

## **Online Appendix**

### **The Effect of Malpractice Law on Physician Supply: Evidence from Negligence-Standard Reforms**

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Figure A1. Annual Time Trend in Mean Proportion of Non-Surgeons among All Physicians, For Initially-Low-Intensity Control Counties

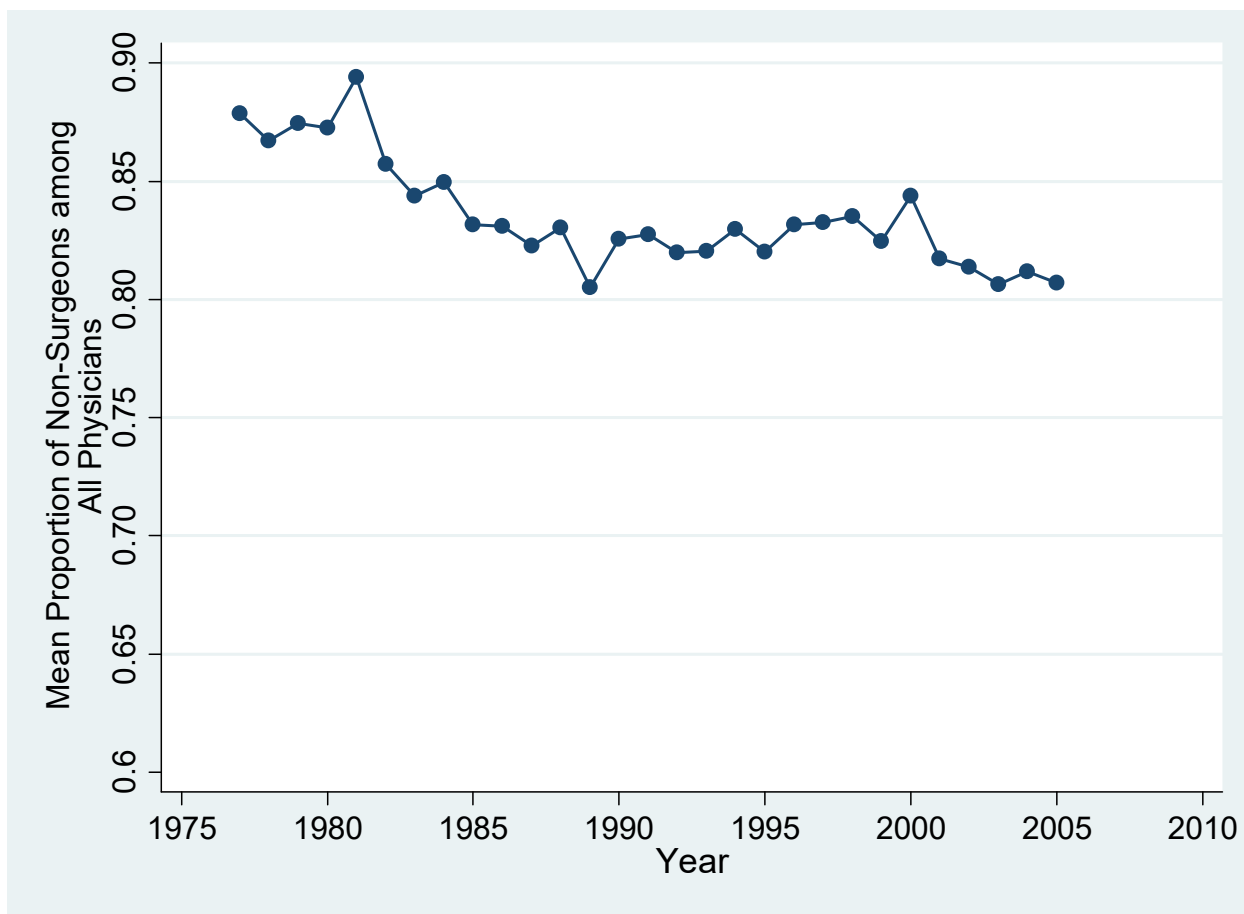


Figure A2. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially Low-Intensity Counties in the 1<sup>st</sup> (Bottom) Quartile of Population Density

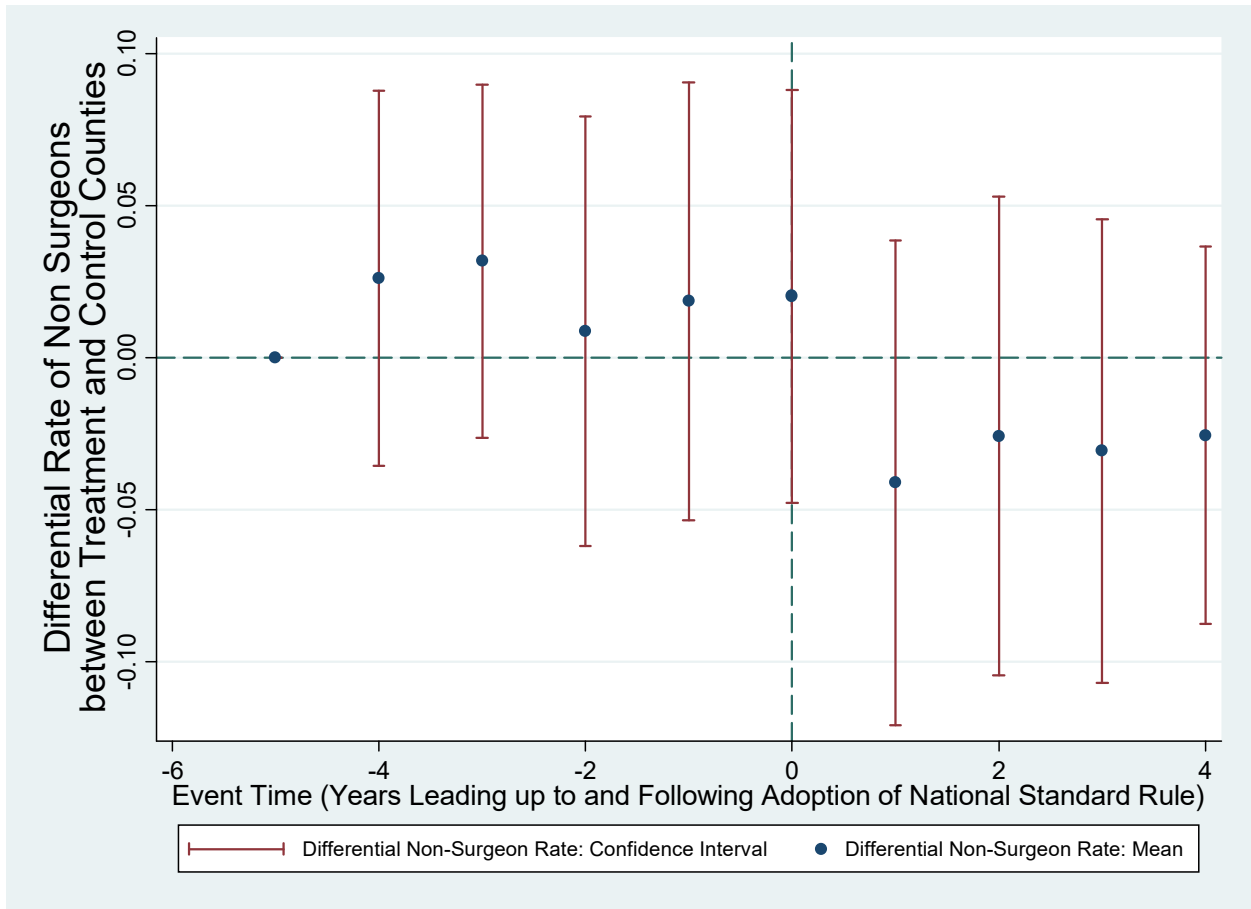


Figure A3. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially High-Intensity Counties in the 1<sup>st</sup> (Bottom) Quartile of Population Density

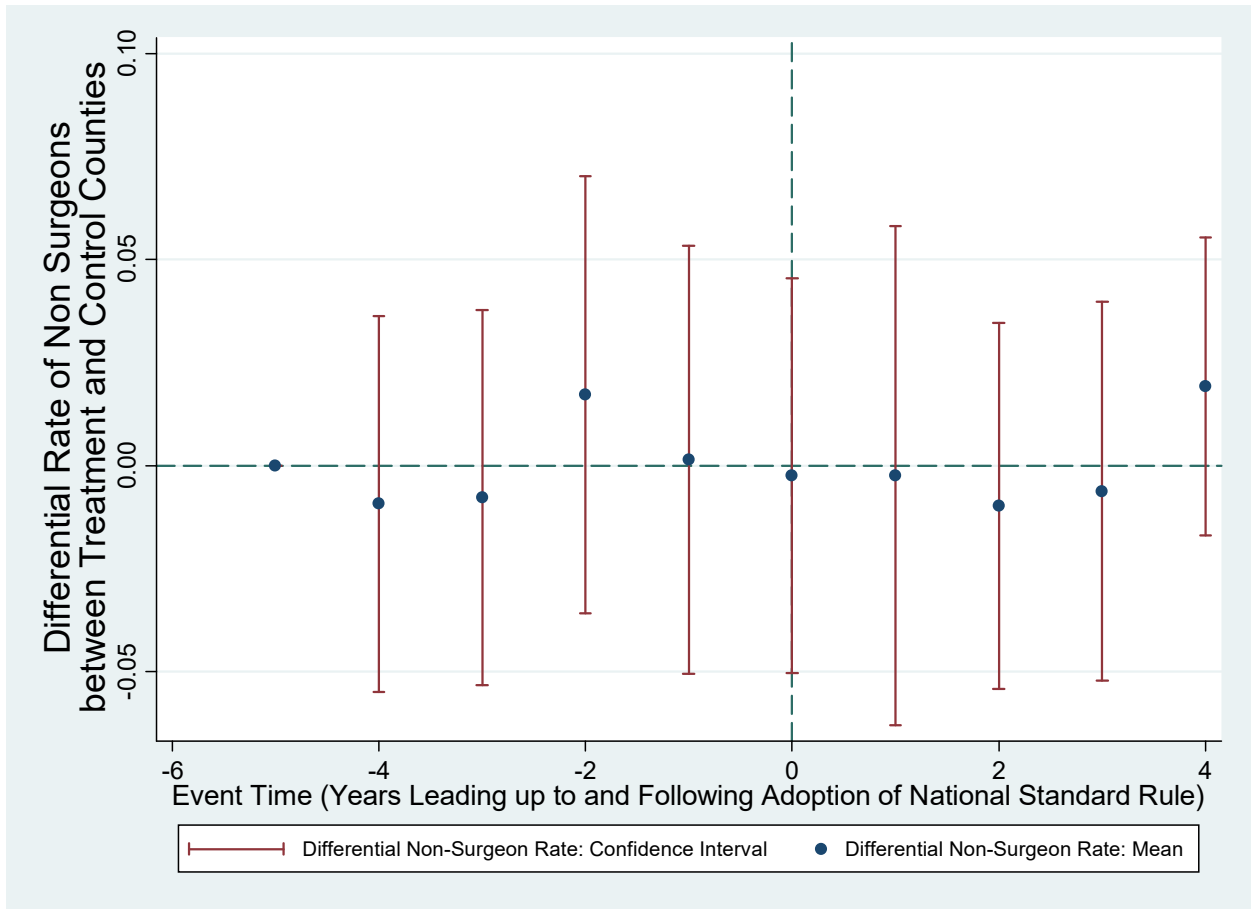


Figure A4. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially Low-Intensity Counties in the 2nd Quartile of Population Density

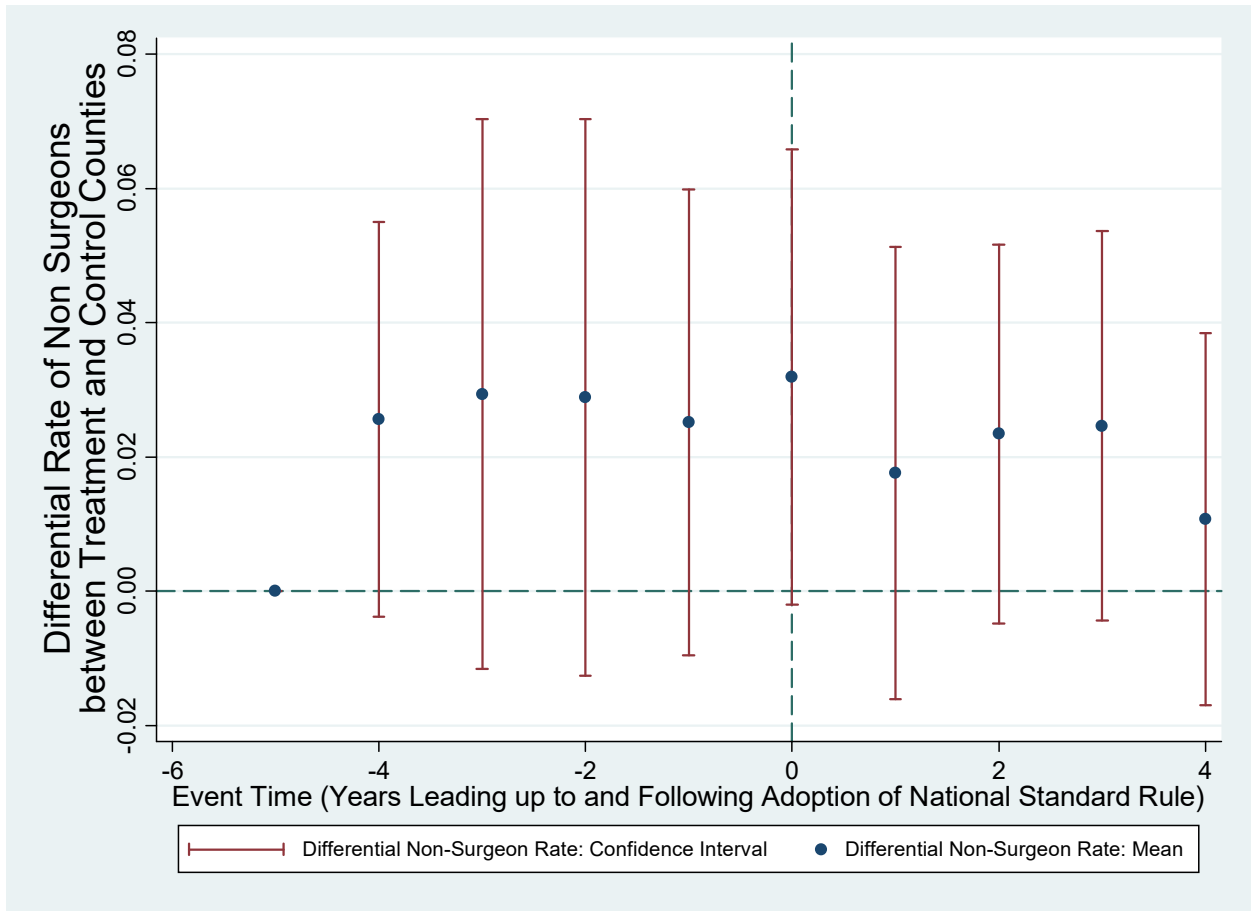


Figure A5. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially High-Intensity Counties in the 2nd Quartile of Population Density

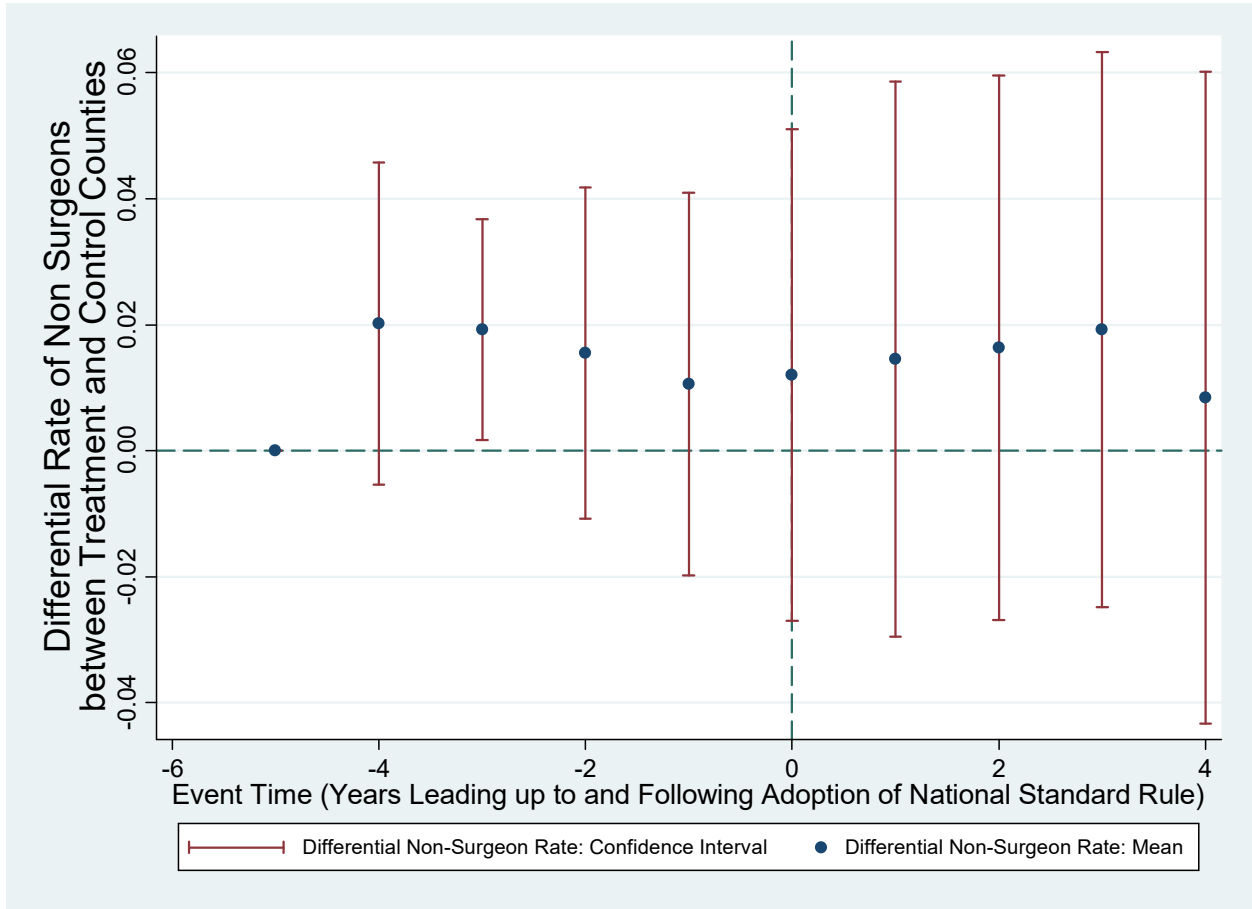


Figure A6. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially Low-Intensity Counties in the 3rd Quartile of Population Density

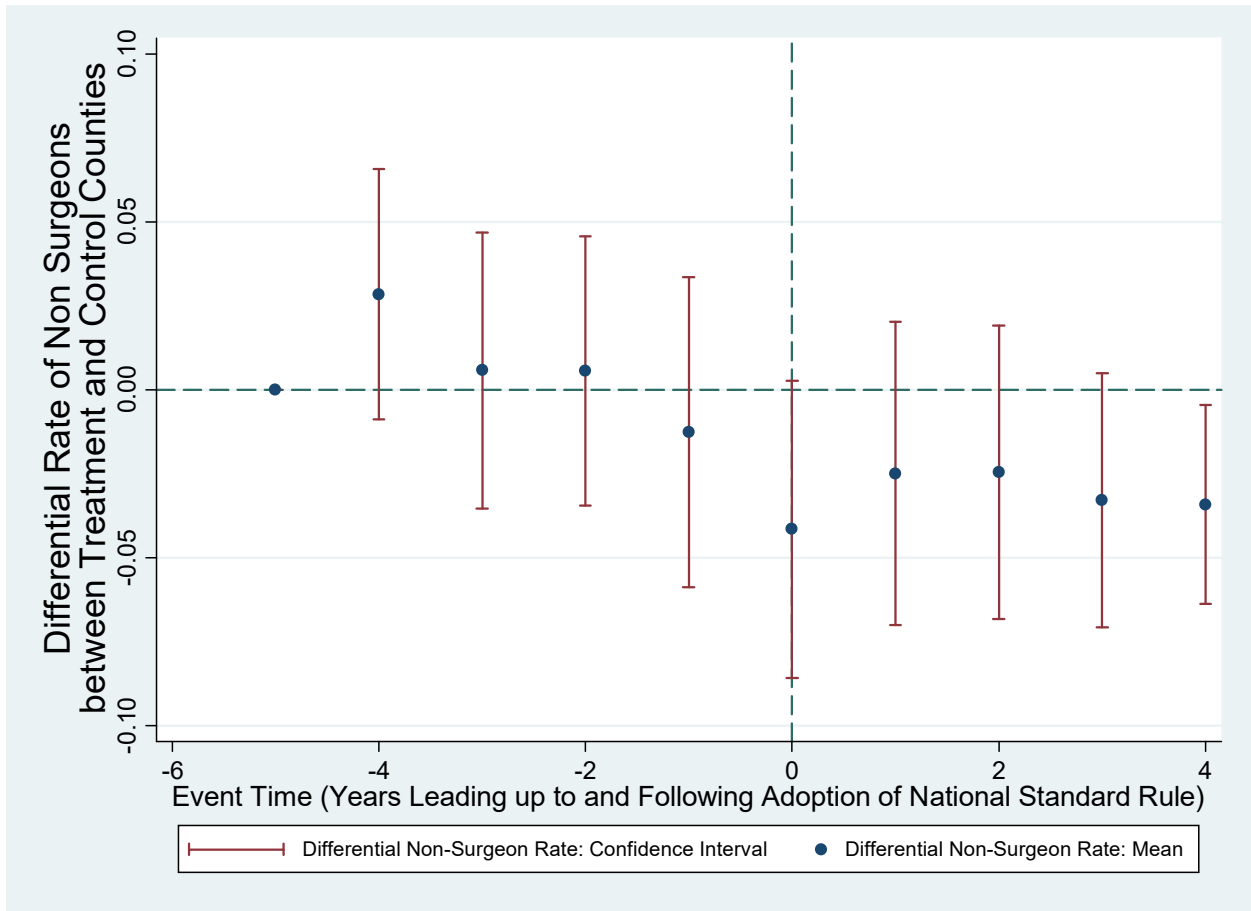


Figure A7. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially High-Intensity Counties in the 3rd Quartile of Population Density

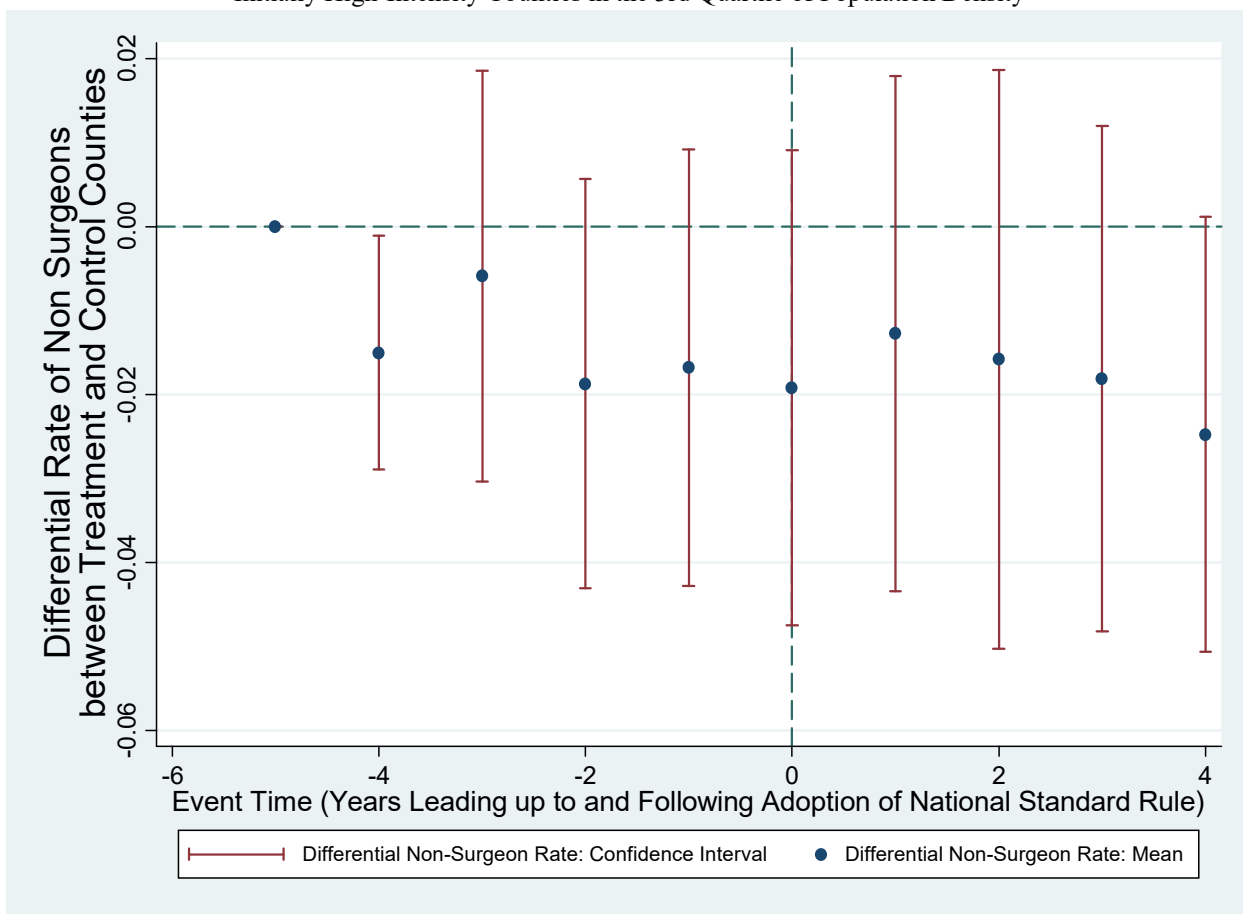




Figure A8. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially Low-Intensity Counties in the 4<sup>th</sup> (Top) Quartile of Population Density

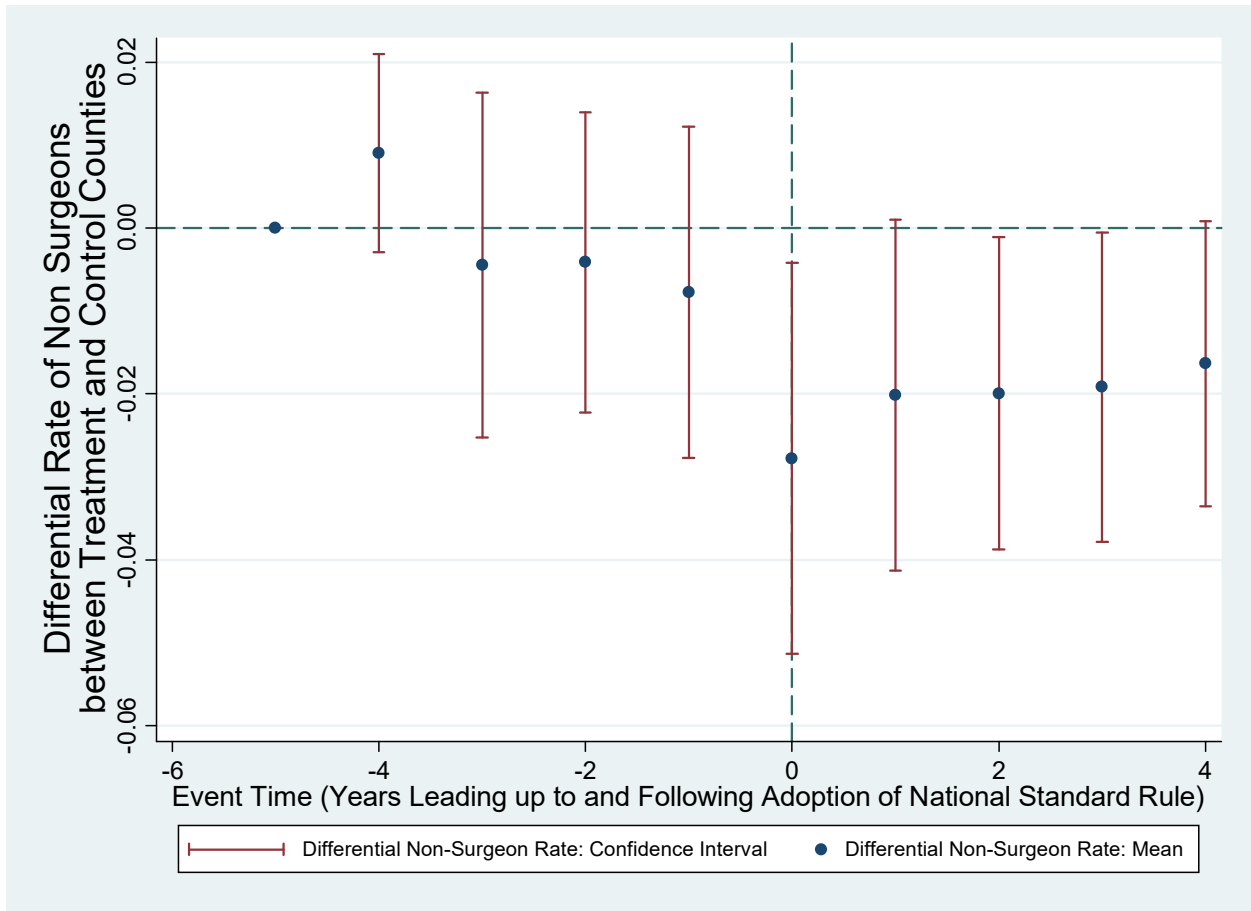


Figure A9. Impact of National-Standard Adoptions on Proportion of Non-Surgeons Among All Physicians in Initially High-Intensity Counties in the 4<sup>th</sup> (Top) Quartile of Population Density

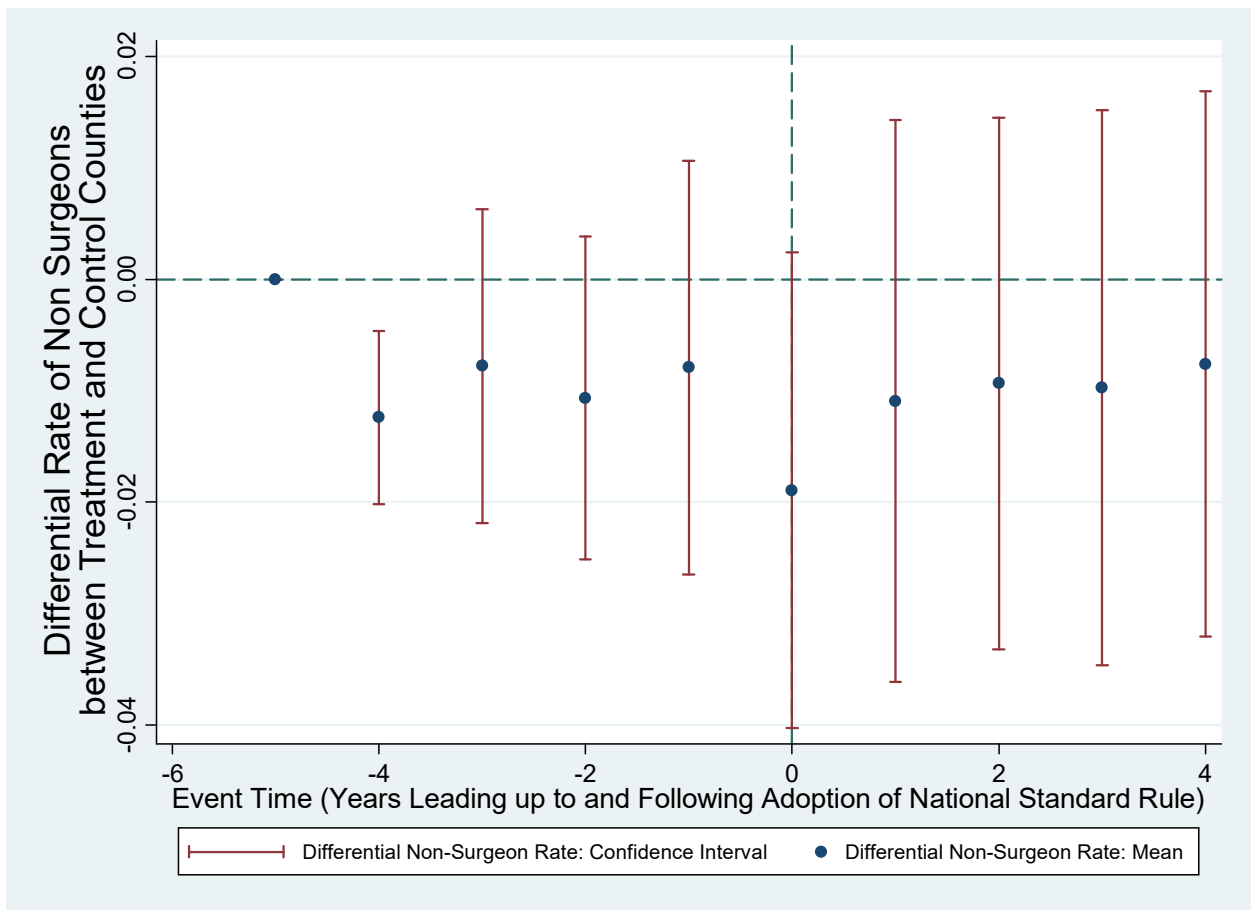


Table A1. Number of Treatment Counties by Quintile of Initial County-Level Practice Intensity

<i>(1)</i>	
NUMBER OF TREATMENT COUNTIES (AT SOME POINT IN SAMPLE)	
<b>Quintile of County Based on Initial Surgery Rate</b>	
0-20 <sup>th</sup> Percentile 1977 Surgery Rate	123
20 <sup>th</sup> -40 <sup>th</sup> Percentile 1977 Surgery Rate	133
40 <sup>th</sup> -60 <sup>th</sup> Percentile 1977 Surgery Rate	118
60 <sup>th</sup> -80 <sup>th</sup> Percentile 1977 Surgery Rate	127
80 <sup>th</sup> -100 <sup>th</sup> Percentile 1077 Surgery Rate	137

Table A2. Relationship between National-Standard Laws and Proportion of Physicians that are Not Surgical Specialists (Logged), Separately for Initially High- and Low-Intensity Counties

	(1)	(2)	(3)	(4)
<b>Panel A. Including Counties with At Least 50 Hospital Beds on Average over Sample Period (Replicating Table 4)</b>				
National-Standard (NS)	-0.024**	-0.023**	-0.024**	-0.021**
Law Dummy	(0.010)	(0.009)	(0.010)	(0.008)
NS Law * Above-	0.016	0.019*	0.020*	0.035***
Average County	(0.012)	(0.011)	(0.011)	(0.011)
N	49,636	49,636	49,636	49,636
<b>Panel B. Including all Counties (No Sample Restrictions)</b>				
National-Standard (NS)	-0.027***	-0.025***	-0.025***	-0.018***
Law Dummy	(0.008)	(0.006)	(0.006)	(0.006)
NS Law * Above-	0.014*	0.017***	0.018***	0.023***
Average County	(0.007)	(0.006)	(0.006)	(0.006)
N	72,674	72,674	72,674	72,634
County-Year Covariates	NO	YES	YES	YES
Covariate Tort Reforms	NO	NO	YES	YES
State-Specific Linear				
Time Trends	NO	NO	NO	YES

Note: Table reports the difference-in-differences estimates of the impact of national standards laws on the surgical distribution of physicians (in logs). Data are at the county-year level. Regressions include county and year fixed effects. An above-average county is defined as a county that initially had higher than average utilization of inpatient and outpatient surgical procedures (coefficient dropped with inclusion of county fixed effects). County-year covariates include the percent of the population over age 65, percent non-white, percent Hispanic origin, average per-capital household income, the number of hospital beds per population, the percent of county residents falling into various education groups, and the population density. Robust standard errors are reported in parentheses, adjusted to allow for correlation (clustering) at the state level. A \*, \*\* or \*\*\*, indicates statistical significance at the 10%, 5% or 1% level, respectively.

Table A3 Relationship between National-Standard Laws and Proportion of Physicians that are Not Surgical Specialists (Logged), Separately across Different Quintiles of Initial Country Practice Intensity

	(1)	(2)
	COUNTIES WITH AVERAGE INPATIENT BEDS OF AT LEAST 50 OVER SAMPLE	ALL COUNTIES
National-Standard (NS)	-0.025**	-0.055***
Law Dummy	(0.011)	(0.010)
Omitted: NS Law Dummy X 1 <sup>st</sup> Quintile Initial Surgery Rate County	-	-
NS Law Dummy X 2 <sup>nd</sup> Quintile Initial Surgery Rate County	0.013 (0.010)	0.038*** (0.009)
NS Law Dummy X 3 <sup>rd</sup> Quintile Initial Surgery Rate County	0.024* (0.014)	0.055*** (0.011)
NS Law Dummy X 4 <sup>th</sup> Quintile Initial Surgery Rate County	0.029 (0.018)	0.053*** (0.017)
NS Law Dummy X 5 <sup>th</sup> Quintile Initial Surgery Rate County	0.027 (0.018)	0.061*** (0.017)

Note: Table reports the difference-in-differences estimates of the impact of national standards laws on the surgical distribution of physicians (in logs). Data are at the county-year level. Regressions include county and year fixed effects. The effects of national-standard laws are captured separately across quintiles of county-level surgery rates at the beginning of the sample. County-year covariates include the percent of the population over age 65, percent non-white, percent Hispanic origin, average per-capita household income, the number of hospital beds per population, the percent of county residents falling into various education groups, and the population density. Robust standard errors are reported in parentheses, adjusted to allow for correlation (clustering) at the state level. A \*, \*\* or \*\*\*, indicates statistical significance at the 10%, 5% or 1% level, respectively.