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.

PUBLIC 931

LD 2513

An Act to Establish the Rural Medical Access Program, the 5-year Medical Liability Demonstration Project, Revise the Rules Regarding Collateral Sources and the Discovery Rule in Medical Liability Cases Without Imposing Caps on Damages.

SPONSOR(S)

COMMITTEE REPORT

AMENDMENTS ADOPTED

PARADIS P MACBRIDE HOLLOWAY GAUVREAU

SUMMARY

The bill revises the use of discovery in medical malpractice prelitigation screening panel proceedings and subsequent court actions.

The bill modifies the collateral source rule to require the judge to reduce a medical malpractice award by collateral source payments. There is an offset for payments made by the claimant, and the collateral source shares in the plantiff's costs of pursuing the action.

The bill authorizes the establishment of a 5-year medical liability demonstration project within the medical specialty areas of anesthesiology, emergency medicine and obstetrics and gynecology. The Board of Registration in Medicine, the Board of Osteopathic Examination and Registration and specialty advisory committees will develop practice parameters and risk management protocols that may be used by a physician as an affirmative defense in a medical malpractice claim.

The bill establishes the Rural Medical Access Program to increase access to physicians who provide obstetrical and prenatal medical services in underserved areas of the State. The program is funded through a portion of the projected savings in professional liability insurance claims and claim settlement costs attributable to changes made in the bill.

Senate Amendment "A" (S-745) established a cap of \$250,000 on noneconomic damages in medical malpractice actions, and set the funding for the Rural Medical Access Program at not less than \$500,000 and not more than \$1,000,000. (Not adopted)

House Amendment "A" (H-1136) allowed evidence of insurance coverage of both the plaintiff and defendant to be submitted to the jury. (Not adopted)

House Amendment "B" (H-1137) allowed evidence of insurance coverage of the plaintiff to be submitted to the jury. (Not adopted)

House Amendment "C" (H-1138) repealed the collateral source modifications in the first year after 1992 in which savings are less than \$250,000. (Not adopted)

House Amendment "D" (H-1139) established a cap of \$250,000 on noneconomic damages in medical malpractice actions, and set the funding for the Rural Medical Access Program at not less than \$500,000 and not more than \$1,000,000. (Not adopted)