

Our Priority:

MARYLAND'S MEDICAL LIABILITY ENVIRONMENT



Non-economic damages are awarded to plaintiffs to compensate them for pain and suffering.

They differ from and are in addition to awards for actual damages (compensation for medical bills, loss of wages, etc.) and punitive damages (compensation for malicious intent). Unrealistically high damage awards lead to skyrocketing medical professional liability insurance rates. And when rates are too high, physicians are forced to limit services (particularly in obstetrics), move out of state, or retire. The loss of physicians and the health services they provide is a serious risk to public health and safety.

In 2004, in response to an endangered physician workforce, MedChi advocated successfully for the Maryland General Assembly to enact a new cap on non-economic damages in medical malpractice cases. Maryland's cap is one of the highest in the nation at \$875,000 with an automatic annual escalator of \$15,000, but it effectively controls costs while protecting injured parties.

Measures that seek to raise or remove non-economic damages caps are damaging to physicians and patients and must be opposed.

Issue	MedChi Advocacy
Research indicates that caps on non-economic damages lead to improved access to care for patients, constrained medical liability premium growth, lower claim frequency, reduced average claim payments, and lower health care costs.	Oppose measures that raise or remove the cap on non-economic damages in medical malpractice cases.
Maryland's health care environment is in a precarious state. Workforce shortages, including physician shortages, are negatively impacting the delivery of care, especially in the rural areas and in certain specialties, such as primary care. Any actions to modify Maryland's medical liability environment could have the effect of driving physicians into retirement or away from practice, exacerbating shortages and causing increased delays in receiving care.	Oppose measures that lower the standard for awarding punitive damages so that the threshold would apply in more cases, including medical malpractice cases.

Call or e-mail [your legislators](#) and committee members to ask them to oppose any bills which would change the present medical malpractice environment.

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