DOWNLOAD PDF AN INCREASED THREAT OF LAWSUITS AND HIGHER PREMIUMS : THE CONSEQUENCES

Chapter 1 : Has the Threat of Lawsuits Changed Our Schools? | Education World

However, there is stronger evidence that rural physicians are sensitive to change in premiums - a 10 percent increase in premiums results in a 1 percent decrease in rural physicians per capita and a 2 percent decrease in older rural MDs.

How frivolous lawsuits drive up healthcare costs. What are the sanctions to stem frivolous lawsuits? A Frivolous Lawsuit is any legal claim that seems trivial and lacks merit. Often, an individual without legal counsel makes such a claim, and the claim is brought as a result of poor understanding for court processes and the law in general. The Prison Litigation Reform Act was enacted in to prevent inmates from filing such lawsuits. To avoid filing a Frivolous Lawsuit, Federal Law mandates an attorney to thoroughly research the legality of all claims. Failure to make such efforts can result in serious consequences for all persons involved, including the representing lawyer. These consequences will be discussed later. If you watch television long enough you will notice just how many personal injury lawyers there are, and very few of them are actually looking to help you out. In most cases, a personal injury lawyer will take thirty-fifty percent of money awarded to you as a result of a medical malpractice lawsuit. Despite this fact, the availability of these lawyers has driven up the number of Frivolous Lawsuits filed over the past year. For example, when you are admitted to a hospital there are many healthcare professionals who may assist you during your stay. These individuals can be anyone from your primary doctor, nurses required to bring you food or change your bedpan, or a physician in the absence of your regular doctor who wrote a note in your chart on the day you discharged. A legitimate lawsuit might be filed against the doctor who actually performed your liposuction that left you permanently scarred. A Frivolous Lawsuit would be suing every individual who handled your chart, but had nothing at all to do with the surgery. In some cases when a doctor fills in for a colleague, they may sign a discharge note for a patient they never met. How Frivolous Lawsuits Can Drive Healthcare Costs Highers A Frivolous Lawsuit can be devastating in cases involving medical malpractice, not only to the doctor s implicated but also to the general taxpayer. The overwhelming opinion on Frivolous Lawsuits is they drive up healthcare costs and make quality care harder to obtain. Once a Doctor is implicated in a malpractice lawsuit, their malpractice insurance premiums rise. This new insurance rate can be effective for any period of time determined by the individual policies of the insurance company. These increased tests can also drive up the cost of healthcare because they require more money from hospitals and doctors to run and they take more time. In addition to running more tests, doctors may hesitate before prescribing medications like controlled substances and newer drugs fearing a Frivolous Lawsuit on rare side effects. Sanctions Against Frivolous Lawsuits: Frivolous Lawsuits waste valuable time and resources of courts. Cases with no legal merit delay the processing of valid lawsuits. If a court rules the lawsuit is frivolous, the court may impose a fine on the parties involved for tying up the court and creating delays. Countersuit the Frivolous Lawsuit There are options available if you are the one being sued as part of a Frivolous Lawsuit. If you feel the claim against you is unfounded or trivial, you have the right to hire an attorney and bring a countersuit against the Plaintiff. Most people making Frivolous Lawsuits are looking for a quick way to make money and if you threaten a countersuit, these individuals are likely to back off. When filing your countersuit the defendant can be anyone you choose who had a part in the Frivolous Lawsuit. When you plan on countersuing, it is important to hire legal counsel to ensure your lawsuit has merit. It may be difficult to find an attorney willing to sue another law firm. There are many items you may receive compensation for when countersuing. You can request reimbursement for court costs and compensatory damage for time and money lost while you were in court instead of at work. You may also request money to alleviate some of the mental pain and suffering i.

Chapter 2 : Los Angeles Times - We are currently unavailable in your region

As difficult as premiums and the threat of lawsuits can be for individual physicians â€" particularly in certain high-risk specialties and geographic areas â€" the total annual malpractice premium amount paid by physicians and institutions topped $ billion, (according to US News & World Report), representing only about percent of.

In some cases insurers also increased rates due to concerns that the individual mandate might not be enforced, although no formal change in enforcement has been announced. Many insurers anticipated that the CSR payments might not continue and built the loss of payments into their premiums for In some cases, state insurance departments directed insurers what to assume regarding CSR payments, and in other cases regulators were silent. Some state insurance regulators approved two sets of rates, one to be used if CSR payments continued and another if they did not. Following the October 12th cessation of CSR payments, many insurers that had assumed the payments would continue were able to adjust their rates upward, under the review of the federal Centers for Medicare and Medicaid Services CMS , state insurance departments, and state-based marketplaces. Insurers â€" often under the guidance or direction of state regulators â€" have taken one of four general approaches to the end of CSR payments: Not adjust rates at all in response to the termination of CSR payments. Only two states North Dakota and Vermont are known to have prevented insurers from adjusting rates. Increase premiums for all ACA-compliant individual market policies across-the-board, both inside and outside the marketplace. Increase premiums for silver-level plans inside and outside the marketplace. Silver plans are relevant because cost-sharing reductions for low-income marketplace enrollees are only available in those plans. Increase premiums only for silver-level plans inside the marketplace, under the logic that cost-sharing reductions are only available in marketplace silver plans. Premiums for silver plans have particular significance in the ACA marketplace not only because they are the only plans that offer reduced cost-sharing, but also because the second-lowest cost silver plan in each area is the benchmark for tax credits provided to subsidize premiums for low and moderate income enrollees. A crowd-sourced compilation of the strategies used in different states is available here. This analysis seeks to quantify the impact of the termination of cost-sharing subsidy payments, based on publicly available data for 32 states and the District of Columbia. Table 1 below highlights those insurers that have explicitly factored into their final premiums the fact that cost-sharing subsidy payments will not be made and have specified the degree to which that assumption is influencing their premiums in public filings. Insurers are not always consistent in how they report the premium effect of the end of CSR payments. In some cases insurers report the average impact across all ACA-compliant individual market plans, even though they have applied an increase only to silver plans, which is the approach most insurers seem to have taken. In other cases, insurers specifically cite how much of a surcharge they have applied to silver plans. As shown in Table 1, among those insurers that specify the surcharge on silver plans for the discontinuation of CSR payments, the amount of the surcharge ranges from 7. For those insurers that report the impact on average across all plans â€" whether increases were actually applied to all plans or only to silver plans â€" the surcharge ranges from 0.

Chapter 3 : Malpractice Litigation and Nursing Home Quality of Care

from the threat will be passed along to the consumer in the form of higher insurance premiums. Four empirical analyses of bad faith lawsuits' economic and behavioral effects conducted by prominent researchers have confirmed what bedrock economic principals predict.

A recent survey revealed that the majority of school principals have been threatened with lawsuits -- lawsuits that have changed the atmosphere in their schools. Handling lawsuits threatened by disgruntled parents and teachers. A recent Harris Interactive survey conducted for the organization Common Good revealed that 82 percent of teachers and 77 percent of principals say the current legal climate has changed the way they work. More than 60 percent of principals surveyed said they had been threatened with a legal challenge. Armed with that information, we chatted with our "Principal Files" Principals. We wanted to hear their take on the survey results and on how a general trend in society toward increased litigation is affecting themselves, their teachers, and their schools. The response we got is clear: The threat of a lawsuit, no matter how frivolous, is something that colors many decisions we make. Schools, communities, and parents should work together to improve our educational institutions for all children. When I come across new territory in decision-making, I imagine myself on the witness stand being cross-examined. I mentally review my answers. Pat Green has been in education for more than 30 years. During that time, she has watched the world become more litigious. Southern United States One of our teachers was not performing effectively in the classroom. She arrived late for school, left school during the day, and used profanity in the classroom. Rumors also persisted about domestic violence at home and involvement with drugs. The first concerns were job-related; the others were off-duty-conduct items. Contract termination followed due process and the individual is no longer working as a teacher in our district. The off-duty behaviors could not be brought into this termination case at all unless we could prove that they affected performance. Administrators need to be highly trained and able to discern concerns that are directly applicable to possible legal actions at school and those that are of interest, but not directly applicable, to contract termination. It seems as if you never know what you might need to be able to prove. They are informed about what laws have changed and about the practices and procedures that might need to be looked at more carefully. Principal Paul Young has served recently as a mentor to future principals. Two of them have already been involved in lawsuits -- and they are just 30 years old. It has also taken some of the fun out of the school day. Brian Hazeltine is principal of a private, Christian school. He makes excuses for poor choices the child makes and he blames the school for everything possible. He yells, treats people disrespectfully, and generally makes it difficult to greet him with a smile and a sincere "how may we help you" attitude. He writes letters filled with legal jargon, speaks of yet-to-be named attorneys, and "fires" the people he disagrees with at school. Rather than jump up in alarm because of the threat of a lawsuit, we remain calm, treat the child like we treat all children, hold the child accountable for his behavior, and continue to try to partner with the parent by helping him access additional support in the community. Does the parent like us? Are we investing a lot of time and energy in trying to work with him? This is not a matter of win or lose. We just stay calm, consistent, and clear. The threat of lawsuits from parents regarding students, especially students in special education, has changed the way teachers and schools work, said principal Lee Yeager. Today, the process is more involved and the threat of -- or fear of -- a lawsuit makes principals more tolerant. We have lost a lot of ground in our ability to control the school environment based on the rights of a minority of students. Teachers are more reluctant to volunteer for overnight field trips, extra supervision outside the school, or other situations that might place them in a compromising situation if a student were to accuse them of misconduct. Lawrence Middle School in Deville, Louisiana. I had a male teacher tell me one time that he had a general policy not to ever touch a child anywhere below the shoulders. In a world where so many children are lonely for physical touch, it is a sad state of affairs. Michael Miller has heard several times from legal aid attorneys, especially regarding students with exceptional needs. Not that documenting is fun. It is a

shame but, unfortunately, it is a sign of the times we live in. I use that approach with students, staff, parents, and the public. With high-stakes tests taking such prominence in our field, she considers the possibility that parents may soon be accusing teachers of not teaching their children the content necessary to pass those tests. Lesson Learned 3 Location: Northeastern United States One of my teachers was accused of being sexually involved with a minor student. That former student, now an adult, threatened a lawsuit. The teacher denied the accusations. She was placed on administrative leave as six months of interviews, reviews, statements, and depositions ensued under a veil of confidentiality. In the end, the teacher lost her license and is no longer teaching in a public school. This incident created a very tense situation at school. That veil of secrecy was counter to our school-wide tradition of open and honest communication. I had to carefully explain that the situation was confidential, under detailed investigation, and that, in time, the correct and fair decision would be made. Any teacher can challenge you on a legal issue. If your relationships with staff are open, honest, and consistent, the vast majority of issues can be resolved through conversation, instruction, and compromise. That helps ensure that I will not be challenged. I follow the state code of ethics for educators. This is the most serious problem for principals who are on the front line -- more so than lawsuits. Teacher unions in the last decade have hindered education reform and progress. That requirement was driven home to him years ago in a very personal way when he learned -- in the newspaper, before the superintendent had even talked to him -- that he was being transferred to an assistant principalship. For example, I went through four years of hearings and appeals for a special education teacher I recommended for dismissal after I learned that she had, among other things, locked a student in a closet for an hour. There are plenty of attorneys willing to work on a percentage basis; therefore, they have nothing to lose. Even more stressful than that, however, are those parents who become incensed over a disciplinary situation with their child and threaten to call the local TV station. Situations such as that are more challenging and stressful than being in a courtroom. That, said principal Margaret Morales, is because most staff members in public school settings are competent professionals who wish to maintain a safe environment for all children and discipline in a nurturing way. Davis, principal at Doctors Inlet Elementary School in Middleburg, Florida, pointed out that some states have liability funds set up to assist educators when legal situations such as those arise. Instead, I choose not to worry about the legal challenges. I concern myself with doing things the right way, treating people with respect, being consistent, and documenting my efforts. Other principals contributed on the condition of anonymity.

Chapter 4 : calendrierdelascience.com: Rhode Island Government

WASHINGTON â€" Premiums for the most popular health insurance plans would shoot up 20 percent next year, and federal budget deficits would increase by $ billion in the coming decade, if.

Log In Get a Demo The Shocking Truth about Medical Malpractice We are presently in the midst of another medical malpractice insurance crisis, not unlike the crisis that occurred in the late s. The availability of medical malpractice insurance is diminishing; insurance premiums are soaring; insurance carriers are going bankrupt or refusing to write malpractice insurance policies. In some areas, the cost of malpractice insurance is prohibitive, causing physicians to leave medicine. The most concerning effects are felt among patients, whose access to care is being compromised. It is easy to blame insurance companies, plaintiff lawyers, and runaway juries. It is much more difficult to examine our countries health care practices and ask ourselves what we could do to change our feelings about the system that compels us to sue doctors, hospitals, and nurses. Identifying the Motivating Factors for Malpractice In this age of phenomenal technological innovations and highly successful treatments and cures, why is it that we, the patients, are so dissatisfied with our health care to such a degree we feel compelled to file a lawsuit? Several papers have been published that address this question. In one study, deposition transcripts were reviewed. Another team used questionnaires to survey plaintiffs. The third team conducted their study by telephone survey. In all 3 studies, common themes emerged. The 4 most common reasons prompting us, the patient, to file a lawsuit included: A desire to prevent a similar bad incident from happening again. A need for an explanation as to how and why an error was made. A desire to hold doctors accountable for their actions. Study participants described the perceived communication problems as follows: Physicians would not listen, would not talk openly, attempted to mislead them, or did not warn them of long- term neuro-developmental problems. Early Detection and Appropriate Treatment Additionally, there are staggering statistics that are telling us our healthcare system is failing to provide early detection and treatment. Why is the American healthcare system and our doctors missing the mark? International data on quality of healthcare, life expectancy and infant mortality statistics place the United States in the embarrassingly lower quadrant of industrialized countries, although we pay more for our healthcare than any other country in the world. The most common breakdowns in the diagnostic process are: Failure to order an appropriate diagnostic test: Failure to create a proper follow-up plan: Failure to obtain an adequate history: Failure to perform an adequate physical examination: But the leading factors contributing to these failures are even more overwhelming: To be fair, the majority of doctors are concerned about the welfare of their patients. The system is like a dog chasing its tail. It is causing an increasing number of good physicians to abandon their practice for a more lucrative career. In order to implement change that will correct the present system, we, our government agencies, and the healthcare industry as a whole, are going to have to identify and acknowledge a different, more efficient model. Until then, you and I are going to have to take a more active role in monitoring our own health by becoming better informed. Use of Costly New Technologies and Drugs Health care costs are disproportionately high for many reasons that health care professionals and the insurance would have you believe are the largest single factor increasing health care costs. Use may be appropriate or inappropriate, but in either case, cost is increased. An example of appropriate but costly treatment is the use of fibrinolysis or angioplasty to treat an MI; before the s, when these treatments began to be used commonly, treating an MI was much less costly but also less effective. An example is use of lower lumbar spinal fusion to treat chronic low back pain; many experts think this treatment is ineffective and grossly overused. Use of many such costly treatments tends to vary considerably among geographic areas and among physician practices within a geographic area termed practice variation. For some specific disorders eg, coronary artery disease , health outcomes are no better in areas where adjusted health spending is high than in areas where it is low. What is that telling us? I believe the answer goes back to the previous case studies. Corporate and governmental subsidization removes some economic disincentives to health care use and has

been assumed to contribute to better health care practices. But same systematic conditions still apply. The drug companies are a link in the system that is failing us in potentially serious ways. We only have to look at the number of recent whistleblower, False Claims Act lawsuits to determine where the drug companies priorities lie, the Stock Market. Marketing of New Drugs and Devices Intensive marketing to physicians and consumers with direct-to-consumer advertising has been suggested as a cause of overuse of costly new technologies and drugs. Some of these new measures may be no more effective than older, less costly ones. Overuse of Specialty Care Specialists are increasingly providing more care; reasons may include a decreasing number of primary care physicians who are leaving their practices, and an increased desire by patients to see a specialist. Specialty care is often more expensive than primary care; specialists have higher fees and may do more testing often pursuing less common diagnoses than primary care physicians. Also, evaluation and treatment of a patient who could have been managed by a single primary care physician, may require more than one specialist. Most administrative costs are generated by private insurance, and most of those costs are generated by marketing and underwriting, processes that do not improve medical care; however, the Affordable Care Act limits the amount private insurance can spend on administrative costs. Physician Fees Physicians in the US are more highly compensated than other professionals in the US and than physicians in many other countries. Malpractice Costs Us Directly and Indirectly The issue of malpractice adds to the cost of medicine directly and indirectly by triggering defensive medicine. The direct cost is the malpractice insurance premiums paid by physicians, other providers, health care institutions, and medical drug and device manufacturers. Total payouts for medical malpractice: Payouts resulting from judgments: Payouts resulting from settlements: Key Points Use of costly new technologies and drugs may be the largest single factor among the many that increase US health care costs. Use of such technologies sometimes varies widely between geographic areas, and increased use does not always result in better clinical outcomes. At first glance, direct malpractice costs have a small effect on overall health care costs, but the costs of defensive medicine, done to guard against malpractice suits, are difficult to measure and may attribute to a greater degree. Aging of the US population probably has not contributed greatly to the disproportionate increases in US health care costs but may do so as baby boomers age.

Chapter 5 : Frivolous Lawsuits â€“ Trivial Legal Claim, Merit Lacking Lawsuits

In the OSCAR analyses, a doubling of indemnity payments made over the preceding two inspection periods was associated with a % increase in the number of deficiencies, and doubling of total indemnity plus administrative costs was associated with a % increase in deficiencies.

The reform reduces Medicare spending. But these draconian cuts will likely be overridden. Thus, if these provisions are overridden, the more realistic Medicare spending base would be substantially higher, meaning that the potential for additional savings from premium support would also be proportionately higher. Medicare beneficiaries could secure premium savings. Under the average bid option, average beneficiary premiums would be reduced by 6 percent in Under the second-lowest bid benchmark, the CBO estimates that premiums would increase. But CBO makes a counterintuitive assumption in both estimates: It assumes that about half of beneficiaries would stay in traditional Medicare, despite paying much higher premiums than they would under a competing private plan. This means that under these scenarios, about half of all beneficiaries would choose to pay nearly 40 percent and percent more, respectively. The idea that seniors are somehow uniquely price insensitive is intriguing if not fanciful, but the CBO report actually underscores a fundamental truth: Competing private plans in a Medicare premium support program, with the same actuarial value as traditional Medicare, would cost less. In choosing private plans, seniors could also reduce their out-of-pocket costs. Your Medicare coverage is protected. You get more preventive services, for less. Medicare now covers certain preventive services, like mammograms orcolonoscopies, without charging you for the Part B coinsurance or deductible. You can save money on brand-name drugs. The donut hole will be closed completely by Your doctor gets more support. With new initiatives to support care coordination, your doctor may get additional resources to make sure that your treatments are consistent. The ACA ensures the protection of Medicare for years to come. The life of the Medicare Trust fund will be extended to at least â€”a year extension due to reductions in waste, fraud and abuse, and Medicare costs, which will provide you with future savings on your premiums and coinsurance. More Americans could retire earlier When the CBO estimated the effects of a Medicare expansion in , it predicted that some Americans who would have previously stayed in the workforce to ensure they had health coverage would retire earlier, knowing they could buy into the public insurance program. Premiums for other Americans could drop Age is a decent proxy for health. So depending on how many and which toyear-olds opted for Medicare coverage over private insurance, the pool of individuals and small groups left buying private insurance in the exchange or exchanges â€” new marketplaces for insurance â€” would be less risky to insure and could therefore pay lower premiums. Increase Penalties for Health Care Fraud Estimates show that waste and fraud in the health care system cost taxpayers tens of billions of dollars every year. Proposals to reduce fraud include increasing the penalties for fraudulent activities, such as the illegal distribution of Medicare patient and provider information. Increasing penalties on providers and others who commit fraud can reduce such behavior and lead to substantial savings. Dollar for dollar, addressing fraud in this way is an effective strategy compared to other approaches. For every dollar spent on such activities over the past three years, the federal government has collected more than seven dollars in return. Require Drug Companies to Give Rebates or Discounts to Medicare Under current law, drug manufacturers are required to give rebates or discounts to the Medicaid program for prescription drugs purchased by Medicaid beneficiaries. However, Medicare Part D â€” the optional prescription drug coverage â€” does not require similar manufacturer rebates or discounts. This proposal would require manufacturers to provide Medicare with the same rebates or discounts as those Medicaid receives for drugs purchased by certain low-income Part D enrollees. Before , drug companies provided discounts on drugs prescribed for all Medicaid beneficiaries. In , legislation moved many of these beneficiaries to Medicare and ended the required discounts. As a result, the price of drugs for Medicare enrollees is higher than that under Medicaid and other government programs. Drug companies managed fine before and they can do so again. This is a simple and effective way to save

money for Medicare and help lower the federal budget deficit Part B pays for physician and outpatient services excluding prescription drugs. Part A and Part B have different cost-sharing and deductibles. Currently, there is no annual upper limit on out-of-pocket expenses for Part A or Part B. Some proposals would set an out-of-pocket limit. Redesigning Medicare copayments and deductibles could simplify and streamline benefits for beneficiaries. If an annual out-of-pocket spending cap were included in this redesign, Medicare beneficiaries â€" particularly those with high utilization â€" would have more financial protection from expenses caused by severe and often unexpected illnesses. This could also reduce the need for supplemental insurance, such as Medigap. While most beneficiaries likely will not reach the out-of-pocket limit in a given year, knowing that the limit exists could give them a greater sense of financial security. Redesigning Medicare cost-sharing could also create savings for the federal government by making beneficiaries more price-sensitive in using health care services, resulting in lower utilization and greater Medicare savings. Allow Faster Market Access to Generic Versions of Biologic Drugs Expensive biologic drugs medications made from living organisms are used to treat conditions like cancer, rheumatoid arthritis and multiple sclerosis. These types of drugs currently provide manufacturers with 12 years of exclusive market access before generic versions known as biosimilars can enter the market. This proposal would reduce the exclusivity period to seven years. Because generic medications have a lower retail cost, this would save money for Medicare and its beneficiaries. Under the new health care law, brand-name biologic drug manufacturers are allowed to sell their products without any competition for 12 years. This period is excessive and should be shortened in order to encourage lower prices and maximize savings for consumers and Medicare. Allowing seven years of market exclusivity is more than enough time to give manufacturers a monopoly to recoup their development costs Strengthen the Independent Payment Advisory Board IPAB The IPAB is a group of 15 health experts generally appointed by the president and approved by the Senate who are required to recommend ways to hold down Medicare spending growth if that growth exceeds a certain limit. Some proposals would change the law to give the IPAB more authority so it could also reduce benefits, while other proposals would further limit the amount of Medicare spending growth, which could require the IPAB to further reduce spending on doctors, hospitals and other health care providers. Some would eliminate the IPAB altogether. The IPAB is a promising way to limit the growth of Medicare spending without rationing care or cutting access to care by the elderly and disabled. It should be retained and strengthened so it can improve incentives for doctors, hospitals and other providers to deliver higher-quality care at reasonable cost. Some members of Congress want to kill the IPAB even before it goes to work because of a mistaken belief that it usurps congressional authority. Congress remains free to reverse any recommendations that the IPAB makes. It could even kill the IPAB with new legislation. But the creation of the IPAB expresses a congressional commitment to an important goal â€" slowing the growth of health care spending. Doctors and hospitals could see incomes and revenues drop Medicare-reimbursement rates are lower than those of private insurance, so bulking up the number of Americans covered by Medicare could adversely affect the bottom lines of doctors and hospitals. The American Hospital Association and American Medical Association have already said they oppose expanding Medicare eligibility, and at least one Democrat, North Dakota Senator Conrad, has expressed concern on the same grounds. Workers and their employers each contribute 1. Medicare also offers coverage for physician services Part B and prescription drugs Part D , but these services are not funded by the payroll tax. Increasing the payroll tax rate by 0. Doing so will make the situation worse for the economy and for our children and grandchildren, and it will erode the political will to undertake needed reforms. Prohibit Pay-for-Delay Agreements Brand-name pharmaceutical companies can delay generic entry into the marketplace by compensating a generic competitor for holding its competing product off the market for a certain period of time. Pay-for-delay agreements are an efficient and cost-effective way for pharmaceutical companies to resolve expensive patent lawsuits. If pay-for-delay agreements are prohibited, generic drugs could actually be kept off the market for a longer period of time, since it can take years to resolve patent litigation through the court system. There is little proof that pay-for-delay agreements prevent generic

competition. In fact, a majority of pay-for-delay agreements allow generic drugs to enter the market before the brand-name patent has expired. It is also important to ensure that the innovations of brand-name drug manufacturers are adequately protected by patents. Without this security, pharmaceutical companies may be less likely to invest money in the research and development of new drugs. Increase Supplemental Plan Costs and Reduce Coverage Even with Medicare coverage, seniors are often left with significant health care costs, so many people purchase supplemental private insurance coverage such as Medigap plans to reduce their out-of-pocket expenses. One proposal would charge more for certain types of supplemental plans, such as those that cover all costs so seniors incur no out-of-pocket expenses themselves. Other proposals would limit what Medigap supplemental insurance plans will cover. Some proposals may also include a cap to limit overall out-of-pocket expenses. It would be unwise to increase the premium amounts for Medicare supplemental insurance, such as Medigap, or to decrease the amount of coverage available to enrollees under these policies. There is no evidence that these reforms would deter the use of unnecessary health care services. Rather, these Medigap proposals would simply raise costs for Medicare beneficiaries and have an unfair effect on lower-income Medicare enrollees and those in poor health. The premiums people pay for parts B and D cover about 25 percent of what Medicare spends on these services. Under several proposals, these higher-income beneficiaries would be required to pay as much as 15 percent more than they currently pay. On the surface, it may seem reasonable to charge Medicare beneficiaries with higher incomes more for the same parts B and D coverage. However, in reality, many of these proposals will push costs on to more middle-class beneficiaries, particularly if the income level at which individuals are subject to the higher premium continues to be frozen, or even reduced. In addition, higher-income beneficiaries already pay more money into the Medicare program before retirement, and they also pay more in premiums for Medicare parts B and D â€” they should not have to pay even more for the same coverage as other beneficiaries. Also, some higher-income beneficiaries may decide it is more advantageous to drop out of parts B and D if they are able to buy less expensive private coverage or simply self-pay for the physician visits and medications. If enough higher-income beneficiaries drop out of parts B and D, the premiums for Medicare parts B and D will need to increase for beneficiaries who remain in the program, making Medicare participation more expensive for almost everyone. Increase Medicare Cost-Sharing for Home Health Care, Skilled Nursing Facility Care and Laboratory Services Medicare does not charge a copay for patients whose doctors prescribe home health care or for the first 20 days in a skilled nursing facility. Medicare does not currently require a copay for laboratory services such as blood and diagnostic tests. A number of proposals would require beneficiaries to pay 20 percent of the cost of laboratory services. Many Medicare beneficiaries â€” particularly those who are low income and do not qualify for any additional assistance â€” will have trouble affording new copayments for home health, skilled nursing facility and laboratory services. These individuals may end up not receiving needed care or services. Even Medicare beneficiaries with supplemental policies could face higher out-of-pocket costs, as premiums would likely rise to offset the higher copays. State governments would also pay more, as Medicaid would be responsible for the copayments of low-income Medicare beneficiaries who receive assistance from Medicaid. No new incentives for primary care physicians. Physicians are increasingly turning to specialties as a way to pay off expensive medical school debt and make more money. This means more workload and burnout for primary care physicians, who get no bureaucratic relief under the current reform bill.

Chapter 6 : How Auto Claims Affect Your Car Insurance Rates | calendrierdelascience.com

The effect that lawsuits have had on doctors' malpractice insurance rates has also been negligible. Insurance premiums have still increased in states with extensive tort-reform measures.

And large verdicts may be the most effective drivers in making health care safer. The case, Reilly v. Charles Hospital, centered on the birth of Shannon Reilly in The jury determined that the Long Island hospital and the obstetric nurse had failed to properly monitor the pregnant mother and her fetus, missed important signs that the baby was in distress, and then failed to take corrective action. Half of all states also have shorter statutes of limitations for medical malpractice than for property damage. In reality, though, their legislative successes have made things worse. Unintended Consequences For example, shortening the statute of limitations â€" the amount of time injured parties have to bring a case â€" has resulted in more doctors being sued, not fewer. To stop the clock and preserve their rights, plaintiffs file suits that name every doctor who could conceivably be liable in the case. After investigation, many of the defendants are often dropped. But in the meantime, the named doctors suffer the indignity and anxiety of being sued. However, extensive research â€" including some done by the Robert Wood Johnson Foundation, the Congressional Budget Office and the Government Accountability Office â€" has shown that tort reform has had no influence on health-care costs. Doctors practice defensive medicine simply because it generates extra income. Insurance premiums have still increased in states with extensive tort-reform measures, researchers at the Robert Wood Johnson Foundation concluded after reviewing 11 major studies. Rates in those states rates have gone up 6 percent â€" compared with 13 percent in non-tort-reform states. One medical specialty, however, has experienced huge reductions in malpractice-insurance premiums: These savings have nothing to do with tort reform. Instead, they have resulted from anesthesiologists getting fed up with being sued and losing huge cases. Problems were frequent, serious and directly attributable to anesthesia. It was estimated that 1 in 6, administrations of anesthesia resulted in death. Serious brain injuries were even more frequent. In , after a spate of bad publicity triggered by large malpractice verdicts â€" several won by Moore â€" the American Society of Anesthesiologists conducted a comprehensive assessment of what had been injuring patients. They then revamped their procedures, established mandatory monitoring, improved training, limited the number of hours anesthesiologists could work without rest, redesigned machines and outfitted others with safety devices. Within 10 years, the mortality rate from anesthesia dropped to 1 in , administrations. Unfortunately, other medical specialties â€" in particular, obstetrics and gynecology â€" have resisted taking similar steps. Some individual hospitals, however, have instituted sweeping reforms to make obstetrics safer. After a seven-year effort at NewYork-Presbyterian Hospital, so-called sentinel events â€" unforeseen problems that cause death or serious injury to patients â€" dropped to zero in and from 1. Patient safety is a very serious concern in the U. Every year, hospitals see , to 1 million avoidable deaths â€" and a far greater number of serious injuries. Steve Cohen was a publisher and author for 30 years. He recently graduated from New York Law School and passed the bar. Mary Duenwald, Brooke Sample.

Chapter 7 : Tort reform - Wikipedia

*May , Number (k) LAWSUITS: WHAT ARE THE CAUSES AND CONSEQUENCES? * George S. Mellman (CFA) is an institutional investment consultant for defined contribution, defined benefit, and.*

The consequences of increased medical malpractice litigation in South Africa We live in uncertain times. The rising cost of healthcare in South Africa is another fact. This phenomenon is accompanied by an even more disturbing trend: An important question to consider is what effect this increase is having on healthcare provision in South Africa generally. Some disturbing statistics have emerged: Media reports of high damages awarded for malpractice in public health institutions are commonplace and becoming more frequent. Many of these related to claims of misdiagnosis, practising outside the scope of practice, and refusal to treat patients. Whichever way one looks at the situation, there has been a most significant increase in medical malpractice litigation in recent years. Both the size and frequency of claims have escalated, affecting both the public and private sectors. The following is a list of possible causes of the increase in claims: A decline in professionalism has been offered as an explanation for the increase in claims. Certain commentators hold the opposing view, that increased medical malpractice litigation probably stems from just such an increased public awareness of patient rights coupled with incessant and deliberate marketing by personal injury lawyers eager to capitalise on this awareness. Amendments to the Road Accident Fund RAF legislation have made damages claims owing to personal injury sustained in motor vehicle accidents a less lucrative source of work for lawyers who now turn to other types of personal injury litigation such as medical malpractice in pursuit of new revenue streams. This reality can be seen from the numerous television and radio advertisements by traditional RAF lawyers advertising their medical malpractice expertise. The result is that patient care packages offered or awarded to victims of medical negligence have grown significantly in their capitalised value. While research into these developments is expected to continue, of immediate concern are the consequences of increased medical malpractice litigation, both for practitioners and their insurers, as well as for public and private healthcare users. The overall impression created by the statistics as well as future projections is that increases in medical malpractice claims contribute to higher medical costs for all patients. The patient has the most to lose if the trend continues, and for the following reasons: An increase in medical malpractice claims has both direct and indirect effects on the cost of healthcare. They may decide to move their practice or stop practising altogether. This may well result in a diminution of specialists in those areas, so depriving communities of access to specialist care and expertise. It can even pre-empt litigation through striving to persuade the legal system that the relevant standard of care was met. This move away from compassion-centred care towards the practice of defensive medicine drives up the cost of healthcare and may even expose patients to unnecessary risk. Further indirect effects are felt when the rampant rise in claims and the increased perception of medical liability risk cause aspirant healthcare professionals, and especially junior doctors, to shy away from certain specialties owing to a fear of the accompanying litigation risk. This factor undoubtedly contributes to a skills shortage in the country, as practitioners lose enthusiasm for the medical profession in general, and particularly in those specialties which are litigation prone. The preceding considerations pose a particular threat to the specialty of obstetrics. By now, it is well known that indemnity subscriptions on behalf of obstetricians are the highest among all medical professionals although this is not unique to South Africa. Some specialists have chosen to remain uninsured for professional negligence. Regulations providing for compulsory indemnity insurance have been mooted. If followed through, this could cause or perhaps force many obstetricians in private practice to stop practising or to change specialties. The only alternative for pregnant mothers would then be to transfer to the public health system for labour and delivery. In the current claims environment, this would cause an explosion of State liability claims. The net effect is negative. The problem of limited resources available to meet the needs of the overwhelming majority of the population who rely on public health institutions has always existed but is now becoming extreme

owing to the increase in the number and value of medical negligence claims having to be paid. The additional burden of having to find money within provincial health departmental budgets to pay claims together with legal costs threatens to further destabilise the public health system. Ultimately, it falls to the taxpayer to foot the bill for malpractice claims against the State, regardless of whether or not these are due to inadequate resourcing or decreasing levels of professionalism among healthcare practitioners. In summary, the rise in medical malpractice claims has been exponential in recent years. Serious concerns are being raised regarding the sustainability of the current claims trajectory, not just for practitioners or their patients but also the wider healthcare economy. Increased litigation is pushing up the cost of professional indemnity insurance, resulting in higher medical costs in the private sector. On a personal level, many healthcare practitioners are struggling to reconcile their ethical duties towards patients with a growing aversion to liability risk and the related fear of being sued. This fear leads to many engaging in defensive practices that affect the cost and quality of health interventions. Some good news is that both industry and government are keenly aware of the real and present need to change the claims situation. Both have committed to identifying ways of curbing the tide in medical malpractice claims and litigation as well as in implementing measures aimed at reinforcing defined standards of care, managing patient expectations and outcomes, and improving patient experience through better communication and more education. The shared hope of all stakeholders is that the current effects of the rise in medical malpractice claims can be off-set by timeous intervention and a co-ordinated approach to preserve the stability and ensure the sustainability of healthcare in the future. This discussion is based on a conference paper delivered by the author at the annual Norton Rose Medical Law Seminar in Johannesburg on 23 August

Chapter 8 : Recall: The Food Industry's Biggest Threat to Profitability - Food Safety Magazine

We will discuss the key predictors of costs in a food recall, identify the common causes of recalls and propose some pathways to prevent or mitigate the cost of recalls. Food Recall Impact The number of food recalls in the U.S. has shown a dramatic increase in the last few years, jumping four-fold over the number just 5 years ago.

Verified Accurate As Of: This is not always the case. Whether your car insurance rates go up and by how much depends on your car insurance company, the circumstances of the incident, and whether you have accident forgiveness on your policy. Although you cannot know for sure how filing a claim will affect your auto insurance rates, the following information may help you predict the effects somewhat. Accident Specifics and Your Rates These are some of the factors that your insurance company will likely consider when determining how an accident will affect your car insurance rates, if at all. The severity of the accident. Damage from an accident can range from a scratch in the paint to a totaled car. Greater amounts of damage are likely to lead to a greater rate hike, or surcharge, because the insurance company has to make a larger payout. In many cases, your car insurance rates will increase if the accident is your fault, but stay the same if the other driver is at fault. However, certain exceptions apply, including the following: If you live in a no-fault state, both insurance companies pay for some of the costs, and your rates will likely rise no matter who caused the collision. Your value to the company. Safe drivers are cheaper for car insurance companies to cover. If you have a long history of safe driving and you have been with the company for a long time, you are may see less dramatic hikes in your premium than someone with a poor driving record. Some companies also offer accident forgiveness for good drivers. This means your first accident would not result in rate hikes. Note that even living in an area with high crime rates can increase your premiums. The more likely you are to become a victim of auto-related crime, the more risk you present to your auto insurance provider. Higher risk means higher rates. Your Insurance Company and Your Rates Each company has its own policies that determine the effects on your car insurance rates in the event of an accident, theft, or other type of claim. For example, some companies will increase your premium for ANY claim, even if: The accident was not your fault. Other companies might not raise your rates if: There were only small amounts of damage. You were not at fault. It was your first accident see below. You have a good driving record. Learn more about how insurance companies determine whether to impose a surcharge. Accident Forgiveness Policies Some companies offer accident forgiveness to customers with good driving records. An accident forgiveness program typically allows good drivers to have one accident without suffering a rate increase following the claim, regardless of fault. Check with your car insurance provider to see if they offer such a program. The Importance of Filing a Claim When you get into an accident, your car is stolen, or another incident occurs, do not automatically avoid filing a claim because you think your auto insurance rates will skyrocket. An increase in your auto insurance rate is not necessarily permanent. Some companies increase your rate temporarily, but allow it to drop each year that you do not have another accident. Within a few years, your insurance costs can return to their pre-accident levels. Remember that filing a claim allows you to: Present your side of the story. Have your insurance company investigate the accident. To learn all about how to handle the process of filing a claim, visit our Tips for Filing a Car Insurance Claim page. Please Enter Your Zip:

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As the expected probability of a lawsuit and associated costs from future claims increase, in theory, facilities should be more likely to choose higher levels of quality; this is the deterrence effect.

Rhode Island is the first state to file such a lawsuit against the defendants. The State alleges in the complaint that the defendants: Greenhouse gas pollution from fossil fuel companies is warming the oceans and atmosphere, causing sea levels to rise, and increasing the frequency and severity of heat waves, droughts, extreme precipitation events and severe storms. Rhode Island is more vulnerable to the effects of climate change than nearly any other state. The climate is changing and we need to take action now for the long term. I applaud Attorney General Kilmartin for taking action against oil companies. My team has worked closely with his from the start, and I pledge to offer any and all assistance necessary to make those responsible for climate change pay. I commend Attorney General Kilmartin for this bold action to hold fossil fuel companies accountable for their contributions to this crisis. Sea level rise, changes to the hydrologic cycle, and increased air and ocean temperatures resulting from anthropogenic climate change have and will result in injury to public, industrial, commercial, and residential assets within the State either directly, or through secondary and tertiary impacts that cause the State to expend resources in resiliency planning, responding to these impacts, and repairing infrastructure damage; lost revenue due to decreased economic activity in the State; injury to natural resources which the State holds in trust for the use and enjoyment of the people of Rhode Island; and cause the State to suffer other injuries. Roads, bridges and other transportation infrastructure: According to recent analysis, miles of roadway will be exposed with seven feet of sea level rise. In a storm surge event with seven feet of sea level rise, miles of roadway will be exposed. In addition, 90 bridges across the state are vulnerable to seven feet of sea level rise and bridges are vulnerable in a storm surge event plus seven feet of sea level rise. Rising temperatures and extreme weather also contribute to the degradation of roads and bridges, thereby increasing repair and maintenance costs. One of the most direct energy security impacts of major storm events is power outages. Power outages result in direct costs to repair damaged or flooded infrastructure or downed poles and wires and to restore service and indirect costs such as lost business and tax revenue and health impacts from loss of electricity and air conditioning. State agencies are playing key roles in overseeing energy assurance and resiliency in the state. Maritime transportation, including the Port of Providence and Port of Galilee, serves a critical role in the Rhode Island economy, providing products, raw materials, and revenue from scrap metal and other exports. Impacts of climate change, including flooding from a major storm and associated damage and closure of fisheries and loss of profitable aquatic species, have and will cause both short and long-term disruptions in the state economy causing the state to lose revenue Dams: Climate change has and will subject beaches to increased storm surge, erosion, coastal flooding and sea level rise. The State owns several beaches open for public use and enjoyment. Because bacteria grows more quickly in warm water, warming ocean temperatures will result in increased beach closures. As a result of climate change the State will lose real property to inundation and flooding and revenue from decreased tourism and use of state beaches. As decreased seasonal precipitation increases reliance on and diminishes replenishment of groundwater, sea level rise will result in saltwater intruding into coastal groundwater and wells, contaminating drinking water resources Wastewater Management: The State is home to nineteen major wastewater treatment facilities and over pumping stations to transport sewage to these systems. Most of these wastewater systems are located in floodplains to take advantage of gravity fed flows. Some of the defendants were in fact so certain of the threat that some even took steps to protect their own assets from rising seas and more extreme storms, and they developed new technologies to profit from drilling in a soon-to-be ice-free Arctic. Yet instead of taking steps to reduce the threat to others, the industry actually increased production while spending billions on public relations, lobbying, and campaign contributions that have led to the consequences today in Rhode Island. According to the complaint: Instead of working to reduce the use and

combustion of fossil fuel products, lower the rate of greenhouse gas emissions, minimize the damage associated with continued high use and combustion of such products, and ease the transition to a lower carbon economy, Defendants concealed the dangers, sought to undermine public support for greenhouse gas regulation, and engaged in massive campaigns to promote the ever-increasing use of their products at ever greater volumes.