



2026 LIFE INSURANCE AND ANNUITY CONFERENCE

The Power of Promise

**Understanding Today's
Mortality Drivers:
Insights from SOA
Practice Research**





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Three recent SOA research reports provide context on recent mortality drivers.

U.S. Population Mortality Observations
– Updated with 2022 Experience

U.S. Drug Overdose Crisis: Past,
Present, and Future

Quantifying the Effects of Mental
Health on U.S. Suicide and Mortality
Rates



The population report measures mortality using national data.

- Uses national death certificate data.
- Applies consistent ICD-10 cause coding.
- Compares patterns across years and ages.



Source: [U.S. Population Mortality Observations – Updated with 2022 Experience](#)

Mortality deteriorated in 2020 and improved in 2022.

- The pandemic caused a large mortality shock.
- Some improvement returned by 2022.
- Cumulative deterioration remains meaningful.

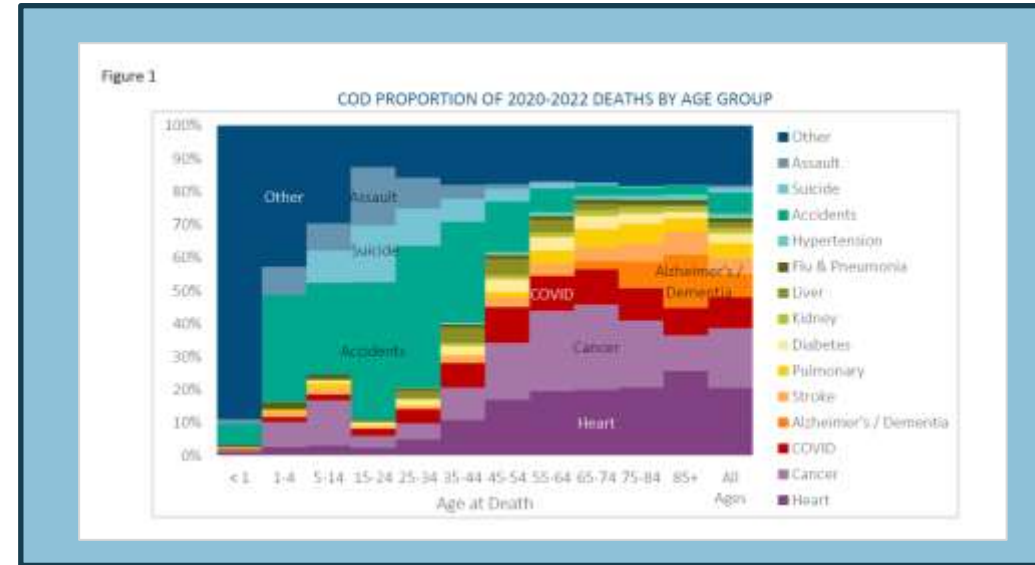
Table 1
U.S. POPULATION MORTALITY IMPROVEMENT BY SELECTED PERIODS

All Ages	Average Annual Improvement		Cumulative Improvement	Average Annual Improvement			Cumulative Improvement	Average Annual Improvement		
			2019-2022	With COVID			2019-2022	Without COVID		
	1999-2009	2009-2019		2019-2020	2020-2021	2021-2022		2019-2020	2020-2021	2021-2022
All	1.5%	0.5%	-10.1%	-16.9%	-1.5%	7.1%	-4.0%	-4.9%	0.4%	0.5%
Male	1.8%	0.5%	-10.6%	-17.9%	-2.1%	8.0%	-4.1%	-5.1%	-0.1%	1.1%
Female	1.4%	0.5%	-9.2%	-15.5%	-0.7%	6.1%	-3.4%	-4.4%	1.0%	-0.1%

Source: [U.S. Population Mortality Observations – Updated with 2022 Experience](#)

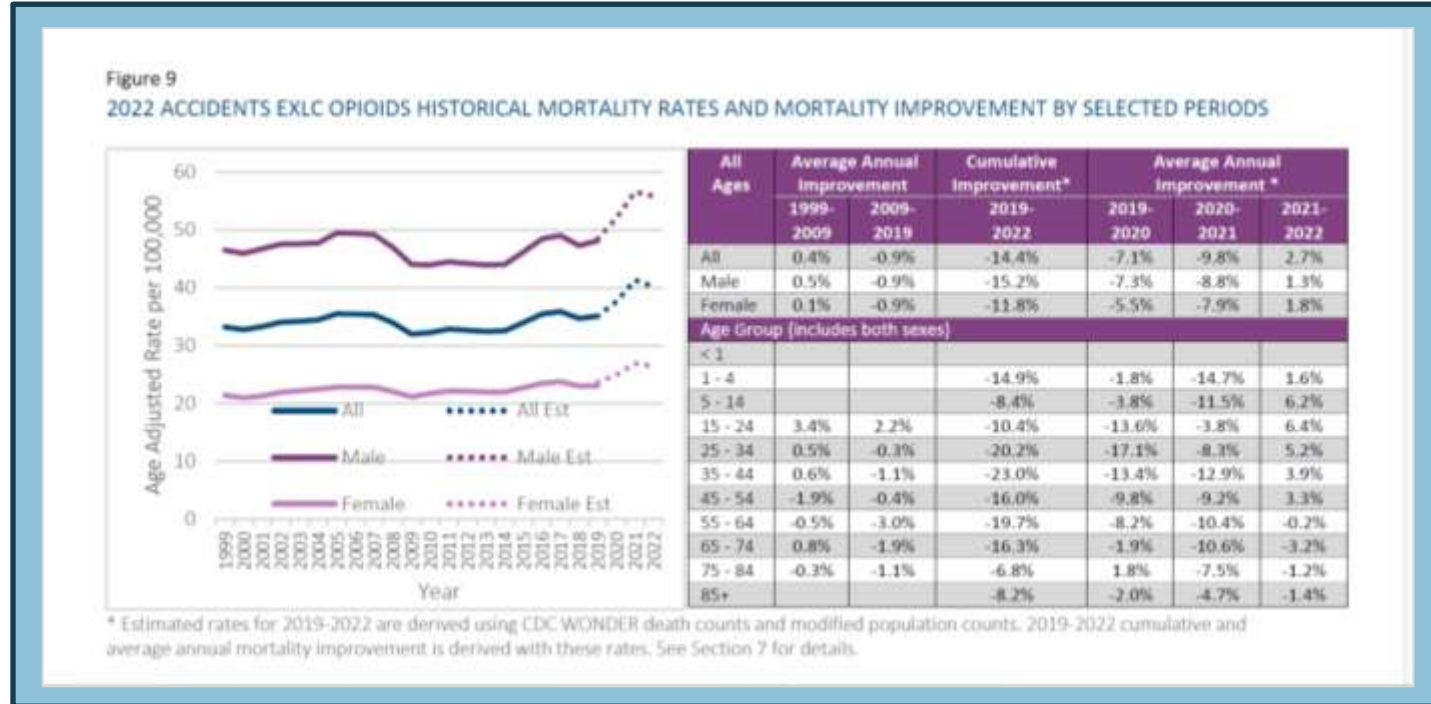
Working-age deaths reflect a different cause mix.

- Heart disease remains structurally important.
- Cancer remains a leading cause.
- Accidents increased during the pandemic period.
- Suicide represents a meaningful share of deaths.



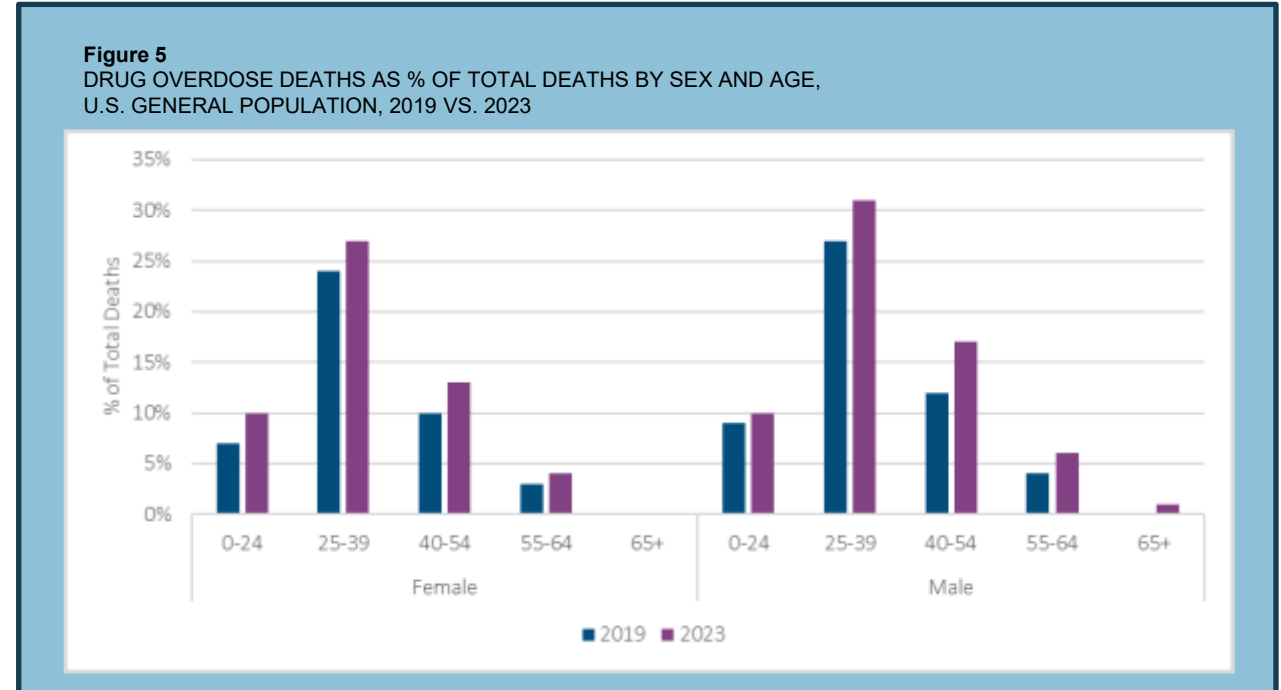
Accidental deaths increased sharply in working ages.

- Accidents rose notably in 2020 and 2021.
- Drug overdoses explain most of the increase.
- Levels were above 2019 levels in 2022.



Drug overdoses represent a large share of ages 25–39 deaths.

- Overdoses account for up to 30 percent.
- The average overdose age is approximately 45.
- Overdose deaths occur at younger average ages.

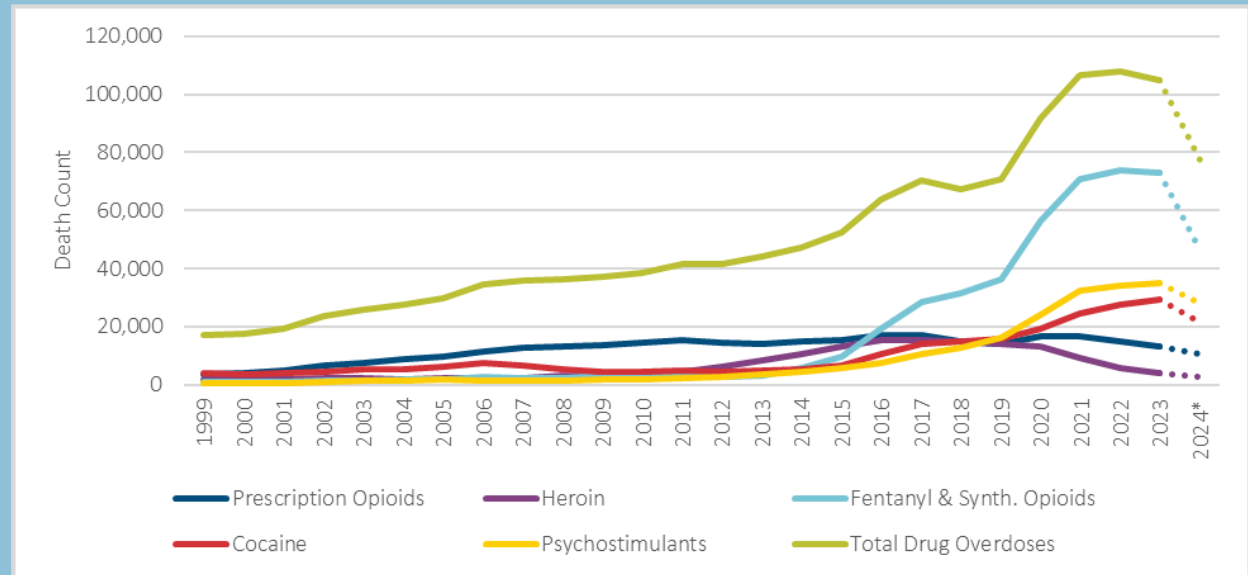


The overdose epidemic evolved in distinct waves.

- Prescription opioids fueled early increases.
- Heroin drove the second wave of deaths.
- Fentanyl corresponded with a major shift.

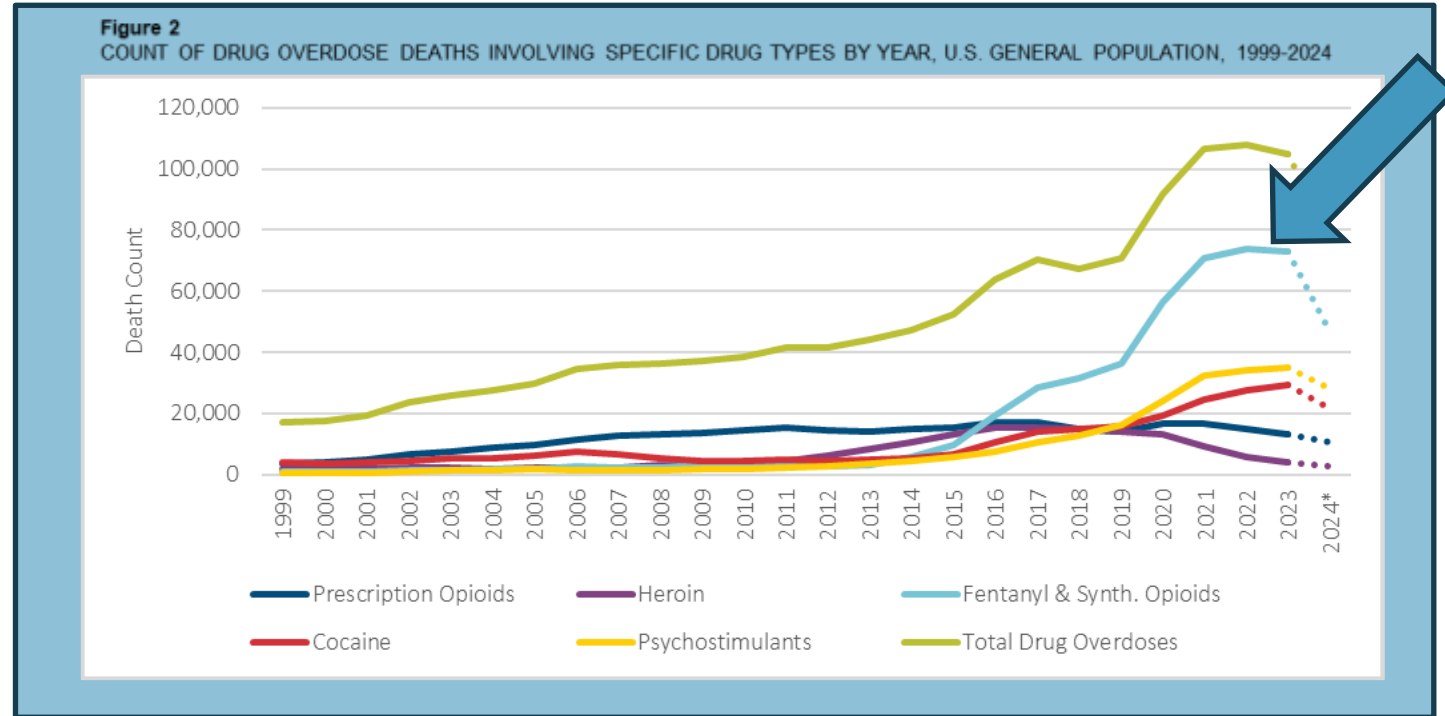
Figure 2

COUNT OF DRUG OVERDOSE DEATHS INVOLVING SPECIFIC DRUG TYPES BY YEAR, U.S. GENERAL POPULATION, 1999-2024



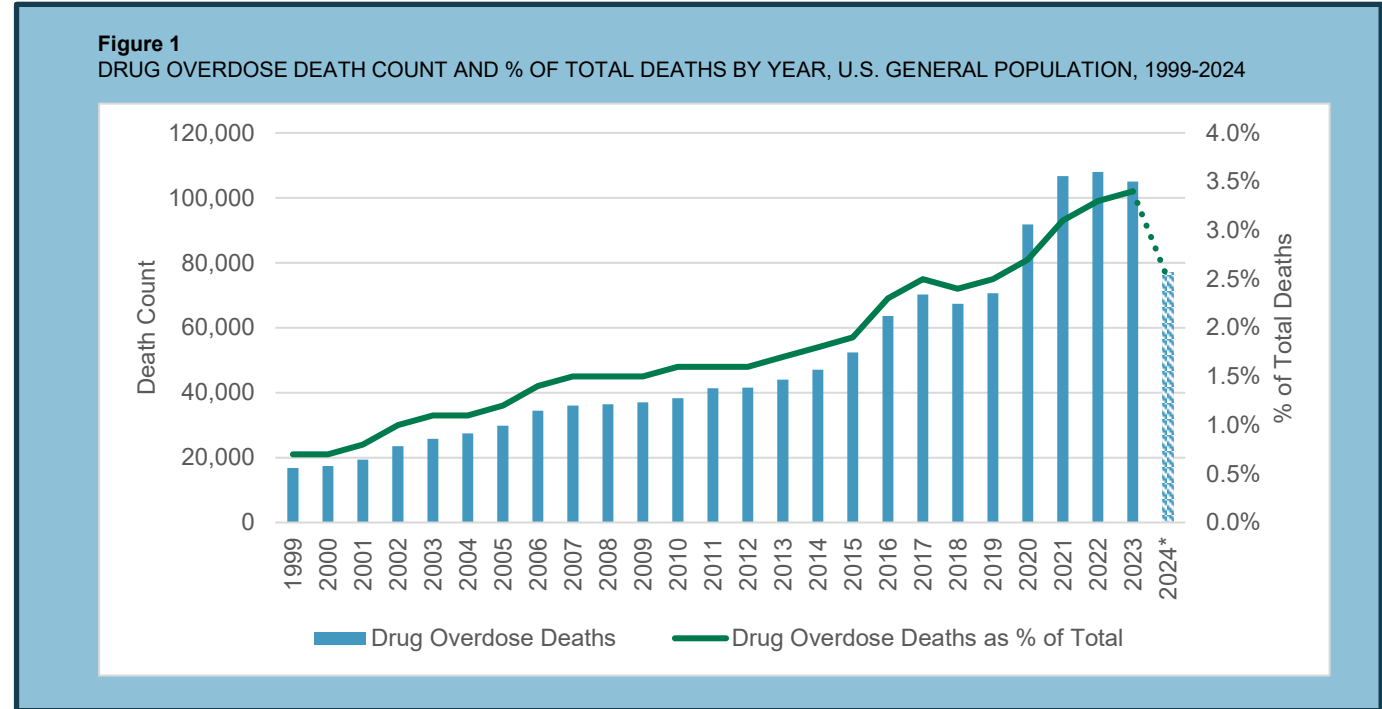
Fentanyl has substantially altered recent mortality patterns.

- Synthetic opioids now drive most overdose deaths.
- Approximately 70 percent involve fentanyl.
- Higher potency is associated with higher fatality rates.



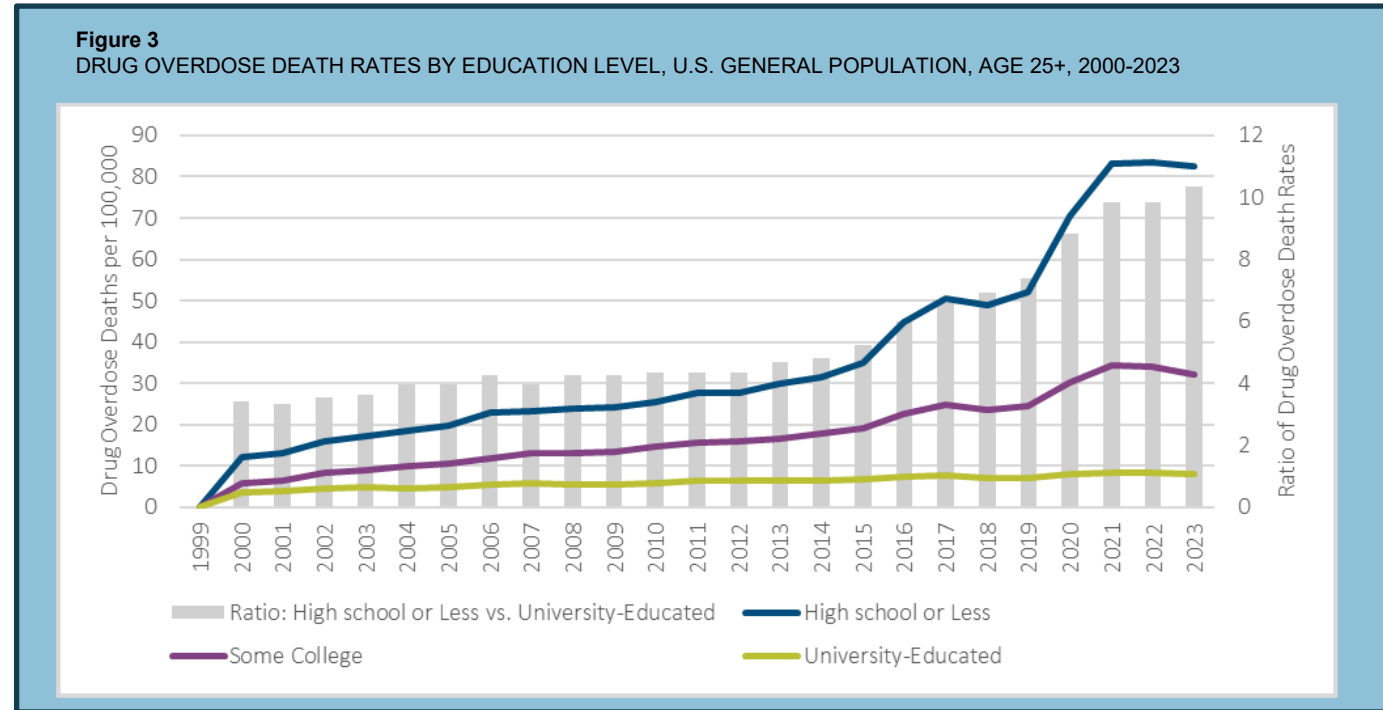
Recent data show declines in overdose deaths.

- Overdose deaths peaked in 2021.
- Deaths declined during 2023.
- The durability of declines remains uncertain.



Education stratifies overdose mortality risk.

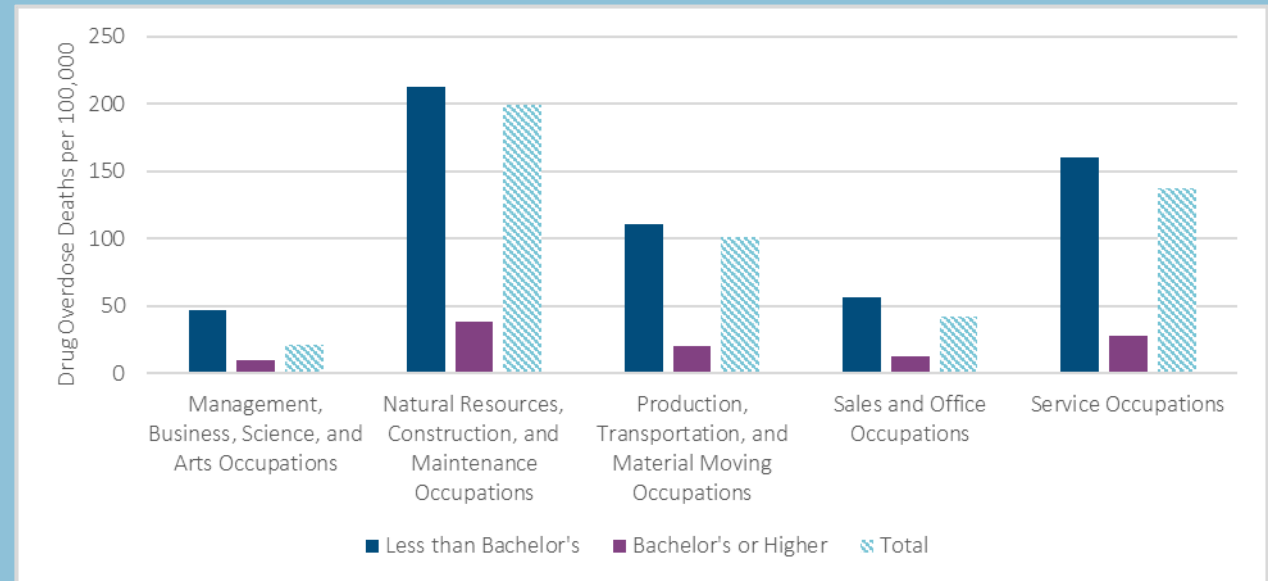
- Lower education groups show higher mortality.
- The differential widened over time.
- Gradients are material at working ages.



Occupation correlates with overdose mortality risk.

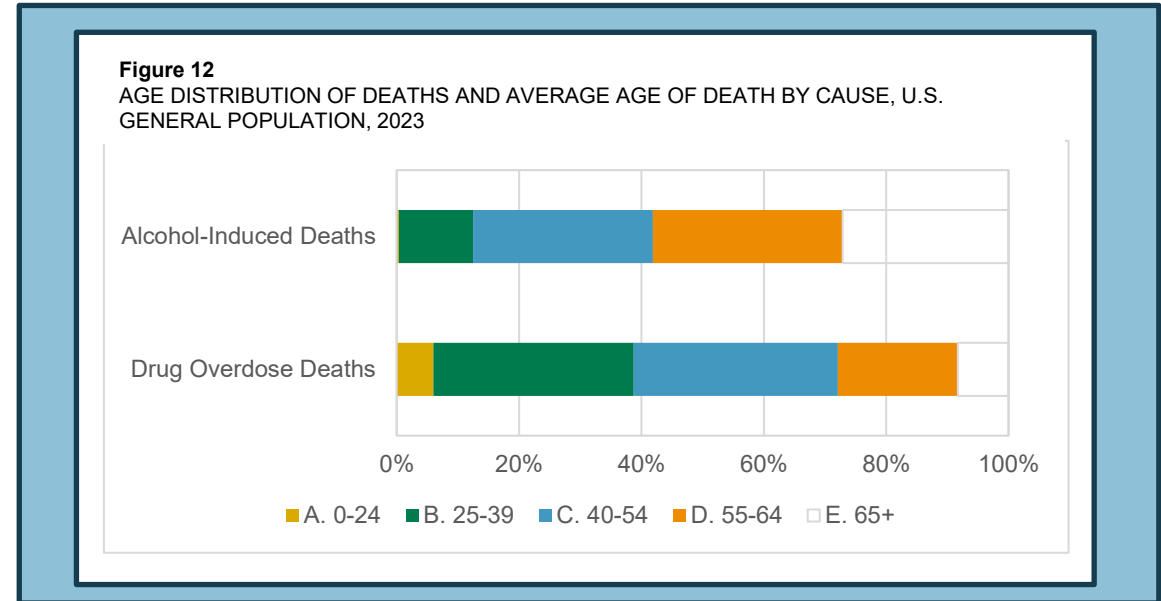
- Construction occupations show higher mortality.
- Management occupations show lower mortality.
- Workplace injury may influence exposure.

Figure 7
DRUG OVERDOSE DEATH RATES BY OCCUPATION AND EDUCATION, U.S. GENERAL POPULATION, AGES 25-64, 2023



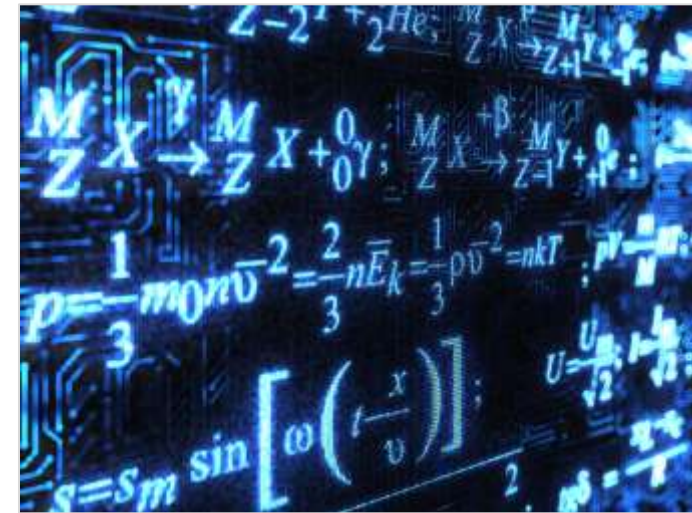
Alcohol shows a different working-age mortality pattern.

- Alcohol-induced deaths increased during COVID.
- Alcohol deaths skew older within working ages.
- Chronic disease mechanisms drive most alcohol mortality.



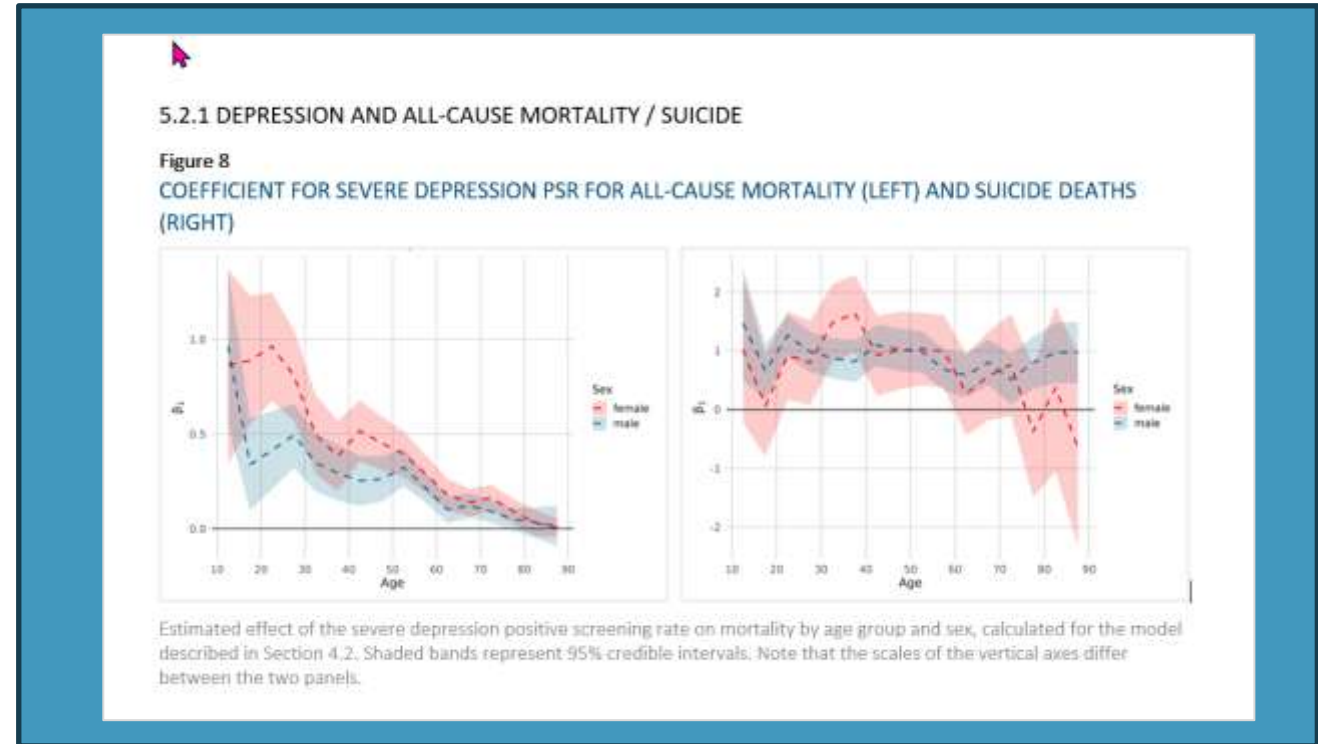
Mental health mortality trends were also studied.

- The study modeled suicide and all-cause mortality.
- Socioeconomic context and geography were incorporated.
- Bayesian spatial methods were used.



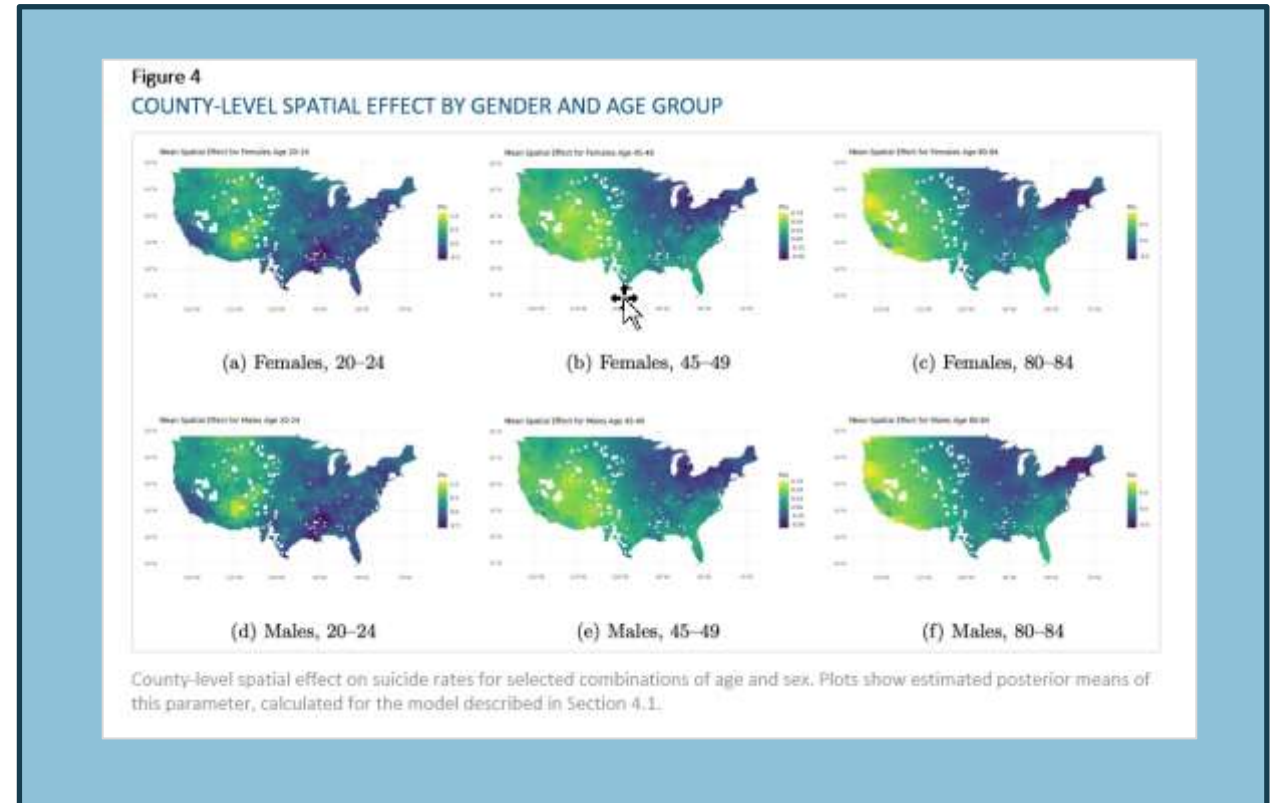
Mental health indicators correlate with mortality risk.

- Severe depression correlates with mortality.
- Effects are strongest among younger ages.
- Associations are population-level.



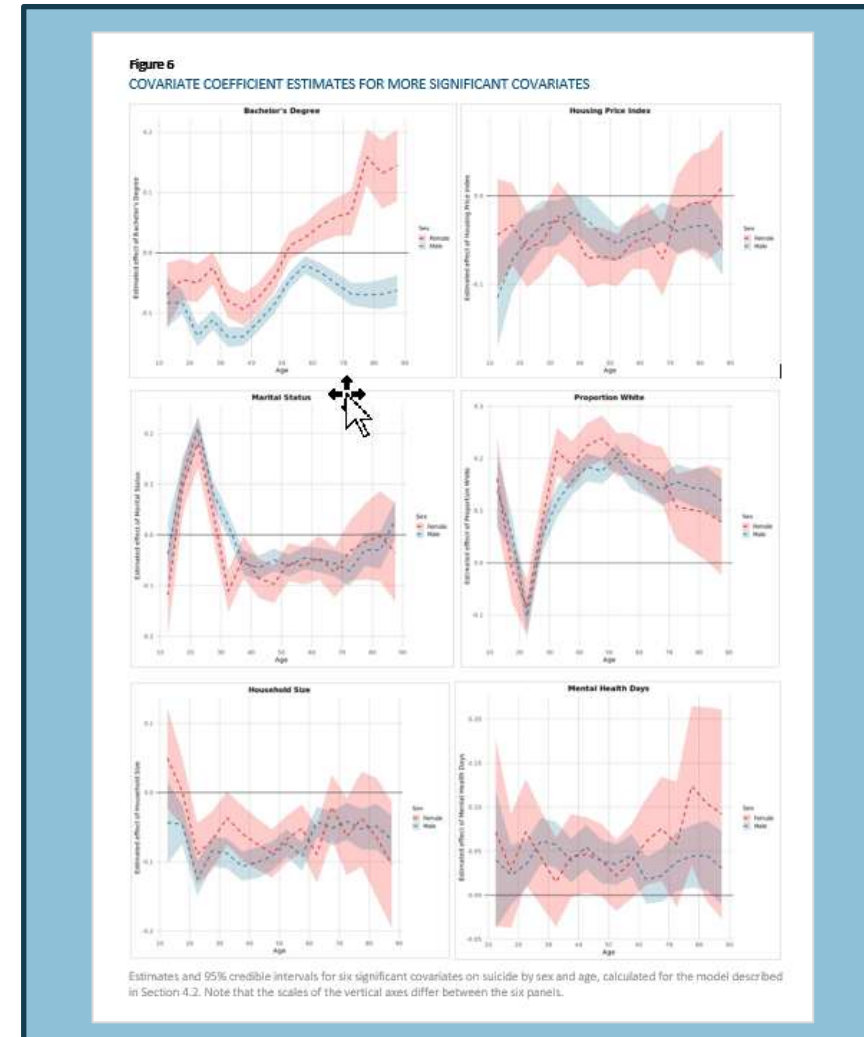
Suicide risk clusters geographically and persists.

- Suicide clusters in specific regions.
- Western states show elevated risk.
- Patterns persist across years.



Socioeconomic context shapes suicide outcomes.

- Education levels are associated with different outcomes.
- Housing values correlate with lower risk.
- Marriage rates are linked to suicide outcomes.



Working-age mortality is increasingly behavior-driven.

- Behavioral causes shape mortality structure.
- Socioeconomic divergence continues widening.
- Mental health signals may help with forecasting.
- Emerging risks create forward uncertainty.



Disclaimer

This presentation is for educational purposes only and should not be construed as professional advice.

The opinions expressed are those of the presenter and not necessarily reflective of RGA or any organization associated with the presenter.

All comments are in reference to the following materials:

- https://www.rgare.com/docs/default-source/knowledge-center-articles/aom_weighing-the-evidence.pdf?sfvrsn=5f7374b4_13
- https://www.rgare.com/docs/default-source/knowledge-center-articles/evaluating-biometric-trend-drivers.pdf?sfvrsn=bfe2e693_9



Weighing the evidence

Quantifying the mortality and morbidity impacts of GLP-1 and other incretin-based drugs in US, UK, Canada and Hong Kong populations

Donna Megregian, FSA, MAAA

April 13, 2026



RGA Research Overview

- Quantifies mortality and morbidity impacts of Anti-Obesity Medication (AOM) including GLP-1
 - Markets: U.S., UK, Canada, Hong Kong
 - Multiple adoption scenarios over ~20-year horizon
- Considerations include effectiveness, uptake, persistency and relative risk of mortality and morbidity
 - Quantifying impact on diabetic population also requires assumptions related to:
 - Prevalence of diabetes in the population
 - Effectiveness in diabetic population
 - Uptake in diabetic population
 - Relative risk of mortality and morbidity



Mortality Impact – Headline Results

MARKET	PESSIMISTIC	CENTRAL	OPTIMISTIC
US	1.0%	3.5%	8.8%
UK	0.5%	2.0%	5.3%
Canada	0.7%	2.6%	6.4%
Hong Kong	0.4%	1.4%	3.9%

US – 3.5% cumulative mortality improvements (central scenario) over 20 years

- Optimistic scenarios show materially larger impacts
- Largest effects observed at ages 45-59

AOMs will likely have smaller impact on population morbidity

- The reduction in critical illness incidence is smaller than reduction in mortality risk.
- Cumulative population morbidity improvement over 20 years (to 2045) due to AOMs.

Market	Pessimistic	Central	Optimistic
US	0.6%	1.8%	5%
UK	0.3%	1.0%	2.9%
Canada	0.4%	1.5%	4.2%
Hong Kong	0.1%	0.4%	1.2%

Insured vs General Population

- Insured population expected to see smaller absolute impacts
 - May have increased access to drugs but...has healthier baseline selection and lower obesity prevalence
- Meaningful benefit on population level mortality
- Assumptions may be too early to adjust, but does increase confidence in current improvement assumptions
 - Many assume mortality improvement exists

Speed of change can create uncertainties

- Lower cost to increase uptake – generic and oral formulations
- More effective newer versions
- Use cases may be widening
 - Wider range of conditions
 - Preventive medicine

Impact on Insurers

- Pricing/Reserving – assumption impact?
- New lapse risk – weight loss could drive insured to seek better terms
- Underwriting – consider BMI history, not just current BMI
- Claims – what are the disclosures and how will they be interpreted when claims come in



Key Learnings

- GLP-1s are a tangible future mortality improvement driver
 - Impacts are real but gradual
 - Too early for aggressive assumption changes
- Incorporate into scenarios and improvement sensitivities
- Underwriters: BMI less informative; focus on health trajectory
- Cross-functional monitoring is essential





Evaluating Biometric Trend Drivers



Importance of existing bases

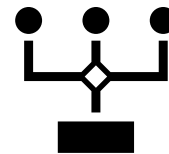
Basic 3 step process



Step 1 –
Model the historical mortality data to extract parameters or rates that can be forecast or extrapolated



Step 2 –
Determine a method for extrapolating those parameters or modeled improvement rates



Step 3 –
Make adjustments for known model limitations, basis differences or “one-offs”

Identify the drivers



Process - scan literature, attend conference, consult with experts



Contributors can increase or decrease future mortality



When evaluating driver, can consider:
-Magnitude of impact
-Proximity
-Probability



Be careful of including too much

Quantify the impact

Phase 1 – preliminary calculation of approximate value for triaging

Phase 2 – more detailed calculation if the approximate impact warrants further investigation

Considerations

Rule out the immaterial quickly

Transition may be gradual

Balance between complex and robust

Communicate and document decisions

Framework as face new drivers

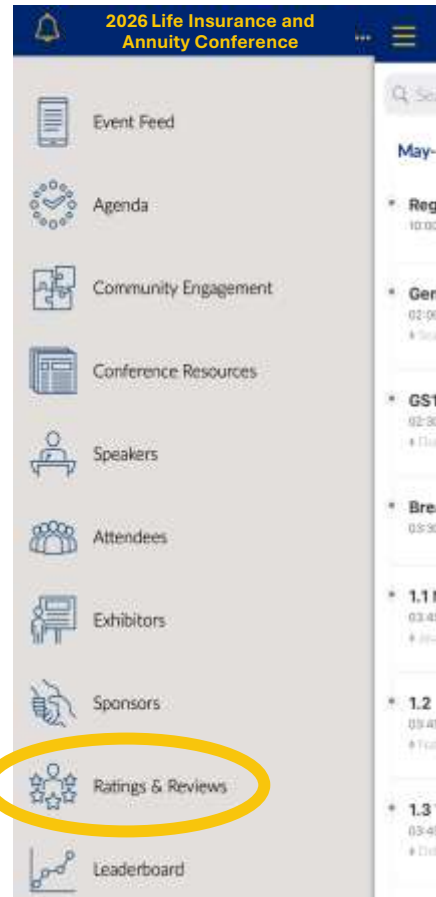
Ensure pathway for translating R&D into business value

- Focus on top handful of drivers like to push basis changes
- Understand cause of death that may be impacted by key drivers
- Drivers with imminent and material impacts are more likely to deflect trends from anticipated trajectory than more distant impacts
- Allow for explicit modeling of drivers in short term projections, but taper this off over time and allow for more distant impact through altering long term rate
- Appreciate that mortality improvement basis already allows for future mortality improvement

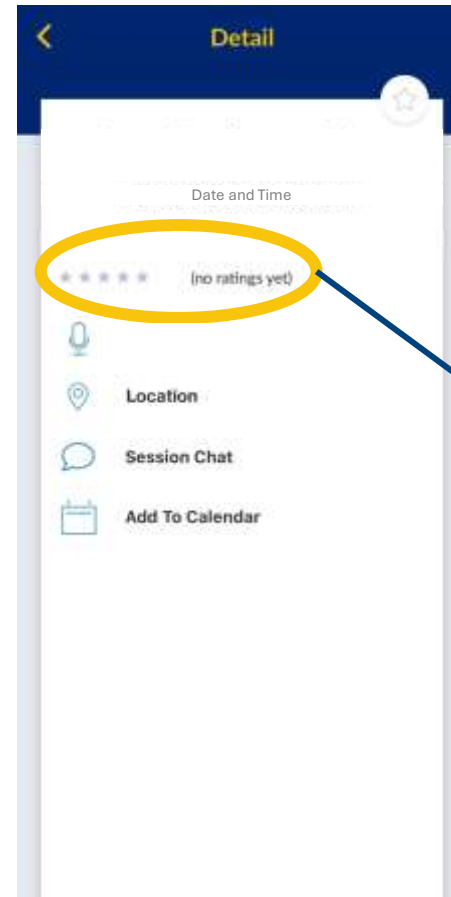


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