



PENNSYLVANIA CHAPTER

David L. George, MD, FACP, President

February 20, 2019

Karla M. Shultz, Counsel
Civil Procedural Rules Committee
Supreme Court of Pennsylvania
Pennsylvania Judicial Center
P.O. Box 62635
Harrisburg, PA 17106-2635

Dear Ms. Schultz,

On behalf of the PA Chapter of the American College of Physicians (PA-ACP) and its 7,800-member internal medicine physicians, we write to express our strong opposition to the changes in venue rules proposed by the Civil Procedural Rules Committee (CPRC).

PA-ACP is well aware of the liability crisis that affected the state two decades ago. Our members' fees and hospital incomes were being cut by the growth of managed care, limits on payments, etc., and hospitals were facing huge legal liabilities - at the same time costs of operations for hospitals and private practitioners/small groups were increasing.

Our med mal premiums increased at double digit rates. Act 135's CAT Fund changes coincided with an effort by the judicial system to resolve a large backlog of malpractice claims, many tied up in the Philadelphia court system. Private insurers faced unexpected payments and began to charge more for premiums, while providers were forced by mandated CAT Fund changes to boost the amount of private coverage they had to purchase.

Three of the state's five major private medical-liability insurers ceased writing policies in Pennsylvania. Insurance premiums shot up in certain specialties, threatening providers' financial viability.

Physicians saw their medical liability premiums skyrocket to levels that made practice in underserved communities financially unsound. Some were unable to get coverage. Many were forced to give up private practice to become employed physicians. Patient care was affected by increased costs of "defensive medicine" and more limited access to care, when local physicians left these communities without suitable replacement.

Many of our members left the state or retired from practice, which threatened reductions in hospital services, especially in rural Pennsylvania. And a loss of resident physicians to other states because of Pennsylvania's malpractice costs and climate accentuated the difficulties in patient access.

Act 13's reforms made it possible for internists to continue to practice and care for patients, while still being held fiscally and legally responsible for their actions. PA-ACP was actively involved with the coalition of providers, insurers, state agencies working through those issues. The venue process changes resulting from Act 127 of the same year meant that plaintiff's lawyers were no longer able to file suits in venues other than where the action occurred (where juries, awards and judges were more likely to side with their clients) without a real connection to those other venues.

Changes in Act 13 and Act 127 stabilized physicians' insurance premium costs without impacting patients' fair access health care AND liability action – where the alleged malpractice occurred.

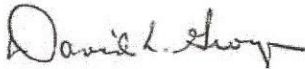
The CPRC-proposed changes do not appear to be solving a problem, but instead providing a solution to a problem that doesn't truly exist. The changes fly in the face of state law and the intent of the reforms in Act 127. Instead, the CPRC proposal would create a system where lawyers could once again file a civil action in virtually any county where a hospital/health system has operations, resulting in increased premiums to unaffordable rates. That would once again drive physicians away from the Commonwealth or into early retirement, and make it more difficult to attract new, young physicians to practice in Pennsylvania.

A court rule that reduces the access to greatly needed health care, especially in regions where there are already shortages of providers makes no sense in seeking either justice or the greater good. Justice can be served at the local level where actions under review took place.

When the General Assembly and the Governor passed and signed Act 13 and Act 127, they created a balanced system that guaranteed essential health care services, ability for patients to get justice, and opened markets for medical professional liability insurance that had dried up.

We implore the Court not to amend existing law by committee fiat, and to reject the CPRC-proposed changes in venue process in the Commonwealth.

Sincerely,



David L. George, MD, FACP
President



Thomas Grau, MD, FACP
Vice-President



Lawrence Ward, MD, FACP
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