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Coalition Against Insurance Fraud
When the Coalition Against Insurance Fraud was formed 30 years ago, no one would have envisioned conducting a study addressing ethics, cybersecurity and data usage. Yet in the world of insurance fraud today, no issues are more important or vital to protecting consumers and insurers. Insurance fraud is truly “the crime we all pay for.”

Use of data presents great opportunities as well as challenges. The tremendous potential that data has to combat insurance fraud must be weighed against the unique challenges it creates for consumers. As a consumer advocacy organization, the Coalition Against Insurance Fraud is the perfect thought leader to advance discussion on how we achieve the right balance so that consumer data is used properly to fight fraud and appropriate protective guardrails are in place through thoughtful and effective policy.

This study was undertaken by the Coalition Against Insurance Fraud,
...and our research partner Protiviti, with input from consumer advocates, insurance professionals — both within the antifraud community and beyond — legislators, regulators and academic leaders. While many of the Coalition’s studies are directed to solicit opinions from those within the antifraud community, this initiative is different. The Coalition wanted to know how American consumers feel about how their personal data is being used when the goal is to help protect them from insurance fraud. Gaining this insight required the services of an independent external global research firm, Dynata, which was retained to conduct the study to ensure responses represent a wide cross section of our diverse population. This study represents the voice of American consumers speaking to elected legislators, insurance regulators, fellow consumer advocates and insurance industry leaders.

The Coalition’s goal in conducting this study and publishing this report is to provide valuable and reliable research on this important topic of data ethics. Many of you reading this report are responsible for making the decisions that will set our nation’s laws, regulations and corporate practices regarding the use of consumer data, in the world of fraud-fighting and beyond. Our hope is that you will find this study beneficial to the great task and challenge before you, and that you listen to the American consumers speaking through this research study.

Sincerely,

David Rioux  
Coalition Research Committee Chair  
Executive Committee Co-Chair  
Coalition Against Insurance Fraud
Protiviti is proud to partner with the Coalition Against Insurance Fraud (the only antifraud alliance in the U.S. that speaks for consumers, insurance companies and government agencies) to conduct this first ever comprehensive study on the ethical use of data to fight insurance fraud.

The Coalition now estimates that the cost of insurance fraud in the U.S. alone is a staggering $308.6 billion annually. We all know of the increased use of advanced analytics and the vast amount of data now being captured, copied and consumed by organizations across all industries. Data collection and use is growing at an exponential rate. At Protiviti, we believe that the rising use and impact of personal and data privacy are key issues about which we must all be concerned, and that such data must be handled ethically and properly. If done correctly, the use of data can better protect consumers, while reducing customer friction. Showing consumers they can trust insurers to use their data properly is one of the most effective ways we can advance our fight against unethical and criminally minded behavior that leads to insurance fraud.

From the consumer and business perspectives alike, managing risks in this data-driven world is now critical. Understanding the sentiment of all stakeholders is a crucial first step. We believe that the results of this study will initiate and drive this important conversation. We look forward to collaboration among all stakeholders and helping our customers and the wider antifraud community to face the future with confidence.

Protiviti
Dennis Toomey
Director | Risk & Compliance Analytics
Introduction

The role of the Coalition is to assist federal and state legislators and regulators, through model acts and studies of this type, so they may enact appropriate laws and regulations. As the nation’s, and the world’s, only consumer advocacy organization addressing insurance fraud, our purpose is to be the voice of American consumers, to aid and guide those decision makers in areas related to the fight against insurance fraud. Today, there is no issue more crucial to the future of the antifraud fight than the proper and ethical use of consumer data. While fighting insurance fraud is only one piece of the data privacy puzzle, it is an important piece and the one the Coalition was created 30 years ago to address.

At the time this report is being released, only five states have signed consumer data privacy laws, although other states are considering bills that are at various stages of legislation. Our prediction is that within the coming years, that number will increase exponentially. This study is intended to help guide those lawmakers and insurance regulators who will make those crucial decisions that will impact every citizen and insurance policyholder and how their personal data is utilized.

Unlike in other nations, insurance in the U.S. is state regulated, a governance model that was enshrined into federal law shortly after World War II. The Coalition does not take a position on whether data privacy standards should be federal-based or state-based. As this report highlights, consumers have a very strong opinion on this issue, among others. Their voices deserve to be heard and considered as new laws and regulations are proposed, debated and adopted.

In addition to passage of laws, insurers in the U.S. must adopt new standards, practices and policies regarding the use of policyholder data. To date, no study has been undertaken to guide them on consumer beliefs and attitudes toward using their personal data to fight and protect them from insurance fraud. This study fills that gap.

When the Coalition and our partner Protiviti undertook this study, no one knew what to expect. We did, however, have faith that American consumers would understand the importance of using their data when the objective is to protect them from insurance fraud. Based on the results reported, consumers overwhelmingly support the use of their data to help fight against insurance fraud.

As with our other studies, it is the hope of the Coalition that this study is not the end, but the beginning, of a serious and important discussion by insurers, government leaders and consumer advocacy organizations. The goal of this, and all our
studies, is for the Coalition to be the thought leader to aid our diverse membership in making sure that the decisions they make are done so properly, thoughtfully and with the goal of always putting consumers’ interests first.

**Study Methodology**

Since its founding in 1993, the Coalition has been committed to conducting high-quality research on insurance fraud and its impact on consumers and insurers. In most of our studies, we have surveyed Coalition members and other key stakeholders. This study was different. For this study, we wanted to assess the opinions and views of American consumers about how and by whom their personal information and data should be used and regulated when it is being used to help fight against insurance fraud.

Gathering this information required seeking accurate and reliable data far beyond the composition of our members who have a vested interest in the antifraud fight. To assist in that effort, the Coalition retained the services of Dynata, a global research organization. Dynata was founded in 1977 and identifies itself as the world’s largest first-party data company, reaching around 70 million people and providing billions of verified data points.

The Coalition provided Dynata with a 38-question survey designed by Protiviti with the support of the Coalition. On June 16, 2022, Dynata fielded the electronic survey to its first-party database of millions of consumers. Dynata targeted a sample of n=1500, with a census balance on age, race, gender and income. Respondents were required to be 18 years of age or older and reside in the United States to participate in the study. Dynata assumed approximately 10 days of fielding, and the survey was closed on June 27. After data processing was complete, Dynata delivered 1532 completed surveys. The Coalition also fielded the survey to our internal database of insurance professionals, insurance regulators and state and federal legislators to collect an additional 493 completed surveys.

Ultimately, we received responses from a demographically stratified sample of 2,025 respondents. While all of the respondents are consumers of insurance, to allow for deeper analysis, we asked them to self-identify, as applicable, according to occupation descriptors. An overwhelming number of respondents shared additional personal data, including gender, race, age, marital status, education, income, and state of residence, enabling us to analyze their responses in greater depth and granularity. This data is included in the appendix of this report. The Coalition believes strongly in the value of transparency and information sharing in effective decision-making. While the Coalition collaborated with Protiviti to develop the study, the opinions and insights conveyed in this report are our own.
67% of respondents identified as consumers/policyholders.

2,025 completed responses were received during the study period conducted between June 1 and August 31, 2022.
The Study Results

A total of 2,025 completed responses were received during the study period conducted between June 1 and August 31, 2022. Only individual, or personal, responses were permitted. All data responses were anonymously aggregated for the study purposes and to protect confidentiality. Corporations and organizations were not able to respond.

Who were respondents in this survey

Respondents were asked to self-identify which role best describes them. This resulted in the following breakout of responses:

- 67% (1,353) of respondents identified as consumers/policyholders.
- 17% (341) are insurance professionals. 2% are insurance regulators.
- A combined 6% of respondents identified as being a member of a state or federal legislative body, a government official or a law enforcement officer.
- Data technology and business services providers represented 7% of those surveyed.
- 3% of respondents identified as a lawyer or legal service provider.

While this breakout is important, a key point must also be made. All of the respondents to this study are insurance consumers. Whether an elected representative, an insurance regulator or an employee of an insurer, business service provider or law firm, we are all consumers of insurance either as a policyholder or by making a claim for coverage. While we encouraged respondents to self-identify, in the final analysis, this study remains one based fully on consumer attitudes and opinions on the use of their data to fight insurance fraud. To those who may be concerned that the 17% insurance professional respondents may have skewed the study results and validity, the data results were run both with, and without, their responses. Statistically, the responses across the study did not change the results in any way, so all responses are included in this report.

Coalition Against Insurance Fraud
An overwhelming number of respondents were also willing to share with us more information about themselves to allow for a deeper analysis of responses based on the background information they voluntarily shared. These include gender identification, race, age, marital status, education, income and geographical location. This, along with much more information, is included in the appendix section of this report. The Coalition believes strongly in both transparency and in the value of sharing as much data and information as possible so appropriate and correct decisions may be made.

Consumers care about insurance fraud and their personal data

At this time, America is a divided nation. No matter the issue, or where you turn, division seems to be present everywhere. When 84% of American consumers agree on something, that is a major breakthrough!

When asked about their level of concern with insurance fraud and how their data is used to fight fraud, an amazing 84% of respondents said they are either “very concerned” or “concerned” about these issues. That high level of response cannot, and should not, be ignored. Too often, insurance fraud is placed on the back burner by legislators, regulators and, sadly today, even some insurers. Consumers do care, and this should be a clear wake-up call to all stakeholders to work together to make sure their voices are heard and appropriate actions to permit the use of data to fight insurance fraud are protected and utilized. Insurers must work with regulators and legislators. Those responsible for writing laws and regulations should no longer do so without taking into consideration the impact those laws and regulations have on the fight against insurance fraud. Whether you view them as a policyholder, claimant, constituent or voter, this 84% supermajority of American consumers expect and deserve to have their voices and views respected and acted upon.

Coalition Against Insurance Fraud
Consumers overwhelmingly support the use of their personal data by insurance companies to fight insurance fraud

Not only are consumers concerned about insurance fraud and personal data, they also overwhelmingly support insurers’ use of that data, with appropriate oversight, to fight insurance fraud.

In the study, we wanted to explore what comfort level consumers have with both the use and the sharing of their data by insurers when the data is being used to identify or fight insurance fraud. When asked their opinions, the largest number of consumers told us they feel insurers should be able to use their personal data to fight fraud but only when they do so by complying with government laws and regulations. Forty percent of all respondents indicated this was the leading choice. However, two other response categories are also vitally important to consider when analyzing consumer support for using their data to fight insurance fraud.

While 40% support insurers using their personal data to fight insurance fraud if complying with laws and regulations on that usage, another 20% feel insurers should be able to use their data when they reasonably suspect fraud even in the absence of such laws and regulations. Combine those two and now, 60% of all consumers support insurers using their personal data to fight insurance fraud. But wait—there is more.

Somewhat surprisingly, 15% of all consumers responding feel insurers should be able to use their personal data for any legitimate purpose! It would be hard to argue fighting fraud is not a legitimate purpose. When you combine the 40% who approve of data usage to fight fraud subject to laws and regulations with the 20% who support data use to fight fraud even without such laws and regulations and now add in the 15% who support data usage for any legitimate purpose, you now have 75% of all consumers supporting insurers being able to utilize their personal data to fight insurance fraud. Yet again, this study shows that a supermajority of American consumers understand and support the use of their personal data to fight against insurance fraud.
When you think about insurance companies collecting and analyzing your personal data, which statement best describes your opinion?

- Insurers should be able to use my personal data for any legitimate purpose
- Insurers should be able to use my personal data only if they reasonably suspect fraud
- Insurers should be able to use my personal data if they reasonably suspect fraud, but only in ways that are consistent with government regulations and laws
- Insurers shouldn’t be able to use my personal data for any reason without my express permission

Most consumers do not require or seek premium reductions to share personal data with insurers to help identify insurance fraud

We wanted to know if consumers’ willingness to share personal data may be motivated on expectations for financial compensation, such as lower insurance premiums.

The largest response to our inquiry sought no reduction whatsoever in their premiums in exchange for giving access to their personal data to fight insurance fraud (35%). Another 26% (for a combined 51%) stated they would share their data even if the reduction was as small as 10% or less. While some (19%) did not want to share any of their data, only 20% of American consumers tied their willingness to release their data to fight fraud to a premium decrease of at least 10% or more.

Coalition Against Insurance Fraud
If your insurance company asked you to disclose personal data to help identify insurance fraud, which of the statements below best describes your response?

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<tr>
<td>If it helps fight fraud, I would be willing to give them the data even if it didn’t reduce my premium</td>
<td>714</td>
</tr>
<tr>
<td>I would give them the data if it reduced my premiums, even if the reduction was a small as 10% or less per year</td>
<td>525</td>
</tr>
<tr>
<td>I would give them the data, but only if my premium savings were at least 10% or more per year</td>
<td>395</td>
</tr>
<tr>
<td>I would not give them my personal data, no matter how much it might save me on my premiums</td>
<td>381</td>
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With insurance fraud costing the American economy hundreds of billions of dollars every year — just looking at claimant and policyholder fraud and not insurer practices — the message is clearly getting through to American consumers that insurance fraud really is “the crime we all pay for.” They may not be demanding a premium refund or decrease, but they are clearly saying they are willing to do far more than their part — by supporting release and use of their data — when the purpose is to help the greater good of improving the identification of insurance fraud and driving down the fraud tax which every American pays each year.
What do consumers want in exchange for releasing their personal data?

If not money, then what do consumers want, or even demand, in exchange for the use of their data to fight insurance fraud? Their answer is very clear: adoption of proper laws and regulations to protect them while still allowing use of data as a fraud-fighting tool.

The following question highlighted to respondents the types of technology insurers may leverage to screen and analyze their personal data to help identify bad actors. While most respondents expressed support for insurers using some form of artificial intelligence to process their personal data, the support was largely conditioned on insurers being required to follow specific laws and guidelines.

Fifty-five percent of respondents said that adherence to laws and guidelines is a requisite for subjecting their personal data to artificial intelligence as a means of fighting insurance fraud. A smaller but still significant portion of respondents – 28% – stated that they support insurers’ usage of their personal data in an artificial intelligence context to fight insurance fraud without condition.

This is important. When these two response categories are combined, it is staggering to realize that 83% of all American consumers support using their data to fight insurance fraud! This study is directed only to insurance fraud and those who will make the decisions regarding this important subject. However, it is very hard to imagine there being any other issue that would garner such a high level of consumer support.

It is also important to note the response to Q.8 (see appendix) that addresses consumer opinions regarding the important issue and potential problem of intentional and unintentional bias in the use of data algorithms and programs. Overwhelmingly, consumers responded that issues of bias and prejudice are of critical importance to them. While responses show some level of support for excluding antifraud efforts from such data bias concerns, it is far less than the number of respondents wanting strong laws and regulations adopted to protect them from both intentional and unintentional bias or prejudice.

Coalition Against Insurance Fraud
83% of all American consumers support using their data to fight insurance fraud.

If your insurance company asked you to disclose personal data to help identify insurance fraud, which of the statements best describes your response?

- I support this fully to combat insurance fraud
- I support this, but only if they are required to follow specific laws and guidelines
- I don't think insurers ever should use these methods to fight insurance fraud

Coalition Against Insurance Fraud
Who do consumers trust with their personal data?

Consumers clearly support use of their data subject to appropriate laws and regulations. Equally though, consumers appear not to have uniformity in identifying clearly whom they most trust with the proper use of their personal data. For this question, we used a ranking system ranging from “no trust” to “complete trust.” Based on a number of recent studies calling into question consumer trust and confidence with insurers, surprisingly, on the question of trust and data, insurers fared very well, coming in a close second. The highest level of overall consumer trust though was placed with financial institutions. What is clear, though, is that finance and insurance companies command more trust than do state agencies (third) or the federal government (fourth). The least trustworthy group was composite of businesses defined as being outside of insurance and finance.

Credit must be given to America’s financial and insurance businesses in this regard. While questions and challenges abound on the ethicality of how both may be using certain personal data, it cannot be ignored that American consumers apparently believe that banks’ and insurers’ actions in the use of personal data are worthy of placing higher levels of trust in those institutions than in government agencies or other businesses.

How would you describe your level of trust in the following institutions to handle your personal data?
There is a word of caution here, though, to insurers. When the results are analyzed to include the top three trust levels (moderate to complete), insurers and financial institutions rank fairly close in the first and second places. If the “trust bar” is moved to include only significant and complete trust (the top two levels), the gap widens and insurers, although still second, fall far below financial institutions in terms of data trustworthiness.

While consumers may put higher trust in businesses than in state and federal government agencies to handle their personal data, the study shows that does not mean they do not want both federal and state oversight via laws and regulations on how those businesses use their data. “Trust but verify” seems to be the message respondents are sending when the question of “Who do you trust with your data?” is compared with subsequent questions addressed by this study.

Consumers trust in state-based regulation

While respondents may generally trust financial institutions and insurers with their personal data, they don’t necessarily trust them to create guidelines for using their data ethically to identify and prevent insurance fraud. In fact, insurers rank very low (18%, based on a weighted average of a point-based system ranking trust level from 1 to 5) only slightly ahead of unnamed global oversight agencies at 16%.

Whom do consumers trust most? State insurance regulators (23%), followed closely by state legislators (21%). Combined, this is almost half of all respondents. Somewhat surprising at first is the equal number of 21% placing their trust in federal officials, whether elected or administrative. In large measure, this response may be partially driven by a subsequent question addressing whether state or federal standards should be developed for the use and protection of personal data.

What is clear, though, is that consumers do not trust private industries alone, or global agencies, to oversee and set the guidelines governing the use of their data in the antifraud fight. Their responses support fully the unique balance between the private sector providing insurance services paired with regulatory and oversight of insurance practices. Consumers also appear to have a good understanding of, and confidence in, the U.S. state-based system of insurance oversight and regulation. While consumers place trust in state-based regulators, on issues of data usage standards and laws, it appears they favor federal laws and regulations (see Q.4 of the appendix).
Who would you trust most to create good guidelines about ethical use of data to identify and prevent insurance fraud? Rank from 1 (highest level of trust) to 5 (lowest)

Consumers support a national standard for data usage

Consumer support of state regulators and legislators does not mean consumers want 51 or more different sets of laws and regulations applying to how their data may be used and protected. Consumers appear to realize such a potentially fractured set of laws and regulations may not best serve their interests when their personal data can be transferred in milliseconds not only across state lines but also around the globe. But even with the rise of global data sharing, U.S. consumers want their protections to be enacted in their own nation.

Forty-seven percent of respondents favored a U.S. standard for the protection of personal data. No other option came reasonably close. The second-highest favored option – a global standard – received one-third of the responses. What’s clear is that most respondents do not favor individual states adopting their own standards for use of personal data. This option was favored by only 12% of respondents and was trailed by the option for businesses to develop their own data usage standards without regulatory restriction, at 8% of respondents.

Coalition Against Insurance Fraud
It is not the role of the Coalition to advocate for, nor claim, this response means a national data usage policy is the best way to protect consumer data overall or in the fight against insurance fraud. What it does show, though, is the current status of consumer opinion on this all-important question of who will write the policy in the U.S. to oversee how consumer data is utilized and protected. The reality is that perhaps no greater question exists today than this, as insurers race ever faster to use data analysis as their primary manner to identify and fight insurance fraud. Equally, we know that insurers, and both state and federal officials, often do not work as cooperatively together as they perhaps should, especially when it comes to protecting consumers. The issue of data protection and usage provides perhaps the most unique and important opportunity faced since the adoption of the McCarran–Ferguson Act (state-based regulation) in 1945. Now, more than seven decades later, most would agree that by working cooperatively, our leaders then got it right. The question is whether our leaders now will do the same for the data decades to come in the future.

Consumers by far favor a U.S. national standard for the protection of personal data.
What should insurers be doing to gain more consumer support for using their data?

While consumers support insurers using their personal data for the specifically to fight insurance fraud, as this study shows, they expect insurers to use their personal data fairly and disclose how it is being used.

In this study, the highest single response level was nearly 90% of all respondents (including 17% of those identified themselves as insurance professionals) stating insurers should be required to have a “straightforward and easy-to-read” policy about how they use personal data. The readability of insurance contracts remains a key topic of concern to many state regulators and to almost all consumer advocacy organizations. It is important to the Coalition as well. When consumers feel involved and understand issues concerning insurance fraud, their support is significantly higher. If data is the future of fighting insurance fraud, we need consumers to feel involved in that fight and to understand clearly how they, and their data, are being utilized. The time is now for insurers to listen to this 90% consumer response. Insurers and regulators alike should come together to quickly consider and dialogue on how clear and easy-to-read language on data usage may be incorporated into policy agreements.

Consumers also told us they want to then be able to easily access and read those data-usage standards. Nearly 80% believe insurers should be required to disclose their data-usage policies to both policyholders and claimants seeking benefits under a policy. They favor having those data-usage policies disclosed both in the insurance contract and on the insurer’s website so it may be reviewed in advance of consumers purchasing and receiving a policy or submitting a claim.

Consumers are clearly willing to provide and support the use of large amounts of their personal data (refer to the appendix Q. 9 for a detailed listing) to aid in the fight against insurance fraud. We know they want oversight by laws and regulations. We also know premium rates are not overly tied to their support. They also want clear and easy-to-read policy language on data usage. Insurers, regulators and legislators must come together to collectively decide if the consumers’ requests are fair and, if so, how they will be delivered back to them.

Coalition Against Insurance Fraud
Please read the following statements and state your opinion about your expectations for insurers. Insurers should...

- Be required to have a policy about how they use personal data for all purpose except to investigate potential insurance fraud but with no disclosure required: 45.7% Agree, 29.1% Neutral, 25.2% Disagree
- Not be required to disclose how they use personal data: 15.3% Agree, 17.8% Neutral, 66.9% Disagree
- Disclose their policy about how they use personal data available to any policyholder, claimant, or other person on a website or as part of the insurance policy: 77.5% Agree, 19.4% Neutral, 3.1% Disagree
- Be required to have a straightforward and easy-to-read policy about how they use personal data: 87.4% Agree, 11.0% Neutral, 1.6% Disagree

Insurers need more support for sharing antifraud data

With large agreement on the importance of data analysis in fighting insurance fraud, and now a study showing consumers strongly supporting the use of their data to fight insurance fraud, it may appear we are well on the way to a great future. And it looks like we may be. But there is still room for great improvement. Data is only valuable when it is able to be properly shared with others seeking the same goals and objectives. This is especially true in the world of insurance fraud. Scammers and fraudsters move from company to company, state to state and now country to country. They can inflict tens or hundreds of millions of dollars in damage before the dots are connected to shut down their fraud. The ability to more quickly assimilate and share antifraud data is key to stopping such practices.

The effort to gain consumer support for doing so, however, still needs more work. We are concerned that nearly 20% of consumers feel that only the insurance company itself should be able to use their personal data to identify a potentially fraudulent claim. While helpful to that company, such a restriction does nothing to stop the fraudster from striking other insurers and consumers.
Thirty-nine percent of respondents support insurers sharing antifraud data with state regulators and law enforcement agencies but not with other insurance companies or third-party antifraud organizations (such as the National Insurance Crime Bureau, which collects and shares antifraud data). Only 34% of respondents are supportive of insurers sharing antifraud data with all relevant entities.

Stakeholders on each of these fronts need to consider and address this issue. The Coalition is poised to help lead this discussion, and we are ready to do so. The challenge is determining if there is truly opposition to the idea of the need for sharing of antifraud data, or have we collectively failed to inform, educate and explain to consumers how all of these stakeholders need to work cooperatively together to fight insurance fraud and better protect American consumers?

We hope this simply reflects a lack of communication to America’s consumers. If so, it is a strong wake-up call to all insurance fraud-fighting stakeholders to work better and closer together. We must do more to improve our outreach to the wider consumer community so that we better inform and educate our nation’s citizens on the ways many organizations, both private and public, work together to fight against insurance fraud and protect them from it.
If your insurance company analyzed personal data and identified insurance fraud, which statement best describes how you think they should handle the situation?

- Only the insurance company that discovered the fraud should be allowed to use the data to decide to pay or deny a claim: 362
- The insurance company should only be allowed to share its findings with state insurance regulators and appropriate state or federal law enforcement agencies, not with other insurance companies or third-party antifraud organizations: 793
- The insurance company should be able to share the information with state insurance regulators and appropriate state or federal law enforcement agencies, as well as other insurance companies and third-party antifraud organizations: 680
- I don’t think insurance companies should be allowed to analyze personal data to fight insurance fraud: 181

A wake-up call on data protection standards by insurers

At the start of this report, we discussed how respondents were asked to self-identify their role in responding and noted that 17% of all respondents identified themselves as “insurance professionals.” We also discussed how all respondents are insurance consumers. All of the information and charts in this report have been based on 100% of all responses to reflect overall consumer opinions. One of the reasons we asked for the self-identification and other professional or demographic descriptors is to allow a deeper dive of data analysis where appropriate. For example, if a respondent identified as an insurance professional, regulator or legislator, we then asked only those respondents to answer a few additional questions to gain further insight and analysis.
Which of the following statements best describe how you view your organization’s use of data antifraud efforts?

[Bar chart with percentages]

One of those additional questions asked only insurance professionals to tell us candidly their view of their company’s current policy on how consumer data is utilized. As with the rest of this study, there is a mixed result here, with some good and some bad. Overall, though, their responses are keenly important and should be considered by every American insurance carrier.

Also, the positive it is encouraging to see that nearly one-half (47%) of all insurance professionals feel their companies already have strong policies in place to oversee how personal data is used to identify potential insurance fraud. By far, this was also the largest single percentage of responses received to this important question. However, before, any celebrations begin, it is important to consider collectively the remaining three additional responses to the right of the 47% column in the chart below.

Moving down the second-highest response, (26%) told us their companies have “some guidelines” in place but those guidelines are not adequate or need to be updated. Fifteen percent of respondents told us their companies appear to be “sitting and waiting” on adoption of data-usage policies until they see what legislators and regulators may do. Finally, 12% told us that to their knowledge, their own company has absolutely no guidelines they are aware of to oversee how consumer data is utilized. Collectively, these three less-than-stellar responses account for 53% of all respondents! And keep in mind these are responses from persons employed by those insurance companies.

Coalition Against Insurance Fraud
Some may say that these are not the “decision makers,” and that may be true. (We did not ask about their role in the company.) However, the question remains, is a data policy (or any policy) effective if it is not fully and properly communicated to all members of the organization?

Insurers must develop, adopt and oversee their internal data-usage policies both overall and in the area of fraud prevention. To those that are doing so and doing well, congratulations and thank you! To those who read this and feel that your own organization may fall in the 53% majority of respondents in the chart below, please accept this study response in the way is intended, as a wake-up call for you to do your update, stop waiting on legislators and regulators, or adopt a good policy where one may be currently nonexistent or not properly being communicated.

You Should Take Time to Study the Appendix

Thank you for reading this report. We have attempted to acquaint you with the key highlights learned from this first study of consumer views on the use of their personal data to protect against insurance fraud. The Coalition Against Insurance Fraud stands for high-quality information, presented factually and in a transparent manner. For that reason, we are including in the Appendix to this report the full results of this study. Please take the time to carefully go through the complete responses, which are far more extensive and in depth than we can share in this summary of the report highlights.

In this report, we earlier specifically called your attention to study question 9. This is a fascinating deep dive into specific ways insurers often use personal data to help identify insurance fraud. It includes facial and voice recognition, demographic identifiers, and far more. For each, consumers were asked their level of support, or lack thereof, for each method of potential analysis. It is a must-review for those who use, oversee or market these types of antifraud services. While that is only one question, the appendix contains an incredible trove of information and data on this important subject. We believe you will find it worthwhile and of value no matter your level or role of interest.

Coalition Against Insurance Fraud
Increasingly, it is universally recognized that data is changing the way insurance fraud is identified and investigated. The use of data as a fraud-fighting tool is not temporary or something to ignore. It is the single biggest factor that will influence insurance fraud detection and prevention globally.

Some 30 years after our founding, the Coalition continues to strive to fulfill our mission to advocate for consumers. With respect to this study, that objective required trusting that American consumers care about insurance fraud and are willing to do their part to work with all stakeholders to fight insurance fraud. This study proves that our trust was not misplaced. American consumers have spoken. It is now time for us to put their voices into action to help fight against “the crime we all pay for.”

Conclusion

The use of data as a fraud-fighting tool is not temporary or something to ignore. It is the single biggest factor that will drive the future of fighting insurance fraud in the U.S. and around the globe.
About our partner

Protiviti (www.protiviti.com) is a global consulting firm that delivers deep expertise, objective insights, a tailored approach, and unparalleled collaboration to help leaders confidently face the future. Protiviti and its independent and locally owned Member Firms provide clients with consulting and managed solutions in finance, technology, operations, data, digital, legal, governance, risk and internal audit through its network of more than 85 offices in over 25 countries.

Protiviti has served more than 80 percent of Fortune 100 and nearly 80 percent of Fortune 500 companies. The firm also works with smaller, growing companies, including those looking to go public, as well as with government agencies. Protiviti is a wholly owned subsidiary of Robert Half (NYSE: RHI). Founded in 1948, Robert Half is a member of the S&P 500 index.
About the Coalition

The Coalition Against Insurance Fraud is America’s only antifraud alliance speaking for consumers, insurance companies, government agencies and others. Through its unique work, the Coalition empowers consumers to fight back, helps fraud fighters to better detect this crime and seeks to deter more people from committing insurance fraud.

The Coalition supports this mission with a large and continually expanding armory of practical tools—Information, research and data, services, and insight—as a leading voice in the antifraud community. Formed in 1993, the Coalition is made up of more than 270 member organizations, and they unite to fight all forms of insurance scams regardless of who commits the fraud. In 2023, the Coalition will proudly celebrate its 30th anniversary of working to lead the fight against insurance fraud in America.

Technical review and oversight of this report were provided by the Coalition’s Research Committee:

David Rioux, Erie Insurance
Steven R. Jarrett, Westfield Group
Steve Friedman, Liberty Mutual Insurance
Timothy Hopper, Sentry Insurance
Pranay Mittal, Travelers Insurance
Junius Nottingham, Blue Cross Blue Shield Association
Steve Piper, CNA Insurance
Joseph Theobald, Citizens Property Insurance Corporation

We thank you for your continued support of the Coalition Against Insurance Fraud

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Consumer Responses
Q1 Who were respondents in this survey?

Q1. Which of the following best describes you?

- **Consumer/Policyholder**: 67%
- **Insurance Professional**: 17%
- **Legislator - State or Federal**: 1%
- **Insurance Regulator**: 2%
- **Lawyer or Legal Services Provider**: 3%
- **State or Federal Government Agency: Law Enforcement, Attorney General’s Office or Prosecutor/District Attorney**: 3%
- **Data Technology or Business Service Provider**: 7%
Q2. When it comes to general data usage, which statement best describes your level of concern?
Q4 Best way to protect personal data

Q4. Which of the following do you think is the best way for your personal data to be protected?

- Businesses and organizations should be free to develop their own data standards without regulatory restrictions: 166
- Each state should adopt its own standard that applies to use of personal data: 242
- The U.S. should adopt its own national standard that applies to use of personal data: 954
- There should be a worldwide standard that applies to use of personal data: 660

Ethical Use of Data Study 2022
### Q5 Organizations’ use of personal data

Q5. How would you describe your level of trust in the following institutions to handle your personal data?

<table>
<thead>
<tr>
<th>Institution</th>
<th>No Trust At All</th>
<th>Little Trust</th>
<th>Moderate Trust</th>
<th>Significant Trust</th>
<th>Complete Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal (U.S.) Government, including Federal Agencies</td>
<td>284</td>
<td>554</td>
<td>722</td>
<td>371</td>
<td>90</td>
</tr>
<tr>
<td>State Government Agencies</td>
<td>645</td>
<td>527</td>
<td>722</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Companies</td>
<td>202</td>
<td>202</td>
<td>799</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Institution</td>
<td>187</td>
<td>447</td>
<td>723</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Businesses (non-insurance, non-financial)</td>
<td>297</td>
<td>682</td>
<td>732</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ethical Use of Data Study 2022**
Q6 Insurers' use of personal data

Q6. When you think about insurance companies collecting and analyzing your personal data, which statement best describes your opinion?

- Insurers should be able to use my personal data for any legitimate purpose: 310 (15%)
- Insurers should be able to use my personal data only if they reasonably suspect fraud: 412 (20%)
- Insurers should be able to use my personal data if they reasonably suspect fraud, but only in ways that are consistent with government regulations and laws: 800 (40%)
- Insurers shouldn't be able to use my personal data for any reason without my express permission: 501 (25%)

Ethical Use of Data Study 2022
Q8 Data program discrimination

Q8. Some insurers may be using artificial intelligence, machine learning and algorithms to analyze personal data. Any such data programs may intentionally or unintentionally discriminate. Which of the following best describes your opinion about the need for laws or regulations which attempt to prevent this?

- In principle, data science methods should be unbiased. However, there will always be a chance of bias, so these laws and regulations are not necessary
  - 240 (12%)

- While it’s important to prevent unfair discrimination, such laws or regulations shouldn’t apply if the data analysis is used to investigate insurance fraud
  - 526 (26%)

- Laws or regulations to prevent unfair discrimination are critically important and should apply to all insurers and any analysis of data
  - 1013 (50%)

- Insurers should be able to use any of these methods for any legitimate purpose without restrictions
  - 241 (12%)
### Q9 Personal data use to identify insurance fraud

**Q9. Below are specific examples of ways AI, machine learning, or algorithms may use personal data to identify insurance fraud. What is your opinion of each?**

<table>
<thead>
<tr>
<th>Description</th>
<th>Approve</th>
<th>Neutral</th>
<th>Disapprove</th>
</tr>
</thead>
<tbody>
<tr>
<td>To verify the identities of people when they submit new policies or make new claims</td>
<td>74.5%</td>
<td>19.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>To verify the authenticity of photos and documents submitted electronically</td>
<td>71.0%</td>
<td>23.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>To identify healthcare providers who submit excessive bills that may be fraudulent</td>
<td>74.1%</td>
<td>19.8%</td>
<td>6.1%</td>
</tr>
<tr>
<td>To verify a person’s identity using facial recognition</td>
<td>45.5%</td>
<td>35.7%</td>
<td>18.8%</td>
</tr>
<tr>
<td>To use fraud arrest and conviction data to identify people or groups who may be more likely to commit insurance fraud</td>
<td>55.4%</td>
<td>30.0%</td>
<td>14.6%</td>
</tr>
<tr>
<td>To verify where a person is at the time a questionable loss occurred using cellular and other personal data</td>
<td>51.1%</td>
<td>31.3%</td>
<td>17.6%</td>
</tr>
<tr>
<td>To use voice recognition or voice pattern analysis to verify if a person calling an insurer fits the age or demographic records of the person claiming to be the policyholder</td>
<td>40.9%</td>
<td>34.7%</td>
<td>24.5%</td>
</tr>
<tr>
<td>To assess whether any particular racial, economic or geographic area is being either improperly targeted for or actually committing higher levels of insurance fraud by tracking internal insurance company referrals for fraud investigations</td>
<td>45.0%</td>
<td>37.2%</td>
<td>17.9%</td>
</tr>
<tr>
<td>To search social media postings or videos to learn if a person being paid injury benefits is engaged in physical activities they shouldn’t be able to do</td>
<td>49.9%</td>
<td>29.8%</td>
<td>20.3%</td>
</tr>
<tr>
<td>To use legally authorized information to establish data and communications links between people who may be conspiring to commit insurance fraud</td>
<td>61.0%</td>
<td>29.9%</td>
<td>9.1%</td>
</tr>
<tr>
<td>To detect patterns that may indicate potential insurance fraud by analyzing payments to entities such as towing companies, body shops, medical facilities and law firms</td>
<td>60.5%</td>
<td>29.5%</td>
<td>9.0%</td>
</tr>
<tr>
<td>To use license plate readers on public roads or private property to learn if the location of the car and the person driving are consistent with the facts of a loss</td>
<td>55.2%</td>
<td>28.5%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>
Q10 Personal-data policies to identify insurance fraud

Q10. Please read the following statements and state your opinion about your expectations for insurers: Insurers should...

- Be required to have a policy about how they use personal data for all purposes except to investigate potential insurance fraud, but with no disclosure required
- Not be required to disclose how they use personal data
- Disclose their policy about how they use personal data available to any policyholder, claimant, or other person on a website or as part of the insurance policy
- Be required to have a straightforward and easy-to-read policy about how they use personal data

Series "Agree" Point "Be required to have a policy about how they use pe..." Value: 45.7%

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.7%</td>
<td>29.1%</td>
<td>25.2%</td>
</tr>
</tbody>
</table>

Not be required to disclose how they use personal data

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.3%</td>
<td>17.8%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

Disclose their policy about how they use personal data available to any policyholder, claimant, or other person on a website or as part of the insurance policy

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>77.5%</td>
<td>19.4%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Be required to have a straightforward and easy-to-read policy about how they use personal data

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>87.4%</td>
<td>11.0%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Ethical Use of Data Study 2022
Q12 Rights to restrict use of personal data

Q12. Some suggest laws or regulations should give a person the right to tell any business, including insurers, they can't use their personal data for any purpose unless the person gives their approval. Which of the following best describes your opinion?
Q13 Group interests to consider when developing laws and regulations

Q13. Whose interests should decision makers consider first when developing laws and regulations about personal data privacy and insurance fraud? Rank from 1 (most important) to 4 (least important)

Consumer and Public in General: 1.9
Policyholders and Persons Submitting Insurance Claims: 2.06
Insurance Companies: 2.95
Government Agencies and Law Enforcement: 3.07

Ethical Use of Data Study 2022
Q14 Most trusted creator of ethical data use guidelines

Q14. Who would you trust most to create good guidelines about the ethical use of data to identify and prevent insurance fraud? Rank from 1 (highest level of trust) to 5 (lowest)

- State Insurance Department Regulators: 2.44
- State Legislators: 2.86
- Federal (U.S. Government) Officials: 2.85
- Insurance Companies Decision Makers: 3.23
- Global Oversight Agencies: 3.61

Ethical Use of Data Study 2022
Q17 Shareability of identified insurance fraud after personal data was analyzed

Q17. If your insurance company analyzed personal data and identified insurance fraud, which statement best describes how you think they should handle the situation?

- Only the insurance company that discovered the fraud should be allowed to use the data to decide to pay or deny a claim: 18% (362)
- The insurance company should only be allowed to share its findings with state insurance regulators and appropriate state or federal law enforcement agencies, not with other insurance companies or third-party antifraud organizations: 39% (793)
- The insurance company should be able to share the information with state insurance regulators and appropriate state or federal law enforcement agencies, as well as other insurance companies and third-party antifraud organizations: 34% (680)
- I don’t think insurance companies should be allowed to analyze personal data to fight insurance fraud: 9% (181)

Ethical Use of Data Study 2022
Q18 Usability of different types of personal data for antifraud purposes

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Acceptable (%)</th>
<th>Neutral (%)</th>
<th>Unacceptable (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public record data</td>
<td>57.9</td>
<td>27.5</td>
<td>14.7</td>
</tr>
<tr>
<td>Voice recognition</td>
<td>34.9</td>
<td>33.3</td>
<td>31.8</td>
</tr>
<tr>
<td>Facial recognition</td>
<td>34.3</td>
<td>33.3</td>
<td>32.4</td>
</tr>
<tr>
<td>Vehicle registration records</td>
<td>52.0</td>
<td>28.3</td>
<td>15.7</td>
</tr>
<tr>
<td>Cellular phone data</td>
<td>31.5</td>
<td>27.9</td>
<td>40.8</td>
</tr>
<tr>
<td>Social media postings</td>
<td>38.8</td>
<td>24.8</td>
<td>36.8</td>
</tr>
<tr>
<td>Prior insurance claim history</td>
<td>60.8</td>
<td>25.5</td>
<td>13.2</td>
</tr>
<tr>
<td>Medical billing statements (with consent)</td>
<td>49.2</td>
<td>28.4</td>
<td>22.4</td>
</tr>
<tr>
<td>Medical records (with consent)</td>
<td>49.2</td>
<td>29.1</td>
<td>21.7</td>
</tr>
<tr>
<td>Arrest or conviction records</td>
<td>52.8</td>
<td>28.5</td>
<td>20.8</td>
</tr>
<tr>
<td>Work or profession</td>
<td>46.5</td>
<td>33.4</td>
<td>20.1</td>
</tr>
<tr>
<td>Employment status</td>
<td>52.1</td>
<td>29.8</td>
<td>18.1</td>
</tr>
<tr>
<td>Financial records</td>
<td>35.7</td>
<td>30.5</td>
<td>33.9</td>
</tr>
<tr>
<td>Income</td>
<td>39.6</td>
<td>35.5</td>
<td>24.9</td>
</tr>
<tr>
<td>Education level</td>
<td>39.8</td>
<td>33.1</td>
<td>27.2</td>
</tr>
<tr>
<td>Race or ethnicity</td>
<td>42.1</td>
<td>28.5</td>
<td>29.3</td>
</tr>
<tr>
<td>Marital status</td>
<td>57.9</td>
<td>26.0</td>
<td>16.2</td>
</tr>
<tr>
<td>Gender</td>
<td>65.1</td>
<td>21.3</td>
<td>13.6</td>
</tr>
<tr>
<td>Age</td>
<td>72.0</td>
<td>18.2</td>
<td>9.8</td>
</tr>
</tbody>
</table>
Q28 Organizations' current use of AI, ML and algorithms to analyze personal data for antifraud purposes

Q28. Which statement best describes how you view your organization’s current use of AI, machine learning and algorithms to analyze personal data to identify insurance fraud?

- One or more of these is the primary method by which potential insurance fraud is identified: 20% (63)
- Data science is an integral tool but not the primary method of antifraud efforts: 51% (157)
- This is something new we are experimenting with: 16% (48)
- We rarely or never use these methods: 13% (40)
Q29 The use of AI, ML and algorithms to analyze personal data for anti-fraud purposes in the near future

Q29. Which of the following best describes your personal view of the use of AI, machine learning and algorithms to analyze personal data to fight insurance fraud in the next 5 to 10 years?

- These will become the primary methods to identify insurance fraud: 19% (59)
- These methods will continue to be a resource to help identify fraud but will not replace traditional investigations: 70% (218)
- The future is too uncertain to know, as it depends on emerging laws and regulations: 9% (27)
- These methods are popular now, but issues with insurers' use of them will mean they'll be used less in the future: 2% (7)
### Q31 Organizations' Promotion of Data Ethics

**Q31. Which of the following does your organization do to promote data ethics and privacy awareness?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Does</th>
<th>Does Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotlines or similar confidential ways to report concerns about improper data usage</td>
<td>124</td>
<td>181</td>
</tr>
<tr>
<td>Indusion of these topics in employee hiring, training, and performance reviews</td>
<td>136</td>
<td>169</td>
</tr>
<tr>
<td>Mandatory online courses</td>
<td>170</td>
<td>135</td>
</tr>
<tr>
<td>Insurance anti-fraud organization training programs, webinars or conferences</td>
<td>207</td>
<td>98</td>
</tr>
<tr>
<td>Training programs presented by data vendors, law firms or similar entities</td>
<td>139</td>
<td>166</td>
</tr>
<tr>
<td>Regular meetings with key stakeholders</td>
<td>82</td>
<td>223</td>
</tr>
<tr>
<td>Internal training programs and interactive workshops</td>
<td>213</td>
<td>92</td>
</tr>
</tbody>
</table>
### Q32 Organizations' opinions on insurance fraud policy

**Q32. Please indicate how much you agree or disagree with each statement:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am concerned about how insurers may be using data to identify insurance fraud, and feel more clarity is needed through laws and regulations</td>
<td>15.9%</td>
<td>22.7%</td>
<td>26.0%</td>
<td>21.8%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Insurers should be left alone to set their own policies on data usage to identify insurance fraud</td>
<td>9.4%</td>
<td>18.2%</td>
<td>17.5%</td>
<td>36.4%</td>
<td>18.5%</td>
</tr>
<tr>
<td>A model uniform act is needed for the use of data to identify insurance fraud</td>
<td>26.5%</td>
<td>38.5%</td>
<td>22.3%</td>
<td>8.1%</td>
<td></td>
</tr>
<tr>
<td>There should be one set of federal laws and regulations about the ethical use of data to identify insurance fraud</td>
<td>23.6%</td>
<td>41.4%</td>
<td>18.5%</td>
<td>8.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Stronger laws and regulations are needed to determine how insurers use data to identify insurance fraud</td>
<td>17.2%</td>
<td>29.1%</td>
<td>27.5%</td>
<td>19.7%</td>
<td></td>
</tr>
</tbody>
</table>
Regulator Responses
Q34 Regulators' opinions on legislative or regulatory oversight on insurers' data use

Q34. At the current time, which best describes your overall view of legislative or regulatory oversight of how insurers use data?

- Meaningful laws and regulations are virtually nonexistent: 23% (14)
- Laws and regulations exist but are far too lenient and should be stronger: 39% (24)
- Some laws and regulations are needed but should be minimal to allow for innovation: 30% (18)
- Technology changes too fast for legislative or regulatory oversight to really be effective: 5% (3)
- I do not support laws or regulations on data usage: 3% (2)
Q35 Regulators' opinions on how insurers use personal data

Q35. Which statement best describes your view of how insurers are using consumers' personal data?

- Overall, insurers seem to be doing a good job of balancing company and policyholder interests in their data policies and protections: 26% (16)
- It is about even; some insurers are doing a good job but others aren't: 34% (21)
- We don't have enough information to know if insurers are doing a good job of balancing company and policyholder interests: 30% (18)
- In no way do I trust insurers and how they currently use consumers' personal data: 10% (6)
Q36. Regulators' opinions on how insurers use personal data for antifraud purposes

Q36. Thinking about insurers' use of consumers' personal data to identify and protect against insurance fraud, which best describes your view?

- One set of laws or regulations should apply to how insurers use data with no specific exemptions, including antifraud efforts: 41% (25)
- Appropriate exemptions to laws and regulations are needed to allow less restrictive use of data by insurers to fight insurance fraud: 46% (28)
- No restrictions are needed on how insurers use data for antifraud purposes: 13% (8)
Q37 Regulators' opinions on how standards for insurers' use of personal data should be addressed

Q37. Thinking about insurers' ethical use of consumers' personal data, which statement best describes your view?

- Standards for data usage are best addressed through state laws: 21% (13)
- Standards for data usage are best addressed by state regulatory rules: 30% (18)
- Standards for data usage require one set of federal (U.S.) laws and regulations: 43% (26)
- A global standard is needed to oversee data usage: 5% (3)
- There should not be any state or federal oversight of insurers' data usage: 2% (1)

Ethical Use of Data Study 2022
Q38 Regulators' opinions on levels of regulation for various antifraud actions

Q38. What level of regulation do you think should be used for each of the following actions related to insurers' use of personal data for antifraud purposes?

<table>
<thead>
<tr>
<th>Action</th>
<th>No regulation at all</th>
<th>Minimal regulation</th>
<th>Moderate regulation</th>
<th>Heavy regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requiring insurers to report annually on how data is used to identify insurance fraud and the results</td>
<td>13.1%</td>
<td>26.2%</td>
<td>29.5%</td>
<td>31.2%</td>
</tr>
<tr>
<td>Protecting insurers' ability to use consumer data to identify and fight insurance fraud</td>
<td>9.8%</td>
<td>27.9%</td>
<td>37.7%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Holding insurers liable for data breaches, data misuse or excessive false-positive findings of potential fraud</td>
<td>11.5%</td>
<td>23.0%</td>
<td>31.2%</td>
<td>34.4%</td>
</tr>
<tr>
<td>Ensuring that any data analysis programs are as free as possible of bias or prejudice</td>
<td>10.0%</td>
<td>31.7%</td>
<td>33.3%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Providing full disclosure about personal data usage to policyholders and claimants</td>
<td>16.4%</td>
<td>24.6%</td>
<td>31.2%</td>
<td>27.9%</td>
</tr>
</tbody>
</table>