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Individual Substitution EffectConcept; Markets Affected; Illustrations of How the Effect Could Operate; Information Needed to Project the Effect's Sign and Magnitude; Final Assumptions and Estimates;

Collateral Source Effect; Concept; Markets Affec; Illustration of How the Effect Could Operate: Information Needed to Project the Effect's Sign and Magnitude: Final Assumptions and Estimates: Provider Treatment Effect; Concept; Markets Affected; Illustration of How the Effect Could

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Direct Fee EffectConcept; Markets Affected; Illustration of How the Effect Could Operate; Information Needed to Project the Effect's Sign and Magnitude; Final Assumptions and Estimates; Medical Malpractice Volume Effect; Concept; Markets Affected; Illustration of How the Effect Could Operate; Information Needed to Project the Effect's Sign and Magnitude: Final Assumptions and Estimates: Additional Effects Not Estimated; Induced Retirement; Induced Demand; Changes in Consumer Demand for First-Party Auto Coverage; Chapter Four: Aggregate Impacts Across States and Lines Chapter Five: Potential Longer-Run ImpactsChanges in Tort Law; Growth in Accountable Care Organizations; Medical Liability Demonstration Projects; Changes in Population Health; Increased Subrogation by Medicaid; Changes in the Supply of Physicians; Chapter Six: Conclusions; Appendixes; A. How the RAND COMPARE Microsimulation Model Works; B. Detailed Analysis of the Relationship Between Insurance Coverage and Paid Medical Malpractice Claims; References

## Sommario/riassunto

This report identifies potential mechanisms through which the Affordable Care Act (ACA) might affect liability claim costs and develops rough estimates of the size and direction of expected impacts as of 2016. Overall, effects of the ACA appear likely to be small relative to aggregate auto, workers' compensation, and medical malpractice insurer payouts, but some states and insurance lines may experience cost changes as high as 5 percent or more.