Ensuring that the courts don’t undo hard-won state medical liability reforms is more important than ever. For the first time in a generation, the nation appears to be at the beginning of an upward trend of rising medical liability insurance rates.

While the AMA works with state and specialty medical associations to pursue proven medical liability reforms along with innovative ones, the Litigation Center of the American Medical Association and State Medical Societies is actively filing amicus briefs that advocate keeping intact caps on noneconomic damages, notice-of-intent requirements and other sensible state laws challenged in court.

The reforms are essential to fixing a broken medical liability system and safeguarding patients’ access to physicians and a full range of health care services. Without them, medical liability insurance rates rise to unaffordable levels or insurers stop offering products all together. This, in turn, can force physicians to eliminate high-risk services from their practices, move to another state with tort reforms or retire from medicine altogether.

Find out more about state medical liability reform and read the 2021 edition of the AMA report, “Medical Liability Reform Now! The facts you need to know to address the broken medical liability system” (PDF).

Below are five arguments the AMA Litigation Center has made in amicus briefs this year to encourage courts to uphold crucial liability reforms.
“Cause of death” definition is key to statute of limitations

The two-year statute of limitations established under Pennsylvania’s bipartisan Medical Care Availability and Reduction of Error Act passed in 2002 faces a threat from a lower court decision that redefined the term “cause of death.” Learn why redefining the term will let plaintiffs file court actions beyond the limitation, "to the great detriment of the cost and availability of health care to the citizens" of Pennsylvania.

Noneconomic damage limits essential to protecting patients’ access to care

Missouri’s highest court considered a case to determine whether a 2015 law limiting what a jury can award for noneconomic damages in a medical liability lawsuit is constitutional. The AMA argued that justices should find the cap constitutional to ensure Missouri physicians can access affordable professional medical liability insurance, discourage the practice of defensive medicine and make the state more desirable to new physicians looking to set up practices, as well as keep established physicians from leaving the state. The case was resolved in physicians’ favor.

Notice-of-intent requirements provide balance in courts
Michigan law is clear on what a notice of intent (NOI) requires, the AMA Litigation Center and Michigan State Medical Society told the state Supreme Court in a brief they filed in a case asking the court to consider whether sending a NOI letter addressed to the health care system—rather than the physician directly—satisfied the requirement. Learn about the favorable outcome for doctors in this case.

Noneconomic damages cap keeps liability rates stable

The New Mexico Supreme Court should uphold the $600,000 limit on nonmedical damages and the court agreed to keep the decades-long cap in place. The court ruled that the limit doesn’t violate a plaintiff’s right to a jury trial. Learn why the nonmedical damages cap is pro-consumer, “providing a substantial recovery to the minority of patients who may be injured due to medical negligence and suffer extraordinary nonmedical loss.”

Physicians can’t be held negligent for not supervising physician assistant students

A lawsuit alleged that a California physician should be held liable for ordinary negligence for failing to supervise a student learning to be a physician assistant and further asked the physician be held liable for ordinary negligence or negligent performance of a contract. Learn why the court said the plaintiff could not go forward with those allegations.

Find out more about the cases in which the AMA Litigation Center is providing assistance and learn about the Litigation Center’s case-selection criteria.