

Bill as Introduced

SB 108 - AS AMENDED BY THE SENATE

03/09/11 0417s

2011 SESSION

11-0983
01/05

SENATE BILL **108**

AN ACT relative to emergency obstetrical care.

SPONSORS: Sen. Gallus, Dist 1; Sen. Bradley, Dist 3; Sen. Kelly, Dist 10; Sen. De Blois, Dist 18; Rep. Pettengill, Carr 1; Rep. Chandler, Carr 1

COMMITTEE: Judiciary

AMENDED ANALYSIS

This bill grants immunity to physicians, advanced practice registered nurses, midwives, or physician assistants who render emergency care to pregnant women under certain circumstances.

Explanation: Matter added to current law appears in *bold italics*.
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

SB 108 - AS AMENDED BY THE SENATE

03/09/11 0417s

11-0983
01/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eleven

AN ACT relative to emergency obstetrical care.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Emergency Obstetrical Care; Immunity From Civil Liability. Amend RSA 508
2 by inserting after section 17-a the following new section:

3 508:17-b Emergency Obstetrical Care; Immunity From Civil Liability. A physician, advanced
4 practice registered nurse, midwife, or physician assistant credentialed to provide obstetrical care
5 who renders emergency obstetrical care in a licensed health care facility to a female where the
6 female has not previously been cared for in connection with the pregnancy by such physician,
7 midwife, physician assistant, or advanced practice registered nurse shall not be liable for any
8 damages or injuries caused by conduct prior to the rendering of the emergency obstetrical care.

9 2 Effective Date. This act shall take effect January 1, 2012.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON JUDICIARY

PUBLIC HEARING ON SENATE BILL 108

BILL TITLE: relative to emergency obstetrical care.

DATE: April 7, 2011

LOB ROOM: 208 Time Public Hearing Called to Order: 10:06 am

Time Adjourned: 11:04 am

(please circle if present)

Committee Members: Reps. Rowe, Sore, Souza, Hagan, Silva, Andolina, Giuda, LaCasse,
McClarren, Murphy, Palmer, Peterson, Tregenza, Wall, Potter, Weber and Watrous

Bill Sponsors: Sen. Gallus, Dist 1; Sen. Bradley, Dist 3; Sen. Kelly, Dist 10; Sen. De Blois, Dist 18;
Rep. Pettengill, Carr 1; Rep. Chandler, Carr 1

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Weber introduced the bill.

*Janet Monahan, William Kassler, MD – New Hampshire Medical Society - supports
The purpose of the bill is to improve obstetrical care and curb the price of malpractice. Addresses the narrow situation of an emergency room (ER) visit due to complications while away from personal physician and needs assistance due to life threatening situation.
This bill allows physicians to do what he/she trained to do without worry of malpractice. North Country rates (\$55,000 - \$75,000 in New Hampshire) is higher than salary. Obstetricians (OBs) have highest malpractice rates. Primary reason for the bill, in an emergency situation this bill would allow physicians to do what is necessary to the best of their knowledge without fear of lawyers.

* Kevin Dugan, New Hampshire Association for Justice – no position taken
The bill is unnecessary. Law exists already. Bill will not do anything to help the North Country attract obstetricians. Is not for or against the bill, just not necessary. No cases of evidence to support his bill. It is a solution looking for a problem.

Respectfully Submitted,



Rep. Lenette M. Peterson

HOUSE COMMITTEE ON JUDICIARY
PUBLIC HEARING ON SENATE BILL 108

BILL TITLE: relative to emergency obstetrical care.

DATE: 4-7-2011

LOB ROOM: 208

Time Public Hearing Called to Order: am 10:06
Time Adjourned: 11:04

(please circle if present)

Committee Members: Reps. ~~Rowe~~, ~~Sorg~~, ~~Souza~~, Hagan, Silva, Andolina, Giuda, LaCasse, ~~McClarren~~, ~~Murphy~~, ~~Palmer~~, ~~Peterson~~, Tregenza, Wheaton, Wall, ~~Potter~~, ~~Weber~~ and Watrous.

Bill Sponsors: Sen. Gallus, Dist 1; Sen. Bradley, Dist 3; Sen. Kelly, Dist 10; Sen. De Blois, Dist 18; Rep. Pettengill, Carr 1; Rep. Chandler, Carr 1

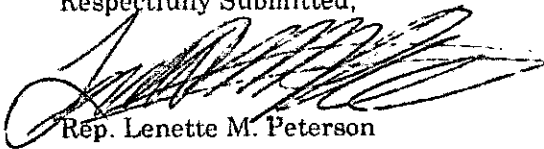
TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep Weber - introduced the bill

Janet Monahan ^{(S)*} - purpose of bill is to improve ob-care
William Kassler and curb the price of malpractice.
NH Med. Society Addresses the narrow situation of an
emergency ER visit due to complications
while away from personal physician. Needs
assistance due to life threatening situation.

Respectfully Submitted,



Rep. Lenette M. Peterson

Hagan, Tregenza, McClarren, Wall - Subcommittee

Rep. Hagan is chairman of subcommittee

This bill allows physician to do what he/she trained to do w/o worry of malpractice. North Country rates (\$55,000 → 75,000 in NH) are higher than salary Obs have highest malpractice rates. Primary reason for bill, in an emergency situation, this bill would allow physician to do what is necessary to best of knowledge w/o fear of lawyers.

Kevin Dugan* (no position taken)
NH Assoc. for Justice (?) Bill is unnecessary, law exists already
Bill will not do anything to help the North Country attract Obs. Is not for or against bill, just not necessary.
No cases of evidence to support this bill. A solution looking for a problem.

Sub-Committee Minutes

HOUSE COMMITTEE ON JUDICIARY

SUBCOMMITTEE WORK SESSION ON SENATE BILL 108

BILL TITLE: relative to emergency obstetrical care.

DATE: May 10, 2011

Subcommittee Members: Reps. Hagan, Tregenza, McClarren, Wall and Weber (for Wall)

Comments and Recommendations:

Rep. Rowe opposed to (legal) immunity ... threat of lawsuits improves quality

Dr. Barry Smith, GI MD at Dartmouth Hitchcock Medical Center/ American College of Obstetricians and Gynecologists Quality Improvement Committee --- supports bill as part of effort to recruit.

Robert Clegg, New Hampshire Association for Justice --- D. Benedetto case requires all medical doctors to be named.

Atty. Robert Dunn, New Hampshire Association of Advanced Care Registered Nurses, --- judges, and prosecutors are not sued.

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. McClarren

Seconded by Rep. Hagan

Vote: 2-1

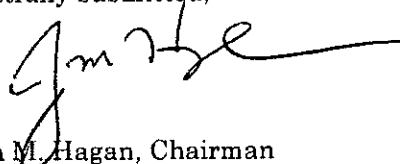
Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,



Rep. Joseph M. Hagan, Chairman

HOUSE COMMITTEE ON JUDICIARY

SUBCOMMITTEE WORK SESSION ON SENATE BILL 108

BILL TITLE: relative to emergency obstetrical care.

DATE: ~~(Type DATE)~~ 5.10.11 1330 EDT WEBER
for

Subcommittee Members: Reps. Hagan, Tregenza, McClarren and Wall

Comments and Recommendations:

Rep Rowe... opposed to (legal) immunity ... THREAT of LAWSUITS IMPROVES QUALITY...
Dr Barry Smith... QI HD @ DHMC/ ACOG QI Reg / supports Bill AS PART
of effort to request.
SEN KLEGG NANCY D. BILDETTO requires all HDs ARE NAMED
ATTY DUND NIASSOC of Advanced Care RNs as Judges, Prosecutors are NOT SUEd ...

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions:

OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. McClarren

Seconded by Rep. Hagan

Vote: 2/1

Opposed Weber

Motions:

OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Hagan
Subcommittee Chairman/Clerk

April 7, 2011

To: Members of the House Judiciary Committee

From: Barry D Smith, MD

Topic: SB 108 as amended by the NH Senate, "a bill to grant immunity to physicians and other maternity care providers who render emergency care to pregnant women under certain circumstances."

Mr. Chairman and members of the Judiciary Committee, for the record my name is Barry Smith. I am an Obstetrician and Gynecologist who has practiced in NH for forty years at Dartmouth Hitchcock Medical Center in Lebanon and at other Dartmouth Hitchcock sites in NH. I formerly served as the Chair of the Department of Obstetrics and Gynecology for many years. Since retirement from that position I have been the co-director of an Obstetrics Patient Safety, Quality Improvement and Risk Management program at Dartmouth. I also served as the Chair of the District 1, New England, Patient Safety and Quality Improvement Committee of the American College of Obstetricians and Gynecologists until a few months ago. I currently serve on an ACOG national task force developing a plan to make obstetrical care as safe as possible.

I am here to speak in support of SB 108 which was recently passed by voice vote in the NH Senate.

Obstetrical care usually goes smoothly if the patient has received good prenatal and labor care. However, complications can suddenly happen. Emergency care in obstetrics for an unexpected or unrecognized complication can be a very dramatic and frightening experience for all who are involved. The most important concern should be the best outcome possible for mother and baby.

Unfortunately liability fear has affected the practice of obstetrics in very negative ways. There is no place for fear or panic in the proper care of an obstetrical emergency yet the fear of litigation is often the elephant in the room. This can especially be an issue in some of our smaller, rural hospitals where complications are seen less frequently and in house resources are less readily available. This bill would serve the best interests of patients and obstetrical providers by removing some of that anxiety and letting the care proceed in the most efficient way possible.

Obstetrical emergencies can happen before the onset of labor, during labor and in the post partum (post delivery) time period. Pregnant visitors as well as NH residents often arrive unannounced and in distress at our hospitals. The language in SB 108 covers emergency care for any acute obstetrical emergency by a provider who is credentialed to provide obstetrical care only for patients not previously cared for the provider or anyone else in the provider's practice. The language in the bill is very clear.

The original bill only applied to physicians and the NH Medical Society encouraged the Senate Judiciary Committee to include the other OB providers: advance practice RNs, midwives and physician assistants.

Examples of the obstetrical emergency situations:

1. A patient who is visiting the area from another region and begins to bleed heavily from a separating placenta who needs delivery. The patient would have arrived for the care without labor but the care could result in a cesarean delivery, severe hemorrhage or even a hysterectomy.
2. A patient is examined at her home or a birthing center by a lay midwife who inadvertently pushes her finger into a placenta previa, a placenta that is covering the cervical opening and is ahead of the baby's head. This could again result in severe bleeding requiring surgery.
3. A patient who delivers her baby outside the hospital, but has a severe post partum hemorrhage requiring surgery.

I strongly support passage of this bill. It will improve health care to our patients. The bill will also protect maternity care providers who willingly take on these difficult situations. The bill will also help our NH hospitals, especially our smaller, more rural hospitals where it is becoming more difficult to recruit and retain high quality maternity care professionals.

Sincerely

Barry D. Smith, MD
Professor of Obstetrics and Gynecology, Emeritus
Chairman Emeritus
Dartmouth Hitchcock Medical Center
One Medical Center Drive
Lebanon NH 03756-0001

February 10, 2011

SB108, emergency obstetrical care.

The purpose of this bill is to improve access to obstetrical care in New Hampshire and to possibly temper malpractice insurance rates for obstetricians.

In low population areas of the state, it is close to impossible to attract obstetricians because they can't deliver enough babies to cover their malpractice premiums. In 2003, Upper Connecticut Valley discontinued obstetrical services and Weeks stopped its OB services in 2008. Currently there is collaboration between Upper Connecticut, Weeks and Androscoggin Valley Hospital to cover OB services. Not an ideal situation, but the best we have.

According to rates filed with the NH Department of Insurance last fall, an OB/GYN is looking at annual base rates ranging from \$55,000 to \$77,000. But if that physician has had any claims, the rates are much higher ... well into the \$100,000 range. These rates are driving many OB/GYNs in more populated areas of NH to drop obstetrical care altogether and instead provide only GYN services. Most family physicians stopped delivering babies years ago for the same reasons.

There are women in our state who choose not to seek prenatal care and women who do not have access to appropriate prenatal care, which can result in a high-risk delivery with catastrophic birth-related injuries or worse. There are also women in New Hampshire who choose to get their OB care from a lay midwife and if an emergency situation arises with the delivery, an obstetrician is often called at the last minute. This bill will provide protection for OBs who find themselves in these unfortunate situations.

This bill is straightforward:

“A physician credentialed to provide obstetrical care who renders emergency obstetrical care in a licensed health care facility to a female in active labor where the female has not previously been cared for in connection with the pregnancy by such physician, person in the group practice, a midwife, physician assistant or advanced registered nurse practitioner with whom the physician has an agreement to attend the labor and delivery, shall not be liable for any damages or injuries caused by conduct prior to the rendering of the emergency-obstetrical care. The immunity granted under this section shall apply only to the emergency medical care provided.”

This bill would not provide immunity for physicians who commit gross or willful negligence.

It is my understanding that a physician representing the NH Medical Society is here to testify and he will suggest that the bill cover any acute obstetrical emergency not just at the time of delivery. I will let him explain that proposal.

Thank you.

Senator John Gallus

Testimony

April 7, 2011

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Sincerely

Barry D. Smith, MD
Professor of Obstetrics and Gynecology, Emeritus
Chairman Emeritus
Dartmouth Hitchcock Medical Center
One Medical Center Drive
Lebanon NH 03756-0001

Complete Document

Can Be Viewed

In Bill Folder

PATIENT SAFETY SERIES

Effect of a comprehensive obstetric patient safety program on compensation payments and sentinel events

Amos Grunebaum, MD; Frank Chervenak, MD; Daniel Skupski, MD

Improving patient safety has become an important goal for hospitals, physicians, patients, and insurers.¹ Implementing patient safety measures and promoting an organized culture of safety, including the use of highly specialized protocols, has been shown to decrease adverse outcomes;²⁻⁵ however, it is less clear whether decreasing adverse outcomes also reduces compensation payments and sentinel events.

Our objective is to describe comprehensive changes to our obstetric patient safety program and to report their impact on actual spent compensation payments (sum of indemnity and expenses paid) and sentinel events.

Materials and Methods

New York Presbyterian Hospital-Weill Cornell Medical Center is a tertiary academic referral center with a level 3 neonatal intensive care unit and serves as a New York State regional perinatal center. The labor and delivery unit performs about 5200 deliveries per year of which voluntary attending physicians manage approximately 25%, and 75% are managed by full-time faculty.

The New York Weill Cornell Investigation Research Board approved this report as exempt research.

Patient safety program

In 2002, we began to implement in a step-wise fashion a comprehensive and

Our objective was to describe a comprehensive obstetric patient safety program and its effect on reducing compensation payments and sentinel adverse events. From 2003 to 2009, we implemented a comprehensive obstetric patient safety program at our institution with multiple integrated components. To evaluate its effect on compensation payments and sentinel events, we gathered data on compensation payments and sentinel events retrospectively from 2003, when the program was initiated, through 2009. Average yearly compensation payments decreased from \$27,591,610 between 2003-2006 to \$2,550,136 between 2007-2009, sentinel events decreased from 5 in 2000 to none in 2008 and 2009. Instituting a comprehensive obstetric patient safety program decreased compensation payments and sentinel events resulting in immediate and significant savings.

Key words: compensation payments, medical liability, obstetric adverse outcomes, patient safety, sentinel events

ongoing patient safety program. The date of implementation is included for each step.

Consultant Review (2002)

In 2002, as part of an obstetric initiative by our insurance carrier (MCIC Vermont, Inc, Burlington, VT), 2 independent consultants reviewed our department and assessed our institution's obstetric service. This review resulted in specific recommendations and provided a general outline for making changes and improvements in patient safety. Building on these findings, we implemented a comprehensive obstetric patient safety program.

Labor and delivery team training (2003)

Poor communication is among the most cited reasons for malpractice suits,⁶ whereas improved nurse-physician communication can make labor and delivery safer.⁷ Consequently, the Institute of Medicine recommended interdisciplinary team training programs for providers to incorporate proven methods of team training as a way to improve efforts

and to empower every team member to speak up and intervene if an unsafe situation may be occurring.⁸ Crew Resource Management (CRM) can potentially decrease medical malpractice litigation, mostly by improving communication,⁹ but studies have been less clear about its effect on adverse outcomes.¹⁰

In 2003, several of our labor and delivery staff members including nurses, obstetricians, and anesthesiologists attended a "train the trainer" team-training course. Subsequently, all staff working on labor and delivery including clerical staff, nurses, attending obstetricians, neonatologists, anesthesiologists, and residents successfully attended a 4-hour team training session and team principles were introduced on labor and delivery. Since then, all new staff has been required to attend labor and delivery team training sessions. The CRM program is performed regularly every 2-3 months. New staff, including nurses, attending, residents, and clerical staff, are scheduled to undertake CRM at the next available time. Attending physicians are instructed that credentialing/privileges will not be

From the Department of Obstetrics and Gynecology, New York Weill Cornell Medical Center, New York, NY.

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Reprints not available from the authors.

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Workers' Comp Insider

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Setting the nation's standard for workers' compensation cost control

April 6, 2011

New Hampshire Fee Schedule: Climbing a Mountain in the Fog?

Nearly a year ago we blogged the issue of a medical fee schedule in Maine. The legislature mandated the creation of a fee schedule way back in 1991. Twenty years later, there have been a few reports, a few changes in the membership of the committee trying to establish the fee schedule and, to date, no fee schedule. We now wonder whether neighboring New Hampshire will follow Maine's example, climbing a slippery mountain trail into a deep fog.

New Hampshire, like Maine, has a two tiered system: in the first tier are managed care networks, which negotiate fees with doctors and hospitals. Everyone in the second tier - those outside the networks, the self-insured, smaller carriers, etc. - are stuck with paying the "usual and customary fees." Medical costs account for 71% of total costs - a truly staggering number when compared to the national average of 58%.

Dr. Gary Woods, an orthopedic surgeon and chair of the NH Workers Comp Advisory Council, thinks that the high percentage of medicals is the result of good medical care, combined with a strong return-to-work focus: in other words, indemnity is relatively low because workers are not out of work very long. Well, doc, show me the numbers. I expect that New Hampshire - ranked 14th highest among states for comp costs - is spending too much on indemnity and way too much on medical services. It's no bargain for anyone.

The Fix is (Not Quite) In

The New Hampshire legislature is contemplating SB 71, which would impose a fee schedule on medical services. The bill proposes that hospitals be reimbursed at a uniform conversion rate of up to 150% of Medicare rates. While somewhat on the high side for such linked payments, it would probably bring down the overall costs of medical services in the state.

SB 71 is going nowhere, at least for the moment. The bill will remain in committee while the lawmakers appoint a study group to review the proposal and make further recommendations.

Ultimately, the details of the fee schedule will be in the hands of the comp advisory council, of which Dr. Woods is the chair. Hmm. This brings to mind the stalemate in Maine, where Dr. Paul Dionne was for a long time chair of the committee responsible for implementing the fee schedule. The group just couldn't come up with a number that would satisfy the doctors. (How would a doctor define a fair fee schedule? "Usual and customary.") Last June, facing allegations of a conflict of interest, Dr. Dionne finally stepped aside.

Perhaps the good folks in New Hampshire could speed up the fee schedule project by asking Dr. Woods to step aside. No doctor is going to embrace a cut in reimbursement rates. Dr. Woods would have a choice; he could sit on the sidelines and watch the committee hash out the details, or, with his health and well-being in mind, he could put on his hiking boots and climb one of the Presidential's. I recommend the latter, even if the peak is momentarily obscured by the fog.

Thanks to [Work Comp Central](#) for the heads up on this issue (subscription required).

By Jon Coppelman on April 6, 2011 12:21 PM | 2 Comments



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CATEGORIES

- Best Practices (131)
- Business (183)
- Compensability (152)
- Disability (110)
- Guest Posts (8)
- Health Care (29)
- History (28)
- Industry Events (23)
- Insurance & Insurers (139)
- Law (4)
- Medical Issues (155)
- Misc. (115)

Voting Sheets

HOUSE COMMITTEE ON JUDICIARY
EXECUTIVE SESSION on SENATE BILL 108

BILL TITLE: relative to emergency obstetrical care.

DATE: May 24, 2011

LOB ROOM: 208

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. B. Giuda

Seconded by Rep. J. Wall

Vote: 15-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.


Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: YES NO

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,



Rep. Lenette Peterson, Clerk

HOUSE COMMITTEE ON JUDICIARY

EXECUTIVE SESSION on SENATE BILL 108

BILL TITLE: relative to emergency obstetrical care.

DATE: ~~(Type DATE)~~ 5/24/11

LOB ROOM: 208

Amendments:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. *Giuda*

Seconded by Rep. *Wall*

Vote: *15-0* (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.


Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: NO YES

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,


Rep. Lenette Peterson, Clerk

JUDICIARY

Bill #: SB108 Title: _____PH Date: 4/7/11Exec Session Date: 5/24/11Motion: ITL

Amendment #: _____

MEMBER	YEAS	NAYS
Rowe, Robert H, Chairman	✓	
Sorg, Gregory M, V Chairman	✓	
Souza, Kathleen F	✓	
Hagan, Joseph M	—	—
Silva, Peter L	—	—
Andolina, Donald C	✓	
Giuda, J. Brandon	✓	
LaCasse, Paul D	✓	
McClarren, Donald B	✓	
Murphy, Brian JX	✓	
Palmer, Barry J	✓	
Peterson, Lenette M, Clerk	✓	
Tregenza, Norman A	✓	
Wall, Janet G	✓	
Potter, Frances D	✓	
Weber, Lucy M	✓	
Watrous, Rick H	✓	
	15	0
TOTAL VOTE:		

Committee Report

CONSENT CALENDAR

May 26, 2011

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on JUDICIARY to which was referred SB 108,

AN ACT relative to emergency obstetrical care. Having

considered the same, report the same with the following

Resolution: RESOLVED, That it is INEXPEDIENT TO

LEGISLATE.

Rep. J. Brandon Giuda

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	JUDICIARY
Bill Number:	SB 108
Title:	relative to emergency obstetrical care.
Date:	May 26, 2011
Consent Calendar:	YES
Recommendation:	INEXPEDIENT TO LEGISLATE

STATEMENT OF INTENT

The committee agreed that the goal of the sponsors is laudable, namely encouraging health care professionals to practice in the North Country and reducing medical care liability costs for health care professionals. The committee also unanimously agreed that this bill does nothing to attain the stated goals. The bill purports to provide civil immunity to those providing emergency obstetrical care in a licensed facility to a new patient, by providing immunity from damages or injuries caused by conduct prior to the rendering of emergency obstetrical care. However, under existing law, no medical professional can be held liable for damages or injuries caused by conduct prior to them seeing the patient. As such, this bill is simply unnecessary.

Vote 15-0.

Rep. J. Brandon Giuda
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

JUDICIARY

SB 108, relative to emergency obstetrical care. **INEXPEDIENT TO LEGISLATE.**

Rep. J. Brandon Giuda for JUDICIARY. The committee agreed that the goal of the sponsors is laudable, namely encouraging health care professionals to practice in the North Country and reducing medical care liability costs for health care professionals. The committee also unanimously agreed that this bill does nothing to attain the stated goals. The bill purports to provide civil immunity to those providing emergency obstetrical care in a licensed facility to a new patient, by providing immunity from damages or injuries caused by conduct prior to the rendering of emergency obstetrical care. However, under existing law, no medical professional can be held liable for damages or injuries caused by conduct prior to them seeing the patient. As such, this bill is simply unnecessary. **Vote 15-0.**

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE:

Judiciary

BILL NUMBER:

SB 108

TITLE:

*relative to emergency
obstetrical care*

DATE:

5.24.11

CONSENT CALENDAR:

YES

NO

OUGHT TO PASS

OUGHT TO PASS W/ AMENDMENT

INEXPEDIENT TO LEGISLATE

INTERIM STUDY (Available only 2nd year of biennium)

Amendment No.

STATEMENT OF INTENT:

JUDICIARY – SB 108

Rep. J. Brandon Giuda for Judiciary: The committee agreed that the goal of the sponsors is laudable, namely encouraging health care professionals to practice in the North Country and reducing medical care liability costs for health care professionals. The committee also unanimously agreed that this bill does nothing to attain the stated goals. The bill purports to provide civil immunity to those providing emergency obstetrical care in a licensed facility to a new patient, by providing immunity from damages or injuries caused by conduct prior to the rendering of emergency obstetrical care. However, under existing law, no medical professional can be held liable for damages or injuries caused by conduct prior to them seeing the patient. As such, this bill is simply unnecessary. Vote 15-0.

COMMITTEE VOTE:

15-0

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep.

B. Giuda

For the Committee