Health Law Quality & Liability - Professor Pope Final Exam Scoring Sheet - Spring 2021

Multiple (Choice (2	points eac	ch)				
1. B	5. D	9. C	13. C	17. C	21. G	25. C	
2. B	6. B	10. B	14. A	18. E	22. C		
3. A	7. A	11. D	15. B	19. C	23. A		
4. B	8. C	12. B	16. D	20. D	24. C		
TOTAL							50

Essay 1 (20 ₁	points)	
Clarity	Roadmap	
·	Organization, headings, paragraphs, white space	1
ADA	PTF is disabled because her Tourette's limits 1 or more major life activities.	2
	Even if PTF is not disabled, DEF treated her as if she were disabled. That is	2
	sufficient ("regarded as having").	
	DEF denied PTF treatment because of her disability.	2
	PTF was otherwise qualified for the denied service. While her Tourette's is	
	related to the procedure, it did not make the procedure totally non-indicated.	2
	PTF got (and benefitted from) that same service by another physician.	
Informed	Duty – In Minnesota DEF must disclose information that the reasonable patient	1
Consent	in PTF's position would deem significant.	
	Duty – The reasonable patient would want to know about the denied option.	2
	Breach – DEF did not disclose the option of repairing the TRC.	1
	Injury – PTF had to have TRC repair with a second surgeon. That meant: (1)	
	extra time, (2) extra expense, (3) extra recovery time, and (4) delay in having the	2
	problem fixed.	
	Causation – PTF herself would have consented to the undisclosed procedure.	1
	After all, she later sought and obtained that same procedure.	
	Causation – The RP likely would have consented to the undisclosed procedure.	1
	But we do not know the precise risks and benefits of alternative option.	
	Causation – If DEF had disclosed the option and PTF obtained it (from DEF	2
	or another surgeon), this likely would have averted the injuries above.	
TOTAL		20

Essay 2 (20)	points)		
Clarity	Roadmap		
3	Organization, headings, paragraphs, white space	1	
EMTALA	Triggered – PTF is on hospital property seeking treatment. She is not already	1	
	an inpatient or outpatient.		
	Screening – It is unclear whether screening was disparate. But it seems likely	3	
	given the prior visits.		
	Screening - Moreover, it is likely screening includes taking an accurate history	2	
	from the patient. This was not done due to LEP.		
	Stabilization – DEF did not know about an EMC. Therefore, DEF had no	2	
	duty to stabilize an EMC. This is true even if there were an EMC. It is true even		
	if DEF ignorance was due to its own faulty screening.		
	Penalties – There are two type of sanctions: (1) Private COA against hospital.	1	
	(2) CMP against hospital and physician.		
Section 1557	DEF must (but did not) use a qualified interpreter.	3	
	Emergency exception - Regulations allow deviations in emergencies when		
	there is no time to get an interpreter. But it appears the hospital had an	2	
	available service. It was just not functioning appropriately.		
	This is not an ADA issue because PTF is not disabled. Failing to provide access		
	to an LEP patient is discrimination on national origin. Failing to provide access		
	to a hearing-impaired patient is discrimination on disability.		
Informed	Since DEF was unable (because of LEP) to effectively communicate with PTF,		
Consent	DEF likely did not disclose information that DEF had a duty to disclose.	3	
Consent	Disclosure might have permitted PTF to avert or mitigate her injuries.		
TOTAL		20	
Essay 3 (10 ₁	points)		
Clarity Roadmap		1	
			
	Organization, headings, paragraphs, white space	1	
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