2008 Update:
Pennsylvania in Crisis

A Pocketbook Matter for Employers
To educate the public and state leaders about the performance of state civil justice systems, the American Justice Partnership Foundation conducts and publishes research on related topics.
Medical CRISIS:
A Pocketbook Matter for Employers

2008 Update:
Pennsylvania Crisis Deepens
Acknowledgements:

This report has been compiled from published sources and with the benefit of background interviews with knowledgeable experts. Many thanks to the AJPF Partner organizations and others who contributed to this report. These included: The Texas Civil Justice League, The Patients and Physicians Alliance, Common Good, Center for Health Transformation, the Pacific Research Institute, American Medical Association, and the U. S. Department of Health and Human Services. Thanks to co-authors Todd Young and Kristyn Shayon for their efforts, and to Kristyn for her graphic design.
Table of Contents

Executive Summary.................................................................1

Foreword..................................................................................2

Preface.....................................................................................3

Introduction .............................................................................5

Tale of Two States.................................................................7

States in Transition...............................................................12

The Impact of Liability and Litigation Costs
on Health Care Access and Quality.........................................15

Steps to Improving Healthcare By Ending Lawsuit Abuse........17

Endnotes.................................................................................20

Appendix ................................................................................21
Executive Summary

Employers pay up to twice the cost for health care insurance and health-related services in states that have expansive medical liability laws than they do in states where medical liability reform has been enacted. There is a clear linkage between the cost of health care in a state and the nature of the state’s medical liability laws.

This report presents compelling documentation of the linkage between health care costs and medical liability laws based on the experiences of Pennsylvania, Texas, West Virginia and Mississippi.

- As a result of Pennsylvania’s liberal medical liability laws more than 10,000 lawsuits have been filed against doctors in the state since 2002, although the Pennsylvania Medical Board reports that only 73 were found to have “merit”. According to the American Medical Association (AMA), the state is suffering an “extreme-level” medical crisis. Pennsylvania’s medical liability insurance rates are among the highest in the nation. There are “extreme” shortages in many essential specialties because more than 3,000 doctors have left the state due to lawsuit abuse. Facilities are closing, notably 14 maternity units in the Philadelphia area alone. According to the National Federation of Independent Business (NFIB), small business owners have experienced a 50 percent increase in the cost of employer provided health care insurance premiums during the past three years. Pennsylvania refuses to enact substantive liability reforms.

- In stark contrast to Pennsylvania, Texas is enjoying a health care renaissance. A decade ago, Texas had one of the worst legal environments. Entire counties languished without access to specialized medical services. In 2003, Texas enacted comprehensive legal reform, including limits on damage awards. As a result, more than 7000 physicians have moved into Texas, insurance premiums are declining, and patient access to medical services is expanding. Lawsuits in one county alone have dropped from 550 in 2002 to 204 in 2004.

- After enacting liability reforms in recent years in response to medical care crises similar to Pennsylvania’s, West Virginia and Mississippi are experiencing the same benefits as Texas: doctors are returning, insurance costs are dropping, and more patients are getting the care they need in a timely way.

- In Philadelphia, Pennsylvania, citizens are facing the loss of the 15th maternity ward in a decade. On November 7th, Chestnut Hill Hospital will close the doors of their ward leaving a metropolitan area of more than 5 million people without OB/GYN services.

Taxpayers and corporations are also hit by the litigation system because the Federal Government (and thus every taxpayer) pays health care for members of the armed forces, veterans and others. The direct cost of malpractice coverage and the indirect cost of defensive medicine increases the amount the Federal Government must pay by an estimated $28.6 billion to $47.5 billion per year. Reasonable limits placed on non-economic damages to reduce defensive medicine would reduce costs by an estimated $25.3 billion to $44.3 billion annually.

State-level legal reforms, which cover the vast majority of the nation’s medical malpractice and medical services lawsuits, are the most direct way to address the health care access and cost crisis in America. Rampant lawsuit abuse, runaway verdicts, and a civil justice system that favors personal injury lawyers translates directly into lack of health care access, higher costs for insurance and even higher fatalities.

Business leaders, employees and investors can support the efforts of state organizations advocating for reform, communicate directly with legislative leaders about the need to reform medical liability laws, and encourage local leaders to support liability reform, among other steps.
Foreword

One of the critical lessons learned in the legal reform movement over the past decade is that American business and health care are inextricably linked. The health and vitality of industry depends on cost-effective delivery of, and patient access to, quality health care.

When a hostile legal environment chokes the health care profession in a state, insurers raise premiums or simply stop providing coverage. Physicians leave the state or limit their practices. Hospitals and critical care facilities shut down, stranding many communities without critical medical services. The human toll is terrifyingly clear. The cost for employers is equally and unacceptably clear.

In its new report, *Medical Crisis: A Pocketbook Matter for Employers*, the American Justice Partnership Foundation reveals the shocking statistics behind the health care crisis in our nation. CEOs, small business owners, and top executives will learn that patient access to health care directly affects the cost of employer-paid health insurance. In states that fail to embrace common sense legal reform, employers face an ever-mounting threat of health care-related litigation.

For lawmakers across the nation, the report connects the financial costs of the medical malpractice crisis with the broader economy. In states like Texas, Mississippi, and West Virginia, where state elected officials have enacted legal reforms, the business ‘bottom line’ improves – costs go down, companies expand, and jobs are created. In states like Pennsylvania, described by the American Medical Association as an “extreme crisis” state for health care, the unfettered threat of litigation has resulted in some of the highest employer costs in the nation.

There is hope. Important alliances have developed between the business and medical communities around the issue of legal reform. Lawmakers in states that have enacted legal reform report that grassroots political coalitions between medicine and business were the vital force in assuring success. Legal reform works; it’s a bottom-line issue for both business and medicine.

John Engler, President
National Association of Manufacturers
Former Governor, Michigan
Imagine that one of your neighbors was involved in a major accident and he requires emergency neurological surgery to save his life. But suppose there are no surgeons available within 100 miles, and he doesn’t survive the lengthy journey to the nearest available specialist. Or, suppose one of your top salespeople has a crisis pregnancy requiring a full-service obstetrical unit. In a late-night emergency, she loses her unborn child because the closest emergency room is not properly equipped to provide obstetrical care.

And suppose, in the state where these medical crises occurred, you are forced to pay nearly twice the cost for employee health insurance that you would in states where these facilities and surgeons would be readily available to help? And, after paying the astronomical premiums, you have no guarantees that you, your family and your workforce will have access to the care needed.

Tragically, these scenarios are entirely possible, verified by business and medical leaders who have tracked similar and all-too-common situations in crisis states. Here is the fact: States that have expansive medical liability laws on their books have driven doctors and healthcare facilities out of business through sky-high malpractice insurance rates and predatory tactics of the plaintiff’s bar.

Without basic legal reforms that protect patients and provide relief for the health care community, patients suffer and businesses are left holding the tab. According to the U.S. Department of Health and Human Services, even simple reforms would save $60-108 billion in health care costs each year. These savings would lower the cost of health insurance for employers and enable an additional 2.4-4.3 million Americans to obtain insurance. That’s enough money to fund the prescription drug benefit for Medicare recipients and allow millions of uninsured Americans obtain coverage through a refundable health credit.

Unfortunately, this is far from the current reality. This AJPF report, Medical Crisis: A Pocketbook Matter for Employers, tells the real story of the crisis in American healthcare, and how patients, their families and businesses of all sizes are paying the staggering costs. Too many state lawmakers, influenced and funded by aggressive, organized personal injury and plaintiffs’ lawyers, turn a blind eye to the economic and business realities of our nation’s health care crisis. As this report documents, states that have allowed the plaintiffs’ bar to run rampant suffer not only a crisis in health care delivery for their residents – but in turn are left with legal climates that drive away industry, cripple job growth and stifle entrepreneurship within their borders.

This report compares the current conditions in two states, Pennsylvania and Texas. In Pennsylvania, where the trial bar reigns supreme, physicians have left by the thousands, medical facilities are closing across the state, insurance premiums and medical costs are skyrocketing, and patients are dying literally as a result of the system’s failure. The state’s economy suffers alongside its workforce, as small and large businesses alike across the state struggle to bear the burden of costly predatory suits. Who benefits from Pennsylvania’s system? The trial lawyers.

By contrast, this report reveals an entirely different situation in Texas. As a direct result of effective medical and legal reforms, the state’s medical board is actually overwhelmed with new applications for physicians who want to practice in Texas. Entire areas of the state that, before reforms were enacted had no physicians, are now boasting new facilities and thousands of specialists to serve the population. Health insurance costs for business and liability insurance premiums for physicians have steadily declined. And, underscoring the connection between the health
care industry and business, Texas now places very high on every reputable, independent list as a state in which to do business. The Texas economy is thriving, and patients have access to top-flight, cost-effective care.

This report also examines, through the eyes of Governors from both political parties, how their respective states of Mississippi and West Virginia, previously among the worst in the nation for health care and legal climates, undertook important reforms to protect patients and promote business. The results in these two steadily improving states provide substantive evidence for the importance of liability reform for citizens and businesses alike.

The connection is crystal-clear – in states where health care is protected with a fair legal system, patient access to quality care improves, and costs come down – for employers and employees alike. Business and health care are tied together in a common cause – a healthy legal system that provides fair and predictable justice.

The American Justice Partnership Foundation was created to fight for legal reform at the state level. We engage at every opportunity – legislative, political, policy, and judicial – to advocate for a predictable system of justice that appropriately compensates those who have been wronged, and closes the door to frivolous lawsuits driven by the greed of the personal injury lawyers. Working with our partners in business, government, grassroots advocacy, and public policy, we’re fighting for the right of every American – employer and employee, large company and small business, patient and health care provider alike – to a fair, transparent, and efficient civil justice system.

‘Legal reform’ is not won or lost in a single battle; it’s an ongoing war. The plaintiff’s bar spends millions of dollars and countless hours working to defeat various legal reform measures every year in the legislatures, courts of law, and court of public opinion. For them, it’s a matter of pocketbook greed.

It is bad enough when an elderly person, living alone, has to find the strength and the transportation to get to a doctor for urgent help. But now in some states, this frail person may have to wait six months or more to get an appointment with the right specialist. Consider the further health damage that may be wreaked on this grandmother or grandfather while having to wait.

It is bad enough when a swimming pool accident almost claims a young life, but consider the parents’ trauma of counting the minutes while in the ambulance traveling 100 miles to take this unconscious boy or girl to another state to get neurological treatment to avoid a lifetime brain injury. Beyond the damaging financial impact of healthcare-related lawsuit abuse is the unnecessary pain and suffering experienced by people in some states due to the continuing unfair medical liability standards.

We urge you to read this report and send copies to your friends, family and business colleagues.

Most importantly, send copies to your state legislators. Ask them to tell you bluntly in clear language whether they support the liability reforms that will keep doctors operating and healthcare facilities open in your state. Let them know that your support in future elections is dependent on their continuing efforts to support a fair liability environment for doctors and health care providers.

Friends and family should receive the medical care they need, when they need it, without having to cross state lines to look for it!

Steve Hantler
Chairman

Dan Pero
President

American Justice Partnership Foundation
Introduction

The well-documented crisis in American health care delivery, including skyrocketing costs, loss of critical medical services in many states, and stymied innovation, directly reduces the vitality and bottom line of America’s employers. Accessible quality medical care and successful growing businesses are inextricably linked.

According to a January 2007 report by the American Medical Association (AMA), 17 states are currently in “medical crisis” in terms of numbers of physicians and specialists, available facilities, and affordable insurance coverage. An additional 24 states are in what the AMA describes as “caution,” with patient access and physician availability nearing crisis stage. That’s 41 states, or 82 percent of the nation, in or nearing medical crisis!

The cause of this medical crisis is clear: Lawsuit abuse, supported by the personal injury lawyers’ bar, has been allowed to go unchecked by many legislatures and courts. American employers, employees and patients, citizens and taxpayers, all pay for the excesses of the plaintiff’s bar in dollars and pain.

The genesis of this crisis in America’s health care delivery system is the result of a chain reaction of unacceptable consequences of lawsuit abuse: A fundamental lack of access to specialized medical care, higher costs for available services and, therefore, the insurance that covers those services, and a growing number of uninsured as a result of the cost factor. As costs go up, so do the number of uninsured.

In states that take the appropriate steps to protect health care delivery, costs go down, access to specialized critical care services improves, and the number of insured rises.

Employers, particularly those small- to mid-size companies faced with steep increases in health insurance premiums, as well as the potential exposure to litigation, are compelled by the effects of the legal health care crisis to choose among several undesirable options: Reduce labor costs; drop health insurance coverage for their employees; or, move to states or countries with fair legal climates.

States that enact comprehensive medical liability reform are experiencing a renaissance in health care availability and affordability, which translates into bottom-line
savings for employers. Texas, Mississippi, and West Virginia are showing promising trends in both affordable health care delivery and economic growth, the twin results of legal reform.

However, states that fail to address the health care delivery crisis, like Pennsylvania, are suffering what the AMA describes as an “extreme-level” medical crisis that translates into lack of affordable access to health care services, higher insurance premiums and, as a result, a state economy racked by job loss and business relocation.

In Philadelphia, Pennsylvania, citizens are currently facing the loss of the 15th maternity ward in a decade. In early November, Chestnut Hill Hospital will close the doors of their ward leaving a metropolitan area of more than 5 million people without OB/GYN services. This represents just the tip of the iceberg when it comes to the crisis Pennsylvania citizens are facing.
Pennsylvania: A Commonwealth on Life Support

The Commonwealth of Pennsylvania, home to some of the nation’s finest teaching hospitals and two of the nation’s largest population centers, nevertheless is suffering what the Harvard School of Public Health described in 2005 as an “extreme-level” medical liability crisis. In direct correlation, Pennsylvania's economy lags behind the national average in job growth, job retention, and in the creation of new businesses.

The Commonwealth’s medical liability insurance rates, among the highest in the nation, have created a life-threatening bleed on Pennsylvania’s economy as physicians, insurers and support staff move to more reasonable and predictable legal climates to practice medicine.

The facts are staggering. The Harvard study reveals that Pennsylvania has a zero percent retention rate for neurology interns, despite the high number of top medical schools. There are “extreme” shortages in OB/GYN, emergency medicine, oncology, anesthesiology, general surgery, orthopedics, and radiology.

Overall, Pennsylvania’s medical student retention rate is barely eight percent, the lowest in the nation. Wide swaths of the Commonwealth are left without adequate access to critical care services, forcing many in Pennsylvania to seek health care options in other states.

Consider the case of Chester County, Pennsylvania. There are no longer any full-time emergency neurosurgeons in the suburban Philadelphia county, which has resulted in at least seven preventable deaths in the past few years. In the greater Philadelphia area, at least 11 preventable deaths occurred as a result of the lack of neurosurgeons.

Due to liability costs, 14 maternity units in greater Philadelphia have closed in the past ten years, and another is expected in early November, 2008. In 2007, Northeast Philadelphia, a major quadrant of the city, lost its last maternity unit, leaving mothers with obstetrical emergencies in grave danger.

Over the past five years, more than $2 billion has been awarded by Commonwealth juries against physicians. However, of the medical malpractice cases filed against nearly 10,000 physicians from 2002 to present, only 73 cases were found to have “merit,” according to the Pennsylvania Medical Board.

The remaining cases were either settled out-of-court or dismissed, which cost physicians and their insurers additional millions in attorneys’ fees and settlement amounts. Citing liability risks, several major medical malpractice insurance carriers have ceased writing policies in Pennsylvania.

The average individual Philadelphia obstetrician currently pays between $130,000 and
$200,000 in medical liability insurance premiums per year. A five-physician OB/GYN practice must bring in more than $650,000 in service fees per year before it pays for malpractice insurance. Leading the exodus of jobs from Pennsylvania, more than 3,000 physicians have been forced to leave the Commonwealth, curtail services, or take early retirements during the past four years alone.

“Clearly, we’re dealing with a frivolous lawsuit environment, and it’s taking a critical toll on health care access,” said Dr. James Tayoun, founding member of Pennsylvania-based Patients and Physicians Alliance (PAPA), an advocacy organization made up of more than 6,000 physician members in the region. “This is one of the ultimate quality of life issues.”

PAPA has investigated nearly a dozen deaths in the Philadelphia area that are directly attributable to a lack of available physicians and services. “Patients have lost access to quality health care, and physicians are now sitting ducks for lawsuits,” said Tayoun.

It’s the Economy, Stupid

The economic toll of Pennsylvania’s lawsuit frenzy reaches far beyond the physicians themselves. According to PAPA, each physician’s practice creates jobs for 3.5 people. This further demonstrates that the loss of medical practices, hospitals, and medical facilities decimates the economic vitality of communities.

Some 3,000 physicians have left the commonwealth, curtailed their practices, or taken early retirement due to unaffordable medical liability insurance costs. This translates into more than 10,000 medical workers, many with extensive training, being out pushed out of work.

“Medicine-focused industries, which are usually clustered around larger facilities, generate jobs and revenue that support large portions of a community,” said Tayoun. “When those facilities shut down, businesses dry up. Retail, food services, suppliers, and host of businesses lose their primary consumer base.

These are deaths that could have been avoided – children, pregnant women and their babies, individuals with emergency needs or cancer or diabetes – but for the lawsuit feeding frenzy and its effects on physicians and those who work in and around the medical industry.

- Dr. James Tayoun, PAPA

Thanks to personal injury lawyers who game the legal system, entire communities whither and die.”

Non-medical employers have likewise taken significant hits. According to the National Federation of Independent Businesses (NFIB) in Pennsylvania, skyrocketing health insurance premiums are forcing businesses to shift the cost of health insurance to employees or drop coverage altogether. In many cases, small business owners have witnessed a 50 percent increase in the cost of employer-provided health insurance premiums in the past three years.

The commonwealth’s employers pay more than $10 billion in health insurance premiums each year, making Pennsylvania one of the highest-cost states per capita in the nation. NFIB reports that more than half of all uninsured adults in Pennsylvania either work for or own small businesses, and the number is rising.

In many ways, these small business owners
and employees represent the life-blood of America’s economy; their constant uphill battle for fair and predictable insurance costs and quality, accessible healthcare serves as the “canary in the coal mine” indicator of a real crisis in the system.

According to the U.S. Department of Health and Human Services, “the costs of the runaway litigation system are paid by all Americans, through higher premiums for health insurance (which reduces workers’ take home pay if the insurance costs are provided by the employer), higher out-of-pocket payments when they obtain care, and higher taxes.”

In Pennsylvania, as in all states where comprehensive reforms have not been enacted, the lawsuit frenzy has caused a dramatic rise in the number and amount of both jury verdicts – sometimes called ‘mega-verdicts’ – and the number and cost of settlements. In 1999, a Pennsylvania jury awarded $100 million in a medical malpractice case, tying Mississippi for the largest such verdict in our nation’s history.

“The cost of these awards for non-economic damages is paid by all other Americans through higher health care costs, higher health insurance premiums, higher taxes, reduced access to quality care, and threats to quality of care,” concludes the 2002 U.S. Department of Health and Human Services report.

Not surprisingly, the average cost paid by Pennsylvania physicians across the board for malpractice insurance rose 40 percent from 2001-2002, one of the highest increases in the nation. In specialty areas, such as OB/GYN, oncology, and neurology, the increases are even more dramatic.

The net affect on the Pennsylvania economy is devastating. According to IssuesPA, a non-partisan public policy initiative of the Pennsylvania Economy League, “the exodus of people and wealth has affected most of Pennsylvania’s urbanized areas including cities, boroughs and many first class townships. The most obvious result is a declining tax base, due in part to lower property values and less residential income.

In addition, the movement of population and wealth has taken retail and service markets with it, adding to the tax base loss.”

Why the “exodus” of people and wealth? “Population movement, patterns of wealth and fiscal distress reflect change. The root causes are many and varied — from mismanagement and waste to the consequences of individual choices and state policies . . . state laws and state agencies have indirect influence over the well-being of local governments through their policies for economic development, environmental regulation, and public safety.”

The IssuesPA report concludes, “The net result? Fiscal distress. A stagnant or declining tax base combined with the never-ending demand for government services has resulted in many cities and boroughs having problems making ends meet. That means reduced services or, in some cases, municipalities on the brink of bankruptcy.”

Pennsylvania’s track record of inaction on legal reform and medical liability issues has left a declining economy and a population in health care jeopardy.
Texas: On the Rise After Legal Reform

A decade ago, the State of Texas was considered to be one of the worst legal environments for medicine and business. Entire counties across the state languished without access to specialized medical services and critical care physicians and facilities. Today, Texas is considered to be one of the nation’s leading legal reform success stories.

In 2003, Texas enacted comprehensive legal reform, including limits on damage awards. As a result, physicians are pouring into Texas, insurance premiums are on the decline, and patient access to medical services is expanding into areas of the state once critically underserved. The Texas economy is also booming, with new businesses bringing thousands of jobs and existing businesses re-allocating capital reserves into expansion.

According to recent media coverage, the Texas Board of Medical Examiners is overwhelmed with new physician applications – 4,000 in 2006, 2996 in 2005, and a backlog of 2,398 applications. State lawmakers responded with a special appropriation to increase staff at the medical governing body.

Since enacting reforms in 2003, Texas has welcomed more than 7,000 new physicians, including many specialists in critical care disciplines.

The Texas story is a clear cause-and-effect example of the benefits of legal reform – for the medical profession, patients, and the cascading effect that reform has on the broader economy. In the four years preceding the 2003 reform, medicine was in serious distress. Physicians experienced skyrocketing insurance premiums as high as 128 percent. Two-thirds of the state’s physicians indicated that they took extreme measures – including bank loans, tapping retirement savings, and salary cuts – to maintain their medical practices.

Some 6,500 physicians who couldn’t afford the higher premiums opted to practice medicine without insurance coverage at all. The cause of the crisis was readily apparent. The state’s lawsuit frenzy, in which one out of three physicians could expect to be sued in any given year, was driving insurance costs. In fact, the hostile legal climate caused 13 of the 17 major liability insurance companies to go out of business, leave the state, or drastically limit their exposure.

Wise leaders in the Texas legislature, led by Gov. Rick Perry, took dramatic steps to level the legal playing field. In 2003, Texas voters overwhelmingly approved Proposition 12, a constitutional amendment that placed reasonable limits on non-economic damages.

Since enacting the new reforms, the average malpractice insurance premiums have decreased by 21.3 percent, and every major insurer in Texas has cut its rates, in most cases by double digits.

Since 2003, Texas has welcomed more than 7,000 new physicians, including many spe-
specialists in critical care disciplines. Many parts of the state that suffered chronic shortages in key specialties are now fully staffed with available specialists.

In Beaumont, for example, a critical shortage of trauma surgeons left locals with no alternative but to fly some trauma patients to other cities for care. Now, Beaumont enjoys fully staffed facilities with available life-saving critical care specialists.

Ironically, a significant number of Pennsylvania physicians have relocated to Texas to take advantage of the friendlier liability climate, according to Pennsylvania-based PAPA.

Texas Governor Rick Perry cites econometric studies indicating that approximately 240,000 new jobs have been created in Texas as a result of the legal reforms.

Texas-Sized Reform Good for Business

The 2003 legal reforms in Texas brought significant relief from the medical crisis, but have also served to strengthen the Texas economy. In 2005, Site Selection magazine awarded the Governor’s Cup to Texas for the largest number of job creation announcements. In March 2005, the magazine selected Texas as the state with the best business climate in the nation.

For its part, the Texas medical community got a much-needed shot in the arm as a result of the reforms. In 2005, the American Medical Association dropped Texas from its list of states in medical liability crisis. The five largest Texas insurers cut rates, which will save physicians approximately $50 million per year.

Harris County, Texas, regularly listed by the American Tort Reform Association (ATRA) as one of the nation’s worst “Judicial Hellholes,” experienced a 50 percent drop in the number of medical malpractice lawsuits by comparison to 2001-2002. Some 204 cases were filed in 2004, compared with 441 in 2001 and 550 in 2002.

Further evidence of the success of the Texas reforms: health care insurance premiums paid by the state’s employers have been on a steady decline since 2004.

“If reasonable limits were placed on non-economic damages to reduce defensive medicine, it would reduce the amount of taxpayers’ money the Federal Government spends by $25.3-44.3 billion per year. These savings would lower the cost of health insurance and permit an additional 2.4-4.3 million Americans to obtain insurance.”

— U.S. Department of Health and Human Services
States In Transition

Reform Efforts Spur Dramatic Results

West Virginia: Governor Manchin’s “Plan for Improved Access”

In a recent interview, West Virginia Gov. Joe Manchin acknowledged that West Virginia has been among the nation’s worst states for numbers of lawsuits filed against medical professionals, resulting in a severe shortage of physicians and facilities in many parts of the state. Manchin, describing the situation as “unacceptable,” took the lead in getting several legal reform measures through the state legislature.

Prior to the 2003 and 2005 reforms, West Virginia was facing critical access problems for urgently needed care such as obstetrics. In rural areas, such as Putnam County and Jackson County, the sole community provider hospitals had closed their OB units because the obstetricians in those areas could not afford malpractice insurance. West Virginia consistently ranked among the nation’s highest average medical malpractice premium increases at 30 percent annually.

The malpractice costs in West Virginia were staggering, with OB/GYN specialists paying between $63,000 and $85,000 per year, surgeons paying between $44,000 and $56,000 per year, and internists paying between $8,000 and $16,000 per year – nearly double the same cost in California, a state where reforms had already been passed.

In 2003, the Manchin-led effort resulted in comprehensive medical malpractice reform, including caps on non-economic damages and mandatory pre-filing certificates. According to Manchin, the reforms have led to a decline in the number of medical malpractice lawsuits and substantial reductions in malpractice premiums across the state.

Since 2003, the West Virginia legislature has taken additional steps to improve access to health care in the state, including enactment of an “innocent prescriber” law that protects physicians and providers from product liability cases involving pharmaceuticals where the medication in question was prescribed in accordance with guidelines approved by the U.S. Food and Drug Administration.

In 2005, Manchin also signed into law an important provision encouraging health care providers – particularly physicians – to offer expressions of apology or sympathy to their patients in the event of a negative medical outcome. Such expressions are now inadmissible as evidence of liability, fostering a more intimate relationship between physician and patient.

The Manchin-led effort has also resulted in legislative parameters for pre- and post-judgment interest, as well as a $50 million cap on appeals bonds.
The West Virginia experience is informative for all states considering legal reform as a consequence of health care challenges. Not only has patient access to health care increased in the past three years, but the overall annual increases in the cost of employer-provided health insurance have become smaller. Health insurance premiums rose 6.1 percent in 2007, down from 9 percent in 2006 and between 13 percent and 15 percent per year from 2003 to 2005. According to a survey released in September 2007, fewer companies are now shifting health care costs to employees, a trend that began two years ago.

The state’s overall economy, while still lagging behind some of its neighbors, has likewise improved and is trending toward further expansion. Under Manchin’s leadership, worker’s compensation reform, tax relief, and tax credit programs, combined with the aggressive legal reform packages in 2003 and 2005, have resulted in the state’s attraction of 19,000 new jobs and $3.7 billion in new business investment into West Virginia.

**Mississippi: Gov. Barbour’s ‘Common Sense’ Plan for Success**

Mississippi Gov. Haley Barbour, under whose leadership the state has dramatically improved its health care, legal, and business environments, has called the comprehensive reforms “just plain common sense.” Mississippi had long been designated by ATRA as a “Judicial Hellhole,” famous for its plaintiff-friendly juries and plaintiff-hungry lawyers.

Barbour acknowledged that the state’s “unfair civil justice system had become a real threat to economic development and job creation,” resulting in the rating three years in a row of its litigation climate as dead last among the 50 states by the annual survey of corporate litigators sponsored by the Institute for Legal Reform.

Barbour’s mission was not only to improve Mississippi’s reputation, but also to reduce the cost and improve access to health care, one of the most serious victims of the state’s abusive lawsuit environment. Unacceptably high insurance rates – among the highest in the nation – were forcing physicians to leave the state, close their practices, and hospitals to lose their insurance coverage.

Many sections of the state were left without adequate emergency medical care, as obstetrics wards closed and neurosurgeons ceased to perform emergency procedures for fear of lawsuits.

In September 2007, Mississippi Governor Haley Barbour announced the **fifth consecutive liability insurance reduction – 15.5 percent – for the state’s health care professionals.**

With the comprehensive reforms enacted in 2004, the Barbour-led legal reform effort linked specific legal reforms to a broader pro-business, pro-health care delivery and access program. The goals were to reduce medical malpractice insurance premiums for health care professionals, promote job
creation and industry expansion, and create a business-friendly environment in the state without jeopardizing the rights of Mississippians to seek redress in the courts.\textsuperscript{37}

New civil justice laws have reformed venue and joinder rules, enacted caps on non-economic damages at $1 million, revised the punitive damages cap, and limited the joint-and-several, or so-called “deep pockets” rule to limit exposure of non-liable parties.\textsuperscript{38}

Barbour points to “concrete evidence that tort reform is working,” including three reductions in medical liability insurance rates by the largest physician insurer in the state. Rates have been reduced across the board by 10 percent for 2007, which came after a reduction in renewal rates for 2006 by 5 percent, and a retroactive refund of up to 15 percent on 2005 premiums and 20 percent on 2006 premiums.\textsuperscript{39} On September 11, 2007, Barbour announced the fifth consecutive liability insurance reduction – 15.5 percent – for the state’s health care professionals.\textsuperscript{40}

Starkville surgeon Steve Parvin, who was president of the Mississippi State Medical Association in 2004-05 and lobbied the legislature to pass tort reform, recently said that “there is still a shortage of doctors, but the exodus and early retirement has stopped.

Medical students and residents are showing interest in staying in Mississippi. This is all related to the makeup of the state Supreme Court and tort reform.”\textsuperscript{41}

Among the state’s largest hospitals, executives cite tort reform and the state’s economic growth as primary motivators for physicians to locate in Mississippi.\textsuperscript{42}

Despite billions of dollars in damage from Hurricane Katrina, average incomes in Mississippi rose 10 percent a year during the first two years after legal reform was enacted, and are increasing at a faster rate in 2007.\textsuperscript{44}

Despite billions of dollars in damage from Hurricane Katrina, a disaster that left one-quarter of the state’s homes damaged, the state’s economy has continued to grow, with more than 30,000 new jobs in the past three years.\textsuperscript{43} Average incomes rose 10 percent a year during the first two years after legal reform was enacted, and are increasing at a faster rate in 2007.\textsuperscript{44}

Like West Virginia, Mississippi’s employer-paid health insurance rates are rising at single-digit rates and are trending downward, rather than the double-digit increases experienced in the years preceding the 2004 legal reforms.\textsuperscript{45}

“Thanks to personal injury lawyers who game the legal system, \textit{entire communities whither and die}.”

\begin{flushright}
\textbf{— Dr. James Tayoun}
\end{flushright}

\textbf{Founding Member, The Patients and Physicians Alliance}
The Impact of Liability and Litigation Costs on Health Care Access and Quality

What Costs Mean to American Taxpayers and Employers

“This broken system of litigation is also raising the cost of health care that all Americans pay, through out-of-pocket payments, insurance premiums, and federal taxes.”

Throughout the U.S., physicians currently spend approximately $6.5 billion per year for liability insurance, and hospitals and nursing homes spend additional billions.

“The litigation system also imposes large indirect costs on the health care system. Defensive medicine that is caused by unlimited and unpredictable liability awards not only increases patients’ risk but it also adds costs (more on this later). The leading study estimates that limiting unreasonable awards for non-economic damages could reduce health care costs by 5-9% without adversely affecting quality of care. This would save $60-108 billion in health care costs each year. These savings would lower the cost of health insurance and permit an additional 2.4-4.3 million Americans to obtain insurance.”

The American taxpayer, and the corporations that employ them, are further hit by the litigation system. “The Federal Government -- and thus every taxpayer who pays federal income and payroll taxes -- also pays for health care, in a number of ways. It provides direct care, for instance, to members of the armed forces, veterans, and patients served by the Indian Health Service. It provides funding for the Medicare and Medicaid programs. It funds Community Health Centers. It also provides assistance, through the tax system, for workers who obtain insurance through their employment. The direct cost of malpractice coverage and the indirect cost of defensive medicine increases the amount the Federal Government must pay through these various channels, it is estimated, by $28.6-47.5 billion per year. If reasonable limits were placed on non-economic damages to reduce defensive medicine, it would reduce the amount of taxpayers’ money the Federal Government spends by $25.3-44.3 billion per year. This is a very significant amount. It would more than fund a prescription drug benefit for Medicare beneficiaries and help uninsured Americans obtain coverage through a refundable health credit.”

“Because the litigation system does not accurately judge whether an error was committed in the course of medical care, physicians adjust their behavior to avoid being sued. A recent survey of physicians revealed that one-third shied away from going into a particular specialty because they feared it would subject them to greater liability exposure. When in practice, they engage in defensive medicine to protect themselves against suit. They perform tests and provide treatments that they would not otherwise perform merely to protect themselves against the risk of possible litigation. The survey revealed that over 76% are con-
cerned that malpractice litigation has hurt their ability to provide quality care to patients.

“Physicians’ understandable fear of unwarranted litigation threatens patient safety in another way. It impedes efforts of physicians and researchers to improve the quality of care. As medical care becomes increasingly complex, there are many opportunities for improving the quality and safety of medical care, and reducing its costs, through better medical practices. According to some experts, these quality improvement opportunities hold the promise of not only significant improvements in patient health outcomes, but also reductions in medical costs of as much as 30%.”

As this report points out, in states that have taken important legal reform steps, health care access has improved, care and insurance costs have leveled off or dropped, while the business market has likewise improved (Texas, Mississippi, West Virginia). Where state environments are risky and unpredictable, health care access and its twin, economic growth, are stymied (Pennsylvania, Oklahoma).

**What Costs Mean in Terms of Health Care Access**

According to the U.S. Department of Health and Human Services, imposing reasonable limits at the state level on medical non-economic damages would generate enough savings to fully fund the national prescription drug benefit and enable millions of uninsured Americans to obtain health care coverage.

State-level legal reforms, which cover the vast majority of the nation’s medical malpractice and medical services lawsuits, are the most direct way to address the access and cost crisis in American health care. Rampant lawsuit abuse, runaway verdicts, and a civil justice system that favors personal injury lawyers translates directly into lack of health care access, higher costs for insurance and even higher fatalities.

What’s equally clear is that CEOs considering expansion and/or investment in states must look to costs and availability of services in the health care sector, particularly when they may be drawn into lengthy and costly

**AFRAID TO SAVE LIVES: In a Physician’s Words**

- 79% said that they had ordered more tests than they would, based only on professional judgment of what is medically needed, and 91% have noticed other physicians ordering more tests;  
- 74% have referred patients to specialists more often than they believed was medically necessary;  
- 51% have recommended invasive procedures such as biopsies to confirm diagnoses more often than they believed was medically necessary; and,  
- 41% said that they had prescribed more medications, such as antibiotics, than they would based only on their professional judgment, and 73% have noticed other doctors similarly prescribing excessive medications.”

---

Medical Crisis: A Pocketbook Matter for Employers

---

16
What Must Change?

As expressed by legal reform advocates at the state and federal levels, these simple yet critical set of reforms, when enacted, improve the legal, health care, and business climates:

- **Improve** the ability of all patients who are injured by negligence to get quicker, unlimited compensation for their “economic losses,” including the loss of the ability to provide valuable unpaid services like care for children or a parent.

- **Ensure** that recoveries for non-economic damages could not exceed a reasonable amount.

- **Reserve** punitive damages for cases that justify them--where there is clear and convincing proof that the defendant acted with malicious intent or deliberately failed to avoid unnecessary injury to the patient--and avoid unreasonable awards (anything in excess of the greater of two times economic damages or $250,000).

- **Provide** for payment of a judgment over time rather than in one lump sum--and thus ensure that the money is there for the injured patient when needed.

- **Ensure** that old cases cannot be brought years after an event when medical standards may have changed or witnesses’ memories have faded, by providing that a case may not be brought more than three years following the date or injury or one year after the claimant discovers or, with reasonable diligence, should have discovered the injury.

- **Informing** the jury if a plaintiff also has another source of payment for the injury, such as health insurance.

- **Provide** that defendants pay any judgment in proportion to their fault, not on the basis of how deep their pockets are. (U.S. Department of Health and Human Services, 2002).

legal battles on the insurance front. In short, a healthier population with better access to medical services results in a better workforce, less costly employer-paid health insurance and, ultimately, lower liability risks for business itself. Why? Because the earmarks of a healthier medical environment are the same earmarks of a healthy legal environment for business.

States that enact comprehensive, meaningful legal reform – particularly those that deal with the medical access and liability crisis – are serving as a blueprint for other states facing the same crisis. Bold initiatives in Texas, Mississippi, California, Michigan and Ohio in the past decade have influenced important omnibus reforms in Georgia, Missouri, South Carolina, and Florida in the past few years.

The success of those initiatives has garnered the attention of some in Congress. The success of the states that have adopted reforms like these shows that malpractice premiums could be reduced by 34% by adopting these reforms. The savings to the Federal Government resulting from reduced malpractice premiums would be $1.68 billion.
Steps to Improve Health Care
By Ending Lawsuit Abuse

What Works for Leading States Can Work for the Nation

“Comprehensive federal medical liability reform legislation, including reasonable limits on non-economic damages, was introduced in the U.S. House of Representatives. Congressman Michael Burgess, M.D. (R-TX) introduced the Medical Justice Act of 2007 (H.R. 3509) which was modeled after the successful medical liability reforms enacted in Texas in 2003.”

According to Dr. Stuart L. Weinstein, chairman of Doctors for Medical Liability Reform (DMLR), an organization supporting the proposed federal legislation, “In the years before reform, medical lawsuit abuse was forcing Texas doctors to flee the state leaving patients in many areas unable to find highly trained physicians, such as surgeons and obstetricians, to provide critical and life-saving care.

Since the voters and legislators of Texas passed comprehensive medical liability reforms, which include reasonable limits on non-economic damages, that situation has been dramatically reversed. Texas’s largest medical liability insurer has reduced rates each year since reforms went into effect (amounting to an overall 36% rate reduction), and doctors are flooding back across the Texas border in record numbers, even setting up practices in historically underserved and poorer communities.

Weinstein continues, “While the conditions in Texas continue to improve, many patients across the country still can’t find the care they need when they need it. Lacking the specialists they need to provide critical care, emergency rooms across the nation are being forced to close down or turn away patients. Some of the nation’s most vulnerable patients—pregnant women—are also finding it increasingly difficult to access vitally-needed prenatal care and emergency obstetrics services.”

Steps Business Can Take to End Lawsuit Abuse

Why do so many state legislators support the expansion of liability laws even in the face of compelling evidence that expanded liability undermines a state’s economy and quality of life? The reason is very simple: The plaintiff’s bar has become a major source of campaign contributions for state legislators who support their agenda. The plaintiff’s bar, with a direct interest in the expansion of liability, puts up millions in legislative elections.

However, pro-reform legislators, who are generally conservative, have much greater difficulty getting business support for their campaigns. Most major companies, for example, do not contribute much or at all to state legislators’ campaigns. So, it is relatively easy for the plaintiff’s bar to give just enough to pro-liability candidates to give them the winning edge.
Business and community leaders, employees and stockholders need to get involved in supporting pro-reform legislators so that a greater number of legislatures will enact legal reforms. For example, the comprehensive legal reform legislation enacted in Georgia in 2005 was made possible in part because of conservative majorities.

There are many ways that business owners and leadership teams can demonstrate support for legal reforms. The following action steps can produce good results. (Talk with your lawyer before you implement these. Election laws in each state create regulations with which you will need to comply.)

- **Support** the efforts of organizations in your state that are advocating for legal reform. This may include the state Chamber of Commerce or state affiliate of the National Association of Manufacturers. In many states there are very effective organizations that focus on civil justice reform. A listing of these organizations may be found at the back of this booklet.

- **Directly** communicate with state lawmakers about how medical costs due to lawsuit abuse are hurting your business and your employees. Describe how the money spent on inflated medical costs would have otherwise been used to create jobs, pay for R&D and help to grow the business.

- **Encourage** employees representing the company to work with business and medical organizations that are advocating for legal reform. These employees might need time off, modest expense reimbursement for travel costs and other company support.

- **Survey** your employees to ask them in what ways the health care and lawsuit crisis has impacted on them and their families. Develop a brief report about your findings and share this with legislators and organizations advocating for legal reform such as the American Justice Partnership Foundation.

- **Encourage** your employees to get involved in elections for state legislators. Find out from your company lawyer or such organizations as the League of Women Voters what you can do to distribute information to your employees about the voting records of legislative candidates on liability reform issues related to health care.

- **Host** fundraising events for legislators that support a pro-reform agenda. Help them get visibility in the local media by writing letters to the editor in support of your candidate’s liability reform agenda.

- **Be consistent** about a long-term commitment strategy to achieve and protect legal reform.

“When a hostile legal environment chokes the health care profession in a state, insurers raise premiums or simply stop providing coverage. Physicians leave the state or limit their practices. Hospitals and critical care facilities shut down, stranding many communities without critical medical services.

*The human toll is terrifyingly clear.*

— Former Michigan Governor John Engler, President, National Association of Manufacturers
Endnotes

3 Ibid.
4 Ibid.
5 Ibid.
7 Ibid.
8 Ibid.
10 Ibid.
11 Ibid.
12 Ibid.
13 Ibid.
14 Ibid.
15 Ibid.
16 Ibid.
17 Ibid.
19 Ibid.
20 Ibid.
22 “Confronting the New Health Care Crisis”
23 Ibid.
24 Ibid.
25 Ibid.
27 Ibid.
28 Ibid.
29 Ibid.
30 “Employer Health Benefits 2007 Annual Survey”
31 Ibid.
32 www.wv.gov.
34 Ibid.
35 Ibid.
36 Ibid.
37 Ibid.
38 Ibid.
39 Ibid.
41 “Increase in number of local physicians bucks statewide trend,” Columbus Commercial Dispatch, Sept. 18, 2006.
42 Ibid.
44 Ibid.
45 “Employer Health Benefits 2007 Annual Survey”
46 “Confronting the New Health Care Crisis”
47 Ibid.
48 Ibid.
49 Ibid.
50 Ibid.
51 Ibid.
52 Ibid
53 “Confronting the New Health Care Crisis”
55 Ibid.
56 Ibid.
## State Organizations Working to Support Legal Reform

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama Voters Against Lawsuit Abuse</td>
<td><a href="http://www.alabamalawsuitabuse.org">www.alabamalawsuitabuse.org</a></td>
<td>(334) 263-0052</td>
</tr>
<tr>
<td>Associated Industries of Florida</td>
<td><a href="http://www.aif.com">www.aif.com</a></td>
<td>(850) 224-7173</td>
</tr>
<tr>
<td>Associated Industries of Kentucky</td>
<td><a href="http://www.aik.org">www.aik.org</a></td>
<td>(502) 491-4737</td>
</tr>
<tr>
<td>Associated Oregon Industries, Inc.</td>
<td><a href="http://www.aoi.org">www.aoi.org</a></td>
<td>(503) 588-0050</td>
</tr>
<tr>
<td>Assoc. of Comm. &amp; Industry of New Mexico</td>
<td><a href="http://www.aci-nm.org">www.aci-nm.org</a></td>
<td>(505) 842-0644</td>
</tr>
<tr>
<td>Association of Washington Business</td>
<td><a href="http://www.awb.org">www.awb.org</a></td>
<td>(360) 943-1600</td>
</tr>
<tr>
<td>Business Council of Alabama</td>
<td><a href="http://www.bcatoday.org">www.bcatoday.org</a></td>
<td>(334) 240-8714</td>
</tr>
<tr>
<td>CA Manufacturers &amp; Technology Assoc.</td>
<td><a href="http://www.cmta.net">www.cmta.net</a></td>
<td>(916) 441-5420</td>
</tr>
<tr>
<td>Chamber of Commerce Association of AL</td>
<td><a href="http://www.alabamachambers.org">www.alabamachambers.org</a></td>
<td>(334) 264-2112</td>
</tr>
<tr>
<td>California Civil Justice League</td>
<td><a href="http://www.cjac.org">www.cjac.org</a></td>
<td>(916) 443-4900</td>
</tr>
<tr>
<td>Delaware State Chamber of Commerce</td>
<td><a href="http://www.dssc.com">www.dssc.com</a></td>
<td>(302) 655-7221</td>
</tr>
<tr>
<td>Florida Coalition for Legal Reform</td>
<td><a href="http://www.flalegalreform.com">www.flalegalreform.com</a></td>
<td>(850) 224-7173</td>
</tr>
<tr>
<td>Florida Chamber of Commerce</td>
<td><a href="http://www.flchamber.com">www.flchamber.com</a></td>
<td>(850) 521-1209</td>
</tr>
<tr>
<td>Florida Justice Reform Institute</td>
<td><a href="http://www.fljustice.org">www.fljustice.org</a></td>
<td>(850) 681-3200</td>
</tr>
<tr>
<td>Georgia Chamber of Commerce</td>
<td><a href="http://www.gachamber.com">www.gachamber.com</a></td>
<td>(404) 223-2267</td>
</tr>
<tr>
<td>Greater North Dakota Association</td>
<td><a href="http://www.ndchamber.com">www.ndchamber.com</a></td>
<td>(701) 222-0929</td>
</tr>
<tr>
<td>Illinois Civil Justice League</td>
<td><a href="http://www.icjl.org">www.icjl.org</a></td>
<td>(847) 222-9673</td>
</tr>
<tr>
<td>Illinois Chamber of Commerce</td>
<td><a href="http://www.ilchamber.org">www.ilchamber.org</a></td>
<td>(312) 983-7100</td>
</tr>
<tr>
<td>Illinois Manufacturers Association</td>
<td><a href="http://www.ima-net.org">www.ima-net.org</a></td>
<td>(630) 368-5300</td>
</tr>
<tr>
<td>Indiana Chamber of Commerce</td>
<td><a href="http://www.indianachamber.com">www.indianachamber.com</a></td>
<td>(317) 264-6682</td>
</tr>
<tr>
<td>Indiana Manufacturers Association, Inc.</td>
<td><a href="http://www.imaweb.com">www.imaweb.com</a></td>
<td>(317) 632-2474</td>
</tr>
<tr>
<td>Insurance Federation of Minnesota</td>
<td><a href="http://www.insurancemn.org">www.insurancemn.org</a></td>
<td>(651) 228-7379</td>
</tr>
<tr>
<td>Iowa Association of Business &amp; Industry</td>
<td><a href="http://www.iowaabi.org">www.iowaabi.org</a></td>
<td>(515) 235-0566</td>
</tr>
<tr>
<td>Kansas Chamber of Commerce</td>
<td><a href="http://www.kansaschamber.org">www.kansaschamber.org</a></td>
<td>(785) 357-6321</td>
</tr>
<tr>
<td>Kentucky Chamber of Commerce</td>
<td><a href="http://www.kychamber.com">www.kychamber.com</a></td>
<td>(502) 848-8780</td>
</tr>
<tr>
<td>Louisiana Association of Business</td>
<td><a href="http://www.labi.org">www.labi.org</a></td>
<td>(888) 816-5224</td>
</tr>
<tr>
<td>Maryland Chamber of Commerce</td>
<td><a href="http://www.mdchamber.org">www.mdchamber.org</a></td>
<td>(410) 269-0042</td>
</tr>
<tr>
<td>Organization</td>
<td>Website</td>
<td>Phone</td>
</tr>
<tr>
<td>--------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Michigan Chamber of Commerce</td>
<td><a href="http://www.michamber.com">www.michamber.com</a></td>
<td>(517) 371-2100</td>
</tr>
<tr>
<td>Michigan Lawsuit Abuse Watch</td>
<td><a href="http://www.mlaw.org">www.mlaw.org</a></td>
<td>(248) 449-2990</td>
</tr>
<tr>
<td>Michigan Manufacturers Association</td>
<td><a href="http://www.mma-net.org">www.mma-net.org</a></td>
<td>(517) 487-8530</td>
</tr>
<tr>
<td>Mississippi Economic Council</td>
<td><a href="http://www.msme.com">www.msme.com</a></td>
<td>(601) 969-0022</td>
</tr>
<tr>
<td>Mississippi Manufacturers Association</td>
<td><a href="http://www.mma-web.org">www.mma-web.org</a></td>
<td>(601) 948-1222</td>
</tr>
<tr>
<td>Missouri Chamber of Commerce</td>
<td><a href="http://www.mochamber.com">www.mochamber.com</a></td>
<td>(573) 634-3511</td>
</tr>
<tr>
<td>North Carolina Chamber</td>
<td><a href="http://www.ncchamber.net">www.ncchamber.net</a></td>
<td>(919) 836-1400</td>
</tr>
<tr>
<td>Ohio Business for Liability Reform</td>
<td><a href="http://www.ohiochamber.com/OBLR">www.ohiochamber.com/OBLR</a></td>
<td>(614) 228-4201</td>
</tr>
<tr>
<td>Ohio Citizens Against Lawsuit Abuse</td>
<td><a href="http://www.ohiocala.org">www.ohiocala.org</a></td>
<td>(614) 224-1435</td>
</tr>
<tr>
<td>Ohio Manufacturers Association</td>
<td><a href="http://www.ohiomfg.com">www.ohiomfg.com</a></td>
<td>(614) 224-5111</td>
</tr>
<tr>
<td>The State Chamber of Oklahoma</td>
<td><a href="http://www.okstatechamber.com">www.okstatechamber.com</a></td>
<td>(405) 235-3669</td>
</tr>
<tr>
<td>Oregon Litigation Fairness Project</td>
<td></td>
<td>(503) 949-0422</td>
</tr>
<tr>
<td>Pennsylvania Chamber of Commerce</td>
<td><a href="http://www.pachamber.org">www.pachamber.org</a></td>
<td>(717) 255-3252</td>
</tr>
<tr>
<td>Pennsylvania Manufacturers’ Association</td>
<td><a href="http://www.pamanufacturers.org">www.pamanufacturers.org</a></td>
<td>(717) 232-0737</td>
</tr>
<tr>
<td>Rhode Island Manufacturers Association</td>
<td><a href="http://www.rimanufacturers.com">www.rimanufacturers.com</a></td>
<td>(401) 751-0160</td>
</tr>
<tr>
<td>South Carolina Chamber of Commerce</td>
<td><a href="http://www.scchamber.net">www.scchamber.net</a></td>
<td>(803) 799-4601</td>
</tr>
<tr>
<td>South Carolina Civil Justice Coalition</td>
<td><a href="http://www.sccjc.org">www.sccjc.org</a></td>
<td>(803) 771-0008</td>
</tr>
<tr>
<td>South Dakota Chamber of Commerce &amp; Industry</td>
<td><a href="http://www.sdchamber.net">www.sdchamber.net</a></td>
<td>(605) 224-6161</td>
</tr>
<tr>
<td>Tennessee Chamber of Commerce &amp; Industry</td>
<td><a href="http://www.tnchamber.org">www.tnchamber.org</a></td>
<td>(615) 256-5141</td>
</tr>
<tr>
<td>Texas Association of Business</td>
<td><a href="http://www.txbiz.org">www.txbiz.org</a></td>
<td>(512) 477-6721</td>
</tr>
<tr>
<td>Texas Civil Justice League</td>
<td><a href="http://www.tcjl.org">www.tcjl.org</a></td>
<td>(512) 320-0474</td>
</tr>
<tr>
<td>The Patients and Physicians Alliance (PA)</td>
<td><a href="http://www.fightingdocs.org">www.fightingdocs.org</a></td>
<td>(215) 271-9590</td>
</tr>
<tr>
<td>Vermont Chamber of Commerce</td>
<td><a href="http://www.vtchamber.com">www.vtchamber.com</a></td>
<td>(802) 223-3443</td>
</tr>
<tr>
<td>Virginia Chamber of Commerce</td>
<td><a href="http://www.vachamber.com">www.vachamber.com</a></td>
<td>(804) 644-1607</td>
</tr>
<tr>
<td>West Virginia Chamber of Commerce</td>
<td><a href="http://www.wvchamber.com">www.wvchamber.com</a></td>
<td>(304) 342-1136</td>
</tr>
<tr>
<td>Wisconsin Manufacturers &amp; Commerce</td>
<td><a href="http://www.wmc.org">www.wmc.org</a></td>
<td>(608) 258-3400</td>
</tr>
<tr>
<td>Common Good</td>
<td><a href="http://www.cgood.org">www.cgood.org</a></td>
<td>(212) 681-8199</td>
</tr>
<tr>
<td>Center for Health Transformation</td>
<td><a href="http://www.healthtransformation.net">www.healthtransformation.net</a></td>
<td>(404) 201-7909</td>
</tr>
</tbody>
</table>
For More Information,
Visit www.AmericanJusticePartnership.org

Dan Pero, President
600 Walnut Street
Lansing, MI  48933
517-371-7276
DPero@ajp-mail.org