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Women Are Paying the Price of the Medical Liability Crisis

Women are Losing Access to Vital Health Care Services

Women are particularly vulnerable to losing access to essential health care services because OB/GYNs have become a target of meritless lawsuits.

- Liability concerns forced 40% of all OB/GYNs to make changes in their practice and have driven nearly four percent of those surveyed to stop practicing obstetrics altogether.¹
- The average age at which physicians cease practicing obstetrics is now 49, an age once considered the midpoint of an OB/GYN's career.²
- The medical liability system in Illinois continues to drive up costs for hospitals and physicians, contributing to the closure of 20 hospitals across the state since 2000 – many of which served expecting and new mothers.³

OB/GYNs Fighting Lawsuits – Instead of Patients' Health

Instead of being able to focus on their patients, more and more doctors today are forced to defend their reputations and professional decisions in the courtroom against claims that turn out, in most cases, to be without merit, leading to reduced access to care.

- Regardless of the outcome, the average litigated claim lingered for 25 months, with those that were ultimately dismissed still lasting 20 months. Claims going to trial took approximately 39 months, and doctors who were victorious in court spent an average of 44 months in litigation.⁴
- Former Governor Haley Barbour described the situation in Mississippi, prior to the implementation of medical liability reforms: "Doctors had quit delivering babies...People were having to drive an hour for someone having a baby, and bad things can happen in an hour."⁵

High Costs for Women – and their Families

Without medical liability reform, women and their families face ever-increasing costs that cause health care expenses to negatively impact household budgets and spending.

- Standard liability insurance rates for Long Island obstetrician/gynecologists are approximately \$179,248 each year, but the rates in central California, where effective

¹ ACOG Survey, The American College of Obstetricians and Gynecologists, 2015.

² ACOG Survey, The American College of Obstetricians and Gynecologists, 2015.

³ Hospital Closures 1980 to Present, Illinois Hospital Association, 2015.

⁴ "Doctors Spend More Time in the Courtroom Than the Classroom," Dallas Fort Worth Healthcare Daily, 28 July 2014.

⁵ "Mississippi Tort Reform at 10 Years," The Clarion-Ledger, 5 May 2014.

medical liability reforms are in place, are a fraction of that. A medical liability provider in the state, the Cooperative of American Physicians, quotes \$16,240 for obstetrician/gynecologists for a region of counties that includes San Francisco.⁶

- A recent study discovered that 2013 was the first year since 2003 that there was an increase nationwide in both total payout amounts and total number of payouts in liability cases – a large driver of health care costs.⁷
- Not coincidentally, per capita payouts in New York and Pennsylvania, where no reforms are in place, are now more than 12 and eight times higher, respectively, than in Texas, which has effective reforms.⁸
- Analysis of efforts to raise the reasonable limits on non-economic damages in California estimated that liability premiums would increase up to 38 percent, based on the experience of other states that have imposed or eliminated limits. California's annual health costs would rise by \$9.9 billion, or \$1,000 for a family of four.⁹

⁶ Medical Liability Monitor, Oct 2016, Vol. 41, No. 10.

⁷ "New York is the Clear Leader in Medical Malpractice Awards," *The Washington Post*, 15 March 2014.

⁸ "New York is the Clear Leader in Medical Malpractice Awards," *The Washington Post*, 15 March 2014.

⁹ "California's Malpractice Ruse," *The Wall Street Journal*, 16 April 2015.