

Residents' Reference Panel on Automotive Insurance in Ontario 2022

Report of the Data and Analytics Session
March 5, 2022

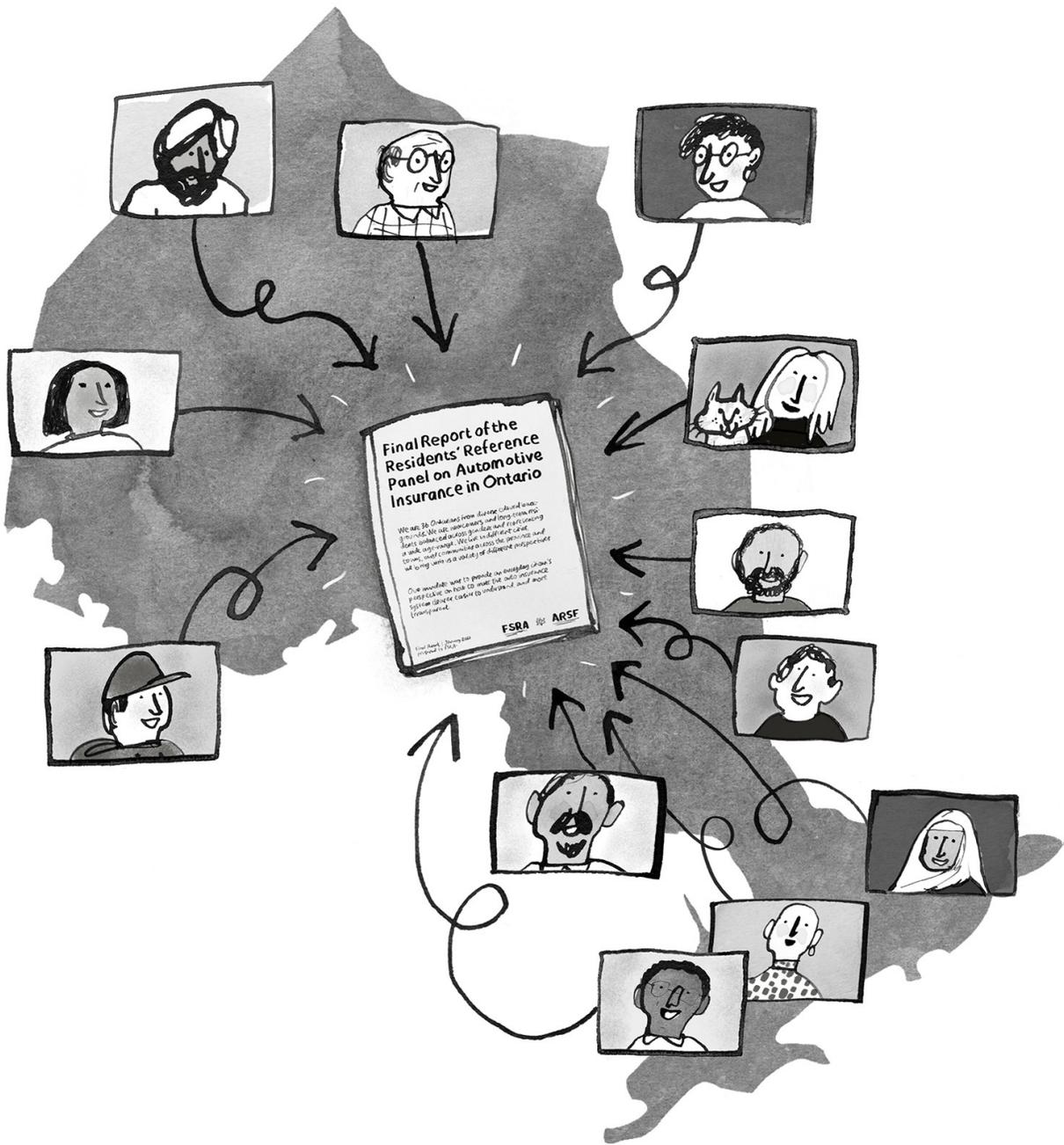
FSRA
Financial Services Regulatory
Authority of Ontario



ARSF
Autorité ontarienne de réglementation
des services financiers

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1. About 2022 RRPAIO

Spurred by the success and learnings that emerged from the 2020 panel process, FSRA convened its second Residents' Reference Panel on Automotive Insurance in Ontario (RRPAIO) to provide ongoing advice. The 2022 Panel met three times in February and March of 2022.

A deliberative process such as a Reference Panel is intended to provide a broadly representative group of residents with an opportunity to become better informed and to actively participate in public policy processes. Reference Panels strengthen democratic practice by increasing the public's confidence in public institutions and policy outcomes. The 2020 panel demonstrated to FSRA and the auto insurance industry that ordinary people are willing to volunteer their time to learn about technical and complex issues the industry grapples with on a regular basis. Furthermore, the panel showed that with guided support, a representative group of Ontarians have an aptitude for principles-based conversations that establish shared understanding and common ground to inform public policy.

More than ten million Ontarians drive cars and are covered by some form of auto insurance. Auto insurance is legally required for anyone who drives in Ontario and is delivered by private companies. Ontario's drivers pay some of the highest premiums in Canada, and consumer research tells us that many drivers are frustrated by the costs, as well as confused by the options and the process of navigating the system. Furthermore, many Ontarians just renew their policies passively without shopping around for different rates and options.

The 2022 Panel was tasked with learning about the auto insurance industry and deliberating on specific policy topics identified by FSRA. The 2022 winter sessions focused on rate regulation and data and analytics; a day of topic-specific learning and conversation was developed to support each area. Members of the panel worked with each other to provide input and advice to FSRA that would broadly reflect the interests of Ontarians.

The first reference panel, 2020 RRPAIO, was mandated to provide a citizen's perspective on how to make Ontario's auto insurance system clearer, easier to understand, and more transparent.

The panel spent 26 hours over October and November 2020 learning and deliberating about how FSRA could improve auto insurance regulation to enhance consumer choice and experience.

At the end of its work, RRPAIO 2020 wrote a final report detailing 15 recommendations across 6 themes.

1.1 Who was convened

The 2022 Panel brought together 30 individuals from across the province who were broadly representative of Ontario's demography.

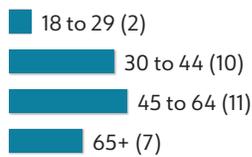
Panelists were recruited through a Civic Lottery process, and a special invitation was mailed to all those who volunteered for or participated in the 2020 process. Seven of these thirty volunteers were returning members from the 2020 Panel, and they brought enthusiasm for the process as well as familiarity with some of the issues. Panelists were not auto insurance experts, but represented a diversity of perspectives and encounters with the industry. Care was taken to avoid conflict of interest — elected officials, government employees working on auto insurance policy, and employees of insurance companies that work with auto insurance were not permitted to volunteer on the Panel. A summary of the recruitment process and Civic Lottery as well as biographies of all panelists can be found in the Report Appendices, a stand-alone companion document to the meeting reports.

Who was in the room:

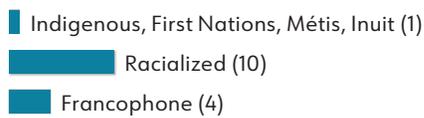
Gender:



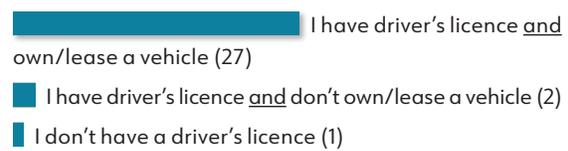
Age:



Indigenous, Racialized, and Francophone Representation:



License and Vehicle Status:



Housing Tenure:



1.2 What they were asked to do

The residents were convened for three sessions in February and March 2022. Each took place over a Saturday using Zoom, an online video conferencing platform. The first session on February 5 was a general orientation to the auto insurance industry so that the panelists would have a shared understanding of the industry and key issues that affect it.

The subsequent sessions were day-long dives into specific policy areas identified by FSRA.

- February 12: Rate Regulation with a focus on cross-subsidization, a by-product of efforts to classify all insured individuals into groups with others that have a similar, but not identical, risk profile.
- March 5: Data and Analytics with a focus on data sharing practices to facilitate oversight and enforcement in the auto insurance system.

A stand-alone meeting report for each policy area — like this report on data & analytics — was drafted and circulated to panelists for input on its content. Each report contains:

- A summary of the Orientation Session, followed by the results of that day's deliberation;
- A summary of the day's learning and activities, followed by the results of the Panel's deliberation; and
- Report Appendices: a companion document with the panelists' biographies, a description of the Civic Lottery, and guest speaker biographies.

FSRA will share the reports with its staff, Board, and other relevant stakeholders, including their Technical and Consumer Advisory Committees. FSRA will also make the reports publicly available through its website.

2. Learning: Orientation

February 5, 2022

2022 RRPAIO kicked off at 9 a.m. on Saturday, February 5, with an Orientation Session. The day featured three presentations by FSRA, two discussions with guest speakers, and two breakout activities. Profiles of guest presenters can be found in Report Appendices.

Panel members were welcomed by Judy Pfeifer, FSRA's Chief Public Affairs Officer. She spoke about FSRA's commitment to representing the public interest and having consumer input inform their regulatory decisions. Judy also presented some highlights from the 2020 panel, explaining how its final recommendations have informed conversations with key stakeholders on a number of files. She shared that the decision to convene a second panel was a direct result of the success of the 2020 Panel coupled with FSRA's own commitment to include consumers in the policymaking process.

Panel co-chairs Chris Ellis and Jasmin Kay then presented an overview of the panel's mandate and program. Following this, members went into breakout groups for a round of introductions.

Stephanie Windsor, Senior Advisor of Corporate Communications at FSRA, spoke next. She presented the auto insurance consumer's journey, describing the three main points of interaction between the consumer and insurance ecosystem: purchasing a policy, maintaining and renewing insurance, and making a claim. Stephanie also presented findings from consumer research that described the preferences, challenges, and priorities expressed by Ontario consumers.

Next, panelists heard from two guest speakers: Rhona DesRoches (Chair, FAIR Association) and Ellen Roseman (Journalist and Consumer Rights Advocate). Rhona and Ellen each spoke about consumers' struggle to understand how the auto insurance industry works. Low levels of consumer financial literacy and a lack of oversight of the data collected by insurance companies were raised as systemic challenges.

The Panel continued its learning after lunch with a presentation from Tim Bzowey, FSRA's Executive Vice President, Auto/Insurance Products. Tim introduced panelists to the auto insurance product and described Ontario's auto insurance system. He pointed out that all product features (e.g. benefits) carry a cost. When costs are changed then there are implications for the benefits that can be offered. He urged the panel to consider the trade-offs between costs and benefits.

Tim's presentation was followed by a panel of three guest speakers, each representing different industry groups or associations: Geoff Beechey (CEO, Canadian Association of Direct Relationship Insurers), Trevor Foster (Director, Insurance Bureau of Canada), and Tim Goff (Director, Registered Insurance Brokers of Ontario). They discussed how the nature of the high-conflict claims process and the incidence of fraud contribute to high prices, but also explained how Ontario's auto insurance system is able to provide better

service than Quebec's lower-cost system. Concerns about usage-based insurance, data, and privacy were raised by panelists in the QandA.

Panelists were then asked to work in small breakout groups. Each group was tasked with **identifying three challenges that Ontarians experience with auto insurance**. A summary of consumer issues surfaced in the small groups is described in section 2.1.

Following the issues discussion, panelists were introduced to the Guiding Principles developed by the 2020 Panel. The Principles are meant to offer direction-setting guidance to FSRA and others in the auto insurance ecosystem. Panelists were asked to return to their small groups to consider if these remained the right principles to guide decision making. The panel was asked to use the learning and the issues that had surfaced over the course of the day as prompts for any substantive **amendments to the 2020 Principles**. The revised principles are described in section 2.2.

The Chairs thanked the panelists for their work and adjourned the session at 4 p.m.

2.1 Deliberation: Consumer Issues

Panelists, working in five small groups, identified the following issues affecting auto insurance consumers in Ontario.

Auto insurance product is unclear

- Ontarians don't understand what their policies cover and what is excluded. The implications of their purchasing choices are not clear at the time of purchase, often resulting in a poor experience and unanticipated financial considerations during the claims process.
- The language and documents used by the industry are very complicated. As a mandatory product, auto insurance needs to be comprehensible to all Ontarians regardless of their education or English language proficiency. Auto insurance documents and products should use plain language so that everyone understands their rights and responsibilities.
- Price increases are not explained to consumers, which makes the process seem arbitrary and unfair, leading to low consumer confidence and trust.
- Ontarians want to understand the claims process and how different product options impact their claims experience.

Data collection policies and processes are unclear

- Ontarians do not fully understand how their data is being used by the industry.
- Ontarians feel that they do not have any control over how their data is being shared within the industry and beyond its borders.

Price and product variability across the auto insurance system creates confusion

- Product options are too diverse across insurers, and cost also varies significantly. This makes it difficult for consumers to compare options when shopping around.
- Prices charged by service providers (e.g., tow companies, car repair shops, lawyers, physiotherapists) vary. Pricing should be more standardized to help control how the collective pot of insurance money is used.

Insurance costs are too high

- This is a challenge for all consumers and especially burdensome for certain groups, like younger drivers.
- Ontarians don't understand where their premiums go or why the cost of their insurance is so high. This leads to assumptions that company profits are exorbitant and that rate increases are unfair.

“When rates do go up, consumers also want to know a detailed breakdown for why the rates went up ... especially if nothing on the customer's end has actually changed.” – Panelist

Customer service levels are not satisfactory

- Front-line staff often do not have the information or skills needed to help consumers troubleshoot real-world problems concerning their auto insurance policy.
- Consumers often have to navigate through multiple layers of customer service, which is frustrating and time consuming.
- A shift to digital-everything would be a barrier for some Ontarians: those who have limited digital literacy and those who do not have reliable access to technology or the internet.

Auto insurance system is difficult to navigate

- Ontarians do not know who to turn to if they have a problem or complaint with their insurer.
- Contesting a claim is not easy or straightforward.
- Ontario needs an auto insurance Ombudsperson.

Financial literacy among consumers is low

- Ontarians struggle to make the 'right' decisions because they don't always understand how their choices and behaviour impact the price of their product, their experience with the product, or their coverage eligibility.

2.2 Deliberation: Guiding Principles

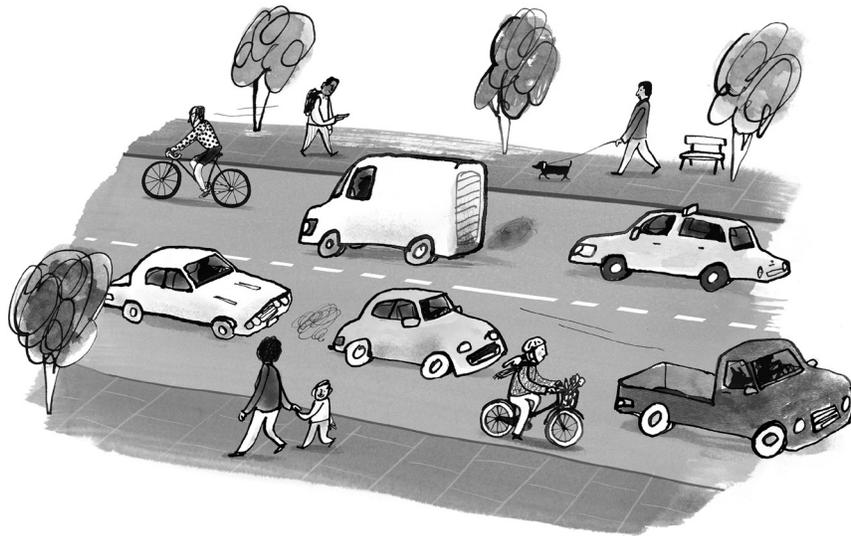
The 2022 Panel felt the Principles developed through the 2020 process were still relevant. As a result they made no substantive changes to the original Principles but they did add two new ones. The 2022 Panel wanted to ensure that:

- Data collection and sharing practices would protect consumer privacy and interests.
- The auto insurance system would be future-proofed so that it can adapt to emerging technological and social changes, as well as those not yet on the horizon.

The Guiding Principles for auto insurance regulation and operations, refreshed by 2022 RRPAIO, are:

1. **Consumer-centred and care-focused.** The auto insurance system should put consumers first and work to design transparent policies and processes that ensure that all consumers, regardless of their circumstances, have positive experiences that meet their expectations, from purchasing to claiming. Claims should be resolved quickly and fairly. If injured, people should be able to reliably access the care they need.

2. **Providing value for money.** The auto insurance system should be efficient and should constantly strive to implement innovations that support cost-effective options. New approaches and options should be encouraged, especially when they reduce costs and provide consumers with greater choice.
3. **Priced fairly for consumers.** The cost of auto insurance premiums must be accessible and affordable and mainly determined by a person's driving behaviour.
4. **Easy to understand.** All communication about auto insurance, from purchasing to claiming, must be written in clear, plain, accurate, and accessible language. Consumers must be able to understand what they are purchasing and access the best information to make informed decisions. Communication, where relevant, should be standardized so that consumers can easily understand the differences between providers.
5. **Trustworthy.** All participants in the system must behave responsibly and reliably, and be held accountable when they do not. This will help form the foundation of an ethical auto insurance system in Ontario.
6. **Preserving consumer data, privacy, and security.** The auto insurance system should protect consumers' best interests regarding the collection, management, accuracy, and protection of consumer data. Consumers should have reasonable control over their own data and have the power to ensure it is accurate. The provider must provide clear notice about how personal data is or will be used.
7. **Future proofed.** The auto insurance system should be prepared for social and technological transformations, as well as unexpected market shifts. Strategies to meet these changes should reflect the above principles.



3. Learning: Data and Analytics

March 5, 2022

The two new principles developed by the 2022 Panel speak to how top of mind technological change, data, and privacy issues are for auto insurance consumers. These are key issues the industry and FSRA are also grappling with.

In November 2020, FSRA convened a special purpose committee, the Technical Advisory Committee (TAC) for Auto Insurance Data and Analytics Strategy, to provide expert advice to FSRA on how to treat consumers fairly in relation to big data and analytics in auto insurance. The TAC was comprised of experts in data, analytics, and technology from financial services providers, fintech companies, and consulting firms. Their year-long process culminated in a report to FSRA that provided advice on how data should be collected, treated, processed, communicated, and used by all stakeholders in Ontario's auto insurance market so that consumers would be treated fairly.

The TAC's work was part of a broader Auto Insurance Data and Analytics strategy that FSRA is implementing that will enable FSRA to focus on consumer outcomes and an evidence-based supervisory approach. The 2022 Panel was an opportunity to get consumer input on this strategy.

"If people are aware of the value of data collection and also see how it benefits them now or in the future, it would help alleviate fear of personal [data] collection."

—Panelist comment captured from the Zoom chat

The Data and Analytics session of RRPAIO 2022 was held on Saturday, March 5, and featured two presentations by FSRA staff and a panel discussion with three industry experts from the Auto Insurance Data and Analytics TAC. Panelists also deliberated in small groups on two discussion topics. Profiles of the industry guest speakers can be found in Report Appendices.

The first presentation was an introduction to Big Data Analytics. Paul Shires, Senior Manager of Risk Classification Systems and Analytics at FSRA, spoke about how Big Data Analytics (BDA), Artificial Intelligence (AI), and Machine Learning (ML) are revolutionizing auto insurance in Ontario. Paul described the trade-offs between privacy and pricing fairness that accompanies data collection - trade-offs that are a feature of many industries.

In auto insurance, new technologies such as Usage-Based Insurance (UBI) are collecting data about drivers that can identify riskier drivers by tracking driving behaviours that have a higher causal relationship to accidents and loss (e.g., speeding, acceleration). As more data gets captured, BDA can break up general groupings of risk profiles into significantly smaller or individualized profiles, which would lead to more accurate pricing for consumers. However, increased accuracy depends on increased access to personal information, and there is a perceived risk that available data increasingly becomes used as a proxy for information that insurers are not able to collect.

As an example, postal code data, used as an indicator of traffic volume and other risk indicators, could result in unintended proxy discrimination due to its correlation with socio-economic and demographic factors related to the postal code that do not impact insurance risk. FSRA presently lacks the big data that insurers have access to, making it difficult for them to detect, monitor, or minimize unfair proxy discrimi-

nation. This is a gap the organization wants to bridge, and the Data and Analytics session aimed to both inform panelists, as well as gather their input on the public's perceptions of and comfort with sharing consumer data with auto insurance stakeholders.

Following Paul's presentation, three members of the Data and Analytics TAC joined the session for a discussion and QandA with the panel. Chris Cooney (Vice President, Insurance Data and Analytics, TD), Achraf Louitri (Vice President, Actuarial from Intact Insurance) and Deb Upton (Vice President, Pricing and Actuarial from Gore Mutual) each spoke about the opportunities and challenges posed by BDA and AI. They agreed that more individualized risk profiles would increase fairness in pricing, and that technologies that encourage better driving habits could have a net impact of lowering risk, and therefore pricing for the industry as a whole.

Data security and privacy rights were named as key challenges for the industry to address in a rapidly digitizing world, and the guest speakers agreed that strong governance systems would be required. During the QandA with panelists, the guest speakers spoke about consumer rights to their data, the proprietary nature of AI algorithms, and the potential impact of the ascendancy of BDA and AI for smaller companies and markets.

Next, panelists moved into their morning breakout groups to discuss the threats and opportunities associated with sharing personal data with auto insurance companies, the auto insurance regulator and the industry ombudservice. Results from this discussion are summarized in section 3.1.

In the afternoon, Ivy Ou, Director, Auto Risk Classification, Products and Expenses at FSRA, spoke to the panel about insurance fraud. She described different types of fraud (e.g. policy, distribution, claims, and supplier fraud), and how data sharing could facilitate more efficient and effective identification, investigation, and enforcement of fraud. Ivy also talked about the Insurance Fraud Bureau in the U.K., and how it has enabled the industry and other users to share intelligence that allows them to analyze, monitor, and investigate fraud in real time. There is no such registry in Ontario at the moment, and FSRA is considering how a registry might reduce fraud in the system.

"I am strongly in support of a fraud registry and feel there should not be any hesitation in making this information public along with severe sanctions that should be publicly known as well."

—Panelist comment shared during the report review process.

Following this presentation, panelists worked in their afternoon breakout groups to identify design preferences that Ontarians might support in a centralized fraud registry for auto insurance. The registry would be a repository for information about confirmed fraud in the automotive insurance industry. Results from this discussion are summarized in section 3.2.

Following a short wrap-up from the Chairs, the session adjourned at 4 p.m.

3.1 Deliberation: Data Sharing Threats and Opportunities

Working in five small groups, panelists were asked to identify threats, opportunities and considerations related to sharing personal consumer data. Some of this data is currently not collected by the auto insurance industry, some of it is only shared in the event of a claim. The groups were asked to discuss whether data sharing posed different opportunities and threats for FSRA, for an ombudservice, for insurance industry sales staff, or for insurance industry underwriting staff. Each small group also considered the implications of not sharing any data with these different organizations in the auto insurance market.

The panel recognized the value of sharing data with different organizations in the auto insurance market, naming increased pricing accuracy, better informed staff leading to better customer service, and more robust oversight and monitoring of the industry by the regulator and ombudservice as key opportunities associated with sharing data.

The tradeoff for these opportunities, however, seemed to be as much about the discomfort of sharing data with any given organization or company, as it was about the privacy and security risks posed by an ever increasing number of organizations and companies having access to personal information about consumers. This is evidenced in that threats posed by sharing data were broadly similar across the different organizations of the auto insurance market, and raised consistently across different breakout groups.

Not all breakout groups identified risks to not sharing data, but when they did these aligned with the opportunities to share data, and vice versa. As a result, the threats and opportunities associated with not sharing data are not broken out in the detailed summary below.

Threats

The threats posed by sharing data with FSRA, the ombudservice, insurance company sales, and insurance company underwriting teams alike, included:

- Risk of data breach/hacking from external parties;
- Risk of misuse or human error from internal parties that jeopardizes consumer privacy or safety;
- Risk that data will be misinterpreted;
- Risk that stakeholders would harm the system by exploiting data for their own purposes. Examples shared by groups included overreach by FSRA, or a company using data from one line of business to benefit another line leading to an unfair market advantage that ultimately compromises the health of the overall marketplace;
- Risk of consumers not being aware of what they've signed up for or consented to; and
- Risk that increased operating costs to protect data and privacy will be passed on to consumers.

"The more data is shared, the more open it is to being hacked."

—Panelist comment during the breakout activity.

For consumer-facing staff such as insurance sales or underwriting teams, and the ombudservice, concerns were raised that sharing personal data could also lead to:

- Poor service for certain groups of consumers;
- Higher premiums for some consumers, whether justified or not; and
- Companies using data to manipulate consumer behaviour for their own benefit.

Opportunities

The opportunities associated with sharing personal data as identified by panelists for FSRA and the ombudservice:

- Improved monitoring and enforcement of the industry was named as a key opportunity by all the groups. Panelists believed this would lead to a reduction in unfair cross-subsidization and fraudulent activity.

- Most groups explicitly expressed comfort with FSRA having access to de-identified, aggregate personal consumer data.
- Some groups also appreciated that giving FSRA and the ombudservice access to this kind of data offered another use for data beyond the profit motive of insurers.
- Some breakout groups also felt that the ability to use the aggregated data to understand broad trends and needs would position FSRA and the ombudservice to provide direction to the industry around system-wide issues and to instigate systemic changes.
- One group suggested that FSRA should protect consumers by developing guidelines for how the industry uses the data it collects.
- Another group wondered if FSRA had a role to play in ensuring an even playing field so that smaller companies don't become too disadvantaged by the costs of big data analytics.

For insurance companies and brokers:

- There was wide agreement that sharing personal data with auto insurers would lead to more accurate pricing and contribute to a fairer system. One group wondered if this might also lead to more consistent rates across insurance providers.
- Improved relationships between insurers and consumers was also seen as a potential benefit, provided the increased data collection was also accompanied by greater transparency on how the data was being used.
- One group suggested that if the sales and the claims teams had access to the same depth of detail and data, there would be better alignment and coordination between the two. They felt this might lead to a more consistent experience for consumers.

Additional considerations

The breakout groups also raised a number of questions or considerations during their deliberations:

- Would data be shared outside of Canada?
- How long would personal data be held and used by each actor?
- Who would FSRA get the data from? From insurers? From consumers directly?
- Could FSRA, as an independent party without a vested interest or profit motive, be the actor responsible for collecting and distributing the data to other actors?
- Would data be measured the same way across different companies?
- Consumers' data is already being collected in many areas of life — could this be leveraged, explicitly and transparently, to cut down on repetitive questions and forms?
- What does the increased proliferation of BDA mean for the future auto insurance marketplace and consumer choice? Will consumers be able to choose an insurer that is not tech mediated, and BDA driven?

"I think data is the most important thing that insurance companies can own, that's your biggest asset... and if smaller companies cannot afford those assets, that's going to affect consumers in the long run."

—Panelist comment on the session.

3.2 Deliberation: Design Preferences for a Central Fraud Registry

Working in five small groups, panelists spent time identifying design preferences for a made-in-Ontario central fraud registry. The registry would be a repository for information about confirmed fraud in the automotive insurance industry.

Panelists were given eight questions: four questions interrogated the potential scope of the registry and four explored thresholds for public buy-in. Each breakout group reported back on key elements of their design so the Panel could look across the five groups to see where there was broad consensus and where there were significant differences of opinion.

There was consensus around some broad themes:

- The registry's design should **prioritize intentional acts of fraud**. Deliberate acts of fraud were seen as more important to monitor and register, and should be treated more harshly than acts of opportunity or omission.
- The registry's design should **consider the cost and the harm caused by the fraud**. The greater the harm, and the higher the dollar value, the more restrictive the registry should be: records should be kept longer and the appeals processes should be more strict to navigate.
- The registry's design should strike a **balance between protecting consumers by sharing information about bad actors in the system and protecting individuals' rights to privacy**. The panel felt that records of companies and other organized actors should be publicly available so that consumers could make informed decisions, but records of individuals should not be available to the public.

Panelists also raised considerations about how the registry would operate:

- A centralized registry made sense but it should be independent of various government departments, like the Ministry of Transportation. The concern here was that the Ministry could use the records to limit access to other services.
- Who would be responsible for managing the registry and ensuring the integrity/accuracy of the information being uploaded and shared?
- How can we ensure that insurance companies aren't over or under reporting fraud in order to protect their bottom lines?

TABLE 1: Four design elements and preferences

Design Elements	Design Preferences
<p>1. What categories of fraud should be included?</p> <p>Organized (coordinated scheme involving multiple participants)/ Premeditated (repetitive charges for unnecessary or undelivered services)/Opportunistic (individual padding their claim)</p>	<p>All five groups felt that Organized and Premeditated fraud should be included in the registry because there was clear intent and a high degree of potential harm to consumers and the system.</p> <p>Two groups felt that Opportunistic fraud should be included in the registry but three groups expressed hesitation. They wondered about the cost effectiveness of going after this category of fraud and some felt that for this type of fraud, intention would be hard to prove and the harms potentially less severe.</p>
<p>2. What type of insurance fraud should be included?</p> <p>Policy/Distribution/Claims/ Supplier</p>	<p>Fraud within the Distribution, Claims and Supplier chains received broad support for inclusion in the registry.</p> <p>Including Policy fraud in the registry raised concerns for some groups, however. Understanding an individual’s intent would be important so that human error was not penalized unnecessarily.</p>
<p>3. Who should be included in the registry?</p> <p>Individual consumers/ insurance company employees/Broker or agents/Individual service providers/Companies</p>	<p>There was broad consensus across the breakout groups that companies, brokers and service providers should be included in the registry.</p> <p>The Panel was split on whether individual consumers and company employees should be included, however. The cost effectiveness of going after individual consumers was raised, and some panelists suggested that multiple offences might warrant inclusion but not a single instance. Another suggestion was that the dollar value of the fraud could be used as a threshold for inclusion, fraud resulting in losses of \$5,000 or more warrant inclusion. Individuals named as secondary policy holders should be excluded from the registry. For employees, considerations were raised about training and support, whether or not there was intent, and whether the employer was ultimately responsible for responding to the behaviour of their employees.</p>
<p>4. Who can access the registry?</p> <p>Regulator, law enforcement/ Investigation units in insurance companies/Underwriting units/ Claims handlers/Individuals or companies on the registry</p>	<p>Panelists were broadly supportive of regulators, law enforcement and insurance company investigation units having access to the registry.</p> <p>There were mixed feelings about allowing underwriting and claims handlers to see the registry. One group felt that neither units should have direct access, but that the flow of information could be mediated through the insurance company’s investigation unit. Other groups felt that these units should need to make a case in order to view registry information, and one group suggested that different rules might apply for group/company insurance than individual insurance.</p>

TABLE 2: Four issues and acceptable thresholds

Issues	Thresholds
<p>1. What's the criteria for inclusion?</p> <p>After investigated parties have taken action/After insurance companies have taken action/ After referral to law enforcement/ After successful prosecution/ After appeals have been exhausted</p>	<p>Two groups felt that fraud should be added to the registry only after it had been confirmed through regulatory or law enforcement action: after successful prosecution.</p> <p>Two groups felt a lower threshold for inclusion was appropriate, once the case had been referred to the regulatory body/law enforcement.</p> <p>Only one group felt that fraud should be included in the registry upon conclusion of insurance industry action.</p>
<p>2. How long does fraud stay in the registry?</p> <p>Indefinitely/ 5 years/ Depends on X</p>	<p>One group felt that five years was a reasonable amount of time for records to stay in the registry.</p> <p>The other four groups all felt that tenure on the registry should depend on the nature and severity of the fraud, mimicking the justice system where less severe crimes get lighter punishment. One group suggested a minimum length of 3 years on the registry.</p>
<p>3. How robust are the consumer protections?</p> <p>Notice to individuals/Access to records/Appeals process</p>	<p>There was broad consensus that ample notice be given to individuals whose information was being added to the registry. One group suggested that a de facto outcome of an investigation should be notice about inclusion on the registry. Panelists felt individuals needed sufficient time to escalate or contest, if needed.</p> <p>The majority of panelists felt that access to one's own records on the registry should be easy.</p> <p>Most of the groups felt that there should be a streamlined appeals process so that individuals could contest inclusion if they felt errors had been made. One group suggested that appeals should be more difficult for large and complex cases of premeditated fraud, and on the flip side, more streamlined for smaller, opportunistic cases of fraud.</p>
<p>4. What kind of access does the Public have to the Registry?</p> <p>Access to personal data only/ any data with registration to view/searchable and open to the public/Other</p>	<p>The majority of the groups chose Other and defined Public Access as that which protected individuals' privacy by not making these records public while also protecting consumer interests by making the records of businesses viewable by the public.</p> <p>One group felt that access to the registry should be limited to individuals or businesses accessing their own records.</p>

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