise, at the court's discretion up to 10%.
- **Accrual date:** Date on which the tortious conduct effectively operates to destroy or diminish the plaintiff's property.

Recent Rate Changes Effective 5/1/2022



In keeping with our commitment to apprise you of developments within your market, we would like to share with you our recently updated rate strategy. Upon recent review of our rate plan and rating factors, it was determined that the following changes would be necessary for NORCAL insureds:

MARYLAND

- An overall 9.2% rate increase
- Elimination of the charge for shared limits
- Elimination of the group size discount
- An update to who is eligible for the part-time discount and the amount of discount available
- An update to the amount of discount available for new insureds
- Changes to class codes and rates

OHIO

- An overall 7.7% rate increase
- Elimination of Territories 8 and 9, moving Adams, Champaign, Highland, Jackson, Lawrence, Pike, Ross, Scioto, and Vinton to Territory 2; moving Ashtabula, Geauga, Lake, Mahoning, and Trumbull to Territory 3; moving Cuyahoga and Lorain to Territory 5; moving Medina, Portage, Stark, and Summit to Territory 6; moving Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway, and Union to Territory 7; and moving all others to Territory 1
- Elimination of the group size discount
- An update to who is eligible for the part-time discount and the amount of discount available
- An update to the amount of discount available for new insureds
- A premium charge of 30% for vicarious liability for each healthcare professional not individually insured on the policy
- Changes to class codes and rates

These changes, which have been filed and approved, go into effect May 1, 2022, and are applicable to new and renewal accounts. We will notify our affected policyholders of the change.



ProSecure®

FOR PHYSICIAN PRACTICES, HOSPITALS, & HEALTHCARE FACILITIES

ProSecure is ProAssurance’s mechanism for offering higher limits of cyber liability coverage to insureds who currently receive an embedded cyber endorsement—CyberAssurance (ProAssurance) and Info Net (NORCAL)—as part of their healthcare professional liability policy. All new business on ProAssurance or NORCAL paper that requests higher limits of cyber coverage will receive a quote through ProSecure.

What Is ProSecure?

ProSecure is ProAssurance’s brand name for the following suite of products, all of which are underwritten by Tokio Marine HCC—Cyber & Professional Lines Group:

- Regulatory Risk Protection
- Cyber Liability

What Is the advantage of ProSecure?

ProSecure provides you and your clients with additional product options, including coverage that complements the insurance provided in your clients’ medical professional liability policy.

How Are ProSecure Products Provided?

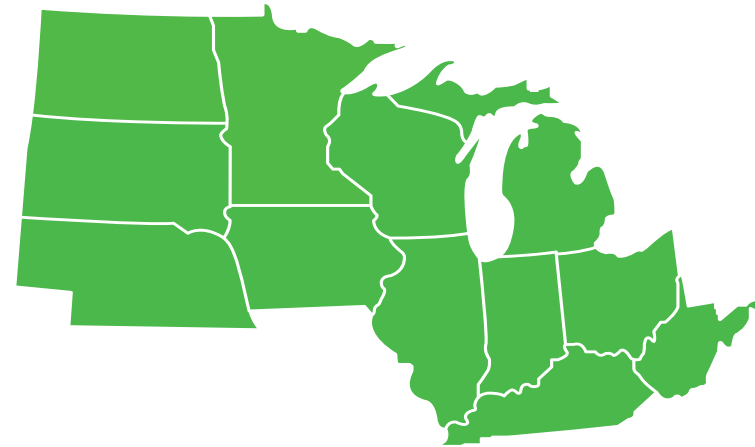
These products are underwritten, issued, and serviced by Tokio Marine HCC—Cyber & Professional Lines Group. ProAssurance and Tokio Marine HCC have come together to make these products available.

ProSecure policies are separate from ProAssurance and NORCAL’s medical professional liability policy.

If you have additional questions about ProSecure, or would like to discuss a potential business opportunity, please contact your Regional Business Development or Underwriting leader.

New Business Development Representatives in the Midwest Region

We are pleased to announce that Sean Holsworth and Will Standley have joined ProAssurance as Business Development Representatives for our Midwest Region. We are excited for the experience and energy Sean and Will bring to the team. Please join us in extending a warm welcome.



About Sean Holsworth

Sean obtained his BS degree in marketing and management from Indiana University. During his time at IU, he did a marketing internship at a cardiology practice with 15 doctors. Sean then went on to obtain his MBA at Indiana Wesleyan University. His career has been in the professional liability insurance industry for over 25 years with roles ranging from IT, underwriting management, agency management, and underwriting specialized accounts.



About Will Standley

Will has over two decades of experience in the healthcare-related insurance industry. After graduating from Miami University (OH), he worked in a physician contracting and network capacity with Anthem BC/BS. After that, he worked for The Medical Protective Company for several years, before becoming an independent insurance broker at Brower Insurance (now MMA), working with ProAssurance as a key partner. He also served as the Director of Risk Management for the The Christ Hospital Healthcare Network. In doing so, Will has been a successful company representative, independent broker, and hospital risk manager.



Lee Miller Retiring

After a distinguished 12-year career in Business Development for ProAssurance, Lee Miller will be retiring effective May 15, 2022. Lee’s MPL career started at PIC-OH and included stints with MedPro and Catlin Insurance on the company side and time on the agency side at HRH where Lee worked closely with Charlie Black.

With his retirement, Lee will be able to spend more time with his wife Lisa, their children, and many grandchildren and on their many hobbies, including hunting, bird watching, entomology, hiking, and rooting on his Ohio State Buckeyes. Lee is working on becoming ordained and has expressed an interest in spending time counseling the members of his local law enforcement community.

Lee will be missed by those he worked with on the Business Development team, the other functional teams at ProAssurance, and our business partners who have enjoyed not only the work he did but the way he did it.

Please join us in congratulating him on not only all he has done but all he will be retiring to.



provisions

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Stan Starnes to Retire from the ProAssurance Board

ProAssurance Corporation announced April 11 that W. Stancil (Stan) Starnes, Executive Chairman of the Board of Directors, will retire from the ProAssurance board at the end of his current term and is not standing for re-election. Mr. Starnes will serve his remaining term as a director and Executive Chairman, which expires at the Annual Meeting of Shareholders to be held on May 24, 2022.



“On behalf of our entire organization and the stakeholders we serve, I want to thank Stan for his visionary leadership and deep commitment to our insureds, our investors, our employees, and the larger medical community,” said Ned Rand, President and CEO of ProAssurance. He added, “Stan’s support, encouragement, and mentorship have been indispensable to me. We all wish him the best in his upcoming retirement.”

[Read the full press release here.](#)