MedChi
The Maryland State Medical Society

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MEDCHI AND AMA FILE AMICUS BRIEF IN U.S. SUPREME COURT TO FIGHT FRIVOLOUS LAWSUITS

WASHINGTON DC, April 2, 2026 — The Litigation Center of the American Medical Association and State Medical Societies and the Maryland State Medical Society (MedChi) filed an amicus in The U.S. Supreme Court should uphold case law that stops plaintiffs from filing parallel medical liability lawsuits in state and federal courts. The high court is set to hear oral arguments April 20 in a case that aims to change how the Rooker-Feldman doctrine is applied. For years, that doctrine has allowed only the U.S. Supreme Court—not lower federal courts—to review state court decisions after the state's highest court has issued a judgment or decree and only in situations where plaintiffs complain of injuries caused by state court judgments before the federal court proceedings began.

The plaintiff in the case before the Supreme Court, *T.M. v. University of Maryland Medical System Corp. et al.*, filed a federal lawsuit at the same time she was appealing a consent decree to a state appellate court. She claims the Rooker-Feldman doctrine only applies after state-court proceedings have ended, so federal court challenges to ongoing state malpractice litigation shouldn't be barred.

T.M. has a rare condition that can cause temporary psychosis. After an episode in 2023, she was involuntarily committed to a state hospital and was then forcibly medicated. She alleged that the state consent order that dictated her treatment plan going forward violated her constitutional rights. The federal district court dismissed T.M.'s federal claim, citing the Rooker-Feldman doctrine. The 4th U.S. Circuit Court of Appeals affirmed that decision, and now T.M. has appealed that decision to the U.S. Supreme Court.

In their amicus brief, the AMA Litigation Center and MedChi urge the Supreme Court to uphold the court of appeals decision dismissing the federal lawsuit under the Rooker-Feldman doctrine.

They say that nowhere in the case law "did the Court mandate a 'stealth fifth requirement' that for Rooker-Feldman to apply, the state-court judgment at issue cannot be subject to further state-court review." In fact, the brief says, the U.S. Supreme Court and circuit courts have previously said that the doctrine applies to state court judgments that aren't final yet.

Overturning the 4th Circuit's opinion and allowing the federal claim to move forward while a state claim was pending "would encourage plaintiffs with baseless medical malpractice claims to pursue parallel litigation in state and federal courts to run up legal fees and extract nuisance settlements. It would also invite frivolous state court appeals for the purpose of keeping federal cases that would otherwise be dead-on-arrival alive, if only temporarily," the AMA Litigation Center and MedChi tell the court in their amicus brief, saying that "the court should eschew such a result."

“Physicians should be focused on delivering high-quality care to their patients—not defending against multiple, overlapping legal challenges stemming from the same claim. Upholding the Rooker-Feldman doctrine helps preserve fairness in the legal system and protects against the growing strain of meritless litigation.” said Eric Wargotz, M.D., FCAP, President of MedChi.

If plaintiffs can file a federal lawsuit after a state court judgement isn’t one that they like, the secondary lawsuit will be duplicative except for the constitutional claims that are added to the federal lawsuit, even if there is no reason why the constitutional claims could not have been included in the original state court claim.

“As this court has long recognized, state courts are no less duty-bound, or adept at, protecting federal constitutional rights than federal courts,” the brief says. “Nevertheless, the transparent motivation behind filing a second lawsuit in federal court is to attempt to get the district court to reverse the adverse state court ruling. Rooker-Feldman forbids this result.”

These extra lawsuits would just add to the burden of frivolous lawsuits that physicians face, lawsuits that take money away from patient care and add to physician burnout. The AMA Litigation Center and MedChi tell the court of a study that looked at all medical malpractice claims closed between 2002 and 2005, and that involved some defense cost. This study showed that more than 54% of litigated claims were dismissed. Among the cases that went to trial, 80% were decided in the physician’s favor.

And those numbers have only gone up. A study (PDF) published in 2019 found that 65% of claims resolved between 2016 and 2018 were dropped, dismissed or withdrawn and defendants won 89% of cases decided after a trial.

Even if lawsuits are decided in physicians’ favor, it is costly to defend claims. The average defense cost for settled claims that closed between 2016 and 2018 was $77,117 according to the Medical Professional Liability Association’s Data Sharing Project. Meanwhile, for tried claims, it was $158,843 when there was a defendant victory and $236,519 for a plaintiff victory. When claims were dropped, dismissed or withdrawn, the average defense cost was $30,439.

The AMA Litigation Center and MedChi tell the court that “Rooker-Feldman thus remains an important safeguard against what empirical research suggests is an increasing percentage of meritless medical malpractice claims.”

About MedChi

MedChi, The Maryland State Medical Society, is a non-profit membership association of Maryland physicians. It is the largest physician organization in Maryland. The mission of MedChi is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health of Maryland. For more information, please visit www.medchi.org.