CATEGORY	CASE	MAIN ISSUE	STATUS	BACKGROUND	OTHER ISSUES
TORT MedChi amicus brief: yes AMA amicus brief: yes	**Semsker** (Semsker v. Lockshin)	Is there a non-economic damages cap on Medical Malpractice cases filed in Circuit Court? Or Does the Medical Malpractice cap (§3-2A-09 CJP) on non-economic damages only apply in Health Claims Arbitration (now known as HCADRO)?	• 11/2008 - Montgomery County Circuit Court– Verdict $5,805,000; reduced to $2,860,436 (due to joint tortfeasor offset – Trial Judge ruled the cap does not apply) • January, 2010 – Court of Appeals ruled in favor of Health Care Providers on all counts: **1. cap on non-economic damages applies in cases that are not first arbitrated in HCADRO;** **2. Joint tortfeasor reduction is applied first, then the cap is applied; and** **3. Past medical expenses that have not and will not be paid, are not proper damages.** **Case is Concluded**	• Failure to diagnose melanoma in 46-year-old, married, male attorney who died from metastatic melanoma. • Case tried in Montgomery County Circuit Court. Plaintiff's verdict $5,805,000. One defendant settled at close of evidence. • Defense verdict for one dermatologist – Plaintiff's verdict against 2nd dermatologist and his corporation.	1. Do you apply the cap 1st, and then reduce by the joint tortfeasor release? 2. Does §3-2A-09 (d) (1) (reduces past medicals by amount of "write offs") require proof during trial?
TORT MedChi amicus brief: yes AMA amicus brief: yes	**Freed** (Freed v. DRD Pool Service)	Is Maryland's Cap on non-economic damages for cases other than Medical Malpractice constitutional? (§11-109 CJP)	• 2007 - Trial in Anne Arundel County Circuit Court. Plaintiff's verdict for over $4 million. Cap was applied, reducing the verdict to $1.3 million (cap = $665,000).	• Drowning death of 5 year old in June 2006, in a swimming pool at Crofton Country Club	1. Should trial court have permitted evidence of child's pre-death conscious pain & suffering?

			• **Court of Appeals held – cap on non-economic damages does not violate the Maryland Constitution. (September, 2010).** • Case was remanded to the Circuit Court for a determination as to the conscious pre-death pain and suffering of the drowning victim. **Case is Concluded**		
TORT MedChi amicus brief: yes AMA amicus brief: yes	**McQuitty** (McQuitty v. Spangler)	**<u>Holding:</u>** **Consent applies to all treatment decisions regardless of whether there is an invasion of the patient's physical integrity.**	• 2004 – Trial, Baltimore County, defense verdict on standard of care; hung jury on informed consent. • 2006 - Re-trial in Baltimore County Circuit Court, on issue of Informed Consent only. Plaintiff's verdict for $13,078,515 • Trial Court reversed the decision and overturned the verdict on informed consent. **Court of Appeals reversed and remanded the case back to the Circuit Court for a decision on reducing the verdict.**	• Patient claimed the physician failed to inform her that her baby could have been delivered earlier, thus depriving her of informed consent. The baby was born with cerebral palsy.	1. Informed consent applies to all treatment decisions; 2. Informed consent is an ongoing process;

EVIDENCE & CIVIL PROCEDURE *MedChi amicus brief: yes* *AMA amicus brief: no*	***Waldt*** *(Waldt vs. University of Maryland Medical System)*	***<u>Holding:</u>*** ***Expert witness was properly excluded from testifying because he devotes more than 20% of his professional activities to activities directly involved in personal injury claims.*** *The court determined that 20.66% of the witness' professional time was devoted to personal injury matters.*	• *November 2009 – Court of Appeals ruled that the trial judge was correct in excluding the witness and granting summary judgment for the defendants.* ***Case is concluded***	• *Patient suffered a stroke during procedure to treat an aneurysm in a blood vessel in the brain.* • *Plaintiffs had one standard of care witness, who was educated in France and had retired several years prior to the trial.*	1. *The Court of Appeals interpreted Section 3-2A-04 CJP – "the 20% Rule". The Court defined Professional Activities as: those activities that" contribute to or advance the profession to which the individual belongs" or involves "the individual's active participation in the profession."* 2. *The Court then stated that the amount of time annually devoted to activities that "directly involve testimony" is divided by the amount of time spent on all "professional activities" and the result must not exceed 20%.*
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Kearney** (Kearney v. Berger)	What is good cause for an extension of time under § 3-2A-04(b)(5) and 3-2A05(j) for Plaintiff to file their Certificate of Merit? Was Plaintiff's Certificate of Merit in this case insufficient? Does a party waive its right to object to the	• Plaintiff filed case in HCADRO and waived to Circuit Court. Circuit Court Judge granted defense Motion to Dismiss because Plaintiff's Certificate of Merit did not include a Report. • Plaintiff appealed to	• Wrongful death case alleging failure to diagnose melanoma resulted in death of Plaintiff. • Plaintiffs filed a Cert. of Merit, but did not file a Report. Plaintiff filed for an extension of time after the defense filed a	1. Can a Party request an extension of time to file a Certificate of Merit after 180 days have passed since the filing of the Claim? 2. Does a party waive its right to object to the adequacy of a Certificate of Merit if it does not raise the issue in its

		adequacy of the Certificate of Merit if it does not raise the issue in its Answer to the Complaint?	Ct. of Special Appeals, who held that Plaintiff should have been given an extension of time if good cause could be shown. • Trial Court held – good cause was not demonstrated and dismissed the case again. • Plaintiffs filed an Appeal with Ct. of Special Appeals. • **October 2010: Court of Appeals Held -** 1. A Cert. of Merit must include the applicable standard of care and how or why the defendant deviated from it. It does not need to state that the expert satisfies the 20% rule and it does not need to state that the opinions are held to a reasonable degree of medical probability. 2. The defendant did not waive its right to	Motion to Dismiss for failure to file a Certificate of Merit, and two years after the Cert. of Merit was due. **Case dismissed without prejudice**.	Answer?

			object to the COM by not including the objection in his answer. 3. The trial court did not abuse its discretion when it denied Plaintiff's request for an extension of time to file a COM. **Case is concluded.**		
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Powell** (Powell v. Breslin)	If a Certificate of Merit is inadequate due to lack of qualifications on the part of the certifying expert, is the remedy dismissal or Summary Judgment? Note: dismissal, if within the statute of limitations permits re-filing, while Summary Judgment is final.	• Plaintiff filed case in HCADRO and waived to Circuit Court. Plaintiff filed a Certificate of Merit in HCADRO. During discovery plaintiff's certifying expert, an anesthesiologist testified that he was unfamiliar with the standard of care of a Vascular Surgeon. • Defense moved for dismissal or Summary Judgment based on faulty Certificate of Merit. • Trial Judge entered an Order for Summary Judgment and Plaintiff	• Patient underwent hepatorenal arterial bypass procedure with epidural anesthesia. Post operatively epidural hematomas were evacuated, but the patient suffered neurological damage and paraplegia. He died over 2 years later.	1. If a Certificate of Merit is signed by an expert who is not qualified to sign the Certificate – is the remedy summary judgment or dismissal without prejudice?

			appeals. • **Court of Special Appeals held: Proper remedy is dismissal without prejudice. Notice of Appeal was filed with the Court of Appeals.** • **January 2013: The Court of Appeals upheld the CSA opinion. If a Certificate of Merit has been signed by a physician who later is determined to have been unqualified to sign the certificate – the case should be dismissed without prejudice.** **Case is concluded**		
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Bennett** (Bennett v. Hashmi)	Holding: **A Release Agreement entered into by a hospital which clearly included all its employees is not subject to a post-trial judicial determination of the number of shares released, when the hospital employees were never defendants or**	• Hospital and Emergency Group settled prior to trial. • Case was tried against Dr. Hashmi -- March, 2007. Verdict = $2,295,000 (reduced by cap to $1,795,000). • Verdict further	• Patient was treated at an Emergency Department and admitted to the Hospital. He died the next day from an undiagnosed MRSA infection. • Emergency group and Hospital settled. Remaining doctor lost	1. Must defendants file cross-claims or third-party claims when an entity settles for one share when entity is responsible for more than one tortfeasor?

		cross-defendants.	reduced by 2/3 based on joint tortfeasor releases of Hospital and E.D. Group each counting as one share ($598,333.33). • Dr. Hashmi sought reduction by 4/5 arguing that there were 3 separate shares for the hospital employees, and he should be only 1/5 responsible. **November 2010 - Case is concluded**.	at trial. Joint tortfeasor reductions were applied to the verdict, reducing it by 2/3. Dr. Hashmi argued that the Hospital's share should be more than 1/3 as there were 3 separate Hospital employees involved.	
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Julian 1** (Spence v. Julian)	Can a defendant file an action for contribution or set-offs after a trial, without first filing a cross-claim or third party claim against the settling defendant?	• After the trial and verdict for the plaintiffs, Dr. Julian filed action against Mercy employees to establish joint tortfeasor shares. • Plaintiffs filed for injunctive relief. Circuit Court Held: Defendant had not waived right to assert a claim for set-off or contribution. There is no judicial finding against the Hospital on whether it is a joint tortfeasor.	• Case involves the birth of an infant with injury who subsequently died from the injuries. • Case was tried in 2007. Verdict - $8 million, reduced to $2,186,342.50. • Hospital had settled prior to trial with a Release that did not establish joint tortfeasor status and refused to reveal the amount of the settlement.	Note: The Release executed by the Hospital provides that the Plaintiffs will indemnify the Hospital against any contribution claims.

			• Julian filed an action for Contribution in Circuit Court. • Hospital filed Motion to Dismiss Circuit Court action for contribution. • Circuit Court judge granted Hospital's Motion to Dismiss. • **October 2011: Court of Special Appeals held that Dr. Julian's right to pursue a contribution action against the Hospital in a subsequent action is protected under Maryland law, given that the Release entered into by the Hospital did not acknowledge joint tortfeasor status. Therefore, Dr. Julian's contribution action is proper and will be reinstated.** **We expect the Plaintiffs to file a Petition for Writ of Certiorari with the Court of Appeals**.		

EVIDENCE & CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Wantz** (Reynolds v. Afzal)	What qualifications does an expert need to be able to testify on causation?	• The Trial Court granted the defense motion to dismiss the plaintiff's three causation experts because they were not qualified to render causation opinions. • Plaintiffs filed an appeal with the Court of Special Appeals. Judge Eyler issued an unreported opinion (March 2011) stating that the trial court had abused its discretion and that the experts were qualified under the Radman v. Harold case. • **Court of Appeals denied the defense Petition for Writ of Certiorari.** **The case is remanded to the Circuit Court for trial.**	• Case involves alleged delay in diagnosis of a fracture of the spine (T10) in a 77 year old female. The patient developed a wound infection and died several months later.	

EVIDENCE & CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Johnson** (Johnson v. Schwartz)	Did the trial court err in excluding evidence of informed consent, when the defendants included the affirmative defense of assumption of risk?	• The plaintiff did not include lack of informed consent in his complaint. • The trial court excluded all evidence (including medical records) that the plaintiff signed an informed consent form for the procedure. • A jury found for the plaintiff and the defense appealed to the Court of Special Appeals. • **September 2009: The Court of Special Appeals held that the trial court did not abuse its discretion by excluding evidence that the physician had advised the patient of the risks and complications of colonoscopy. The evidence had been offered in support of defenses of assumption of the risk and of standard of**	• This case involved a perforation which occurred during a routine screening colonoscopy. Perforation is a recognized complication and was listed as a risk on the informed consent form the patient signed. The defense was prevented from presenting any evidence on informed consent including the signed consent form which was part of the medical records. • This case was tried in the Circuit Court for Baltimore City. The jury awarded $673,791.	

			care. The Court stated that "except in cases involving a refusal or delay in undergoing recommended treatment or the pursuit of unconventional treatment, a health care provider cannot invoke the affirmative defense of assumption of the risk where a breach of informed consent has not been alleged." **Case is concluded.**		
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**University of Maryland Medical System Corporation** (University of MD Medical System Corp et. al v. Brandon Kerrigan)	Is the transfer of venue from Baltimore City to Talbot County, where the plaintiffs, the principal treating physician defendants, and the majority of witnesses are located, appropriate?	• 2015- Baltimore City Circuit Court granted motion to transfer venue to Talbot County Circuit Court. Plaintiffs appealed. • 2016- Maryland Court of Special Appeals reversed the order to transfer venue and remanded to Baltimore City Circuit Court. • 2017- **The Court of Appeals held that the trial court did not**	• Plaintiffs live in Talbot County. Patient was referred by the primary care physician to a radiology practice in Easton. The Radiologist diagnosed, and the primary care physician treated patient. Patient's symptoms worsened and was treated at Shore Regional. The Shore Regional physician communicated with an attending at UMMC.	

			abuse its discretion in ordering the transfer because the court gave some weight to the venue choice by the minor patient and his parents, determined that several of the named parties in the case were in the county to which the case was transferred, was struck by the fact that the patient and his parents actually had to pass the circuit court for the county to which the case was transferred on the way to the circuit court for the county in which the case was filed, determined that the primary and key witnesses who would be inconvenienced were located in the county to which the case was transferred, and reasonably found that the public interest of justice weighed in favor of transfer. Judgment of Court of Special	Patient was admitted to UMMC and required a heart transplant. He continues to receive care from UMMC. • Patient's parents brought a malpractice suit against the Radiologist in Easton, the physician at Shore Regional, and the two treating physicians at UMMC. Plaintiffs claim that Baltimore City is the appropriate venue because UMMC has its principal place of business in Baltimore City and the two last physicians to treat the patient were employees of UMMC.	

			Appeals reversed, and case remanded with directions to affirm circuit court's judgment. **Case is concluded.**		
TORT & EVIDENCE MedChi amicus brief: yes AMA amicus brief: no	**Copsey** (Copsey v. Park)	Did the Circuit Court err in admitting evidence of the negligence of subsequent treating physicians and instructing the jury on superseding causation? Is it reversible error for the Trial Court to admit evidence of the negligence of non-party, subsequent treating physicians, including evidence that they were once defendants in the instant suit? Is it reversible error for the Trial Court to instruct the jury on superseding cause when the negligence of all the treating physicians amounted to one indivisible injury, that being death?	• The trial court found that the physician did not breach the standard of care and acted as a reasonable physician under the circumstances. The Court of Special Appeals affirmed the Circuit Court. • The court held that a reasonable jury could have found that the negligence of the subsequent treating physicians were both intervening and superseding causes contributing to the patient's death. • May 2017: The Court of Appeals agreed with the lower courts that it is not error to admit evidence of the negligence of the non-party subsequent treating physicians, as it was relevant and necessary in providing a fair trial to the physician in the lawsuit. • Causation was an issue for the jury to determine.	• Plaintiff contended that a radiologist interpreted a brain MRI/MRA as normal even though the images showed occlusions in the decedent's vertebral arteries that were indicative of a stroke. • Three other doctors were alleged to have made mistakes further down the line, compounding the problem • Before trial, plaintiff reached a settlement with two of the doctors who allegedly contributed to the delay in diagnosis and treatment of the decedent, signing joint tortfeasor releases with all of the defendants. • The third doctor was dismissed just before the trial. The case proceeded against the radiologist in Anne Arundel County Circuit Court.	

			Case is concluded		
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Davis** (Davis v. Frostburg)	Can a patient who suffered from a medical injury sidestep the requirement to file a claim along with a certificate of a qualified expert and report with the Alternative Dispute Resolution Office before filing a lawsuit?	• Trial Judge granted a Motion to Dismiss. Court of Special Appeals affirmed that decision. • September, 2017 - Court of Appeals found for the health care entity and determined that patient with medical injuries must fulfill the requirement to file in the ADR office before filing a lawsuit. **Case is concluded**	• The patient was admitted to the entity for recovery and physical rehabilitation services. The patient said she fell from her bed. • After her roommate called for the assistance of a nurse, a nurse responded and informed the patient that the entity was a "no lift facility." • The nurse then retrieved a mechanical lift. • Patient alleges that in the course of raising the patient from the floor using the specialized medical equipment, the nurse dropped the patient from above the height of the bed, causing her to fall back to the floor and suffer significant injuries. • The patient claimed that because the injury was caused by "ordinary negligence," she was not required to file a claim with the ADR Office beforehand.	1. "Close cases" can but do not have to be submitted to the ADR office and a trial judge can decide whether a complaint alleges a breach of professional standard of care and whether it must be filed in the ADR office. 2. The patient's initial fall was not a "medical injury." 3. A fall from a lift can only be described as part of a medical procedure. 4. A health care provider is liable for a nurse's negligence through respondent superior and therefore such a claim must be filed with the ADR Office.
TORT MedChi amicus brief: yes AMA amicus	**Bell & Bon Secours Hospital** (Bell & Bon Secours	Whether a physician's good faith decision that a patient no longer meets the criteria of involuntary admission is immune from civil liability and whether	• Litigation ensued in the Circuit Court for Baltimore City. The Plaintiff argued Dr. Bell – and Bon Secours vicariously as his employer – was negligent in releasing her son.	• The estate of a man who committed suicide shortly after being discharged from a psychiatric hospital brought a negligence action the hospital and the decedent's treating physician.	

brief: yes	Hospital Baltimore v. Chance)	it can be the basis of a jury verdict for medical malpractice.	• After a jury returned a verdict in Ms. Chance's favor, the Circuit Court vacated that judgment based in part on its understanding of the immunity statute. • A divided Court of Special Appeals reversed the Circuit Court decision. • Maryland Highest Court, The Court of Appeals, agreed with that ruling stating that "during that process, if a physician applies the statutory criteria for involuntary admission and concludes in good faith that the individual no longer meets those criteria, the facility must release the individual. That decision is immune from civil liability and cannot be the basis of a jury verdict for medical malpractice." • July 2018: The Court went on to rule *"If a psychiatrist employed by a facility applies the statutory criteria for involuntary admission in good faith and decides to release an individual prior to the ALJ hearing, the psychiatrist and the facility are immune from civil and criminal liability for that decision pursuant to*	• The estate argued that the hospital and physician breached the standard of care for discharging an involuntarily admitted patient with a history of attempted suicides. A jury agreed and awarded the estate more than $2.3 million in damages. • The trial court, however, entered judgment notwithstanding the verdict in favor of the physician and hospital, finding the estate failed to produce sufficient evidence that the physician breached the applicable standard of care. • The Court of Special Appeals reversed this decision, concluding that the estate's expert presented sufficient evidence of malpractice via a premature hospital discharge given the decedent's symptoms.	

			HG §10-618 and CJ §5-623. Accordingly, a jury verdict of negligence may not be based upon an expert opinion that identifies such a decision as a breach of the standard of care." **Case is concluded**		
TORT & EVIDENCE MedChi amicus brief: yes AMA amicus brief: yes	**Reiss** (American Radiology Services v. Reiss)	1. Did the Court of Special Appeals err in requiring a medical malpractice defendant arguing non-party negligence to present standard of care expert testimony where the defendant is not asserting non-party negligence as an affirmative defense? 2. Even assuming, for the sake of argument, that it was error for the Circuit Court to submit the question of non-party negligence to the jury, did the Court of Special Appeals err in concluding that the error was prejudiced based solely on an initial incorrectly completed juror questionnaire that was promptly corrected?	• **The Court of Special Appeals held that, in a medical malpractice case alleging that a cancerous lymph node could and should have been removed by a certain date, but that it had become inoperable due to the alleged negligence of radiologists, the circuit court erred in submitting the question of non-party negligence to the jury because the defendant radiologists could not generate a defense of non-party medical negligence without expert testimony that, to a reasonable degree of medical probability, the non-party radiologists breached the standard of care, and the defendant radiologists did not provide such testimony.** • **The error was prejudicial because the jurors were confused by the**	• Two radiologists with American Radiological Services interpreted CT scans for a cancer patient that were "suboptimally evaluated" due to the nonuse of IV contrast that enhances clarity of CT images and found that the tested lymph nodes had no lymphadenopathy. • Several years later, two other doctors interpreted CT scans without IV contrast and determined that the lymph node was cancerous but inoperable.	

			verdict sheet and there was a strong possibility that, in finding that the defendant radiologists were not negligent, the jurors were improperly influenced by assertions that the non-defendant radiologists were negligent. **The case is currently pending before the Maryland Court of Appeals.**		
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: yes	**Gallagher** (Gallagher v. Mercy Medical Center)	1. Does the One Satisfaction Rule permit a plaintiff who has sought and obtained recovery for medical expenses stemming from an automobile accident through a settlement to seek additional compensation for the same injuries through a medical malpractice action? 2. Whether a comparison of the initial lawsuit and settlement and subsequent lawsuit to determine whether the One Satisfaction Rule applies is undertaken by a court on summary judgment based on a thorough evaluation of	• **April 2019: The Court of Appeals held that the One Satisfaction Rule applies when an individual seeks to be compensated for injuries that they sustained, yet, in prior litigation, that individual was already compensated for the same injuries by a joint tortfeasor, concurrent wrongdoer not acting in concert, or a paying party who has no connection with the tort at all. The injured patient is barred from recovering from the medical center because her judgment was already satisfied under the One Satisfaction Rule.** **Case is concluded**	• An injured patient who was in an automobile accident brought a medical malpractice action against Mercy Medical Center after the patient settled her prior action against the negligent driver and the patient's uninsured/underinsured motorist insurer. • The circuit court granted judgment for Mercy Medical Center, and the Court of Special Appeals affirmed.	

		the record in each case or requires a jury trial.			
FIRST AMENDMENT MedChi amicus brief: yes AMA amicus brief: yes	**Doyle** (Doyle v. Hogan)	Does Maryland's ban on mental health professionals engaging in sexual orientation change efforts violate the First Amendment rights of Doyle, a therapist and advocate of conversion therapy?	• **The US District Court for the District of Maryland denied Doyle's motion for preliminary injunction to prevent the ban from going into effect, and the defendant government officials' motion to dismissed was granted. The state statute was upheld, rejecting Doyle's claim that the statute unconstitutionally infringes on his First Amendment freedom of speech.** **Case is currently pending before the US Court of Appeals for the Fourth Circuit**	• The State of Maryland adopted a regulation to prohibit mental health professionals from engaging in sexual orientation change efforts. Doyle, a therapist and advocate of conversion therapy, filed a federal lawsuit challenging the law as a First Amendment violation of the freedom of speech.	

TORT MedChi amicus brief: yes AMA amicus brief: no	**Fowlkes** (Fowlkes v. Choudhry)	Did the Court of Special Appeals err in its formulation and application of Maryland law regarding what a wrongful death plaintiff must prove in order to recover damages for the loss of household services that would have been provided by Fowlkes's deceased adult child?	• **The Court of Special Appeals held that: (1) household services that the daughter had performed for her mother prior to her death were compensable as pecuniary loss; (2) the mother was not required to show some kind of substantial dependence on her daughter before recovering economic damages for lost household services; and (3) the mother failed to present adequate evidence supporting the claim that her daughter intended to keep living with her mother or otherwise intended to keep performing daily household services for her mother during that lifetime to support a pecuniary damages award for the loss of household services.** **The case is currently pending before the Maryland Court of Appeals**	• A jury found Dr. Choudhry liable for the wrongful death of Fowlkes's adult daughter. As a result, the jury awarded Fowlkes both noneconomic damages and economic damages for the loss of the daughter's services. • Dr. Choudhry appealed to the Court of Special Appeals, asserting that the circuit court erred in denying his motions for judgment as to the economic damages claim. The Court of Special Appeals agreed and reversed the jury award for the economic damages (loss of household services)	

ADMINISTRATIVE LAW MedChi amicus brief: yes AMA amicus brief: yes	**CASA** (CASA de Maryland v. Trump)	This case concerns the attempt by the Trump administration to change the definition of the term "public charge" for the purpose of excluding or removing someone from the US pursuant to the Immigration and Nationality Act.	• **This case is currently pending before the US Court of Appeals for the Fourth Circuit, which recently heard oral arguments on the issues. The appeal to the Fourth Circuit is following the issuance of preliminary injunctions by US District Courts in New York and Maryland preventing the rule from going into effect. The ultimate decision in this case will likely be appealed to the US Supreme Court.**	• MedChi joined the amicus brief of the American Academy of Pediatrics, several state chapters of the AAP, and other concerned medical organizations to advocate against the adoption of the Trump administration's proposed new rule redefining a "public charge"	
EVIDENCE MedChi amicus brief: yes AMA amicus brief: yes	**Rochkind** (Rochkind v. Stevenson)	1. Was it error for the trial court to allow plaintiff's medical causation expert to testify that plaintiff has attentional and behavioral injuries without providing a reliable method for attributing those injuries to lead exposure when plaintiff had already been diagnosed with ADHD? 2. Was it error for the trial court to allow plaintiff's medical expert to render specific causation opinions based on general epidemiological studies? 3. Should the Court adopt	• **This case is the culmination of several years and rounds of litigation, and it is currently pending before the Maryland Court of Appeals. MedChi's amicus brief in this case solely focuses on issues 3 and 4 and advocates for the adoption of the *Daubert* standard for admitting expert testimony.** **The case is currently pending before the Maryland Court of Appeals**		

		the standard for admitting expert testimony under *Daubert v. Merrell Dow Pharmaceuticals*? 4. Was plaintiff's medical causation expert's specific causation opinion admissible in this case under Rule 5-702, applying the standard set forth in *Daubert*?			
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: yes	**Peters** (Peters v. Aetna)	Did the district court err in granting summary judgment on liability in favor of Aetna and OptumHealth?	• **The plaintiff sought certification for a class action against Aetna and OptumHealth; the district court denied the motion for class certification, and this case is currently pending appeal before the US Court of Appeals for the Fourth Circuit**		
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Julian 2** (Mercy Medical Center v. Julian)	Where a plaintiff enters into a settlement agreement with one defendant, pursuant to a release that provides that no other person is entitled to a reduction of damages by reason of the settlement unless the settling defendant is adjudicated a joint tortfeasor, does the non-settling defendant have a	• **November 2012: The release did not extinguish the doctor's right to contribution from the hospital** • **The doctor was not required to pursue his contribution claim against hospital in a cross-claim** • **Without a determination of Mercy's joint tortfeasor status, the release of liability did not comply with Maryland's Uniform Contribution Among**	• The Spence family sued Mercy and Dr. Julian, alleging a medical mistake by both Mercy and Dr. Julian resulted in their son's cerebral palsy and ultimate death. Prior to trial, the Spences and Mercy entered into a settlement agreement which provided that Mercy would be dismissed from the case and released from liability in return for financial compensation. • The release specified	

		right to pursue a claim for contribution in a separate proceeding filed after the conclusion of the underlying case?	**Joint Tortfeasors Act, and it did not extinguish Mercy's potential contribution liability to Dr. Julian** **Case is concluded**	that if Mercy were found liable at trial, then the Spences' recovery against Julian would be reduced by Mercy's share of liability, and Mercy's liability to Julian would be extinguished. The release did not contain an admission of liability by Mercy, and Mercy's liability was not adjudicated at trial	
CIVIL PROCEDURE MedChi amicus brief: yes AMA amicus brief: no	**Scull** (Scull v. Groover, Christie & Merritt)	1. Was the Court of Special Appeals correct in holding that the Maryland Consumer Protection Act does not apply to GCM, a medical practitioner, because GCM's billing is directly related to, and concerns, the professional services of medical practitioners, and therefore is exempt from the Act? 2. Was the Court of Special Appeals correct in holding that there is no private cause of action against health care providers under Maryland's HMO Act because the Act provides an administrative remedy?	• **September 2013 - The Court of Appeals held: (1) an HMO member who was billed by a provider for covered service did not have an implied cause of action under the Maryland HMO Act; (2) nothing in the text of the balance billing prohibition in the HMO Act suggested that the General Assembly believed that it was creating a new cause of action on behalf of HMO subscribers against health care providers, as opposed to creating a structure to foster HMO plans; (3) the HMO member was not precluded from bringing an action under the Consumer Protection Act against a health care provider who improperly billed the member in violation of the HMO law in a way that also violated the**	• Scull sued GCM alleging that medical bills GCM sent him were an illegal attempt to balance bill an HMO member in violation of Maryland law	

			prohibition against unfair or deceptive trade practices. **Case is concluded**		