

House of Representatives Committee on Human Services

**Testimony of Mark C. Rumans, M.D.
Chief of Staff, Deaconess Billings Clinic**

In Support of House Bill No. 64

January 26, 2005

Madam Chairwoman and members of the committee, my name is Dr. Mark Rumans, Chief of Staff at Deaconess Billings Clinic (DBC) in Billings Montana. I am also a practicing gastroenterologist and have been a physician at DBC for almost nineteen years. Deaconess Billings Clinic is an integrated, foundation-model organization like Mayo Clinic. It is a 200 physician multi-specialty group practice which is integrated with a 272 bed tertiary referral, Level II trauma hospital. DBC also has 6 regional branch clinic sites in Montana ranging from Bozeman to Miles City as well as two branch sites in Wyoming. Affiliate agreements are in place to provide management services to 8 rural hospitals. Each year 52 physicians in 18 specialties provide outreach specialty clinics for residents of rural Montana, Wyoming, and North Dakota. This last year, DBC spent nearly \$7 million in malpractice insurance coverage. Although we have had some success in controlling our malpractice premiums by participating in a captive insurance pool with several other organizations, malpractice premiums continue to be a major expenditure of dollars for DBC. This is money that is subsequently unavailable for patient care staff as well as new technology to benefit our patients. We have also seen the effect that rising malpractice premiums have had in the ability to attract and retain high quality physicians in rural Montana. I believe that the bill before you today is a good first step in addressing this problem and I would like to speak in favor of this bill.

HOUSE BILL NO. 64

This bill defines the qualifications for medical malpractice witnesses. Medical care today is very complex and frequently requires the expertise of specialty-trained physicians. Availability of specialists and diagnostic tests also varies dramatically from community to community in Montana. Because of these complexities, it is critical that an expert witness in a malpractice case thoroughly understands the details of the case and the standards of care. For example, as a board-certified gastroenterologist, I would not consider myself qualified to understand the details and the risks involved in caring for a very ill cardiac patient. I would rely on the expertise of a cardiologist who has cared for patients in a similar setting. This bill would ensure that physicians called to testify in malpractice cases are qualified to understand the numerous risks and benefits involved in taking care of complex medical or surgical patients. I would not ask a plumber to judge the work of an electrician just as I would not ask a gastroenterologist to judge the work of a cardiologist.

Madam Chairwoman and members of the committee, I would like to thank you for your attention and I am available for recall should the committee have any questions.

CONTACT:

Jani McCall
Lobbyist
406-670-3084