TO: The Honorable Joan Carter Conway, Chair  
Members, Senate Education, Health and Environmental Affairs Committee  
The Honorable Katherine Klausmeier

FROM: Pam M. Kasemeyer  
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DATE: February 1, 2017


OPPOSE – Senate Bill 195 – Physicians – Licensure – Liability Coverage (Janet’s Law)

The Maryland State Medical Society (MedChi), which represents over 7,000 Maryland physicians and their patients, supports with amendments Senate Bill 193 and opposes Senate Bill 195.

**Senate Bill 193**

Senate Bill 193 requires physicians to notify patients in writing if they do not carry medical malpractice insurance. MedChi believes that patients should be informed if their health care provider does not carry malpractice insurance. Senate Bill 193 provides a reasonable means for conveying this important information, both by a general notice in the practitioner’s office and by specific notice to the patient. However, MedChi would request that the bill be amended in two respects:

First, the disclosure requirement should apply to all health care practitioners who see patients independently. These include podiatrists, psychologists, midwives, optometrists, naturopathic doctors, physical therapists, dentists and advanced practice nurses. Medical errors are not limited to physicians, and with the increased scope of practice of many of these practitioners in recent years, it is increasingly likely that patients will bring malpractice actions against them. Second, the requirement that an uninsured practitioner notify a patient “on each visit” seems cumbersome, particularly given that a notice must be posted conspicuously in the office at all times. One suggestion would be for the physician to provide it to new patients on the first visit and then on an annual basis.

**Senate Bill 195**

Senate Bill 195 mandates that every physician maintain medical malpractice insurance. Only 14 states mandate this, and in some of those states there are numerous exceptions to the mandate. MedChi does
not support Senate Bill 195 because it does not contain any such exceptions, many of which are warranted. For example, physicians in academia, of which Maryland has many, who do not see patients should not be mandated to maintain costly malpractice insurance. Retired physicians who maintain their license but do not see patients should also not be required to do so. Moreover, many physicians are subject to *de facto* mandates anyway: Physicians with hospital privileges are already required to have it as a function of becoming credentialed by the hospital, and those who accept health insurance must maintain it as well.

Thank you for your consideration of our position on these two bills.

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