Risk Insights: Senior Living & LTC

Episode 4

Litigation perspectives in the post-COVID-19 era

Welcome to the Risk Insights: Senior Living & LTC podcast, hosted by Tara Clayton with Marsh's Senior Living & Long-term Care Industry Practice. Each month, Tara, a former litigator and in-house attorney, speaks with industry experts about a variety of challenges and emerging risks facing the industry.

Tara Clayton:

Hello everyone, and welcome to *Risk Insights*. I'm your host Tara Clayton. Today's episode, I've invited a guest to talk with us about the litigation environment for senior living and long-term care in a post COVID era. Unfortunately, the litigation environment for senior living and long-term care providers continue to face difficult challenges, thanks to a variety of different factors. Some are familiar issues that have been enhanced in light of the pandemic while others are new challenges that we see facing the industry. Joining me in today's discussion is Drew Graham, a defense attorney and partner with Hall Booth Smith, who has an expertise in senior living and long-term care professional negligence. Hey Drew, thanks for joining the show.

Drew Graham:

Thanks Tara. It's nice to be here.

Tara Clayton:

So Drew, before we get started, do you mind telling our audience just a little bit of information about you and your background, and the work you do at Hall Booth Smith?

Drew Graham:

Sure. So, I started at Hall Booth Smith in the '90s. We were a medical defense firm at the time, based in Atlanta, while we're quite a bit larger now, the story has been relatively stable since then, in terms of the practice. So, when I started in the early nineties there was a move a foot, mainly out of Florida led by one law firm, to really look at the way that plaintiffs worked with and prosecuted civil actions against long-term care and aging services providers. And, I realized at that point that as that strategy migrated across the country, we wanted to be in a position to have a group that could address that in a reasoned way, and it's just developed from there. We now have 30 lawyers in a variety of states that focus their entire practice on serving aging services and long-term care providers. And, we're very pleased and honored to be able to serve in that way.

Tara Clayton:

Thanks Drew. You mentioned how the firm grew out from the traditional medical malpractice venue, and that's where I want to start our conversation before we get into some of the trends that you're seeing from your perspective. I think it's helpful for the audience to understand with the litigator's hat on, what is it about senior living and long-term care cases that make them different and unique when you're looking to defend them, as compared to a traditional medical malpractice claim?

Drew Graham:

Right. Yeah. That's a very interesting question. And, I think legally they're not different. So, in terms of the law that applies to healthcare providers, be it nurses or therapists that work in the acute hospital setting versus working in long-term care, the rules are the same in virtually all states, and that is they have to comply with the standard of care. And in the event a lawsuit's brought, the question's typically standard of care, causation, and damages. What changed with, back in the '90s, frankly, was this idea that plaintiff attorneys would put the facility on trial in long-term care cases and senior living cases in ways that they would not do for acute care. Probably many people have heard "profits over people" and associate that in some ways with the early days of long-term care litigation, but this effort to put the system, or the institution on trial rather

than scrutinizing the care provided by any individual provider really is the hallmark difference between medical liability cases in the acute care setting then medical liability cases in nursing homes or assisted living facilities.

The problem is that this strategy over the years has been really allowed to develop in ways that aren't obvious in the statutes and regulations that govern conduct to those individuals. And, to some degree, plaintiff lawyers, judges are to blame. And, I think in part defense lawyers have had some influence on that. And, I think the solution is really to push back to the basics. To talk about standard of care, causation, and damages, and really provide ways that our healthcare providers can be evaluated in that way rather than as part of an institution.

Tara Clayton:

Considering that in your traditional medical malpractice, a claim against a hospital or a physician, it really is focused on that specific care and treatment that was provided, whereas with a long-term care senior living claim, we are the home where that particular resident was residing, right? They're with us 24/7.

Drew Graham:

Yeah, it's a great point. I mean, I think one of the things that we need to do as facilities, as providers and then as defense counsel that are representing cases is really help juries to understand. Especially those jurors who have not had any experience with either assisted living or long-term care. Help them understand the differences between those settings in more acute settings. And, the home-like environment that you mentioned is certainly an initiative of CMS and other regulatory agencies. The communities are doing it every day, and brave providers around the country are doing it every day. So I think it's a great point and it really is the main distinction that I think we can make, is to educate jurors and others about how, what it's like to be in one of these settings. That they are home like and maintain that around care decision making and care interventions, for example in the event of an emergency, how these providers react might be different because of the setting.

Tara Clayton:

The court systems were shut down during the height of the pandemic. There was really no “access” to the court system. Cases weren't moving for quite some time. The doors have reopened, but curious from your standpoint being a defense attorney and now starting to maybe see some files move, what impact are you currently seeing, are you anticipating seeing, now that courts have reopened as it relates to claims?

Drew Graham:

Sure, like every, I think every industry, and there's a lot of people that were impacted tremendously by the pandemic, the courts are no exception. In many jurisdictions of courts had extensive backlogs, pre-COVID and now they're facing backlogs in the shortage of judges. And, we're seeing those cases are set for trial. We're seeing, treated in ways that we've never seen before. For example, trial conflicts. So, if you're chosen defense lawyers on trial in another county, judges used to, in many cases, acknowledge that and would reset conflicting trials. We're seeing that being pulled back to the extent that judges are saying, "Well, find somebody else. You're on trial." And, that's really not necessarily because they want to deny somebody their chosen attorney, but because they're facing backlogs that are going to take them in some cases, years to recover from.

So, we're seeing much more aggressive pushing of trials. We're also seeing judges that are encouraging settlement in ways they never have before. Again, to clear their backlog. So, I think it's going to, many, many people have estimated this, and there's probably some studies, but I think what I've heard is, two to three years in some jurisdictions and then others, it could be even longer where cases are going to just have to wait their turn if they go to trial. So, I think that's going to be the biggest issue. Part of that problem is that in all cases, but certainly cases involving healthcare providers, these delays make it difficult for both parties. The witnesses are either, have moved on to other care settings, or they're moved out of state, or life has changed and they've moved so long delays, I think make it very difficult to really work up a case in the way that you used to for both sides. And, we're going to continue to see that.

Tara Clayton:

Do you think that these delays, you mentioned you're seeing courts and judges, I don't want to say push settlement, but push parties to come to some type of resolution right, in lieu of going to trial, if possible? Do you see a potential impact as it relates to how that claim

settles, or what the jury may return in a potential verdict or award, because of some of the issues with defending the claim? You mentioned access to witnesses or finding witnesses.

Drew Graham:

I think the cases that are trying while they're still, and we may talk a little bit about some of the mega verdicts, I think there are still mega verdicts, but we do see many defense verdicts still as cases are being tried in 2022 and even the end of 2021. So, I don't think necessarily the outcomes are bad. In fact, what we're seeing is, outcomes that are fairly similar, maybe a slight increase in severity from time to time, but those cases that are trying are still the outcomes are fairly similar. What really is impacting this most aggressively is the cost associated and the effort associated with getting these cases ready.

And again, I think that impacts both sides, but as a defense attorney, we certainly are feeling it in terms of both being asked to prepare multiple cases simultaneously, and also just the volume of work for cases that to a large degree were trial ready back in the beginning of '20, and then put on trial dates that are now going to be in 2023. So, just the passage of time is causing some increase in cost. In terms of aberration verdicts, or I think some people call them nuclear verdicts, I think that term is currently being overused. We prefer aberration verdict as the term. We don't think nuclear verdict is the right way to talk about these. But, I do think we need to be vigilant and at any time these things can change. And, it's important to work up a case, even if it has been essentially dormant because of the court calendars to maintain contact with relationships, and maintain an understanding of what's going on in those cases, as we weather through these delays.

Tara Clayton:

I want to get a little bit more into where and why you think we're seeing an increase in these aberration verdicts. But before that, you mentioned some of the delays, and your recommendations on how defense counsel still needs to be working up the files and staying close. Any practical tips to a provider who's in this situation. Either they had claims ready to go to trial, or maybe you were, the claim got filed right before things started to shut down, because aside from the courts being closed, communities had to restrict visitors for a number of months, right?

And, I know the past experience, one of the things any attorney is going to do when they get assigned a claim is you want to go and meet with the witnesses face to face. Get a feel for what people remember and get a sense of the community, because you want to be able to defend that community as best as you can. And, that was, that ability was taken away. So, now that we're in this current state of we've got a backlog of cases, but a lot of cases are being pushed by the courts to try to get it moved through. Any tips for providers that you've seen that, hey, this would've been helpful had this provider maybe gathered this kind of information, or preserved it in this way, or maybe somebody did something really well that was helpful for you now, now that you're defending these cases again?

Drew Graham:

Yeah. I mean, I think for providers who have been through COVID. And I think without question in both of the settings that we've talked about, skilled and assisted living memory care, they faced challenges that they've just really never faced before. I think they did a remarkable job in responding to those challenges, but in part the way they did that, responding to the immediacy of the pandemic and the things that needed to be done was that they had to prioritize. And so now, even though they continue to face whatever, fifth or sixth wave of COVID, and they are still challenged in ways that before 2020, they weren't, I think they do need to reprioritize these cases. So, the second thing would be, to get the message out, that just because a case has been quiet during the pandemic doesn't mean that it is not important, doesn't mean that the court's ignoring it, or that your lawyer's ignoring it. It just, education on what was happening in the court system is important. So, understand that dormancy doesn't equal either that it's over or that it's become less important.

So, and then the last thing to the extent that there are competing demands and lawyers. Especially on the defense side, are making calls and asking for priority in somebody's day. Really dialogue with your lawyer about that and make sure that you have a context for what the urgency is. Make sure that you understand why these demands are being made, and prioritize it to the extent you can. Of course, we never want to prioritize it over patient care, but certainly as the courts wake up, there's going to be a ripple effect back through the system. And, it's important to maintain good communication with your lawyers, so that you understand how the worlds are going to mesh in this

instance. Maintaining relationships with witnesses and individuals who have left your employment, I think is really important and can be managed on all levels, not just your defense counsel, but your organization. It's very important to maintain relationships with them and maintain information about where they are, if they've left your organization.

So, I think those are the big things. From time to time, we do see just the difficulty that providers have seen, the things that they have to do to be excellent in their care. And, we understand that we need to wait our turn for their attention, but I do think that the message that for the people that listen to this who are in the provider operations side would be, we are seeing this increase and you are going to get contacted more frequently than you did before, if you have a case.

Tara Clayton:

You mentioned Drew, about aberration verdicts, I want to come back to that. Because, that is a trend that we are seeing development in. What are some of the factors that you think, or from what you're seeing that is causing these aberration verdicts to start to appear in the senior living and long-term care space?

Drew Graham:

Yeah. And, I mentioned before this idea of a many times we're hearing these mega verdicts called nuclear verdicts. And, I think that's really doing a disservice in many ways to really the community as a whole. Nuclear suggests an intentionality and a universality that these are going to be things that are going to happen more frequently. And, it's sort of, it's a negative way to perceive these. First of all, all these cases are different. And, we think of an aberration verdict in terms of, a verdict where the award far exceeds traditional ideas of fairness, basically. And, as the term evolved, it really means this idea that the jury's award, especially around economic damages, greatly exceeds the reasonable value of the services that the injured person would need, for example, to provide care for themselves, or their loved one out into the future.

The other time that term is used is around non-economic damages, like exemplary damages or punitive damages. And, I think in those instances, at times in cases where there are aggravating factors or other things, those awards are not necessarily completely unexpected, but they're certainly case by case. And, the biggest caution that I advocate and I think is important for the system, for all of us frankly, is that we really, back off that term and really treat these like situations where there was a fundamental misunderstanding by the jury of reasonable compensation for economics. And, I think that's really the ones that concern us most. So, in terms of long-term care and aberration verdicts, we do see these from time to time, but mostly those are ones that occur related to non-economic damages and are driven by, again, a perception that there was an institutional failure rather than the failure of an individual provider.

So, we need to be vigilant, and we can talk about some things that we can do and that we advocate to avoid aberration or surprise verdicts. But, I think it's important for the listeners here to understand that those are still relatively rare, and every verdict that's out there that is a mega verdict or a large number is not always completely unexpected, but in those instances where the jury does misperceive, or decides to award an amount of damages, that's unexpected or aberration, they're going to happen. We have appellate courts to address that, but I don't think it's necessarily something that's happening in an aggressive way. We don't see an aggressive, or we don't see a huge increase in severity across verdicts. There's still many, many, many defense verdicts for those cases where the juries do make awards in some instances or awards that were expected. So be vigilant, but I think be cautious and strategic in the way that you evaluate and workup cases.

Tara Clayton:

You mentioned that in the long-term care and senior living space where we usually, if we see an aberration verdict that's coming in the form of a non-economic damage. I just want to clarify for everyone, when you say non-economic damage, what is that? What kind of damage are you talking about?

Drew Graham:

Sure. So, non-economics are... So, maybe it's easier to explain first what economic damages are. So, in those instances where an individual is going to require future medical care as the result of an injury. We talk about those in terms of frequently you hear life care plans, or other designations about ways to aggregate the future cost. If a person is unable to earn a living due to an injury, then they would have a claim for future loss of earnings and similar quantifiable numbers. Contrast that with non-economic damages, which would include

things like pain and suffering, and then in some relatively rare cases, punitive damages. And I think, because of in many instances, the future economic damages, the future medical care and other things are not as large in aging services and senior living cases. We do see the plaintiffs really work on strategies to make the non-economic damage awards larger. So, that's increased discussions about pain and suffering or other similar situations.

So, in terms of what we do about it, I think for those cases where there are... Well really in all cases, I think one of the things that we have to do is we need to be ready to explain to any jury mediator, anybody involved, a reasonable value for the case early in the life of the case. And, that can be both economic and non-economic damages, but we can no longer sit back, let the plaintiffs set the value of a case and then be critics. We need to be aggressive and work up the cases, understand the value and really push to do that faster than we ever have before on the defense side. In the case of future medical expenses, and we do see those cases relatively frequently, we need to understand not only what the plaintiffs are doing in terms of carrying their burden of proof on proving future medical expenses through life care planners and economists and others. But, like the first thing I said, we have to go out and really understand what an individual is going to need and develop our own reasonable alternative value and be ready to talk about that with the jury in ways that we haven't.

And then, the final issue is this idea of essentially the way the litigation is being managed. And, I don't know if most listeners would know, but typically when a plaintiff files a lawsuit, the courts would move that lawsuit through, and if there was an award, they would be made the award, but in terms of financing the litigation that was never done by third parties. We are now seeing across the country an explosion of consumer third-party litigation funding. And, these are private equity companies in many instances who will take a share of any verdict by funding the litigation, and they use contracts and agreements and loan documents to do that.

We think that's a threat to the system. We think at a minimum, we should be able to learn about it through discovery and be aware of individuals who are influencing the outcomes of these cases. But, what we're finding in many states is that judges are not allowing that. They're not allowing us to know that these funders are out there or that they're participating in the litigation. And, in some instances they're really driving decision making about strategy and settlements. So, we think that in all of the states across the country, consider looking at what the litigation funding rules are in your jurisdiction, and if those rules prevent disclosure, or make it difficult for everybody to understand that litigation funding is out there, consider approaching your legislatures or taking other action on that level.

Tara Clayton:

Are you seeing efforts to convince courts why this information should be discoverable because of the impact it has in resolving the claim?

Drew Graham:

Yeah. I'm not in the lobbying world, so I don't know for sure, but I am certainly aware enough to know that in some states courts have said that this information is discoverable. Other courts in other states have put some restrictions on how it can be used. I'm sure there's lobbying effort to put in to address the issue. But, I think we're in the early days, frankly, of this particular issue. I think we're going to see over the next three or four years, that it becomes more and more important. But yes, I think there's people out there that are addressing the issues, and talking about it, and working towards solutions that are mutually beneficial to everybody. But, I think the big risk is the introduction of an undisclosed third party that would control or influence litigation is just, is a threat to the entire system.

Tara Clayton:

Are there any other, I don't know if I want to say factors, but anything else, and again maybe not just limited to aberration verdicts, but that are driving the impact on settlement of some claims. Either in the senior living, and I know even long-term care claims can have their unique challenges as well, related to the federal oversight that they have.

Drew Graham:

Yeah. And I think, I know that you know this from your time both as a defense lawyer and working in the general counsel's office. But, I think one of the things that continues to be different for long-term care providers and acute care providers is the conditions of participation in the Medicare program, and the

regulatory environment that nursing homes operate in. All healthcare providers of course have to comply with the Medicare regulations to be reimbursed by Medicare. That applies to doctors and hospitals and others, but in the last 10 or 15 years, CMS has really made it a priority to focus the regulatory oversight on at least the long-term care component of the world that we work in. And, I think that continuation is making it difficult. There's a huge confusion amongst both plaintiff lawyers and in some instances defense lawyers, about how the regulatory system overlays the civil liability system, and as CMS continues to expand Nursing Home Compare, they have said very plainly in the last year that they are going to increase their transparency efforts.

I think there's going to be continuing confusion about what good care looks like. I don't believe that good care boils down to a staffing ratio of any number to any number. I think good care is driven by the personalities of the people in the building. So, for example, in a five-star building versus a one-star building, I think many people get great care, and it's really dependent on factors that are not currently captured by CMS and the way that they regulate these buildings. So, I think that's going to continue to drive litigation that maybe not, or maybe should not have been brought in the first place. And then, I think the recent coverage of the impact of the COVID pandemic on our congregate living settings. Not just senior living and skilled operators, but across all congregate living. Hopefully, we'll gain a better understanding of what actually happened as we get, hopefully, the pandemic in the rear view mirror.

But for right now, there's a perception, I think amongst a lot of people that somehow this group of providers let people down. And, I think that's unfortunate, because I know they were heroes and they didn't, but I think that is going to continue to drive some litigation and could, on some levels drive outcomes. So, I think we need to continue to be vigilant. We need to continue to get our stories out there. But, as you mentioned, I think in the beginning, there's a tremendous number of very heroic things that went on in these places, these homes for our residents. And, I think it's important to continue to develop those. These cases that happened either immediately prior to the pandemic or during are going to be litigated probably for years to come. Four, five years, and we don't want to forget all the great work that people did. So, I think that's going to be the challenge, maintaining education and what was like to be there, then.

Tara Clayton:

Drew, your comment about certain perspectives on what happened during the pandemic makes me think some of the guidance and statements that we've seen come out through the new administration. And, you mentioned about CMS and anyone who accepts or participates in Medicare, Medicaid participation has to follow the CMS.

So, I wanted to bring up, because I know kind of a newer development that's come out. CMS has been issuing really a host, I think, of new rules and requirements for participation in the Medicare Medicaid program. And, most recently the set that they issued contained, I think two new potential F tags, which are citations in that space. And, I wanted to just get your thoughts around, what is the guidance that's being given to surveyors as it relates to the use of arbitration agreements in that particular setting where CMS governs, and how you see that potentially impacting claims and litigation going forward?

Drew Graham:

Yeah, this is a really important development, I think. So, CMS recently issued some new guidance to surveyors, which is important clearly for the regulatory folks that spend their days working in the regulatory environment, regulating facilities, or being regulated. For lawyers though, we typically do look at those regulations, and many experts for both plaintiffs and defendants, look at the regulation. So, they really impact our world. So, we keep up with them. The new arbitration rule was actually passed in September, September 16th of ‘19. And, that particular rule I think was, essentially reaffirmed the idea that arbitration could not be used as a condition of admission to a skilled nursing facility. And, but for a period of time, shortly before that, relatively short period of time, where there was a possibility that a condition of admission could be arbitration, historically CMS has been very clear in that position.

So, my first thing is to say that the change in back in ‘19 was significant, but not unexpected. And, I don't think it changed the way that many providers used arbitration. And, that is arbitration, of course, is the agreement to not take a case to a civil court. It's really to take a case to a private neutral selected by both parties, who will issue a decision after a presentation of facts, not unlike a trial. And then, that decision is ultimately the decision that binds the party. So arbitration of course, is used

across a lot of industries. It all stems back from the federal arbitration act, which was passed by the US Congress in 1925, and has really been essentially unchanged for 90 years. So, arbitration is a certainly, probably familiar to many people in your audience. What changed with the guidance that came out a couple or three weeks ago, was CMS providing guidance to surveyors and additional explanation about what those regulations mean.

And, what was really interesting was they've created two new F tags, as you mentioned. So, these suggest that nursing home operators can be evaluated as to their compliance with the conditions of participation, based on the way that they both, first off present the arbitration agreement. So, how they present it to residents and their representatives, but then also the contents of the agreement. If it matters, that's F847 and F848, but these are really two brand new tags. What CMS has done here by creating these tags, it suggested that they intend to treat arbitration contracts in nursing homes differently than any other contracts between residents, and the representatives and really anybody else. So, certainly as you mentioned, these are people's homes and contracts are executed, but for arbitration agreements only, CMS has made the determination that arbitration poses a risk of, to use their language, psychosocial harm to residents.

So, either in the way the agreement was presented in the first instance, or in the way that the arbitration was conducted. And, they've directed surveyors to treat arbitration agreements differently than other contracts. And, I think that's very concerning. I think this puts the agencies directive to their surveyors potentially in conflict with the federal arbitration act. And, I think it really raises questions about what has clearly been the law of the land for a very long time, that the federal arbitration act favors arbitration. So, I think that's really a concern long term for both providers, for residents and for individuals that want to use arbitration to resolve disputes. The other concern is the burden on providers based on this newly issued guidance. And, I think one of the things that we're recommending to providers that call us is that, in this new guidance they've said, clearly they're going to look at agreements that were entered into after September 16th of '19.

And, they're going to retroactively judge those agreements on compliance with this newly issued guidance. So, the retroactive component certainly has some concerns. But, I think in the future, providers are going to have to look at both the wording of the document, and that's something I'm certain, many of them did back in '19 and before, but also the format. The way the agreement is presented to the parties. There's a requirement that it presented to them in a language that they understand and leaves open the possibility of different ways to present and explain how the agreement works.

There's also some new disclosure requirements that were part of the original regulatory change in '19, but have gone a little bit farther in this guidance that really creates an obligation on the part of these nursing homes to, for example, keep the arbitrator's awards for a, I think it's a period of five years after an award and make those awards available to surveyors who want to scrutinize and evaluate the arbitrator's decision in a case that was arbitrated. There's also a requirement for, or at least guidance to suggest there's a requirement for a disclosure of relationships between interestingly the facility in any arbitrator that would be selected mutually by the parties to decide a case.

And as you well know, from your work both as outside counsel, and in the general counsel's office of a company and in your current work, those agreements are typically as to, who's going to arbitrate the case are typically made by the lawyers. Both the plaintiff and the defense lawyers, and ultimately a selection's made. So, the idea that CMS is going to get involved in talking about how the arbitrator was selected really is I think a brand new thing that we've just really never seen before. So, those two issues are going to play out. We don't know the priority CMS is going to place on this particular guidance. But, we have to be vigilant and concerned about where that all would go, given all the providers have on their plates at the moment.

Tara Clayton:

What, and hearing all of that, what recommendations, and I realize you may not have every single one out. But, what are some things that providers need to be doing now, those subject to these CMS requirements?

Drew Graham:

Sure. That's good, I think they, I think looking first at your agreement and looking at the new guidance, making sure that your agreement is compliant with that guidance. Second would be, to look at the way that the agreement is presented at the time of admission. Making sure that you provide significant in-service

education to those individuals within your organization that are presenting these agreements. Make sure that the process is compliant. So, the presentation process. And then, develop systems to address some of the issues around when arbitration occurs, how do you involve, how do you, for example, a resident who is represented by counsel, make sure that you understand ways to make sure that resident is fully participating in the selection of an arbitrator. Which has its own challenges, but being fully aware of these regulations, or the got new guidance would be the first issue.

But, then really taking a look at really top to bottom of how your organization uses these agreements. In the event that you just, as an organization, don't feel like there's a sufficient amount of time to train and to revamp agreements, then I think you really have to strongly consider, in light of this guidance, whether you want to continue to use them.

Tara Clayton:

If a provider were to get tagged at this point, what recommendation do you have to a provider in that situation right now?

Drew Graham:

Yeah, I think that question is really open at the moment in terms of whether CMS is going to, and the survey agencies are going to put this on a priority for evaluation. But to your point, if they do, I think because it's a brand new tag, and because of some of the issues involved, both based on the federal arbitration act and the idea, really the question, does CMS have the authority to treat these contracts differently, and is this in violation of the federal arbitration act? I think you have to really strongly consider, in addition to all the other remedies appealing the survey violation, if you don't feel like it was properly, if you were properly cited. So, certainly a lot to be learned about all this, but this is not necessarily a situation where if there is a tag issued, and if it's a high scope in severity, that you would necessarily not want to get further clarification of in terms of what the rights and obligations are.

Tara Clayton:

Makes sense. Well Drew, I'm mindful of how busy you are so I really appreciate you taking time out of your day to talk up with us about some of the trends that you're seeing, in this post-COVID 19 era, as we move forward. As well as I think some, some good takeaways to remind people that there are still defense verdicts out there, and that there are ways to structure so these claims are defensible. But Drew again, thank you so much for joining us today.

Drew Graham:

Well, thank you for having me.

Tara Clayton:

For our listeners, you can learn more about Hall Booth Smith in our show notes, and you can also find more resources for the Marsh claims management and consulting resources at the website listed in our show notes as well. Lastly, be sure that you don't miss any future episodes, to hit subscribe. Or, you can find us on any of your favorite podcast platforms. And, I'd love to hear from you. If you have any other topics that you'd love to listen to on the podcast, shoot us an email at the email address provided in the show notes, and hopefully we can address it in one of the upcoming episodes. Thank you for tuning in, and I hope you'll join us for the next *Risk Insights*.