

No. 13-1371

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**In the Supreme Court of the United States**

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TEXAS DEPARTMENT OF HOUSING  
AND COMMUNITY AFFAIRS, ET AL., PETITIONERS

*v.*

THE INCLUSIVE COMMUNITIES PROJECT, INC.

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*ON WRIT OF CERTIORARI  
TO THE UNITED STATES COURT OF APPEALS  
FOR THE FIFTH CIRCUIT*

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**BRIEF FOR THE AMERICAN INSURANCE  
ASSOCIATION, THE NATIONAL ASSOCIATION  
OF MUTUAL INSURANCE COMPANIES,  
AND THE PROPERTY CASUALTY INSURERS  
ASSOCIATION OF AMERICA  
AS AMICI CURIAE SUPPORTING PETITIONERS**

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**INTEREST OF AMICI CURIAE**

The American Insurance Association (AIA), the National Association of Mutual Insurance Companies (NAMIC), and the Property Casualty Insurers Association of America (PCI) are non-profit trade associations whose members sell homeowner's insurance, subject to state insurance regulations, in every State in the Na-

tion.<sup>1</sup> The Department of Housing and Urban Development (HUD) has applied the Fair Housing Act (FHA), 42 U.S.C. 3601-3631, to the provision of homeowner's insurance. See 24 C.F.R. 100.70(d)(4).

In 2013, HUD issued a rule that interpreted the FHA to permit disparate-impact liability. See HUD, *Implementation of the Fair Housing Act's Discriminatory Effects Standard*, 78 Fed. Reg. 11,460 (Feb. 15, 2013). In the preamble to that rule, HUD expressed its view that insurers may be liable on a disparate-impact theory for practices related to the provision and pricing of homeowner's insurance. See *id.* at 11,475.

After HUD issued the rule, AIA and NAMIC filed suit in the United States District Court for the District of Columbia, contending that the rule was invalid because HUD's interpretation of the FHA was contrary to the plain language of the statute. See Compl., *AIA v. HUD*, Civ. No. 13-966 (D.D.C. filed June 26, 2013). PCI filed a separate case in the United States District Court for Northern District of Illinois, arguing, *inter alia*, that the rule was procedurally defective because HUD did not adequately consider the inconsistency between disparate-impact liability, on the one hand, and the nature of insurance and the McCarran-Ferguson Act, on the other. See Compl., *PCI v. Donovan*, Civ. No. 13-8564 (N.D. Ill. filed Nov. 27, 2013).

In *AIA*, the district court vacated the rule. See 2014 WL 5802283 (D.D.C. Nov. 7, 2014). It held that, because

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<sup>1</sup> Pursuant to Rule 37.6, amici affirm that no counsel for a party authored this brief in whole or in part, and that no person other than amici, their members, or their counsel made a monetary contribution to fund its preparation or submission. The parties have entered blanket consents to the filing of amicus briefs, and copies of their letters of consent are on file with the Clerk's Office.



the FHA “prohibits disparate treatment *only*,” *id.* at \*1, HUD’s disparate-impact rule was contrary to law. See *id.* at \*7-\*13. And in *PCI*, the district court remanded to HUD for further consideration. See 2014 WL 4377570 (N.D. Ill. Sept. 3, 2014). It agreed that HUD had failed adequately to consider the inconsistency between its rule, on the one hand, and the nature of insurance, the filed-rate doctrine, and the McCarran-Ferguson Act, on the other. See *id.* at \*19-\*23.

This case presents the same question that was resolved against HUD in *AIA*: namely, whether disparate-impact claims are cognizable under the FHA. As litigants that have successfully challenged HUD’s disparate-impact rule, and because of the serious consequences the recognition of disparate-impact claims would have for amici and their members, amici have a substantial interest in the question presented here.

#### SUMMARY OF ARGUMENT

Amici agree with petitioners that disparate-impact claims are not cognizable under the FHA. The statutory text unambiguously prohibits only disparate treatment, not conduct resulting in a disparate impact in the absence of discriminatory intent. Amici file this brief to bring to the Court’s attention further evidence, specific to the insurance industry, that Congress did not intend to create disparate-impact liability in the FHA. Permitting liability to be imposed on the basis of a disparate impact, as opposed to disparate treatment, would strike at core principles of sound insurance practice and would impair state law, which is controlling in the unique realm of insurance regulation.

To begin with, any reliable system of insurance is based on the classification of, and differentiation among, risks. In order to ensure predictable outcomes and to

maintain sufficient funds to cover losses, insurers must gather accurate data about the risks they insure and set rates that accurately reflect those risks. As courts have noted, however, “[r]isk discrimination is not race discrimination.” *Saunders v. Farmers Insurance Exchange*, 537 F.3d 961, 967 n.6 (8th Cir. 2008) (citation omitted). Insurers have an incentive not to discriminate on the basis of protected characteristics such as race because they are not valid risk factors for insuring property. In fact, homeowner’s insurers do not even consider those characteristics in making classification and rating decisions.

State law accords with the foregoing actuarial principles. States permit insurers to differentiate among insureds in the classification and rating process based on factors legitimately related to risks. At the same time, States prohibit insurers from differentiating among insureds presenting risks of the same kind on the basis of protected characteristics such as race. At least one State even forbids collection of data relating to those characteristics. Under the McCarran-Ferguson Act, federal laws of general applicability—such as the FHA—cannot be construed to invalidate, impair, or supersede those state laws.

Interpreting the FHA to permit disparate-impact liability would upend fundamental tenets of the insurance business and contravene the McCarran-Ferguson Act. Perversely, in order to avoid unintentionally causing or perpetuating a disparate effect on protected groups, insurers would be compelled to collect data regarding protected characteristics of insureds and to consider that data in making classification and rating decisions. In some jurisdictions, insurers would be placed in the impossible position of having to decide whether to risk violating state law by collecting and using that data, or to

risk violating federal law as a result of failing to do so. Where a particular practice would give rise to a disparate impact, insurers would have to forgo considering factors that correlate to risk, or to differentiate among insureds on the basis of factors that do not correlate to risk, in violation of sound actuarial principles.

The fundamental stability of the homeowner's insurance system would therefore be severely disrupted if disparate-impact liability were permitted. Congress could not have intended to impose such a severe disruption, in contravention of the McCarran-Ferguson Act, *sub silentio*. The disruption that disparate-impact liability would cause to the business of homeowner's insurance underscores that petitioners' interpretation of the FHA is the correct one.

#### ARGUMENT

#### DISPARATE-IMPACT CLAIMS ARE NOT COGNIZABLE UNDER THE FHA

##### A. The Text Of The FHA Unambiguously Prohibits Only Disparate Treatment

Amici agree with petitioners that the plain text of the FHA does not permit disparate-impact claims. See Pet. Br. 13-42. As this Court has consistently recognized, when Congress intends to prohibit conduct resulting in a disparate impact in the absence of discriminatory intent, it uses language specifically focused on the effects of the conduct. Unlike other comparable statutes, the FHA does not include such language. Instead, it unambiguously focuses on the improper motivation of the defendant for a particular action—the classic articulation of disparate treatment.

1. Absent some affirmative indication to the contrary, anti-discrimination statutes should be construed to prohibit only intentional discrimination. The Equal Pro-

tection Clause prohibits only intentional discrimination, and this Court has repeatedly rejected the proposition that an official action is unconstitutional solely because it has a racially disproportionate impact. See *Village of Arlington Heights v. Metropolitan Housing Development Corp.*, 429 U.S. 252, 265 (1977); *Washington v. Davis*, 426 U.S. 229, 239 (1976). Congress has extended the Equal Protection Clause’s prohibition on disparate treatment to private conduct through anti-discrimination statutes such as Titles VI and VII of the Civil Rights Act of 1964 and the Age Discrimination in Employment Act (ADEA). When interpreting those statutes, the Court begins from the premise that a prohibition on discrimination “of course” encompasses disparate treatment. *Hazen Paper Co. v. Biggins*, 507 U.S. 604, 609 (1993).

By contrast, this Court has found statutes to prohibit practices resulting in a disparate impact, without discriminatory intent, only where clear language in the statute so indicates. See, e.g., *Smith v. City of Jackson*, 544 U.S. 228, 235-236 (2005) (plurality opinion); *Raytheon Co. v. Hernandez*, 540 U.S. 44, 53 (2003); *Board of Education of the City School District of the City of New York v. Harris*, 444 U.S. 130, 138-139 (1979). Accordingly, an anti-discrimination statute should be construed to prohibit only disparate treatment unless its text provides some affirmative indication that Congress intended it also to prohibit practices resulting in a disparate impact.

2. By its terms, the FHA prohibits only disparate treatment: that is, intentional discrimination. Section 804(a) of the FHA makes it unlawful “[t]o refuse to sell or rent after the making of a bona fide offer, or to refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny, a dwelling to any person because of race, color, religion, sex, familial status, or national origin.” 42 U.S.C. 3604(a). Another provision, Section

804(b), similarly makes it unlawful “[t]o discriminate against any person in the terms, conditions, or privileges of sale or rental of a dwelling, or in the provision of services or facilities in connection therewith, because of race, color, religion, sex, familial status, or national origin.” 42 U.S.C. 3604(b). A subsequently enacted provision, Section 804(f), extends the foregoing prohibitions to an additional protected characteristic, handicap. 42 U.S.C. 3604(f).

This Court has consistently interpreted similar statutory language as prohibiting only disparate treatment. See *Ricci v. DeStefano*, 557 U.S. 557, 577 (2009) (Section 703(a)(1) of Title VII of the Civil Rights Act of 1964); *Smith*, 544 U.S. at 236 n.6 (plurality opinion) (Section 4(a)(1) of the ADEA); *id.* at 246 (Scalia, J., concurring) (same); *id.* at 249 (O’Connor, J., concurring in the judgment) (same). In materially identical language, the provisions at issue in those cases, Section 703(a)(1) of Title VII and Section 4(a)(1) of the ADEA, make it unlawful “to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual’s” protected characteristics. 29 U.S.C. 623(a)(1); 42 U.S.C. 2000e-2(a)(1). Like those provisions, the relevant provisions of the FHA focus on the defendant’s discriminatory *motivation* for a particular action against an individual—a clear indication that the statute prohibits only disparate treatment. See *Ricci*, 557 U.S. at 577; *Smith*, 544 U.S. at 236 (plurality opinion).

3. Provisions that authorize disparate-impact claims, by contrast, focus on the *effects* of the defendant’s actions. For example, Section 703(a)(2) of Title VII and Section 4(a)(2) of the ADEA, again in materially identical language, make it unlawful for an employer “to limit,

segregate, or classify his employees in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's" protected characteristics. 29 U.S.C. 623(a)(2); 42 U.S.C. 2000e-2(a)(2). By prohibiting actions that "would deprive or tend to deprive any individual of employment opportunities" or otherwise "adversely affect" the employee's status, those provisions "focus[] on the *effects* of the action on the employee rather than the motivation for the action of the employer." *Smith*, 544 U.S. at 236.

The FHA, which Congress enacted shortly after Title VII and the ADEA, does not include similar effects-focused language. The FHA prohibits "refus[ing] to sell or rent," "refus[ing] to negotiate for \* \* \* sale or rental," "otherwise mak[ing] unavailable or deny[ing] a dwelling," or "discriminat[ing] \* \* \* in the provision of services or facilities in connection" with the sale or rental of a dwelling, "because of" a protected characteristic. 42 U.S.C. 3604(a), (b). The focus of the statute is thus on the actor's motivation for the conduct at issue, not the effects of that conduct.

A comparison of the catch-all clause of Section 804(a) of the FHA with the "adversely affect" clauses of the Title VII and ADEA disparate-impact provisions does not alter that conclusion. The only thing that those two clauses have in common is the use of the word "otherwise." Title VII and the ADEA prohibit actions that "otherwise adversely affect" an individual, 29 U.S.C. 623(a)(2); 42 U.S.C. 2000e-2(a)(2), whereas Section 804(a) prohibits actions that "otherwise make unavailable or deny[] a dwelling" to an individual because of a protected characteristic, 42 U.S.C. 3604(a). The latter language focuses on the action taken by the defendant and the motivation for that action, not on the effect on a member of

a protected class. And if there were any doubt about that proposition, the context of the catch-all clause in Section 804(a) dispels it. A catch-all provision must be interpreted according to the list of specific terms which it completes, see, *e.g.*, *Christopher v. SmithKline Beecham Corp.*, 132 S. Ct. 2156, 2171 (2012), and all of the items in that list (which includes, *inter alia*, “refus[als] to sell” and refus[als] to negotiate” because of a protected characteristic) unambiguously involve intentionally discriminatory conduct.

The plain text of the FHA therefore leaves no room for recognition of disparate-impact liability, as the *AIA* court concluded. See 2014 WL 5802283, at \*9. And where, as here, the “statutory language is unambiguous and the statutory scheme is coherent and consistent,” the analysis should come to an end. *Sebelius v. Cloer*, 133 S. Ct. 1886, 1895 (2013) (internal quotation marks omitted).

**B. The Disruption That Disparate-Impact Liability Would Cause To The Business Of Homeowner’s Insurance Underscores That Congress Did Not Intend To Create Such Liability In The FHA**

The relevant statutory provisions make clear that disparate-impact claims are not cognizable under the FHA. To the extent this Court looks beyond those provisions, however, the Court should attach significant weight to the interplay between the FHA and another federal statute, the McCarran-Ferguson Act. See, *e.g.*, *FDA v. Brown & Williamson Tobacco Corp.*, 529 U.S. 120, 137-139 (2000) (determining the Food and Drug Administration did not have jurisdiction over tobacco products because such jurisdiction would contradict policy articulated in other federal statutes). The disruptive effect that disparate-impact liability would have on the business of insurance, and the resulting conflict that

such liability would create with the McCarran-Ferguson Act, provide additional indications that Congress did not intend to create disparate-impact liability in the FHA. See *AIA*, 2014 WL 5802283, at \*10-\*11.

For insurance markets to function effectively, insurers must accurately assess risk factors and then group insureds and set rates according to the risks they present. Differentiation among risks is an indispensable component of that process. Personal characteristics of the homeowner such as race are not valid risk factors for homeowner's insurance. Homeowner's insurers do not differentiate on the basis of those protected characteristics, or even consider them, when classifying risks or setting rates. States approve of, and even require, insurers to employ actuarial practices based on factors legitimately related to the risks associated with insured properties. And States typically forbid insurers from considering inappropriate factors such as race when making classification and rating decisions.

The business of insurance is fundamentally predictive in nature. Insurers make actuarially based decisions that are associated with risks of future losses. An insurer's profitability, ability to offer insurance to customers going forward, and very solvency depend on its ability to match price with risk. Disparate-impact analysis, by contrast, is fundamentally outcome-oriented—focusing on the effect of an insurer's decisions on protected classes. That focus on outcomes is in irreconcilable conflict with the predictive nature of the business of insurance.

In the McCarran-Ferguson Act, Congress provided that no federal law of general applicability may be construed to impair a state law regulating the business of insurance. 15 U.S.C. 1012(b). The FHA is a general federal law that triggers the reverse-preemption principle of the McCarran-Ferguson Act, and the FHA therefore



may not be construed to invalidate, impair, or supersede state insurance laws. Yet that is precisely what a construction of the FHA that permits disparate-impact claims against insurers would do. Such liability would impair state laws regarding differentiation among risks of the same class or hazard, as well as state laws specifically prohibiting consideration of personal characteristics such as race in the classification and rating process. It would also undermine the foundational principles of sound insurance practice more generally, calling into question insurers' ability adequately to insure against risk.

Disparate-impact liability is incompatible with the business of insurance, unworkable as a matter of practice, and inconsistent with the McCarran-Ferguson Act. In reaching its decision in this case, the Court should consider whether Congress intended to work such a disruption *sub silentio* by exposing insurers (and others) to disparate-impact liability.

**1. Differentiating Among Risks Is A Foundational Element Of Insurance**

a. At its core, insurance is simply a means of shifting and distributing risk. See, e.g., *Group Life & Health Insurance Co. v. Royal Drug Co.*, 440 U.S. 205, 211 (1979). The insurer agrees to compensate the insured for a potentially large but uncertain future loss, in exchange for a small but certain premium. See Ronen Avraham, *The Economics of Insurance Law—A Primer*, 19 Conn. Ins. L.J. 29, 38 (2012) (Avraham); 1 Steven Plitt et al., *Couch on Insurance* § 1:6, at 1-16 to 1-18 (3d rev. ed. 2009) (*Couch on Insurance*).

Insurers are able to accept that bargain because of the “law of large numbers”—a statistical phenomenon whereby a large enough group of individually risky

transactions that share similar characteristics (but are uncorrelated) will produce reasonably predictable outcomes. See Avraham 37-38. Based on those predictable outcomes, insurers can determine how to distribute risks among policyholders in the form of insurance premiums.

b. “The heart of any insurance system is its method of classifying risks and setting prices.” Kenneth S. Abraham, *Efficiency and Fairness in Insurance Risk Classification*, 71 Va. L. Rev. 403, 403 (1985) (*Efficiency and Fairness*). To that end, insurers must classify risks, sort applicants into groups corresponding to the difference in expected risks, and then allocate the grouped risks by establishing rates. Insurance markets function efficiently when risks are properly classified and rates correspond to the expected costs of those risks. That allows the insured to obtain protection against future losses, while the insurer receives sufficient income to cover its payouts for those losses. See Kenneth S. Abraham, *Insurance Law and Regulation: Cases and Materials* 3-4 (5th ed. 2010) (*Insurance Law and Regulation*).

The first step of the process—risk classification—requires an insurer to determine the probability of loss associated with specific risk characteristics so that the insurer can group insureds accordingly. The goal of risk classification is to group together insureds with similar risk profiles—meaning that the insureds in each group are similarly likely to suffer the loss the insurer has agreed to cover. “The grouping of risks with similar risk characteristics \* \* \* is a fundamental precept of any workable private, voluntary insurance system.” American Academy of Actuaries, Committee on Risk Classification, *Risk Classification: Statement of Principles* 1 (last visited Nov. 24, 2014) <[tinyurl.com/riskclassification](http://tinyurl.com/riskclassification)> (*Risk Classification*). Risk classification protects the financial soundness of an insurance program, en-

hances fairness, and permits “economic incentives to operate with resulting widespread availability of coverage.” *Id.* at 5.

An essential prerequisite for effective risk classification is data collection. Indeed, “all other functions of the insurer rely on its ability to gather data about the risks it intends to insure.” Avraham 39. Collecting and analyzing data is the job of actuaries. For homeowner’s insurance, actuaries will take into account characteristics such as the age of the home, its location, its market value, and aspects of its construction. See, *e.g.*, Ohio Department of Insurance, *Rates Tip Sheet* 1 (last visited Nov. 24, 2014) <[tinyurl.com/ohioratesheet](http://tinyurl.com/ohioratesheet)>; Maryland Attorney General’s Office, People’s Insurance Counsel Division, *What Homeowners Need to Know About Underwriting Guidelines* 1 (last visited Nov. 24, 2014) <[tinyurl.com/marylandunderwriting](http://tinyurl.com/marylandunderwriting)>. Actuaries use the data they collect to create classes, or groupings, of “risk characteristics that are related to expected outcomes.” Actuarial Standards Board, Task Force to Revise ASOP No. 12, *Actuarial Standard of Practice: Risk Classification (for All Practice Areas)* § 3.2.1, at 3 (Dec. 2005) <[tinyurl.com/asop12](http://tinyurl.com/asop12)> (*Actuarial Standard of Practice*).

The second step of the process—risk pooling—involves examining the risk characteristics of individual applicants and then sorting those applicants into groups with similar risk characteristics. That step is necessary because, without accurate pooling, “high-risk insureds would adversely select into [less risky] risk pool[s],” causing low-risk individuals either to subsidize higher-risk customers or, to the extent they are permitted to do so, to opt out and self-insure instead. *Insurance Law and Regulation* 144; see *NAACP v. American Family Mutual Insurance Co.*, 978 F.2d 287, 290 (7th Cir. 1992). When low-risk individuals choose to self-insure because

the cost of subsidizing riskier customers exceeds the value of having insurance, the result is a familiar vicious cycle: the insurer bears a higher net risk, which requires the insurer to increase premiums, which in turn causes more customers to opt out. And if only the highest-risk customers remain, it would make it effectively impossible for the insurer to continue providing insurance. See Avraham 44; 1 *Couch on Insurance* § 1:3, at 1-8.

The third and final step of the process—rating—is nothing more than the allocation of pooled risks by establishing rates. Four general principles guide the rate-making process. *First*, the rate charged must be an accurate estimate of the expected value of future costs. See Casualty Actuarial Society, Board of Directors, *Statement of Principles Regarding Property and Casualty Insurance Ratemaking 2* (May 1988) <[tinyurl.com/casstatement](http://tinyurl.com/casstatement)> (*Statement of Principles*). Specifically, the rate must take into account “the predicted probability that an insured will suffer a loss multiplied by the predicted severity of the loss.” *Efficiency and Fairness* 408. *Second*, the rate must provide for the insurer’s costs of doing business, including the costs associated with the transfer of risk. See *Statement of Principles 2*; *Efficiency and Fairness* 407; Avraham 38. *Third*, the rate should allow for a reasonable profit. See *Efficiency and Fairness* 407. *Fourth*, the rate must be reasonable and may not be “excessive, inadequate, or unfairly discriminatory.” *Statement of Principles 2*; see also National Association of Insurance Commissioners, Property & Casualty Model Rating Law (File & Use Version), NAIC 1775, § 5 (2009); National Association of Insurance Commissioners, Property & Casualty Model Rating Law (Prior Approval Version), NAIC 1780, § 4 (2009). In other words, “[d]ifferences in prices among classes should reflect differences in expected costs with no intended re-

distribution or subsidy among the classes.” *Risk Classification* 6.

c. As the foregoing discussion demonstrates, insurers “have a market-driven incentive to accurately assess risk that ensures that the price of insurance will be commensurate with the level of risk that a particular policyholder presents.” Matthew J. Cochran, *Fairness in Disparity: Challenging the Application of Disparate Impact Theory in Fair Housing Claims Against Insurers*, 21 Geo. Mason U. Civ. Rts. L.J. 159, 174 (2011) (internal quotation marks and citation omitted). Failure to “adhere to actuarial principles regarding risk classification” can result in “lack of coverage for lower risk individuals, and \* \* \* coverage at insufficient rates for higher risk individuals, which threatens the viability of the entire system.” *Actuarial Standard of Practice* 8.

To be sure, insurers do engage in “discrimination” in the sense that they differentiate among insureds on the basis of risk. See Michael J. Miller, *Disparate Impact and Unfairly Discriminatory Insurance Rates*, Casualty Actuarial Society E-Forum 276, 276-277 (2009) <tinyurl.com/millercas> (Miller). Such “fair discrimination” results in decisionmaking that is economically sound for insurance companies and fair to insureds, whose coverage and premiums are a function of their insurer’s costs. See *ibid.* What insurers do not do, however, is discriminate among insureds based on factors that are not legitimately related to risk. Such discrimination would undermine the sound actuarial principles on which the provision of insurance is based.

## **2. Consideration Of Characteristics Such As Race Is Already Prohibited By State Law**

a. The business of insurance is pervasively regulated by state law. Every State has enacted an insurance

code; those codes typically cover all aspects of the business of insurance, ranging from the licensing and operation of insurers, see, *e.g.*, N.Y. Ins. Law § 3201; Cal. Ins. Code § 10225, to the prohibition of unfair and deceptive insurance practices, see, *e.g.*, D.C. Code § 31-2231.11, to the regulation of rates in specific lines of insurance, including homeowner's insurance, see, *e.g.*, Colo. Rev. Stat. § 10-4-403(1).

Consistent with the actuarial principles discussed above, States forbid insurers from engaging in unfair discrimination: that is, from differentiating among insureds in the classification and rating process based on factors that are not legitimately related to the risks presented by their properties. See, *e.g.*, *Insurance Commissioner v. Engelman*, 692 A.2d 474, 480 (Md. 1997). States therefore do not allow rates where “price differentials fail to reflect equitably the differences in expected losses and expenses.” Tenn. Code Ann. § 56-5-303(d). And States specifically prohibit insurers from distinguishing among “individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.” 215 Ill. Comp. Stat. 5/424(3); see, *e.g.*, Alaska Stat. § 21.36.090; Ky. Rev. Stat. Ann. § 304.12-085; Mass. Gen. Laws Ann. ch. 175, § 4C; Me. Rev. Stat. tit. 24-A, § 2303(1)(G); Okla. Stat. Ann. tit. 36, § 985; S.C. Code Ann. § 38-75-1210 (B)(1); Tenn. Code Ann. § 56-5-303(d); Tex. Ins. Code Ann. § 544.002.

Because States prohibit differentiating between similar risks on the basis of protected characteristics such as race, property insurers generally do not collect data regarding those characteristics. Indeed, one State affirmatively prohibits the collection of such data. See Md. Code Ann. Ins. § 27-501(c)(1) (providing that “an insurer or

insurance producer may not make an inquiry about race, creed, color, or national origin in an insurance form, questionnaire, or other manner of requesting general information that relates to an application for insurance,” except in certain narrow instances related to health insurance).

b. In addition, some States expressly permit insurers to classify risks based on the “differences among risks that can be demonstrated to have a probable effect upon losses or expenses.” W. Va. Code § 33-20-3(c)(2); see, *e.g.*, Alaska Stat. § 21.39.030; Colo. Rev. Stat. § 10-4-403(1)(c); Ga. Code Ann. § 33-9-4(7); N.Y. Ins. Law § 2304(c); Wis. Stat. Ann. § 626.12(2). For example, Virginia law provides that “[n]o rate shall be unfairly discriminatory if a different rate is charged for the same coverage and the rate differential (i) is based on sound actuarial principles or (ii) is related to actual or reasonably anticipated experience.” Va. Code Ann. § 38.2-1904 (A)(3). Similarly, Maine law provides that a risk classification “based upon size, expense, management, individual experience, purpose of insurance, location or dispersion of hazard, or any other reasonable considerations” is not unfairly discriminatory, as long as the classification “appl[ies] to all risks under the same or substantially similar circumstances or conditions.” Me. Rev. Stat. tit. 24-A, § 2303(2). Those state laws not only tolerate but affirmatively sanction “fair discrimination”: that is, grouping and rating practices based on shared characteristics of actuarial significance. See, *e.g.*, *Life Insurance Association v. Commissioner of Insurance*, 530 N.E.2d 168, 171-172 (Mass. 1988).

Under state law as under sound actuarial principles, therefore, insurers are required to classify risks and to set rates based on factors legitimately related to the risk of loss. Characteristics such as race not only are unsuit-

able for the classification and rating process; they are forbidden from being factored into those decisions as a matter of state law.

**3. *Under The McCarran-Ferguson Act, The FHA May Not Be Construed To Impair A State Law Regulating The Business Of Insurance***

a. In 1945, Congress enacted the McCarran-Ferguson Act, 15 U.S.C. 1011-1015, which preserves the primacy of state law in regulating the business of insurance. For decades, this Court had treated the regulation of insurance as outside the federal government’s power, on the ground that “[i]ssuing a policy of insurance is not a transaction of commerce.” *Paul v. Virginia*, 75 U.S. (8 Wall) 168, 183 (1869). In 1944, however, the Court changed course and held that the business of insurance was commerce—and, as such, could be regulated by the federal government. See *United States v. South-Eastern Underwriters Association*, 322 U.S. 533, 553 (1944). Congress swiftly responded by enacting McCarran-Ferguson.

The McCarran-Ferguson Act established a form of reverse preemption, authorizing state law to prevail over general federal law despite the ordinary operation of the Supremacy Clause. In relevant part, McCarran-Ferguson provides that “[n]o Act of Congress shall be construed to invalidate, impair, or supersede any law enacted by any State for the purpose of regulating the business of insurance \* \* \* unless such Act specifically relates to the business of insurance.” 15 U.S.C. 1012(b). McCarran-Ferguson further provides that “silence on the part of the Congress shall not be construed to impose any barrier to the regulation \* \* \* of such business by the several States.” 15 U.S.C. 1011.

b. The FHA is a general federal law that triggers the reverse-preemption principle of the McCarran-Fer-



guson Act, because it does not specifically relate to the business of insurance and therefore does not evince an intention to override the States' authority to regulate insurance within the meaning of McCarran-Ferguson. See, e.g., *Ojo v. Farmers Group Inc.*, 600 F.3d 1205, 1209 (9th Cir. 2010) (en banc); *NAACP*, 978 F.2d at 295. As a result, the FHA may not be construed in a way that would "invalidate, impair, or supersede any law enacted by any State for the purpose of regulating the business of insurance." 15 U.S.C. 1012(b). A federal law "im-pair[s]" state law for purposes of McCarran-Ferguson if application of the federal law would frustrate declared state policy or interfere with a State's administrative regime. See *Humana, Inc. v. Forsyth*, 525 U.S. 299, 310 (1999). Under McCarran-Ferguson, therefore, the federal government may not determine that an insurer's filed rates are unlawful based on federal standards that differ from state standards under which the rates are lawful. See, e.g., *Ojo*, 600 F.3d at 1209; *Saunders*, 537 F.3d at 968.

Notably, in applying the reverse-preemption principle of the McCarran-Ferguson Act to the FHA, lower courts have recognized a significant distinction between claims for intentional discrimination, with respect to which state and federal law are in accord, and claims for disparate impact, which raise the prospect of federal impairment of state insurance regulation. See *Saunders*, 537 F.3d at 967; *Nationwide Mutual Insurance Co. v. Cisneros*, 52 F.3d 1351, 1361 (6th Cir. 1995); *NAACP*, 978 F.2d at 290-291; see also *Dehoyos v. Allstate Corp.*, 345 F.3d 290, 300 (5th Cir. 2003) (Jones, J., concurring in part and dissenting in part). For example, in *Saunders*, the Eighth Circuit affirmed the dismissal of a claim alleging a disparate impact in the pricing of homeowner's insurance, holding that the claim was barred by McCarran-Ferguson.

ran-Ferguson because it would interfere with Missouri's comprehensive regulatory regime. 537 F.3d at 967-968. The court noted that Missouri law required insurers to establish rates based on economic factors essential to insurer solvency, such as loss experience, and further permitted insurers to classify risks based on standards that "measure any differences among risks that can be demonstrated to have a probable effect upon losses or expenses." *Id.* at 967 (quoting Mo. Rev. Stat. § 379.318 (2)). The court reasoned that allowing a federal court to "determine that the [i]nsurers' filed rates are unlawful using [the] different federal standard [of] disparate racial impact" would improperly interfere with state law and, in particular, with the ratemaking authority of the state insurance commissioner. *Id.* at 968.

***4. Interpreting The FHA To Permit Disparate-Impact Liability Would Contravene Sound Actuarial Principles And The McCarran-Ferguson Act***

The draconian implications of disparate-impact liability for the business of homeowner's insurance confirm that Congress did not intend the FHA to create disparate-impact liability. See *AIA*, 2014 WL 5802283, at \*10-\*11 & n.25. Interpreting the FHA to permit disparate-impact liability to be imposed on homeowner's insurers would be antithetical to sound insurance practice and would upend fundamental tenets of the insurance business, which are founded on the ability to predict the risk of loss. In addition, it would contravene the McCarran-Ferguson Act by impairing state insurance laws in numerous respects. Assessing risk and making coverage and pricing decisions based on predictive risk factors is critical to the stability of the homeowner's insurance system and is mandatory under state law. But it is in "inevitable and irreconcilable conflict" with disparate-impact liability. Miller 277.

a. Disparate-impact liability is incompatible with core insurance principles because it strikes at the heart of the concept of fair discrimination. In a disparate-impact regime, insurers would have to “mak[e] corrective underwriting, rating and pricing adjustments to recalibrate away from risk and towards parity of ‘impact.’” *AIA*, 2014 WL 5802283, at \*11 n.30 (quoting affidavit). Such recalibration, however, would cause rates to be based on factors other than an insured’s risk profile. *Ibid.* Under established actuarial standards, the resulting rates would be unfairly discriminatory. See *Statement of Principles 2*.

Disparate-impact liability would therefore place insurers in an impossible position. Any risk factor that happens to affect a protected group disproportionately could trigger a disparate-impact claim. At the same time, eliminating an otherwise appropriate risk factor because of its disparate impact on a protected group would make the insurer’s rates unfairly discriminatory, thereby violating sound insurance practice. Moreover, predicting a potential disproportionate effect across time, different geographic areas, and potentially hundreds of actuarially sound risk factors could prove difficult, if not impossible, exposing insurers to significant uncertainty and litigation risk.

In response, insurers could take one of three paths, none of which is acceptable. *First*, insurers could assign insureds who could not be properly classified because of disparate-impact liability to alternative risk pools, with the result that low-risk insureds would cross-subsidize their higher-risk counterparts. That approach, however, would violate sound actuarial practices, see *Risk Classification 6*, and would be untenable because of the phenomenon of “adverse selection” discussed above, see *Insurance Law and Regulation 144*; pp. 13-14, *supra*. *Se-*

*cond*, insurers could simply ignore risk characteristics that have a disparate effect, charging insureds who have those characteristics the same rate as insureds who do not. That approach, however, would either drive insurers from the market or cause serious solvency problems, thereby endangering their ability to remain in business. *Third*, insurers could raise prices for all insureds, shifting to consumers the cost of rating based on factors other than risk. That approach, however, would harm consumers in the short term and ultimately lead to the same adverse-selection problems as a cross-subsidy. Lawyers are all too fond of invoking the analogy of Scylla and Charybdis, but here it is exactly apt: insurers would have no middle path that is compatible with sound insurance practice.

b. Disparate-impact liability is also inconsistent with the McCarran-Ferguson Act. The FHA cannot be read to displace state laws that permit risk classification based on factors legitimately related to the risk of loss, state laws that prohibit the consideration of characteristics such as race, or state laws that prohibit insurers even from collecting data concerning those characteristics. See pp. 15-18, *supra*. In order to avoid disparate-impact liability, however, insurers would be compelled to collect data on protected characteristics, but see Md. Code Ann. Ins. § 27-501(c)(1); to consider that data, but see, *e.g.*, S.C. Code Ann. § 38-75-1210(B)(1); Tex. Ins. Code Ann. § 544.002, and to make classification and rating decisions that take into account membership in protected groups, but see, *e.g.*, Tenn. Code Ann. § 56-5-303 (d). With regard to these and other similar state laws, disparate-impact liability would plainly contravene the reverse-preemption provision of the McCarran-Ferguson Act. See, *e.g.*, *Saunders*, 537 F.3d at 967-968; *AIA*, 2014 WL 5802283, at \*11. And disparate-impact liability

would more broadly jeopardize States' role as the primary regulator of insurance practices and impair state insurance commissioners' authority to determine the adequacy and appropriateness of rates, also in contravention of McCarran-Ferguson. See *Dehoyos*, 345 F.3d at 300 (Jones, J., concurring in part and dissenting in part); cf. *Doe v. Mutual of Omaha Insurance Co.*, 179 F.3d 557, 564 (7th Cir. 1999). As the association of state insurance commissioners has warned, application of disparate-impact theory "makes impossible the operation of state laws establishing insurers' right to use rationally based, neutral risk-selection techniques." National Association of Insurance Commissioners Br. at 2, *Nationwide Mutual Insurance Co. v. Cisneros*, 516 U.S. 1140 (1996) (No. 95-714).

The policy of the McCarran-Ferguson Act only underscores that Congress could not have intended to create disparate-impact liability in the FHA—or to give HUD the power to do so through rulemaking in the absence of a clear statutory authorization. Indeed, as the *AIA* court observed, "it is utterly incomprehensible that Congress would *intentionally* provide for disparate-impact liability against insurers in the FHA, where doing so would *require* those same insurers to collect and evaluate race-based data, thereby engaging in conduct expressly proscribed by state law." *AIA*, 2014 WL 5802283, at \*11.

In short, the imposition of disparate-impact liability would have seismic consequences for the business of homeowner's insurance. For that reason, as well as the reasons stated by petitioners, this Court should reject respondents' interpretation and conclude that disparate-impact claims are not cognizable under the FHA.

**CONCLUSION**

The judgment of the court of appeals should be reversed.

Respectfully submitted.

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