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Fellows testify at medical liability reform hearing

On February 17, Chad Rubin, MD, FACS, from Columbia, SC, testified on behalf of the College during a House Small Business Committee hearing on Medical Liability Reform: Stopping the Skyrocketing Costs of Health Care. Dr. Rubin told the committee that rising medical liability insurance premiums are dramatically affecting his group practice in South Carolina. He also told the committee how a similar problem in southern Illinois has forced his mother's physicians to move out of state, so that she now must travel across state lines for medical care. Dr. Rubin's testimony can be found on the College's Web site at <http://www.facs.org/ahp/testimony/medicalliability.html>.

Other Fellows—Donald Palmisano, MD, FACS, on behalf of the American Medical Association, and Thomas Gleason, MD, FACS, on behalf of the Alliance of Specialty Medicine—also testified at the hearing. Congress will be debating medical liability reform legislation in the coming months.

Hard-fought medical liability reform victory in Georgia

After many years of grassroots advocacy, legislator and patient education, and shifts in political power, advocates for comprehensive medical liability reform in Georgia achieved passage of an important law. On February 16, Gov. Sonny Perdue (R) signed S.B. 3, which comprises the following reforms:

- A \$350,000 cap on noneconomic damages.
- Elimination of joint and several liability.
- A heightened standard of proof for lawsuits pertaining to care provided in emergency departments.
- Restrictions on venue "shopping."
- Implementation of expert witness qualifications.
- An "I'm Sorry" provision permitting physicians to offer condolences or apologies without those comments being admissible in court or considered admissions of guilt.

To view the full text of S.B. 3, visit the Georgia Assembly's Web site at http://www.legis.state.ga.us/legis/2005_06/fulltext/sb3.htm.

Georgia surgeons were actively involved in efforts to pass this legislation, which took less than one month to go from introduction to enactment. More than 115 Fellows responded to requests from the College and the Georgia Chapter that they write to their respective state legislators through the Web-based Surgery State Legislative Action Center. Many other surgeons contacted their legislators directly by telephone and fax or visited the capital to meet with legislative leaders.

President issues budget proposal

The blueprints for President Bush's fiscal year 2006 budget were released Monday, February 7. Of particular interest, the President pledged to promote accountability for health care quality, to create incentives for collecting data from providers on quality measures, and to make those data publicly available. With respect to improving patient access to affordable health care, the budget calls for:

- Income-scaled tax credits to help individuals purchase health

insurance and medical services. Small businesses would also receive tax credits for contributing to employee health savings accounts.

- Allocation of \$4 billion to the states to establish purchasing pools for low-income citizens. Association health plans would also be established so that small businesses could negotiate lower-price coverage for their employees.

- A national outreach campaign, Cover the Kids, which would provide \$1 billion in grants over two years to enroll more children in Medicaid and the State Children's Health Insurance Program.

- A premium deduction for taxable income for all individuals who purchase a high-deductible health plan in conjunction with a health savings account.

- A competitive marketplace across state lines to help improve individual access to affordable coverage.

- Medical liability reforms to reduce costs and improve access.

The budget plan also called for increasing funding for the National Institutes of Health, but reducing monies for many programs that the Health Resources and Services Administration (HRSA) manages. Indeed, some HRSA programs would receive no funding under the President's 2006 budget, including those centered on trauma-emergency medical services (EMS), EMS for children, and traumatic brain injury. Budget proposals for programs under the purview of the Department of Health and Human Services (HHS) are available at <http://www.hhs.gov/budget/docbudget.htm>.

Trauma reauthorization bill introduced in Senate

On February 2, Senate Majority Leader Bill Frist, MD, FACS (R-TN), along with Sens. Edward Kennedy (D-MA), Patty Murray (D-WA), James Jeffords (I-VT), Hillary Clinton (D-NY), Jim Talent (R-MO), and Pat Roberts (R-KS), introduced the Trauma Systems Planning and Development Act (S. 265). The Senate Health, Education, Labor and Pensions Committee finished its work on the bill without making any amendments on February 9. The bill duplicates legislation that the Senate passed early in the 108th Congress, providing \$12 million in funding for the HRSA Trauma-EMS program. Eighty percent of the funding is earmarked for state grants to develop, improve, and maintain state trauma care systems, 10 percent is provided for improvement of rural EMS services, and 10 percent is intended for other purposes.

The House is working on a companion bill, but at press time appeared inclined to reintroduce last year's bill, which failed because of opposition from the American Academy of Pediatrics (AAP) and other organizations. The Trauma-EMS advocacy community is actively working with the AAP and key House and Senate committee staff to resolve the differences between the two bills in a manner that is acceptable to all interested parties.