## 2006 SESSION

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1	HOUSE JOINT RESOLUTION NO. 183
	Offered January 17, 2006
2 3	Continuing the Joint Subcommittee to Study Risk Management Plans for Physicians and Hospitals.
4	Report.
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	Patron—Athey
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7	Unanimous consent to introduce
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9	Referred to Committee on Rules
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11	WHEREAS, Senate Bill No. 601 (2004) established the Joint Subcommittee to Study Risk
12	Management Plans for Physicians and Hospitals, and it was continued by SJR 394 and HJR 704 (2005);
13	and
14	WHEREAS, access to quality health care by the citizens of the Commonwealth has been identified
15	by the joint subcommittee as being of paramount importance, and medical malpractice issues play a
16 17	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
18	found that the complexity and scope of its work made it difficult to complete its work in two years and
19	has identified issues that merit further and more in-depth study; now, therefore, be it
20	RESOLVED by the House of Delegates, the Senate concurring, That the Joint Subcommittee to
21	Study Risk Management Plans for Physicians and Hospitals be continued. The joint subcommittee shall
22	have a total membership of eight legislative members. Members shall be appointed as follows: five
23	members of the House of Delegates to be appointed by the Speaker of the House of Delegates in
24	accordance with the principles of proportional representation contained in the Rules of the House of
25	Delegates and three members of the Senate to be appointed by the Senate Committee on Rules. The
26	current members appointed by the Speaker of the House of Delegates shall continue to serve until
27	replaced. The current members appointed by the Senate Committee on Rules shall be subject to
28	reappointment. The joint subcommittee shall elect a chairman and vice chairman from among its
29	membership.
30	In conducting its study, the joint subcommittee shall study the general medical malpractice situation
31	in the Commonwealth and focus on the issues it deems most urgent, which may include: (i) the
32	effectiveness of the current statutory framework of medical malpractice panels and whether the current
33 34	framework should be amended to enhance efficiency or be eliminated and replaced with other procedural
34 35	vehicles such as pre-trial certification of expert witnesses to reduce nonmeritorious claims or effectively evaluate claims, (ii) whether nonstate funding is available for Virginia to launch a pilot project for
35 36	medical courts whereby medical claims are tried by a jury in the venue where the case is filed and
37	presided over by a judge with specialized training, (iii) the breadth and impact of the risk management
38	program established by SB 601, and (iv) effective peer review processes.
<b>39</b>	Administrative staff support shall continue to be provided by the House Clerk's Office. Legal,
40	research, policy analysis, and other services as requested by the joint subcommittee shall continue to be
41	provided by the Division of Legislative Services. Technical assistance shall be provided by the State
42	Corporation Commission, the Secretary of Health and Human Resources, the Department of the
43	Treasury, and the Office of the Executive Secretary of the Supreme Court. All agencies of the
44	Commonwealth shall provide assistance to the joint subcommittee for this study, upon request. The joint
45	subcommittee shall provide opportunities for the participation of the Medical Society of Virginia, the
46	Virginia Trial Lawyers Association, the Virginia Association of Defense Attorneys, representatives of
47	medical malpractice liability insurance carriers, the Virginia Hospital and Healthcare Association, and
48	other interested parties or entities affected by the study. The joint subcommittee may request that the
<b>49</b>	above-named groups and organizations meet and determine whether the solutions to the issues herein
50	can be achieved through collaborative problem solving and report to the joint subcommittee on or before
51 52	September 30, 2006. The joint subcommittee shall be limited to four meetings for the 2006 interim and the direct costs of
52 53	The joint subcommittee shall be limited to four meetings for the 2006 interim, and the direct costs of this study shall not exceed \$4800. Approval for unbudgeted nonmember related expenses shall require
55 54	this study shall not exceed \$4800. Approval for unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a
54 55	companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall
	companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall

56 be required.57 No recon

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No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members
or a majority of the House members of the joint subcommittee (i) vote against the recommendation and

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59 (ii) vote for the recommendation to fail notwithstanding the majority vote of the joint subcommittee.

60 The joint subcommittee shall complete its meetings by November 30, 2006, and the chairman shall 61 submit to the Division of Legislative Automated Systems an executive summary of its findings and 62 recommendations no later than the first day of the 2007 Regular Session of the General Assembly. The executive summary shall state whether the joint committee intends to submit to the General Assembly 63 64 and the Governor a report of its findings and recommendations for publication as a House or Senate 65 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 66 67 shall be posted on the General Assembly's website.

68 Implementation of this resolution is subject to subsequent approval and certification by the Joint 69 Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or

70 delay the period for the conduct of the study, or authorize additional meetings during the 2006 interim.