

# Today's Message

## It isn't the thing itself, but how it is used, which matters



"All things are poisons, for there is nothing without poisonous qualities. It is only the dose which makes a thing poison."

Paracelsus, 16th century



"A cure can be poison and a poison can cure. The difference is the amount and means of administration"

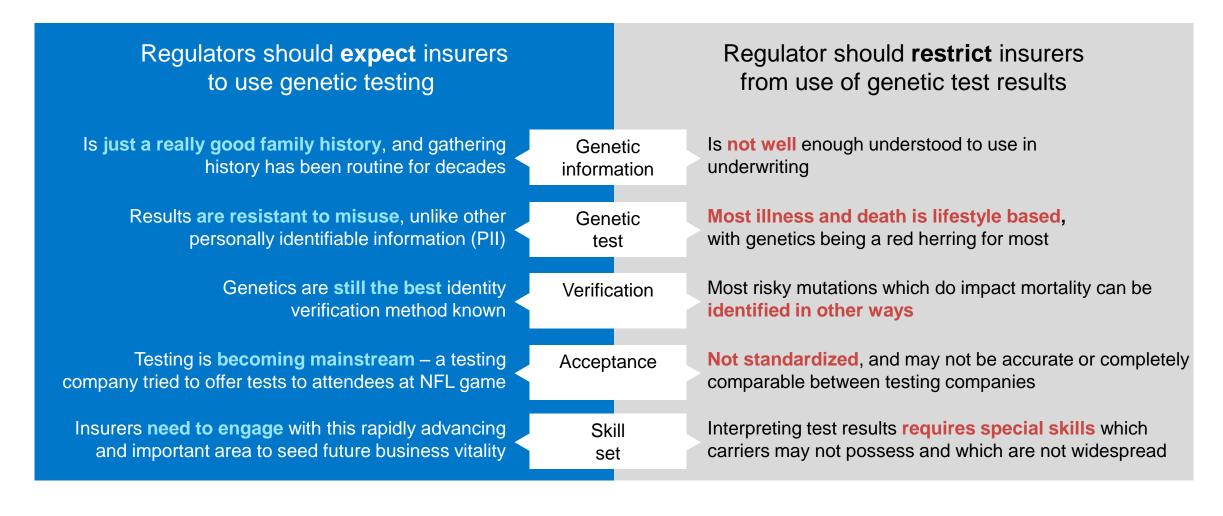
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Paracelsus couldn't imagine today's topic, but he was still correct about the impact widespread genetic knowledge could have on life insurers





# Regulations: Who needs to be protected?

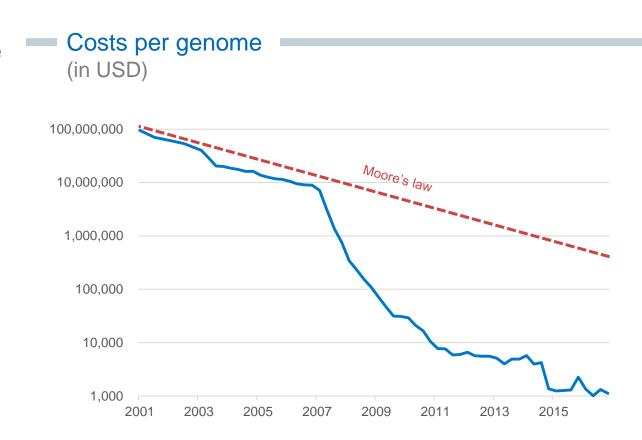






# Falling costs of testing will change the rules of engagement

- As testing cost falls, we should assume use grows - insurers will need to use genetic testing to maintain fair risk pools
- Insurers will find ways to cover higher genetic-risk populations
- Not just about high risk: Insurers will need to attract low genetic-risk applicants too
- Behavior-sensitive products with adjustable premiums or benefits seem likely, given the growth in sensor prevalence







# A miracle cure is a potent poison

## The lag between knowing the challenge and mastering it

- Will genetic testing stress life products before genomic medicine lengthens lives?
  - Companies may now be issuing long-tailed business to genetically-informed applicants
  - The information differential is still small, but will grow until it potentially drives product or pricing responses



- Genetic knowledge opens door on wide range of products and treatments
  - Differentiated products allow more choice and avoid the 'many carrying the informed few'
  - Mastering protein synthesis pathways will lengthen life, slowly at first
  - Even common medications are being assessed for effect on genetic pathways
  - Insurers could consider paying for life-lengthening or potentially curative treatments





# Who lives longer, who lives a lot longer?

### Will the current cohort of annuitants experience radical life extension?

- Aging is a very hard problem, but major mechanisms are being described and some interventions developed. We are likely on the early flat part of the exponential growth curve
- Once treatments are developed, we can assume they will be expensive and so mostly available to older people who have less potential for total lifespan
- Given time to development of significant treatments, likely expense, and disease focus, this is probably not an issue for current annuitants

#### When will that reach life insurance?

- Cheaper means younger, more widespread, and more opportunity for greater life extension
- There is a clear opportunity for insurers to reinvent themselves as allies in longer life
- Many of todays insureds will experience unprecedented treatments for illness and aging





# Laws vary by state, a few prohibit

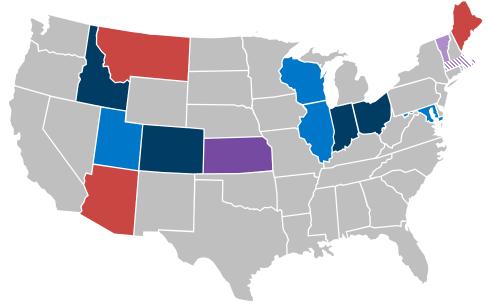
## Complicated landscape for use of genetic info or test results in underwriting

### Life Insurance Genetic Testing Restrictions

- 2 states prohibit requiring an applicant to take a genetic test, while allowing use of existing test results
- 6 states have some form of anti-discrimination statute that permits underwriting based on genetic test results or genetic information, if the use of such information is based on sound actuarial principles or actual/reasonably anticipated experience
  - 2 say insurer cannot refuse to consider an application because of a genetic condition unless the applicant's medical condition and history and actuarial projections or claims "establish that substantial differences in claims are likely to result from the genetic condition."

### Long Term Care Genetic Testing Restrictions

- 6 states prohibit requiring an applicant to take a test
- 8 states prohibit the use of genetic test results or information for underwriting long-term care insurance



- Anti-discrimination life
- Prohibition testing LTC
- Prohibition use of genetic tests LTC
- Prohibition testing life and LTC
- Anti-discrimination (life) and prohibition use of genetic tests (LTC)
- Anti-discrimination (life) and prohibition testing (life and LTC)







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