

Testimony in Support of HB 222 (Trauma Care Caps Bill)

I speak on behalf of the physicians of the Rocky Mountain Health Network in strong support of HB 222, the so called Trauma Care Caps Bill.

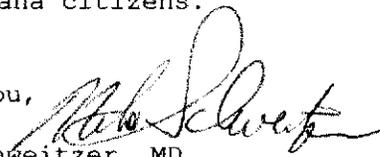
Major trauma patients are often the highest risk patients we care for as anesthesiologists and other physicians. Often as an anesthesiologist my first priority is to resuscitate the patient. These unstable patients often have problems breathing, low blood pressure, and irregular heart beats. It is not uncommon that patients have vomited or are vomiting. We must quickly control their airway and protect the lungs from serious vomit induced pneumonia. Frequently, we know very little about the patient's medical history at the time we are caring for them. We are not aware of their disease history that may cause critical problems with drugs we use routinely in the operating room for anesthesia. We sometimes must give unmatched blood simply to keep them alive from massive bleeding. There is little time for consultation with other physicians, we must act quickly to save their lives and minimize post operative brain, kidney, and other organ damage. In Montana, these patients are often very cold which causes additional serious problems for the patient. It is difficult to warm these patients while the surgeons are working on multiple areas of the body. Caring for these patients is a scary business. We do the best we can.

Montana ranks fourth highest in the nation in percentage of physicians over 65 years old. Montana is last in the nation for percentage of physicians under 35 years old. It would not require many older physicians to retire before we are in a critical shortage of physicians. Liability reform bills, including non-economic caps on trauma care, signed by Democratic West Virginia Governor Bob Wise in 2003 brought balance, predictability, stability and fairness to West Virginia's medical liability system. This allowed the state to recruit and retain physicians - a fact confirmed by a study conducted by the Department of Health and Human Services' Agency for Healthcare Research

and Quality. The study showed that states with limits on non-economic damages in medical lawsuits have nearly 12 percent more physicians per capita than states without such caps. "The study confirms and quantifies the association between reasonable limits in medical lawsuits and the supply of physicians available to treat patients who need them," said Tommy Thompson, former secretary of the United States Department of Health and Human Services.

Caps on non-economic damages do not affect an injured patient's ability to be "made whole" for financial losses. Economic damage awards include full compensation for medical expenses, lost earnings, rehabilitation, the help of a nurse or other household help following a medical injury, or other similar care. Economic damage awards can fully compensate for life-long medical costs plus present and future lost income and are recoverable with no limit. Doctors are not advocating a cap on economic damages. A reasonable cap on non-economic damages would not stop, limit, or in any way prevent you from being paid 100 percent of medical expenses, loss of earnings capacity, and rehabilitation costs—for life. Non-economic damage awards are damages that can't be measured objectively. They're sometimes called awards for "pain and suffering". Montana physicians want to protect patients' rights to recover all types of damages. Placing a reasonable cap on excessive non-economic damage awards protects our health care system and is fair to all Montana citizens.

Thank you,


Mike Schweitzer, MD

Laurel

References

Health Care State Rankings 2004 (Morgan Quitno)

www.facs.org/ahp/pubs/dateline/dateline0803.pdf Advocacy and Health Policy