

Proposed Changes to the Nova Scotia Auto Insurance Product

Discussion Paper

December 2022



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Proposed Changes to the Nova Scotia Auto Insurance Product: Discussion Paper
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Contents

- Introduction 1
- Nova Scotia’s Auto Insurance Product 2
- Nova Scotia Auto Insurance Review 3
- Current Situation 4
- Proposed Changes to Section A – Third Party Liability 5
 - 1. Adopt an updated minor injury definition 5
 - 2. Reduce the minor injury cap 7
- Proposed Changes to Section B – Mandatory Accident Benefits 8
 - 1. Enhance coverage under the Diagnostic and Treatment Protocols 8
 - 2. Make the auto policy the first priority payor 11
- Other Considerations 12
 - 1. Sub-limits on Section B medical coverage 12
 - 2. Insurance education for consumers 13
 - 3. General comments 13
- Summary 14
- How to Submit Responses 14
- Appendix 1: Changes in Average Earned Premium in Privatized Jurisdictions (2011–2021) 15
 - Table 1. Average Earned Premium (\$) 15
 - Table 2. Year-over-Year Change in Average Earned Premium (%) 15
- Appendix 2: Incurred Loss Ratio for Nova Scotia Automobile Insurers (2011–2021) 16
- Appendix 3: 2022 Minor Injury Cap by Jurisdiction 16

Note that no decisions have yet been made by government regarding changes to automobile insurance and that the proposals outlined in this paper are for discussion purposes only.

Introduction

Every automobile used on Nova Scotia's public roadways must be insured. In the event of an automobile accident, insurance benefits are available to help insured parties defray vehicle repair and medical and rehabilitation costs.

The Province of Nova Scotia regulates automobile insurance through the Office of the Superintendent of Insurance (OSI) to ensure that Nova Scotians have access to appropriate coverage and premiums that are affordable and stable, while providing fair compensation to victims of automobile accidents.

Regulations define mandatory benefits that must be included in all standard automobile insurance policies, such as coverage for medical and rehabilitation expenses for people who are injured in automobile accidents.

Injured parties may also make a claim to the at-fault party for compensation beyond that provided by the mandatory benefits for certain losses that occur as a result of their accident, including loss of income, loss of future earning capacity, loss of housekeeping capacity, out-of-pocket expenses, future medical expenses, and pain and suffering.

The OSI works with consumers and the insurance industry to ensure a fair automobile insurance product. The Insurance Act requires the Superintendent to undertake a review of automobile insurance at least every seven years.

Nova Scotia's Auto Insurance Product

Nova Scotia's auto insurance product includes the following main Sections:

Section A – Third Party Liability: Provides coverage for legal responsibility to others, arising from an automobile accident causing death or injury to persons or damage to their property. The minimum coverage in Nova Scotia is \$500,000 for any one accident.

Section A.1 – Direct Compensation – Property Damage: Provides coverage for damage to your own automobile and its contents and for loss of use arising from damage caused by another automobile. There may be a deductible.

Section B – Mandatory Accident Benefits: Provides coverage to the person insured, the immediate family and certain other persons injured or killed in an automobile accident. Payments are made regardless of who is to blame for the accident. The minimum benefits are up to \$250 per week in income loss and up to \$50,000 in medical coverage and treatments.

Section C – Loss of or Damage to Insured Automobile: This section of the Policy provides a selection of coverages for the policyholder's own automobile. There is usually a deductible amount indicated for each coverage and this amount is either paid by the policyholder toward the cost of repairs or is deducted from the loss settlement. Section C coverage is not mandatory in Nova Scotia.

Section D – Uninsured Automobile and Unidentified Automobile Coverage:

Enables the policyholder to obtain benefits from his or her own insurer for bodily injuries or death caused by an uninsured or unidentified automobile. Benefits are also available for damage to the insured automobile and its contents caused by an identified owner or driver of an uninsured automobile, subject to a deductible amount. The coverage applies when a Canadian policyholder is travelling in Canadian jurisdictions and in the United States where no fund exists.

Nova Scotia Auto Insurance Review

A review of the automobile insurance product is required every seven years under Nova Scotia's Insurance Act.

Previous Reforms:

- 2003** Implementation of a number of reforms including the introduction of a cap of \$2,500 on general non-pecuniary damages for minor injuries. Rates were reduced and were consistent or fell each year until 2010.
- 2010** Minor injury cap was amended by increasing the limit to \$7,500 (indexed annually). The definition of "minor injury" was amended and limited to sprains, strains and certain types of whiplash-associated disorders, so that fewer injuries were considered minor and therefore fewer injuries were subject to the cap.
- 2011** CFN Consulting completed a review, which led to phased reforms (phase 1 and 2 described below) that significantly altered the insurance product and were implemented over the next two years.
- 2012** Implementation of Phase 1 of reforms: Enhanced mandatory Section B benefits, including substantial increases to medical, rehabilitation, funeral, death and loss of income benefits.
- Enabled the ability for Nova Scotians to report collisions to their insurers without an impact on their premium if no claim for damages is made.
- Introduced the volunteer fire fighter levy to assist volunteer fire departments with covering the costs of responding to automobile collisions.
- Introduced the requirement for a review of automobile insurance legislation at least every seven years.
- 2013** Implementation of Phase 2 of reforms:
- The Diagnostic and Treatment Protocols Regulations were introduced, which allow individuals with minor injuries to get immediate access to treatment without waiting for a physician's referral and approval from their insurer. Under the protocols, additional types of health care professionals such as physiotherapists and chiropractors can now diagnose a minor injury and design a treatment plan.
- Direct compensation for property damages was implemented on request from the industry.
- Changes were also introduced for claims made when rented and leased vehicles are involved.

Current Situation

Following several years of premium stability, automobile insurance premiums have been increasing in recent years. Between 2016 and 2021, Nova Scotia witnessed the highest average annual premium growth of the six provinces with privatized automobile insurance (6.9 per cent), followed by New Brunswick (6.6 per cent), Alberta (5.5 per cent), Prince Edward Island (3.5 per cent), Newfoundland (3.0 per cent), and Ontario (2.9 per cent)¹. 2019, 2020 and 2021 contributed significantly to premium growth, with average annual premium growth of 8.8 per cent witnessed over these three years in Nova Scotia.

While several factors have contributed to the rise in insurance premiums, the recent premium spike in Nova Scotia is viewed by the OSI as a pricing correction to address a prolonged period during which the growth of loss costs experienced by auto insurance providers exceeded the rate at which insurers chose to file for a raise in premiums charged to consumers. Despite recent increases, average premiums in Nova Scotia remained the third lowest of the six jurisdictions with privatized automobile insurance in 2021.

According to industry, claims costs for nearly all coverages have increased significantly in recent years. Some of these increases can be attributed to consumers driving more technology-reliant vehicles that are more expensive to repair following a collision, as well as increased frequency of severe weather events. In at least the short-term, high levels of inflation will likely put additional pressure on claims costs, and therefore premiums.

A 2019 study on closed claim data commissioned by the OSI confirmed reports from insurers that a lower percentage of Nova Scotia claimants are being identified as subject to the compensation cap for pain and suffering related to minor injuries (often referred to as the “minor injury cap”). The study compared closed claim data from 2014 and 2018 and found that, in 2014, 83 per cent of claimants were subject to the minor injury cap, compared to 70 per cent in 2018. The study identified an increase in the average number of injuries per claimant – a trend that may be contributing to fewer claimants being subject to the minor injury cap. Particularly sharp increases in the frequency of certain reported injury types were noted, such as the frequency of psychological injuries, for example, which more than doubled between 2014 and 2018.

The study also highlighted a trend whereby more claimants are seeking legal representation (27 per cent overall in 2014 compared to 48 per cent overall in 2018), and that claims costs were notably higher on average for claimants with legal representation than without.

¹ See Appendix 1

Between 2011 and 2019, loss costs in Nova Scotia grew at an average annual rate of 4.9 per cent, outpacing the 2.1 per cent average annual growth of premiums during the same period. This has affected insurer profitability, as exhibited by the generally increasing Incurred Loss Ratio (losses divided by earned premiums) over this time period². The large increases to premiums in 2019 and 2020 contributed to the only reductions in the Incurred Loss Ratio in the 2011 to 2021 period.

A relatively large drop in claims cost was witnessed in 2020 due to the COVID-19 pandemic. Government-mandated business closures and restrictions on non-essential activities to combat the pandemic contributed to less people driving in 2020, resulting in less accidents. As pandemic restrictions began to ease in 2021, claims costs again began to rise. As the economy reopens, more normal levels of driving are expected.

The OSI is also considering an increase to authorized fees for health care practitioners. While fees for health care practitioners in Nova Scotia have not been increased since 2013, any contemplated increases to these fees to account for rising costs of care are expected to put further pressure on insurance costs.

In response to the current environment of rising automobile insurance costs and concerns raised by stakeholders, the OSI has developed proposals for changes to the Nova Scotia automobile insurance product. The OSI has also reviewed and considered recent changes to automobile insurance in other Canadian jurisdictions.

Changes to the minor injury definition and minor injury cap are proposed, which are intended to help stabilize premium growth. Working in conjunction with those changes are enhancements to provide individuals suffering from minor injuries incurred in an automobile accident with greater access to care. Overall, it is the view of the OSI that these changes will provide Nova Scotians with an insurance product that strikes a better balance between the use of cash-based compensation awards and improved medical coverage for those injured in a traffic accident.

An actuarial consultant was engaged to estimate the impact of these proposals on automobile insurance premiums and the projected costing is provided below where available.

The OSI is seeking comments and views on the proposed changes to automobile insurance in Nova Scotia that follow.

² See Appendix 2

Proposed Changes to Section A – Third Party Liability

1. Adopt an updated minor injury definition

Individuals who are in an automobile accident and sustain an injury falling within the definition of “minor injury” under the Automobile Accident Minor Injury Regulations are subject to a cap of what they may receive as a cash payment for pain and suffering (non-pecuniary damages) if they make an injury claim to the at-fault party. The minor injury cap is indexed to inflation and set at \$9,300 in 2022. Injuries subject to the cap currently include sprains, strains and whiplash injuries that do not result in serious impairment.

It is proposed to update the scope of injuries that are subject to the minor injury cap by including additional types of injuries that do not seriously impair the victim or result in a negative long-term impact. Minor injuries would now include sprains, strains, whiplash injuries, contusions (bruises), abrasions, lacerations, as well as any clinically associated sequelae of those injuries, that do not cause serious impairment or permanent serious disfigurement.

A sequela refers to a condition that develops as an aftereffect or result of an initial injury and may be physical or psychological in nature. Going forward, it is anticipated that the proposed changes to the minor injury definition could result in more claimants falling under the minor injury cap. This could for example, apply to some claimants experiencing a psychological component to their injury.

The proposed changes to the minor injury definition more closely aligns the scope of injuries that are subject to the non-pecuniary damages cap with New Brunswick, Prince Edward Island, and Alberta. Similar to recent changes in Alberta, it is also proposed to provide clarity that temporomandibular joint (TMJ) injuries that do not involve damage to teeth or bones or damage to the articular disc fall within the minor injury definition.

It is important to note that despite these changes, an individual will still not be subject to the minor injury cap if they are seriously disfigured or seriously impaired as a result of an automobile accident injury. Further, it is proposed that the Diagnostic and Treatment Protocols be enhanced to include coverage to treat psychological symptoms and further support for TMJ injuries. This is in keeping with the focus on providing fast, easy access to treatment of minor injuries to limit their negative impacts on individuals.

Including these additional types of non-life-altering injuries under the scope of the minor injury cap is expected to have minimal effect on the recovery of impacted accident victims, as pain and suffering awards are not intended to be used toward a victim’s recovery expenses; coverage for these expenses is provided by Section B of the auto policy. To supplement these changes, the OSI is also proposing enhancements to Section B coverage discussed further in this paper that will further support the recovery of individuals suffering from common minor injuries.

This proposed change to the minor injury definition is expected to help alleviate cost pressures on the system through a lower average claim amount in aggregate and possible changes in the claims frequency rate.

The current minor injury definition and proposed definition change are shown in the table below:

Definition of injuries currently subject to the cap	Proposed definition of injuries to be subject to the cap
<p>“minor injury”, with respect to an accident, means</p> <ul style="list-style-type: none"> (i) a sprain, (ii) a strain, or (iii) a whiplash-associated disorder injury, caused by that accident that does not result in a serious impairment 	<p>“minor injury” means any of the following injuries, including any clinically associated sequelae, that do not result in serious impairment or in permanent serious disfigurement:</p> <ul style="list-style-type: none"> (i) a contusion; (ii) an abrasion; (iii) a laceration; (iv) a sprain; (v) a strain; and (vi) a whiplash associated disorder

Expected impact of adopting the proposed definition of minor injury⁴:

- Estimated reduction in automobile insurance premiums of 0.9 to 3.2 per cent (\$11 to \$40 reduction in the estimated average premium in 2022)
- Estimated reduction in bodily injury loss cost for insurers of between 3.7 and 14.8 per cent
- More appropriate classification of injuries

⁴ A range has been used due to uncertainty around how the new definition will affect the claims frequency

2. Reduce the minor injury cap

Of the five provinces that have a cap on cash awards for pain and suffering paid to minor injury claimants, Nova Scotia's cap is currently the highest, and is set at \$9,300 for accidents occurring in 2022⁵. The OSI is considering a reduction of the minor injury cap, which, based on actuarial analysis, would result in a corresponding reduction in automobile insurance premiums.

In any scenario where the cap is reduced, the cap would remain indexed to changes in the cost of living. As noted in the previous section, this change would work in conjunction with proposed changes to coverage under Section B (described further below), which would provide individuals dealing with sprains, strains, or whiplash injuries with enhanced access to treatment.

Three options to reduce the minor injury cap have been costed for their expected impact on auto insurance premiums and reduction in cost for insurers (costing incorporates savings related to the adoption of the proposed minor injury definition):⁶

Expected impact of Minor Injury Cap of \$5,000:

- Estimated reduction in automobile insurance premiums of 2.1 to 5.4 per cent (\$26 to \$67 reduction in the estimated average premium in 2022)
- Estimated reduction in bodily injury loss cost for insurers of 9.3 to 23.5 per cent

Expected impact of Minor Injury Cap of \$6,000:

- Estimated reduction in automobile insurance premiums of 1.8 to 4.8 per cent (\$22 to \$59 reduction in the estimated average premium in 2022)
- Estimated reduction in bodily injury loss cost for insurers of 7.7 to 20.9 per cent

Expected impact of Minor Injury Cap of \$7,500:

- Estimated reduction in automobile insurance premiums of 1.3 to 4.0 per cent (\$16 to \$50 reduction in the estimated average premium in 2022)
- Estimated reduction in bodily injury loss cost for insurers of 5.6 to 17.6 per cent

⁵ See Appendix 3

⁶ A range has been used due to uncertainty around how the new definition will affect the claims frequency rate

It is generally understood that there is a direct correlation between bodily injury and accident benefit coverage. Given this correlation, it can be assumed that there may also be a more moderate reduction in accident benefits claim costs when compared to the above reductions for bodily injury costs.

The OSI is also giving consideration to the possibility of enabling drivers to purchase higher cap amounts, including the option to purchase the right to not be subject to a minor injury cap. This could provide consumers with savings on premiums if they opt for a lower cap, but give them additional flexibility to pay more for a higher cap if they so choose.

Proposed changes to Section A – Questions for Comment:

- What are your views on the proposed changes to the minor injury definition?
- What are your views on changing Nova Scotia's minor injury cap?
 - What do you think the minor injury cap should be in Nova Scotia?
- Should the consumer have a choice as to what their minor injury cap is (i.e., have the option to pay a higher premium for a higher cap or no cap)?
 - Is this feasible from an industry perspective?

Proposed Changes to Section B – Mandatory Accident Benefits

1. Enhance coverage under the Diagnostic and Treatment Protocols

Nova Scotia's Automobile Accident Diagnostic and Treatment Protocol Regulations help individuals who have sustained sprains, strains, or whiplash injuries in a motor vehicle accident to access immediate medical treatment without prior approval from their insurance company. The Diagnostic and Treatment Protocols (the Protocols) allow a patient's healthcare provider to direct bill the insurance company, as opposed to the traditional route of the patient paying for the expense and then seeking reimbursement from the insurance company. Individuals who are eligible to access the Protocols also do not need to worry about using up their coverage under any other private benefit plan they might have, as the auto insurer is the first priority payor when treatments are accessed through the Protocols (in all other cases, the private benefit plan is the primary payor for medical expenses).

Depending on the extent of the injury, the Protocols provide for a certain number of treatment sessions with a physiotherapist, chiropractor, or adjunct therapist (massage therapist, acupuncturist, or occupational therapist). Individuals who require additional treatment beyond what is provided for in the Protocols can still pursue the additional coverage provided under their regular Section B benefits.

Nova Scotia's Protocols were introduced in 2013 and were modeled after similar regulations that Alberta has had in place since 2004. In 2020, Alberta made amendments to its Diagnostic and Treatment Protocols following a review of recent medical evidence and practices in relation to treatment of accident victims. The Alberta amendments expanded coverage under its protocols for services provided by certain health care providers, including occupational therapists, dentists and psychologists.

Currently in Nova Scotia, dental and mental health treatments are not covered within the Protocols. This means injured individuals requiring these services must use their own private medical insurance (if they have it), or otherwise must first obtain approval from their insurance company before they can seek treatment under their auto policy.

Several changes to the Protocols are proposed to ensure that accident victims suffering from sprains, strains, and whiplash injuries can more easily access the care that they need. This is intended to work in conjunction with the proposed reduction in the minor injury cap by shifting focus from cash payments into better access to treatment for individuals with minor injuries. The following enhancements are envisioned:

- Adding nurse practitioners to the list of health care practitioners that are eligible to design a health care treatment plan under the Protocols.
- Introducing new coverage for adjunct therapy services provided by the following health care professionals:
 - Dentists
 - Kinesiologists
 - Psychologists
 - Psychiatrists
 - Social workers
 - Counsellors
- Not counting visits to dentists, psychologists, psychiatrists, social workers, and counsellors within the total number of treatment visits authorized under the Protocols.
- Setting a coverage limit of \$1000 in aggregate for any treatments provided by dentists, psychologists, psychiatrists, social workers, and counsellors under the Protocols.

The differences between the current Protocols and the proposed enhancements are summarized in the following table:

	Current Protocols	Proposed enhanced Protocols
Treatment visits	Combined total of either 10 or 21 visits to a physiotherapist, chiropractor or adjunct therapist depending on the extent and number of injuries	Combined total of either 10 or 21 visits to a physiotherapist, chiropractor or adjunct therapist depending on the extent and number of injuries. Visits to a dentist, psychologist, psychiatrist, social worker, or counsellor do not count toward the authorized number of visits
Healthcare practitioner	physician, chiropractor, physiotherapist	physician, chiropractor, physiotherapist, nurse practitioner
Adjunct therapist	massage therapist, acupuncturist, occupational therapist	massage therapist, acupuncturist, occupational therapist, dentist, kinesiologist, psychologist, psychiatrist, social worker, counsellor Limit of \$1000 for visits to a dentist, psychologist, psychiatrist, social worker, counsellor

Expected impact of updating the Diagnostic and Treatment Protocols:

- Estimated increase in accident benefits claims costs of approximately 2.0 per cent (\$1.85 per vehicle in 2022)
- Estimated increase in average automobile insurance premiums of less than 1 per cent
- Improved recovery time outcomes for minor injuries

2. Make the auto policy the first priority payor

Currently, the automobile insurance provider acts as the secondary payor for claims made under Section B of the automobile insurance policy that fall outside of the Protocols. This means that if an injured driver does not qualify for the Protocols, and they have benefits under a private plan – for example, through their workplace – claims for necessary medical treatment must be made to the private workplace plan. In such situations, the automobile insurance only pays for treatment costs once a driver's other private benefits have been exhausted.

While this priority of payment is consistent in all jurisdictions with privatized insurance, it is a common complaint from consumers who need their private benefit plans for personal use (for example, physiotherapy for a chronic running injury or monthly massages) and who do not realize how the priority of payment works until they are involved in an accident.

The Protocols do provide the consumer with some protection of their non-auto private benefits. However, if coverage under the Protocols coverage is exhausted before the injury is resolved, then the individual must turn to any private benefit plan coverage before they are able to access additional coverage under the auto insurance policy.

With most injuries qualifying for the Protocols, the anticipated additional cost pressure on premiums is expected to be minimal. There may be some small offsetting administration savings to insurers, as adjusters will no longer need to confirm the status of any private benefit plans when verifying an individual's eligibility to make a claim under the auto policy.

Expected impact of amending the priority of payment:

- Estimated increase in accident benefits claim costs of approximately 7.6 per cent (\$6 per vehicle in 2022)
- Estimated increase in automobile insurance premiums of approximately 0.7 per cent (\$9 per vehicle in 2022)
- Reduced consumer confusion regarding who pays for treatment; potential cost savings to industry due to less administrative burden; private benefit plans can be used as intended

Proposed changes to Section B – Questions for Comment:

- What are your views on the proposal to expand the list of healthcare practitioners who are eligible to design a treatment plan under the Protocols to include nurse practitioners?
- What are your views on the proposal to expand access to adjunct therapy under the Protocols to include dentists, kinesiologists, psychologists, psychiatrists, social workers, and counsellors?
- What are your views on the proposed aggregate coverage limit of \$1000 for dental and mental health services under the Protocols, and to not count visits for these services toward the number of authorized treatment visits?
- What are your views on the proposal to amend the priority of payment for Section B benefits such that the auto insurance provider will become the first priority payor?

Other Considerations

1. Sub-limits on Section B medical coverage

Currently, Nova Scotia has no coverage sub-limits for medical treatments under Section B of the auto insurance policy that fall outside of the Protocols. As part of a series of changes Alberta made to its insurance product in 2020, the province introduced the following sub-limits under Section B of its policy:

- Chiropractic services: \$1000
- Massage therapy services: \$350
- Acupuncture services: \$350

If Nova Scotia were to follow Alberta and introduce similar Section B sub-limits for treatments falling outside of the Protocols, it would reduce accident benefits claims costs by an estimated 7.6 per cent (\$6 per vehicle in 2022) and average premiums by an estimated 0.7 per cent (\$9 in 2022). However, this would represent a significant reduction of benefits under the automobile insurance product.

While the OSI is not currently considering implementing sub-limits on Section B medical coverage, the OSI is interested in hearing from stakeholders as to whether this is an area that should be explored further.

Questions for Comment:

- What are your views on the possibility of sub-limits for medical coverage under Section B (outside of the Protocols)?
- If Nova Scotia were to introduce sub-limits for chiropractic, massage therapy, and acupuncture services, what should the limits be?

2. Insurance education for consumers

The OSI plays two major roles with regard to insurance in the province: it regulates the insurance industry, and it offers information and assistance to consumers on insurance matters. The OSI also has the authority to investigate complaints from consumers about the actions of an insurer, insurance agent, broker or adjuster.

OSI staff make themselves available to respond to general inquiries and the OSI publishes information resources on its website.

The OSI is seeking comment as to whether there is an adequate level of information and education available for consumers in Nova Scotia to inform decisions regarding insurance, and what role the OSI should play in this regard.

Questions for Comment:

- Do consumers have sufficient access to the information and education necessary to inform their decisions regarding insurance in Nova Scotia? Are there particular challenges for inexperienced drivers in this regard?
- How could consumer awareness and education be improved?
- What role and level of involvement should the OSI have in providing insurance education for consumers?

3. General comments

The OSI seeks any other general comments on the proposals that have been put forward or other ideas that should be considered in the context of the automobile insurance review. This may include suggestions for further changes to the auto insurance product that could be explored to address rising premiums pressures, opportunities to reduce regulatory burden or encourage product innovation on the part of auto insurers, and ways to ensure equitable access to affordable automobile insurance for all Nova Scotians, including inexperienced drivers.

Questions for Comment:

- Are there any other changes to Nova Scotia's auto insurance product that should be considered?

Summary

The OSI is of the view that these proposed changes to the automobile insurance product appropriately balance cost-saving measures with new consumer-friendly enhancements. Thank you for taking the time to share your views on these important matters. Your feedback will help to inform Government as it considers changes to the automobile insurance product in Nova Scotia.

How to Submit Responses

The Office of the Superintendent of Insurance is publishing this Discussion Paper for a 60 day comment period, closing **February 3, 2023**. Please send responses to autoreview@novascotia.ca with the subject line "Auto Insurance Review".

Alternatively, written comment may be sent via mail or fax to:

Auto Insurance Review

Office of the Superintendent of Insurance
Provincial Building
1723 Hollis Street
PO Box 187
Halifax, Nova Scotia B3J 2N3
Fax: (902) 424-1298

We respect your privacy. Your submission will become a government record and is subject to Nova Scotia's Freedom of Information and Protection of Privacy Act. Any personal information in your submission will be kept in confidence, subject to the requirements of the act. Information and opinions presented in your submissions may be published; however, the information or opinion will not be attributed.

Appendix 1: Changes in Average Earned Premium in Privatized Jurisdictions (2011–2021)

Table 1. Average Earned Premium (\$)

Year	PEI	NB	NS	NL	AB	ON
2011	760	817	801	1,006	1,073	1,509
2012	744	804	786	1,014	1,078	1,543
2013	747	785	774	1,032	1,100	1,544
2014	756	771	775	1,053	1,134	1,516
2015	756	759	775	1,075	1,665	1,466
2016	762	773	796	1,101	1,189	1,442
2017	784	802	825	1,122	1,229	1,432
2018	806	842	864	1,142	1,283	1,466
2019	838	904	940	1,203	1,359	1,564
2020	878	978	1,027	1,249	1,463	1,640
2021	906	1,064	1,111	1,273	1,556	1,659

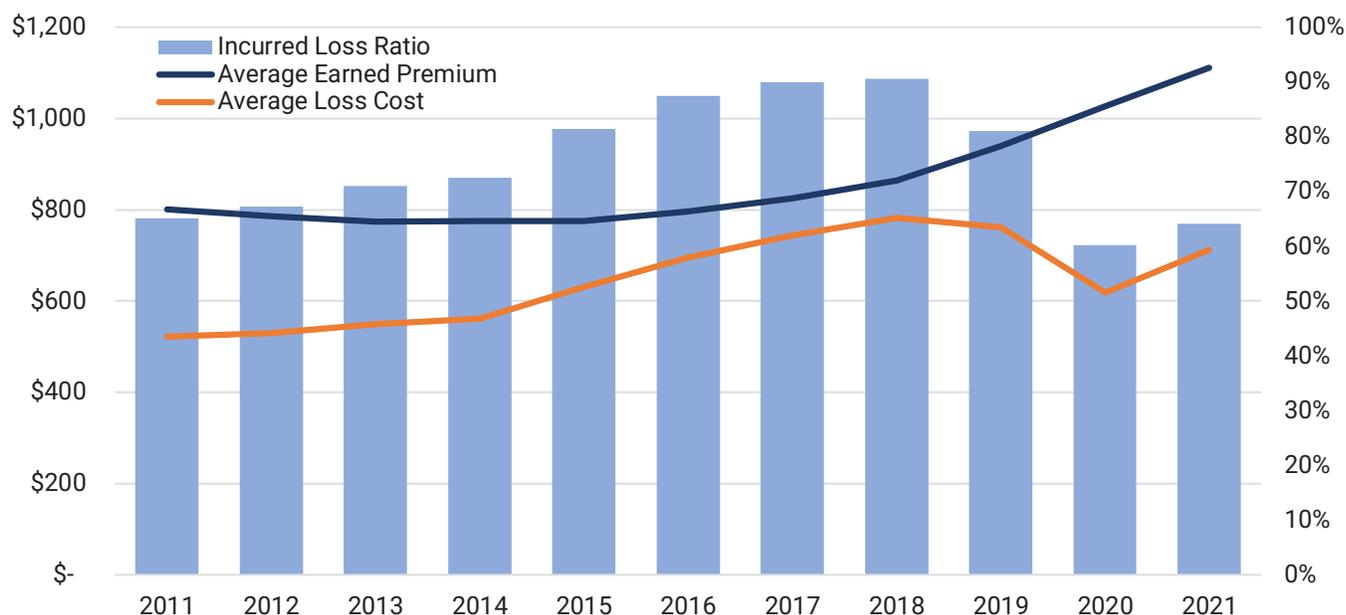
Source: General Insurance Statistical Agency Actual Loss Ratio Exhibits – AUTO1010 & AUTO1005

Table 2. Year-over-Year Change in Average Earned Premium (%)

Year	PEI	NB	NS	NL	AB	ON
2011	–	–	–	–	–	–
2012	-2.1	-1.6	-1.9	0.8	0.5	2.3
2013	0.4	-2.4	-1.5	1.8	2.0	0.1
2014	1.2	-1.8	0.1	2.0	3.1	-1.8
2015	0.0	-1.6	0.0	2.1	46.8	-3.3
2016	0.8	1.8	2.7	2.4	-28.6	-1.6
2017	2.9	3.8	3.7	1.9	3.3	-0.7
2018	2.8	5.0	4.7	1.8	4.4	2.4
2019	4.0	7.4	8.8	5.3	6.0	6.7
2020	4.7	8.2	9.3	3.8	7.6	4.8
2021	3.2	8.8	8.2	1.9	6.4	1.1

Appendix 2: Incurred Loss Ratio for Nova Scotia Automobile Insurers (2011–2021)

Nova Scotia – Private Passenger Vehicles (excluding farmers)



Source: General Insurance Statistical Agency Actual Loss Ratio Exhibits – AUTO1010 & AUTO1005

Appendix 3: 2022 Minor Injury Cap by Jurisdiction

Province	Administration	Minor Injury Cap	Indexed?
NS	Private	\$9,300	Yes
NB	Private	\$8,638	Yes
PEI	Private	\$8,358	Yes
BC	Public	\$5,831*	Yes
AB	Private	\$5,488	Yes
MB	Public	Not applicable	Not applicable
NL	Private	No Cap (awards subject to \$5,000 deductible)	Not applicable
ON	Private	Not applicable	Not applicable
QC	Public	Not applicable	Not applicable
SK	Public	No Cap (awards subject to \$5,000 deductible)	Not applicable

*Following changes to automobile insurance that took effect in British Columbia in 2021, injured drivers only qualify for minor injury compensation in rare circumstances.