



**SASB
STANDARDS**

Now part of IFRS Foundation

Managed Care

Sustainability Accounting Standard

HEALTH CARE SECTOR

Sustainable Industry Classification System® (SICS®) HC-MC

Under Stewardship of the International Sustainability Standards Board

INDUSTRY STANDARD | VERSION 2023-12



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ABOUT THE SASB STANDARDS

As of August 2022, the International Sustainability Standards Board (ISSB) of the IFRS Foundation assumed responsibility for the SASB Standards. The ISSB has committed to maintain, enhance and evolve the SASB Standards and encourages preparers and investors to continue to use the SASB Standards.

IFRS S1 *General Requirements for Disclosure of Sustainability-related Financial Information* (IFRS S1) requires entities to refer to and consider the applicability of disclosure topics in the SASB Standards when identifying sustainability-related risks and opportunities that could reasonably be expected to affect an entity's prospects. Similarly, IFRS S1 requires entities to refer to and consider the applicability of metrics in the SASB Standards when determining what information to disclose regarding sustainability-related risks and opportunities.

In June 2023, the ISSB amended climate-related topics and metrics in the SASB Standards to align them with the industry-based guidance accompanying IFRS S2 *Climate-related Disclosures*. In December 2023, the ISSB amended the non-climate-related topics and metrics in connection with the International Applicability of SASB Standards project.

Effective Date

This version 2023-12 of the Standard is effective for all entities for annual periods beginning or after January 1, 2025. Early adoption is permitted for all entities.

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INTRODUCTION

Overview of SASB Standards

The SASB Standards are a set of 77 industry-specific sustainability accounting standards (“SASB Standards” or “Industry Standards”), categorised pursuant to the [Sustainable Industry Classification System[®] \(SICS[®]\)](#).

SASB Standards include:

1. **Industry descriptions** – which are intended to help entities identify applicable industry guidance by describing the business models, associated activities and other common features that characterise participation in the industry.
2. **Disclosure topics** – which describe specific sustainability-related risks or opportunities associated with the activities conducted by entities within a particular industry.
3. **Metrics** – which accompany disclosure topics and are designed to, either individually or as part of a set, provide useful information regarding an entity’s performance for a specific disclosure topic.
4. **Technical protocols** – which provide guidance on definitions, scope, implementation and presentation of associated metrics.
5. **Activity metrics** – which quantify the scale of specific activities or operations by an entity and are intended for use in conjunction with the metrics referred to in point 3 to normalise data and facilitate comparison.

Entities using the SASB Standards as part of their implementation of ISSB Standards should consider the relevant ISSB application guidance.

For entities using the SASB Standards independently from ISSB Standards, the [SASB Standards Application Guidance](#) establishes guidance applicable to the use of all Industry Standards and is considered part of the Standards. Unless otherwise specified in the technical protocols contained in the Industry Standards, the guidance in the SASB Standards Application Guidance applies to the definitions, scope, implementation, compilation and presentation of the metrics in the Industry Standards.

Historically, the [SASB Conceptual Framework](#) set out the basic concepts, principles, definitions and objectives that guided the SASB Standards Board in its approach to setting standards for sustainability accounting.

Use of the Standards

SASB Standards are intended to aid entities in disclosing information about sustainability-related risks and opportunities that could reasonably be expected to affect the entity's cash flows, its access to finance or cost of capital over the short, medium or long term. An entity determines which Industry Standard(s) and which disclosure topics are relevant to its business, and which associated metrics to report. In general, an entity should use the SASB Standard specific to its primary industry as identified in [SICS[®]](#). However, companies with substantial business in multiple SICS[®] industries should refer to and consider the applicability of the disclosure topics and associated metrics in additional SASB Standards.

The disclosure topics and associated metrics contained in this Standard have been identified as those that are likely to be useful to investors. However, the responsibility for making materiality judgements and determinations rests with the reporting entity.

Industry Description

The Managed Care industry offers health insurance products for individual, commercial, Medicare and Medicaid members. Entities also provide administrative services and network access for self-funded insurance plans and manage pharmacy benefits. Enrolment in managed care traditionally has been correlated with employment rates, whereas revenue is driven by medical cost inflation. Legislative uncertainty and a focus on reducing health care costs may create downward pricing pressure and continue to drive industry consolidation. In addition, a focus on patient outcomes and plan performance continues to shape the industry's sustainability risks and opportunities.

SUSTAINABILITY DISCLOSURE TOPICS & METRICS

Table 1. Sustainability Disclosure Topics & Metrics

TOPIC	METRIC	CATEGORY	UNIT OF MEASURE	CODE
Customer Privacy & Technology Standards	Description of policies and practices to secure customers' personal health data records and other personal data	Discussion and Analysis	n/a	HC-MC-230a.1
	(1) Number of data breaches, (2) percentage involving (a) personal data only and (b) personal health data, (3) number of customers affected in each category, (a) personal data only and (b) personal health data ¹	Quantitative	Number, Percentage (%)	HC-MC-230a.2
	Total amount of monetary losses as a result of legal proceedings associated with data security and privacy ²	Quantitative	Presentation currency	HC-MC-230a.3
Access to Coverage	Percentage of total health care insurance premiums spent directly on medical claims and efforts to improve the quality of care	Quantitative	Percentage (%)	HC-MC-240a.1
	Description of policies and practices regarding customer access to coverage	Discussion and Analysis	n/a	HC-MC-240a.4
Plan Performance	Enrollee retention rate by plan type	Quantitative	Rate	HC-MC-250a.2
	Percentage of claims denied that were appealed by customers and ultimately reversed	Quantitative	Percentage (%)	HC-MC-250a.3
	Plan enrollee grievance rate	Quantitative	Rate	HC-MC-250a.4
	Description of plan performance and ratings for offered plan types, by region	Discussion and Analysis	n/a	HC-MC-250a.5
Improved Outcomes	Percentage of enrollees in wellness programs by type: (1) diet and nutrition, (2) exercise, (3) stress management, (4) mental health, (5) smoking or alcohol cessation, or (6) other	Quantitative	Percentage (%)	HC-MC-260a.1
	Discussion of initiatives and programmes to maintain and improve enrollee health	Discussion and Analysis	n/a	HC-MC-260a.4
Climate Change Impacts on Human Health	Discussion of the strategy to address the effects of climate change on business operations and how specific risks presented by changes in the geographical incidence, morbidity and mortality of illnesses and diseases are incorporated into risk models	Discussion and Analysis	n/a	HC-MC-450a.1

¹ Note to **HC-MC-230a.2** – The disclosure shall include a description of corrective actions implemented in response to data breaches.

² Note to **HC-MC-230a.3** – The entity shall briefly describe the nature, context and any corrective actions taken because of monetary losses.

Table 2. Activity Metrics

ACTIVITY METRIC	CATEGORY	UNIT OF MEASURE	CODE
Number of enrollees by plan type	Quantitative	Number	HC-MC-000.A

Customer Privacy & Technology Standards

Topic Summary

Applicable jurisdictional laws or regulations may establish various data security requirements relating to the use, disclosure, storage and transmission of patient health information. Entities are required to develop policies and technical safeguards to protect patient health information. A failure to comply with these standards can lead to significant civil and criminal penalties. These risks are intensified by an increase in cyberattacks that target managed care entities.

Metrics

HC-MC-230a.1. Description of policies and practices to secure customers' personal health data records and other personal data

- 1 The entity shall describe the nature, scope and implementation of its policies and practices related to securing customer personal health data records and other personal data, with a specific focus on how it manages the collection, use and retention of customers' information.
 - 1.1 Personal data is defined as any information that relates to an identified or identifiable living individual. Various pieces of information, which collected together can lead to the identification of a particular person, also constitute personal data.
 - 1.1.1 The entity may define personal data based on an applicable jurisdictional definition. In such cases, the entity shall disclose the applicable jurisdictional standard or definition used.
 - 1.2 Personal health data is defined as personal data related to the physical or mental health of an individual, including the provision of health care services, which reveals information about the individual's health status.
 - 1.2.1 The entity may define personal health data based on an applicable jurisdictional definition. In such case, the entity shall disclose the applicable jurisdictional standard or definition used.
- 2 The entity shall describe the information 'lifecycle' (collection, use, retention, processing, disclosure and destruction of information) and how information-handling practices at each stage may affect individuals' privacy.
 - 2.1 With respect to data collection, the entity may describe the data or types of data it collects without consent of an individual, data that require opt-in consent, and data that requires an opt-out action from the individual.
 - 2.2 With respect to usage of data, the entity may describe the data or types of data it uses internally and under what circumstance the entity shares, sells, rents or otherwise distributes data or information to third parties.
 - 2.3 With respect to retention, the entity may describe the data or types of data it retains, the duration of retention, and practices used to ensure that data is stored securely.

- 3 The entity shall describe the systems used to ensure compliance with applicable jurisdictional laws or regulations related to the collection, usage, storage and disposal of personal health data and personal data.
- 4 The entity shall describe its efforts to ensure compliance in the context of how it implements these three categories of system security:
 - 4.1 administrative safeguards, which are defined as documented, formal policies and procedures to manage the selection and execution of security measures to protect data and manage the conduct of staff in relation to the protection of data;
 - 4.2 physical safeguards, which are defined as the protection of physical computer systems and the buildings holding such systems from natural and environmental hazards and inappropriate intrusion or removal; and
 - 4.3 technical safeguards, which are defined as processes put in place to protect information, authenticate users and control individual access to information.
- 5 Relevant practices to discuss include: internal monitoring practices; technology and security programmes to prevent data breaches; training programmes and protocols for employees who handle personal health data or personal data, and disposal methods for paper and electronic personal health data records.
- 6 The entity shall disclose if it employs increased security measures to ensure the security of personal health data, including a discussion of those additional measures.
- 7 The entity should exclude any information that compromises the security of its systems or its customers' personal health data or personal data.

HC-MC-230a.2. (1) Number of data breaches, (2) percentage involving (a) personal data only and (b) personal health data, (3) number of customers affected in each category, (a) personal data only and (b) personal health data

- 1 The entity shall disclose (1) the total number of data breaches identified during the reporting period.
 - 1.1 A data breach is defined as an unauthorised occurrence on, or conducted through, an entity's information systems that jeopardises the confidentiality, integrity or availability of an entity's information systems or any information contained therein.
 - 1.1.1 Information systems are defined as information resources owned or used by the entity, including physical or virtual infrastructure controlled by such information resources, or components thereof, organised for the collection, processing, maintenance, use, sharing, dissemination or disposition of an entity's information to maintain or support operations.
 - 1.2 The scope of the disclosure excludes occurrences in which an entity has reasonable and supportable belief that the occurrence (i) does not pose a risk of damage to the entity's business performance or prospects and (ii) does not pose a risk of economic or social disadvantage to individuals.
- 2 The entity shall disclose (2) the percentage of data breaches in which customers' (a) personal data, but not personal health data, was subject to the data breach.

- 2.1 Personal data is defined as any information that relates to an identified or identifiable living individual. Various pieces of information, which collected together can lead to the identification of a particular person, also constitute personal data.
- 2.1.1 The entity may define personal data based on an applicable jurisdictional definition. In such cases, the entity shall disclose the applicable jurisdictional standard or definition used.
- 2.2 Personal health data is defined as personal data related to the physical or mental health of an individual, including the provision of health care services, which reveals information about the individual's health status.
- 2.2.1 Personal health data is a subset of personal data.
- 2.2.2 The entity may define personal health data based on an applicable jurisdictional legal or regulatory definition. In such cases, the entity shall disclose the applicable jurisdictional standard or definition used.
- 2.3 The scope of the disclosure shall include incidents during which encrypted data was acquired with an encryption key that also was acquired, as well as whether a reasonable belief exists that encrypted data could be converted readily to plaintext.
- 3 The entity shall disclose (2) the percentage of data breaches in which customers' (b) personal health data was subject to the data breach.
- 4 The entity shall disclose (3) the total number of unique customers who were affected by data breaches in which the customers' (a) personal data, but not personal health data, was subject to the data breach.
- 5 The entity shall disclose (3) the total number of unique customers who were affected by data breaches in which the customers' (b) personal health data was subject to the data breach.
- 6 Accounts that the entity cannot verify as belonging to the same customer shall be disclosed separately.
- 7 The entity may delay disclosure if a law enforcement agency has determined that notification impedes a criminal investigation and may be delayed until the law enforcement agency determines that such notification does not compromise the investigation.

Note to **HC-MC-230a.2**

- 1 The entity shall describe any corrective actions taken in response to data breaches, such as changes in operations, management, processes, products, business partners, training or technology.
- 2 All disclosure shall be sufficient such that it is specific to the risks the entity faces, but disclosure itself would not compromise the entity's ability to maintain data privacy and security.
- 3 The entity may disclose its policy for disclosing data breaches to affected customers in a timely manner.

HC-MC-230a.3. Total amount of monetary losses as a result of legal proceedings associated with data security and privacy

- 1 The entity shall disclose the total amount of monetary losses incurred during the reporting period resulting from legal proceedings associated with data security and privacy.
- 2 The legal proceedings shall include any adjudicative proceeding involving the entity, whether before a court, a regulator, an arbitrator or otherwise.
- 3 The losses shall include all monetary liabilities to the opposing party or to others (whether as the result of settlement, verdict after trial or otherwise), including fines and other monetary liabilities incurred during the reporting period as a result of civil actions (for example, civil judgements or settlements), regulatory proceedings (for example, penalties, disgorgement or restitution) and criminal actions (for example, criminal judgements, penalties or restitution) brought by any entity (for example, governmental, business or individual).
- 4 The scope of monetary losses shall exclude legal and other fees and expenses incurred by the entity in its defence.
- 5 The scope of the disclosure shall include legal proceedings associated with the enforcement of applicable jurisdictional laws or regulations.

Note to HC-MC-230a.3

- 1 The entity shall briefly describe the nature (for example, judgement or order issued after trial, settlement, guilty plea, deferred prosecution agreement or non-prosecution agreement) and context (for example, cyberattack or employee error) of all monetary losses resulting from legal proceedings.
- 2 The entity shall describe any corrective actions it has implemented in response to the legal proceedings. This may include specific changes in operations, management, processes, products, business partners, training or technology.

Access to Coverage

Topic Summary

Entities in the Managed Care industry may improve a population's access to health care by limiting plan costs and rate increases for health insurance in jurisdictions where private health insurance is prevalent. These improvements most significantly affect segments of the population that tend to have lower rates of insurance coverage. These entities generally must also comply with regulations intended to control plan costs, including medical loss ratios, as well as ensuring all applicants have access to coverage regardless of health status, gender or pre-existing conditions. Increased regulatory focus on health care costs and compliance with evolving regulations continue to present challenges for the industry.

Metrics

HC-MC-240a.1. Percentage of total health care insurance premiums spent directly on medical claims and efforts to improve the quality of care

- 1 The entity shall disclose the percentage of total health care insurance premiums it spent directly on medical claims and efforts to improve the quality of care (the entity's medical loss ratio).
 - 1.1 The entity shall calculate this percentage as the sum of its incurred claims plus its expenditures for activities that improve quality of care, divided by its health care insurance premium revenue.
 - 1.1.1 Incurred claims are defined as the total amount spent on medical claims paid to policyholders, including payments made to health care providers for services rendered.
 - 1.1.2 Activities to improve health care quality include activities, initiatives, and investments undertaken by the entity to enhance the overall delivery, effectiveness, safety and outcomes of health care services provided to patients. These quality improvement expenses may include patient safety programmes, preventive care efforts, health management programmes, and investments in health care technology.
 - 1.2 The entity may use applicable jurisdictional definitions in calculating its medical loss ratio. In such cases, the entity shall disclose the jurisdictional definition used in making its calculation.
- 2 The entity shall disclose its medical loss ratio consolidated for all business lines and for each of the entity's business segments according to its disaggregation of financial information which may include categories such as:
 - 2.1 small employer group;
 - 2.2 large employer group; and
 - 2.3 individual retail.

HC-MC-240a.4. Description of policies and practices regarding customer access to coverage

- 1 The entity shall describe its policies and practices regarding customer access to coverage, including how it integrates access considerations in determining increases in plan pricing.
 - 1.1 The description shall include how the entity integrates considerations such as pre-existing conditions and health status.
 - 1.1.1 Pre-existing condition refers to any medical condition, illness, or injury that existed prior to the application for or enrolment in a health care plan, including chronic conditions, previous surgeries and ongoing medical treatments.
 - 1.1.2 Health status refers to the overall physical and mental well-being of an individual, which may be affected by factors such as medical history, current health conditions, lifestyle choices and family medical history.
- 2 The entity shall disclose whether it is subject to applicable jurisdictional laws or regulations regarding customer access to coverage and identify any systems used to monitor compliance with such laws or regulations.

Plan Performance

Topic Summary

Managed care entities manage performance in areas such as responsiveness, complaints, voluntary disenrollment and customer service to maintain competitiveness. In some jurisdictions, performance on important metrics may be factored into reimbursement rates and bonus payments. Disclosure on specific indicators related to plan performance may allow investors to understand how entities protect enterprise value.

Metrics

HC-MC-250a.2. Enrollee retention rate by plan type

- 1 The entity shall disclose its enrollee retention rate.
- 2 The enrollee retention rate is calculated as:
 - 2.1 (total number of enrollees at close of reporting period minus the total number of new enrollees added during the reporting period), divided by (total number of enrollees at the close of the previous reporting period minus the total number of enrollees involuntarily terminated during the reporting period minus the attrition of employees in employee sponsored plans), such that:
 - 2.1.1 involuntarily terminated enrollees—those whose plans were terminated by the entity because of fraud or intentional misrepresentation of material facts—shall be excluded from the calculation; and
 - 2.1.2 attrition of enrollees in employer sponsored group plans because of turnover (voluntary or involuntary) shall be excluded from the calculation.
- 3 The entity shall disclose retention rates by plan type.

HC-MC-250a.3. Percentage of claims denied that were appealed by customers and ultimately reversed

- 1 The entity shall disclose the percentage of claims it denied that enrollees appealed and for which the entity reversed its decision having determined the denial to be invalid.
- 2 The percentage of reversed claims shall be calculated as the number of claims denied and successfully appealed by enrollees during the reporting period, divided by the total number of claims denied and appealed by enrollees during the reporting period.
 - 2.1 A successful appeal is one in which the entity reverses its decision, having determined the denial to be invalid.
 - 2.2 The scope of the disclosure of denied claims excludes claims denied because of a billing error that was appealed, resubmitted, and ultimately paid.

- 3 The entity shall not consider ongoing claims appeals, only those resolved during the reporting period.
- 4 The scope of the disclosure includes both appeals of denials at preauthorisation and denials at the time of payment.
 - 4.1 Preauthorisation denials occur if a determination is made that either the consumer is ineligible to receive the requested service because, for example, the individual's policy does not cover the service, or the service is inappropriate, for example, it is medically unnecessary, experimental or investigational.
- 5 For the purposes of this metric, if the appeal relates to denial of a portion of a claim, the entity shall consider it in the same manner as an appeal to an entire claim denial.
- 6 For the purposes of this metric, complaints, such as those which also may result in a reversal of denial, shall be considered in the same manner as an appeal. Complaints in this context shall include only those related to denial of coverage.
- 7 For calculations, more than one appeal to the same claim shall be counted as part of the same claim, not separately.

HC-MC-250a.4. Plan enrollee grievance rate

- 1 The entity shall disclose the plan enrollee grievance rate.
- 2 The entity shall calculate the grievance rate as: the number of grievances reported during the reporting period / (monthly average enrollees / 10,000), in which:
 - 2.1 a grievance is defined as any complaint or dispute, not made by the entity, expressing dissatisfaction with the way the entity or a delegate of the entity provides health care services, regardless of whether any remedial action can be taken;
 - 2.2 an enrollee or their representative may register the complaint or dispute to the entity either orally or in writing;
 - 2.3 grievances may include complaints regarding the timeliness, appropriateness, access to, or setting of a provided health service, procedure or item; and
 - 2.4 grievance issues also may include complaints that a covered health service procedure or item during a course of treatment did not meet accepted health care delivery standards.
- 3 Monthly average enrollees is calculated as the total number of member months, defined as one member being enrolled in an entity's plan for one month, divided by 12.

HC-MC-250a.5. Description of plan performance and ratings for offered plan types, by region

- 1 The entity shall discuss (1) the plan types offered by the entity and relevant information regarding plan performance, including:

- 1.1 the plan types offered in each region where the entity operates, along with a brief description of each plan type;
 - 1.2 an overview of any rating systems, evaluation criteria or performance indicators used by applicable jurisdictional authorities to assess the entity's plans in each region, including measures related to access to care, quality of care, patient satisfaction and affordability; and
 - 1.3 any internal quantitative metrics or key performance indicators used by the entity to track performance internally.
- 2 Plan type can refer to the specific plan structures or business lines.
- 3 The entity may provide information on any certifications related to the performance and quality of its plan types in the regions in which it operates, including any of those achieving the highest possible plan rating.
- 4 The entity shall (2) disclose the entity's performance in each rating system or set of evaluation criteria, along with any relevant context, such as regional or national benchmarks, trends over time, or key factors driving performance.
- 5 An entity operating in more than one jurisdiction shall disclose separately the entity's performance in each rating system by the individual jurisdictions in which they operate.

Improved Outcomes

Topic Summary

Entities in the Managed Care industry can play a critical role in maintaining and improving the health of enrollees. Improved enrollee health can help entities develop a reputation for high-quality care, potentially leading to increased market share and improved margins. Some entities may participate in programmes that try to strengthen the relationship between enrollee health and entity value by linking employee performance to reimbursement rates and bonuses. Entities that take part in such programmes may develop a competitive advantage compared to those that do not. Entities that fail to deliver high-quality outcomes for enrollees may experience decreased market share, penalties such as fines and suspensions, and increased legal costs.

Metrics

HC-MC-260a.1. Percentage of enrollees in wellness programs by type: (1) diet and nutrition, (2) exercise, (3) stress management, (4) mental health, (5) smoking or alcohol cessation, or (6) other

- 1 The entity shall disclose enrollee participation in wellness programmes.
 - 1.1 Wellness programmes are defined as those that encourage:
 - 1.1.1 primary prevention, by promoting healthy behaviours and practices (for example, immunisations, exercise, smoking cessation and maintaining a healthy body mass index); or
 - 1.1.2 secondary prevention, by promoting early-stage disease detection and management.
- 2 The percentage of enrollees in wellness programmes participation shall be calculated as the number of unique, individual enrollees participating in a wellness programme, divided by the monthly average number of enrollees.
 - 2.1 The monthly average number of enrollees is calculated as the total number of member months, defined as one member being enrolled in an entity's plan for one month, divided by 12.
- 3 The entity shall disclose the percentage of participation for each of these types of wellness programme:
 - 3.1 diet and nutrition;
 - 3.2 exercise;
 - 3.3 stress management;
 - 3.4 mental health;
 - 3.5 smoking or alcohol cessation; and
 - 3.6 all other wellness programmes.

HC-MC-260a.4. Discussion of initiatives and programmes to maintain and improve enrollee health

- 1 The entity shall discuss its initiatives and programmes aimed at maintaining and improving the health of enrollees.
- 2 The discussion shall include:
 - 2.1 an overview of the entity's important initiatives and programmes, including their objectives, target populations, and any specific health conditions or risk factors addressed;
 - 2.2 the strategies employed by the entity to promote preventive care, early detection and appropriate management of chronic conditions, as well as the measures taken to encourage enrollee engagement in these programmes;
 - 2.3 the entity's use of care delivery models that focus on care coordination, quality improvement and patient engagement; and
 - 2.4 the methods for monitoring and evaluating the effectiveness of these initiatives and programmes, including the use of performance indicators, patient feedback and any relevant benchmarks or targets.

Climate Change Impacts on Human Health

Topic Summary

An increase in extreme weather events associated with climate change could have significant health impacts. These events, coupled with the potential spread of infectious diseases and food and water scarcity, may present material implications for the Managed Care industry through an increase in encounters with the health care system. Entities that manage the risks posed by extreme weather events and potential changes in the incidence, morbidity and mortality of illnesses and diseases may protect shareholder value better.

Metrics

HC-MC-450a.1. Discussion of the strategy to address the effects of climate change on business operations and how specific risks presented by changes in the geographical incidence, morbidity and mortality of illnesses and diseases are incorporated into risk models

- 1 The entity shall discuss its strategic business approach to addressing significant risks related to the effects of climate change, which may include changes in the following aspects of illnesses and diseases:
 - 1.1 Geographical incidence
 - 1.2 Morbidity
 - 1.3 Mortality
- 2 Relevant disclosure may include discussion of:
 - 2.1 Increases in allergic responses, asthma rates and heat-induced illness
 - 2.2 Migration of tropical diseases such as malaria, dengue fever and other vector-borne tropical diseases to non-tropical regions
 - 2.3 Increases in waterborne diseases, such as cholera, because of increased natural disaster incidence
 - 2.4 Increased rates of human developmental diseases such as malnutrition because of decreased food availability
- 3 The entity shall discuss any projected impacts on revenue, costs or plan affordability.
- 4 The entity may discuss how it incorporates the effects of climate change into its risk assessment and risk adjustment activities.



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