



How Health Care Changes Could Impact Litigation and Settlements - Episode #124

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Hosted by: John Czuba, Managing Editor

Guest Expert: Dan Thompson of [DeeGee Rehabilitation Technologies, Ltd.](#)

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John Czuba: Welcome to "The Insurance Law Podcast," the broadcast about timely and important legal issues affecting the insurance industry. I'm John Czuba, Managing Editor of *Best's Recommended Insurance Attorneys, including Expert Service Providers*.

We're pleased to have with us today Dan Thompson, President and CEO of [DeeGee Rehabilitation Technologies](#) with offices in Ontario and Arizona. Dan has worked with the litigation arena for over 12 years. He is a Registered Rehabilitation Professional, Registered Vocational Professional, and Certified Life Care Planner.

His company services include providing expert opinion to insurance carriers, attorneys, and medical professionals by assessing the needs and vocational capabilities for people with disabilities.

Dan, we're very pleased to have you with us again today.

Dan Thompson: Thank you very much for having me today.

John: Today's topic is the anticipation of changes to the healthcare industry and Obamacare, and the potential impact in both the United States and Canada. Dan, starting out, what impact do you anticipate to healthcare after this year's election results in particular?

Dan: Obviously, the GOP, of course, has made remarks that they're going to make sweeping changes to Obamacare, and of course, that repeal that they've proposed to implement is going to have some impacts.

For example, right now, you've got over 30 million Americans who are enlisted in existing program. They can't just cancel it altogether, because obviously they would have millions of people who'd be affected by that.

On the same breath, they only own 51 seats in the Senate, so as such any repeal or any changes that they're going to implement would have to have at least some cross party cooperation from the Democrats. Otherwise, I can see it easily being vetoed, or should I say they might end up in a filibuster.

The impact you're going to have is that they're going to have to have a fine line, I guess, between ensuring that they can maintain coverage, and yet repeal the act as such that it has less impact on those that are already covered.

John: What changes do you foresee with Obamacare, in particular?

Dan: In essence, some of the things that Trump has touted is that he has indicated that, for example, Medicaid, which is run by each state, and provides healthcare coverage for those that normally can't afford it, for those that are not on an insurance policy through their employer, he has indicated that he would give money directly to the states and allow them to implement that as opposed to going with the fee for service structure that they have in place.

I can see that as being, perhaps, one of the changes that are in there. As it relates to the insurance industry, John, one of the things that of course, from a defense perspective that's been implemented is that if, of course, one has coverage, then in essence, how much should they be able to have that coverage from there?

What is the exposure of the insurance companies based on that? That's where the collateral source rule comes into place. That still has to be teased out, or vetted, but I can see that as being one of the major areas where there's going to be changes, and how that impact is going to play out.

The problem being is that, of course, each state implements their own structure and their own set of rules. I guess it's still to be determined as to what all those changes would be.

John: Dan, how close is Canada watching, and do the changes in the US impact Canada at all?

Dan: Obviously, being each other's largest trading partners, Canada, of course is always going to be watching. I really can't see there being too much of an impact on the Canadian healthcare system.

For example, our OHIP program has been in place -- that's the Ontario Health Insurance Program -- that has been in place since 1967, if memory serves. In essence, of anything, our plan has expanded to offer more services for Ontarians.

I can't see that changing too, too much, however, I was listening to a program the other day, and one of the arguments that they made was that they could see some politician capitalizing on the fact that, obviously, Trump and the GOP wants to appeal Obamacare, or appeal the Affordable Health Care Act, and as such, somebody may want to try to blow up the system, or at least make that proposal, and show that the private sector could run it.

The problem being is there's been enough surveys and studies done that shows that a social healthcare network is sort of a best coverage, because one of the risks the GOP inherit as well is that if you have the insurance company who is fortifying this, coming from the private sector, how then can the government legislate what exactly they can cover, and what they can't cover?

As such, there may be insurance companies that pull out of certain regions to, again, offer some exposure there of people that just won't have coverage. I just can't see that becoming a huge impact in Canada.

John: How about the attorneys you work with? What are some of the differences between the US and Canadian attorneys regarding the health?

Dan: You still have problem solving. In other words, John, you've got someone who's had an injury, and as a result of those injuries, can they work, or what type of goods and services are they going to need going forward?

The question then becomes, which goes back to our earlier questions, "What coverages are in place from other sources?" i.e., will the Affordable Health Care Act cover, say, items x, y, and z. In other words, will there be hospital coverages through your plan? Will you be able to get your medications covered through your plan?

As such, working with those attorneys, and looking at the laws in each particular state or each particular province will dictate then where that, as I call it, the surplus, or the overages, above and beyond what coverages they have, and that's where the exposure of the insurance company comes in, and how much they're going to pay.

For example, even though we have what American would tout as universal health care here in Ontario, you still have excess attendant care, and that could be exposed through the insurance company.

You would still have things like van modifications or housing modifications, which can be covered by certain government programs, but for the most part, that's where the life care plan would come into play to provide that sort of coverage.

The big difference, I would say, between the US and the Canadian attorneys is that, depending on the state or depending on the jurisdiction in which they're in, what coverages do they have, and then what exposure does the insurance offer to cover that surplus?

John: How do the insurance laws impact the health profession in both countries, and are there advantages to one over the other in your assessment?

Dan: Here in Canada, obviously, there're huge advantages in the fact that a lot of Americans don't even get healthcare, because in their perception, they can't afford it.

Of course, any American could go into an emergency room tomorrow and receive care, and make sure that they get the coverage that they need. However, here in Ontario, or here in Canada, in particular, you're going to be able to get the coverage you need.

There may be longer wait lines and things of that through the government run system, on the same breath, though, you don't have to lose your savings and in essence, potentially go bankrupt with the potential costs.

As an example, even an overnight stay in the hospital could cost someone as much as \$20,000, as I'm sure you can appreciate, John. If I don't have a lot of disposable income, obviously it's going to deter me from getting the care that I need.

Hence, if they don't get the proper screenings, for example, if they don't get PSA tests or prostate or other areas, that's going to affect them long term. Overall here in Canada, because Canadians have readily available healthcare available to them, in essence, I think that they probably are healthier, or at least in terms of the lower margin of the people that don't have a lot of disposable income would be a healthier population in general.

John: At this point, how do you see the future of life care planners and vocational experts?

Dan: I see this as being a huge opportunity. In essence, life care planners, by their very nature, were basically set up by the Plaintiff Bar. It was a way to show the courts as to what needs analysis are there for an individual for goods and services.



From the defense perspective, assuming I'm retained by the defense, in essence, they need someone to offer check and balances, someone who's going to be able to say that, "Yes, indeed," or provide that acid test to show that, "Yes, providing 24 hour care is reasonable," or it's not, showing that, "Yes, indeed, this person does need modifications or workplace accommodations," the whole bit.

I see, obviously, as a dovetail, or as an adjunct to the potential changes that may be put in by the Trump administration, I would say that we as life care planners, and we as vocational experts, are going to be in more demand as time goes on, to provide that expertise to help attorneys come up with reasonable solutions.

John: Dan, thanks very much for joining us today.

Dan: Thank you very much. I appreciate your time.

John: That was Dan Thompson, President and CEO of [DeeGee Rehabilitation Technologies](#), with offices in Arizona and Ontario, and special thanks to today's producer, Frank Vowinkle.

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I'm John Czuba, and now this message.

Transcription by CastingWords

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