

SENATE JOINT RESOLUTION NO. 90

Continuing the Joint Subcommittee to Study Risk Management Plans for Physicians and Hospitals. Report.

Agreed to by the Senate, March 8, 2006
Agreed to by the House of Delegates, March 6, 2006

WHEREAS, Senate Bill No. 601 (2004) established the Joint Subcommittee to Study Risk Management Plans for Physicians and Hospitals, and it was continued by Senate Joint Resolution No. 394 (2005) and House Joint Resolution No. 704 (2005); and

WHEREAS, access to quality health care by the citizens of the Commonwealth has been identified by the joint subcommittee as being of paramount importance, and medical malpractice issues play a significant role in the availability and quality of health care; and

WHEREAS, medical malpractice issues arise from a variety of factors, and the joint subcommittee found that the complexity and scope of its work made it difficult to complete its work in two years and has identified issues that merit further and more in-depth study; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee to Study Risk Management Plans for Physicians and Hospitals be continued. The joint subcommittee shall have a total membership of eight legislative members. Members shall be appointed as follows: three members of the Senate to be appointed by the Senate Committee on Rules and five members of the House of Delegates to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates. The current members appointed by the Senate Committee on Rules shall serve until replaced. The current members appointed by the Speaker of the House of Delegates shall be subject to reappointment. The joint subcommittee shall elect a chairman and vice chairman from among its membership.

In conducting its study, the joint subcommittee shall study the general medical malpractice situation in the Commonwealth and focus on the issues it deems most urgent, which may include: (i) the effectiveness of the current statutory framework of medical malpractice panels and whether the current framework should be amended to enhance efficiency or be eliminated and replaced with other procedural vehicles such as pre-trial certification of expert witnesses to reduce nonmeritorious claims or effectively evaluate claims; (ii) the feasibility of establishing a multijurisdictional pilot health court and subsequently a system of health courts in the Commonwealth, whereby medical claims are tried by a jury in the venue where the case is filed and presided over by a judge with specialized training, in accordance with the objectives noted in House Joint Resolution No. 50 (2006); (iii) the breadth and impact of the risk management program established by Senate Bill No. 601 (2004); and (iv) effective peer review processes.

Administrative staff support shall continue to be provided by the Office of the Clerk of the Senate. Legal, research, policy analysis, and other services as requested by the joint subcommittee shall continue to be provided by the Division of Legislative Services. Technical assistance shall be provided by the State Corporation Commission, the Secretary of Health and Human Resources, the Department of the Treasury, and the Office of the Executive Secretary of the Supreme Court. All agencies of the Commonwealth shall provide assistance to the joint subcommittee for this study, upon request. The joint subcommittee shall provide opportunities for the participation of the Medical Society of Virginia, the Virginia Trial Lawyers Association, the Virginia Association of Defense Attorneys, representatives of medical malpractice liability insurance carriers, the Virginia Hospital and Healthcare Association, and other interested parties or entities affected by the study. The joint subcommittee may request that the above-named groups and organizations meet and determine whether the solutions to the issues herein can be achieved through collaborative problem solving and report to the joint subcommittee on or before September 30, 2006.

The joint subcommittee shall be limited to four meetings for the 2006 interim, and the direct costs of this study shall not exceed \$4,800. Approval for unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall be required.

No recommendation of the joint subcommittee shall be adopted if a majority of the House members or a majority of the Senate members of the joint subcommittee (i) vote against the recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the joint subcommittee.

The joint subcommittee shall complete its meetings by November 30, 2006, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and

recommendations no later than the first day of the 2007 Regular Session of the General Assembly. The executive summary shall state whether the joint subcommittee intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or delay the period for the conduct of the study, or authorize additional meetings during the 2006 interim.