

December 9, 2020

Via Electronic Mail:
DeLEFiller-Corn@house.virginia.gov

Re: Healthcare Community's Opposition to Eliminating the Medical Malpractice Cap

Dear Speaker Filler-Corn:

The undersigned ask you to oppose any efforts to eliminate the medical malpractice cap. A bill to eliminate Virginia's cap was recently introduced by Senator Bill Stanley. Senate Bill 1107 would needlessly burden healthcare providers and increase healthcare costs for patients. It is the healthcare community's sincere hope the House avoids considering such harmful legislation, and instead continues working with the undersigned stakeholders in the Commonwealth's response to COVID-19.

Virginia's medical malpractice cap is the result of a longstanding legislative compromise. The cap has been in place for over 40 years. In 2010 and 2011, Virginia's healthcare providers worked with the Virginia Trial Lawyers Association to reach consensus on updates to the cap and the General Assembly ultimately passed legislation for an increase of \$50,000 per year until 2032. This model was created to create stability and certainty for all stakeholders.

We are deeply troubled this bill has been introduced during the COVID-19 pandemic, when healthcare providers have courageously served on the frontlines of this unprecedented public health crisis. Physician practices have furloughed staff. Hospitals have previously suspended elective procedures and endured unimaginable difficulties. Dental offices have closed. Nurses have worked hours upon hours treating COVID patients. Nursing homes have faced unprecedented shortages of vital personal protective equipment. Eliminating the medical malpractice cap would force perilous financial hardship onto healthcare providers at a time when they need our support the most.

Even without considering the COVID pandemic, eliminating the cap would increase the costs of care and limit patients' access to care. Prior to the pandemic, the Commonwealth was already facing a healthcare workforce shortage. Introducing new costs into the system will only exacerbate that problem further. Many of the organizations listed below have heard from members recalling that before the scheduled increases in Virginia's medical malpractice cap were enacted in 2012, the cost of medical malpractice insurance was exorbitant and a burden on many provider types.

We respectfully ask that yourself and the General Assembly oppose any effort to alter or eliminate the medical malpractice cap. We thank you for your consideration and your time. To discuss this matter further, please contact Clark Barrineau, Assistant Vice President of Government Affairs and Health Policy at the Medical Society of Virginia, at cbarrineau@msv.org or 704-609-4948.

Sincerely,

Virginia Chapter

American Academy of Pediatrics

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