SB940 AN ACT ESTABLISHING A PROGRAM TO REDUCE MALPRACTICE COSTS AND REQUIRING A COOL-DOWN PERIOD PRIOR TO COMMENCING A MALPRACTICE ACTION.

The Connecticut State Medical Society member physicians, physicians in training and the above mentioned medical specialty societies and the greater than 1000 physicians these societies represent thank this committee greatly for the opportunity to talk about medical liability costs, the cost of defensive medicine, the runaway verdicts on non-economic damage that are crippling Connecticut, and the need for caps in Connecticut.

Across this nation, many states are implementing caps. In fact, the percentage of states with caps now numbers over 50%. Why are so many states joining in this vital effort? Because this is the only strategy that has been shown to reduce losses from malpractice claims.

Unfortunately, conventional Connecticut wisdom has traditionally stated that caps are a non-starter for discussion. Until malpractice awards become less lucrative for plaintiff’s in CT, they will persist and CT will retain its ignominious reign as one of the top 5 “Worst States to Practice Medicine in”. The net result is a reduction in the number of physicians in our state, and a failure to attract young physicians into our state workforce.

The reality is that with no caps on awards, and with the liberal and numerous categories of non-economic damages available in CT, the sky is the limit. In a recent medical liability case, the plaintiff’s counsel asked the jury for an outrageous $80 million! Ironically, CT prides itself as being “in the mainstream” of modern thinking, but when we dare to discuss the national trend in this regard, we are shut down.
In 2017 already, FIVE proposed bills in the Judiciary committee to address Tort Reform have not even made it to public hearing. We are told that these bills are not being brought up by Judiciary committee because “they will not get passed”. The physicians in Connecticut are so appreciative of this committee’s willingness to hold a public hearing on SB 940 which allows frank discourse about the big white elephant looming over CT which is discouraging young newly trained doctors from choosing CT as the state they want to practice in.

Here are some salient facts:

1) Of the 30 reported plaintiff verdicts in medical malpractice cases between 2012 - March 2017, the total verdicts = $131,317,941 (average of $4,37 million/case). Of that total, $118,110,166 (90%) was for non-economic damages ($3,9 million/case). Even a $1 million cap on non-economic damages would have saved the system over $88 million (and the proposed federal legislation is for a $250,000 cap).

2) Extrapolating from data generated in a 2009 study of the costs of defensive medicine in Massachusetts, the costs in CT are over $750 million per year.

With health care and its costs front and center in every household in America, and with a nation struggling to afford healthcare, Connecticut must seize this opportunity and approve caps on malpractice claims. It is the only proven strategy that will make a significant difference in improving the climate for physicians, that will begin the process of making Connecticut an attractive destination for many young physicians, and that will reduce the unnecessary and escalating costs of defensive medicine.

Please acknowledge and fully support the M.D. battle cry and amend SB 940 to Cap the non-economic damages in medical liability and bring meaningful Tort Reform to Connecticut. It is the ONLY solution.

Subject: Article: UConn Advance - February 23, 2009 - Study shows defensive medicine widespread

UConn Advance - February 23, 2009 - Study shows defensive medicine widespread...
States with Malpractice Damage Caps


Most of these laws place a "cap" on non-economic damages only, which includes compensation for things like "pain and suffering." But a few state legislatures have passed an umbrella cap on all forms of damages in medical malpractice cases, including compensation for the costs of long-term disability.

To learn more about medical malpractice damages caps in your state, look for it in the list of links below. If you don’t see your state on this list, that means there is currently no statutory cap on damages where you live.

<table>
<thead>
<tr>
<th>Alabama</th>
<th>Maryland</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Massachusetts</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>Colorado</td>
<td>Michigan</td>
<td>Oregon</td>
</tr>
<tr>
<td>Florida</td>
<td>Mississippi</td>
<td>South Carolina</td>
</tr>
<tr>
<td>Georgia</td>
<td>Missouri</td>
<td>South Dakota</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Montana</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Idaho</td>
<td>Nebraska</td>
<td>Texas</td>
</tr>
<tr>
<td>Illinois</td>
<td>Nevada</td>
<td>Utah</td>
</tr>
<tr>
<td>Indiana</td>
<td>New Jersey</td>
<td>Virginia</td>
</tr>
<tr>
<td>Kansas</td>
<td>New Mexico</td>
<td>West Virginia</td>
</tr>
<tr>
<td>Louisiana</td>
<td>North Carolina</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>Maine</td>
<td>North Dakota</td>
<td></td>
</tr>
</tbody>
</table>

Connecticut - Here is What Newly trained Doctors are reading:

The Physicians Foundation found Connecticut doctors have the lowest morale of physicians in any of the Northeastern states.

And Medscape says to stay away from Hartford because of its high crime, low job creation, and the fact that one third of its residents live below the poverty line.

Websites that list CT as one of the Worst States to Practice Medicine In:


Want more- Just Google “Worst States to Practice Medicine In”
Study shows defensive medicine widespread
by Kristina Goodnough - February 23, 2009

The cost of 'defensive' medicine – tests, procedures, referrals, hospitalizations, or prescriptions ordered by physicians fearful of lawsuits – is huge and widespread, according to a study by the Massachusetts Medical Society and UConn Health Center researcher Robert Aseltine Jr.

The study is based on a survey – believed to be the first of its kind – that was completed by more than 900 physicians in Massachusetts. It asked about their use of seven tests and procedures: plain film X-rays, CT scans, magnetic resonance imaging, ultrasounds, laboratory testing, specialty referrals and consultations, and hospital admissions.

About 83 percent reported practicing defensive medicine, with an average of between 18 percent and 28 percent of tests, procedures, referrals, and consultations and 13 percent of hospitalizations ordered for defensive reasons.

Such practices were estimated to cost a minimum of $1.4 billion per year in Massachusetts.

The study, “Investigation of Defensive Medicine in Massachusetts,” is the first to specifically quantify defensive practices across a wide spectrum and among a number of specialties.

It also is the first to link defensive practices across a number of medical specialties – anesthesiology, emergency medicine, family medicine, internal medicine, general surgery, neurosurgery, orthopedics, and obstetrics/gynecology – directly with Medicare cost data.

The survey, conducted between November 2007 and April 2008, queried physicians in eight specialties: anesthesiology, emergency medicine, family medicine, internal medicine, general surgery, neurosurgery, orthopedics, and obstetrics/gynecology.

“Defensive medicine is not only the ordering of medically unnecessary tests, prescriptions, specialist referrals, invasive procedures, and hospital admissions,” says Aseltine, who is director of the Health Center’s Institute for Public Health Research. “It can also be the avoidance of high-risk procedures or even high-risk patients.”

Aseltine says the study is the first to try to quantify the costs of defensive medicine “from the ground up,” by asking physicians about their actual practices.

Other studies have tried to determine the cost of defensive medicine by reviewing medical records or by looking at overall health care costs and trying to determine practices that could be classified as defensive.

Because defensive medicine is largely “in the eye of the beholder,” Aseltine adds, asking physicians directly about practices taken solely to avoid malpractice claims provides more accurate information.

A study published in the New England Journal of Medicine in 2006 analyzed more than 1,400 malpractice claims and found that in almost 40 percent of cases, no medical error was involved.

The uncertainty surrounding malpractice claims helps drive the increase in increase testing and other defensive practices.

“The fear of being sued that is driving physicians to defensive medicine is dramatically increasing health care costs and threatens the success of health reform efforts,” says Dr. Manish Sethi, a researcher with the Department of Orthopedic Surgery at Massachusetts General Hospital. Sethi is a member of the Medical Society’s Board of Trustees and its Committee on Professional Liability.

For the full report on the investigation of defensive medicine in Massachusetts, go to www.massmed.org/defensivemedicine.