

1 H.615

2 SHORT FORM

3 Introduced by Representatives Till of Jericho, Adams of Hartland, Botzow of
4 Pownal, Bray of New Haven, Clerkin of Hartford, Conquest of
5 Newbury, Consejo of Sheldon, Dickinson of St. Albans Town,
6 Evans of Essex, Howard of Cambridge, Komline of Dorset,
7 Lenes of Shelburne, Leriche of Hardwick, Martin of
8 Springfield, Masland of Thetford, Mook of Bennington, Pellett
9 of Chester, Turner of Milton, Waite-Simpson of Essex and
10 Webb of Shelburne

11 Referred to Committee on

12 Date:

13 Subject: Health care; primary care physicians; medical malpractice; no-fault
14 compensation system

15 Statement of purpose: This bill proposes to establish a no-fault compensation
16 system for medical injury claims for primary care physicians. The system
17 would be based upon the one that New Zealand instituted in 1974 to replace its
18 litigation-based medical malpractice system. The bill would create a fund
19 from which persons who suffered medical injuries would be compensated,
20 regardless of fault on the part of the primary care provider. The fund is
21 intended to reduce both the costs of medical care and demands on the court

1 system by offering more timely compensation to a greater number of injured
2 patients and more effective processes for complaint resolution and provider
3 accountability while costing less than the litigation-based system currently in
4 place.

5 The creation of the fund is also designed to attract primary care physicians
6 to Vermont at a time when federal health care reform is expected to increase
7 the demand for preventive care services on a currently inadequate workforce.
8 For example, according to the Vermont area health education centers (AHEC)
9 network's 2008 snapshot of the state's primary care workforce, Vermont has
10 an inadequate supply of primary care physicians and advanced practice
11 registered nurses (or "nurse practitioners"). The study shows that: Vermont's
12 supply of internal and family medicine physicians is experiencing a shortfall of
13 57 FTEs statewide; 11 out of 14 counties are lacking sufficient family and
14 internal medicine physicians; the supply of nurse practitioners has a shortfall of
15 15 FTEs statewide, including midwives; 43 percent of Vermont's family and
16 internal medicine practices are limited or closed to new patients; and,
17 statewide, 31 percent of all primary care physicians are either not accepting or
18 limiting their acceptance of new patients. The bill proposes to remedy these
19 problems by reducing the medical malpractice concerns that contribute to the
20 shortage of primary care physicians.

