# MAINE STATE LEGISLATURE

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## STATE OF MAINE 114TH LEGISLATURE SECOND REGULAR SESSION



## BILL SUMMARIES JOINT STANDING COMMITTEE ON JUDICIARY

**JUNE 1990** 

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One Hundred and Fourteenth Legislature Second Regular Session

> Joint Standing Committee Bill Summaries

> > June 1990

This document is a compilation of the bill summaries prepared by this office for the Joint Standing Committees and Joint Select Committees of the Maine Legislature. The summaries are arranged by LD number for each committee.

All Adopted Amendments are listed, by paper number (e.g., H-584 or S-222), together with the sponsor for floor amendments. Final action is listed to the right of the title. Committee Reports and Floor Action are abbreviated as follows:

OTP-ND
OTP-ND-NT
OTP-A
ONTP
LVWD
INDEF PP

Ought to Pass
Ought to Pass in New Draft
Ought to Pass in New Draft, New Title
Ought to Pass as Amended
Ought Not to Pass
Leave to Withdraw
Indefinitely Postponed

Each individual summary was prepared by the analyst or analysts assigned to the committee. But, this document was produced by the efforts of all the office staff, including secretaries: Charlene Raymond, and Valarie Parlin, and especially Laurette Knox who coordinated preparation of the overall document.

Please give us your suggestions and comments on these summaries and tell us of any inaccuracies.

LD 2011

An Act to Provide Additional Information to People with Small Claims Actions

LV/WD

LV/WD

SPONSOR(S)

COMMITTEE REPORT

AMENDMENTS ADOPTED

ROTONDI

**HOGLUND** 

PARADIS P

**MARSANO** 

### **SUMMARY**

The bill required the Supreme Judicial Court to develop an information sheet on small claims court to be distributed by District Court clerks. Similar information is currently available.

LD 2023

An Act to Establish a Five-year Medical Liability Demonstration Project

JT RULE 13

DIED BETWEEN **BODIES** 

SPONSOR(S)

COMMITTEE REPORT

**AMENDMENTS ADOPTED** 

GAUVREAU RICHARDS CLARK M

**FARNSWORTH** 

### SUMMARY

The bill authorized the establishment of a 5-year medical liability demonstration project within the medical specialty areas of anesthesiology, emergency medicine and cardiology. It required the Board of Registration in Medicine to establish medical specialty advisory committees to develop standards of practice in those areas. A physician adhering to the standards would be immune. Pursuant to Joint Rule 13, the President of the Senate and the Speaker of the House of Representatives required the bill to be reported out of committee without a Committee Report.

Senate Amendment "A" (S-683) represented the minority report of the Committee. It replaced the bill and amended discovery procedures for medical malpractice cases, modified the collateral source rule to require the judge to reduce an award by collateral source payments in medical malpractice cases, capped noneconomic damages in medical malpractice cases at \$250,000 as adjusted yearly by the Consumer Price Index, established the Medical Liability Demonstration Project for the medical specialty areas of anesthesiology, emergency medicine and obstetrics and gynecology and the Rural Medical Access Program. (Not adopted - Ruled not germane by the Speaker of the House of Representatives)

Senate Amendment "B" (S-685) represented the majority report of the Committee. It replaced the bill and established the Medical Liability Demonstration Project for the medical specialty areas of anesthesiology and obstetrics and gynecology. (Not adopted)

House Amendment "A" (H-1112) represented the majority report of the Committee. It replaced the bill, established the Medical Liability Demonstration Project for the medical specialty areas of anesthesiology and obstetrics and gynecology and established the Rural Medical Access Program. (Not adopted)

House Amendment "B" (H-1114) represented the minority report of the Committee. It replaced the bill and the title and amended discovery procedures for medical malpractice cases, modified the collateral source rule to require the judge to reduce an award by collateral source payments in medical malpractice cases, capped noneconomic damages in medical malpractice cases at \$250,000 as adjusted yearly by the Consumer Price Index, established the Medical Liability Demonstration Project and the Rural Medical Access Program. (Not adopted)