

# ATTACHMENT 11

**New Hampshire Insurance Department Public Hearing Concerning the  
New Hampshire Medical Malpractice Joint Underwriting Association  
Thursday, December 4, 2014  
10:00 am**

The Department asks that you provide testimony responding to the questions below at the public hearing on December 4<sup>th</sup>.

However, we recognize that some of the responses to these questions may require disclosure of sensitive, confidential commercial information. For any response that would require disclosure of confidential information, we ask that you bring your response in written form for submission at the hearing. The Department has opened an investigation under authority of RSA 400-A:16 to gather relevant information for its report on conditions in the medical malpractice market and recommendations concerning the need and form, if necessary, for a plan to provide guaranteed issued coverage. Written testimony that discloses confidential data and information collected in the course of an investigation is held confidential under RSA 400-A:16 under the same standards that apply in the context of an examination (see RSA 400-A:37). The Department's report will not disclose confidential data, but will include it only in the aggregate to protect the sensitive nature of this information.

1. How many insureds have you declined to cover per year over the last 5 years? For each declination, could you provide the reason for declination-- for example, prior losses, high risk practice area (please specify) other reason such as type of procedures performed.
2. Do you have underwriting guidelines or rules that provide for referral to an underwriter or the home office under certain circumstances? Can you provide copies of those guidelines or rules? The Department will maintain these documents strictly confidential in accordance with RSA 400-A:16.
3. Have these guidelines significantly changed over the last 5 years? Do your guidelines change due a softening or hardening of the market?
4. What is the demographic of your book of business currently and over the past five years? For example, please be specific and identify any changes in limits, occurrence versus claims made coverage, practice areas, age of policyholders, location and type of practice (practice group, hospital, nursing home or other facility, or stand-alone individual practitioner)?
5. Assume that the state needs a residual market mechanism that provides guaranteed issued coverage. What form of mechanism do you believe would function the best in New Hampshire without interfering with the voluntary market? Please consider both current market conditions and anticipated changes in the market which would be expected to occur (because of the cyclical nature of the med mal market). If possible, please provide examples from other states that have adopted successful approaches, and if possible provide references to any laws or plans of operation that might be used as a model for a similar plan in New Hampshire.
6. Are you anticipating any significant changes in the medical malpractice market over the next three to five years? Any information you share will be kept confidential.