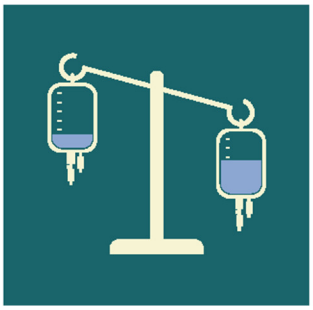
THE DOCTORS COMPANY



The Doctors Company

GOVERNMENT RELATIONS

Winter 2019

Advocacy Update

California and New York closed out the year with several new laws and important vetoes. The table below contains brief summaries of selected bills from these two states between October 1 and December 31, 2019, involving civil and medical liability, the practice of medicine, or other bills of note for our members.

Please note this update does not represent the full scope of legislation being tracked and does not include bills enacted into law and discussed in the Spring 2019, Summer 2019, and Fall 2019 editions. Members are encouraged to visit The Doctors Company website to view an interactive map showing the state legislation we have been tracking this year.

Executive Summary

In 2019, The Doctors Company monitored 3,330 pieces of state and federal legislation in all fifty states and Washington D.C., advocated for and against legislation, and tracked 60 appellate court cases. In concert with state, local, and national coalitions, we educated state and federal legislators on hundreds of bills and participated in filing 21 amicus "friend of the court" briefs, mostly to state supreme courts.

Our advocacy efforts are guided by a commitment to protecting access to health care provided by our members. One of the ways we do this is by advocating for medical liability reforms and preserving the doctor-patient relationship. During the past year, several public policy topics garnered interest among policy makers and consumed a significant amount of our advocacy efforts. Non-economic damage caps, access to medical professional liability insurance, consumer privacy and cyber security, litigation "venue shopping," and negligence standards for medical liability cases round out the top five public policy topics for 2019. We expect several of these issues to continue into the 2020 legislative sessions.

This report is an overview of some of the legislation and court cases we monitored in the Fourth Quarter of 2019, a period in which all but a few state legislatures had ended their activities for the year. For information about activities in the first three quarters of 2019, please visit The Doctors Company's legislative, regulatory, and judicial website.

Please note: This update does not represent a full analysis or the full extent of our tracking or engagement. Nothing in this report should be considered legal advice.

Spotlight

Advocacy Spotlight:
CALIFORNIA ACTION ALERT: Protect Healthcare Cost and Access for All – Oppose the So-Called "Fairness for Injured Patients Act"

Photo by Pkd2016 (unmodified)

Late last year, wealthy out-of-state trial attorneys filed an initiative for the November 2020 ballot that would substantially raise healthcare costs for all Californians, reduce access to care and exploit patients for profit. While most reporting to date has focused on the proposed changes to California's existing law, the Medical Injury Compensation Reform Act (MICRA), this misguided initiative would effectively eliminate California's medical lawsuit limits to create new financial windfalls for trial lawyers.

Proponents of this measure must collect 623,212 valid signatures, which must be verified no later than June 25, 2020. Recent reports show that they are on track to meet those numbers and qualify for the November ballot, which is why we need your commitment to oppose this dangerous initiative now more than ever.

In 2014, our coalition fought and handily defeated Prop. 46, clearly saying NO to changes in MICRA that would have quadrupled the cap on non-economic damages. This measure goes far beyond what Prop. 46 would have done and the cost to taxpayers would be substantially greater. As recently noted by the independent Legislative Analyst's Office, the "Fairness for Injured Patients Act" (FIPA) will cost California taxpayers tens of millions "to high hundreds of millions of dollars annually" in healthcare costs.

Prop. 46 taught us the power of a strong coalition, and this time around it will be even more important. To learn more about the new initiative, and to donate to the "No" campaign, please visit www.protectmicra.org.

Advocacy Spotlight:
2019 LEGISLATIVE YEAR IN REVIEW

Photo by Daniel Schwen (unmodified)

Each year, more than 150,000 bills are introduced in legislatures across the country. The Doctors Company reviews introduced legislation and subsequent amendments, determines which bills should be monitored on behalf of our members, and prioritizes them for advocacy. In 2019, The Doctors Company determined 3,330 bills across the nation should be monitored.

The Top Legislative Advocacy Issues of 2019

Looking back at 2019, four public policy topics demanded a significant amount of our advocacy attention. Several of these topics, such as non-economic damages (also known as pain and suffering) caps and consumer privacy were active in numerous states, while a major win in South Carolina preserved access to medical professional liability insurance.

Non-Economic Damages Caps

The Doctors Company continues to be at the forefront of efforts in several states to fight increasing numbers of attempts to raise or eliminate caps on non-economic damages.

In New Mexico, The Doctors Company worked with a wide coalition of healthcare providers to actively oppose and defeat HB 629 which would have raised the limit on non-medical damages for qualified individual healthcare practitioners for medical liability actions in New Mexico to $2 million with an annual cost-of-living increase and set a new, $25 million cap for hospital and medical facilities (which would have also applied to medical groups), also with an annual cost-of-living increase.

Advocacy Spotlight: 2019 LEGISLATIVE YEAR IN REVIEW (cont.)

In Oregon, The Doctors Company led a coalition to, once again, avert the Oregon Trial Lawyers Association's attempt to raise the $500,000 cap on non-economic damages. Economic damages are unlimited under current law. If it had not been defeated, this legislation would have had a significant impact on access to health care for Oregonians.

In Florida, The Doctors Company worked within a broad coalition to support HB 7077, an omnibus bill which would have re-established a cap on non-economic damages, required accuracy in medical damages claims, allowed pre-suit communication with treating physicians and created an optional communication and resolution program. While our efforts ultimately failed in 2019, similar legislation will be introduced in 2020, and we will once again be advocating for our members and their patients.

In Washington State, personal injury trial attorneys attempted for a fifth and sixth time to expand the category of plaintiffs who may file suit for the wrongful death and the types of damages available. House Bill 1135 and Senate Bill 5163 proposed to allow adult parents, who were not financially dependent on the deceased, to sue for non-economic damages. The Doctors Company worked with a broad coalition of healthcare organizations, businesses, and municipalities, to educate lawmakers on the negative impact the legislation would have on access to care but were ultimately unable to defeat the bills.

Consumer Data Privacy

In 2019, one of the most prevalent topics across the nation was consumer data privacy. By the first half of last year, 14 states introduced 20 consumer data privacy bills. More state bills will be introduced in 2020 with at least one bill garnering attention at the federal level. Healthcare providers are no strangers to being guardians of important data and complying with regulations such as HIPAA, and the regulations inherent in running small businesses. While it is of utmost importance to protect the privacy of consumer data, it is necessary to ensure that legislation accounts for the unique challenges facing healthcare providers, including avoiding regulations that would duplicate or conflict with HIPAA regulations. The Doctors Company is fully engaged in this issue and will continue to be as this issue remains in the public policy spotlight.

Medical Liability Reform

There continue to be relentless attacks across the nation on medical liability reform laws that were enacted in response to medical liability crises. While caps on non-economic damages are the most significant and effective and proven reforms that have been enacted, there are many others that have had a significant impact on the cost of and access to healthcare.

Advocacy Spotlight: 2019 LEGISLATIVE YEAR IN REVIEW (cont.)

A recent example of the erosion of hard-won medical liability reforms across the nation is the fight over venue shopping in Pennsylvania. It is common in most states to confine medical malpractice actions to the county in which the alleged negligence occurred. However, in one state there is an attempt to abolish this rule and allow claims to be filed in plaintiff favorable venues. The epicenter of this struggle is Pennsylvania, where its Supreme Court is considering a proposal to repeal the county-of-occurrence rule. The Doctors Company is fully engaged in advocating to retain this rule that was put in place as part of Pennsylvania's medical liability reforms in 2003. By taking up this fight in Pennsylvania, we hope to prevent this change in the law from becoming a trend in states across the country.

In Texas, The Doctors Company worked to protect the enhanced negligence standard for the provision of emergency medical care by working with coalition partners including the Texas Alliance for Patient Access and the Texas Medical Association. Texas courts had extended the emergency room "wanton and willful standard" for medical providers beyond the emergency room and were applying it far down the chain of patient care. Recognizing that the extension went beyond where it should, our coalition prevented an ugly legislative battle by negotiating an agreement maintaining the "wanton and willful" standard in the emergency room, but prevented it from being applied after an emergency patient had been stabilized and was receiving treatment as a non-emergency patient. This bill, HB 2362, also prevented the emergency room standard from being applied where a healthcare provider caused a stable patient to require emergency care through the provider's negligent acts or omissions.

It is essential that health care providers advocate for themselves and their patients as the trial lawyers and their allies continue to erode medical liability reforms that reduce the cost of healthcare and ensure healthcare access for patients. The Doctors Company is pleased to be a leader in those advocacy efforts.

Access to Medical Professional Liability Insurance

In New York, The Doctors Company joined a coalition of healthcare advocates to secure funding for an extension of enhanced payment rates for the Medical Indemnity Fund (MIF) for birth-related neurological injuries, and an extension of the Excess Medical Malpractice Program. A one-year extension to MIF was granted with two key changes: 1) qualified plaintiffs are required to obtain a court order to be enrolled in the MIF and have either a court or jury finding that the plaintiff suffered a malpractice injury resulting in a birth-related neurological injury or settled a claim for such injury, and 2) healthcare providers are required to accept payments from MIF as payment in full. Additionally, a one-year extension was granted for the Excess Medical Malpractice Fund which provides an additional layer of coverage to physicians with hospital privileges who maintain primary coverage at required levels.

Advocacy Spotlight: 2019 LEGISLATIVE YEAR IN REVIEW (cont.)

In South Carolina, The Doctors Company engaged in an important advocacy campaign to address a critical funding problem facing the state's Medical Malpractice Joint Underwriting Association and the Patient Compensation Fund. Combined, the two programs were showing a deficit of over $100 million, and proposed legislation would have erased this deficit through a series of unsustainable rate increases on healthcare providers. The Doctors Company led a coalition to educate policy makers on the potential impact of their proposed bill that would have placed an undue burden on medical professionals. These efforts led to a compromise that allows the deficit to be reduced over time, caps how large a rate increase may be, and provides a 20 percent reduction in the amount of surcharges that would be passed on to healthcare providers. This significant win will ensure that our members continue to have access to affordable insurance while limiting any future deficit liability.

Advocacy Spotlight:
2019 JUDICIAL YEAR IN REVIEW

Photo by Jonathunder (unmodified)

The Doctors Company tracks and monitors important court cases around the nation and, where appropriate, actively engages in legal advocacy, through organizing and participating in coalitions that create "friend of the court" briefs. Our involvement includes suggesting legal arguments, providing financial support, and providing citable information in the briefs. In 2019, in concert with state and national coalitions, we participated in 21 amicus briefs.

2019 proved to be a very active year for state supreme courts in the area of physician liability. The issues taken up by the courts this year include:

- Non-Economic Damages Caps
- Medical Review Panels
- Time Limits for Filing Medical Malpractice Actions
- Warning Third Parties of Danger from a Patient
- Admissibility of Physician Communications Advising Patients of Potential Complications
- Liability of Physicians for Patient Leaving Against Medical Advice

A selection of cases that may be of most interest to members is the subject of this annual review.

Non-Economic Damages Caps

Caps on non-economic damages were under attack, falling in two states and surviving in one.

Advocacy Spotlight: 2019 JUDICIAL YEAR IN REVIEW (cont.)

In *Hilburn v. Enerpipe, Ltd.*, the Kansas Supreme Court held that the state's cap on non-economic damages in personal injury cases was an unconstitutional violation of the state's right to a jury trial. In the Hilburn case, three of seven justices were joined by one justice that agreed in the result but not in the reasoning. This created a confusing decision where the cap was declared unconstitutional by four of seven justices, but a majority did not agree on the reason why. This confusion was compounded when the Court's Public Information Director issued a press release stating that the decision did not include medical malpractice cases. Press releases are not binding law, so the decision stands as written. The decision as written does not state that the cap on non-economic damages remains for medical malpractice cases but is unconstitutional for all others. This case stemmed from a car-truck accident.

The Oklahoma Supreme Court also declared its state's non-economic damages cap unconstitutional because it was a violation of the state's prohibition against special laws in *Beason v. I.E. Miller Services, Inc*. The cap statute at issue in this case provided a non-economic damages cap for survivors of a personal injury incident, but no cap for those deceased from the incident. The Court held that this statutory cap is a special law that treats different classes of plaintiffs unequally. This case originated from a boom crane accident, resulting in partial amputations.

In contrast, the North Dakota Supreme Court in *Condon v. St. Alexius Medical Center* upheld its state's non-economic damages cap in medical malpractice cases, declaring them constitutional and not a violation of the equal protection clause of the state's constitution. This case arises from complications following a surgery to remove pulmonary nodules in the tissue between the plaintiff's lungs that allegedly resulted in a stroke.

Medical Review Panels

Medical review panels are among the key tort reforms intended to curb the medical malpractice insurance crises. They are panels that review medical malpractice claims for merit prior to being filed in court. Two state supreme courts weakened review panels, and another declared them unconstitutional.

In *Romero v. Lovelace Health Systems, Inc.*, the New Mexico Supreme Court weakened their review panels, known in the state as a Medical Review Commission. The Court held that despite the plain statutory language, a party need not be specifically named in order to toll the statute of limitations against a medical defendant when proceeding through the medical review process prior to filing suit for medical malpractice. This decision creates a situation where the mention of a medical provider in a tertiary or non-critical role in the medical review process extends the time that the tertiary or non-critical provider may be sued without the same express notice as those directly accused of professional negligence.

Advocacy Spotlight: 2019 JUDICIAL YEAR IN REVIEW (cont.)

The Utah Supreme Court in *Vega v. Jordan Valley Medical Center* ruled the requirement for obtaining a certificate of compliance through the medical review panel process conducted by the state's Division of Occupational and Professional Licensing was an unconstitutional violation of the Court's role in deciding which claims are valid and which are not. They held that the review by the state licensing department was only advisory to the courts. This decision removes the essential purpose of medical review panels which is to prevent meritless medical malpractice claims from advancing to costly litigation.

The Kentucky Supreme Court in *Commonwealth v. Claycomb* declared their state's medical review panels unconstitutional because they prevent plaintiffs from having access to the courts and the plaintiffs right to receive a remedy from the courts. Again, this decision permits meritless medical malpractice claims to proceed to costly litigation in the courts.

Statute of Repose

Another key medical liability tort reform was the creation of maximum time limits for plaintiffs to bring a medical malpractice claim, also known as a "statute of repose." This key reform fell in Pennsylvania.

In *Yanakos v. UPMC*, the Pennsylvania Supreme Court held that the seven-year statute of repose for medical malpractice cases violated that state constitution's remedy clause. The Court held that without specific evidence supporting the legislature's stated purpose of lowering medical malpractice premiums, the time limit to bring a claim fails to be constitutional. This opens medical professionals in Pennsylvania to potential medical malpractice claims for services rendered more than seven years in the past with no cut-off date.

Physician Liability from Patient Interactions

The North Dakota Supreme Court held in *Cichos v. Dakota Eye Inst., P.C.,* that physicians have no duty to warn third parties of the driving risks associated with a patient's condition. This is a positive decision that did not impose an additional duty on healthcare professionals and protects physician-patient confidentiality.

In *Mitchell v. Shikora*, the Pennsylvania Supreme Court held that when physicians inform patients of the risk of surgical complications and are thereafter sued for medical malpractice, evidence of those "risk of complications" communications are admissible as evidence at trial. This is a positive decision that allows a jury in a medical malpractice case to understand that the plaintiff was informed of the risks of the procedure and highlights the risks and potential complications in all surgeries.

Advocacy Spotlight: 2019 JUDICIAL YEAR IN REVIEW (cont.)

The West Virginia Supreme Court in *Kruse v. Farid* held that the doctor-patient relationship is terminated when a patient leaves the hospital following surgery against medical advice and signs a form acknowledging and releasing the medical professionals and hospital for any subsequent injury arising from the patient's decision to leave. This is a positive decision that clarifies the duties of medical professionals once a patient leaves their care against medical advice. There are many suits filed against medical professionals every year by patients who leave a healthcare provider's medical care against medical advice.

Legislation

California and New York closed out the year with several new laws and important vetoes. The table below contains brief summaries of selected bills from these two states between October 1 and December 31, 2019, involving civil and medical liability, the practice of medicine, or other bills of note for our members.

Please note this update does not represent the full scope of legislation being tracked and does not include bills enacted into law and discussed in the Spring 2019, Summer 2019, and Fall 2019 editions. Members are encouraged to visit The Doctors Company website to view an interactive map showing the state legislation we have been tracking this year.

Civil / Medical Liability Practice of Medicine

States		
 California		**CA AB 1510 – Sexual Assault and Other Sexual Misconduct: Statutes of Limitations on Civil Actions** This legislation revives claims alleging damages of more than $250,000 arising out of a sexual assault or other inappropriate contact, communication or activity of a sexual nature by a physician occurring at a student health center between January 1, 1988 and January 1, 2017, that would otherwise be barred prior to January 1, 2020, solely because the applicable statute of limitations has or had expired. A cause of action may proceed if already pending in court on the effective date of this amendment (October 2, 2019) or, if not filed by that date, may be commenced between January 1, 2020 and December 1, 2020. This expanded statute of limitation does not apply to cases that have been litigated to a final result or where a written settlement agreement between the parties was entered into prior to January 1, 2020. (Effective Date: 10/02/2019) **CA SB 425 – Healthcare Practitioners: Licensee's File** The largest change under this legislation is a requirement that healthcare facilities or other entities with arrangements under which a healthcare provider practices or provides care (staff privileges, contract services, locum tenens, etc.) are required to report receipt of written allegations of sexual abuse or sexual misconduct against a healthcare provider to the appropriate state licensing board within 15 days of receipt of the complaint. A willful failure to make this report is punishable by up to a $100,000 fine, and any non-willful failure to report is punishable by up to a $50,000 fine. Persons or entities making a required report shall not incur any civil or criminal liability as result of making the report. (Effective Date: 01/01/2020)
		CA AB 1264 – Medical Practice Act: Dangerous Drugs: Appropriate Prior Examination Under California law, dispensing or furnishing dangerous drugs without an appropriate prior examination and a medical indication constitutes professional misconduct. This legislation clarifies that an "appropriate prior examination" does not require the patient and the prescriber to be face-to-face, but can also be achieved via

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California (cont.)

telehealth including, but not limited to, a self-screening tool or a questionnaire provided that the prescriber complies with the appropriate standard of care. The legislation also provides a specific list of enumerated instances in which the prescription of dangerous drugs will not constitute unprofessional conduct. (Effective Date: 10/11/2019)

CA SB 697 – Physician Assistants: Practice Agreement: Supervision

This legislation loosens the rules regarding practice agreements between physicians and surgeons and physician assistants (PA). Under the new definition of "supervision," the physical presence of a supervising physician or surgeon is not required, but the supervising physician or surgeon must be available by telephone or electronic communication at the time of the PA's interaction with the patient. There is an exception to this new rule for general acute care hospitals, wherein the supervising physician or surgeon must have privileges to practice in the hospital. The scope of practice for PAs is also expanded. (Effective Date: 01/01/2020)

New York

NY AB SB 6081 - Settlements in Tort Actions

This proposal would have amended the process for personal injury or wrongful death actions with multiple defendants where the plaintiff releases some, but not all, of the defendants from liability. The bill permitted a non-settling defendant to reduce his or her liability to the plaintiff by the settlement amount (or equitable share reduction) but required the non-settling defendant to make such reduction in open court prior to the first opening statement of the trial. The non-settlor still would get to choose whether it will reduce its liability to plaintiff by the amount of the settlor's payment to plaintiff or by the amount of the settlor's equitable share of the damages, but now must make that choice prior to the start of trial. On December 20, 2019, this bill was vetoed by the Governor. The rationale stated by the Governor for vetoing the bill was that it would "unfairly tip the balance too far in favor of a settlement." (Effective Date: None - Vetoed)

NY SB 6547 - Medical Malpractice Extensions

This new law extends until December 31, 2022: (1) the exemption from risk-based capital ("RBC") requirements currently in effect for medical malpractice insurers; and (2) the prohibition on making an application for an order of rehabilitation or liquidation of a domestic insurer on the grounds that the insurer is insolvent or has failed or refused to comply with an order of DFS to make good an impairment of its capital or minimum surplus to policyholders, when the insurer's primary liability arises from the business of medical malpractice insurance. This is an extension of the reserve relaxation law for PRI and was introduced at the request of the DFS. This legislation was signed into law by the Governor as Chapter 435 of the laws of 2019. (Effective Date: 10/29/2019)

NY SB 6552 - Plaintiff Recovery Against Third Party Defendant

This proposed legislation would have permitted a plaintiff, as a judgment creditor against a defendant, to recover and collect an unsatisfied judgment or portion of a judgment directly against any third-party defendant found liable for contribution or indemnification to the defendant judgment debtor. Where a judgment against a defendant is unsatisfied within 30 days of service on the defendant, and where the

New York (cont.)		judgment entered includes contribution or indemnification against a third-party defendant, the plaintiff to the action may seek direct recovery from the third-party defendant. This bill was vetoed by the Governor on December 26, 2019, citing his concerns that if passed into law, the proposal would increase insurance premiums. (Effective Date: None - Vetoed)
	⚕	**NY AB 568 - Premium Reduction for Risk Management in Obstetrics** This proposal would have authorized the Department of Health to approve professional education courses for physicians and midwives that cover risk management strategies in obstetrics and midwifery. The bill proposed to authorize, but not require, medical malpractice insurers to provide actuarially appropriate premium reductions for physicians and midwives who successfully complete an approved risk management course, subject to DFS approval. On December 20, 2019, this bill was vetoed by the Governor. The rationale provided by the Governor in vetoing the bill is that it would require the expenditure of funds which should be considered during the budget process. (Effective Date: None - Vetoed)

Judiciary

The following are brief summaries of selected judicial decisions handed down in the fourth quarter of 2019. Please note this update does not represent the full scope of appellate court cases being tracked and does not include court decisions enacted into law and discussed in the Spring 2019, Summer 2019, and Fall 2019 editions.

Idaho	
Supreme Court	**Raymond v. Idaho State Police** (2019)
	The Idaho Supreme Court ruled that a new cause of action has been formally adopted for "intentional interference with a prospective civil action by spoliation of evidence by a third party." (Effective Date: 10/18/2019)

Massachusetts	
Supreme Court	**Rawan v. Continental Casualty Co.** (2019)
	The Massachusetts Supreme Court held that consent-to-settle clauses in professional liability insurance policies are not void due to state law that requires parties to settle a case where liability was reasonably clear. The Court further held that insurers owe a duty to third party claimants to act in good faith in the conduct of settlement discussions. (Effective Date: 12/16/2019)

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New York

Supreme Court	**Haar v. Nationwide Mut. Fire Ins. Co.** (2019)
	New York's highest court ruled that there is no private right of action for bad faith and malicious reporting of alleged license misconduct to the Office of Professional Medical Conduct (OPMC). (Effective Date: 11/21/2019)

New Mexico

Supreme Court	**Romero v. Lovelace Health Sys., Inc.** (2019)
	The New Mexico Supreme Court held that despite statutory language to the contrary, a party need not be named in order to toll the statute of limitations against a medical defendant when proceeding to the medical review commission prior to filing suit for medical malpractice. (Effective Date: 12/05/2019)

Pennsylvania

Supreme Court	**Yanakos v. UPMC** (2019)
	The Pennsylvania Supreme Court ruled that the seven-year time limitation in Pennsylvania restricting most medical malpractice cases was unconstitutional as a violation of the state constitution's remedies clause. (Effective Date: 10/31/2019)

West Virginia

Supreme Court	**Kruse v. Farid** (2019)
	The West Virginia Supreme Court ruled that summary judgment was properly granted when a patient leaves a hospital against medical advice (AMA) after signing an AMA form that acknowledges responsibility of possible injury and assumes liability -- releasing the doctor from liability arising from the decision to leave. (Effective Date: 11/08/2019)

OUR STORY:
Founded and Led by Doctors

Over 40 years ago, as California was gripped by a medical malpractice insurance crisis, leading physicians came together to pass historic medical liability reform legislation on behalf of doctors and other healthcare providers. In the wake of this achievement, The Doctors Company emerged as an entirely new type of insurance carrier—a carrier founded and led by doctors.

Malpractice lawsuits and jury awards in California skyrocketed during the 1970s, causing commercial insurance companies to raise rates by more than 300 percent or leave the market altogether. Thousands of physicians faced nonrenewal from their insurance companies, while others refused to provide care until the state addressed the crisis.

In May 1975, Governor Jerry Brown called a special session of the legislature. During that session, leading medical groups helped secure the passage of the Medical Injury Compensation Reform Act (MICRA), landmark legislation that has become the national model for effective and durable medical liability tort reform.

After its passage, several of MICRA's leading proponents came together to establish a company that would continue the tradition of advocating for and protecting physicians. The Doctors Company founders recognized that an organization owned and led by physicians could focus on meeting the needs of its members rather than on answering the demands of outside stockholders. In addition, the member-owned structure meant that The Doctors Company would be uniquely aligned with physicians' interests and in an ideal position to represent and advocate for physicians in political and legal settings. The mission was clear: The Doctors Company would work relentlessly to advance, protect, and reward the practice of good medicine.

During the company's inaugural year in 1976, 450 physicians subscribed as members. Today, we are the nation's largest physician-owned medical malpractice insurer, protecting 82,000 members nationwide. As we grow, we remain true to the principles that inspired our founders—ensuring that the doctor's voice is heard, from the exam room, to the courtroom, to the nation's capital.

As long as personal injury trial lawyers continue to find new and inventive ways to undermine medical liability reforms, The Doctors Company will work to protect you and to safeguard your patients' access to healthcare.

More Information

For more information, please contact The Doctors Company's Government Relations team at GovernmentRelations@TheDoctors.com.

Please visit the Advocacy page on thedoctors.com to get up-to-date legislative bill tracking information, government relations update articles, and past issues of the *Government Relations Advocacy Update*.

To learn more about data-driven insights and to stay up to date on industry trends, follow and subscribe to The Doctors Company on Twitter (@doctorscompany), YouTube, LinkedIn, Facebook, and Google+.