State	In your state, is there a cap on damages that applies to professional negligence claims against hospitals? Does the cap on damages apply only to non-profit entities and/or hospitals and owned and operated by a governmental authority?	Other than where there is an excess-of-limits judgment, do insurers face bad faith claims in your state?	Do you view your state as defendant friendly with regard to hospital claims? Why?	Do you view your state as plaintiff friendly with regard to hospital claims? Why?	The insurer is also considering writing coverage for nursing homes or others that provide elder care. Are there any defense-orients protections in your jurisdiction or are most remedies pro plaintiff?	Are there any other legal issues that you think to be important in understanding the risks in your state?	Do claim handlers sitting in another state have to be licensed to handle claims in your state?
Alabama	Alabama currently has no cap applicable to a medical malpractice judgment. Alabama enacted caps as part of an extensive tort reform in 1987, but the caps were declared unconstitutional as violative of the right to trial by jury.	Alabama law allows bad-faith actions against professional liability carriers. There have been a couple of noteworthy cases arising from the carrier's refusal to settle in malpractice cases.	Alabama has been generally defense friendly to hospitals, but not nursing homes. Alabama is defense friendly in the northern half of the state.	The southern half of Alabama is more plaintiff friendly, particularly the southwest portion of the state.	There are no special statutory provisions that assist nursing homes. However, Alabama law does recognize that the Federal Arbitration Act will preempt the right to a jury trial if the nursing home has a valid arbitration agreement with the resident.	Alabama law is unique in that it allows only punitive damages in wrongful death cases. Therefore, punitive damages cannot be excluded in policies.	Adjusters must be licensed in Alabama.
California	a $250K cap on general damages (called MICRA) since the mid 1970's. It applies to healthcare providers and those noted in your question would all be covered. Cap applies to all claims against health care providers. It is limited to such entities.	Other than where there is an excess off-limits judgment, insurers face bad-faith claims in California.	In California, health care entities have a 90+% success rate for matters that proceed to trial. Additionally, given their cap on non-economic damages and the costs to prove such claims, most personal injury attorneys shy away from those claims or are inexperienced in their handling.	See previous response.	Most remedies in California are pro-plaintiff, as they have special statutory requirements for elder care claims, the California Elder Abuse Act. If a health care provider fails to attend to the basic needs and comforts of an elderly or dependent adult, and the plaintiff can prove by clear and convincing evidence that the defendant has been guilty of recklessness, oppression, fraud or malice in the commission of this abuse or neglect, in addition to all other remedies provided by law a plaintiff can be awarded reasonable attorneys' fees and costs.	Nothing other than what is noted above.	No.
Colorado	Colorado has a "soft" cap of $1 million for all categories of damages (economic and non-economic) recovered in a negligence action against a private health care institution. C.R.S. § 13-64-302. This cap can be "busted" by a court, for good cause shown, if it can be determined that "present value of past and future economic damages would exceed such limitation and that the application of such limitation would be unfair." As a result, recovery for economic damages, both past and future, can be potentially unlimited as against a private entity. Recovery for non-economic damages is currently capped at $300,000. This amount for non-economic damages is applied to the total soft cap number. The soft cap number also includes computation of prejudgment interest. This cap applies equally to for-profit and not-for-profit entities. Not-for-profit entities may be protected from damage awards in excess of available insurance coverage under the charitable immunity doctrine and/or C.R.S. § 7-123-105. Damages against governmental entities are separately capped under the Colorado Governmental Immunity Act. Damages against these entities are capped at $150,000 per person, with a maximum recovery of $600,000 in any one action.	Insurers do face first-party bad faith claims in Colorado. However, in the context of medical malpractice, bad faith claims are very rare.	Statewide statistics for medical malpractice lawsuits reveal that more than 85% of all such lawsuits result in defense verdicts. Most venues in Colorado are defense-friendly in medical malpractice lawsuits, except potentially for Aspen and Boulder Counties, where the statistical success for defendants is closer to 50 %.	See previous response.	Other than the caps which are potentially available if a medical negligence action is instituted, the state health department has broad authority to regulate nursing care facilities, including by imposing penalties for alleged violations of state and federal law with respect to care provided in nursing care facilities. Nursing care facilities are generally subject to a broader array of potential claims than ordinary hospitals because of the high level of scrutiny at the state and federal levels for these types of institutions.	Nothing other than what is noted in previous responses.	In Colorado, only independent adjusters who negotiate and investigate losses for an insurer as independent contractors, or Public Insurance Adjusters, are required to be licensed.
Connecticut	No, Connecticut has never had caps for any personal injury action, including medical malpractice actions.	Generally, no, although we are familiar with certain creative claims being asserted such as failure to settle a case on an expedited basis and failure to defend.	Yes, the tort reform of 2005 requiring plaintiffs to support complaints with a redacted report from a "similar health care provider" has significantly reduced the number of medical malpractice suits.	Urban areas including Waterbury, Bridgeport, and New Haven are seen as plaintiff friendly venues. The remaining venues are either moderate or conservative.	Other than the requirement that the plaintiff support the complaint with a redacted report from a similar health care provider, there are no specific defense-oriented protections in Connecticut nursing home litigation.	Yes, jury verdicts are seldom reduced on appeal. Urban venues such as Waterbury, Bridgeport, and New Haven are notorious for seven- and eight-figure verdicts which are hardly ever disturbed on appeal.	Our research indicates that an adjuster who holds another state's license, excluding New York, may be issued a Connecticut insurance adjuster's license. New York licensed adjusters are required to take the Connecticut exam. For more information, see http://www.ct.gov/cid/cwp/view.asp?q=398766.
Florida	There is a cap on non-economic damages that applies to all health care providers. See section 766.188, Fla Stat. The cap for hospitals is set out in subsection (3). Depending on the nature and extent of the damages, it would either be $750,000 or $1.5 million. However, any hospital which is tax supported and considered an agency of the state has a cap on damages of $200,000 per claim/$300,000 per incident. The constitutionality of the cap mentioned above is an issue still before the Florida Supreme Court, having been argued almost a year ago.	Yes.	Generally, the verdicts are higher in the larger, more populated cities, ie Miami, Ft Lauderdale, West Palm Beach, Orlando, Tampa, and Jacksonville. And, the tendency is for the southern part of the state to be higher than the northern part of the state.	No. The statutes and case law have been fairly well balanced over the past twenty five years for hospitals and health care providers in general.	Many changes have occurred in the nursing home and ALF statutes which have eliminated a number of provisions that have provided certain advantages to both sides.	As a result of an amendment to the Fla Constitution, Florida no longer protects incident reports from hospitals as confidential. Therefore, all incident reports, peer review materials, and some parts of the credentialing files are open to discovery (though may not be admissible at trial).	No.
Georgia	As part of its 2005 Tort Reform Act Georgia legislatively instituted a $350,000 cap for non-economic damages in medical malpractice cases involving a single medical facility or practitioner, and a $700,000 cap for multi-defendant cases. In 2010, the Georgia Supreme Court struck the damages caps as unconstitutional, expressly applying its ruling retroactively. See Atlanta Oculplastic Surgery, P.C. v. Nestlehutt, 286 Ga. 731 (2010).	Yes. Insurers in Georgia face potential liability for bad faith failure to settle, insufficient investigation of a claim, and violations of the duty to defend or duty to indemnify. See e.g., Georgia Farm Bureau v. Murphy, 201 Ga. App. 676 (1991) (failure to properly investigate claim was evidence of bad faith); Benton Express v. Royal Insurance Co., 217 Ga. App. 331 (1995) (discussing general duty of insurer to deal with insured in good faith, including as related to retrospective premiums); Southern General Insurance Co. v. Holt, 200 Ga. App. 759 (1992) (recognizing claim for bad faith failure to settle). O.C.G.A. § 33-4-6 outlines the available remedies for bad faith insurance practices, including payment of the loss plus up to 50 percent of the loss, and reasonable attorneys' fees.	Juries in the counties that make up the Atlanta Metropolitan area and a few counties in the extreme southeast region of the State of Georgia tend to be plaintiff oriented and generous in their awards in tort cases, including medical malpractice actions. Juries in the majority of counties in the far north and northeastern region of the state tend to be more conservative. The remaining counties are best characterized as neutral with regard to jury trends.	Juries in the counties that make up the Atlanta Metropolitan area and a few counties in the extreme southeast region of the State of Georgia tend to be plaintiff oriented and generous in their awards in tort cases, including medical malpractice actions. Juries in the majority of counties in the far north and northeastern region of the state tend to be more conservative. The remaining counties are best characterized as neutral with regard to jury trends.	Georgia has promulgated a number of statutes and regulations governing nursing home or long-term care facilities, many of which benefit patients/plaintiffs in cases involving medical malpractice, negligent hiring/retention, and premises liability. For example, the state mandates by statute that a nursing home owner conduct criminal background checks on all prospective employees. See O.C.G.A. §§ 31-7-351 through 31-7-354. Also, proximate causation requirements may be relaxed for plaintiffs, as the violation of a state or federal regulation constitutes negligence per se in Georgia. See McLain v. Mariner Health Care, 279 Ga. App. 410 (2006). The expert affidavit requirement that applies to medical malpractice claims generally in Georgia likewise applies to nursing home malpractice litigation. O.C.G.A. § 9-11-9.1 requires that "the plaintiff shall be required to file with the complaint an affidavit of an expert competent to testify, which affidavit shall set forth specifically at least one negligent act or omission claimed to exist and the factual basis for such claim." Failure to file such affidavit it grounds for dismissal of the action. Id.	As discussed in Item 5 above, O.C.G.A. § 9-11-9.1 requires a plaintiff bringing a medical malpractice claim to file with his or her complaint an expert affidavit setting forth the alleged negligent act(s) or omission(s) which support the claim. This requirement exists to "reduce the number of frivolous malpractice suits." Bowen v. Adams, 230 Ga. App. 123 (1992).	Georgia grants reciprocity to nonresident adjusters who are licensed in their respective home states. A nonresident application must be completed and sent to the Georgia Office of Insurance and Fire Safety. An insurer using salaried employees to regularly adjust claims in the State of Georgia (wherever located) are not considered "adjusters" for the purposes of the licensing requirements, but the insurer must provide to the Office a list of such employees. Adjusters from states without a licensing requirement must take the Georgia Adjuster Exam.
Idaho	Idaho has a cap on non-economic damages, which is currently approximately $310,000. The cap is avoided if there is a finding of reckless misconduct by a hospital, nursing home or medical professional.	No.	Yes. Conservative jurors and the requirement that liability requires proof by expert testimony that the local standard of care was breached.	No. See response to previous question.	All med mal statutes and damage limitations apply to nursing homes as well as hospitals.	Idaho has a pre-litigation screening panel procedure which is a condition precedent to the filing of any suit against a hospital, nursing home or medical professional. Any conclusions of the panel are non-binding. Idaho also does not have joint and several liability.	No.

Indiana	A nursing home can qualify as a medical provider and the cap on insured damages is $250,000 or $187,000 paid into a structured settlement but to qualify they must pay a fee which is based on the amount of premium for the first $250,000 into the state patient compensation fund administered by IDOI. The maximum recovery in Indiana per I.C. 34-18-14-3(a)(3) is $1,250,000. There are separate caps that apply to sovereign entities and for wrongful death of an adult with no dependants.	Yes.	Claims against health care providers must go through a three member panel of doctors before a plaintiff is allowed to sue.	There are not many reported high verdict cases against medical providers generally.	We know of no specific rules for nursing homes		No.
Iowa	There are no statutory damage caps in Iowa. However, the collateral source rule applies. Under Iowa Code §147.136, the damages awarded shall not include actual economic losses, incurred or to be incurred in the future by the Claimant by reason of the personal injury, including but not limited to the cost of reasonable and necessary medical care, rehabilitation services, and custodial care, and the loss of services and loss of earned income, to the extent that those losses are replaced or are indemnified by insurance, or by governmental, employment or other service benefit programs, or from any other source except the assets of the Claimant or members the Claimant's immediate family.	Yes, but there is a very high standard to establish the insurance carrier's bad faith under Iowa law. Plaintiff must show (1) that the insurance carrier had no reasonable basis for denying the claim or refusing to consent to settlement; and (2) that the insurance carrier knew or had reason to know that its denial or refusal to settle was without reasonable basis. The first element is an objective one, while the second element is subjective.	Iowa juries are generally conservative and are not plaintiff nor defendant oriented. The facts drive each case.	Iowa juries are generally conservative and are not plaintiff nor defendant oriented. The facts drive each case.	There are no special statutory provisions that assist nursing homes. The standard of care applicable to nursing homes is different dependent upon whether the nursing home's "professional activities" are involved, as opposed to "non-medical, administrative, or routine care." "Routine care" is subject to a negligence standard and does not require expert testimony.	With respect to plaintiff's fault, Iowa has adopted a modified comparative fault tort scheme by statute. If an injured party is found to be more than 50% at fault, then no recovery is permitted. If an injured plaintiff's fault is 50% or less, then any damages are reduced by the plaintiff's percentage of fault. Joint and several liability is abolished except as to any defendant who is found to be more than 50% at fault. Iowa's comparative fault statute is found at Chapter 668 of the Iowa Code. A plaintiff bearing 51% or more of the fault cannot recover at all. Any defendant found to be 50% or less at fault is only responsible for its percentage share of the verdict.	No.
Kansas	Cap on non-economic for all injury claims 250k. Just recently upheld by the Supreme Court of Kansas on a med mal claim. Not limited to non-profits or governmental .	Yes.	Generally view state to be defendant friendly, but some venues more liberal on judgment amounts.	No.	State tort claims act for municipally owned entities protect against bad faith and limit the amount of damages to amount of insurance. Also Kansas has a stabilization fund that provides excess coverage for a fee. Typically health care providers have primary coverage in an amount of just 200k and the fund coverage adds 800k in excess coverage.	State tort claims act for municipally owned entities protect against bad faith and limit the amount of damages to amount of insurance. Also Kansas has a stabilization fund that provides excess coverage for a fee. Typically health care providers have primary coverage in an amount of just 200k and the fund coverage adds 800k in excess coverage.	No.
Louisiana	There is a cap on non-economical damages of $500,000 per claim that applies to all hospitals.	No.	The northern half of Louisiana, from Alexandria north, juries are relatively conservative, with a few exceptions such as Natchitoches and Sabine Parishes. South of Alexandria is less conservative with some areas particularly dangerous.	See previous response.	Any claim against a health care provider who has availed itself of the protection provided by the Medical	See previous answer. No punitive damages in Louisiana.	In-house claims personnel do not have to be licensed.
Maryland	Md. Code Ann., Cts. & Jud. Proc., §3-2A-09(A). Noneconomic damages for a cause of action arising between January 1, 2005, and December 31, 2008, inclusive, may not exceed $650,000. The limitation on noneconomic damages shall increase by $15,000 on January 1 of each year beginning January 1, 2009. The increased amount shall apply to causes of action arising between January 1 and December 31 of that year, inclusive. In a wrongful death action, where there are two or more claimants or beneficiaries, the noneconomic damages for all actions may not exceed 125 percent of the above limitation.	Yes. Maryland's good faith statute provides insureds with a right to file first-party claims against insurers for failure to act in good faith. Md. Code. Ann., Cts. & Jud. Proc. § 3-1701.	Favorability varies from jurisdiction to jurisdiction.	Favorability varies from jurisdiction to jurisdiction. For example, Baltimore City and Prince George's County are more plaintiff friendly regarding hospital claims resulting in more plaintiff awards that are a high monetary amount.	There are no special protections pertaining to nursing homes other than the noneconomic damages cap and the high burden of proof for punitive damages, that plaintiffs must overcome.	In Maryland, contributory negligence is a complete bar to recovery.	Maryland does not license insurance adjusters. Employees of insurance companies are not subject to licensure for Maryland claims.
Michigan	There are caps on medical malpractice case damage awards for non-economic damages. In fact, there are two, a lower cap and a higher cap. Both are pegged to the cost of living index. The lower is approximately $420,000. The upper is approximately $750,000. Certain injuries are subject to the upper cap including injury to reproductive system, etc. There was a recent legislative amendment that clarifies that loss of society or companionship constitute non-economic damages and are, therefore, subject to the cap. Economic damages are not subject to any cap.	Bad Faith Claims are recognized and are actively pursued in Michigan.	Michigan juries are generally conservative and are not Plaintiff nor Defendant friendly outside of the Detroit metropolitan area. The facts drive the case.	Michigan juries are generally conservative and are not Plaintiff nor Defendant friendly outside of the Detroit metropolitan area. The facts drive the case.	Elder care has no specific protections and are fact-driven. Verdicts tend to be conservative except in extreme cases. Wayne County (Detroit) tends to be the exception.	There are numerous tort reform statutes, adopted in 1986 and 1993, governing medical malpractice claims. There is a six-year statute of repose. Claims by minors are subject to a two-tier statute of limitations: file by age 10 if an injury occurred before age 8 (age 15 for injury to reproductive system), otherwise file within the adult period. A 50% probability standard applies to "loss of chance of survival or better result" cases. Experts must practice in the same specialty or subspecialty field as the defendant. A notice of intent, with a six-month waiting period, must be filed. An Affidavit of Merit, signed by a qualified expert, must be filed with the Complaint. A similar Affidavit (of Meritorious Defense) must be filed by the defendant. The common-law collateral source rule has been abolished. Future damages are reduced to present value for a plaintiff under age 60.	Michigan has a statute requiring Michigan licensure by claims adjusters, but it makes an exception for "employees of authorized insurers."
Minnesota	There is no cap on damages that applies to professional negligence claims against hospitals. We need to determine whether governmental immunity might apply.	Insurers face bad faith claims for judgments in excess of policy limits and for first-party wrongful denial of first-party property claims. There is no bad faith for wrongful denial of coverage for liability claims, including refusing to defend.	Minnesota is viewed as defendant-friendly with regard to hospital claims. Typically, Minnesotans overall are respectful and have high regard for their health care providers; the quality of care in the state is generally better than most. Having the likes of the Mayo Clinic and University of Minnesota also tends to lend credence to the providers in the state who mostly have trained in those institutions. Minnesotans also tend to be reasonably deferential to their providers assuming that their providers demonstrate some level of empathy and professionalism, which they are usually able to put forth. Reasons include overall high quality of medical care, relatively well-educated pool of potential jurors and conservative attitudes towards injury litigation in general.	Minnesota is not especially viewed as plaintiff-friendly with regard to hospital claims, except when the facts are particularly inflammatory or egregious. Minnesota jurors are empathetic to patients who are harmed - whether due to malpractice or not - but also seem to generally be pretty stoic and able to be objective.	The same law applies to nursing homes. They may struggle a bit more on the defensibility of their cases, largely because it is a difficult population to care for and many times events that occur in these facilities are the result of well-intentioned, but not well-educated, lower level and poorly trained workers who often are at the bedside providing direct care - not always with the capacity for the best judgment.	Minnesota has a 4-year statute of limitations for adult cases; a three-year statute of limitations for wrongful death cases; and up to possibly an 11-year statute of limitations for claims brought on behalf of minors (7-year tolling period on top of the 4-year statute of limitations). In Minnesota, in order to bring a malpractice action the plaintiff must have an expert review done before commencing suite (Minn Stat 145.682); and within 180 days, the plaintiff is required to disclose the identity and opinions - in detail - of their experts. Failure to do so may result in dismissal of the case. No discovery depositions are taken of experts. Cases are generally tried within about one year after they are filed with the court (and cases in state court can be commenced without filing them with the court).	No license is required for employees of a surplus lines insurer.

Mississippi	Mississippi's tort reform statutes limit recovery of noneconomic damages (i.e., pain and suffering) in medical malpractice cases against health care providers (including providers of elder care) to $500,000 and also limit awards for noneconomic damages against any other civil defendant to $ 1 million. The cap on noneconomic damages in medical malpractice cases applies to all health care providers and is not limited to non-profit entities and/or hospitals owned and operated by a governmental entity. Punitive damages are also capped on a sliding scale, depending on the defendant's net worth	In addition to claims for bad-faith refusal to settle in cases where there is an excess-of-limits judgment, insurers in Mississippi also face liability for bad-faith refusal to pay an insurance claim, undue delay in acting upon an insurance claim, or refusal to honor an obligation under an insurance contract. In order to recover punitive damages, a plaintiff must prove three elements: (1) the insurer in fact owed the claim; (2) the insurer lacked an arguable or legitimate basis for denying (or delaying payment of) the claim; and (3) the insurer acted willfully, maliciously, or with gross and reckless disregard for the insured's rights. An insurer which breaches an insurance contract with conduct which falls short of that which would give rise to punitive damages may still have extracontractual liability for the foreseeable consequences of its breach, such as attorney's fees, emotional distress, and inconvenience and expense. Mississippi courts have found, however, that plaintiffs cannot pursue claims against insurance companies for alleged violations of the Mississippi Consumer Protection Act.	The state has become more defendant-friendly, both in general and with regards to medical malpractice claims. Amendments to the state's venue law limited the ability of plaintiffs to bring medical malpractice and other claims in liberal venues with no relationship to the facts of the case. Additionally, plaintiffs in medical malpractice actions must now file a certificate along with the complaint declaring that the plaintiff's attorney has consulted with at least one (1) expert, and that based on such consultation the attorney has concluded there is a reasonable basis for the claim. Finally, Mississippi's tort reform legislation included provisions protecting physicians who prescribe FDA approved drugs from suit for damages caused by those drugs under most circumstances.	There are several venues in Mississippi which are historically plaintiff-friendly. The previously discussed tort reform legislation has brought many limitations to liability in medical malpractice cases. However, there are still several counties in Mississippi known for returning excessive jury awards in medical malpractice and other cases.	Other than the tort reform legislation, there are no additional protections related specifically to nursing homes or elder care, either pro-plaintiff or pro-defense. Unlike many states, Mississippi does not have statutory law creating additional causes of action for abuse and neglect in nursing homes.	It is vital to understand several additional issues to completely understand the liability risk in Mississippi: (1) Venue - In medical malpractice cases (including suits against nursing homes), venue is only proper in the county in which the alleged act or omission occurred; (2) Statute of Limitations - The statute of limitations for medical malpractice actions is two years from when the plaintiff knew of reasonably should have known of the alleged negligence, as opposed to the three year general statute of limitations applicable to most torts; (3) Comparative Fault - Mississippi is a "pure" comparative fault state, meaning that contributory negligence does not bar recovery, but damages are diminished by the jury in proportion to the amount of negligence attributable to the person injured; (4) Joint and Severable Liability - Liability is several, meaning that each defendant pays according to its own percentage of fault, rather than being jointly liable for the entire amount of damages; (5) Minors' Settlements - A release executed by a minor (under the age of 18) is not enforceable. A Chancery court must approve all settlements made with a minor. If the settlement amount is not greater than $25,000, appointment of a guardian is not required; (6) Mississippi Torts Claims Act - The Mississippi Torts Claims Act provides the exclusive remedy against a governmental entity and its employees and all such actions are subject to a one-year statute of limitations, which is tolled by a timely-filed notice of claim. Generally, the State of Mississippi and its political subdivisions are afforded sovereign immunity from suit; (7) Independent Counsel - Under Moeller v. American Guar. and Liab. Ins. Co., if an insurer provides a defense to an insured under a reservation of rights, the insurer must advise the insured of his or her right to independent counsel, commonly known as Moeller counsel, and must pay the reasonable legal expenses of the independent counsel selected by the insured; (8) Conflicts of Interest - Under Hartford v. Foster, when a conflict of interest arises between an insurer and insured, the insurer's appointed defense counsel should not render advice to either the insurer or insured regarding the issue from which the conflict arises. The most common conflict encountered is the potential for an excess-of-limits judgment, commonly known as a "Hartford situation". Under Mississippi law, an insurer-appointed defense counsel faced with a Hartford situation should not be involved in any settlement negotiations and should not render advice regarding the settlement value of the claim, other than to answer questions regarding the law and the facts of the case, as well as the attorney's impressions of the witnesses, the jury, and the trial judge.	Under Miss. Code § 83-17-403, insurance adjusters handling Mississippi claims must be licensed by the Mississippi Commissioner of Insurance. However, under Miss. Code § 83-17-407, the Commissioner may waive the license requirement for an applicant with a valid license from another state having license requirements substantially equivalent to those of Mississippi. To qualify for an insurance adjusters' license, the applicant must: (a) Be at least eighteen (18) years of age; (b) Be a bona fide resident of Mississippi, or a resident of a state or country which will permit residents of Mississippi to act as insurance adjusters in such other state or country; (c) If a nonresident of the United States, have complied with all federal laws pertaining to employment or the transaction of business in the United States; (d) Be a trustworthy person; (e) Have had experience or special education or training with reference to the handling of loss claims under insurance contracts of sufficient duration and extent to make the applicant competent to fulfill the responsibilities of an insurance adjuster; and (f) Successfully pass an examination as required by the Insurance Commissioner or have been exempted according to other statutory provisions. See Miss. Code § 83-17-413. Additionally, licensed adjusters must complete at least twelve (12) hours of continuing education each year. See Miss. Code § 83-17-415.
Missouri	There was a $350,000 cap on non-economic damages but within the last few months, the Supreme Court threw this out on personal injury cases. It appears the cap is still in place on wrongful death actions, but there is a case going up on appeal on that issue. The cap does apply in all medical malpractice actions.	We do have bad faith in MO for refusal to defend and/or settle a suit on behalf of an insured. We also have vexatious refusal to pay, which can be brought if the insurer willfully refuses to pay covered damages. Vexatious refusal has statutory penalties.	It is mostly defendant friendly except the city of St. Louis and Jackson County in Kansas City.	See previous response.	There is nothing different with respect to nursing homes.	There is a shorter statute of limitations for medical malpractice actions, which is two years. Non-medical malpractice actions have a five year statute of limitations. We have pure comparative fault.	No.
Montana	Yes, there is a statutory cap on damages in professional negligence claims against hospitals. In a malpractice claim against a health care provider, based on a single incident of malpractice, an award for past and future damages for noneconomic loss may not exceed $250,000.00. Mont. Code Ann. § 25-9-411. The statutory cap applies to any facility, private or public, excluding federal facilities, whether organized for profit or not, that provides health services, medical treatment, or nursing, rehabilitative, or preventative care to any individual. § 50-5-101(23). The cap does not apply to the offices of private physicians, dentists, or other physical or mental health care workers. Id.	Yes. Montana law permits insureds and third-party claimants to proceed against an insurer for bad faith in settlement processes. Mont. Code Ann. § 33-18-201, et seq. A list of prohibited practices can be found at Mont. Code Ann. § 33-18-201.	No. Between 2001 and 2011, there have been four jury trial with Montana hospitals as defendants. In three of these trials, the jury returned a verdict in favor of the claimant.	Not necessarily. Between 2001 and 2011, there have been 28 jury trials with Montana health care providers as defendants. In 22 of these cases the jury returned a verdict in favor of the provider, and in only 5 of the cases did the jury return a verdict in favor of the claimant. While Montana jurors may be less inclined to find in favor of hospital defendants, they are certainly more inclined to find in favor of any providers affiliated with those hospitals.	For the purposes of liability and statutory caps on damages, residential care facilities are treated the same as hospitals. Mont. Code Ann. §§ 25-9-411(b) and 50-5-1-101(23).	All medical malpractice claims not subject to a valid arbitration agreement must be reviewed by the Montana Medical Legal Panel prior to filing in district court. Mont. Code Ann. §§ 27-6-105 and 27-6-701. The Panel has the authority to recommend an award and approve settlements, however any decision by the Panel is not binding on the parties. Mont. Code Ann. § 27-6-606. Panel proceedings are not admissible as evidence in an action subsequently filed with the district court. Mont. Code Ann. § 27-6-704. Medical malpractice claims must be commenced within 3 years of injury, or 3 years after the claimant discovers the injury, whichever is later. Medical malpractice cases have a 5 year statute of repose. However, time limitations are tolled for minors under the age of 4 at the date of injury, until the minor reaches the age of eight or dies, whichever occurs first. Time limitations are also tolled for any period that the defendant fails to disclose any act, error, or omission. Mont. Code Ann. § 27-2-205. Generally, hospitals in Montana are not vicariously liable for the negligent acts of physicians operating as independent contractors. However, a hospital is responsible as a principal to third persons for the negligent acts of its actual or ostensible agents acting within the scope of their agency. Butler v. Domin, 15 P.3d 1189 (Mont. 2000). In any malpractice action in which $50,000 or more of future damages is awarded, a party may request prior to entry of judgment that the court order future damages to be paid in whole or in part by periodic payments rather than by a lump-sum payment. If the claimant dies before all payments have been made, remaining payments become the property of his estate. Mont. Code Ann. § 25-9-412. In an action arising from bodily injury or death when the award is in excess of $50,000 and the plaintiff is fully compensated for damages, exclusive of court costs and attorney fees, recovery is reduced by any amount paid or payable by a collateral source that does not have a subrogation right. Mont. Code Ann. § 27-1-308(1).	Yes. An individual may not act as or purport to be an adjuster in Montana unless licensed as an adjuster under Title 33, Chapter 17 of the Montana Code Annotated. Mont. Code Ann. § 33-17-301.
New Hampshire	No cap.	Yes.	It is a mostly conservative jurisdiction so yes, it is generally defendant friendly.	No. While there are some counties that are more liberal, it is mostly moderate to conservative in comparison to states with more urban populations	Yes	Yes, it is a mostly conservative jurisdiction.	We don't think so but will verify.
New Mexico	Yes, NMSA 1978, § 41-5-6 provides that, except for punitive damages and medical care and related benefits, the aggregate amount recoverable by all persons for or arising from any injury or death to a patient as a result of medical malpractice shall not exceed $600,000 per occurrence. The value of accrued medical care and related benefits shall not be subject to that limitation. Monetary damages shall not be awarded for future medical expenses in malpractice claims. The cap applies to any medical provider meeting the definition of a "qualified healthcare provider" as set forth in NMSA 1978, § 41-5-3(a), but most of the hospitals do not meet that definition, including at least one not-for-profit hospital. The cap does apply to the corporate entity that employs medical providers who fit within the definition of "qualified healthcare provider"	Bad faith claims are recognized and pursued against insurers in New Mexico.	It depends on the jurisdiction. Some New Mexico court districts are more defendant friendly than others.	It depends on the jurisdiction. Some New Mexico court districts are more defendant friendly than others.	We know of no specific statutory provisions that address litigation against nursing homes. In terms of remedies, New Mexico does not have many limitations on damages and also allows many types of damages that are not allowed or are limited in other states, which makes the damages model in New Mexico pro-plaintiff.	Prior to filing a malpractice or indemnification claim against a "qualified healthcare provider" as defined by NMSA 1978, § 41-5-3(a), a claimant must take his case to a medical review commission. The statute of limitations for filing the indemnification claim is the same as for filing a malpractice claim. New Mexico has a three-year statute of repose for most medical malpractice claims.	Yes. Adjusters must be licensed in New Mexico. NMSA 1978, § 59A-13-3.
New York	New York does not limit damages in medical malpractice cases.	Bad faith claims are very difficult to prove in New York.	Generally not. Most urban juries including those in the five counties of New York City, Erie County (Buffalo), Monroe County (Rochester) and Nassau County (Long Island county closest to NYC) are plaintiff oriented. The more rural counties tend to be more conservative and therefore more defendant friendly	See previous response.	There is nothing different with respect to nursing homes.	There are several legal issues specific to new York Medical malpractice claims: (1) Collateral Source Rule - New York does not follow a traditional Collateral Source Rule, for Medical Malpractice cases in New York there is a mandatory offset for collateral source payments, with the adjustment made by the court; (2) Joint and Severable Liability - In New York, unless a defendant is more than 50% responsible for causing a plaintiff's injury, a defendant is liable for damages ion an amount proportionate to the defendant's fault for the plaintiff's injury; (3) Statute of Limitations - Medical Malpractice actions must be filed within thirty months of the date of the act or omission that gave rise to the injury. For Medical Malpractice actions based upon the presence of a foreign object, the action must be filed within one year of the date that the foreign object was or should have been discovered. For Medical Malpractice actions involving minors, a minor ordinarily has three years from the date of their eighteenth birthday to commence litigation, but the statute of limitations cannot be extended for more than ten years from the date of the act or omission giving rise to the injury; (4) Expert Witnesses - There are no special rules for expert testimony, however a certificate of consultation with an expert must be filed within 90 days of the filing of the complaint for a Medical malpractice action; (5) Limit on Attorney Fees - New York limits attorney fees in malpractice cases to 30% of the first $250,000.00, 25% of the next $250,000.00, 20% of the next $500,000.00, 15% of the next $250,000.00, and 10% of any recovery greater than $1.25 million.	New York requires residents and non-residents alike to successfully complete the New York adjuster exam specific to their line of insurance. New York is not reciprocal with any other state for licensing adjusters.

North Carolina	Recovery of noneconomic damages (defined as all nonpecuniary compensatory damages other than punitive damages) is capped at $500,000. This applies to all healthcare providers.	Yes. Insurers also can be subject to punitive damages for bad-faith refusals to settle.	North Carolina remains a defense-friendly jurisdiction for medical malpractice actions involving hospitals and individual providers. Friendliness toward hospital defendants seems strongest in communities where hospitals are major employers; juries are less friendly to hospitals in rural mountain and coastal jurisdictions.	See previous reseponse.	Juries tend to be less friendly toward nursing homes than toward hospitals and individual healthcare providers. However, North Carolina courts do not allow federal Medicare regulations or surveys to be introduced as evidence of the standard of care applicable to nursing homes or of breaches in the standard of care. Nursing home employee statements obtained by survey teams generally are prohibited from being introduced as evidence, as well. Additionally, courts traditionally have given a broad construction to the scope of "medical care and treatment," ensuring that actions against nursing homes tend to be treated as medical malpractice instead of ordinary negligence actions.	North Carolina now applies a clear and convincing evidence standard to the breach element in cases where medical care was rendered for an emergency medical condition, as defined under EMTALA. Actions involving care and treatment of an emergency medical condition are subject to this standard regardless of the type of provider whose care is the focus of the medical malpractice action. Additionally, North Carolina's definition of "clear and convincing evidence" is a strong one, in that it requires the fact finder to be "fully convinced" that the element has been proved. In addition, North Carolina's medical malpractice statute follows the "commmunity-based standard" and requires experts to base their opinions on whether care was in accordance with the prevailing standards among similar providers with similar training, practicing in the same or similar communities as the defendant. Out-of-state experts who are unfamiliar with this standard are subject to qualification challenges, although recently our trial courts have become less strict in enforcing this standard and less willing to strike experts whose review is not based on the community standard.	Yes, but North Carolina grants reciprocity to adjusters with active licenses in any other state.
North Dakota	There is a cap on damages that applies to professional negligence claims against hospitals, bu further examination is needed as to how governmental immunity might apply.	Insurers face bad-faith claims.	North Dakota is generally defendant-friendly with regard to hospital claims. Reasons are overall high quality of medical care in North Dakota, relatively well-educated pool of potential jurors and conservative attitudes towards injury litigation, in general.	North Dakota is not especially plaintiff-friendly with regard to hospital claims, except when the facts are particularly inflammatory or egregious. North Dakota jurors are empathetic to patients who are harmed, whether due to malpractice or not, but also seem to generally be pretty stoic and able to be objective.	These claims can be dangerous. The same law applies to nursing homes. They may struggle a bit more on the defensibility of their cases, largely because it is a difficult population to care for and many times events that occur in these facilities are the result of well-intentioned, but not well-educated, lower level and poorly-trained workers who often are at the bedside providing direct care - not always with the capacity for the best judgment.	No answer.	No licensing requirement.
Ohio	Ohio has caps on med mal cases -- $250k for non-cat claims and $500k for permanent disabling injuries and it applies to all health providers including nursing homes.	Insurers can be subject to bad faith claims from insurers.	Ohio is considered a defense friendly med mal state, especially since damage caps have withstood constitutional scrutiny. Most counties fairly conservative with occasional exceptions in Cleveland and Columbus, although there have been only 3-4 seven figure verdicts in last five years or so.	See previous response.	Nursing home defendants have numerous defense oriented advantages, e.g., Health Dept. surveys not admissible.	No answer.	No.
Oklahoma	Oklahoma has a cap on non-economic damages in the amount of $350,000.00 in all personal injury cases, except in cases of wrongful death or where the defendant's conduct was reckless or intentional in nature. 23 O.S. §61.2.	Yes. Bad faith claims are recognized in Oklahoma, and are actively pursued, on a variety of bases.	Traditionally, juries in Oklahoma have been hospital-friendly, particularly the northern portions of the state. Trends have been changing, however, particularly in central and southern portions of the state.	Historically, southern portions of Oklahoma have been somewhat plaintiff-friendly in personal injury lawsuits.	Oklahoma requires plaintiffs to consult with an expert prior to filing a lawsuit in all cases involving "professional negligence." However, Oklahoma also has a Nursing Home Care Act with a Patients' Bill of Rights, the violation of which can give rise to criminal penalties, and which can support a private right of action.	In Oklahoma, the appellate court system is traditionally plaintiff-friendly. The Court has rejected most efforts by the Legislature to enact tort reform, striking down a previous affidavit-of-merit requirement. The Legislature has enacted a new affidavit-of-merit statute, which is currently being reviewed by the Court. Oklahoma has a special statute that creates a "presumption" of negligence in res ipsa medical negligence cases, which shifts the burden of proof to the defendant. Expert testimony is required in medical malpractice cases, but the Courts have created quite a few exceptions to the requirement. Oklahoma has a tiered punitive damage statute, based on the degree of wrongfulness of the defendant's conduct. Based on recent amendments, Oklahoma imposes several liability, and not joint and several liability. Oklahoma has comparative fault. Oklahoma has a two-year statute of limitations, with a relatively lax discovery rule.	Yes, under limited circumstances. 36 O.S. §6201 et seq.
Pennsylvania	There are no caps on non-governmental entities. State and local Governmental entities have caps for state law tort claims.	Bad Faith Claims are recognized and are actively pursued in Pennsylvania.	Pennsylvania juries are generally conservative and are not Plaintiff nor Defendant friendly outside of Philadelphia. The facts drive the case. The northeastern part of the state is conservative with 85-90% defense verdicts.	Pennsylvania juries are generally conservative and are not Plaintiff nor Defendant friendly outside of Philadelphia. The facts drive the case. The northeastern part of the state is conservative with 85-90% defense verdicts.	Elder care has no specific protections and are fact-driven. Verdicts tend to be conservative except in extreme cases.	Juries vary by county but the law does not have special protection for nursing facilities. A Certificate of Merit is required to be filed within 60 days of the filing of a Complaint among other changes to the law.	No.
South Dakota	South Dakota has caps on non-economic damages of $500,000. It applies to all medical providers.	Other than where there is an excess-of-limits judgment, insurers do face bad faith claims in South Dakota.	South Dakota would probably be viewed as generally defense friendly to hospital and medical claims. In South Dakota, people generally still hold doctors and medical providers in high regard and it is very difficult to get a plaintiff's verdict in South Dakota.	See previous response.	There are no particularly defense-oriented protections and I would not characterize the remedies as pro plaintiff. South Dakota is a fairly level playing field, but I would say, generally speaking, jurors have been more favorable in finding for plaintiffs with regard to nursing home care than they have with regard to hospital and medical claims.	No.	No.
Tennessee	No.	No.	No.	No.	No.	We are a modified comparative fault state (plaintiff cannot be more than 50% at fault)with no joint and several liability. Med Mal actions require "precertification" by an expert witness.	No.
Texas	In Texas, there are damages caps on negligence claims against hospitals. The damages caps do not only apply to non-profit entities or governmental entities. The damages caps in negligence claims against hospitals in Texas are as follows: Under §74.301(a) of the Texas Civil Practice & Remedies Code, non-economic damages against a physician or healthcare provider other than a healthcare institution are capped at $250,000, regardless of the number of defendant physicians or healthcare providers other than healthcare institutions against whom the claim is asserted or the number of separate causes of action on which the claim is based; Under §74.301(b) of the Texas Civil Practice & Remedies Code, non-economic damages are capped at $250,000 in an action against a single healthcare institution; Under §74.301(c) of the Texas Civil Practice & Remedies Code, in an action against more than one healthcare institution, the limit of civil liability for non-economic damages for each healthcare institution is $250,000, and the total limit of liability for all healthcare institutions shall not exceed $500,000. Additionally, in a wrongful death or survival claim, the limit on all damages, including exemplary damages, is limited to $500,000, adjusted for the change in the consumer price index since August 23, 1977. See Texas Civil Practice and Remedies Code §74.303 (this cap is currently approximately $1.8 million). However, §74.303's cap does not apply to the amount of damages awarded for necessary medical or funeral expenses. Texas does have separate provisions regarding asserting liability for medical malpractice against a governmental entity in Civil Practice and Remedies Code §101.021, known as the Texas Tort Claims Act. However, to recover against the governmental liability on a claim for personal injury and death, the injury or death must be caused by a "condition or use" of tangible personal or real property. Limitations on recoverable damages apply.	For third-party claims, there is no common law bad faith in Texas. There are only the duties and potential liabilities established in the *Stowers* case. That is, an insurer may face liability in excess of policy limits only if it is presented with a valid *Stowers* demand and refuses to settle, exposing the insured to an excess judgment. An insurer may also fact extra-contractual liability for violation of Section 542 of the Texas Insurance Code, which includes failing to settle a claim when liability was reasonably clear, failing to conduct a reasonable investigation, etc. For statutory claims, the insured would need to prove actual damages	Based on part upon the damages caps described above, Texas is generally viewed as defendant-friendly with regard to hospital claims. However, the results can vary widely according to the county or jurisdiction in which suit is filed. Texas also has strict statutory requirements for a plaintiff to serve an expert report supporting their claims near the start of the litigation, which is an effort to weed out suits which have no merit. Failure of a plaintiff to serve the required expert report, or the exchange of an insufficient report, can result in complete dismissal of the suit with attorneys' fees awarded to the defendant. Additionally, while some trial courts may be plaintiff-friendly, most appellate courts in Texas are considered rather defense-friendly, with the Texas Supreme Court being considered very defense-friendly.	Texas is generally not viewed as plaintiff-friendly, for the reasons described in the previous section. However, once a plaintiff successfully navigates the procedural hurdles of pre-suit notice and an early expert report, some jurisdictions in Texas are sympathetic to plaintiffs, in particular the Houston and South Texas areas.	Texas' protections apply to a very large category of potential defendants labeled as "Health Care Providers" in the Civil Practice and Remedies Code. The term "Health Care Providers" is defined as: (12)(A) Any person, partnership, professional association, corporation, facility, or institution duly licensed, certified, registered or chartered by the State of Texas to provide health care, including: (i) a registered nurse; (ii) a dentist; (iii) a podiatrist; (iv) a pharmacist; (v) a chiropractor; (vi) an optometrist; (vii) a health care institution; or (viii) a health care collaborative, certified under Chapter 848, Insurance Code. (B) the term includes: (i) an officer, director, shareholder, member, partner, owner, or affiliate of a health care provider or physician; and (ii) an employee, independent contractor, or agent of a health care provider or physician acting in the course and scope of their employment or contractual relationship. Tex. Civ. Prac. & Rem. Code §74.001(12). This non-exclusive list includes both hospitals and nursing homes. Entities and individuals falling within this definition are allowed to claim the procedural and damages protections offered by the Texas Medical Liability Act which provides for the expert reports described above.	To the extent that a healthcare provider has its primary location in another state, but may have a clinic in Texas or may provide practitioners who interact with patients in Texas, the laws in Texas related to the challenging jurisdiction are currently such that minimal contact with the state can result in jurisdiction in Texas over the case even if all of the care was provided in another state. This can also make it unclear which state's laws apply in this sort of circumstance, and this is particularly important when considering the expert report requirement. Texas courts determine coverage for punitive damages on a case-by-case basis depending on the policy language and the severity of the underlying facts. In *American International Specialty Lines Ins. Co. v. Res-Care Inc., et al,* 529 F.3d 649 (5th Cir. [Tex.], 2008), the Fifth Circuit held that coverage for punitive damages violated public policy. The underlying claim involved a group home that provided services for mentally disabled individuals. One of its residents, Trenia Wright, was a 37-year-old woman with cerebral palsy and mental disabilities. Ms. Wright fell in the hallway one evening and defecated on the floor. An employee poured a mixture of undiluted bleach and another cleaner onto Ms. Wright and left her soaking in the chemicals for hours while the employee attended a pizza party. The following days were marked with gross mistakes on the part of the home's staff with regard to the care of Ms. Wright, resulting in her death four days later due to chemical burns. The employee was later convicted. The Fifth Circuit determined that these facts were so egregious that the nursing home should not be permitted to avoid punishment by allowing punitive damages to be covered by insurance.	The Texas Department of Insurance licenses and regulates those who wish to sell insurance or adjust property-casualty claims in the State of Texas. A license from the Insurance Commissioner is required in order to adjust claims.

Vermont	None.	Yes, though rarely seen in the context of malpractice claims.	Yes. Depending on the county, juries are generally conservative. Obviously each case brings a different set of facts, but verdicts lean towards the defense.	Yes. Depending on the county, juries are generally conservative. Obviously each case brings a different set of facts, but verdicts lean towards the defense.	No.	No, although counties vary greatly in terms of jury pools.	No.
Virginia	Virginia has a cap on recovery which applies to all healthcare providers. The current medical malpractice cap is $2.05 million. The cap will increase by $50,000 per year until July 1, 2031 when the cap reaches $3 million. Arguments are available for charitable hospitals. A plaintiff may sue multiple healthcare providers but the total recovery is capped pursuant to section 8.01-581.15 of the Code of Virginia.	VA does not recognize the tort of Bad Faith and in general, it is difficult to prevail on a bad faith type of claim.	Friendly because of the cap!	No.	The cap is obliviously good for defendants. Otherwise, juries generally don't like these cases.	Things move fast in VA. 90% of State Court cases are resolved in 12 months and much faster in Federal Court. VA does not have a usable Summary Judgment law and gives plaintiff's one non-suit as a matter of right. VA has good Judges and decent juries except for a hand full of liberal areas.	No.
West Virginia	Yes, there are damage caps on professional negligence claims against hospitals. See W. Va. Code Ann. § 55-7B-8. The cap applies to all "healthcare providers," meaning any person, partnership healthcare facility or institution, including physicians, nurses, hospitals and their respective agents and employees acting in the course and scope of their employment.	Yes, insurers do face bad faith claims in West Virginia; however, suits are limited to only first party claims. A first party claim against a health care provider may not be filed until the jury has rendered a verdict in the underlying medical professional liability action or the case has otherwise been dismissed, resolved or disposed of. W. Va. Code Ann. § 55-7B-5. A plaintiff who files a medical professional liability action against a health care provider may not file an independent cause of action against an insurer of the health care provider. In that instance, the plaintiff's sole remedy for alleged bad faith conduct in adjusting or settling of a claim is the filing of an administrative complaint with the Commissioner. W. Va. Code Ann. § 33-11-4a.	The majority of counties in West Virginia are best described as "neutral" or "defense oriented", but large civil verdicts in the "Northern Panhandle" counties and the southwest/southern counties (Lincoln, Boone, Logan, Mingo, McDowell, Wyoming, Mercer) have been recorded. Harrison County also has seen a few very large civil verdicts. The statutory cap on damages assists with respect to hospital claims.	The majority of counties in West Virginia are best described as "neutral" or "defense oriented", but large civil verdicts in the "Northern Panhandle" counties and the southwest/southern counties (Lincoln, Boone, Logan, Mingo, McDowell, Wyoming, Mercer) have been recorded. Harrison County also has seen a few very large civil verdicts. The statutory cap on damages assists.	Generally pro plaintiff. It has proved difficult to enforce arbitration clauses despite a very recent U.S. Supreme Court decision remanding a West Virginia Supreme Court decision with sharp criticism of the West Virginia court's failure to support its result with the necessary analysis. Recent professional liability verdicts against nursing homes include a large compensatory and punitive damages verdict in the state capitol, Charleston. Note that the recent decision of State ex rel. AMFM, LLC v. King limited the enforceability of arbitration clauses signed by a health care surrogate or power of attorney where the dispute concerns the resident's care. Under the West Virginia Health Care Decisions Act, a health care surrogate is authorized to make health care decisions on behalf of the incapacitated person for whom the surrogate has been appointed. Arbitration agreements are not considered to fall within the scope of health care decisions under the Act.	No.	Under W. Va. Code St. R. § 114-25-3, insurance adjusters must be licensed by the West Virginia Commissioner; however, a licensed out of state adjuster may apply with the Commissioner to become licensed as a nonresident company, public or crop adjuster in WV if his or her home state has established, by law or regulation requirements for the licensing of a resident of West Virginia as a nonresident adjuster and if the applicant's home state awards nonresident licenses to residents of WV on the same basis. Such an individual is exempt from the examination requirements if his or her home state required a substantially similar prelicensing examination. The licensing requirement does not apply to claims handlers who are located in an office of an insurer outside the State of West Virginia who adjust claims solely by telephone, fax, U.S. mail and electronic mail and who do not physically enter the State in the course of adjusting such claims. See W. Va. Code St. R.§ 114-25-18 for further licensing requirements.
Wisconsin	Claims against hospitals, physicians and nurse anesthetists have a cap of $750,000 on non-economic damages and a cap of $350,000 on loss of society claims for the death of an adult and $500,000 for the death of a child. Claims for punitive damages are prohibited. Claims against state employees are subject to a cap of $250,000.	All Chapter 655 health care providers, i.e., hospitals, physicians and nurse anesthetists, are required to participate in the Injured Patients and Families Compensation Fund, a state-run pool. That Fund provides unlimited excess coverage over the statutorily mandated primary limit of $1 million. As a result we do not have excess judgments in these medical malpractice cases. As physicians are protected from personal liability and	Yes, for the previous reasons. In addition the defense wins the vast majority of cases that are taken to trial.	No, for the previous reasons	Legislation enacted in 2011 provides protections for long term care facilities which are similar to those for Chapter 655 providers. There is a cap of $750,000 on non-economic damages, a cap of $350,000 for loss of society and companionship of a deceased adult. Claims for punitive damages are limited to twice compensatory damages but not more than $200,000.	The statute of limitations for Chapter 655 cases is 3 years for an adult and up to the age of 10 or 3 years, whichever is later, for a minor's claim. There is a discovery extension of 1 year from the date of discovery which is subject to a 5 year statute of repose.	I am unaware of any requirements placed on adjusters.
Wyoming	There is no cap on claims against hospitals. There is a cap on claims against governmental entities and the majority of hospitals are governmental entities. Under the governmental claims act, the cap is $250,000 per claim or the limits of the hospital's insurance. Punitive damages are also barred by the governmental claims act.	No.	It depends on the county. Overall, we would say it is about neutral.	It depends on the county. Overall, we would say it is about neutral.	We are seeing a spike in nursing home litigation. Currently, there are no defense orient protections in Wyoming. Nursing homes are protected by a 2 year statute of limitations. Further, Courts will enforce arbitration agreements.	No.	Yes.