



February 13, 2013

The Honorable John Kitzhaber
Governor
900 Court Street, NE, 254
Salem, OR 97301

The Honorable Peter Courtney
President of the Senate
900 Court Street NE, S-201
Salem, OR 97301

The Honorable Tina Kotek
Speaker of the House
900 Court Street, NE, H- 269
Salem, OR 97301

Dear Governor Kitzhaber, President Courtney and Speaker Kotek:

On May 9, 2012, an Advisory Group of representatives from the OMA and OTLA was convened to draft recommendations addressing the issue of medical liability reform that would culminate in legislation to be submitted to the 2013 Legislative Session. It was requested that the recommendations of the Advisory Group should adhere to the following principles:

1. Improve patient safety;
2. Preserve access to justice and more efficiently compensate individuals who are injured as a result of medical errors; and
3. Reduce the collateral costs associated with the medical liability system including costs associated with insurance administration, litigation, and defensive medicine.

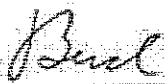
With the assistance of a mediator, the Advisory Group reached agreement formed around an Early Discussion and Resolution process which was consistent with those initial guidelines. The Advisory Group submitted its recommendations to Governor Kitzhaber on June 27, 2012. The recommendations formed the basis for a legislative proposal that was later submitted to the SB 1580

February 13, 2013
Page 2

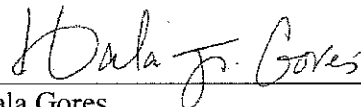
Patient Safety and Defensive Medicine Task Force which held three public hearings on the draft proposal. Following the public hearings, the Advisory Group continued to work on revisions during the legislative drafting process that were consistent with the guiding principles and consisted of constructive legislative input from Senators Prozanski and Kruse and Representatives Garrett and Conger. We are pleased to report that the Board of Trustees/Directors of both the OMA and OTLA have now voted to support this legislation during the 2013 Legislative Session. It is important to note that we support SB 483 -1 amendments as currently drafted and we would respectfully request that President Courtney and Speaker Kotek provide both the OMA and OTLA an opportunity to review and approve any further proposed changes to the legislation in order for us to maintain our support.

On behalf of our respective Boards of Directors, we appreciate your extending to our associations the opportunity to participate in the drafting of this legislation. We believe this legislation addresses a longstanding issue and finds common ground in resolving medical liability claims. We look forward to joining with you in the passage of this legislation during the 2013 Legislative Session.

Sincerely,



William "Bud" Pierce, MD
OMA President 2012-2013



Hala Gores
OTLA President

cc: The Honorable Floyd Prozanski, State Senator
The Honorable Jeff Kruse, State Senator
The Honorable Chris Garrett, State Representative
The Honorable Jason Conger, State Representative

RESOLUTION OF ADVERSE HEALTH CARE INCIDENTS

NOTIFICATION OF ADVERSE HEALTH CARE INCIDENT¹

Notice of serious adverse event may be filed (not mandatory) by health care facility, health care provider or patient with Patient Safety Commission

(If incident occurs in health care facility, the facility files the notice, without naming the individual physician)

EARLY DISCUSSION

Provider or health care facility may (not mandatory) enter into initial discussion² with patient (assumes no claim has been filed in court or claim has been withdrawn)

CONTINUING DISCUSSION/RESOLUTION

Provider/hospital and relevant entities may (not mandatory) engage in further conversation with patient and collaboratively decide what best resolves adverse event³

No offer of compensation is required but may be extended⁴

DEFINITIONS

- ¹ "Adverse health care incident" means an objective and definable negative consequence of patient care that is unanticipated, usually preventable and results in patient death or serious physical injury.
- ² The initial discussion is confidential with limited exception and malpractice carriers cannot prohibit or limit conversation nor deny coverage, however, coverage requirements can be imposed.
- ³ Continuing discussion may include explanation of why incident happened and what actions, if any, will be taken to prevent recurrence of the serious adverse event.
- ⁴ Any offer made will be confidential.
- ⁵ Provider may require patient to sign release of future liability.

