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American College of Physicians
A Position Paper
2014

Medical Liability Reform:

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[illegible]).[5] [illegible]

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Recommendation 3: Minimum standards and qualifications for expert witnesses should be established. At minimum, expert witnesses should be:

- Board certified by the entity relevant to their specialty;
- Active in full-time practice, or have sufficient experience as an educator at an accredited medical school in the relevant subject matter;
- Licensed in the state in which the case is filed or another state with similar licensure qualifications; and
- Required to disclose the frequency and percentage of income derived from expert witness activities as well as any conflicts of interest.

Witnesses should also be trained in the same discipline as the physician named in the lawsuit; experience and familiarity should be substantive and relevant to the subject matter and standard of care at the time of the alleged occurrence. Witnesses should demonstrate competence in type of care for which they are chosen -YUdYUdbeYdFYFdDnPeY-YUdfdgcFYFdDdPeY-YUadfdcY_mTgYY-YUbbYYbFY

- Pilot programs should test the applicability of communication and resolution programs in small group, rural, and solo physician practices operating outside of closed health care systems. Funding should be directed toward establishing resource centers, statewide risk-pooling or reinsurance products to ensure the viability of communication and resolution programs in such practice environments. Pilot projects should also test the effect of communication and resolution programs in states with and without damage caps.

Recommendation 6: In addition to communication and resolution programs, the Secretary of Health and Human Services should be authorized to make grants to states for the development and implementation of Alternative Dispute Resolution (ADR) models, including mediation. States would have flexibility in devising their ADR programs as long as federal standards were met. Federal standards should require ADR systems to incorporata

Recommendation 8: ACP supports initiating pilot projects to determine the effectiveness of health courts and administrative compensation models. e

Recommendation 1: Improving patient safety and preventing errors must be at the fore of the medical liability reform discussion. Empo r

Recommendation 2: Caps on noneconomic damages, similar to those contained in the California Medical Injury Compensation Reform Act (MICRA), should be part of a comprehensive approach to improving the medical liability system. While ACP strongly prefers that such caps and other tort system reforms be enacted by Congress to establish a national framework for addressing medical liability lawsuits, the College also advocates that states lacking such reforms enact legislation modeled after MICRA.

NOTE: A glossary of relevant legal terms can be found in the Appendix.

The College advocates the following:

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[illegible] $250,000 [illegible] $50,000 [illegible]

[illegible]

[illegible]

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[illegible]

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Collateral source rule: [illegible]

- Required to disclose the frequency and percentage of income derived from expert witness activities as well as any conflicts of interest.

Witnesses should also be trained in the same disc

[illegible]

Recommendation 5: States and the federal government should continue to pilot-test communication and resolution [illegible] and apology) programs. Pilot programs -YUcbfhFYFdY_mTf-DpPey-YUeafgcFYFdDrekdFYFdDtPfy-YUba_dDiPey-YUada

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performance; reflective of processes of care that physicians and other health care professionals can influence and impac

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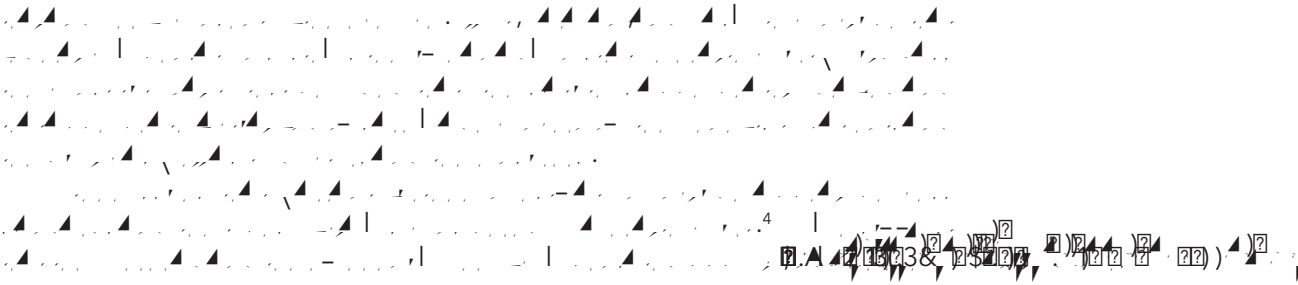

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Alternative dispute resolution [illegible]

Collateral source rule [illegible]

Fair-share rule [illegible]

Joint and several liability [illegible]

Non-economic damages [illegible]

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