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RESOURCE CENTER
Advocating on behalf of physicians and patients at the state level

State Laws Chart II: Liability Reforms

State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Alabama	Arbitration is permitted if both parties agree in writing. Arbitration agreements are valid, binding, irrevocable, and enforceable, except as otherwise permitted in contract law. Both parties shall select one competent and disinterested arbitrator and the two arbitrators shall select a third arbitrator. The arbitrators shall follow the rules and procedures set forth by the American Arbitrators Association. Their written decision is binding. Each party pays the fee for their own arbitrator and splits the expenses for the third. Code of Alabama § 6-5-485.	Notwithstanding any provision of the Alabama Rules of Evidence to the contrary, if the health care provider whose breach of the standard of care is claimed to have created the cause of action is not certified by an appropriate American board as being a specialist, is not trained and experienced in a medical specialty, or does not hold himself or herself out as a specialist, a "similarly situated health care provider" is one who meets all of the following qualifications: (1) Is licensed by the appropriate regulatory board or agency of this or some other state. (2) Is trained and experienced in the same discipline or school of practice. (3) Has practiced in the same discipline or school of practice during the year preceding the date that the alleged breach of the standard of care occurred. Code of Alabama § 6-5-548(b). Notwithstanding any provision of the Alabama Rules of Evidence to the contrary, if the health care provider whose breach of the standard of care is claimed to have created the cause of action is certified by an appropriate American board as a specialist, is trained and experienced in a medical specialty, and holds himself or herself out as a		Medical malpractice: within two years of the act or omission giving rise to the cause of action unless the cause of action was or could not have reasonably been discovered within the two years. In such cases, an action must commence within six months of its discovery, with a maximum limit of four years from the time of the act/omission giving rise to the action. Minors: For minors under 4 years of age, statute does not begin to run until age eight. Code of Alabama § 6-5-482.

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Alabama CONT.		specialist, a "similarly situated health care provider" is one who meets all of the following requirements: (1) Is licensed by the appropriate regulatory board or agency of this or some other state. (2) Is trained and experienced in the same specialty. (3) Is certified by an appropriate American board in the same specialty. (4) Has practiced in this specialty during the year preceding the date that the alleged breach of the standard of care occurred. Code of Alabama § 6-5-548(c).		
Alaska	Arbitration is permitted in contracts, so long as it is not a condition of providing services. The agreement must state the person receiving health care may revoke the agreement within thirty days. Alaska Statutes § 09.55.535. If parties do not agree to arbitration, the court must appoint a three-person advisory panel after the complaint is filed to determine the following: (1) why the claimant sought medical care, (2) was a correct diagnosis made, if not what was incorrect, (3) was the treatment or lack of treatment appropriate, if not what was inappropriate, (4) was the claimant injured (5) if yes, what was the nature or extent of the injury (6) what specifically caused the injury, (7) was the injury caused by unskillful care, (8) if a medical injury did not occur, what would have been the likely outcome of the medical case. The panel's determination must be submitted in writing, which may be submitted as evidence. Any member of the panel may submit a concurring or dissenting opinion. Any panelist may be called as an expert witness. Alaska Statutes § 09.55.536.	In an action based on professional negligence an individual may not testify as an expert unless the witness is a professional who is licensed in this state or in another state or country; trained and experienced in the same discipline or school of practice as the defendant or in an area directly related to the matter at issue; and certified by a board recognized by the state as having acknowledged expertise and training directly related to the particular field or matter at issue. Alaska Statutes § 09-20-185.		Personal injury or death: within two years of the act or omission. Minor or incompetent by reason of mental illness or disability: statute is tolled for a maximum of two years after reaching the age of majority, or the disability is lifted. The statute is tolled until a minor's eighth birthday. Alaska Statutes §§ 09.10.070 and 09.10.140.

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Arizona		A. In an action alleging medical malpractice, a person shall not give expert testimony on the appropriate standard of practice or care unless the person is licensed as a health professional in this state or another state and the person meets the following criteria: 1. If the party against whom or on whose behalf the testimony is offered is or claims to be a specialist, specializes at the time of the occurrence that is the basis for the action in the same specialty or claimed specialty as the party against whom or on whose behalf the testimony is offered. If the party against whom or on whose behalf the testimony is offered is or claims to be a specialist who is board certified, the expert witness shall be a specialist who is board certified in that specialty or claimed specialty. 2. During the year immediately preceding the occurrence giving rise to the lawsuit, devoted, a majority of, the person's professional time to either or both of the following: (a) The active clinical practice of the same health profession as the defendant and, if the defendant is or claims to be a specialist, in the same specialty or claimed specialty. (b) The instruction of students in an accredited health professional school or accredited residency or clinical	Must certify in writing whether, or not expert opinion testimony is necessary to prove the health care professional's standard of care or liability for the claim. If the claimant so certifies, the claimant shall serve a preliminary expert opinion affidavit with the initial disclosures that are required by Rule 26.1, Arizona Rules of Civil Procedure. Arizona Revised Statutes § 12-2603.	Medical malpractice: within two years of the act or omission that gave rise to the cause of action. Accrual is judicially defined as that date when the plaintiff knew or by the exercise of reasonable diligence should have known of the defendants' conduct. *Walk v. Ring*, 202 Ariz. 310, 44 P.3d 990 (Ariz. 2002). Minors, mentally incompetent, and imprisoned: statute begins to run at the age of majority or when the disability is lifted. Arizona Statutes §§ 12-542 and 12-502.

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Arizona CONT.		research program in the same health profession as the defendant and, if the defendant is or claims to be a specialist, in an accredited health professional school or accredited residency or clinical research program in the same specialty or claimed specialty. 3. If the defendant is a general practitioner, the witness has devoted, a majority of, the witness's professional time in the year preceding the occurrence giving rise to the lawsuit to either or both of the following: (a) Active clinical practice as a general practitioner. (b) Instruction of students in an accredited health professional school or accredited residency or clinical research program in the same health profession as the defendant. Arizona Statutes § 12-2604.		
Arkansas		In any action for medical negligence, the plaintiff must establish negligence through expert testimony provided by a medical care provider in the same specialty as the defendant. Arkansas Statutes § 16-114-206(a). Ruled unconstitutional in *Broussard v. St. Edward Mercy Health System*, 386 S.W.3d 385 (Ark. 2012).	Within 30 days after the complaint is filed, plaintiffs must file an affidavit of merit, signed by an expert in the same specialty as the defendant. The affidavit must state with particularity: the expert's familiarity with the applicable standard of care, the expert's qualifications, the expert's opinion as to how the applicable standard of care has been breached, and the expert's opinion as to how the breach resulted in the injury or death. Failure to file affidavit of merit shall result in dismissal of the	Medical malpractice: within two years of the wrongful act. Discovery of a foreign object: within one year of its discovery or when it could have reasonably been discovered. Minor under age 9 at the time of the wrongful act: before his/her eleventh birthday, or within two years from the act, omission, or failure unless no medical injury is known or could have been reasonably discovered prior to the minor's eleventh birthday, then the minor shall have two years after the date in which such

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Arkansas CONT.			complaint. Arkansas Statutes § 16-114-209. (Ruled unconstitutional in *Summerville v. Thrower*, 253 S.W.3d 415 (Ark. 2007).	injury could have reasonably been discovered, or until the minor's 19th birthday, whichever is earlier. Arkansas Statutes § 16-114-203.
California	Arbitration is not mandated but is permitted. California Code of Civil Procedure § 1295. Any health care service plan that requires binding arbitration to settle disputes must disclose whether the plan uses binding arbitration to settle disputes, including specifically whether the plan uses binding arbitration to settle claims of medical malpractice. California Health and Safety Code § 1363.1. (b) Any disability insurance policy that includes a term that requires the parties to submit to binding arbitration in case of a medical malpractice claim or dispute shall, for those cases or disputes for which the total amount of damages claimed is $50,000 or less, provide for selection by the parties of a single neutral arbitrator who shall have no jurisdiction to award more than $50,000. If the parties are unable to agree on the selection of a single neutral arbitrator, the method provided in §1281.6 of the Code of Civil Procedure shall be utilized. The provision shall not be subject to waiver by the policy. California Insurance Code § 10123.19.	(a) In any action for damages involving a claim of negligence against a physician and surgeon arising out of emergency medical services provided in a general acute care hospital emergency department, the trier of fact shall consider, together with all other relevant matters, the circumstances constituting the emergency, as defined herein, and the degree of care and skill ordinarily exercised by reputable members of the physician and surgeon's profession in the same or similar locality, in like cases, and under similar emergency circumstances. (b) For the purposes of this section, "emergency medical services" and "emergency medical care" means those medical services required for the immediate diagnosis and treatment of medical conditions which, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death. (c) In any action for damages involving a claim of negligence against a physician and surgeon providing emergency medical coverage for a general acute care		Medical malpractice: within one year from discovery, with a maximum of three years from the date of the injury. Foreign-object cases: Tolled to within one year of discovery of the injury, or where one reasonably should have discovered the injury. Minors: within three years from the date of the wrongful act. For minors under the age of six, before the eighth birthday or within three years of the wrongful act, whichever is longer. California Code of Civil Procedure § 340.5.

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California CONT.		hospital emergency department, the court shall admit expert medical testimony only from physicians and surgeons who have had substantial professional experience within the last five years while assigned to provide emergency medical coverage in a general acute care hospital emergency department. For purposes of this section, "substantial professional experience" shall be determined by the custom and practice of the manner in which emergency medical coverage is provided in general acute care hospital emergency departments in the same or similar localities where the alleged negligence occurred. California Health & Safety Code § 1799.110.		
Colorado	Arbitration is not mandated but is permitted. Insurance for medical malpractice may not be conditioned on arbitration clauses. Colorado Revised Statutes § 13-64-403.	No person shall be qualified to testify as an expert witness concerning issues of negligence in any medical malpractice action or proceeding against a physician unless he not only is a licensed physician but can demonstrate by competent evidence that, as a result of training, education, knowledge, and experience in the evaluation, diagnosis, and treatment of the disease or injury which is the subject matter of the action or proceeding against the physician defendant, he was substantially familiar with applicable standards of	(1)(a) In every action for damages or indemnity based upon the alleged professional negligence of an acupuncturist regulated pursuant to article 200 of title 12 or a licensed professional, the plaintiff's or complainant's attorney shall file with the court a certificate of review for each acupuncturist or licensed professional named as a party, as specified in subsection (3) of this section, within 60 days after the service of the complaint, counterclaim, or cross claim against such person unless the court	Medical malpractice: within two years of the date when the alleged negligent act took place, and when its cause is known or should have been known. In no case may a claim be brought more than three years after the cause that gave rise to the action is known unless the act or omission: was knowingly concealed; involved leaving a foreign object in the body; or both the act and injury otherwise could not have been discovered through the reasonable exercise of due diligence. Minors: minors under the age of 6 on the date of the alleged act or omission, must file an action before his or her eighth birthday

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Colorado CONT.		care and practice as they relate to the act or omission which is the subject of the claim on the date of the incident. The court shall not permit an expert in one medical subspecialty to testify against a physician in another medical subspecialty unless, in addition to such a showing of substantial familiarity, there is a showing that the standards of care and practice in the two fields are similar. The limitations in this section shall not apply to expert witnesses testifying as to the degree or permanency of medical or physical impairment. Colorado Revised Statutes § 13-64-401.	determines that a longer period is necessary for good cause shown. (b) A certificate of review shall be filed with respect to every action described in paragraph (a) of this subsection (1) against a company or firm that employed a person specified in such paragraph (a) at the time of the alleged negligence, even if such person is not named as a party in such action. (2) In the event of failure to file a certificate of review in accordance with this section and if the acupuncturist or licensed professional defending the claim believes that an expert is necessary to prove the claim of professional negligence, the defense may move the court for an order requiring filing of such a certificate. The court shall give priority to deciding such a motion, and in no event shall the court allow the case to be set for trial without a decision on such motion. (3)(a) A certificate of review shall be executed by the attorney for the plaintiff or complainant declaring: (I) That the attorney has consulted a person who has expertise in the area of the alleged negligent conduct; and (II) That the professional who has been consulted pursuant to subparagraph (I) of this paragraph (a) has	Mentally incompetent or legally disabled: within two years of the discharge of disability status or within the applicable statute of limitations, whichever is later. Wrongful death: within two years of the date of death. Colorado Revised Statutes §§ 13-80-102.5, 13-8-103.

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Colorado CONT.			reviewed the known facts, including such records, documents, and other materials which the professional has found to be relevant to the allegations of negligent conduct and, based on the review of such facts, has concluded that the filing of the claim, counterclaim, or cross claim does not lack substantial justification within the meaning of § 13-17-102(4). (b) The court, in its discretion, may require the identity of the acupuncturist or licensed professional who was consulted pursuant to subparagraph (I) of paragraph (a) of this subsection (3) to be disclosed to the court and may verify the content of such certificate of review. The identity of the professional need not be identified to the opposing party or parties in the civil action. (c) In an action alleging professional negligence of a physician, the certificate of review shall declare that the person consulted meets the requirements of § 13-64-401; or in any action against any other professional, that the person consulted can demonstrate by competent evidence that, as a result, of training, education, knowledge, and experience, the consultant is competent to express an opinion as	

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Colorado CONT.			an opinion as to the negligent conduct alleged. (4) The failure to file a certificate of review in accordance with this section shall result in the dismissal of the complaint, counterclaim, or cross claim. (5) These provisions shall not affect the rights and obligations under § 13-17-102. Colorado Revised Statutes § 13-20-602.	
Connecticut	Arbitration is not mandated but is permitted, with a panel consisting of one attorney and two physicians who review a claim and determine liability. If the panel's report is unanimous, it may be submitted as evidence at trial. Mandatory mediation: There shall be mandatory mediation for all civil actions brought to recover damages resulting from personal injury or wrongful death, whether in tort or in contract, in which it is alleged that such injury or death resulted from the negligence of a health care provider. If such mediation does not settle or conclude the civil action, and if all parties in attendance at such mediation agree, the mediator and all such parties may file a stipulation with the court setting forth any matter or conclusion that the parties and the mediator believe may be useful or relevant to narrow the issues, expedite discovery or assist the parties in preparing the civil action for trial. Connecticut General Statutes § 52-190c.	(a) In any civil action to recover damages resulting from personal injury or wrongful death occurring on or after Oct. 1, 1987, in which it is alleged that such injury or death resulted from the negligence of a health care provider, as defined in §52-184b, the claimant shall have the burden of proving by the preponderance of the evidence that the alleged actions of the health care provider represented a breach of the prevailing professional standard of care for that health care provider. The prevailing professional standard of care for a given health care provider shall be that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. (b) If the defendant health care provider is not certified by the appropriate American board as being	(a) No civil action or apportionment complaint shall be filed to recover damages resulting from personal injury or wrongful death occurring on or after Oct. 1, 1987, whether in tort or in contract, in which it is alleged that such injury or death resulted from the negligence of a health care provider, unless the attorney or party filing the action or apportionment complaint has made a reasonable inquiry as permitted by the circumstances to determine that there are grounds for a good faith belief that there has been negligence in the care or treatment of the claimant. The complaint, initial pleading or apportionment complaint shall contain a certificate of the attorney or party filing the action or apportionment complaint that such reasonable inquiry gave rise to a good faith belief that grounds exist for an action against	Medical malpractice: within two years of the date when the wrongful act occurred or was discovered or should have been discovered. No action may be brought more than three years after the act or omission occurred. Connecticut General Statutes § 52-584.

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Connecticut CONT.		a specialist, is not trained and experienced in a medical specialty, or does not hold himself out as a specialist, a "similar health care provider" is one who: (1) Is licensed by the appropriate regulatory agency of this state or another state requiring the same or greater qualifications; and (2) is trained and experienced in the same discipline or school of practice and such training and experience shall be as a result of the active involvement in the practice or teaching of medicine within the five-year period before the incident giving rise to the claim. (c) If the defendant health care provider is certified by the appropriate American board as a specialist, is trained and experienced in a medical specialty, or holds himself out as a specialist, a "similar health care provider" is one who: (1) Is trained and experienced in the same specialty; and (2) is certified by the appropriate American board in the same specialty; provided if the defendant health care provider is providing treatment or diagnosis for a condition which is not within his specialty, a specialist trained in the treatment or diagnosis for that condition shall be considered a "similar health care provider". (d) Any health care provider may	each named defendant or for an apportionment complaint against each named apportionment defendant. To show the existence of such good faith, the claimant or the claimant's attorney, and any apportionment complainant or the apportionment complainant's attorney, shall obtain a written and signed opinion of a similar health care provider, as defined in § 52-184c, which similar health care provider shall be selected pursuant to the provisions of said section, that there appears to be evidence of medical negligence and includes a detailed basis for the formation of such opinion. Such written opinion shall not be subject to discovery by any party except for questioning the validity of the certificate. The claimant or the claimant's attorney, and any apportionment complainant or apportionment complainant's attorney, shall retain the original written opinion and shall attach a copy of such written opinion, with the name and signature of the similar health care provider expunged, to such certificate. The similar health care provider who provides such written opinion shall not, without a showing of malice, be personally liable for any damages to the defendant health	

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Connecticut CONT.		testify as an expert in any action if he: (1) Is a "similar health care provider" pursuant to subsection (b) or (c) of this section; or (2) is not a similar health care provider pursuant to subsection (b) or (c) of this section but, to the satisfaction of the court, possesses sufficient training, experience and knowledge as a result of practice or teaching in a related field of medicine, so as to be able to provide such expert testimony as to the prevailing professional standard of care in a given field of medicine. Such training, experience or knowledge shall be, as a result, of the active involvement in the practice or teaching of medicine within the five-year period before the incident giving rise to the claim. Connecticut General Statutes § 52-184c.	care provider by reason of having provided such written opinion. In addition to such written opinion, the court may consider other factors, with regard, to the existence of good faith. If the court determines, after the completion of discovery, that such certificate was not made in good faith and that no justiciable issue was presented against a health care provider that fully cooperated in providing informal discovery, the court upon motion or upon its own initiative shall impose upon the person who signed such certificate or a represented party, or both, an appropriate sanction which may include an order to pay to the other party or parties the amount of the reasonable expenses incurred because of the filing of the pleading, motion or other paper, including a reasonable attorney's fee. The court may also submit the matter to the appropriate authority for disciplinary review of the attorney if the claimant's attorney or the apportionment complainant's attorney submitted the certificate. (b) Upon petition to the clerk of any superior court or any federal district court to recover damages resulting from personal injury or wrongful death, an automatic ninety-day extension of the statute	

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Connecticut CONT.			of limitations shall be granted to allow the reasonable inquiry required by subsection (a) of this section. This period shall be in addition to other tolling periods. (c) The failure to obtain and file the written opinion required by subsection (a) of this section shall be grounds for the dismissal of the action. Connecticut General Statutes § 52-190a.	
Delaware	Medical Negligence Review Panels shall be composed of five voting members and shall include two health care provider members, at least one of whom shall be a physician, and the other one of whom shall be, if available, from one of the health care disciplines involved in such action, one attorney and two lay persons who are not health care providers nor licensed to practice law nor associated with the insurance industry. 18 Delaware Code § 6803 et seq. The panel shall, within 30 days, render to the Court a written opinion, including any minority opinion or opinions, signed by the chairperson expressing one or more of the following findings: (1) The evidence supports the conclusion that the defendant or defendants failed to comply with the appropriate standard of care; (2) The evidence does not support the conclusion that the defendant or defendants failed to meet the applicable standard of care; (3) There is a material issue of fact, not requiring expert opinion, bearing on liability for consideration by the Court or jury, which issue of fact shall be identified in the opinion; or (4) The conduct complained of was or was not a factor in the resultant damages, and if so, whether the plaintiff suffered: a. Any disability and the	(e) No liability shall be based upon asserted negligence unless expert medical testimony is presented as to the alleged deviation from the applicable standard of care in the specific circumstances of the case and as to the causation of the alleged personal injury or death, except that such expert medical testimony shall not be required if a medical negligence review panel has found negligence to have occurred and to have caused the alleged personal injury or death and the opinion of such panel is admitted into evidence; provided, however, that a rebuttable inference that personal injury or death was caused by negligence shall arise where evidence is presented that the personal injury or death occurred in any 1 or more of the following circumstances: (1) A foreign object was unintentionally left within the body of the patient following surgery; (2) An explosion or fire originating in		

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Delaware CONT.	extent and duration of the disability; and b. Any permanent impairment and the percentage of the impairment. 18 Delaware Code § 6811. The opinion reached by the medical negligence review panel shall be admissible as prima facie evidence in the pending Superior Court action brought by the claimant, but such opinion shall not be conclusive. 18 Delaware Code § 6812.	a substance used in treatment occurred in the course of treatment; or (3) A surgical procedure was performed on the wrong patient or the wrong organ, limb or part of the patient's body. Except as otherwise provided herein, there shall be no inference or presumption of negligence on the part of a health-care provider. 18 Delaware Code § 6853. No person shall be competent to give expert medical testimony as to applicable standards of skill and care unless such person is familiar with the degree of skill ordinarily employed in the field of medicine on which he or she will testify. 18 Delaware Code § 6854.	(a) No health-care negligence lawsuit shall be filed in this state unless the complaint is accompanied by: (1) An affidavit of merit as to each defendant signed by an expert witness, as defined in §6854 of this title, and accompanied by a current curriculum vitae of the witness, stating that there are reasonable grounds to believe that there has been health-care medical negligence committed by each defendant. If the required affidavit does not accompany the complaint or if a motion to extend the time to file said affidavit as permitted by paragraph (a)(2) of this section has not been filed with the court, then the Prothonotary or clerk of the court shall refuse to file the complaint and it shall not be docketed with the court. The affidavit of merit and curriculum vitae shall be filed with the court in a sealed envelope which envelope shall state on its face: "CONFIDENTIAL SUBJECT TO 18 DEL. C., § 6853. THE CONTENTS OF THIS ENVELOPE MAY ONLY BE VIEWED BY A JUDGE OF THE SUPERIOR COURT." Notwithstanding any law or rule to the contrary the affidavit of merit	Personal injury or death: within two years of the date of injury. If the injury is not discovered after reasonable due diligence within the two years after the date of injury, the claimant has an additional year to file. Minors under the age of six: within two years of the date of injury, or by the minor's sixth birthday, whichever is later. 18 Delaware Code § 6856.

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Delaware CONT.			shall be and shall remain sealed and confidential, except as provided in subsection (d) of this section, shall not be a public record and is exempt from Chapter 100 of Title 29. (2) The court, may, upon timely motion of the plaintiff and for good cause shown, grant a single 60-day extension for the time of filing the affidavit of merit. Good cause shall include, but not be limited to, the inability to obtain, despite reasonable efforts, relevant medical records for expert review. (3) A motion to extend the time for filing an affidavit of merit is timely only if it is filed on or before the filing date that the plaintiff seeks to extend. The filing of a motion to extend the time for filing an affidavit of merit tolls the time period within which the affidavit must be filed until the court rules on the motion. (4) The defendant or defendants not required to take any action with respect to the complaint in such cases until 20 days after plaintiff has filed the affidavit or affidavits of merit. (b) An affidavit of merit shall be unnecessary if the complaint alleges a rebuttable inference of medical negligence, the grounds of which are set forth below in subsection (e) of this section.	

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Delaware CONT.			(c) Qualifications of expert and contents of affidavit. The affidavit or affidavits of merit shall set forth the expert's opinion that there are reasonable grounds to believe that the applicable standard of care was breached by the named defendant or defendants and that the breach was a proximate cause of injury or injuries claimed in the complaint. An expert signing an affidavit of merit shall be licensed to practice medicine as of the date of the affidavit; and in the 3 years immediately preceding the alleged negligent act has been engaged in the treatment of patients and/or in the teaching/academic side of medicine in the same or similar field of medicine as the defendant or defendants, and the expert shall be Board certified in the same or similar field of medicine if the defendant or defendants is Board certified. The Board Certification requirement shall not apply to an expert that began the practice of medicine prior to the existence of Board certification in the applicable specialty. (d) Upon motion by the defendant the court shall determine in camera if the affidavit of merit complies with paragraph (a)(1) and subsection (c) of this section.	

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Delaware CONT.			The affidavit of merit shall not be discoverable in any medical negligence action. The affidavit of merit itself, and the fact that an expert has signed the affidavit of merit, shall not be admissible nor may the expert be questioned in any respect about the existence of said affidavit in the underlying medical negligence action or any subsequent unrelated medical negligence action in which that expert is a witness. 18 Delaware. Code § 6853.	
District of Columbia	After an action is filed in the court against a healthcare provider alleging medical malpractice, the court shall require the parties to enter into mediation, without discovery or, if all parties agree with only limited discovery that will not interfere with the completion of mediation within 30 days of the Initial Scheduling and Settlement Conference ("ISSC"), prior to any further litigation in an effort to reach a settlement agreement. The mediation schedule shall be included in the scheduling conference order following the ISSC. Unless all parties agree, the stay of discovery shall not be more than 30 days after the ISSC. D.C. Code § 16-2821 et seq. Each party shall submit a confidential mediation statement to the mediator no later than 10 days prior to the initial mediation session. Unless not already stated in the complaint and answer, the mediation statement shall: (1) Include a brief summary of facts; (2) Identify the issues of law and fact in dispute and summarize the party's position on those issues; (3) Discuss whether there are issues of law or fact the early resolution of which could facilitate early settlement or narrow the scope of the dispute; (4) Identify	Expert testimony is generally required to establish a breach in the standard of care.		Medical malpractice: within three years of the date of the injury, or when the plaintiff should have become aware of the injury through the exercise of reasonable due diligence. D.C. Code § 12-301. Minors, mentally incompetent, imprisoned: within three years of reaching the age of majority or the discharge of the disability. D.C. Code § 12-302.

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District of Columbia CONT.	the attorney who will represent the party at the mediation session and the person with settlement authority who will attend the mediation session; (5) Include any documents or materials relevant to the case which may assist the mediator and advance the purposes of the mediation session; and (6) Present any other matters that may assist the mediator and facilitate the mediation. D.C. Code § 16-2825. A mediator's report shall be filed with the court no later than 10 days after the mediation has terminated, informing the court regarding: (1) Attendance; (2) Whether a settlement was reached; or (3) If a settlement was not reached, any agreements to narrow the scope of the dispute, limit discovery, facilitate future settlement, hold another mediation session, or otherwise reduce the cost and time of trial preparation. D.C. Code § 16-2826. The mediation session shall be confidential. All proceedings at the mediation, including any statement made by any party, attorney, or other participant, shall be privileged and shall not be construed as an admission against interest. Any statement at such proceedings shall not be used in court in connection with the case or any other litigation. A party shall not be bound by anything said or done at the mediation unless a settlement is reached. D.C. Code § 16-2827.			

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Florida	Judges may refer cases to non-binding arbitration. Florida Statutes § 766.107. Within 120 days after the suit is filed, all parties must attend mediation in person. The time in which mediation must take place may be extended if agreed to by all the parties. Florida Statutes § 766.108. An arbitration panel may be used to determine damages. This process is activated following a pre-suit investigation process, which finds reasonable grounds for medical negligence, where the defendant makes an offer of admission of liability, and where both parties agree to submit the determination of damages to the arbitration panel. The cap on non-economic damages applies. Florida Statutes §§ 766.106; 766.207 through 766.212.	Expert testimony is required to establish a breach in the standard of care unless the facts of the case allow an obvious demonstration of negligence to the lay person. Expert testimony must be provided by a licensed health care provider who practices in the same specialty as the defendant. If the defendant is a specialist, the expert must have practiced in the same specialty as the defendant for the past three years in active clinical practice, teaching, or in a clinical research program. Florida Statutes § 766.102. The department shall issue a certificate authorizing a physician who holds an active and valid license to practice medicine in another state or a province of Canada to provide expert testimony in this state. An expert witness certificate shall be treated as a license in any disciplinary action, and the holder of an expert witness certificate shall be subject to discipline by the board. Florida Statutes § 458.3175. Testimony by experts. If scientific, technical, or other specialized knowledge will assist the trier of fact in understanding the evidence or in determining a fact in issue, a witness**.**	When a plaintiff files a complaint, he/she must attach a verified expert medical opinion corroborating the existence of a supportable claim. Defendants who contest the claim must file a corroborating expert medical opinion supporting denial of the claim. The expert must meet the same requirements as an expert who testifies in the case. Failure to submit an expert opinion is cause for dismissal. Florida Statutes §§ 766.201-766.206; 766.104.	Medical malpractice: within two years of the date when the injury was or should have been discovered. Claims must be filed within four years of the incident serving as the basis for the claim unless the claimant is a minor or fraud exists. Minors: must file before his/her eighth birthday. Cases of fraud: statute of limitations extended two years from the time the injury was discovered or should have been discovered, but no later than seven years after the incident giving rise to the cause of action. Wrongful death: within two years of the date of death, except where a medical malpractice claim is asserted, and the malpractice limitations are controlling. Florida Statutes § 95.11.

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Florida CONT.		qualified as an expert by knowledge, skill, experience, training, or education may testify about it in the form of an opinion or otherwise, if: (1) The testimony is based upon sufficient facts or data; (2) The testimony is the product of reliable principles and methods; and (3) The witness has applied the principles and methods reliably to the facts of the case. Florida Statutes § 90.702. Basis of opinion testimony by experts. The facts or data upon which an expert bases an opinion or inference may be those perceived by, or made known to, the expert at or before the trial. If the facts or data are of a type reasonably relied upon by experts in the subject to support the opinion expressed, the facts or data need not be admissible in evidence. Facts or data that are otherwise inadmissible may not be disclosed to the jury by the proponent of the opinion or inference unless the court determines that their probative value in assisting the jury to evaluate the expert's opinion substantially outweighs their prejudicial effect. Florida Statutes § 90.704		

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Georgia	In addition to any other legal procedure for the resolution of medical malpractice claims, the parties to a medical malpractice claim may submit the claim for arbitration in accordance with this article. Georgia Code § 9-9-60 et seq. The arbitrators shall make a written finding on each of the matters in controversy contained in the submission. If the arbitrators shall fail to agree on any finding, then any two of them may make the finding, which shall have the same force and effect as if made by all. Georgia Code § 9-9-78. After the arbitrators have made their findings, the referee shall furnish each of the parties with a copy thereof. The original shall be entered on the minutes of the court authorizing the arbitration; it shall have all the force and effect of a judgment or decree of the court and may be enforced in the same manner at any time after the adjournment of the court. Georgia Code § 9-9-79.	(a) Except as provided in Code § 22-1-14 and in subsection (g) of this Code section, the provisions of this Code section shall apply in all civil proceedings. The opinion of a witness qualified as an expert under this Code section may be given on the facts as proved by other witnesses. (b) If scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education may testify thereto in the form of an opinion or otherwise, if: (1) The testimony is based upon sufficient facts or data; (2) The testimony is the product of reliable principles and methods; and (3) The witness has applied the principles and methods reliably to the facts of the case which have been or will be admitted into evidence before the trier of fact. (c) Notwithstanding the provisions of subsection (b) of this Code section and any other provision of law which might be construed to the contrary, in professional malpractice actions, the opinions of an expert, who is otherwise qualified as to the acceptable standard of conduct of the professional whose conduct is at issue, shall be admissible only if, at	Complaints alleging professional malpractice must include an affidavit from an expert stating the facts justify a claim of negligence. If this is not filed with the complaint, the case may be subject to dismissal. Georgia Code § 9-11-9.1.	Personal injury or death for medical malpractice: within two years after the injury arising from the negligent act or omission occurred, but no later than 5 years. Minors: same as all other cases including the statute of repose, except minors under the age of five shall have two years from the minor's fifth birthday to bring a cause of action. If a minor was under five when the negligent act or omission occurred, the minor may not file a cause of action after the minor's tenth birthday. Discovery of a foreign object: within one year of discovery. Georgia Code §§ 9-3-71, 9-3-72, and 9-3-73.

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Georgia CONT.		the time the act or omission is alleged to have occurred, such expert: (1) Was licensed by an appropriate regulatory agency to practice his or her profession in the state in which such expert was practicing or teaching in the profession at such time; and (2) In the case of a medical malpractice action, had actual professional knowledge and experience in the area of practice or specialty in which the opinion is to be given as the result of having been regularly engaged in: (A) The active practice of such area of specialty of his or her profession for at least three of the last five years, with sufficient frequency to establish an appropriate level of knowledge, as determined by the judge, in performing the procedure, diagnosing the condition, or rendering the treatment which is alleged to have been performed or rendered negligently by the defendant whose conduct is at issue; or (B) The teaching of his or her profession for at least three of the last five years as an employed member of the faculty of an educational institution accredited in the teaching of such profession, with sufficient frequency to establish an appropriate level of knowledge, as determined by the judge, in teaching others how to perform the procedure, diagnose the		

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Georgia CONT.		condition, or render the treatment which is alleged to have been performed or rendered negligently by the defendant whose conduct is at issue; and (C) Except as provided in subparagraph (D) of this paragraph: (i) Is a member of the same profession; (ii) Is a medical doctor testifying as to the standard of care of a defendant who is a doctor of osteopathy; or (iii) Is a doctor of osteopathy testifying as to the standard of care of a defendant who is a medical doctor; and (D) Notwithstanding any other provision of this Code section, an expert who is a physician and, as a result of having, during at least three of the last five years immediately preceding the time the act or omission is alleged to have occurred, supervised, taught, or instructed nurses, nurse practitioners, certified registered nurse anesthetists, nurse midwives, physician assistants, physical therapists, occupational therapists, or medical support staff, has knowledge of the standard of care of that health care provider under the circumstances at issue shall be competent to testify as to the standard of that health care provider. However, a nurse, nurse practitioner, certified registered nurse anesthetist, nurse midwife, physician assistant, physical therapist, occupational therapist, or medical support staff shall not be		

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Georgia CONT.		competent to testify as to the standard of care of a physician. (d) Upon motion of a party, the court may hold a pretrial hearing to determine whether the witness qualifies as an expert and whether the expert's testimony satisfies the requirements of subsections (a) and (b) of this Code section. Such hearing and ruling shall be completed no later than the final pretrial conference contemplated under Code § 9-11-16. (e) An affiant shall meet the requirements of this Code section in order, to be deemed qualified to testify as an expert by means of the affidavit required under Code § 9-11-9.1. (f) It is the intent of the legislature that, in all civil proceedings, the courts of the state of Georgia not to be viewed as open to expert evidence that would not be admissible in other states. Therefore, in interpreting and applying this Code section, the courts of this state may draw from the opinions of the U.S. Supreme Court in *Daubert v. Merrell Dow Pharmaceuticals, Inc.,* 509 U.S. 579 (1993); *General Electric Co. v. Joiner*, 522 U.S. 136 (1997); *Kumho Tire Co. Ltd. v. Carmichael*, 526 U.S. 137 (1999); and other cases in federal courts applying the standards announced by the U.S. Supreme Court in these cases.		

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Georgia CONT.		(g) This Code section shall not be strictly applied in proceedings conducted pursuant to Chapter 9 of Title 34 or in administrative proceedings conducted pursuant to Chapter 13 of Title 50. Georgia Code § 24-7-702.		
Hawaii	Prior to commencement of a medical tort action in court, a claimant must submit the claim to a medical claim conciliation panel which shall facilitate the resolution of inquiries regarding the rendering of professional services by health care providers that involve injury, death or other damages to the patient. The panel shall be comprised of a chairperson/attorney and a physician. Hawaii Revised Statutes §§ 671-11 through 671-20. The panel was changed to advisory in nature in 2012 (HB 1967). Hawaii also has a court annexed arbitration program which is mandatory and nonbinding for all civil tort actions when the expectant damages are $150,000 or less. Either party, however, may elect to bypass the court's arbitration program once the claim has been submitted to the medical conciliation panel. Hawaii Revised Statutes § 671-16.5.		(a) Any inquiry filed with the medical inquiry and conciliation panel under this chapter shall be accompanied by a certificate that declares one of the following: (1) That the party initiating the inquiry or the party's attorney has consulted with at least one physician who is licensed to practice in this state or any other state, and who is knowledgeable or experienced in the same medical specialty as the health care professional against whom the inquiry is made, and that the party or the party's attorney has concluded on the basis of the consultation that there is a reasonable and meritorious cause for filing the inquiry. If the party initiating the inquiry or the party's attorney is not able to consult with a physician in the same medical specialty as the health care professional against whom the inquiry is made, that party or the party's attorney may consult with a physician who is licensed in this state or in any other state who is	Medical malpractice: within two years of the injury, or when the claimant should have reasonably been aware of the injury, but in no case more than six years after the occurrence of the alleged negligent act. Minors: If the minor is under six years of age, a claim must be filed within six years of the date of injury, or by the child's tenth birthday, whichever is later. Minors over the age of ten must file within six years from the date of the injury. The statute is tolled where the injury was not discoverable through reasonable due diligence. Hawaii Revised Statutes § 657-7.3.

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Hawaii CONT.			knowledgeable and experienced in a medical specialty that is as closely related as practicable to the medical specialty of the health care professional against whom the inquiry is made. The physician or physicians consulted may not be a party to the inquiry, nor be compelled to testify or otherwise participate in proceedings related to the medical inquiry and conciliation panel; (2) That the party initiating the inquiry or the party's attorney was unable to obtain the consultation required by paragraph (1) because a statute of limitations would impair the action and that the certificate required by paragraph (1) could not be obtained before the impairment of the action. If a certificate is executed pursuant to this paragraph, the certificate required by paragraph (1) shall be filed by the party initiating the inquiry or the party's attorney within 90 days after filing the inquiry; or (3) That the party initiating the inquiry or the party's attorney was unable to obtain the consultation required by paragraph (1) after the party or the party's attorney had made a good faith attempt to obtain the consultation and the physician contacted would not agree to the consultation. For	

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Hawaii CONT.			purposes of this paragraph, “good faith attempt” refers to the responsibility of a party initiating an inquiry or the party's attorney to make reasonable efforts to contact a physician for the purpose of reviewing the circumstances upon which an inquiry is based. The party initiating the inquiry or the party's attorney may contact physicians by letter, telephone, facsimile, or other electronic means of communication. If the physician does not respond within a reasonable time, the party initiating the inquiry or the party's attorney may submit the inquiry to the medical inquiry and conciliation panel along with a certificate declaring the nonresponse to the party or the party's attorney's good faith attempt. A “good faith attempt” shall ultimately be evaluated, in light, of the goal of having a qualified physician assist the party initiating the inquiry or the party's attorney in understanding the basis of the inquiry and the determination shall depend upon the circumstances of each individual case. (b) Where a party initiating an inquiry or the party's attorney intends to rely solely on a failure to inform of the consequences of a procedure (informed consent), this	

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Hawaii CONT.			section shall be inapplicable. The party initiating an inquiry or the party's attorney shall certify upon filing of the inquiry that the party or the party's attorney is relying solely on the failure to inform of the consequences of a procedure and for that reason is not filing a certificate as required by this section. (c) For the purposes of this section, the party initiating an inquiry or the party's attorney shall not be required to disclose the names of any physician consulted to fulfill the requirements of subsection (a) to any of the other parties to the inquiry. The medical inquiry and conciliation panel may require the party initiating an inquiry or the party's attorney to disclose the name of any physician consulted to fulfill the requirements of subsection (a). No disclosure of the name of any physician consulted to fulfill the requirements of subsection (a) shall be made to any of the other parties to the inquiry; provided that the medical inquiry and conciliation panel may contact the physician to determine if the requirements of subsection (a) were met.	

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Hawaii CONT.			(d) Unless a certificate is filed pursuant to subsection (a) or (b), the inquiry shall not be received for filing by the medical inquiry and conciliation panel. Hawaii Revised Statutes § 671-12.5.	
Idaho	Arbitration is permitted but not required. Idaho Code § 7-901. Informal and nonbinding pre-trial screening panels are mandatory. Hearing Panels are appointed by the Board of Medicine and shall include a physician, attorney, and layperson agreed to by the panelists. In cases involving hospitals, a hospital administrator shall also be appointed to the panel. Idaho Code §§ 6.1001 through 6.1011. In the event of an alleged negligence or wrongful death case involving a claim for damages against a licensed nursing facility operating in the state of Idaho, the Idaho state board of examiners of nursing home administrators is directed to cooperate in providing a prelitigation hearing panel. The panel shall operate in the nature of a special civil grand jury and procedure for prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide medical, nursing, or health care services in the state of Idaho. The proceedings shall be informal and nonbinding but shall be compulsory as a condition precedent to litigation. Proceedings conducted or maintained under the authority of this chapter shall at all times be subject to disclosure according to chapter 1, title 74, Idaho Code. Formal rules of evidence shall not apply and all proceedings shall be expeditious and informal. Idaho Code § 6-2301.	In any case, claim or action for damages due to injury to or death of any person, brought against any physician and surgeon or other provider of health care, including, without limitation, any dentist, physicians' assistant, nurse practitioner, registered nurse, licensed practical nurse, nurse anesthetist, medical technologist, physical therapist, hospital or nursing home, or any person vicariously liable for the negligence of them or any of them, on account of the provision of or failure to provide health care or on account of any matter incidental or related thereto, such claimant or plaintiff must, as an essential part of his or her case in chief, affirmatively prove by direct expert testimony and by a preponderance of all the competent evidence, that such defendant then and there negligently failed to meet the applicable standard of health care practice of the community in which such care allegedly was or should have been provided, as such standard existed at the time and place of the alleged negligence of such physician and		Medical malpractice: within two years from the time of the occurrence of the wrongful act or omission at issue. Foreign objects: within two years of when the claimant became aware of the injury, or one year following the date of the accrual, whichever is later Wrongful death: within two years of the date of death. Minors and insane: statute tolled by disability but for no more than 6 years. Idaho Code § 5-219.

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Idaho CONT.		surgeon, hospital, or other such health care provider and as such standard then and there existed with respect to the class of health care provider that such defendant then and there belonged to and in which capacity he, she or it was functioning. Such individual providers of health care shall be judged in such cases in comparison with similarly trained and qualified providers of the same class in the same community, taking into account his or her training, experience, and fields of medical specialization, if any. If there be no other like provider in the community and the standard of practice is therefore indeterminable, evidence of such standard in similar Idaho communities at said time may be considered. As used in this act, the term “community” refers to that geographical area ordinarily served by the licensed general hospital at or nearest to which such care was or allegedly should have been provided. Idaho Code § 6-1012. The applicable standard of practice and such a defendant's failure to meet said standard must be established in such cases by such a plaintiff by testimony of one (1) or more knowledgeable, competent expert witnesses, and such expert testimony		

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Idaho CONT.		may only be admitted in evidence if the foundation therefor is first laid, establishing (a) that such an opinion is actually held by the expert witness, (b) that the said opinion can be testified to with reasonable medical certainty, and (c) that such expert witness possesses professional knowledge and expertise coupled with actual knowledge of the applicable said community standard to which his or her expert opinion testimony is addressed; provided, this section shall not be construed to prohibit or otherwise preclude a competent expert witness who resides elsewhere from adequately familiarizing himself with the standards and practices of (a particular) such area and thereafter giving opinion testimony in such a trial. Idaho Code § 6-1013.		

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Illinois	Arbitration is not mandatory but is permitted if the parties agree to binding arbitration by written agreement prior to care provided. The arbitration panel shall be made up of three arbitrators. One chosen by each party, and one agreed upon by both parties. 710 Illinois Compiled Statutes §§ 15/1 through 15/10. Every health care arbitration agreement shall be subject to the following conditions: (a) The agreement is not a condition to the rendering of health care services by any party and the agreement has been executed by the recipient of health care services at the inception of or during the term of provision of services for a specific cause by either a health care provider or a hospital; and (b) The agreement is a separate instrument complete in itself and not a part of any other contract or instrument; and (c) The agreement may not limit, impair, or waive any substantive rights or defenses of any party, including the statute of limitations; and (d) The agreement shall not limit, impair, or waive the procedural rights to be heard, to present material evidence, to cross-examine witnesses, and to be represented by an attorney, or other procedural rights of due process of any party. (e) As a part of the discharge planning process the patient or, if appropriate, members of his family must be given a copy of the health care arbitration agreement previously executed by or for the patient and shall re-affirm it. Failure to comply with this provision during the discharge planning process shall void the health care arbitration agreement. 710 Illinois Compiled Statutes § 15/8.	In determining if a witness is competent to testify on the appropriate standard of care, the court must look at whether the witness is board certified, board eligible, or completed a residency in the same or substantially similar medical specialty as the defendant and has significant experience with the standard of care, methods, procedures, and treatments relevant to the allegations against the defendant, the amount of time spent by the witness on practicing, teaching, or researching medicine as it relates to the treatment at issue, whether the witness is licensed in the same class of license as the defendant; and whether, in the case against a non-specialist, the witness can demonstrate a sufficient familiarity with the standard of care practiced in Illinois. A witness may not qualify as an expert if the witness cannot provide evidence that he or she has actively practiced medicine, taught, or done research in a university setting for the past five years. If retired, the witness must provide evidence that he or she completed continuing education courses for three years prior to testifying. 735 Illinois Compiled Statutes § 5/8-2501. Ruled unconstitutional – *LeBron v. Gottlieb Memorial Hospital*, 930 N.E.2D 895 (Ill. 2010).	(a) In any action, whether in tort, contract or otherwise, in which the plaintiff seeks damages for injuries or death by reason of medical, hospital, or other healing art malpractice, the plaintiff's attorney or the plaintiff, if the plaintiff is proceeding pro se, shall file an affidavit, attached to the original and all copies of the complaint, declaring one of the following: 1. That the affiant has consulted and reviewed the facts of the case with a health professional who the affiant reasonably believes: (i) is knowledgeable in the relevant issues involved in the particular action; (ii) practices or has practiced within the last six years or teaches or has taught within the last six years in the same area of health care or medicine that is at issue in the particular action; and (iii) is qualified by experience or demonstrated competence in the subject of the case; that the reviewing health professional has determined in a written report, after a review of the medical record and other relevant material involved in the particular action that there is a reasonable and meritorious cause for the filing of such action; and that the affiant has concluded on the basis of the reviewing health professional's review and	Medical malpractice: within two years from the date the claimant became aware of the injury, or should reasonably have been aware of the injury, but in no event more than four years of the incident giving rise to the cause of action. Minors under eighteen: within eight years from the date of the wrongful act or omission giving rise to the claim; no claim may be filed for medical malpractice after the injured party’s twenty-second birthday. Wrongful death: within two years from the date of death but does not apply if the claim is based on a medical malpractice and the statute of limitations has expired. Disabled: Tolled until disability is removed. 735 Illinois Compiled Statutes § 5/13-212.

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Illinois CONT.			consultation that there is a reasonable and meritorious cause for filing of such action. If the affidavit is filed as to a defendant who is a physician licensed to treat human ailments without the use of drugs or medicines and without operative surgery, a dentist, a podiatric physician, a psychologist, or a naturopath, the written report must be from a health professional licensed in the same profession, with the same class of license, as the defendant. For affidavits filed as to all other defendants, the written report must be from a physician licensed to practice medicine in all its branches. In either event, the affidavit must identify the profession of the reviewing health professional. A copy of the written report, clearly identifying the plaintiff and the reasons for the reviewing health professional's determination that a reasonable and meritorious cause for the filing of the action exists, must be attached to the affidavit, but information which would identify the reviewing health professional may be deleted from the copy so attached. 2. That the affiant was unable to obtain a consultation required by paragraph 1 because a statute of limitations would impair the action and the	

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Illinois CONT.			consultation required could not be obtained before the expiration of the statute of limitations. If an affidavit is executed pursuant to this paragraph, the certificate and written report required by paragraph 1 shall be filed within 90 days after the filing of the complaint. The defendant shall be excused from answering or otherwise pleading until 30 days after being served with a certificate required by paragraph 1. 3. That a request has been made by the plaintiff or his attorney for examination and copying of records pursuant to Part 20 of Article VIII of this Code1 and the party required to comply under those sections has failed to produce such records within 60 days of the receipt of the request. If an affidavit is executed pursuant to this paragraph, the certificate and written report required by paragraph 1 shall be filed within 90 days following receipt of the requested records. All defendants except those whose failure to comply with Part 20 of Article VIII of this Code is the basis for an affidavit under this paragraph shall be excused from answering or otherwise pleading until 30 days after being served with the certificate required by paragraph 1.	

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Illinois CONT.			(b) Where a certificate and written report are required pursuant to this section a separate certificate and written report shall be filed as to each defendant who has been named in the complaint and shall be filed as to each defendant named, at a later, time. (c) Where the plaintiff intends to rely on the doctrine of "res ipsa loquitur", as defined by § 2-1113 of this Code, the certificate and written report must state that, in the opinion of the reviewing health professional, negligence has occurred, in the course, of medical treatment. The affiant shall certify upon filing of the complaint that he is relying on the doctrine of "res ipsa loquitur". (d) When the attorney intends to rely on the doctrine of failure to inform of the consequences of the procedure, the attorney shall certify upon the filing of the complaint that the reviewing health professional has, after reviewing the medical record and other relevant materials involved in the particular action, concluded that a reasonable health professional would have informed the patient of the consequences of the procedure. (e) Allegations and denials in the affidavit, made without reasonable	

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Illinois CONT.			cause and found to be untrue, shall subject the party pleading them or his attorney, or both, to the payment of reasonable expenses, actually incurred by the other party by reason of the untrue pleading, together with reasonable attorneys' fees to be summarily taxed by the court upon motion made within 30 days of the judgment or dismissal. In no event shall the award for attorneys' fees and expenses exceed those actually paid by the moving party, including the insurer, if any. In proceedings under this paragraph (e), the moving party shall have the right to depose and examine, any and, all reviewing health professionals who prepared reports used in conjunction with an affidavit required by this section. (f) A reviewing health professional who in good faith prepares a report used in conjunction with an affidavit required by this Section shall have civil immunity from liability which otherwise might result from the preparation of such report. (g) The failure to file a certificate required by this section shall be grounds for dismissal under § 2-619. 735 Illinois Compiled Statutes § 5/2-622.	

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Indiana	Except as provided, an action against a health care provider may not be commenced in a court in Indiana before: (1) the claimant's proposed complaint has been presented to a medical review panel established under IC 34-18-10; and (2) an opinion is given by the panel. Indiana Code § 34-18-8-4 et seq. Notwithstanding section 4 of this chapter, a claimant may commence an action in court for malpractice without the presentation of the claim to a medical review panel if the claimant and all parties named as defendants in the action agree that the claim is not to be presented to a medical review panel. The agreement must be in writing and must be signed by each party or an authorized agent of the party. The claimant must attach a copy of the agreement to the complaint filed with the court in which the action is commenced. Indiana Code § 34-18-8-6. This chapter provides for the establishment of medical review panels to review proposed malpractice complaints against health care providers covered by this article. Indiana Code § 34-18-10-1 et seq. (a) The panel has the sole duty to express the panel's expert opinion as to whether or not the evidence supports the conclusion that the defendant or defendants acted or failed to act within the appropriate standards of care as charged in the complaint. (b) After reviewing all evidence and after any examination of the panel by counsel representing either party, the panel shall, within 30 days, give one or more of the following expert opinions, which must be in writing and signed by the panelists: (1) The evidence supports the conclusion that the defendant or defendants failed to comply with the appropriate standard of care as charged in the complaint.	Plaintiffs may pursue a claim without testimony from a medical expert, but it is usually required to establish the standard of care and deviation therefrom. The opinion of any member of the medical review panel is sufficient to establish a prima facie case for negligence, and the member may be required to testify at trial. Indiana Code § 34-18-10-23.		Medical malpractice: within two years from the date of the alleged wrongful/omitted act. Plaintiffs who, because they suffer from conditions with long latency periods, and who are unable to discover the malpractice and their resulting injury within the two-year statutory period, are to be permitted to file their claims within two years of the date when they discover the malpractice and the resulting injury or facts that, in the exercise of reasonable diligence, should lead to the discovery of the malpractice and injury. *Van Dusen v. Stotts*, 712 N.E.2d 491 (Ind. 1999). Minors under the age of six must bring a suit before their eighth birthday. Indiana Code § 34-18-7-1 and § 34-18-7-2.

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Indiana CONT.	(2) The evidence does not support the conclusion that the defendant or defendants failed to meet the applicable standard of care as charged in the complaint. (3) There is a material issue of fact, not requiring expert opinion, bearing on liability for consideration by the court or jury. (4) The conduct complained of was or was not a factor of the resultant damages. If so, whether the plaintiff suffered: (A) any disability and the extent and duration of the disability; and (B) any permanent impairment and the percentage of the impairment. Indiana Code § 34-18-10-22. A report of the expert opinion reached by the medical review panel is admissible as evidence in any action subsequently brought by the claimant in a court of law. However, the expert opinion is not conclusive, and either party, at the party's cost, has the right to call any member of the medical review panel as a witness. If called, a witness shall appear and testify. Indiana Code § 34-18-10-23.			
Iowa		Medical malpractice claims must be established through the use of expert testimony, unless the facts clearly establish negligence. The expert's qualifications must relate directly to the medical problem or problems at issue and the type of treatment administered in the case. Iowa Code § 147.139.	1. a. In any action for personal injury or wrongful death against a health care provider based upon the alleged negligence in the practice of that profession or occupation or in patient care, which includes a cause of action for which expert testimony is necessary to establish a prima facie case, the plaintiff shall, prior to the commencement of discovery in the case and within 60 days of the defendant's answer, serve upon the defendant a certificate of merit affidavit signed by an expert witness with respect to the issue of standard of care and an alleged breach of the standard of	Personal injury or death: within two years of the date the claimant became aware of the injury or should have discovered the injury through reasonable diligence, whichever occurs first. In no event may an action be brought more than six years from the date from which the alleged wrongful act or omission took place unless a foreign object unintentionally left in the body caused the injury or death. Minors: under the age of eight shall be brought no later than the minor's tenth birthday or as provided in the general statute of limitations for personal injury or death, whichever is later. Iowa Code § 614.1.

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Iowa CONT.			care. The expert witness must meet the qualifying standards of § 147.139. b. A certificate of merit affidavit must be signed by the expert witness and certify the purpose for calling the expert witness by providing under the oath of the expert witness all, of the following: (1) The expert witness's statement of familiarity with the applicable standard of care. (2) The expert witness's statement that the standard of care was breached by the health care provider named in the petition. c. A plaintiff shall serve a separate certificate of merit affidavit on each defendant named in the petition. 2. An expert witness's certificate of merit affidavit does not preclude additional discovery and supplementation of the expert witness's opinions in accordance with the rules of civil procedure. 3. The parties shall comply with the requirements of § 668.11 and all other applicable law governing certification and disclosure of expert witnesses. 4. The parties by agreement or the court for good cause shown and in response to a motion filed prior to the expiration of the time limits specified in subsection 1 may provide for extensions of the time limits. Good cause shall include but	

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Iowa CONT.			not be limited to the inability to timely obtain the plaintiff's medical records from health care providers when requested prior to filing the petition. 5. If the plaintiff is acting pro se, the plaintiff shall have the expert witness sign the certificate of merit affidavit or answers to interrogatories referred to in this section and the plaintiff shall be bound by those provisions as if represented by an attorney. 6. Failure to substantially comply with subsection 1 shall result, upon motion, in dismissal with prejudice of each cause of action as to which expert witness testimony is necessary to establish a prima facie case. 7. For purposes of this section, “health care provider” means the same as defined in § 147.136A. Iowa Code § 147.140.	

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Kansas	A court must convene a medical screening panel in a medical malpractice action if requested by one of the parties or upon a judge's own motion. The screening panel shall include a health care provider selected by the defendant, a health care provider selected by the plaintiff, a health care provider selected by both the plaintiff and defendant, and an attorney selected by the court. The screening panel shall determine whether the defendant met the appropriate standard of care and if the injury was caused by a failure to meet the standard of care. The final decision by the screening panel shall be made in writing to all parties and the court, dissenting members of the panel may also submit their findings in writing. The written report may be submitted into evidence and any member of the panel may be called as a witness. Kansas Statutes §§ 65-4901 through 65-4908.	Expert testimony is required to establish negligence, except where the lack of reasonable care is obvious to the lay person. To qualify as an expert in a medical malpractice liability action, the expert must devote at least 50% of his or her professional time, within the two-year period preceding the incident giving rise to the action, to actual clinical practice in the same profession in which the defendant is licensed. Kansas Statutes § 60-3412.		Medical Malpractice: within two years from the date of the injury, or from when the injury should have been reasonably discovered, but no more than four years after the alleged act or omission occurred. Kansas Statutes § 60-513. Minors, incapacitated, incarcerated - may bring an action within one year from the date the disability is removed, but no action may be brought more than eight years after the time of the act giving rise to the cause of action. Kansas Statutes § 60-515.
Kentucky	Arbitration agreements are valid, enforceable, and irrevocable, except on grounds that exist for any contract. Kentucky Revised Statutes § 417.050.	Expert testimony is required to prove medical malpractice unless the facts themselves establish a prima facie case.	(1) A claimant commencing any action identified in KRS 413.140(1)(e), or against a long-term-care facility as defined in KRS 216.510 alleging that the long-term-care facility failed to provide proper care to one or more residents of the facility, shall file a certificate of merit with the complaint in the court in which the action is commenced. (2) "Certificate of merit" means an affidavit or declaration that: (a) The claimant has reviewed the facts of the case and has consulted with at least one expert qualified pursuant to the Kentucky Rules of Civil Procedure and the Kentucky Rules of Evidence who is qualified to give expert testimony as to the	Medical malpractice, injury or death: within one year from the date the injury was or should have reasonably been discovered, but no later than five years from the date the alleged negligent act or mission occurred. Kentucky Revised Statutes § 413.140. Minors and persons of unsound mind: the one-year limitation tolls until reaching the age of majority or the disability is lifted. Kentucky Revised Statutes § 413.170.

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Kentucky CONT.			standard of care or negligence and who the claimant or his or her counsel reasonably believes is knowledgeable in the relevant issues involved in the particular action, and has concluded on the basis of review and consultation that there is reasonable basis to commence the action; (b) The claimant was unable to obtain the consultation required by paragraph (a) of this subsection because a limitation of time established by KRS Chapter 413 would bar the action and that the consultation could not reasonably be obtained before that time expired. An affidavit or declaration executed pursuant to this paragraph shall be supplemented by an affidavit or declaration pursuant to paragraph (a) of this subsection or paragraph (c) of this subsection within 60 days after service of the complaint or the suit shall be dismissed unless the court grants an extension for good cause; or (c) The claimant was unable to obtain the consultation required by paragraph (a) of this subsection because the claimant or his or her counsel had made at least three separate good-faith attempts with three different experts to obtain a consultation and that none of those contacted would agree to a consultation; so long as	

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Kentucky CONT.			none of those contacted gave an opinion that there was no reasonable basis to commence the action. (3) A single certificate of merit is required for an action even if more than one defendant has been named in the complaint or is subsequently named. (4) A certificate of merit is not required where the claimant intends to rely solely on one or more causes of action for which expert testimony is not required, including claims of res ipsa loquitur and lack of informed consent, in which case the complaint shall be accompanied by an affidavit or declaration that no cause of action is asserted for which expert testimony is required. (5) If a request by the claimant for the records of the claimant's medical treatment by the defendants has been made and the records have not been produced, the claimant shall not be required to file a certificate of merit under this section until 90 days after the records have been produced. For purposes of this section, “records” includes but is not limited to paper or electronic copies of dictations, video recordings, fetal heart monitor strips, and imaging studies. (6) The identity and statements of an expert relied upon in subsection	

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Kentucky CONT.			(2) of this section above are not discoverable, except: (a) When a claim is made under subsection (2)(c) of this section that the claimant was unable to obtain the required consultation with an expert, the court, upon the request of a defendant made prior to compliance by the claimant with this section, may require the claimant to divulge to the court, in camera and without disclosure by the court to any other party, the names of the physicians refusing to consult; or (b) If any party to an action hereto prevails on the basis of the failure of an opposing party to offer any competent expert testimony, the court may, upon motion, for good cause shown compel the opposing party or party's counsel to provide to the court the name of any expert consulted and any written materials relied upon in executing the certificate. (7) The claimant, in lieu of serving a certificate of merit, may provide the defendant or defendants with expert information in the form required by the Kentucky Rules of Civil Procedure. Nothing in this section requires the disclosure of any “consulting” or non-trial expert, except as expressly stated in this section. Kentucky Revised Statutes § 411.167.	

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Louisiana	Arbitration agreements between health care providers and patients are irrevocable, and enforceable, save upon such grounds as exist at law or in equity for the revocation of any contract. Louisiana Revised Statutes §§ 9:4231-9:4235. A provision in any medical contract between a patient and medical institution, under which the parties agree to settle by arbitration a controversy thereafter arising out of the contract, or out of the refusal to perform the whole or any part thereof, or a provision to submit to arbitration any controversy existing between them at the time of the agreement to submit, shall be valid, irrevocable, and enforceable, save upon such grounds as exist at law or in equity for the revocation of any contract. Louisiana Revised Statutes § 9:4230 et seq. A. (1)(a) All malpractice claims against health care providers covered by this Part, other than claims validly agreed for submission to a lawfully binding arbitration procedure, shall be reviewed by a medical review panel established as hereinafter provided for in this section. The filing of a request for review by a medical review panel as provided for in this section shall not be reportable by any health care provider, the Louisiana Patient's Compensation Fund, or any other entity to the Louisiana State Board of Medical Examiners, to any licensing authority, committee, or board of any other state, or to any credentialing or similar agency, committee, or board of any clinic, hospital, health insurer, or managed care company. B. (1)(a)(i) No action against a health care provider covered by this part, or his insurer, may be commenced in any court before the claimant's proposed complaint has been presented to a medical review panel established	A. In a malpractice action based on the negligence of a physician licensed under R.S. 37:1261 et seq., a dentist licensed under R.S. 37:751 et seq., an optometrist licensed under R.S. 37:1041 et seq., or a chiropractic physician licensed under R.S. 37:2801 et seq., the plaintiff shall have the burden of proving: (1) The degree of knowledge or skill possessed or the degree of care ordinarily exercised by physicians, dentists, optometrists, or chiropractic physicians licensed to practice in the state of Louisiana and actively practicing in a similar community or locale and under similar circumstances; and where the defendant practices in a particular specialty and where the alleged acts of medical negligence raise issues peculiar to the particular medical specialty involved, then the plaintiff has the burden of proving the degree of care ordinarily practiced by physicians, dentists, optometrists, or chiropractic physicians within the involved medical specialty. (2) That the defendant either lacked this degree of knowledge or skill or failed to use reasonable care and diligence, along with his best judgment in the application of that skill. (3) That as a proximate result of this lack of knowledge or skill or the failure to		Medical malpractice: within one year from the date of the discovery of the alleged wrongful act / omission, but not more than three years after the date the alleged wrongful act/omission occurred. Wrongful death: within one year of the date of death. Minors and incompetents: the adult standard applies. Louisiana Revised Statutes § 9:5628.

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Louisiana CONT.	pursuant to this section. (ii) A certificate of enrollment issued by the board shall be admitted in evidence. C. The medical review panel shall consist of three health care providers who hold unlimited licenses to practice their profession in Louisiana and one attorney. . . . G. The panel shall have the sole duty to express its expert opinion as to whether, or not the evidence supports the conclusion that the defendant or defendants acted or failed to act within the appropriate standards of care. After reviewing all evidence and after any examination of the panel by counsel representing either party, the panel shall, within thirty days, render one or more of the following expert opinions, which shall be in writing and signed by the panelists, together with written reasons for their conclusions: (1) The evidence supports the conclusion that the defendant or defendants failed to comply with the appropriate standard of care as charged in the complaint. (2) The evidence does not support the conclusion that the defendant or defendants failed to meet the applicable standard of care as charged in the complaint. (3) That there is a material issue of fact, not requiring expert opinion, bearing on liability for consideration by the court. (4) When Paragraph (1) of this subsection is answered in the affirmative, that the conduct complained of was or was not a factor of the resultant damages. If such conduct was a factor, whether the plaintiff suffered: (a) any disability and the extent and duration of the disability, and (b) any permanent impairment and the percentage of the impairment. H. Any report of the expert opinion reached by the medical review panel shall be admissible as evidence in any action subsequently brought by the claimant in a court of law, but such expert opinion shall not be conclusive and either party shall have the right to call, at his cost, any member of the	exercise this degree of care the plaintiff suffered injuries that would not otherwise have been incurred. B. Any party to an action shall have the right to subpoena any physician, dentist, optometrist, or chiropractor for a deposition or testimony for trial, or both, to establish the degree of knowledge or skill possessed or degree of care ordinarily exercised as described in Subsection A of this Section without obtaining the consent of the physician, dentist, optometrist, or chiropractor who is going to be subpoenaed only if that physician, dentist, optometrist, or chiropractor has or possesses special knowledge or experience in the specific medical procedure or process that forms the basis of the action. The fee of the physician, dentist, optometrist, or chiropractor called for deposition or testimony, or both, under this Subsection shall be set by the court. C. In medical malpractice actions the jury shall be instructed that the plaintiff has the burden of proving, by a preponderance of the evidence, the negligence of the physician, dentist, optometrist, or chiropractic physician. The jury shall be further instructed that injury alone does not raise a presumption of the physician's, dentist's, optometrist's or chiropractic physician's negligence. The provisions of this Section shall not		

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Louisiana CONT.	medical review panel as a witness. If called, the witness shall be required to appear and testify. A panelist shall have absolute immunity from civil liability for all communications, findings, opinions, and conclusions made in the course and scope of duties prescribed by this Part. Louisiana Revised Statutes § 40:1231.8 et seq. A. (1)(a) All malpractice claims against the state, its agencies, or other persons covered by this Part, other than claims subject to administrative review in a correctional facility in accordance with R.S. 40:1237.1(E) and claims compromised or settled by the claimant and the division of administration with the concurrence of designated legal counsel for the state, shall be reviewed by a state medical review panel established as provided in this section, to be administered by the commissioner of administration, hereinafter referred to as commissioner. The filing of a request for review by a state medical review panel as provided for in this section shall not be reportable by any health care provider or any other entity to the Louisiana State Board of Medical Examiners, to any licensing authority, committee, or board of any other state, or to any credentialing or similar agency, committee, or board of any clinic, hospital, health insurer, or managed care company. B. (1)(a)(i) No action against the state, its agencies, or a person covered by this Part, or his insurer, may be commenced in any court before the claimant's complaint has been presented to a state medical review panel established pursuant to this section. C. (1) The state medical review panel shall consist of one attorney and three health care providers who hold unlimited licenses to practice their profession in Louisiana.	apply to situations where the doctrine of res ipsa loquitur is found by the court to be applicable. D. (1) In a medical malpractice action against a physician, licensed to practice medicine by the Louisiana State Board of Medical Examiners under R.S. 37:1261 et seq., for injury to or death of a patient, a person may qualify as an expert witness on the issue of whether the physician departed from accepted standards of medical care only if the person is a physician who meets all of the following criteria: (a) He is practicing medicine at the time such testimony is given or was practicing medicine at the time the claim arose. (b) He has knowledge of accepted standards of medical care for the diagnosis, care, or treatment of the illness, injury, or condition involved in the claim. (c) He is qualified on the basis of training or experience to offer an expert opinion regarding those accepted standards of care. (d) He is licensed to practice medicine by the Louisiana State Board of Medical Examiners under R.S. 37:1261 et seq., is licensed to practice medicine by any other jurisdiction in the United States or is a graduate of a medical school accredited by the American Medical Association's Liaison Committee on Medical		

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Louisiana CONT.	G. The panel shall have the sole duty to express its expert opinion as to whether or not the evidence supports the conclusion that the defendant or defendants acted or failed to act within the appropriate standards of care as charged in the complaint. After reviewing all evidence and after any examination of the panel by counsel representing either party, the panel shall, within thirty days, render one or more of the following expert opinions which shall be in writing and signed by the panelists, together with written reasons supporting each opinion, which shall constitute part of the report: (1) The evidence does not support the conclusion that the defendant or defendants failed to comply with the appropriate standard of care as charged in the complaint. (2) The evidence does support the conclusion that the defendant or defendants failed to meet the applicable standard of care as charged in the complaint. If such opinion is rendered, then an opinion on whether the conduct complained of was or was not, in fact, a medical cause of the resultant damages shall also be rendered. If an opinion is rendered that such conduct was, in fact, a medical cause of the resultant damages, then an opinion shall be rendered on whether the plaintiff suffered: (a) Any disability and the extent and duration of the disability. (b) Any permanent impairment and the percentage of the impairment. (3) There is a material issue of fact, not requiring medical or health care expert opinion, bearing on liability for consideration by the court. H. Any report of the expert opinion reached by the state medical review panel shall be admissible as evidence in any action subsequently brought by the claimant in a court of law, but such expert opinion shall not be conclusive and either party may call, at his cost, any member of the state medical review panel as a witness. If called, the witness shall appear and testify. A panelist shall have absolute immunity from civil liability for all communications,	Education or the American Osteopathic Association. (2) For the purposes of this subsection, “practicing medicine” or “medical practice” includes but is not limited to training residents or students at an accredited school of medicine or osteopathy or serving as a consulting physician to other physicians who provide direct patient care, upon the request of such other physicians. (3) In determining whether a witness is qualified on the basis of training or experience, the court shall consider whether, at the time the claim arose or at the time the testimony is given, the witness is board certified or has other substantial training or experience in an area of medical practice relevant to the claim and is actively practicing in that area. (4) The court shall apply the criteria specified in Paragraphs (1), (2), and (3) of this subsection in determining whether a person is qualified to offer expert testimony on the issue of whether the physician departed from accepted standards of medical care. (5) Nothing in this subsection shall be construed to prohibit a physician from qualifying as an expert solely because he is a defendant in a medical malpractice claim. Louisiana Revised Statutes § 9:2794.		

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Louisiana CONT.	findings, opinions, and conclusions made in the course and scope of duties prescribed by this Part. Louisiana Revised Statutes § 40-1237.2 et seq.			
Maine	The purpose of mandatory prelitigation screening and mediation panels is: (A) To identify claims of professional negligence which merit compensation and to encourage early resolution of those claims prior to commencement of a lawsuit; and (B) To identify claims of professional negligence and to encourage early withdrawal or dismissal of non-meritorious claims. 24 Maine Revised Statutes § 2851 et seq. The pretrial screening may be bypassed if all parties agree upon a resolution of the claim by lawsuit. All parties to a claim may, by written agreement, submit a claim to the binding determination of the panel, either prior to or after the commencement of a lawsuit. Both parties may agree to bypass the panel and commence a lawsuit for any reason or may request that certain preliminary legal affirmative defenses or issues be litigated prior to submission of the case to the panel. The panel has no jurisdiction to hear or decide, absent the agreement of the parties, dispositive legal affirmative defenses, and comparative negligence. The panel chair may require the parties to litigate, by motion, dispositive legal affirmative defenses in the Superior Court prior to submission of the case to the panel. Any such defense, as well as any motion relating to discovery that the panel chair has chosen not to rule on may be presented, by motion, in Superior Court without the necessity of a complaint having first been filed. 24 Maine Revised Statutes § 2853 At the conclusion of the presentations, the panel shall make its findings in writing within 30 days by answering the following questions: (A) Whether the acts or omissions complained of constitute a deviation from the	Expert testimony is required to establish a prima facie case of negligence unless the facts can clearly demonstrate negligence to the lay person.		Notwithstanding the provisions of Title 14, section 853, relating to minority, actions for professional negligence by a minor must be commenced within 6 years after the cause of action accrues or within 3 years after the minor reaches the age of majority, whichever first occurs. This section does not apply when the cause of action is based upon the leaving of a foreign object in the body, in which case the cause of action accrues when the plaintiff discovers or reasonably should have discovered the harm. For the purposes of this section, the term "foreign object" does not include a chemical compound, prosthetic aid or object intentionally implanted or permitted to remain in the patient's body as a part of the health care or professional services. Minors: within six years of the alleged wrongful act /omission, or within three years of reaching majority, whichever comes first. 24 MRSA § 2902 (LD 549 (2023)).

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Maine CONT.	applicable standard of care by the health care practitioner or health care provider charged with that care; (B) Whether the acts or omissions complained of proximately caused the injury complained of; and (C) If negligence on the part of the health care practitioner or health care provider is found, whether any negligence on the part of the patient was equal to or greater than the negligence on the part of the practitioner or provider. 24 Maine Revised Statutes § 2855 The findings and other writings of the panel and any evidence and statements made by a party or a party's representative during a panel hearing are not admissible and may not otherwise be submitted or used for any purpose in a subsequent court action and may not be publicly disclosed except as provided. 24 Maine Revised Statutes § 2857			
Maryland	Arbitration of medical malpractice claims is generally required but can be unilaterally waived by any party to the action. Claims may be submitted for arbitration if both parties agree, but each side reserves the right to reject the decision and proceed to trial. The arbitration panel must determine the issue of liability as well as damages. A party may file an appeal with the panel to modify an award of damages. Maryland Courts and Judicial Proceedings Code § 3-2A-03, et. al. (d) Within 30 days of the later of the filing of the defendant's answer to the complaint or the defendant's certificate of a qualified expert under § 3-2A-04 of this subtitle, the court shall order the parties to engage in alternative dispute resolution at the earliest possible date. (e)(1) Within 30 days of the later of the filing of the defendant's answer to the complaint or the defendant's certificate of a qualified expert under §3-2A-04 of this subtitle, the parties may choose a mediator, neutral provider, or individual to conduct a settlement conference.	Expert testimony is generally required to proceed with and prove negligence. A certificate of merit must be filed by a qualified expert, which is defined as "an individual who is a licensed professional, or comparably licensed or certified professional under the laws of another jurisdiction, knowledgeable in the accepted standard of care in the same discipline as the licensed professional against whom a claim is filed." It does not include "(i) A party to the claim; (ii) An employee or partner of party; (iii) An employee or stockholder of a professional corporation of which a party is a	A claimant must file a certificate of merit within 90 days after the claim is filed. The certificate must be from a qualified expert and must state the specific injury complained of, how the standard of care was breached, what the defendant should have done to meet the standard of care, and the inference that the breach of the standard of care proximately caused the plaintiff's injury. Maryland Courts and Judicial Proceedings Code § 3-2A-06D. A defendant must also file a certificate from a qualified expert indicating how the defendant complied with the specific standard of care, what the defendant did to meet the specific standard of care,	Medical malpractice: within five years of the date the alleged wrongful act or omission occurred or three years from the time the alleged injury was discovered, whichever is earlier. Minors: statute begins to run at age eleven, unless the injury involves a foreign object or injury to the reproductive system, in which case the statute of limitations begins after the sixteenth birthday. Maryland Courts and Judicial Proceedings Code § 5-109.

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Maryland CONT.	(2) If the parties choose a mediator, neutral provider, or individual to conduct a settlement conference, the parties shall notify the court of the name of the individual. (k) In accordance with Maryland Rule 17-109, the outline described in subsection (h) of this section and any written or oral communication made in the course of a conference under this section: (1) Are confidential; (2) Do not constitute an admission; and (3) Are not discoverable.	stockholder; or (iv) A person having a financial interest in the outcome of the claim." Maryland Courts and Judicial Proceedings Code § 3-2C-01.	and if applicable, that the breach of the standard of care did not proximately cause the plaintiff's injury.	
Massachusetts	No arbitration requirements. Every action for medical malpractice must be heard by a tribunal within 15 days after the defendant's answer has been filed. The tribunal shall include a justice of the superior court, physician and attorney. The tribunal must determine if the evidence presented is sufficient to raise a legitimate question of liability appropriate for judicial review or whether the plaintiff's case is merely an unfortunate medical result. If the tribunal finds in favor of the defendant(s) the plaintiff may only pursue the claim through court after filing a bond of at least $6,000 payable to the defendant if the plaintiff does not prevail in the final judgment. Massachusetts Annotated Laws Ch. 231 § 60B.	Expert testimony is generally required to support a medical malpractice claim.	No.	Medical malpractice: within three years after the plaintiff learns, or reasonably should have learned, of the alleged wrongful act or omission, or no more than seven years after the alleged wrongful act or omission occurred except where the action is based upon the leaving of a foreign object in the body. Minors: same limitations period as adults, except a child under six may file before his ninth birthday. In either case no action may be filed more than seven years after the alleged wrongful act or omission occurred except where the action is based upon the leaving of a foreign object in the body. Massachusetts Annotated Laws Ch. 260 § 4 and Ch. 231 § 60D.
Michigan	Voluntarily binding arbitration of medical malpractice claims may proceed if agreed to and the alleged damages total less than $75,000. All parties shall agree on a single arbitrator, who shall issue a written decision and dollar amount of the award. Michigan Compiled Laws § 600.2912g. A judge may order a case to go before a mediation panel. Such panel shall be comprised of five voting members, including three attorneys, one health care provider selected by the defendant, and one health care provider selected by the plaintiff. Within 14 days of the hearing the	(1) In an action alleging medical malpractice, a person shall not give expert testimony on the appropriate standard of practice or care unless the person is licensed as a health professional in this state or another state and meets the following criteria: (a) If the party against whom or on whose behalf the testimony is offered is a specialist, specializes at the time of the occurrence that is the basis for the action in the same specialty as the	An affidavit signed by a health professional whom the attorney believes meets the requirements for an expert witness must accompany all claims. The affidavit must: 1) state the applicable standard of care; 2) include an opinion by a qualified professional that the defendant breached this standard; 3) include the actions that should have been taken to avoid a breach in the	Medical malpractice: within two years from the date the alleged negligent act occurred or six months from the date where the claimant discovered or should have discovered the alleged injury, whichever is later, but in no event more than six years after the wrongful act or omission giving rise to the claim occurred. Fraud or permanent loss to reproductive organ resulting in the inability to procreate cause of action must be filed within the time frame provided in the regular statute of limitations, or

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Michigan CONT.	panel shall submit a written evaluation including its finding regarding the applicable standard of care. Each party may decide to accept or reject the mediators' decision. If all or part of mediators' decision is rejected the case shall proceed to trial. If a party has rejected an evaluation and the action proceeds to trial, that party shall pay the opposing party's actual costs unless the verdict is more favorable to the rejecting party than the mediation evaluation. If the opposing party has also rejected the evaluation, that party is entitled to costs only if the verdict is more favorable to that party than the mediation evaluation. (If the mediator's evaluation was not unanimous, costs shall not be awarded). Michigan Compiled Laws § 600.4901 et. al.	party against whom or on whose behalf the testimony is offered. However, if the party against whom or on whose behalf the testimony is offered is a specialist who is board certified, the expert witness must be a specialist who is board certified in that specialty. (b) Subject to subdivision (c), during the year immediately preceding the date of the occurrence that is the basis for the claim or action, devoted a majority of his or her professional time to either or both of the following: (i) The active clinical practice of the same health profession in which the party against whom or on whose behalf the testimony is offered is licensed and, if that party is a specialist, the active clinical practice of that specialty. (ii) The instruction of students in an accredited health professional school or accredited residency or clinical research program in the same health profession in which the party against whom or on whose behalf the testimony is offered is licensed and, if that party is a specialist, an accredited health professional school or accredited residency or clinical research program in the same specialty. (c) If the party against whom or on whose behalf the testimony is offered is a general practitioner, the expert witness,	standard; 4) state the manner in which the breach was the proximate cause of the plaintiff's injury. Michigan Compiled Laws § 600.2912d.	Within 6 months after the plaintiff discovers or should have discovered the existence of a claim, whichever is later. Wrongful death: statue of limitations for medical malpractice attaches. Minors: claimants under eight must file by their tenth birthdays or within the general statute of limitations, whichever is later. Claimants under 13 and whose claims involves injury to the reproductive system, must file their claim before their 15th birthday, or within the general statute of limitations, whichever is later. Insane patient: statute is tolled under one year after the disability lifted. Michigan Compiled Laws §§ 600.5805 and 600.5851.

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Michigan CONT.		during the year immediately preceding the date of the occurrence that is the basis for the claim or action, devoted a majority of his or her professional time to either or both of the following: (i) Active clinical practice as a general practitioner. (ii) Instruction of students in an accredited health professional school or accredited residency or clinical research program in the same health profession in which the party against whom or on whose behalf the testimony is offered is licensed. (2) In determining the qualifications of an expert witness in an action alleging medical malpractice, the court shall, at a minimum, evaluate all of the following: (a) The educational and professional training of the expert witness. (b) The area of specialization of the expert witness. (c) The length of time the expert witness has been engaged in the active clinical practice or instruction of the health profession or the specialty. (d) The relevancy of the expert witness's testimony. (3) This section does not limit the power of the trial court to disqualify an expert witness on grounds other than the qualifications set forth in this section. (4) In an action alleging medical malpractice, an expert witness shall not testify on a contingency fee basis.		

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Michigan CONT.		A person who violates this subsection is guilty of a misdemeanor. Michigan Compiled Laws § 600.2169.		
Minnesota	Arbitration of medical malpractice disputes is not required, but a system of voluntary, non-binding ADR processes has been established to assist the courts. Minnesota Statutes § 484.76.		An affidavit must be filed in cases in which expert testimony is required to establish a prima facie case within 180 days of filing a claim. The affidavit must state that a qualified expert has reviewed the facts and has determined that one or more defendants deviated from the applicable standard of care. Failure to file the certificate will result in dismissal of each cause of action in which expert testimony is necessary to establish a prima facie case. Minnesota Statutes § 145.682.	An action by a patient or former patient against a health care provider alleging malpractice, error, mistake, or failure to cure, whether based on a contract or tort, must be commenced within four years from the date the cause of action accrued. The cause of action shall not accrue until discovery of the alleged violation by the patient, former patient, or a parent or legal guardian of the patient or former patient. Minnesota Statutes § 541.076. HF 464 and SF 638 (2023). When injury is caused to a person by the wrongful act or omission of any person or corporation and the person thereafter dies from a cause unrelated to those injuries, the trustee may maintain an action for special damages all damages arising out of such injury if the decedent might have maintained an action therefor had the decedent lived. An action under this subdivision may be commenced within three years after the date of death provided that the action must be commenced within six years after the act or omission. Minnesota Statutes § 573.02. HF 1019 (2023). Wrongful death: If the death of a person occurs within the last year of the period of limitation for the commencement of an action, the action may be commenced by the personal representative at any time within one year after such death. Minnesota Statutes § 541.16.

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				Infant: tolled until plaintiff reaches the age of maturity. The extension shall not exceed beyond seven years or one year after the disability is removed. Minnesota Statutes § 541.15. Insanity: statute is tolled until the disability is removed. The extension shall not be extended for more than 5 years, nor more than one year after the disability is removed. Minnesota Statutes § 541.15.
Mississippi	All persons, except infants and persons of unsound mind, may, by instrument of writing, submit to the decision of on or more arbitrators any controversy which may be existing between them, which might be the subject of an action, and may, in such submission, agree that the court having jurisdiction of the subject matter shall render judgment on the award made pursuant to such submission. In such case, however, should the parties agree upon a court without jurisdiction of the subject matters of the award, the judgment shall rendered by the court having jurisdiction in the county of the	In any action for injury or death against a physician, whether in contract or tort, arising out of the provision of or failure to provide health care services, a person may qualify as an expert witness on the issue of the appropriate medical standard of care if the witness is licensed in this state, or some other state, as a doctor of medicine.	(1) In any action against a licensed physician, health care provider or health care practitioner for injuries or wrongful death arising out of the course of medical, surgical or other professional services where expert testimony is otherwise required by law, the complaint shall be accompanied by a certificate executed by the attorney for the plaintiff declaring that: (a) The	Medical malpractice: within two years from the date the alleged wrongful act or omission occurred or should have reasonably been discovered. In no event more than seven years after the alleged act or omission. Minors under age six: within two years of the sixth birthday, or two years after the death of the child, whichever is shorter. The statute tolls for children without a parent or legal guardian until one presents itself, or until the child
Mississippi CONT.	residence of the party, or some one of them, against whom the award shall be made. Mississippi Code Annotated § 11.15.1. In all suits or actions in any court, it shall be lawful for the plaintiff and defendant to consent to a rule of court referring all matters in controversy between them in such suit or action to the arbitrament of any person or persons who may be mutually chosen by them; and the award of such arbitrators being made and returned according to the rule of submission of the parties, approved by the court and entered of record, shall have the same effect as the final judgment or decree of the court into which such award may	Mississippi Code Annotated § 11.1.61. "Medical expert activities" includes, but is not limited to, the use of medical knowledge and professional judgment by a physician to: 1. Suggest or recommend to a person any medical advice or other agency (whether material or not material). 2. Perform medical services (including, but not limited to, a physical or mental examination of a person). 3.	attorney has reviewed the facts of the case and has consulted with at least one expert qualified pursuant to the Mississippi Rules of Civil Procedure and the Mississippi Rules of Evidence who is qualified to give expert testimony as to standard of care or negligence and who the attorney reasonably believes is knowledgeable in the relevant issues involved in the particular action, and that the attorney has concluded on the basis	reaches the age of majority. Insanity: statute is tolled until the disability is removed. The claimant may file within two years of losing the disability. Mississippi Code Annotated § 15-1-36.

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	be returned, and execution may issue thereon accordingly; and like proceedings may be had, where applicable, as is provided in other cases. Mississippi Code Annotated § 11.15.35.	Conduct a review of a person's medical record. 4. Serve as a medical consultant. 5. Render a medical opinion concerning the diagnosis or treatment of a person. 6. Produce a written medical expert opinion report, affidavit, or declaration. 7. Give testimony under oath as a medical expert at a state or federal hearing, deposition, trial, administrative agency proceeding, alternative dispute resolution proceeding, or any other legal proceeding, regarding the medical issues in a legal matter or claim for injuries that is then pending in a court or administrative agency, or which may be filed or asserted whether or not such claim ever results in a pending legal matter and which involves a person, facility, or entity located within the state of Mississippi, or an event alleged to	of such review and consultation that there is a reasonable basis for the commencement of such action; or (b) The attorney was unable to obtain the consultation required by paragraph (a) of this subsection because a limitation of time established by §15-1-36 would bar the action and that the consultation could not reasonably be obtained before such time expired. A certificate executed pursuant to this paragraph (b) shall be supplemented by a certificate of consultation pursuant to paragraph (a) or (c) within 60 days after service of the complaint or the suit shall be dismissed; or (c) The attorney was unable to obtain the consultation required by paragraph	
Mississippi CONT.		have occurred within the state of Mississippi. Except as otherwise provided by law, rule or regulation of this state, any medical expert activity by a physician regarding a legal matter pending in a state or federal court or administrative agency in Mississippi must be performed by a physician who holds a current unrestricted medical license in Mississippi,	(a) of this subsection because the attorney had made at least three separate good faith attempts with 1-58 three different experts to obtain a consultation and that none of those contacted would agree to a consultation. (2) Where a certificate is required pursuant to this section only, a single certificate is required for an action, even if more than one defendant has been named in the	

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
		another state or foreign jurisdiction, and who has the qualifications to serve as a medical expert on the issue(s) in question by virtue of knowledge, skill, experience, training, or education. This rule does not supercede the policies and regulations of the Board regarding unreferred diagnostic screening tests. The practice of any physician not licensed in Mississippi that meets the licensure and qualification requirements stated in Section 400 of this regulation shall be deemed automatically by the Board to be authorized to include the performance of medical expert activities as an otherwise lawful practice, without any need for licensure verification or further requirement for licensure. In accordance with the provisions of law in Mississippi, any physician not licensed in Mississippi whose practice is deemed automatically by	complaint or is subsequently named. (3) A certificate under subsection (1) of this section is not required where the attorney intends to rely solely on either the doctrine of "res ipsa loquitur" or "informed consent." In such cases, the complaint shall be accompanied by a certificate executed by the attorney declaring that the attorney is solely relying on such doctrine and, for that reason, is not filing a certificate under subsection (1) of this section. (4) If a request by the plaintiff for the records of the plaintiff's medical treatment by the defendants has been made and the records have not been produced, the plaintiff shall not be required to file the certificate required by this section until 90 days after the records have been produced.	

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Mississippi CONT.		the Board to be authorized to include the performance of medical expert activities as an otherwise lawful practice shall be subject to regulation by the Board regarding the physician's performance of such medical expert activities in the state of Mississippi. Any physician who performs medical expert activities whether, or not,	(5) For purposes of this section, an attorney who submits a certificate of consultation shall not be required to disclose the identity of the consulted or the contents of the consultation; provided, however, that when the attorney makes a claim under paragraph (c) of subsection (1) of this section that he was unable to obtain the required consultation with an expert, the	

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		licensed to practice medicine in Mississippi, may be disciplined or otherwise held professionally accountable by the Board, upon a finding by the Board that the physician is unqualified as evidenced by behavior including, but not limited to, incompetent professional practice, unprofessional conduct, or any other dishonorable or unethical conduct likely to deceive, defraud, or harm the public. Mississippi State Board of Medical Licensure Rules and Regulations Chapter 22 (100-800).	court, upon the request of a defendant made prior to compliance by the plaintiff with the provisions of this section, may require the attorney to divulge to the court, in camera and without any disclosure by the court to any other party, the names of physicians refusing such consultation. (6) The provisions of this section shall not apply to a plaintiff who is not represented by an attorney. (7) The plaintiff, in lieu of serving a certificate required by this section, may provide the defendant or defendants with expert information in the form required by the Mississippi Rules of Civil Procedure. Nothing in this section requires the disclosure of any “consulting” or non-trial expert, except as expressly stated herein. Mississippi Code Annotated § 11-	

State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Missouri		Expert testimony is generally required to establish a claim of medical malpractice.	Within 90 days after the action is filed, the plaintiff or his or her attorney must file an affidavit stating that a qualified expert has been consulted and the expert has found the defendant failed to exercise reasonable care and that such failure directly caused or contributed to the alleged injury. An affidavit must be filed for every	Medical malpractice: within two years of the occurrence of the alleged wrongful act or omission giving rise to the claim, but no more than ten years after the date of the alleged negligence. Foreign objects: within two years of the discovery of the object.

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			defendant. Failure to file an affidavit may result in dismissal of the action. The affidavit shall state the name, address, and qualifications of the health care provider who provided the written opinion to the plaintiff or plaintiff's attorney. The defendant may file a motion to have the court review the expert's opinion in camera. if the court determines that the opinion fails to meet the requirements of this section, then the court shall conduct a hearing within thirty days to determine whether there is probable cause to believe that one or more qualified and competent health care providers will testify that the plaintiff was injured due to medical negligence by a defendant. If the court finds that there is no such probable cause, the court shall dismiss the petition and hold the plaintiff responsible for the payment of the defendant's	Minor: minors have until their twentieth birthday to bring a cause of action, but in no event later than ten years from the date of the act of negligence or two years from the minor's 18th birthday, whichever is later. Revised Statutes of Missouri § 516.105.

State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Missouri CONT.			reasonable attorney fees and costs. Revised Statutes of Missouri § 538.225.	
Montana CONT.	The panel shall review all malpractice claims or potential claims against health care providers covered by this chapter except: (1) those claims subject to a valid arbitration agreement allowed by law or upon which suit has been filed prior to April 19, 1977; and (2) a claim brought by an inmate of a correctional facility against a	(1) A person may not testify as an expert witness on issues relating to negligence and standards of care and practice in an action on a malpractice claim, as defined in §27-6-103, for or against a health care provider, as	No.	Actions for injury or death based on alleged professional negligence shall be filed within three years of the date of the alleged negligence or the date when the negligence should have reasonably been discovered. No claims may be

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
	health care provider arising from a health care service provided by the health care provider within the facility. Montana Code Annotated § 27-6-101 et seq. Upon consideration of all the relevant material, the panel shall decide whether there is: (1) substantial evidence that the acts complained of occurred and that they constitute malpractice; and (2) a reasonable medical probability that the patient was injured thereby. Montana Code Annotated § 27-6-602. (1) The panel's decision is without administrative or judicial authority and is not binding upon any party. (2) The panel may recommend an award, approve settlement agreements, and discuss the settlement agreements, all in a manner consistent with this part. All approved settlement agreements are binding on the parties. (3) If the panel decides both questions required by §27-6-602 in the affirmative, the court in which the complaint is filed shall, at the request of a party, require the parties to participate in court-supervised, nonbinding mediation prior to proceeding. Montana Code Annotated § 27-6-606. (1) A panel member may not be called to testify in a proceeding concerning the deliberations, discussions, decisions, and internal proceedings of the panel.	defined in §27-6-103, unless the person: (a) is licensed as a health care provider in at least one state and routinely treats or has routinely treated within the previous five years the diagnosis or condition or provides the type of treatment that is the subject matter of the malpractice claim or is or was within the previous five years an instructor of students in an accredited health professional school or accredited residency or clinical research program relating to the diagnosis or condition or the type of treatment that is the subject matter of the malpractice claim; and (b) shows by competent evidence that, as a result of education, training, knowledge, and experience in the evaluation, diagnosis, or treatment of the disease or injury that is the subject matter of the malpractice claim against the health care provider, the person is thoroughly familiar with the standards of care and practice as they related to the act or omission		brought more than five years after the alleged negligence occurred. Minors under four: statute is tolled until the eighth birthday, or death, whichever is earlier, or during any period the child does not reside with a parent or guardian. Montana Code Annotated § 27-2-205.

State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Montana CONT.	(2) The decision and the reasoning and basis for the decision of the panel are not admissible as evidence in an action subsequently brought in a court of law and are not evidence for any purpose in an action brought under §33-18-201, 33-18-242, or common law. Montana Code Annotated § 27-6-704.	that is the subject matter of the malpractice claim on the date of the incident upon which the malpractice claim is based. (2) If the malpractice claim involves treatment that is recommended or provided by a physician as defined in § 37-3-102, a person may not testify		

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
	The panel shall review all malpractice claims or potential claims against chiropractic physicians covered by this chapter, except claims subject to a valid arbitration agreement allowed by law. Montana Code Annotated § 27-12-101 et seq. (1) A panel member must not be called to testify in any proceeding concerning the deliberations, discussions, decisions, and internal proceedings of the panel. (2) A decision of the panel is not admissible as evidence in an action subsequently brought in a court of law. Montana Code Annotated § 27-12-703.	as an expert witness with respect to issues of negligence or standards of care and practice concerning the treatment unless the person is also a physician. (3) A person qualified as an expert in one medical specialty or subspecialty is not qualified to testify with respect to a malpractice claim against a health care provider in another medical specialty or subspecialty unless there is a showing that the standards of care and practice in the two specialty or subspecialty fields are substantially similar. This subsection (3) does not apply if the subject matter of the malpractice claim against the health care provider is unrelated to the relevant specialty or subspecialty. Montana Code Annotated § 26-2-601.		

State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Nebraska	Medical review panels shall review all malpractice claims against health care providers covered by the Nebraska Hospital-Medical Liability Act in advance of filing such actions. The claimant may affirmatively waive his or her right to a panel review, and in such case the claimant may proceed to file his or her action directly in court. Nebraska Revised Statutes § 44-2840 et seq.	Expert testimony is required to establish a prima facie case of negligence in common law.		Medical malpractice: within two years after the act/omission giving rise to the action, or within one year after the claimant discovered/should have discovered the act/omission. Ten-year statute of repose. Nebraska Revised Statutes § 44-2828.

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	The panel shall, within 30 days, render one or more of the following expert opinions which shall be in writing and mailed to each of the parties: (a) The evidence supports the conclusion that the defendant failed to comply with the appropriate standard of care as charged in the complaint in specified particulars; (b) The evidence supports the conclusion that the defendant involved met the applicable standard of care required under the circumstances; or (c) There is a material issue of fact, not requiring expert opinion, bearing on liability for consideration by the court or jury in specified particulars. Nebraska Revised Statutes §44-2843. The report or any minority report of the medical review panel shall be admissible as evidence in any action subsequently brought by the claimant in a court of law, but such report shall not be conclusive and either party shall have the right to call any member of the medical review panel as a witness. If called, the witness shall be required to appear and testify. Nebraska Revised Statutes § 44-2844 (1) Medical review panels shall be concerned only with the determination of the questions set forth in §44-2843. Such panels shall not consider or report on disputed questions of law.			Under age 21: statute is tolled until claimant reaches age 21. Nebraska Revised Statutes § 25-213. Mental disorder: Statute is tolled until the disorder is removed. Nebraska Revised Statutes § 25-213.

State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Nebraska CONT.	(2) To provide for uniformity of procedure, the Department of Health and Human Services may appoint a doctor of medicine from the members of the Board of Medicine and Surgery who may sit with each panel as an observer and as an adviser on procedure but without a vote. Nebraska Revised Statutes § 44-2847.			

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Nevada	1. In an action for professional negligence, all the parties to the action, the insurers of the respective parties and the attorneys of the respective parties shall attend and participate in a settlement conference before a district judge, other than the judge assigned to the action, to ascertain whether the action may be settled by the parties before trial. 4. The failure of any party, the party's insurer, or the party's attorney to participate in good faith in the settlement conference is grounds for sanctions, including, without limitation, monetary sanctions, against the party or the party's attorney, or both. The judges of the district courts shall liberally construe the provisions of this subsection in favor of imposing sanctions in all appropriate situations. It is the intent of the Legislature that the judges of the district courts impose sanctions pursuant to this subsection in all appropriate situations to punish for and deter conduct which is not undertaken in good faith because such conduct overburdens limited judicial resources, hinders the timely resolution of meritorious claims, and increases the costs of engaging in business and providing professional services to the public. Nevada Revised Statutes § 41A.081 Nevada's screening panel phased out in 2002. Nevada Revised Statutes § 41A.016.	1. Liability for personal injury or death is not imposed upon any provider of health care based on alleged negligence in the performance of that care unless evidence consisting of expert medical testimony, material from recognized medical texts or treatises or the regulations of the licensed medical facility wherein the alleged negligence occurred is presented to demonstrate the alleged deviation from the accepted standard of care in the specific circumstances of the case and to prove causation of the alleged personal injury or death, except that such evidence is not required and a rebuttable presumption that the personal injury or death was caused by negligence arises where evidence is presented that the provider of health care caused the personal injury or death occurred in any one or more of the following circumstances: (a) A foreign substance other than medication or a prosthetic device was unintentionally left within the body of a patient following surgery; (b) An explosion or fire originating in a substance used in treatment occurred	In an action for malpractice, the plaintiff must file an affidavit with the complaint supporting the allegations contained in the action. The affidavit must be submitted by a medical expert who practices in an area that is substantially similar to the defendant. Nevada Revised Statutes § 41A.071.	Medical malpractice: within three years after the date of injury or one year from the date the injury was or should have been discovered. Wrongful death: same Minors: Parents/guardians must determine, and same statute applies unless the claim involves birth defects or brain damage. In such cases, the statute is extended until the child reaches age ten. In cases involving sterility the statute of limitations is extended until 2 years after the child discovers the injury. Nevada Revised Statutes § 41A.097.

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Nevada CONT.		in the course of treatment; (c) An unintended burn caused by heat, radiation or chemicals was suffered in the course of medical care; (d) An injury was suffered during the course		

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		of treatment to a part of the body not directly involved in the treatment or proximate thereto; or (e) A surgical procedure was performed on the wrong patient or the wrong organ, limb or part of a patient's body. 2. Expert medical testimony provided pursuant to subsection 1 may only be given by a provider of health care who practices or has practiced in an area that is substantially similar to the type of practice engaged in at the time of the alleged negligence. 3. The rebuttable presumption pursuant to subsection 1 does not apply in an action in which a plaintiff submits an affidavit pursuant to NRS 41A.071, or otherwise designates an expert witness to establish that the specific provider of health care deviated from the accepted standard of care. 4. Nothing in this section shall be construed to preclude any party to the suit from designating and presenting expert testimony as to the legal or proximate cause of any alleged personal injury or death. Nevada Revised Statutes § 41A.100.		

State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
New Hampshire	Pre-litigation screening panel, which shall consist of a chair appointed by the Chief Justice and an attorney and health care provider selected by the chair. The panel may be bypassed if all parties agree upon a resolution of the	Expert testimony is generally required to establish negligence. There is also a statute that requires the expert to have been competent		All personal actions, except actions for slander or libel, may be brought only within 3 years of the act or omission complained of, except that when the injury and its causal relationship to

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
	claim by trial. By written agreement all parties may agree to a binding determination of the panel. Hearings before a panel shall be similar to a trial, including the examination and cross examination of witnesses. Upon conclusion of the hearing, the panel shall submit a written opinion determining whether the acts or omissions of the defendant deviated from the applicable standard of care and proximately caused the injury complained of, and if so whether the negligence of the plaintiff was equal to or greater than that of the defendant. The panel's finding must be made by a preponderance of the evidence. The findings of the panel are confidential and not admissible as evidence except if the panel's determination was unanimous in favor of the plaintiff or defendant and the opposing party takes the case to trial. New Hampshire Statutes §§ 519-B:1 through 519-B:12. Portions of authorizing statute have been found unconstitutional. *S New Hampshire Med Ctr*, No. 211-754 (NH 2012), specifically: (1) New Hampshire Statutes § 519-B:8, I(A) to the extent that it precludes the introduction at trial of evidence and statements made by a party or a party's representative; (2) New Hampshire Statutes § 519:B-8, III, to the extent that it prevents the parties from asking or compelling an expert who testified at, or whose report was submitted at, the panel proceeding on behalf of the party to testify at a subsequent trial; and	and qualified to have rendered care when the alleged injury occurred. NOTE: held unconstitutional, see *Carson v. Maurer*, 424 A.2d 825 (1980).		the act or omission were not discovered and could not reasonably have been discovered at the time of the act or omission, the action shall be commenced within 3 years of the time the plaintiff discovers, or in the exercise of reasonable diligence should have discovered, the injury and its causal relationship to the act or omission complained of. New Hampshire Statutes § 508:4. Infant, mentally incompetent: within two years from reaching the age of majority or when disability is lifted. New Hampshire Statutes § 508:8.
New Hampshire CONT.	(3) New Hampshire Statutes § 519:B-9, I(f), to the extent that it requires the trial court to instruct the jury that the parties may not introduce panel documents or present			

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
	witnesses to testify about the panel proceedings, and that they may not comment on the panel findings or proceedings.			
New Jersey	If the amount in controversy is $20,000 or less the claim must be submitted to arbitration. The arbitrator's determination must be made in writing stating the issues in controversy and the arbitrator's legal and factual conclusions. The arbitrator's decision is inadmissible and non-binding in subsequent court actions. New Jersey Statutes §§ 2A:23A-20 through 2A:23A-25. Voluntary arbitration permitted for cases involving more than $20,000. The judge presiding over a medical malpractice action, or the judge's designee, shall, within 30 days after the discovery end date, determine whether referral to a complementary dispute resolution mechanism may encourage early disposition or settlement of the action. If the judge makes such a determination, the matter shall be referred to complementary dispute resolution pursuant to Rule 1:40 of the Rules Governing the Courts of the State of New Jersey. Nothing in this section shall be construed to limit the authority of the judge to refer an action to complementary dispute resolution prior to the discovery end date. New Jersey Statutes § 2A:53A-39.	In an action alleging medical malpractice, a person shall not give expert testimony or execute an affidavit on the appropriate standard of practice or care unless the person is licensed as a physician or other health care professional in the United States and meets the following criteria: a. If the party against whom or on whose behalf the testimony is offered is a specialist or subspecialist recognized by the American Board of Medical Specialties or the American Osteopathic Association and the care or treatment at issue involves that specialty or subspecialty recognized by the American Board of Medical Specialties or the American Osteopathic Association, the person providing the testimony shall have specialized at the time of the occurrence that is the basis for the action in the same specialty or subspecialty, recognized by the American Board of Medical Specialties or the American Osteopathic Association, as the party against whom or on whose behalf the testimony is offered, and if the person	Plaintiffs must file an affidavit of merit, within 60 days of filing the claim, that includes statements from an "appropriate licensed person" that there exists a reasonable probability that the standard of care was not met. Failure to file an affidavit shall be deemed to be a failure to state a cause of action. New Jersey Statutes § 2A:53A-27)	Medical malpractice: within two years from the date of the alleged injury. Courts interpret this to toll the statute until the party reasonably becomes aware of the injury or that the injury is due to another's fault. New Jersey Statutes § 2A:14-2. Wrongful death: within two years from the date of death. Minors under 21, insane: Statute does not begin to run until age of majority or disability is removed. Medical injuries sustained at birth must be commenced prior to the minor's 13th birthday. New Jersey Statutes § 2A:14-21.
New Jersey CONT.		against whom or on whose behalf the testimony is being offered is board		

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
		certified and the care or treatment at issue involves that board specialty or subspecialty recognized by the American Board of Medical Specialties or the American Osteopathic Association, the expert witness, shall be: (1) a physician credentialed by a hospital to treat patients for the medical condition, or to perform the procedure, that is the basis for the claim or action; or (2) a specialist or subspecialist recognized by the American Board of Medical Specialties or the American Osteopathic Association who is board certified in the same specialty or subspecialty, recognized by the American Board of Medical Specialties or the American Osteopathic Association, and during the year immediately preceding the date of the occurrence that is the basis for the claim or action, shall have devoted a majority of his professional time to either: (a) the active clinical practice of the same health care profession in which the defendant is licensed, and, if the defendant is a specialist or subspecialist recognized by the American Board of Medical Specialties or the American Osteopathic Association, the active clinical practice of that specialty or subspecialty recognized by the		

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
New Jersey CONT.		American Board of Medical Specialties or the American Osteopathic Association; or (b) the instruction of students in an accredited medical school, other accredited health professional school or accredited residency or clinical research program in the same health care profession in which the defendant is licensed, and, if that party is a specialist or subspecialist recognized by the American Board of Medical Specialties or the American Osteopathic Association, an accredited medical school, health professional school or accredited residency or clinical research program in the same specialty or subspecialty recognized by the American Board of Medical Specialties or the American Osteopathic Association; or (c) both. b. If the party against whom or on whose behalf the testimony is offered is a general practitioner, the expert witness, during the year immediately preceding the date of the occurrence that is the basis for the claim or action, shall have devoted a majority of his professional time to: (1) active clinical practice as a general practitioner; or active clinical practice that encompasses the medical condition, or that includes performance of the procedure, that is		

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
New Jersey CONT.		the basis of the claim or action; or (2) the instruction of students in an accredited medical school, health professional school, or accredited residency or clinical research program in the same health care profession in which the party against whom or on whose behalf the testimony is licensed; or (3) both. c. A court may waive the same specialty or subspecialty recognized by the American Board of Medical Specialties or the American Osteopathic Association and board certification requirements of this section, upon motion by the party seeking a waiver, if, after the moving party has demonstrated to the satisfaction of the court that a good faith effort has been made to identify an expert in the same specialty or subspecialty, the court determines that the expert possesses sufficient training, experience and knowledge to provide the testimony as a result of active involvement in, or full-time teaching of, medicine in the applicable area of practice or a related field of medicine. New Jersey Statutes § 2A:53A-41.		

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
New Mexico	A. The “New Mexico medical review commission” is created. The function of the New Mexico medical review commission is to provide panels to review all malpractice claims against independent providers who are natural persons covered by the Medical Malpractice Act. B. Those eligible to sit on a panel shall consist of health care providers licensed pursuant to New Mexico law and residing in New Mexico and members of the state bar. C. The only cases that a panel will consider are cases involving an alleged act of malpractice occurring in New Mexico by an independent provider qualified under the Medical Malpractice Act. Beginning July 1, 2021, cases involving an alleged act of malpractice by a hospital or outpatient health care facility shall not be considered and such claims shall not be filed with the New Mexico medical review commission. New Mexico Statutes § 41-5-14 et seq. Upon consideration of all the relevant material, the panel shall decide only two questions: (1) whether there is substantial evidence that the acts complained of occurred and that they constitute malpractice; and (2) whether there is a reasonable medical probability that the patient was injured thereby. The report of the medical review panel shall not be admissible as evidence in any action subsequently brought in a court of law. The panel's decisions shall be without administrative or judicial authority and shall not be binding on any party. The panel shall make no effort to settle or compromise any claim nor express any opinion on the monetary value of any claim. New Mexico Statutes § 41-5-20	In any malpractice claim where the panel has determined that the acts complained of were or reasonably might constitute malpractice and that the patient was or may have been injured by the act, the panel, its members, the director and the professional association concerned will cooperate fully with the patient in retaining a physician qualified in the field of medicine involved, who will consult with, assist in trial preparation and testify on behalf of the patient, upon his payment of a reasonable fee to the same effect as if the physician had been engaged originally by the patient. New Mexico Statutes § 41-5-23.		Medical malpractice: within three years from the date the alleged malpractice occurred. Wrongful death: same Providers who are covered by the Excess Coverage Fund: within three years from date the claimant knew or should have known of the injury. Minors under six: until the ninth birthday. NOTE: Supreme Court has held statute unconstitutional in certain cases where time frame is unfair. New Mexico Statutes § 41-5-13.

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
New York	Any defendant may demand that the plaintiff elect whether to consent to the arbitration of damages upon a concession of liability. Within 20 days after receipt of such a demand, the plaintiff shall elect whether to arbitrate damages in such an action pursuant to such a concession of liability by the defendant or defendants in the action. N.Y. Civil Practice Law and Rules § 3045. In every dental, podiatric or medical malpractice action, the court shall hold a mandatory settlement conference within 45 days after the filing of the note of issue and certificate of readiness or, if a party moves to vacate the note of issue and certificate of readiness, within 45 days after the denial of such motion. Where parties are represented by counsel, only attorneys fully familiar with the action and authorized to dispose of the case, or accompanied by a person empowered to act on behalf of the party represented, will be permitted to appear at the conference. Where appropriate, the court may order parties, representatives of parties, representatives of insurance carriers or persons having an interest in any settlement to also attend in person or telephonically at the settlement conference. The chief administrative judge shall by rule adopt procedures to implement such settlement conference. N.Y. Civil Practice Law and Rules § 3409. Applies to all claims for damages because of injury or death resulting from health care or treatment rendered or failed to be rendered to enrollees and other covered family members of health maintenance organizations. N.Y. Civil Practice Law and Rules §7550 et seq. A decision of a panel of arbitrators shall be binding on all parties, unless modified or vacated pursuant to § 7509 or § 7511 of this chapter. N.Y. Civil Practice Law and Rules § 7565	Expert testimony is required unless within the ordinary experience and knowledge of lay person, negligence is apparent. Experts are generally not deposed prior to trial and their identity need not be revealed prior to trial.	Claimants must file an affidavit of merit within 90 days of the complaint. The affidavit must state that the claimant's attorney has consulted with an expert and based on such consultation, the attorney has concluded that there is a reasonable basis for the action, or that such consultation could not occur due to time limitations or because the attorney made three separate attempts to obtain a consultation and three physicians would not agree to the consultation. This does not apply in cases where the facts speak for themselves, or if the claimant provides information on the expert's qualifications/nature and scope of the expert's opinion during discovery. N.Y. Civil Practice Law and Rules § 3012-a.	Medical malpractice: within two and a half years of the accrual of any such action. The accrual of an action occurs at the later of either (A) when one knows or reasonably should have known of the alleged negligent failure to diagnose a malignant tumor or cancer, whether by act or omission and knows or reasonably should have known that such negligent act or omission has caused the injury; or (B) the date of the last treatment where there is continuous treatment for the same illness, injury or condition which gave rise to the accrual of an action. However, such action shall commence no later than 7 years from the act/omission giving rise to the complaint or from the end of a continuous treatment during which the act/omission occurred. N.Y. Civil Practice Law and Rules § 214-a. Wrongful death: within two years from the date of death. NY Est Pow & Trusts L § 5-4.1. Minors and Insanity: Statute is tolled until the disability ceases but is tolled no longer than ten years in medical malpractice cases. N.Y. Civil Practice Law and Rules § 208.

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New York CONT.	The enrollee contract of a health maintenance organization may permit enrollees and adult members of the enrollee's family who are covered by such contract to elect to have all claims for damages subject to binding arbitration. N.Y. Public Health Law §4406-a.			
North Carolina	The parties may agree to submit the dispute to arbitration before or after the action has been filed. N.C. General Statutes § 90-21.60 et seq. (c) Declaration Not to Arbitrate. In the event, that the parties do not unanimously agree to submit a dispute to arbitration under subsection (b) of this section, the parties shall file a declaration with the court prior to the discovery scheduling conference required by G.S. 1A-1, Rule 26(f1). N.C. General Statutes § 90-21.61. The declaration shall state that the attorney representing the party has presented the party with a copy of the provisions of this Article, that the attorneys representing the parties have discussed the provisions of this Article with the parties and with each other, and that the parties do not unanimously agree to submit the dispute to arbitration under this Article. The declaration is without prejudice to the parties' subsequent agreement to submit the dispute to arbitration. (a) Issuing the Decision. The arbitrator shall issue a decision in writing and signed by the arbitrator within 14 days after the completion of the arbitration hearing and shall promptly deliver a copy of the decision to each party or the party's attorneys. (b) Limit on Damages. The arbitrator shall not make an award of damages that exceeds a total of $1 million for any dispute submitted to arbitration under this Article, regardless of the number of claimants or defendants that are parties to the dispute.	Medical malpractice claims will be dismissed unless the complaint asserts that a qualified provider has reviewed the medical care in question and is willing to testify that the standard of care was not met, or if the facts speak for themselves. Expert testimony is required to establish the standard of care, unless the negligence is obvious to a lay person. Experts must generally be licensed providers who were practicing or teaching in the same/similar specialty as the defendant within a year of the alleged negligence. N.C. General Statutes § 6-5-548.		Medical malpractice: within three years from the date of the last act giving rise to the action, or within one year of when the injury was/should have been discovered, but in no event more than four years from the date of the last act giving rise to the action. Wrongful death: same, or within two years of death, whichever is shorter. Foreign object: within one year from the date of discovery, but in no event more than ten years from the date of occurrence. Minors: An action may be brought at any time prior to a minor's 10th birthday. For minors ruled to be abused or neglected, then the action must be commenced within three years of such judgment or consent order or before the minor reaches his/her 10th birthday – whichever is later. For minors in the custody of the state, county or child placing agency, the action must be brought one year post-custody or before the minor's 10th birthday – whichever is later. Insanity: tolls the statute. N.C. General Statutes §§ 1-15 and 1-17. Stopped here.

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North Carolina CONT.	(c) Finding if Damages Awarded. If the arbitrator makes an award of damages to the claimant, the arbitrator shall make a finding as to whether the injury or death was caused by the negligence of the defendant. (d) Paying the Arbitrator. The fees and expenses of the arbitrator shall be paid equally by the parties. (e) Attorneys' Fees and Costs. Each party shall bear its own attorneys' fees and costs. Voluntary binding arbitration cases capped at $1,000,000 total damages. N.C. General Statutes § 90-21.65.			
North Dakota	Arbitration is not mandated, but parties must make a good faith effort to resolve the dispute via some sort of alternative dispute resolution prior to filing a lawsuit. North Dakota Century Code § 32-42-03.		Expert opinions must be obtained within three months of filing a claim unless the case involves obvious malpractice. Rules do not apply to cases involving foreign objects, lack of informed consent or performing a procedure of the wrong person, body part, etc. North Dakota Century Code § 28-01-46.	Medical malpractice: within two years of the act or omission giving rise to the action, or within two years from the date the injury was/should have been discovered, but in no event more than six years after the date of injury. Wrongful death: same, but courts recognize that the injury should have been discovered on the date of death, so within two years after date of death. Minors, insane, imprisoned: statute is tolled during the disability, but for no more than five years for the insane and/or imprisoned, and not more than twelve years for a minor. Action must be brought within one year after the disability ceases. North Dakota Century Code §§ 28-01-18 and 28-01-25.

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Ohio	(A) Upon the filing of any medical, dental, optometric, or chiropractic claim as defined in §2305.113 of the Revised Code, if all of the parties to the medical, dental, optometric, or chiropractic claim agree to submit it to nonbinding arbitration, the controversy shall be submitted to an arbitration board consisting of three arbitrators to be named by the court. The arbitration board shall consist of one person designated by the plaintiff or plaintiffs, one person designated by the defendant or defendants, and a person designated by the court. The person designated by the court shall serve as the chairperson of the board. Each member of the board shall receive a reasonable compensation based on the extent and duration of actual service rendered, and shall be paid in equal proportions by the parties in interest. In a claim accompanied by a poverty affidavit, the cost of the arbitration shall be borne by the court. (C) If the decision of the arbitration board is not accepted by all parties to the medical, dental, optometric, or chiropractic claim, the claim shall proceed as if it had not been submitted to nonbinding arbitration pursuant to this section. The decision of the arbitration board and any dissenting opinion written by any board member are not admissible into evidence at the trial. (D) Nothing in this section shall be construed to limit the right of any person to enter into an agreement to submit a controversy underlying a medical, dental, optometric, or chiropractic claim to binding arbitration. Ohio Revised Code § 2711.21 et seq. (A) Except as otherwise provided in this section, a written contract between a patient and a hospital or healthcare provider to settle by binding arbitration any dispute or controversy arising out of the diagnosis, treatment, or care	A person licensed in another state to practice medicine, who testifies as an expert witness on behalf of any party in this state in any action against a physician for injury or death, whether in contract or tort, arising out of the provision of or failure to provide health care services, shall be deemed to have a temporary license to practice medicine in this state solely for the purpose of providing such testimony and is subject to the authority of the state medical board and the provisions of Chapter 4731 of the Revised Code. The conclusion of an action against a physician shall not be construed to have any effect on the board's authority to take action against a physician who testifies as an expert witness under this section. Ohio Revised Code § 2323.421. (A) No person shall be deemed competent to give expert testimony on the liability issues in a medical claim, as defined in §2305.113 of the Revised Code, unless: (1) Such person is licensed to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery by the state medical board or by the licensing authority of any state; (2) Such person devotes three-fourths of the person's professional time to the	(A)(1) As used in this section, “medical claim” has the same meaning as in § 2305.113 of the Revised Code. (2) This section may be used in lieu of, and not in addition to, division (B)(1) of § 2305.113 of the Revised Code. (B) At the time of filing a complaint asserting a medical claim, the plaintiff shall file with the complaint, pursuant to rule 10(D) of the Rules of Civil Procedure, an affidavit of merit relative to each defendant named in the complaint or a motion to extend the period of time to file an affidavit of merit. (C) The parties may conduct discovery as permitted by the Rules of Civil Procedure. Additionally, for the period of time specified in division (D)(2) of this section, the parties may seek to discover the existence or identity of any other potential medical claims or defendants that are not included or named in the complaint. All parties shall provide the discovery under this division in accordance with the Rules of Civil Procedure. (D)(1) Within the period of time specified in division (D)(2) of this section, the plaintiff, in an amendment to the complaint pursuant to rule 15 of the Rules of	Medical malpractice: within one year after the claimant discovers, or should have reasonably discovered the injury, or when the physician-patient relationship for that condition terminates, whichever is later. In no event may a claim be brought after four years from the date of the injury on which the claim is based. Ohio Revised Code § 2305.11, upheld *Ruther v. Kaiser*, 134 Ohio St.3d 408 (Oh. 2012); upheld *Antoon v. Cleveland Clinic Found*., 148 Ohio St.3d 483 (Oh. 2016). Minor, unsound mind: statute is tolled until the disability is lifted. Ohio Revised Code § 2305.113.

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Ohio CONT.	of the patient rendered by a hospital or healthcare provider, that is entered into prior to the diagnosis, treatment, or care of the patient is valid, irrevocable, and enforceable once the contract is signed by all parties. The contract remains valid, irrevocable, and enforceable until or unless the patient or the patient's legal representative rescinds the contract by written notice within thirty days of the signing of the contract. A guardian or other legal representative of the patient may give written notice of the rescission of the contract if the patient is incapacitated or a minor. Ohio Revised Code § 2711.22.	active clinical practice of medicine or surgery, osteopathic medicine and surgery, or podiatric medicine and surgery, or to its instruction in an accredited university; (3) The person practices in the same or a substantially similar specialty as the defendant. The court shall not permit an expert in one medical specialty to testify against a health care provider in another medical specialty unless the expert shows both that the standards of care and practice in the two specialties are similar and that the expert has substantial familiarity between the specialties. (4) If the person is certified in a specialty, the person must be certified by a board recognized by the American board of medical specialties or the American board of osteopathic specialties in a specialty having acknowledged expertise and training directly related to the particular health care matter at issue. (B) Nothing in division (A) of this section shall be construed to limit the power of the trial court to adjudge the testimony of any expert witness incompetent on any other ground. (C) Nothing in division (A) of this section shall be construed to limit the power of the trial court to allow the testimony of any other witness, on a matter unrelated to the liability issues in the medical claim, when that	Civil Procedure may join in the action any additional medical claim or defendant if the original one-year period of limitation applicable to that additional medical claim or defendant had not expired prior to the date the original complaint was filed. The plaintiff shall file an affidavit of merit supporting the joinder of the additional medical claim or defendant or a motion to extend the period of time to file an affidavit of merit pursuant to rule 10(D) of the Rules of Civil Procedure with the amendment to the complaint. (2) If a complaint is filed under this section prior to the expiration of the one-year period of limitation applicable to medical claims under §2305.113 of the Revised Code, then the period of time in which the parties may conduct the discovery under division (C) of this section and in which the plaintiff may join in the action any additional medical claim or defendant under division (D)(1) of this section shall be equal to the balance of any days remaining from the filing of the complaint to the expiration of that one-year period of limitation, plus one hundred eighty days from the filing of the complaint. (E) Subject to division (F) of this section, after the expiration of the	

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Ohio CONT.		testimony is relevant to the medical claim involved. Ohio Revised Code § 2743.43.	180-day period described in division (D)(2) of this section, the plaintiff shall not join any additional medical claim or defendant to the action unless the medical claim is for wrongful death, and the period of limitation for the claim under § 2125.02 of the Revised Code has not expired. (F) This section does not modify or affect and shall not be construed as modifying or affecting any provision of the Revised Code, rule of common law, or Ohio Rules of Civil Procedure that applies to the commencement of the period of limitation for medical claims that are asserted or defendants that are joined after the expiration of the 180-day period described in division (D)(2) of this section. Ohio Revised Code § 2323.451 (D) Attachments to Pleadings. (2) Affidavit of Merit; Medical, Dental, Optometric, and Chiropractic Liability Claims. (a) Except as provided in division (D)(2)(b) of this rule, a complaint that contains a medical claim, dental claim, optometric claim, or chiropractic claim, as defined in R.C. 2305.113, shall be accompanied by one or more affidavits of merit relative to each	

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Ohio CONT.			defendant named in the complaint for whom expert testimony is necessary to establish liability. Affidavits of merit shall be provided by an expert witness meeting the requirements of Evid.R. 702 and, if applicable, also meeting the requirements of Evid.R. 601(D). Affidavits of merit shall include all of the following: (i) A statement that the affiant has reviewed all medical records reasonably available to the plaintiff concerning the allegations contained in the complaint; (ii) A statement that the affiant is familiar with the applicable standard of care; (iii) The opinion of the affiant that the standard of care was breached by one or more of the defendants to the action and that the breach caused injury to the plaintiff. (b) The plaintiff may file a motion to extend the period of time to file an affidavit of merit. The motion shall be filed by the plaintiff with the complaint. For good cause shown and in accordance with division (c) of this rule, the court shall grant the plaintiff a reasonable period of time to file an affidavit of merit, not to exceed 90 days, except the time may be extended beyond 90 days if the court determines that a defendant or non-party has failed	

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Ohio CONT.			to cooperate with discovery or that other circumstances warrant extension. (c) In determining whether good cause exists to extend the period of time to file an affidavit of merit, the court shall consider the following: (i) A description of any information necessary in order to obtain an affidavit of merit; (ii) Whether the information is in the possession or control of a defendant or third party; (iii) The scope and type of discovery necessary to obtain the information; (iv) What efforts, if any, were taken to obtain the information; (v) Any other facts or circumstances relevant to the ability of the plaintiff to obtain an affidavit of merit. (d) An affidavit of merit is required to establish the adequacy of the complaint and shall not otherwise be admissible as evidence or used for purposes of impeachment. Any dismissal for the failure to comply with this rule shall operate as a failure otherwise than on the merits. (e) If an affidavit of merit as required by this rule has been filed as to any defendant along with the complaint or amended complaint in which claims are first asserted against that defendant, and the affidavit of merit is determined by the court to be defective pursuant to	

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Ohio CONT.			the provisions of division (D)(2)(a) of this rule, the court shall grant the plaintiff a reasonable time, not to exceed sixty days, to file an affidavit of merit intended to cure the defect. Ohio Rules Civil Procedure 10.	
Oklahoma		To qualify as an expert in a medical liability cause of action, the expert must be licensed to practice medicine or have other substantial training or experience in any area of health care relevant to the claim and must be actively practicing or retired from health care in any area of health care services relevant to the claim. The judge may allow experts who do not meet these qualifications to testify if the judge finds there is good reason to admit the expert's testimony and this reason is stated on the record. 63 Oklahoma Statutes § 1-1708.1I. If scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training or education may testify in the form of an opinion or otherwise, if: 1. The testimony is based upon sufficient facts or data;	Yes. In any civil action for professional negligence, the plaintiff shall file an affidavit stating that: 1) the plaintiff has consulted and reviewed the facts of the claim with a qualified expert, 2) the plaintiff has obtained a written opinion from a qualified expert stating that the acts or omissions of the defendant constituted professional negligence; and 3) the plaintiff has concluded that the claim is meritorious and based on good cause. 12 Oklahoma Statutes § 19.1. Declared unconstitutional by state supreme court (see *John v. Saint Francis Hospital, Inc.*, 405 P.3d 681, (Okla. 2017).	Medical malpractice: within two years from the date upon which the claimant knew or should have known of the alleged injury. Found unconstitutional in *Woods v. Unity Health Center, Inc*. **196 P.3d 529 (Okla. 2008).** Wrongful death: within two years from the date of death. Minors under 12: within seven years from the date of injury. Minors 12 and over: within one year from obtaining the age of majority, but not more than two years from the date of injury. Incompetence: within seven years from the date of the injury, and within one year after deemed competent. 76 Oklahoma Statutes § 18 and 12 Oklahoma Statutes § 96.

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Oklahoma CONT.		2. The testimony is the product of reliable principles and methods; and 3. The witness has applied the principles and methods reliably to the facts of the case. 12 Oklahoma Statutes § 2702. The facts or data in the particular case upon which an expert bases an opinion or inference may be those perceived by or made known to the expert at or before the hearing. If of a type reasonably relied upon by experts in the particular field in forming opinions or inferences upon the subject, the facts or data need not be admissible in evidence in order for the opinion or inference to be admitted. 12 Oklahoma Statutes § 2702.		
Oregon	(1) In any action described in subsection (6) of this section, all parties to the action and their attorneys must participate in some form of dispute resolution within 270 days after the action is filed unless: (a) The action is settled or otherwise resolved within 270 days after the action is filed; or (b) All parties to the action agree in writing to waive dispute resolution under this section. (2) Dispute resolution under this section may consist of arbitration, mediation or a judicial settlement conference. (3) Within 270 days after filing an action described in subsection (6) of this section, the parties or their attorneys must file a certificate indicating that the parties and attorneys have complied with the requirements of this section.	Expert testimony is required to establish a prima facie case unless the negligence is obvious to a lay person.		Medical malpractice: within two years of the date an injury is or should reasonably have been discovered, but in no event more than five years from the date of treatment. Wrongful death: within three years after the injury causing the death is or should reasonably have been discovered, but in no event more than three years after the date of death or five years as applicable to the medical malpractice statute.

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Oregon CONT.	(4) The court may impose appropriate sanctions against any party or attorney who: (a) Fails to attend an arbitration hearing, mediation session or judicial settlement conference conducted for the purposes of the requirements of this section; (b) Fails to act in good faith in any arbitration, mediation or judicial settlement conference conducted for the purposes of the requirements of this section; (c) Fails to timely submit any documents required for an arbitration, mediation or judicial settlement conference conducted for the purposes of the requirements of this section; or (d) Fails to have a person with authority to approve a resolution of the action available at the time of any arbitration hearing, mediation session or judicial settlement conference conducted for the purposes of the requirements of this section, unless the party or attorney receives from the court, before the hearing, session or conference commences, an exemption from the requirements of this paragraph. (5) This section does not apply to parties to an action described in subsection (6) of this section that have participated in a discussion and mediation under sections 3 and 5, chapter 5, Oregon Laws 2013. (6) The provisions of this section apply to any action in which a claim for damages is made against a health practitioner, as described in ORS 31.740, or against a health care facility, as defined in ORS 442.015, based on negligence, unauthorized rendering of health care or product liability under ORS 30.900 to 30.920. Oregon Revised Statutes § 31.250.			Minors through age 18, insane: statute is tolled until disability is removed, but such extension shall not last longer than five years for any disability, nor shall it be extended in any case longer than one year after such disability ceases. Oregon Revised Statutes §§ 12.110 and 12.160.

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Pennsylvania	Mandatory arbitration law held unconstitutional based on right to trial by jury.	(a) General rule. No person shall be competent to offer an expert medical opinion in a medical professional liability action against a physician unless that person possesses sufficient education, training, knowledge, and experience to provide credible, competent testimony and fulfills the additional qualifications set forth in this section as applicable. (b) Medical testimony. An expert testifying on a medical matter, including the standard of care, risks and alternatives, causation and the nature and extent of the injury, must meet the following qualifications: (1) Possess an unrestricted physician's license to practice medicine in any state or the District of Columbia. (2) Be engaged in or retired within the previous five years from active clinical practice or teaching. Provided, however, the court may waive the requirements of this subsection for an expert on a matter other than the standard of care if the court determines that the expert is otherwise competent to testify about medical or scientific issues by virtue of education, training, or experience. (c) Standard of care. In addition to the requirements set forth in subsections (a) and (b), an expert testifying as to a physician's standard of care also must meet the following qualifications:	Plaintiff's attorney must file a certificate of merit within 60 days of the filing of a malpractice claim. The certificate must be signed by the attorney and must state that an expert has supplied a written statement that there exists a reasonable probability that the defendant breached the standard of care, the defendant was responsible for the person who breached the standard of care, or expert testimony is unnecessary for prosecution of the claim. A defendant who files a counterclaim must also file a certificate of merit. Supreme Court Rule 1042.3.	Medical malpractice: within two years of the date of treatment. The statute is tolled until the plaintiff knows or should know of: 1) the injury; 2) the operative cause of the injury; and 3) the causative relationship between the injury and the operative conduct. 42 PA Cons. Stat. § 5524. In no event may an action be brought later than seven years from the time of the alleged conduct, except for cases where a foreign object was unintentionally left in the body. 40 Pa. Stat. § 1301.605. Wrongful death: within two years of the date of death. 40 Pa. Stat. § 1303.513. Minors: the 7-year statute of repose is tolled until the minor reaches 20 years of age. 40 Pa. Stat. § 1303.513.

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Pennsylvania CONT.		(1) Be substantially familiar with the applicable standard of care for the specific care at issue as of the time of the alleged breach of the standard of care. (2) Practice in the same subspecialty as the defendant physician or in a subspecialty which has a substantially similar standard of care for the specific care at issue, except as provided in subsection (d) or (e). (3) In the event the defendant physician is certified by an approved board, be board certified by the same or a similar approved board, except as provided in subsection (e). (d) Care outside specialty. A court may waive the same subspecialty requirement for an expert testifying on the standard of care for the diagnosis or treatment of a condition if the court determines that: (1) the expert is trained in the diagnosis or treatment of the condition, as applicable; and (2) the defendant physician provided care for that condition and such care was not within the physician's specialty or competence. (e) Otherwise, adequate training, experience, and knowledge. A court may waive the same specialty and board certification requirements for an expert testifying as to a standard of care if the court determines that the expert possesses sufficient training,		

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Pennsylvania CONT.		experience, and knowledge to provide the testimony as a result of active involvement in or full-time teaching of medicine in the applicable subspecialty or a related field of medicine within the previous five-year time period. 40 Pa. Stat. § 1303.512.		
Rhode Island		In any legal action for personal injury or death filed against a physician based on professional negligence, only those persons who by knowledge, skill, experience, training, or education qualify as experts in the field of the alleged malpractice shall be permitted to give expert testimony as to the alleged malpractice. Rhode Island General Laws § 9-19-41.	No.	Medical malpractice: within three years of the date of the incident, or the date the claimant knew or should have known of the act. Wrongful death: same Minors/mentally ill: within three years following age of majority or removal of the disability. Rhode Island General Laws §§ 9-1-14 and 9-1-14.1.
South Carolina	At any time before a medical malpractice action is brought to trial, the parties shall participate in mediation governed by procedures established in the South Carolina Circuit Court Alternative Dispute Resolution Rules in effect at the time for the State or any portion of the state. Parties may also agree to participate in binding arbitration, nonbinding arbitration, early neutral evaluation, or other forms of alternative dispute resolution. South Carolina Code § 15-79-120. Within 90 days and no later than 120 days from the service of the Notice of Intent to File Suit, the parties shall participate in a mediation conference unless an extension for no more than 60 days is granted by the court based upon a finding of good cause. Participation in the prelitigation mediation pursuant to this section does not	Expert testimony must be introduced to prove the defendant did not meet the standard of care unless a lay person would be capable of inferring negligence. An expert who signs an affidavit of merit must hold a license in the state in which he or she practices, and maintain board certification, or have actual professional knowledge and experience in, the area of practice or specialty on which the opinion of the standard of care is based. An expert is considered to have actual professional knowledge if he or she	Yes. Before initiating a medical liability action, the plaintiff must file an affidavit of an expert witness. The affidavit of an expert witness must be signed by an expert witness and specify at least one alleged negligent act or omission and the factual basis for each claim. South Carolina Code § 15-36-100.	Medical malpractice: within three years from the date of the occurrence, or within three years from the date it should have been discovered, but in no event more than six years from the date of the occurrence. South Carolina Code § 15-3-545. Wrongful death: same South Carolina Code § 15-3-545. Discovery of a foreign object: within two years from the date of discovery. South Carolina Code § 15-3-545.

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
South Carolina CONT.	alter or eliminate any obligation of the parties to participate in alternative dispute resolution after the civil action is initiated. However, there is no requirement for participation in more than one alternative dispute resolution forum following the filing of a summons and complaint to initiate a civil action in the matter. South Carolina Code § 15-79-125.	has actively practiced or taught in the area of specialty for three of the last five years immediately preceding the opinion. An expert who is not licensed or board certified may still sign an affidavit if the expert has scientific, technical, or other specialized knowledge which may assist the trier of fact in understanding the evidence and determining a fact or issue in the case. In this case, however, the affidavit must contain an explanation of the expert's credentials. South Carolina Code § 15-36-100. The board may issue a license to a physician licensed in good standing in another state, who has been engaged to testify as an expert medical witness in an administrative, civil, or criminal proceeding in this States. This license must be valid for the duration of the particular proceeding for which it is issued. This license must authorize only practice in this State that is related directly to the particular proceeding for which it is issued. A separate license must be obtained for each proceeding in which the applicant is engaged to testify as an expert medical witness in this State. South Carolina Code § 40-47-35.		Minor: statute is tolled but not for more than seven years or more than one year after the disability ceases. Such time limitation is tolled for minors for any period during which parent or guardian and defendant's insurer or health care provider have committed fraud or collusion in the failure to bring an action on behalf of the injured minor. South Carolina Code § 15-3-545. Insanity: statute is tolled for no more than five years from the date of the occurrence, or one year after the disability is lifted. South Carolina Code § 15-3-40.

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South Carolina CONT.		The South Carolina Supreme Court has suspended implementation of this provision "Act No. 385 of 2006 – relating to defining the "practice of medicine.")		
South Dakota	Voluntary agreements pursuant to §21-25A-1 between hospitals or physicians and patients relating to services provided to the patient may, by their terms, provide for past and future services by and between the parties to the agreement; provided, however, that any party to such an agreement may terminate it as to future services by giving written notice to all other parties thereto, and such termination shall in no way affect or alter the arbitration of controversies arising as to services rendered prior to the giving of such notice. South Dakota Codified Laws § 21-25B-1 et seq. The arbitration agreement between hospitals or physicians and patients shall contain the following provision in 12-point boldface type immediately above the space for signature of the parties: The agreement to arbitrate is not a prerequisite to health care or treatment. By signing this contract, you are agreeing to have any issue of medical malpractice decided by neutral arbitration and you are giving up your right to a jury or court trial. South Dakota Codified Laws § 21-25B-3. Hearings before the health care services arbitration panel shall be in two stages. The first stage shall be a hearing to determine whether or not there is any liability on behalf of the defendant or defendants. If the panel does find liability, there shall be a 30-day waiting period during which the parties may agree as to damages. At the end of 30 days, if the damage question has not been settled, the panel shall reconvene to determine the amount of damages, if any, the claimant shall be awarded. South Dakota Codified Laws § 21-25B-21.	Expert testimony must be introduced to establish negligence.		Medical malpractice: within two years from the date of the alleged malpractice. Minors: statute tolled, but not tolled for longer than one year after the disability ceases. South Dakota Codified Laws §§ 15-2-14.1 and 15-2-22.

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Tennessee	Not mandated but permitted. Tennessee Code § 29-5-101. For further information about arbitration, see HB 1162 (2023) and SB 775 (2023), enacting the Tennessee Uniform Arbitration Act (29-5-301 through 29-5-331.	(a) In a health care liability action, the claimant shall have the burden of proving by evidence as provided by subsection (b): (1) The recognized standard of acceptable professional practice in the profession and the specialty thereof, if any, that the defendant practices in the community in which the defendant practices or in a similar community at the time the alleged injury or wrongful action occurred; (2) That the defendant acted with less than or failed to act with ordinary and reasonable care in accordance with such standard; and (3) As a proximate result of the defendant's negligent act or omission, the plaintiff suffered injuries which would not otherwise have occurred. (b) No person in a health care profession requiring licensure under the laws of this state shall be competent to testify in any court of law to establish the facts required to be established by subsection (a), unless the person was licensed to practice in the state or a contiguous bordering state a profession or specialty which would make the person's expert testimony relevant to the issues in the case and had practiced this profession or specialty in one of these states during the year preceding the date that the alleged injury or wrongful act occurred. This	Yes. (a) In a health care liability action, the claimant shall have the burden of proving by evidence as provided by subsection (b): (1) The recognized standard of acceptable professional practice in the profession and the specialty thereof, if any, that the defendant practices in the community in which the defendant practices or in a similar community at the time the alleged injury or wrongful action occurred; (2) That the defendant acted with less than or failed to act with ordinary and reasonable care in accordance with such standard; and (3) As a proximate result of the defendant's negligent act or omission, the plaintiff suffered injuries which would not otherwise have occurred. (b) No person in a health care profession requiring licensure under the laws of this state shall be competent to testify in any court of law to establish the facts required to be established by subsection (a), unless the person was licensed to practice in the state or a contiguous bordering state a profession or specialty which would make the person's expert testimony relevant to the issues in the case and had practiced this profession or specialty in one of these states	Medical malpractice: within one year after discovery of the injury, but no more than three years after the alleged negligence occurred, except in cases of foreign objects. Tennessee Code § 29-26-116. Minors, unsound mind: within one year following removal of the disability. Tennessee Code § 28-1-106.

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Tennessee CONT.		rule shall apply to expert witnesses testifying for the defendant as rebuttal witnesses. The court may waive this subsection (b) when it determines that the appropriate witnesses otherwise would not be available. (c) In a health care liability action as described in subsection (a), there shall be no presumption of negligence on the part of the defendant; provided, that there shall be a rebuttable presumption that the defendant was negligent where it is shown by the proof that the instrumentality causing injury was in the defendant's (or defendants') exclusive control and that the accident or injury was one which ordinarily doesn't occur in the absence of negligence. (d) In a health care liability action as described in subsection (a), the jury shall be instructed that the claimant has the burden of proving, by a preponderance of the evidence, the negligence of the defendant. The jury shall be further instructed that injury alone does not raise a presumption of the defendant's negligence. Tennessee Code § 29-26-115.	during the year preceding the date that the alleged injury or wrongful act occurred. This rule shall apply to expert witnesses testifying for the defendant as rebuttal witnesses. The court may waive this subsection (b) when it determines that the appropriate witnesses otherwise would not be available. (c) In a health care liability action as described in subsection (a), there shall be no presumption of negligence on the part of the defendant; provided, that there shall be a rebuttable presumption that the defendant was negligent where it is shown by the proof that the instrumentality causing injury was in the defendant's (or defendants') exclusive control and that the accident or injury was one which ordinarily doesn't occur in the absence of negligence. (d) In a health care liability action as described in subsection (a), the jury shall be instructed that the claimant has the burden of proving, by a preponderance of the evidence, the negligence of the defendant. The jury shall be further instructed that injury alone does not raise a presumption of the defendant's negligence. Tennessee Code § 29-26-115.	

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Texas		An expert witness must be a physician who is practicing medicine at the time such testimony is given or was practicing medicine at the time the claim arose; has knowledge of accepted standards of medical care for the diagnosis, care, treatment of the illness, injury, or condition involved in the claim; and is qualified on the basis of training or experience to offer an expert opinion regarding the accepted standard of medical care. The physician will be considered qualified on the basis of training if he or she is board certified or has other substantial training or experience in an area of medical practice relevant to the claim; and is actively practicing medicine in rendering medical care services relevant to the claim. Tex. Civil Practices & Remedies Code § 74.401.	Yes. Within 120 days of filing suit, a plaintiff must serve an expert report on defendant. An expert report is a written document that summarizes the expert opinion regarding the applicable standard of care, how the physician failed to meet that standard, and the causal relationship between that failure and the harm suffered by the claimant. Failure to file the expert report within the 120 days deadline will result in dismissal prejudice. Texas Civil Practices & Remedies Code § 74.351.	Medical malpractice: within two years of the breach/tort or completion of treatment. For cases of continuous treatment, the period begins on the last day of treatment, or, if the date of the breach/tort is ascertainable, the period begins on that date. Wrongful death: same (for medical malpractice) Minors under age 12 shall have until their 14th birthday to file a claim. Unconstitutional - *Adams v. Gottwald*, 179 S.W.3d 101 (Tex. App. San Antonio 2005). Statute of repose exists stating that all claims must be brought within 10 years of the occurrence of the negligent act or omission, or they claim will be forever time-barred. Texas Civil Practices & Remedies Code § 74.251(a).
Utah	(1)(a) The division shall provide a hearing panel in alleged medical liability cases against health care providers as defined in §78B-3-403, except dentists. (b)(i) The division shall establish procedures for prelitigation consideration of medical liability claims for damages arising out of the provision of or alleged failure to provide health care. (ii) The division may establish rules necessary to administer the process and procedures related to prelitigation hearings and the conduct of prelitigation hearings in accordance with §§78B-3-416 through 78B-3-420. (c) The proceedings are informal, nonbinding, and are not subject to Title 63G, Chapter 4, Administrative Procedures Act, but are compulsory as a condition precedent to commencing litigation. (d) Proceedings conducted under authority of this section are confidential, privileged, and immune from civil process. (e) The	Expert testimony must be presented to establish a deviation below the standard of care unless the facts are knowledgeable to a lay person.	Utah Code Ann. § 78B-3-423. Declared unconstitutional by state supreme court (see *Vega v. Jordan Valley Medical Center, LP*, 449 P.3d 31 (Utah 2019)).	Medical malpractice: within two years of the date the injury was/should have been discovered, but in no event more than four years after the negligent act. Wrongful death: same Foreign object: within one year from the date the object was/should have been discovered (four-year limit does not apply).

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Utah CONT.	division may not provide more than one hearing panel for each alleged medical liability case against a health care provider. (2)(a) The party initiating a medical liability action shall file a request for prelitigation panel review with the division within 60 days after the service of a statutory notice of intent to commence action under §78B-3-412. (b) The request shall include a copy of the notice of intent to commence action. The request shall be mailed to all health care providers named in the notice and request. Utah Code Ann. § 78B-3-416 et seq. (1)(a) The panel shall issue an opinion and the division shall issue a certificate of compliance with the pre-litigation hearing requirements of this part in accordance with this section. (b) A certificate of compliance issued in accordance with this section is proof that the claimant has complied with all conditions precedent under this part prior to the commencement of litigation as required in § 78B-3-412(1). (2)(a) The panel shall render its opinion in writing not later than 30 days after the end of the proceedings and determine on the basis of the evidence whether: (i) each claim against each health care provider has merit or has no merit; and (ii) if a claim is meritorious, whether the conduct complained of resulted in harm to the claimant. (b) There is no judicial or other review or appeal of the panel's decision or recommendations. Utah Code Ann. § 78B-3-418. (1) Evidence of the proceedings conducted by the medical review panel and its results, opinions, findings, and determinations are not admissible as evidence in any civil action or arbitration proceeding subsequently brought by the claimant against any respondent and are not reportable to any health care facility or health care insurance carrier as a part of any credentialing process. (2) No panelist may be compelled to testify in a civil action subsequently filed with regard to the subject matter of the panel's review. A panelist has immunity from civil liability arising from participation as a panelist and for all communications, findings, opinions, and conclusions made in the course and scope of duties prescribed by this section.			Minors/disabled: Same (NOTE: limits ruled unconstitutional for minors). Utah Code Ann. § 78-3-404.

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Utah CONT.	(3) Nothing in this chapter may be interpreted to prohibit the division from considering any information contained in a statutory notice of intent to commence action, request for prelitigation panel review, or written findings of a panel with respect to the division's determining whether a licensee engaged in unprofessional or unlawful conduct. Utah Code Ann. § 78B-3-419. Upon written agreement by all parties, the proceeding may be considered a binding arbitration hearing and proceed under Title 78B, Chapter 11, Utah Uniform Arbitration Act, except for the selection of the panel, which is done as set forth in Subsection 78B-3-416(4). If the proceeding is considered an arbitration proceeding, the parties are equally responsible for compensation to the members of the panel for services rendered. Utah Code Ann. § 78B-3-420.			
Vermont	All parties may agree to submit the claim to arbitration. The panel shall consist of three members, including a judicial referee, lay person, and member of the same profession as the defendant. The panel must issue a written decision, which shall state certain findings of fact, and shall specify damages if such decision is in favor of the defendant. Either party may appeal the panel's decision. 12 Vermont Statutes § 7001.	Expert testimony is required to establish a deviation from the applicable standard of care unless the negligence is so apparent as to be comprehensible to an average juror. 12 Vermont Statutes Ch. 61 § 1643.	(a) No civil action shall be filed to recover damages resulting from personal injury or wrongful death occurring on or after Feb. 1, 2013, in which it is alleged that such injury or death resulted from the negligence of a health care provider, unless the attorney or party filing the action files a certificate of merit simultaneously with the filing of the complaint. In the certificate of merit, the attorney or plaintiff shall certify that he or she has consulted with a health care provider qualified pursuant to the requirements of Rule 702 of the Vermont Rules of Evidence and any other applicable standard, and that, based on the information	Medical malpractice: within three years from the date of the alleged conduct, or two years from the date the plaintiff knew/should have known of the alleged injury, but in no event more, seven years after the alleged conduct. Foreign object: within two years from the date the object was discovered (seven-year limit does not apply) Minor or Insane: Same, following removal of the disability. 12 Vermont Statutes § 521 and § 551.

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Vermont CONT.			reasonably available at the time the opinion is rendered, the health care provider has: (1) described the applicable standard of care; (2) indicated that based on reasonably available evidence there is a reasonable likelihood that the plaintiff will be able to show that the defendant failed to meet that standard of care; and (3) indicated that there is a reasonable likelihood that the plaintiff will be able to show that the defendant's failure to meet the standard of care caused the plaintiff's injury. (b) A plaintiff may satisfy this requirement through multiple consultations that collectively meet the requirements of subsection (a) of this section. (c) A plaintiff must certify to having consulted with a health care provider as set forth in subsection (a) of this section with respect to each defendant identified in the complaint. (d) Upon petition to the clerk of the court where the civil action will be filed, an automatic 90-day extension of the statute of limitations shall be granted to allow the reasonable inquiry required by this section. (e) The failure to file the certificate of merit as required by this section shall be grounds for dismissal of the action without prejudice, except	

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Vermont CONT.			in the rare instances in which a court determines that expert testimony is not required to establish a case for medical malpractice. (f) The requirements set forth in this section shall not apply to claims where the sole allegation against the health care provider is failure to obtain informed consent. 12 Vermont Statutes §1042.	
Virginia	A. At any time within 30 days from the filing of the responsive pleading in any action brought for malpractice against a health care provider, the plaintiff or defendant may request a review by a medical malpractice review panel established as provided in §8.01-581.3. The request shall be forwarded by the party making the request to the Clerk of the Supreme Court of Virginia with a copy of the Motion for Judgment and a copy of all responsive pleadings. A copy of the request shall be filed with the clerk of the circuit court, and a copy shall be sent to all counsel of record. The request shall include the name of the judge to whom the case is assigned, if any. Upon receipt of such request, the Supreme Court shall select the panel members as provided in §8.01-581.3:1 and shall designate a panel within 60 days after receipt of the request. If a panel is requested, proceedings on the action based on the alleged malpractice shall be stayed during the period of review by the medical review panel, except that the judge may rule on any motions, demurrers, or pleas that can be disposed of as a matter of law, set the trial date after the panel has been designated and, prior to the designation of the panel, shall rule on any motions to transfer venue. B. After the selection of the members of the review panel, the requesting party may rescind a request for review by	In a medical malpractice cause of action, an expert witness shall testify as to the standard of care. A witness shall be qualified to testify as an expert on the standard of care if he demonstrates expert knowledge of the standards of the defendant's specialty and of what conduct conforms or fails to conform to those standards and if he has had active clinical practice in either the defendant's specialty or a related field of medicine within one year of the date of the alleged act or omission forming the basis of the action. Physicians licensed in Virginia or another state with similar educational and examination requirements are presumed qualified. Virginia Code § 8.01-581.20.	When the plaintiff files a claim, the plaintiff must certify that they have contacted an expert who has determined that, based upon a reasonable understanding of the facts, the defendant deviated from the applicable standard of care and the deviation was a proximate cause of the injuries claimed. The expert does not need to meet the same qualifications as an expert who testifies at trial. The court, upon good cause shown, may conduct an, in camera review of the certifying expert opinion obtained by the plaintiff as the court may deem appropriate. Virginia Code § 8.01-20.1; § 8.01-50.1; and § 16.1-83.1.	Medical malpractice: within two years from the date the cause of action accrued. Foreign objects/concealment: within one year of the date the object/injury is discovered/should have been discovered. In no event may an action be brought within ten years from the date of the cause of action. Wrongful death: within two years of death Minors: within two years of the date of the last act of negligence. If the minor is under age 8, the action must be brought by the minor's 10th birthday unless the discovery provision applies. Incapacitated**:** Statute is tolled until the incapacity is lifted, unless the person is represented by a guardian or committee, in which case the one-year limitation will apply. Virginia Code §§ 8.01-243 and 243.1.

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Virginia CONT.	the panel only with the consent of all parties or with leave of the judge presiding over the panel. C. Any health care provider named as a defendant shall have the right to request a panel and, in that event, shall give notice of its request to the other health care providers named in the motion for judgment as well as to the plaintiff and his counsel of record. When a request for a medical review panel is made by any party, a single panel shall be designated and all health care providers against whom a claim is asserted shall be subject to the jurisdiction of such panel. The provisions of this subsection shall not prohibit the addition of parties pursuant to § 8.01-581.2:1. Virginia Code § 8.01-581.1 et seq. The medical review panel shall consist of (i) two impartial attorneys and two impartial health care providers, licensed and actively practicing their professions in the Commonwealth and (ii) the judge of a circuit court in which the action was filed, who shall preside over the panel. The judge shall have no vote and need not attend or participate in the deliberations. The medical review panel shall be selected by the Supreme Court from a list of health care providers submitted by the Board of Medicine and a list of attorneys submitted by the Virginia State Bar. In the selection of the health care provider members, the Court shall give due regard to the nature of the claim and the nature of the practice of the health care provider. Virginia Code §8.01-581.3. A. Within 30 days, after receiving all the evidence, the panel shall have the duty, after joint deliberation, to render one or more of the following opinions: 1. The evidence does not support a conclusion that the health care provider failed to comply with the appropriate standard of care; 2. The evidence supports a conclusion that the health care provider failed to comply with the appropriate standard of			

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Virginia CONT.	care and that such failure is a proximate cause in the alleged damages; 3. The evidence supports a conclusion that the health care provider failed to comply with the appropriate standard of care and that such failure is not a proximate cause in the alleged damages; or 4. The evidence indicates that there is a material issue of fact, not requiring an expert opinion, bearing on liability for consideration by a court or jury. B. If the review panel's finding is that set forth in subdivision 2 of subsection A of this section, the panel may determine whether the plaintiff suffered any disability or impairment and the degree and extent thereof. C. The opinion shall be in writing and shall be signed by all panelists who agree therewith. Any member of the panel may note his dissent. All such opinions shall be filed with the clerk of the court in which the action is pending and mailed to the plaintiff and the defendant within five days of the date of their rendering. However, this subsection shall not be construed to preclude the panel from announcing the opinion in the presence of the parties or their counsel, provided a signed written opinion is subsequently mailed as provided in this subsection. Virginia Code § 8.01-581.7. An opinion of the medical review panel shall be admissible as evidence in the action brought by the plaintiff but shall not be conclusive. Either party shall have the right to call, at his cost, any member of the panel, except the judge, as a witness. If called, each witness shall be required to appear and testify. The panelist shall have absolute immunity from civil liability for all communications, findings, opinions, and conclusions made in the course and scope of duties prescribed by this chapter. Virginia Code § 8.01-581.8.			

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State	Arbitration/Mediation and Pre-Trial Screening Panels	Expert Testimony & Qualifications	Affidavit/ Certificate of Merit	Statute of Limitations
Virginia CONT.	A. Persons desiring to enter into an agreement to arbitrate medical malpractice claims which have then arisen or may thereafter arise may submit such matters to arbitration under the provisions of Chapter 21 (§ 8.01-577 et seq.) of this title and an agreement to submit such matters shall be binding upon the parties if the patient or claimant or his guardian, conservator, committee or personal representative is allowed by the terms of the agreement to withdraw therefrom, and to decline to submit any matter then or thereafter in controversy, within a period of at least sixty days after the termination of health care or, if the patient is under disability by reason of age and at the time of termination without a guardian who could take such action for him, or if he is incapacitated and without a guardian or conservator who could take such action for him, or if such termination is by death or if death occurs within 60 days after termination, then within a period of at least 60 days after the appointment and qualification of the guardian, conservator or committee or personal representative. Virginia Code § 8.01-581.12.			
Washington	All causes of action, whether based in tort, contract, or otherwise, for damages arising from injury occurring, as a result, of health care provided after July 1, 1993, shall be subject to mandatory mediation prior to trial, unless the parties have previously agreed to arbitration. Revised Washington Code § 7.70.100 et seq. A cause of action that has been mediated as provided in RCW 7.70.100 shall be exempt from any superior court civil rules mandating arbitration of civil actions or participation in settlement conferences prior to trial. Revised Washington Code § 7.70.130. This chapter applies to any cause of action for damages for personal injury or wrongful death based on alleged professional negligence in the provision of health care	Expert testimony is often, but not always, required to establish a deviation from the applicable standard of care and that the defendant's negligence caused the injury. Cases where such testimony is not required can include foreign object cases and cases in which the conduct of the defendant is so grossly negligent that a lay person could easily recognize it.	A plaintiff is required to file a certificate of merit by a qualified expert at the time of filing suit that states there is a reasonable probability the defendant's conduct did not meet the required standard of care. (Ruled unconstitutional *Putman v. Wenatchee Valley Med. Ctr.,* 216 P.3d 374 (2009).	Medical malpractice: within three years of the act/omission alleged to have caused the injury, or one year after discovery of the act or omission, whichever is longer. In no event may an action be brought more than eight years after the date of the alleged act/omission. Wrongful death: within three years after death. Fraud, intentional concealment, discovery of a foreign object: statute of limitations is tolled.

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Washington CONT.	where all parties to the action have agreed to submit the dispute to arbitration under this chapter in accordance with the requirements of RCW 7.70A.020. Revised Washington Code § 7.70A.010 et seq. The arbitrator shall issue a decision in writing and signed by the arbitrator within 14 days after the completion of the arbitration hearing. The arbitrator may not make an award of damages under this chapter that exceeds $1 million for both economic and noneconomic damages. The arbitrator may not make an award of damages under this chapter under a theory of ostensible agency liability. Revised Washington Code § 7.70A.060. There is no right to a trial de novo on an appeal of the arbitrator's decision. An appeal of the arbitrator's decision is limited to the bases for appeal provided in RCW 7.04A.230(1) (a) through (d) and7.04A.240, or equivalent provisions in a successor statute. Revised Washington Code §7.70A.080.			Minors: the knowledge of a custodial parent or guardian shall be imputed to a person under the age of eighteen years, and such imputed knowledge shall operate to bar the claim of such minor to the same extent that the claim of an adult would be barred. Any action not commenced in accordance with this section shall be barred. Washington Revised Code § 4.16.350.
West Virginia	(a) Notwithstanding any other provision of this code, no person may file a medical professional liability action against any health care provider without complying with the provisions of this section. (g) Upon receipt of the notice of claim or of the screening certificate of merit, if the claimant is proceeding pursuant to the provisions of subsection (d) or (e) of this section, the health care provider is entitled to prelitigation mediation before a qualified mediator upon written demand to the claimant. (h) If the health care provider demands mediation pursuant to the provisions of subsection (g) of this section, the mediation shall be concluded within 45 days of the date of	Expert testimony is generally required to establish a deviation from the applicable standard of care. Expert witnesses must have, at the time of the medical injury, devoted sixty percent of their professional time annually to active clinical practice in their medical field or specialty, or to teaching in their medical field or specialty in an accredited university. A proposed expert witness may only be found competent to testify if the foundation for his or her testimony is first laid	At least 30-days prior to the filing of a professional liability action, a claimant must provide notice to the defendant of his or her intent to file a lawsuit, which shall include a certificate of merit. The certificate must be provided under oath by a qualified provider and shall state with particularity the expert's familiarity with the applicable standard of care at issue, the expert's qualifications, the expert's opinion as to how the standard of care was breached, and how such	Medical malpractice: within two years of the date the injury occurred, or the date the claimant discovered/should have discovered the injury. In no event may an action commence more than ten years after the injury. Minors under 10: within two years of the injury or prior to the claimant's 12th birthday, whichever is longer. West Virginia Code § 55-7B-4.

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West Virginia (CONT)	the written demand. The mediation shall otherwise be conducted pursuant to Rule 25 of the Trial Court Rules, unless portions of the rule are clearly not applicable to a mediation conducted prior to the filing of a complaint or unless the Supreme Court of Appeals promulgates rules governing mediation prior to the filing of a complaint. If mediation is conducted, the claimant may depose the health care provider before mediation or take the testimony of the health care provider during the mediation. (j) Notwithstanding any other provision of this code, a notice of claim, a health care provider's response to any notice claim, a screening certificate of merit, and the results of any mediation conducted pursuant to the provisions of this section are confidential and are not admissible as evidence in any court proceeding unless the court, upon hearing, determines that failure to disclose the contents would cause a miscarriage of justice. West Virginia Code § 55-7B-6.	establishing that: (1) The opinion is actually held by the expert witness; (2) the opinion can be testified to with reasonable medical probability; (3) the expert witness possesses professional knowledge and expertise coupled with knowledge of the applicable standard of care to which his or her expert opinion testimony is addressed; (4) the expert witness's opinion is grounded on scientifically valid peer-reviewed studies if available; (5) the expert witness maintains a current license to practice medicine with the appropriate licensing authority of any state of the United States: Provided, That the expert witness's license has not been revoked or suspended in the past year in any state; and (6) the expert witness is engaged or qualified in a medical field in which the practitioner has experience and/or training in diagnosing or treating injuries or conditions similar to those of the patient. If the witness has the above qualifications at the time of trial, there is a rebuttable presumption that the witness qualifies as an expert. The parties have the opportunity, to impeach any witness' qualifications as an expert. West Virginia Code § 55-7B-7.	breach resulted in injury or death. The claimant does not have to file the expert's opinion if he or she believes the cause of action is based upon a well-established legal theory of liability. West Virginia Code § 55-7B-6.	

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Wisconsin	Mediation is available. Claimants may request mediation prior to commencing suit, in which case the statute is tolled until completion of the mediation. They may also request mediation within 15 days after filing a complaint, in which case the suit is stayed until the mediation is complete. The court must appoint a mediation panel consisting of three members: public member, attorney, and health care provider. The proceedings of the mediation panel shall not be recorded and are not admissible as evidence. Wisconsin Statutes § 655.42 et al.	Expert witness testimony is generally required to establish the standard of care and deviation therefrom, but it is not required if the issue involves routine care within the jury's common knowledge. Wisconsin Statutes § 907.02.		Medical malpractice: within three years from the date of injury, or one year from the date of discovery, but in no event more than five years from the date of the negligent act. (NOTE: recently held unconstitutional as applied to plaintiffs that could not reasonably have known of an injury) Minor: same, or by the time the minor reaches age 10, whichever is longer. Disabled: within two years from the date the disability has been lifted, but in no event more than five years from the date of the negligent act. Wisconsin Statutes §§ 893.55 and 893.56 and 893.16.
Wyoming	The supreme court may promulgate rules to provide a screening procedure to expedite the prelitigation resolution of claims arising from any alleged act, error, or omission in the rendering of licensed or certified professional or health care services. Wyoming Statutes § 1-1-124.			Medical malpractice claims must be brought within two years from the alleged act, error, or omission. If the claimant can prove the alleged act, error, or omission was not discoverable within a two-year period or failed to discover it within the two years despite due diligence then the cause of action must be brought within two years from the date of discovery. (If act discovered during the 2nd year of the two-year period from the date of the act, the statute of limitations shall be extended six months) Minor: must be brought before minor's eighth birthday or as above, whichever is greater. Disabled: within one year from the removal of the disability. Wyoming Statutes § 1-3-107.

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