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# Statistical Bulletin

## Healthcare and general liability risks

Year XIII n. 3 – April 2026





# **Statistical Bulletin**

## **Healthcare and general liability risks**

Year XIII n. 3 – April 2026

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# SUMMARY

The Bulletin analyses the trends in general liability and healthcare liability in 2024, in terms of premium income, claims experience, market structure, and technical sustainability.

## General liability

In 2024, written premiums showed a moderate growth in, reaching €4,157 million (+3.5% year-on-year), accounting for 10.2% of total non-life premium income.

The average cost of claims remains significant at €7,574, largely driven by the reserving component, given the structural slowness of claims settlement in this line of business.

Rising risk costs have pushed up the pure premium (€95.3), which increased by 6.8% compared with 2023 and by 6.6% compared with 2019.

Although the technical result net of reinsurance remains positive at €871 million, it declined markedly (-23.1%) compared with 2023, due to higher claims expenses.

## Healthcare liability


Premium income in 2024 decreased to €691 million, down 2.2% compared with 2023. This decline was uneven across segments: premiums for public healthcare facilities fell by 8.4%, while those for private facilities increased by 6.7%. Over the past decade, the share of private facilities grew from 15% to 23% between 2013 and 2024, as did that of healthcare personnel (from 30% to 40%), while the share of public facilities declined from 55% to 37%.

At the same time, the growing use of risk retention by public healthcare facilities becomes more firmly established. In 2023, provisions for retention funds reached €2.3 billion, equivalent to 184% of the insurance premiums paid by insured public facilities. Throughout the 2014-2023 period, provisions consistently exceeded premiums, partly reflecting the reduction in the number of insured public facilities (-46% between 2014 and 2023).

The healthcare liability insurance market is highly concentrated: in 2024, the top ten companies accounted for 94.6% of premiums (81.1% for the top five).

The sector is characterised by particularly long settlement times, sometimes exceeding 10 years. Partly due to the high volume of claims under litigation, the 2013 generation was not fully settled by 2024, with 5.6% of the claims reported in 2013 still outstanding at the end of that year.

The average cost of claims is significantly higher for public facilities (€83,000) than for private facilities (€35,000) and healthcare personnel (€20,000).



Consistently, loss ratios for public facilities are close to or above 100% for most claim generations, indicating low profitability. Private healthcare facilities show high loss ratios, albeit generally below 100%, while coverage for healthcare personnel records loss ratios regularly below the threshold.

# 1. OVERVIEW OF THE GENERAL LIABILITY INSURANCE SECTOR

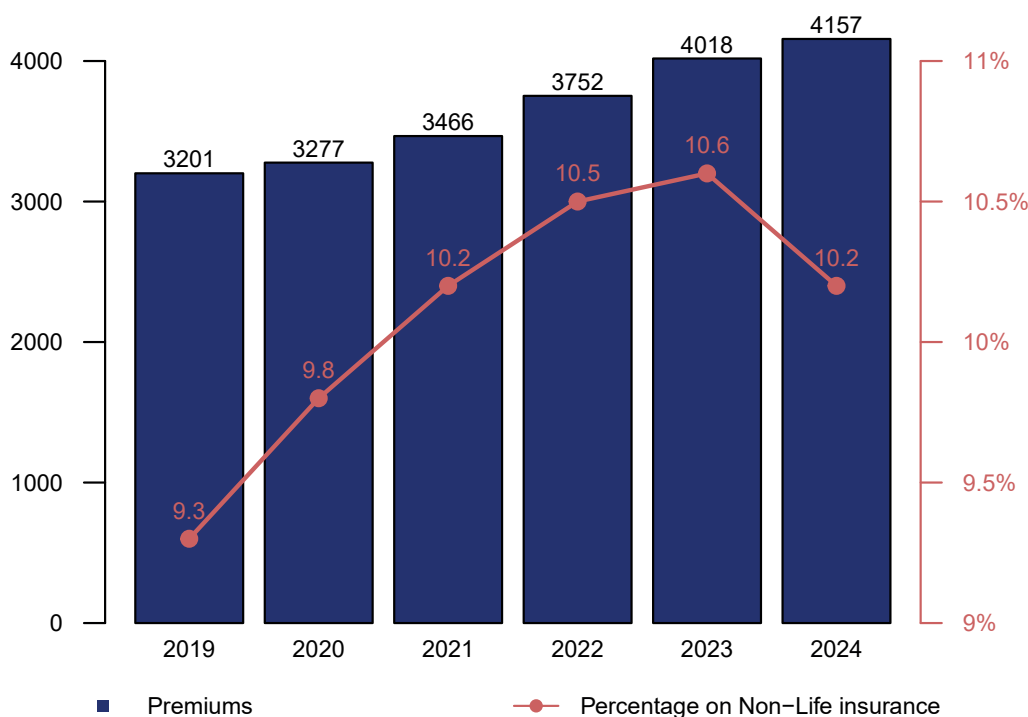
## Premium income

In 2024, premiums collected by companies supervised by IVASS in the general liability insurance sector (Appendix A – Table 1 and Fig. 1) amounted to €4,157 million, an increase of 3.5% compared with 2023. Including premiums written by foreign companies operating under the right of establishment, total premiums reached €5,902 million. Companies not supervised by IVASS accounted for 29.6% of this total.

Premium income from supervised companies has been growing steadily (+29.9% compared with 2019), although its share of total non-life insurance declined slightly to 10.2% (from 10.6% in 2023), reflecting stronger growth in other lines of business. This positive trend continued in the first three quarters of 2025, with premiums written increasing by 2.2% compared with the same period in 2024.

Figure 1

Premiums written in general liability insurance  
(million euro, %)



## Frequency and average cost of claims

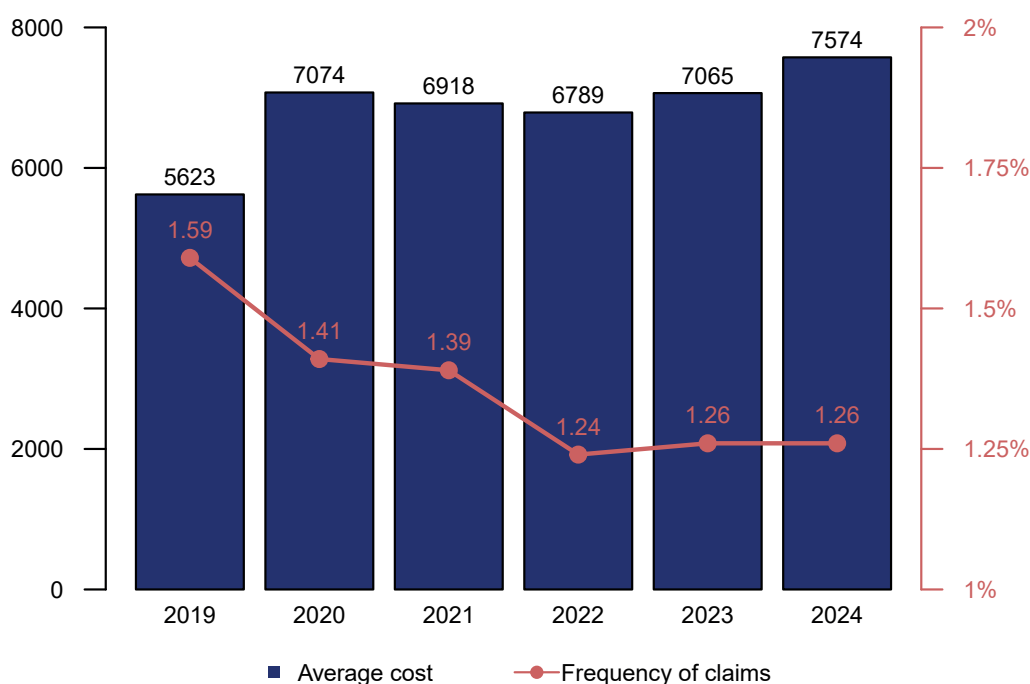
Claims frequency remained unchanged from 2023 at 1.3% (down from 1.6% in 2019). The number of claims settled with payment also remained broadly stable, at 304,000 compared with 306,000 in 2023, as did the number of risk unit, which stood at 242,000 in both 2023 and 2024.

The average cost of reported claims<sup>1</sup>, amounting to €7,574, increased by 7.2% compared with 2023 and by 34.7% with 2019<sup>2</sup>.

This line of business is characterized by a high average cost of reserved claims (€11,062)<sup>3</sup> relative to the average amount paid in the year of occurrence (€2,299). This reflects a moderate settlement rate, with 39.8% of claims paid in the year of occurrence, accounting for 12.1% of total claims costs. This pattern is attributable to the presence of risks – such as healthcare liability – associated with particularly long processing times.

Figure 2

Average cost and frequency of claims



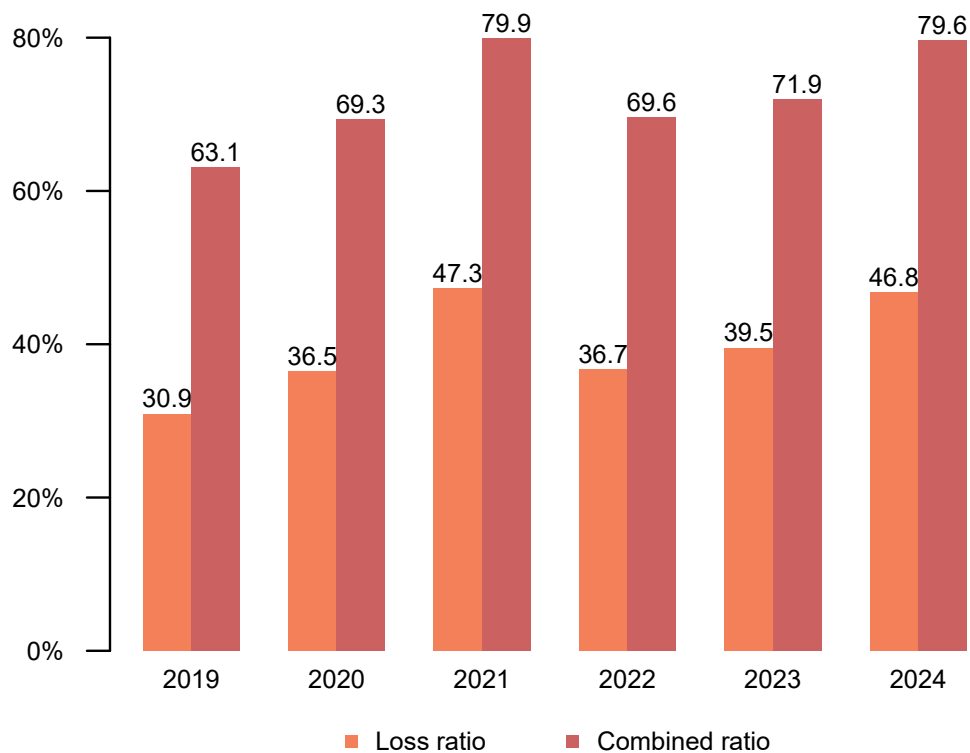
- 1 At current prices and gross of the final estimate for IBNR.
- 2 At constant prices, the changes in the average cost are 7.1% on an annual basis and 31.4% compared to 2019.
- 3 The increase in the average reserved claims in 2019 for companies supervised by IVASS also reflects the effects of corporate transactions that, following Brexit, led to the transfer of substantial healthcare liability portfolios from companies operating by way of establishment to an undertaking subject to IVASS supervision and belonging to the reference group.

## Key technical indicators

The reported loss ratio increased slightly from 39.5% in 2023 to 46.8% in 2024 (Fig. 3). With an expense ratio of 32.9% (32.4% in 2023), the reported combined ratio rose to 79.6% (from 71.9% in 2022). Throughout the observation period, this indicator has consistently remained below 100%, reflecting a sound financial management.

**Figure 3**

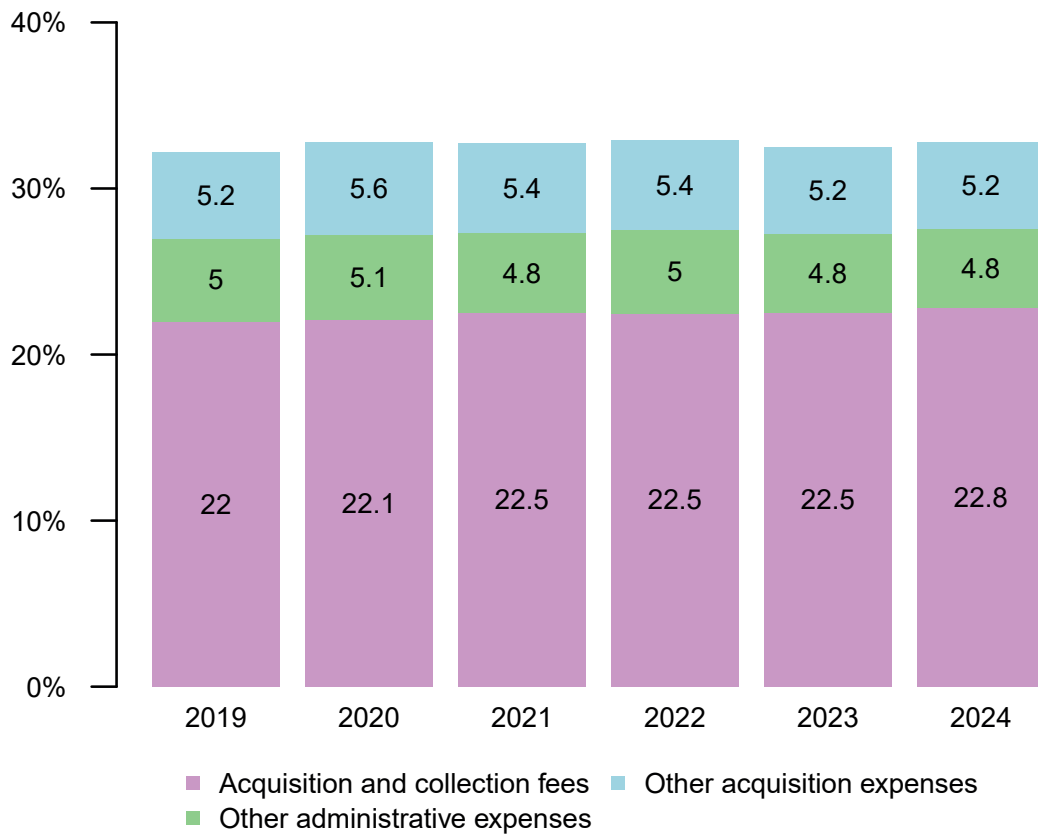
### Reported loss and combined ratio



Commissions represent the main component of operating expenses, accounting for 22.8% of written premiums; the other components of the expense ratio (acquisition and administrative expenses) account for 4.8% and 5.2%, respectively (Fig. 4). The contribution of these expense items remained stable throughout the observation period (Appendix A – Table 8).

**Figure 4**

**Trend in operating expenses: incidence over gross premiums written (2019-2024)**



## Balance on the technical account

The balance on the technical account, net of reinsurance, amounts to €871 million in 2024 (Fig. 5), down 23.1% compared with 2023 but up 10.5% with 2021, when the lowest value over the observation period showed.

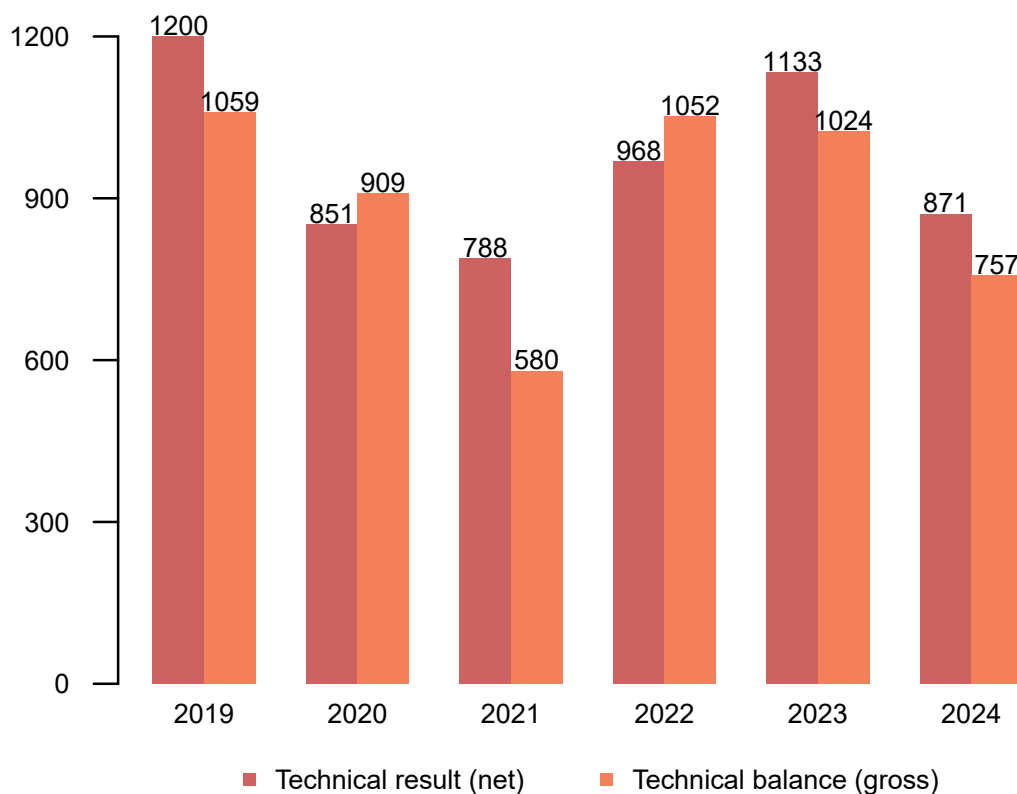
The decline compared with 2023 is attributable to the increase in claims expenses, which rose from €1,561 million to €1,933 million in 2024. Conversely, the technical balance decreased from €1,024 million to €757 million. The increase in earned premiums (+4.5%) only partially offsets the rise in claims costs.

In 2024, reinsurance had a negative impact, with a technical balance of -€109 million.

In relative terms, the balance on the technical account represents 21% of written premiums and amounts to €36.1 per policy, compared with €60.4 in 2019.

Figure 5

Technical result and technical balance  
(million euro)



### Trend in average premium and pure premium<sup>4</sup>

The average premium paid per risk unit stands at €172<sup>5</sup> (€166 in 2023), confirming a further year-on-year increase. The pure premium reaches €95.4, up 7.2% from the previous year, reflecting higher costs associated to increased claim frequency.

The expected technical margin per risk unit – which measures the result of the insurance management of a specific generation of claims – amounts to €20.2, marking a slight decrease from €23 in 2023 (Table 1). The reduction is attributable to the fact that the increase in the pure premium has fully absorbed the growth in the average premium, while operating expenses continue to rise.

4 The pure premium is the product of the claim frequency and the average cost of claims. A negative difference between the average premium and the pure premium is evidence of a prospective technical loss, since the premiums collected are unable to cover the costs for compensation evaluated at the end of each year of report.

5 Net of additional tax and contribution charges.

Overall, the trend points to a still favourable technical management balance, albeit with a gradual compression of profitability compared with the previous year.

**Table 1**

**Trends in the components of the average premium and the margin**

Items	2019	2020	2021	2022	2023	2024
<b>Margin by risk unit (D = A – B – C)</b>	<b>19.9</b>	<b>6.0</b>	<b>15.0</b>	<b>22.2</b>	<b>23.0</b>	<b>20.2</b>
Average premium (A)	161.1	157.4	165.3	159.0	165.9	172
Pure premium (B)	89.4	99.7	96.4	84.5	89.2	95.3
Operating expenses per risk unit (C)	51.8	51.7	53.9	52.3	53.7	56.5

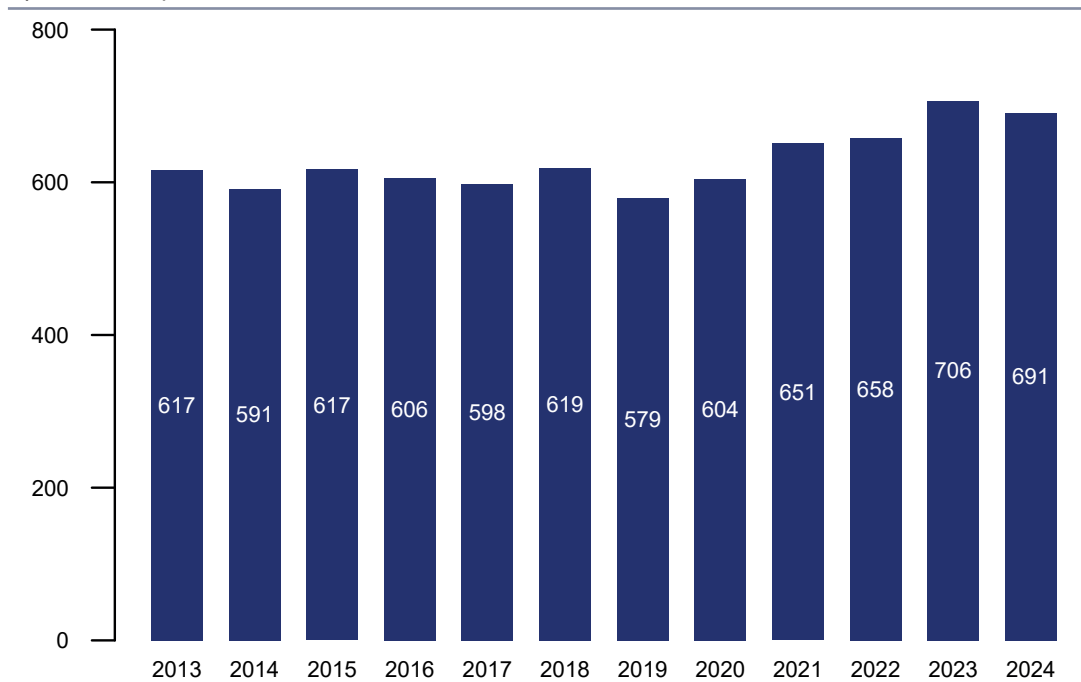
## 2. INSURANCE COMPANIES' ACTIVITY IN HEALTHCARE LIABILITY INSURANCE

### Premium income

In 2024, premiums for healthcare liability insurance<sup>6</sup> totalled €691 million, with a decrease of 2.2% compared with 2023 (Appendix B, Table 1 and Fig. 6). Despite this decline, premium volumes remain above the levels observed for most of the previous decade, which was characterised by relative stability up to 2019 and a phase of expansion between 2020 and 2023.

Figure 6

Premiums collected in healthcare liability (2013-2024)  
(million euro)



The downturn in 2024 is mainly attributable to a contraction in premiums from public healthcare facilities (-8.4%), which continue to make significant use of risk self-retention arrangements<sup>7</sup>. This decline was only partially offset by the growth

6 For healthcare personnel, insurers provide premium income data excluding premiums for policies covering gross negligence only, which are reported in a separate section of the survey and are not included in this total.

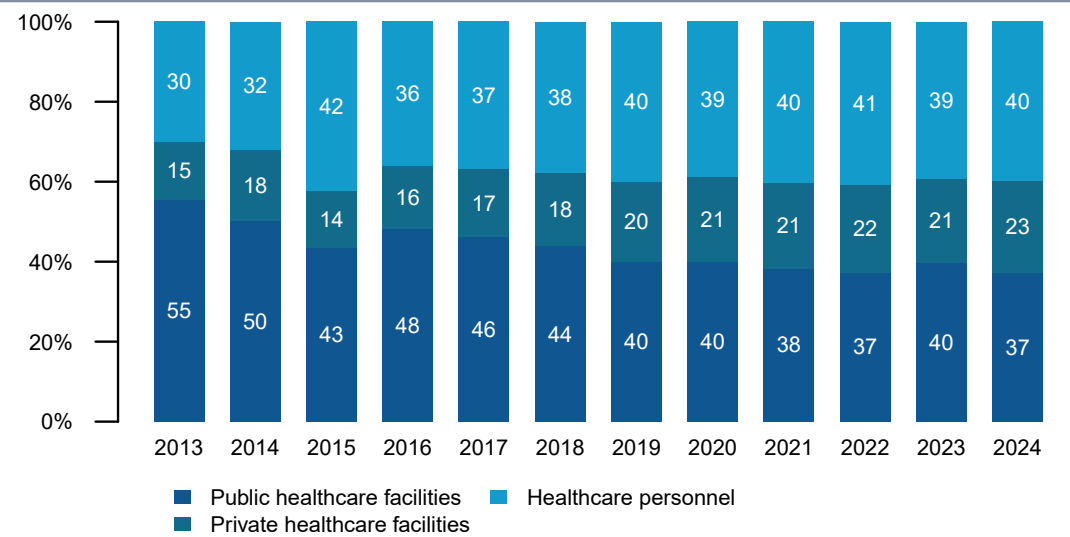
7 For further details, please refer to the section "Self-Retention of Risk in Public Healthcare Facilities."

in premiums from private healthcare facilities (+6.7%), while premiums related to healthcare personnel remained broadly stable (-0.8%).

In terms of its contribution to total premiums, a significant shift has occurred in the structural composition of the subsectors. As shown in Fig. 7, between 2013 to 2024 the share of public healthcare facilities declined steadily, with their proportion of total premiums falling from 55% to 37%. Over the same period, the share of healthcare personnel increased markedly from 30% to 40%, making it the subsector with the largest market share in 2024, while the weight of private facilities also rose from 15% to 23%. This evolution reflects a transformation in the composition of insured risk composition, resulting in a system that is less concentrated on large public facilities and increasingly oriented towards individual and private coverage.

**Figure 7**

**Share of premium income by subsector (2013-2024)**



## Market concentration

The healthcare liability insurance market is characterised by a high degree of concentration, significantly exceeding that observed in the overall general liability insurance line of business (Fig. 8a).

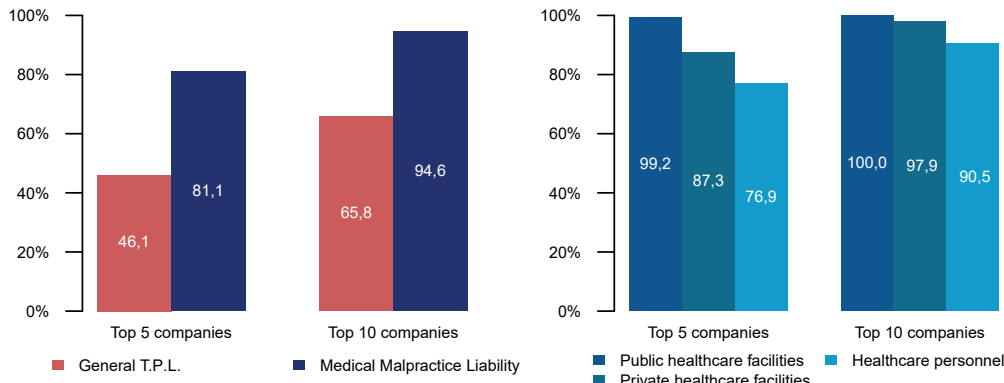
In 2024, the top five companies (out of 32 offering healthcare liability coverage) accounted for 81.1% of the total sector premiums; this share rises to 94.6% when considering the top ten companies, highlighting a highly polarised competitive structure.

The degree of concentration varies markedly across different insured risks (Fig. 8b). The public healthcare facilities subsector is the most concentrated: the top five

**Figure 8**

**Share of premiums collected by larger companies in 2024**

(a) Healthcare liability and general liability<sup>1</sup>    (b) Healthcare Liability Sub-Sectors



(1) For the purposes of this paragraph, market concentration for general liability insurance is based on total premiums written, including EEA companies licensed to pursue business in Italy under the right of establishment.

companies collect 99.2% of total premiums, and the top two operators account for 87.2% of premium income. This therefore represents an extremely concentrated market segment.

Although concentration remains high, it is comparatively lower for private healthcare facilities (where the top five providers account for 87.3% of premiums) and for healthcare personnel (76.9%).

This elevated level of concentration reflects several structural factors, including uncertainty in the assessment of healthcare risks, limited profitability, strong growth in compensation payments, and a high level of litigation.

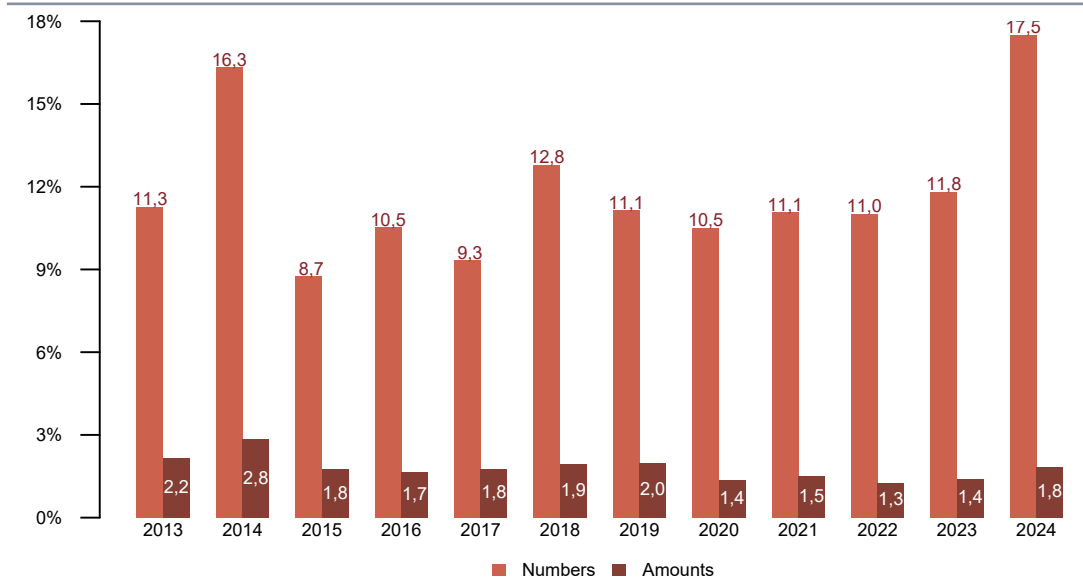
## Claims Frequency and Settlement Times

In 2024, a total of 19,404 claims were reported (Appendix B, Table 4), half of which involved healthcare personnel (9,667 cases). The overall number of claims declined by 5.0% compared with the previous year, mainly owing to a reduction in claims related to public (-9.7%) and private facilities (-12.6%).

Compared with 2013, claims reported by public healthcare facilities decreased by 27.2%, a trend that is also attributable to the restructuring of the insured portfolio, whose size has declined significantly over time.

Figure 9

Percentage of claims settled in the year of occurrence (2019-2024)



Claims handling remains structurally lengthy. In 2024, 62.2% of the claims reported during the year were still written in the provision, and 24.6% classified as closed without payment.

Settlement times remain long (Appendix B, Table 7): three years after reporting, just over half of the claims incurred and reported have been settled. Focusing on claims closed with payment and reported in 2024, only 17.5% were settled within the same year (Fig. 9).

In terms of amounts, settlement times are even longer (Appendix B, Table 8), with only 1.8% of total incurred amounts settled in 2024. The situation is particularly pronounced for public healthcare facilities (0.5%), confirming the greater complexity and longer duration of claims settlement processes within this subsector.

## Litigation

The healthcare liability sector has historically been characterised by a significant volume of civil litigation. This structural factor has a substantial impact on the technical management, contributing both to elevated provisioning and to prolonged claims settlement processes.

Over the 2013-2024 period, more than 30% of managed claims resulted in litigation, with marked differences across subsectors: 44.2% for public healthcare facilities, 15.9% for private facilities, and 27.0% for healthcare personnel (Appendix B, Table 4.2 for the numerator and Table 4 for the denominator).

## Average cost and frequency of claims

In 2024, the average cost<sup>8</sup> of reported claims amounted to €38,341 (Appendix B, Table 11), with significant variation across sub-sectors: €83,000 for public facilities, €35,000 for private facilities and €20,000 for healthcare personnel. The particularly high average cost observed for public facilities is consistent with the higher incidence of litigation and the longer duration of claims settlement proceedings.

In terms of claims frequency, public healthcare facilities recorded an average of 6.7 claims per insured entity (Appendix B, Table 4.1). For private facilities, the claims frequency stood at 30.9% while it was 1.6% for healthcare personnel. Both indicators show a slight year-on-year decrease.

Overall, public healthcare facilities display a more complex profile, characterised by a higher incidence of disputes, higher average claims costs and greater claims frequency.

## Pure premium and average premium

An analysis of the pure premium shows a 41.6% increase in the cost of risk for public healthcare facilities compared with 2013 (from €390,645 to €553,140). This growth likely reflects the restructuring of insurance portfolios following the adoption of self-retention policies by public facilities. Over the past decade, the average premium for this subsector has also increased (+47.5% compared with 2013), although it remains below the pure premium.

For private facilities, the pure premium stands at €10,926, a sharp decline compared with 2013, when it exceeded twice this level. In line with this trend, the average premium has also fallen, amounting to €13,173 compared with over €16,000 in 2013. This evolution points to a reduction in both the expected cost of risk and claims frequency within the subsector.

Finally, for healthcare personnel, the pure premium is €331, a reduction of more than 43% compared with 2013 and significantly lower than the corresponding average premium (€594). In this subsector as well, declining claims frequency and lower average cost of claims contribute to an improved risk profile.

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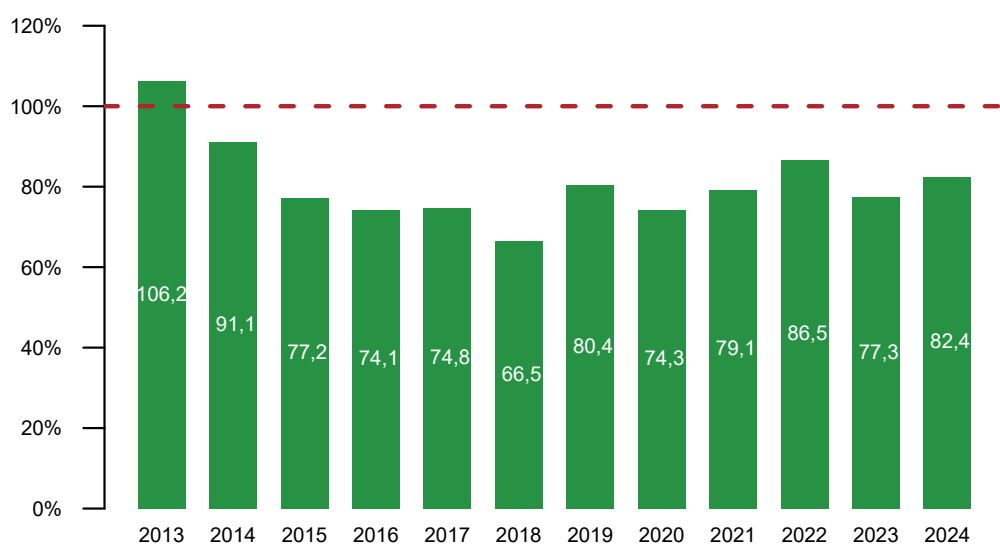
8 Average of the average values for individual companies regarding claims payments and provisions, weighted respectively by the number of final payments and reserved claims.

## Profitability

In 2024, the average loss ratio for healthcare liability insurance<sup>9</sup> (Appendix B, Table 12 and Fig. 10), calculated by underwriting year, is below 100% for all years considered, with the exception of the most mature generation, for which the indicator exceeds the technical break-even point.

**Figure 10**

**Claims-premium ratio in 2024 by year of generation**  
(percentages)



Profitability differs across subsectors. Public healthcare facilities consistently show loss ratios above sector average and, for several claim generations, close to or above 100%, signalling lower profitability. Private healthcare facilities also record loss ratios above the overall sector average across claim generations, although they remain below the 100% threshold.

For healthcare personnel, however, loss ratios are consistently and significantly below 100% across all claim generations considered, reflecting a generally lower risk profile and greater stability in technical management.

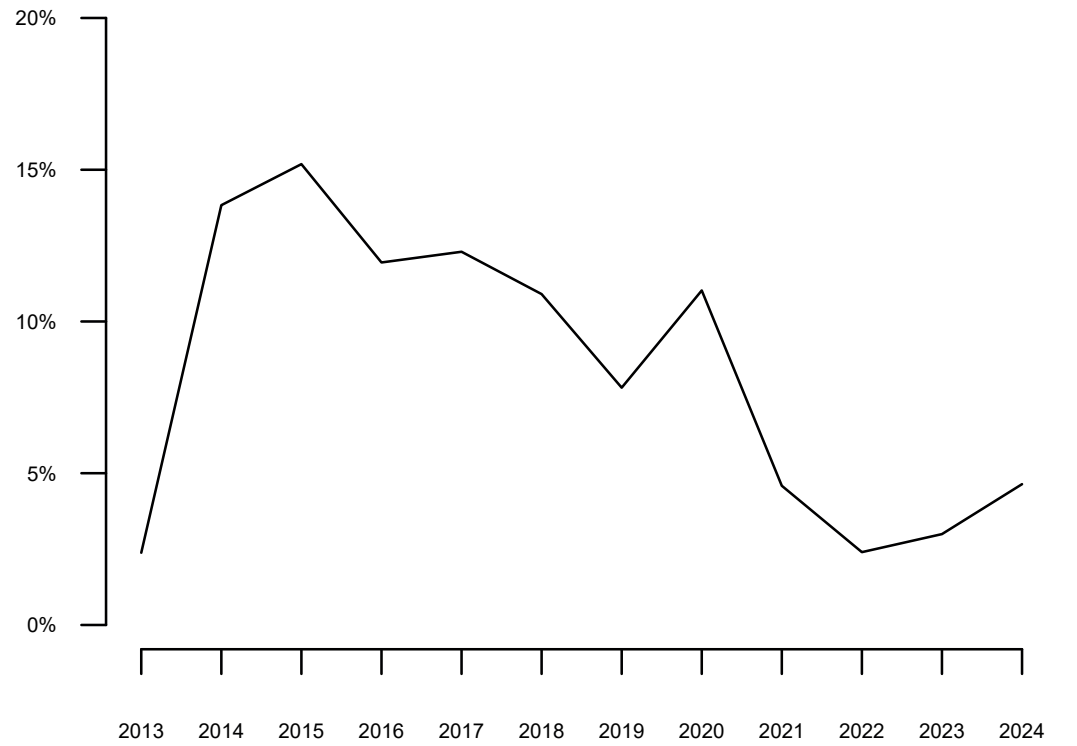
The sector is characterised by a particularly long run-off period for claims provisions (Fig. 11). For claims arising in 2013, only around 2% of total payments made up to 2024 were settled in the year in which the claims were reported. The chart shows

<sup>9</sup> When calculating loss ratios, the amounts relating to claims for each generation (the numerator) include all payments made up to 2024 and the provisions set aside; the premiums (the denominator) relate to the reference generation.

that, across the sector, the amounts settled each year decreases gradually over time<sup>10</sup>. This trend also reflects the high incidence of claims subject to litigation within the sector.

**Figure 11**

**Trend in the run-off of claims occurred in 2013 up to 2024**  
*(percentages)*



10 The chart illustrates the ratio between the payments made in each year relating to the 2013 claim generation and the cumulative total of final payments made during the period 2013-2024. The figures shown in the chart represent an approximation, as some payments are yet to be made after 2024 (the denominator is rounded down).

### 3. SELF-RETENTION OF RISK IN PUBLIC HEALTHCARE FACILITIES

The healthcare facilities may manage liability risk internally<sup>11</sup>, in whole or in part, through forms of self-retention. Seven years after the approval of Law No. 24/2017 (the Gelli-Bianco Law), the implementing decree (Ministerial Decree No. 232/2023) was published in March 2024, setting out the general conditions governing the use of “other similar measures”, including the direct assumption of risk.

Among other provisions, the decree requires facilities opting for self-retention to establish both a risk fund and a reserve fund to cover compensation for reported claims. The decree provides a two-year transitional period for compliance with these requirements, with a deadline of March 2026.

Facilities that adopt self-retention therefore establish dedicated funds, financed through annual resource allocations specifically earmarked for healthcare liability compensation. The Ministry of Health publishes data on annual resource allocations and the size of funds of public healthcare facilities<sup>12</sup>.

However, the system for managing healthcare liability risk within public healthcare facilities remains heterogeneous. Across regions, different forms of insurance coverage and self-retention coexist, sometimes even within the same facility. A common hybrid approach combines insurance coverage with self-retention, whereby the latter applies up to a predefined claim threshold, while insurance coverage intervenes for amounts exceeding that limit.

#### Yearly resource allocations and funds

The total amount of annual resource allocations and funds has more than doubled since 2013, reflecting the growing number of public healthcare facilities relying on full or hybrid forms of risk self-retention.

In 2023, public facilities set aside annual resource allocations amounting to €516 million, an increase compared with both 2022 (+10.7%) and 2021 (+19.3%), though still below the peak recorded in 2017 (€592 million).

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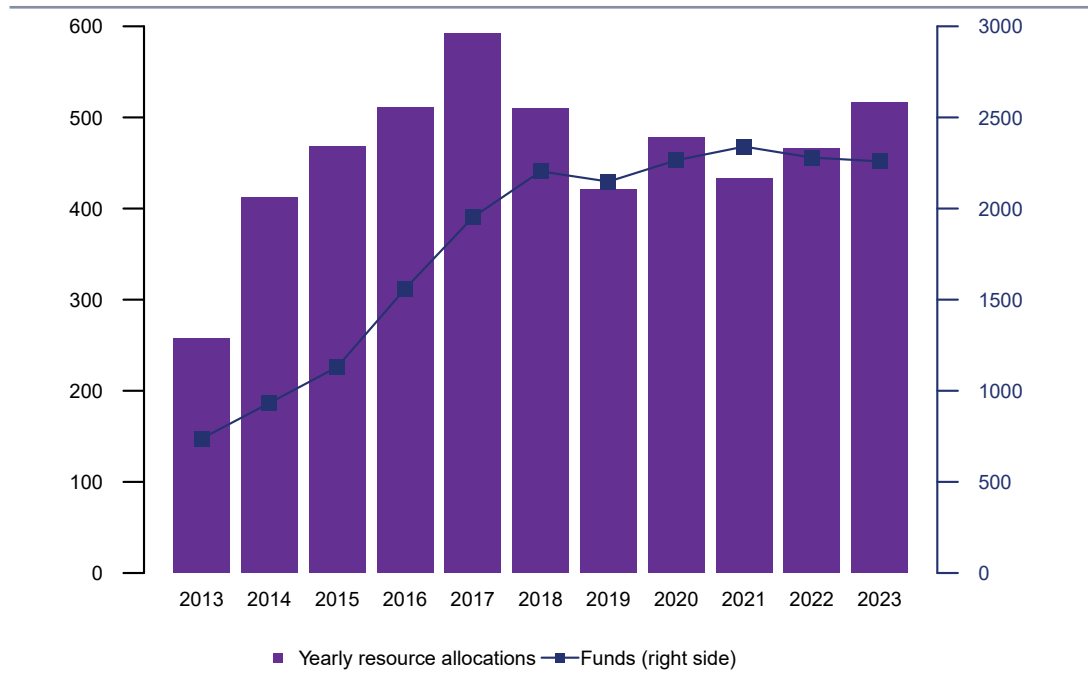
11 Article 27, paragraph 1 bis of the Decree-law No. 90 of 24 June 2014, converted with amendments into Law No. 114 of 11 August 2014, introduced the obligation for public or private healthcare facilities to “take out an insurance cover or have other similar measures in place for third party liability”. Law No. 24 of 8 March 2017 reiterates a similar obligation (art. 10, paragraph 1) and confirms the possibility to use measures alternative to traditional insurance.

12 The data refer to the profit and loss account of local health authorities, hospitals, IRCCS (Scientific Institutes for Rehabilitation and Care), university hospitals, and the centralized healthcare system.

As of 2023, the total amount of funds stood at €2,259 million (Fig. 11), marking a slight decline compared with 2022 (-0.9%) and 2021 (-3.5%).

**Figure 12**

**Yearly resource allocations and funds covering the self-retention of risk in public healthcare facilities**  
(million euro)



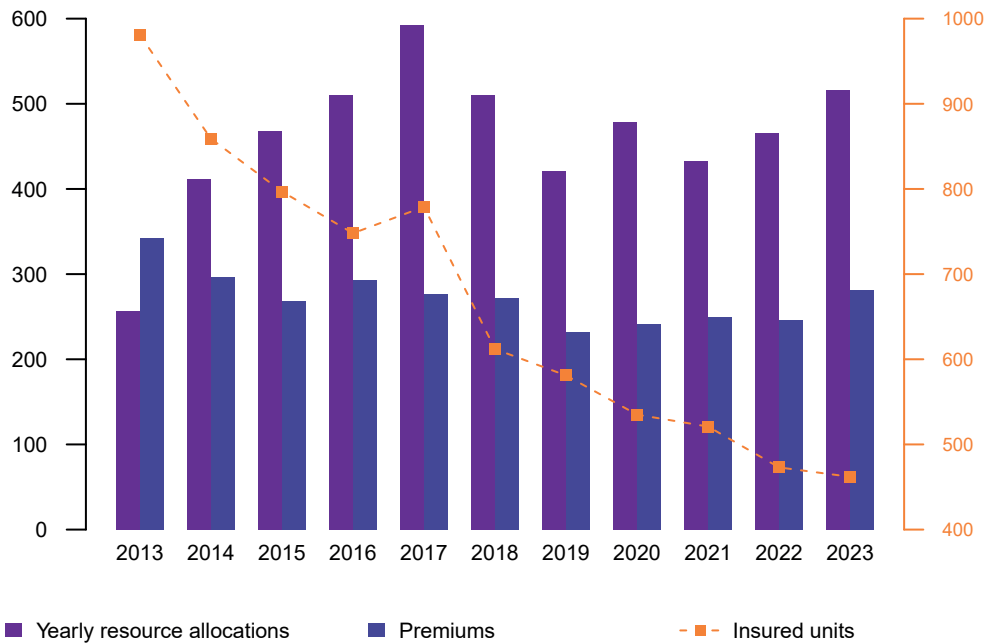
### Yearly resource allocations and insurance premiums

Annual resource allocations for self-retention and premiums paid for healthcare liability insurance by public facilities are broadly comparable, as they both represent resources set aside each year to cover the same risk, managed either internally (through annual resource allocations) or externally via the insurance market (through premiums). For public healthcare facilities, between 2014 and 2023 the amount of annual resource allocations consistently exceeded the value of insurance premiums (Fig. 12), with the ratio between the two indicators reaching 184% in 2023. This trend reflects the decline in the number of public facilities purchasing insurance coverage<sup>13</sup>, which fell from 981 in 2013 to 462 in 2023 (-52%).

13 The number of insured public facilities reported by insurance companies is not directly comparable to the number of entities of the National Health Service (SSN) listed in the Ministry of Health's data, which is characterised by a different level of aggregation.

**Figure 13**

**Premium income and insured units vs. yearly resource allocations for self-retention of public facilities**  
(million euro and units)



### Insurance funds and provisions

A similar comparison can be drawn between the funds held by public facilities under self-retention arrangements and the technical provisions established by insurance companies to cover healthcare liability claims (Fig. 13)<sup>14</sup>.

Over the period 2018-2023, the ratio of funds to annual resource allocations for public healthcare facilities was consistently lower than the ratio of technical provisions<sup>15</sup> to premiums for insurance companies, although the gap narrowed in 2023 to around 1 percentage point.

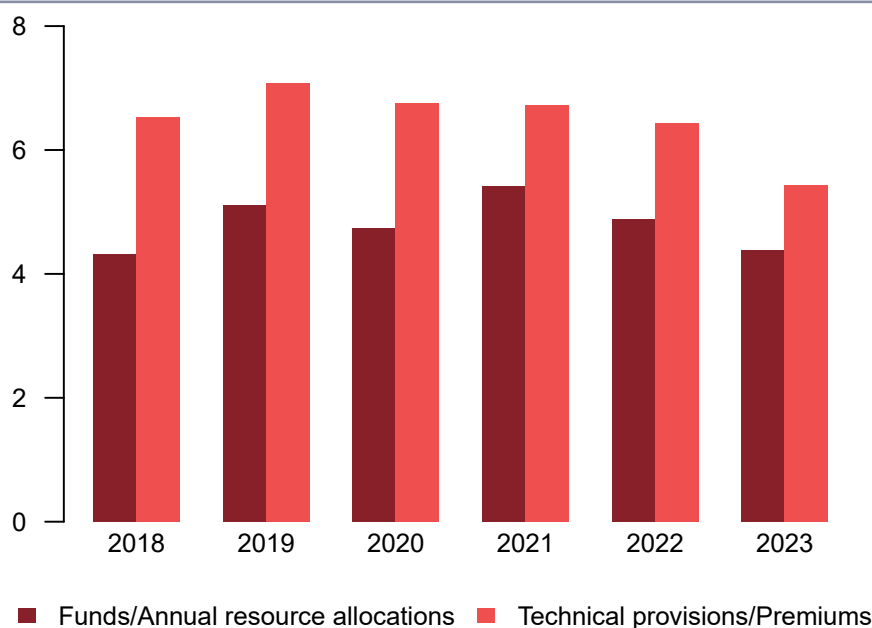
The comparison suggests that, on average, the two reserving approaches may reflect different levels of coverage.

14 Due to data availability constraints, the value of provisions was estimated based on claims data from nine generations.

15 The analysis does not consider the actual operations of healthcare facilities, which could be influenced by other factors such as healthcare mobility, involving patients who use healthcare services at facilities outside their region of residence.

Figure 14

The reserving policy in the two different forms of risk coverage



## Regional Differences

Significant geographical differences have been observed in both the level of funds and annual resource allocations. Relative to the resident population (Fig. 14), in 2023 per capita funds were, on average, higher in the Northern and Central regions (over €40) than in the South of Italy (approximately €30)<sup>16</sup>.

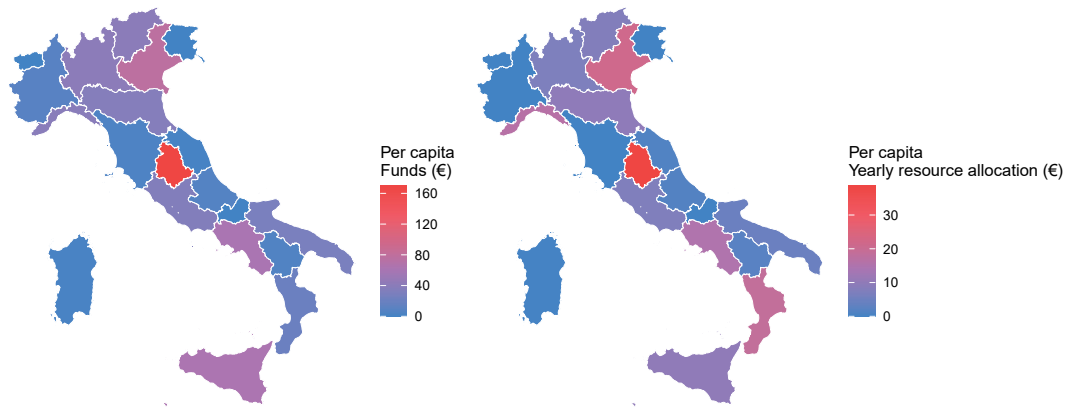
A similar pattern emerges for annual resource allocations, which amounted to an average of €12 in the Northern and Central regions, compared to €8 in the South. The highest values are recorded in Umbria and Veneto (respectively: €169 and €76 for funds and €39 and €21 for provisions).

Differences may reflect a combination of factors, including varying degrees of reliance on self-retention, differences in healthcare risk exposure, and heterogeneity in regional risk management policies.

16 The analysis does not consider the actual operations of healthcare facilities, which could be influenced by other factors such as healthcare mobility, involving patients who use healthcare services at facilities outside their region of residence.

Figure 15

Coverage funds and yearly resource allocation in relation to the population in 2023



# METHODOLOGICAL NOTE

## General liability

### Source of the data and scope of the undertakings

Statistical information on general liability insurance is taken from financial statements and supervisory reports relating to all the companies supervised by IVASS, including domestic companies and branches in Italy of companies based outside the European Economic Area (EEA).

Insurance companies with head offices in an EEA country that are authorised to pursue business in Italy under the right of establishment or the freedom to provide services are excluded from the survey, as these companies submit their financial statements and supervisory reports to the supervisory authorities of their home country.

### Contents

The Bulletin describes the trends in general liability insurance relating to production, operating costs, claims, and technical results<sup>17</sup>.

The text discusses two profitability indicators per policy:

- the technical result per policy, calculated for each fiscal year as the ratio of the technical result net of reinsurance to the number of insured units for the year;
- the technical margin per policy, calculated by subtracting the pure premium and expenses incurred on average per individual contract from the average premium per policy<sup>18</sup>.

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17 For the definition of any technical term or indicator appearing in the Bulletin, please refer to the Glossary of insurance terms available at: [https://www.ivass.it/pubblicazioni-e-statistiche/pubblicazioni/relazione-annuale/2025/Relazione\\_annuale\\_2024\\_Glossario.pdf](https://www.ivass.it/pubblicazioni-e-statistiche/pubblicazioni/relazione-annuale/2025/Relazione_annuale_2024_Glossario.pdf)

18 This is a forecast measure, referring to a specific generation of claims, as it uses only the information available at the end of the year for the calculation.

## Healthcare liability

The insurance policies for healthcare liability risks are part of the broader general liability class. Healthcare liability risks can be managed in two ways:

- *insurance policies* for healthcare liability risks, offered by insurance undertakings through payment of a premium<sup>19</sup>,
- the “similar measures”<sup>20</sup> which may be used by public healthcare facilities<sup>21</sup> which establish dedicated funds for *self-retention of risk*.

## Source of the data and scope of the undertakings

Data on healthcare liability policies are collected through an annual survey conducted by IVASS among insurance companies.

All the undertakings authorised in Italy to pursue general liability insurance take part in the annual survey, including those with the head office in a foreign State, even if not subject to the prudential supervision of IVASS<sup>22</sup>. The scope of the data on healthcare liability insurance is therefore broader than that of the analyses presented for the general liability insurance sector, which refer only to companies supervised by IVASS.

## Contents

Regarding healthcare liability insurance, the following are provided:

- the premiums collected for risks situated in Italy,

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19 All the policies sold contain the claims made clause, which admits the compensation of only the claims reported during the period of validity of the policy with reference to claims which occurred within the same period, even if the event that caused the claim occurred previously, up to a maximum of 10 years before the start of the validity of the cover (period of retroactivity).

20 Art. 10 (1) of Law No. 24 of 8 March 2017 (Gelli law).

21 Law 24/2017 envisages forms of self-retention of the risk also for private healthcare facilities, therefore complete statistical data are not available.

22 The healthcare liability insurance market in Italy is characterised by a significant presence of foreign operators not supervised by IVASS. This phenomenon has been particularly relevant up to 2019 when the market share of unsupervised foreign companies amounted to approximately 50% of the total. Since then, it has diminished following certain corporate transactions, which led to a restructuring of premium income (in 2020, approximately 80% of premiums were attributable to companies supervised by IVASS). See IVASS Statistical Bulletin no. 11 of 2021 “*Healthcare liability risks in Italy 2010-2020*”.

- the situation of the claims reported in the last 12 years<sup>23</sup>

## The self-retention of the healthcare liability risk in public healthcare facilities

The data on the self-retention of the risk by public healthcare facilities are provided by the Ministry of Health, which has made available an information basis with the data of the budgets of these facilities.

When drafting this Bulletin, two items, available since 2012, relating to self-retention risk funds have been taken into consideration: one item in the profit and loss account containing the yearly resource allocation for these funds and another, taken from the balance sheet, with the amount of these funds at the end of the year. The chart of accounts provided by the Ministry respectively indicates the two items with the abbreviations BA2740 and PBA050.

This report provides a comparison, for public facilities, of risk management for healthcare liability through insurance versus self-retention, updated as of 2022.

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23 In a limited number of cases, provisions, payments for claims or premiums include estimated data. Data relating to premiums and risk units include undertakings excluded from the calculation of the other indicators since the data provided were incomplete or contained outliers. Undertakings could have revised the data provided in previous surveys, thus resulting in an update of the value of the indicators compared to the previous editions of the Bulletin.

