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Education:

University of Florida, Ph.D., (expected) August 2009
 University of Florida, M.A., 2007 (Economics)
 University of Illinois - Chicago, M.A., 2005 (Economics), M.B.A.
 The George Washington University, B.A., *summa cum laude*, 2003 (Economics)

Fields:

Health Economics
 Public Economics
 Applied Econometrics
 Applied Microeconomics

Research Experience:

Research assistant to Professor Jonathan Hamilton, University of Florida, 2008
 Research assistant to Professor Sarah Hamersma, University of Florida, 2006-2008
 Research assistant to Professor David Sappington, University of Florida, 2006
 Research assistant to James Dewey, University of Florida, 2005-2006
 Research assistant to Professor Robert Kaestner, University of Illinois-Chicago, 2004-2005
 Research assistant, Abt Associates Inc. (Bethesda, MD), 2002-2003

Teaching Experience:

Lecturer, Health Economics, University of Florida, 2008-2009

Teaching assistant, University of Florida, 2005-2008

- Managerial Economics, David Figlio, Richard Romano, Gerald Granderson
- Labor Economics, Sarah Hamersma
- Intermediate Microeconomics, Richard Romano, Sarah Hamersma
- Game Theory (MBA course), Richard Romano
- Principles of Microeconomics, Mark Rush

Teaching assistant, University of University of Illinois – Chicago, 2003-2005

- 2004-05: Teaching assistant to Robert Kaestner, health economics
- 2004: Teaching assistant to William Stanford, statistics
- 2003: Teaching assistant to Jin Man Lee, econometrics

Presentations:

- September 2008, University of Florida, “The Effect of Medical Malpractice Liability on Physicians’ Incomes”
- November 2008, Southern Economic Association Annual Meeting, “The Effect of Medical Malpractice Liability on Physicians’ Incomes”
- November 2008, Southern Economic Association Annual Meeting, “The Effect of Medical Malpractice Liability on Physician Workforce”

Awards and Academic Honors:

- Walter-Lanzillotti Dissertation Research Grant* for excellence in dissertation research, 2008-09
- Lockhart Travel Award* to defray travel expenses associated with presenting research, 2008-09
- FMC Technologies, Inc., Fellowship Award* for academic excellence, 2004-05
- Beta Gamma Sigma* (business honor society), 2005
- Phi Beta Kappa*, 2003

Research:

- “The Effect of Medical Malpractice Liability on Physicians’ Incomes” University of Florida, 2008. (Job market paper)
- “The Effect of Medical Malpractice Liability on Physician Workforce” Second Year Paper, University of Florida, 2008.
- “The Effect of Medical Malpractice on Access to Care” University of Florida, 2008.
- “Did the Strength of the Wealth Effect of Equities Change during the 1990s?” Master’s Thesis, University of Illinois-Chicago, 2005.

References:

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Dissertation:

“The Effects of Medical Malpractice Liability on Health Care Delivery”

“The Effect of Medical Malpractice Liability on Physicians’ Incomes”
(Job Market Paper)

This paper presents evidence of a compensating wage differential for physicians who face more malpractice risk, which is measured by the frequency of payments per physician and the median size of those payments. Although there is much empirical evidence that compensating wage differentials occur in response to a number of employment-related and locational amenities or disamenities, there is only one study examining the effect of medical malpractice liability risk on health professionals’ incomes. The present study fills this gap in the literature while improving upon and updating it with more current data. I use restricted data from four rounds of the Community Tracking Study Physician Survey, merged with metropolitan area malpractice data for three physician specialties. These data enable me to take advantage of substantial within-state variation in the variables of interest while controlling for state-level unobservables that are not time-invariant. This identification strategy would not be possible with publicly available state-level data. I find that a one standard deviation increase in the frequency of lawsuits increases physician income by 1 to 2 percent. Also, a one standard deviation increase in median settlement size increases income by 2.5 to 3 percent. In addition, there is evidence that physicians’ incomes net of malpractice insurance premiums respond negatively to increases in premiums; income falls by 28 to 31 percent of the increase in premium. This result is consistent with anecdotal evidence that it is difficult for physicians to increase their fees in response to increases in overhead.

“The Effect of Medical Malpractice Liability on Physician Workforce”

Anecdotal evidence as well as claims by professional associations and the media have suggested that increased medical malpractice liability has caused shortages of physicians in some states. I use two estimation strategies to investigate this claim: long-differences and state fixed-effects panel models. I extend the current literature in a number of ways. I use expert surveys of attending physicians to more accurately allocate liability measures from the National Practitioner Data Bank to different physician specialties. Also, I improve upon existing long-difference models by constructing more precise measures of long-term trends in the variables employed. I find evidence that Family/General, Hospital-Based, Medical Specialty, and Surgical Specialty physician workforces respond negatively to increases in the frequency and size of medical malpractice payments. A one standard deviation increase in the number of payments per physician causes a 2.2 percent decrease in physician workforce, while a one standard deviation increase in payment size decreases workforce by 1.2 percent.

“The Effect of Medical Malpractice Liability on Access to Care”

This paper uses restricted Community Tracking Study Household Survey data merged with metropolitan area malpractice liability data to examine the effects of malpractice liability, measured by the size and frequency of claims payments and the mean malpractice insurance premium, on access to care measures such as postponed or unmet medical care needs, having a usual source of care, waiting times for appointments, and travel times to appointments. I hypothesize that malpractice risk reduces access to care by causing decreases in physician workforce per capita, and/or providing incentives for physicians to narrow their scope of practice to exclude risky procedures.