ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
February 27, 2014
3:07 p.m.

MEMBERS PRESENT

Representative Pete Higgins, Chair
Representative Wes Keller, Vice Chair
Representative Lance Pruitt
Representative Paul Seaton
Representative Geran Tarr

MEMBERS ABSENT

Representative Benjamin Nageak
Representative Lora Reinbold

COMMITTEE CALENDAR

HOUSE BILL NO. 281
"An Act relating to prescription of drugs by a physician without a physical examination."

- MOVED CSHB 281(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 250
"An Act making an expression of apology, responsibility, liability, sympathy, commiseration, compassion, or benevolence by a health care provider inadmissible in a medical malpractice case; requiring a health care provider to advise a patient or the patient's legal representative to seek legal advice before making an agreement with the patient to correct an unanticipated outcome of medical treatment or care; and amending Rules 402, 407, 408, 409, and 801, Alaska Rules of Evidence."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 281
SHORT TITLE: PRESCRIPTION WITHOUT PHYSICAL EXAMINATION
SPONSOR(s): REPRESENTATIVE(s) GATTIS

01/27/14	(H)	READ THE FIRST TIME - REFERRALS
01/27/14	(H)	HSS, L&C
02/13/14	(H)	HSS AT 3:00 PM CAPITOL 106

02/13/14	(H)	Heard & Held
02/13/14	(H)	MINUTE(HSS)
02/27/14	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 250
SHORT TITLE: MEDICAL MALPRACTICE ACTIONS
SPONSOR(s): REPRESENTATIVE(s) OLSON

01/21/14	(H)	PREFILE RELEASED 1/17/14
01/21/14	(H)	READ THE FIRST TIME - REFERRALS
01/21/14	(H)	HSS, JUD
02/27/14	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

REPRESENTATIVE LYNN GATTIS
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Testified as the sponsor of HB 281.

ERIKA O'SULLIVAN, Staff
Representative Kurt Olson
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented HB 250 on behalf of the bill sponsor, Representative Kurt Olson.

DOUG WOJCIESZAK
Sorry Works!
Glen Carbon, Illinois
POSITION STATEMENT: Testified during discussion of HB 250.

MEGAN WALLACE, Attorney
Legislative Legal Counsel
Legislative Legal Services
Legislative Affairs Agency
Juneau, Alaska
POSITION STATEMENT: Answered questions, as the drafter of the bill, during discussion of HB 250.

NELS ANDERSON, M.D.
Soldotna, Alaska
POSITION STATEMENT: Testified during discussion of HB 250.

ROSS TANNER, MD
Past President
Alaska State Medical Association

Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 250.

MEG SIMONIAN, Attorney
Anchorage, Alaska
POSITION STATEMENT: Testified during discussion of HB 250.

REPRESENTATIVE KURT OLSON
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Testified and answered questions as the sponsor of HB 250.

ACTION NARRATIVE

3:07:18 PM

CHAIR PETE HIGGINS called the House Health and Social Services Standing Committee meeting to order at 3:07 p.m. Representatives Higgins, Pruitt, Keller, and Seaton were present at the call to order. Representative Tarr arrived as the meeting was in progress.

HB 281-PRESCRIPTION WITHOUT PHYSICAL EXAMINATION

3:08:09 PM

CHAIR HIGGINS announced that the first order of business would be HOUSE BILL NO. 281, "An Act relating to prescription of drugs by a physician without a physical examination."

REPRESENTATIVE LYNN GATTIS, Alaska State Legislature, offered to review the proposed bill for the committee.

3:09:41 PM

CHAIR HIGGINS closed public testimony.

3:10:00 PM

REPRESENTATIVE SEATON moved to adopt Amendment 1, labeled 28-LS1234\A.1, Martin, 2/27/14, which read:

> Page 1, line 10, following "and":
> Insert "the physician or another physician in the physician's group practice is"

REPRESENTATIVE PRUITT objected for discussion.

REPRESENTATIVE SEATON explained that the purpose of the proposed amendment was to allow another physician from the group practice to handle any follow up examinations and care, similar to that of a walk-in doctor clinic.

REPRESENTATIVE GATTIS, in response to Representative Keller, said that she supported proposed Amendment 1 as it offered the same arrangement as that of a walk-in clinic.

REPRESENTATIVE PRUITT removed his objection. [There being no further objection, Amendment 1 was adopted.]

3:12:36 PM

REPRESENTATIVE KELLER moved to report HB 281, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 281 (HSS) was moved from the House Health and Social Services Standing Committee.

3:12:53 PM

The committee took an at-ease from 3:12 p.m. to 3:17 p.m.

HB 250-MEDICAL MALPRACTICE ACTIONS

3:17:05 PM

CHAIR HIGGINS announced that the next order of business would be HOUSE BILL NO. 250, "An Act making an expression of apology, responsibility, liability, sympathy, commiseration, compassion, or benevolence by a health care provider inadmissible in a medical malpractice case; requiring a health care provider to advise a patient or the patient's legal representative to seek legal advice before making an agreement with the patient to correct an unanticipated outcome of medical treatment or care; and amending Rules 402, 407, 408, 409, and 801, Alaska Rules of Evidence."

3:17:17 PM

REPRESENTATIVE KELLER moved to adopt the proposed committee substitute (CS) for HB 250, labeled 28-LS0967\O, Wallace,

2/10/14, as the working draft. [There being no objection, it was so ordered.]

ERIKA O'SULLIVAN, Staff, Representative Kurt Olson, Alaska State Legislature, explaining the intent of proposed HB 250, paraphrased from the sponsor statement:

> An Act making an expression of apology, responsibility, sympathy, commiseration, compassion, or benevolence by a health care provider inadmissible in a medical malpractice case; requiring a health care provider to advise a patient or the patient's legal representative to seek legal advice before making an agreement with the patient to correct an unanticipated outcome of medical treatment or care; and amending Rules 402, 407, 408, 409, and 801, Alaska Rules of Evidence."
>
> HB 250, also known as the “benevolent gesture” or “I’m Sorry” bill, would render expressions of responsibility, apology or sympathy by a health care provider to a patient related to an unanticipated outcome of treatment inadmissible as evidence in a medical malpractice case.

MS. O'SULLIVAN pointed to a document assembled by the American Medical Association depicting a state by state breakdown of similar legislation [Included in members' packets]. She continued paraphrasing from the sponsor statement:

> The bill is intended to clear up the gray area which now exists between apologies and admissions of neglect. The goal of HB 250 is to improve doctor-patient relationships, especially in cases ending with a less-than-favorable outcome. It is not negligence, but rather a failure in communication between the provider and patient, that most often results in malpractice lawsuits.
>
> HB 250 aims to improve the climate of communication, disclosure and analysis. Similar legislation has already passed in over 30 states. This legislation will enable health care providers to better fulfill their moral and ethical responsibilities to patients and their families through expressions of compassion and sympathy without fear of retribution in the form of a lawsuit.

3:20:22 PM

CHAIR HIGGINS opened public testimony.

DOUG WOJCIESZAK, Sorry Works!, stated his support for the proposed bill. He reported that his organization, Sorry Works!, worked with health care and insurance organizations, as well as attorneys on both sides, for better communication from health care professionals "after something goes wrong in a hospital." He declared that communication helped avoid lawsuits. He stated that similar legislation to the proposed bill had passed in 38 states, and that medical professionals were now more comfortable with the ability to have "empathetic and honest conversations with patients and families." He pointed out that the proposed bill would bring attention to the issue, and would encourage hospitals and insurance companies to develop "full blown disclosure programs" to support these conversations. He stated his support for the language in the proposed bill which alerted and encouraged families to the rights for the involvement of legal counsel, and was especially important for the credibility of the disclosure efforts. He emphasized that open disclosure resulted in fewer lawsuits, fewer complaints, and increased patient safety.

CHAIR HIGGINS asked about his profession.

MR. WOJCIESZAK replied that his oldest brother had died as the result of medical errors, and that the resulting cover up and denial had been a "teaching experience." He shared that he was a former political PR [public relations] guy from the Illinois House of Representatives. He said that he now worked professionally with hospitals and insurance companies to teach their staff "how to say sorry when something goes wrong."

CHAIR HIGGINS asked about the requirement in the proposed bill for a health care provider to advise a patient to seek legal advice before making any arrangement. He asked about the recourse if this did not happen.

MR. WOJCIESZAK, in response, offered his belief that "the inadmissibility would probably go out the window." From a practical standpoint, it was a benefit to tell a family to bring in legal counsel for discussion. He stated that plaintiff lawyers, as well as defense lawyers, were supportive and cooperative, and that this language made it a "fair and balanced bill."

CHAIR HIGGINS expressed his hesitation for the language, and he opined that "all of a sudden, things get a little bit sideways" when an attorney became involved. He offered that a patient always had the right to go to a lawyer. In dentistry, it was possible to fix about 90 percent of things that went wrong, without a need for an attorney. He expressed his hesitation for the proposed language.

MR. WOJCIESZAK suggested including language in the proposed bill for a financial threshold.

3:28:34 PM

REPRESENTATIVE KELLER expressed his appreciation for the scope of the proposed bill, as it included apology, responsibility, and benevolence. He offered his belief that benevolence by conduct allowed for a financial gift without an admission of guilt.

MR. WOJCIESZAK offered an example of a health professional discounting the patient's bill or offering a gift card, without any admission of guilt.

MS. O'SULLIVAN referenced AS 09.55.544, explaining that this was a consumer protection, as an agreement between a patient and a health care provider which was determined to be unacceptable, could be voided.

CHAIR HIGGINS questioned the reasoning for the necessity of legal advice before trying to reach a settlement.

MS. O'SULLIVAN replied that the proposed bill simply advised seeking legal counsel to reach a fair agreement or to add credence to an agreement.

MS. O'SULLIVAN directed attention to the changes in the proposed bill between the original version and Version O. On page 1, line 1 of the bill title, the word "liability" was deleted, again under section 1(a) on page 1, line 12 "liability" was deleted, and finally, under Section 2(1), page 3, line 6, it was again deleted. She shared that the sponsor believed that the word "liability" undermined the intent of the bill, as an expression of liability was closer to an admission of fault or negligence, and should not be excluded in a civil case. She pointed out that Section 1(a), page 2, line 14, [paragraph] (5)

was added to close a potential loophole should an indirect offer to compromise, write-off, or furnish payment occur.

MS. O'SULLIVAN, in response to Representative Seaton, repeated that this aforementioned section was added to the current proposed committee substitute (CS).

MS. O'SULLIVAN reported that Section 1(b), page 2, line 18, was also added, as the sponsor believed it was necessary for clarification if a statement was prefaced by or made in conjunction with an apology which admitted liability, fault or negligence, it would not necessarily be deemed inadmissible. She addressed Section 4, page 4, line 4, and stated that the conditional effect was amended to include AS 09.55.545. She said that the original proposed version only required AS 09.55.544 to have a two-thirds majority to take effect.

REPRESENTATIVE SEATON, pointing to page 3, line 3 of the proposed bill, asked if a medical procedure could proceed to correct any mistakes. He expressed his concern for the sequence of a medical procedure if a correctable mistake occurred.

MS. O'SULLIVAN offered her belief that the intent was for this to only be applied after the completion of a procedure.

REPRESENTATIVE SEATON asked for an interpretation by Legislative Legal Services.

3:37:46 PM

MEGAN WALLACE, Attorney, Legislative Legal Counsel, Legislative Legal Services, Legislative Affairs Agency, offered her belief that AS 09.55.545 would not require that a procedure stop to obtain consent or agreement. She relayed that the provision only stated that an agreement between the provider and the patient was voided if the provider did not at first tell the patient they had the right to seek legal counsel. She opined that there would be limited situations for a procedure to stop, as long as a patient was advised to the opportunity for consultation before any agreement with the provider.

REPRESENTATIVE SEATON asked for clarification whether an unanticipated outcome to a medical treatment would not be interpreted such that a problem with the surgery would require stoppage.

MS. WALLACE, in response, said that the provision did not require that a medical procedure stop prior to the patient being advised to seek legal counsel. It only related if an agreement between the patient and provider was for the patient to seek legal representation. She explained that the statute allowed for the original agreement to be voided should a patient later decide to seek legal counsel. She stated that it did not require any medical procedure to be stopped until a patient was advised to seek legal counsel.

CHAIR HIGGINS asked for clarification whether this was a verbal or written consent.

MS. WALLACE replied that this provision would apply to both.

3:43:32 PM

REPRESENTATIVE TARR asked if the provision benefited the patient more than the provider, or did it equally protect both.

MS. WALLACE replied that this would be a question for the bill sponsor. She opined that it provided assurances to both the provider and the patient, as it advised the patient of legal rights before a legal agreement in order to preclude "subsequent legal remedies."

REPRESENTATIVE TARR asked to compare this proposed legislation to that in other states. Directing attention to page 1, line 12, which read: "an expression of apology, responsibility, sympathy, commiseration, compassion, or benevolence," she opined that this proposed bill was different with its use of "responsibility." She questioned the impact for the legislation as this could take "it a step too far."

MS. WALLACE explained that the relationship to the intent and the scope of inclusion was a question for the bill sponsor. She said that the legal impact for the use of "responsibility" could provide some ambiguity when a provider expressed responsibility, as there was "a grey area in terms of if a provider says that they're responsible for something whether that's an admission of liability, fault, or negligence, or just an expression of benevolence." She offered that this could be interpreted on a case by case determination and that retaining the language would leave the interpretation to a court.

MS. O'SULLIVAN opined that the use of "responsibility" was a policy call, as some states included this in the definition of

what was inadmissible. The sponsor had determined "that an expression of responsibility didn't necessarily mean an admission of negligence or culpability" or an acceptance of legal fault.

3:48:28 PM

NELS ANDERSON, M.D., said that he had written the draft of the proposed bill and he declared that discussion with a patient was necessary and would take away the threat of liability. He pointed out that 70 percent of the cost in liability cases went to the court system and not to the patient. He stated that his intent for the proposed bill was "to allow a collegial settlement of unanticipated outcomes" when the patient, the hospital, and the physician could work for resolution without "wasting the money in the legal system." He explained the necessity for making the patient aware of what happened and feel comfortable. He pointed out the difference with this proposed bill to others nationwide as it expressed the ability to come to a legal settlement. He directed attention to page 2, line 18, which had been added, and "destroys the intent of the bill." He offered his belief that anytime a physician makes an explanation, an attorney would consider that an admission of fault, negligence, or liability. With this subsection (b), a lawyer had the patient records, testimony, and an admission of liability from the physician, if the matter went to court. He expressed extreme concern for the wording in this subsection, although he opined that it was introduced to protect the patient's rights. He expressed agreement with the decision to advise a patient of the right to seek legal counsel, and it would allow settlement for "minor" unanticipated outcomes. He stated that physicians wanted to take care of their problems however, they did not want to spend time in court resolving problems which could have been solved otherwise.

3:53:27 PM

DR. ANDERSON, in response to Chair Higgins, referred to page 2, line 18, [subsection (b)], and specified that line 22 stated that an admission of liability, fault, or negligence could be admitted as evidence. He offered his belief that an explanation of what happened when something went wrong was more like a collegial settlement, and not dictated by the legal system.

CHAIR HIGGINS asked about the agreement to correct an unanticipated outcome, and the need to ask for legal advice. He

suggested inclusion of a capacity for settlement without the request for legal advice.

DR. ANDERSON stated that the intent of the proposed draft was for protection of the patient's rights. He declared that he did not want a hospital or a physician swarming down on a patient during a problem occurrence, especially as the patient did not have the ability to determine whether the settlement offer was reasonable. He expressed his agreement that the patient would often decline legal representation. He stated that the setting of a specific number for settlement was a possibility, as long as the patient rights were protected.

REPRESENTATIVE TARR asked if his proposed draft of the bill had evolved from a personal experience.

DR. ANDERSON offered his background, which included currently serving as the Mayor of Soldotna, as well as serving on the school board. He shared that he had been taught to be involved in the community. He noted that he had read the aforementioned book by Doug Wojcieszak, Sorry Works! He said that he had received no help or advice from any other community members, although he had seen over time that physician response to a problem could be resolved when there was discussion and amicable remediation. In response to Chair Higgins, he said that he was a family physician.

3:59:25 PM

ROSS TANNER, MD, Past President, Alaska State Medical Association, discussed some of his background as a physician, noting that the majority of complaints to the board, other than gross negligence reports, were from disgruntled patients who had frustrating relationships with physicians. He opined that a similar bill had been previously introduced and had been reviewed and supported by the Alaska State Medical Association. He expressed his agreement with Dr. Anderson that medical malpractice companies preferred no communication with a patient, whereas the proposed bill would help relationships with the patient and the family members. He stated that the Alaska State Medical Association would support the proposed bill.

CHAIR HIGGINS asked about [subsection](b) on page 2, line 18, which he read:

> If an expression of apology, responsibility, sympathy, commiseration, compassion, or benevolence made under

(A)(1) of this section is made in conjunction with an admission of liability, fault, or negligence, only the expression of apology, responsibility, sympathy, commiseration, compassion, or benevolence is inadmissible, and the admission of liability, fault, or negligence may be admissible as evidence.

DR. TANNER offered his interpretation that this deconstructed the purpose of the proposed bill.

REPRESENTATIVE KELLER asked whether it would be improved if the subsection required a written admission of liability, fault, or negligence, or would it be better to remove subsection (b).

DR. TANNER replied that most prudent physicians would prefer to have communication, as was the intent of the proposed bill. He opined that physicians would be apprehensive for anything that necessitated signing, and therefore the proposed bill would become useless.

CHAIR HIGGINS proffered his agreement.

4:06:10 PM

REPRESENTATIVE SEATON surmised, if an admission of liability or negligence was not admissible in court, then a physician could say whatever they wanted. He opined that it was a balancing act for a physician to share sympathy and an explanation, but should not escape fault merely by telling the patient, as it would then be inadmissible. He pointed out that the proposed bill stated that it "may be admissible" and not that it "is admissible."

DR. TANNER reflected that, as things speak for themselves, if you make a mistake, it is obvious. He opined that the intent of the original proposed bill could improve communication between doctors and patients, especially during any bad outcome, as long as the wording did not create concern for the doctors.

REPRESENTATIVE KELLER asked if an explanation by a doctor for what happened could be construed as an admission of fault or negligence.

MS. WALLACE offered her belief that it would be fact specific, and would be dependent upon the circumstances and the exact statement which was offered, whether it was factual background or any actual admission of liability, fault, or negligence. She added that statements of admission of liability by a health care

provider, under existing law, may already be admissible as evidence as exceptions to the hearsay rule. She said that, to the extent that the proposed bill precluded the expression of an apology or sympathy, it did not change the law that related to admissions of liability, fault, or negligence.

REPRESENTATIVE KELLER asked for clarification that subsection (b) was not necessary.

MS. WALLACE offered her belief that subsection (b) helped clarify a circumstance for a statement by a health care provider that admitted liability, and without the subsection, it could leave the decision in the court's hands for whether to exclude the expression of apology or the admission of liability. She pointed out, as "may" was used in the subsection, the rules of evidence would still need to be applied.

4:13:39 PM

CHAIR HIGGINS asked if the intent of the proposed bill would be changed if subsection (b) were excluded.

MS. WALLACE said that exclusion of subsection (b) would run the risk, should an admission of liability be prefaced by an apology, that admission of liability may be inadmissible. Under existing law, dependent on the specific circumstance, those admissions of liability could be admitted against the provider. Without subsection (b), there was the risk that the court would determine that the admission of liability was part of the expression of apology, responsibility, or benevolence.

CHAIR HIGGINS referred to the testimony by both doctors which stated that retaining the subsection would render the bill "useless."

MS. WALLACE replied that this was a policy decision for interpretation and discussion by the sponsor.

REPRESENTATIVE TARR noted her comfort with the proposed language, given the distinction. She returned attention to page 1, line 12, and asked for the legal difference with admission of responsibility and liability. She opined that the two were similar.

MS. WALLACE said that she could not find a statutory reference to a definition of "responsibility," and she referenced the Black's Law Dictionary definition of "responsibility" as

liability. She opined that responsibility could be expressed as acceptance of, and may not contain intent for admission of legal responsibility. She did not know how a court would interpret the difference.

4:17:31 PM

MEG SIMONIAN, Attorney, stated that she was a medical malpractice attorney, and she expressed her agreement with the sponsor statement that an expression of apology, sympathy, compassion, or benevolence should have the ability to keep this out of litigation. She pointed out that most doctors wanted that introduced as evidence, as it allowed a show of sensitivity toward the patient. She expressed agreement with the intent of the proposed bill that it should not be used against a doctor, and she agreed that many situations should never go to court. She noted that attorney involvement would not necessarily result in a better outcome for the patient, as the caps for damages did not justify litigation costs. She stated that any aid for resolution was a good thing, noting that she received more than 800 calls each year by patients frustrated with doctors and the lack of communication, even though there was no legal claim. She offered her belief that the problem with the proposed bill was the use of "responsibility" on page 1, line 12, as it had an entirely different legal connotation than the rest of the words. She agreed that it could have the connotation as described by Legislative Legal Services; however, the more common legal connotation was that of an admission of responsibility for what had happened. She declared that an apology after a procedure whereby the doctor had done everything correctly was different than an expression of apology after a doctor had done something wrong. She pointed out that any admission was admissible through the rules of evidence in court. The proposed bill would say that it was not admissible, creating a conflict between an admission "under evidence rule 801(d), and this new prohibition." She said, as there were not any similar prohibitions in statute, the statutory prohibition would take precedence. She stated that a doctor's admission of wrongdoing was different than an expression of apology, sympathy, commiseration, compassion or benevolence. She suggested that the wording could be changed to include benevolence in offers of help, so as not to be confused with the legal connotations of "responsibility." She directed attention to page 2, line 18, subsection (b), and offered her belief that it did not legally change a doctor's ability to apologize. She opined that it was a duty of a doctor to accurately explain what was done during a procedure. She noted that not ensuring this accuracy, and

allowing it in court, would allow a doctor to testify to something totally different. She offered her belief that this did not take away from the ability of the doctor to express apology.

4:25:50 PM

REPRESENTATIVE TARR asked about a change of language from "responsibility" to "offers for help" that would better clarify that it was not a responsibility related to the medical procedure, but that it was an offer to help or support as a result of the outcome.

MS. SIMONIAN expressed her agreement that this distinction would clarify between the legal connotation for "responsibility" and wanting to help the situation.

4:27:17 PM

The committee took an at-ease from 4:27 p.m. to 4:30 p.m.

4:30:03 PM

REPRESENTATIVE KURT OLSON, Alaska State Legislature, declared that he had "anguished over this verbiage for several years" in order "to strike a balance." He pointed out that the proposed bill would still go to the House Judiciary Standing Committee, which could review the language with its resources.

REPRESENTATIVE SEATON stated that the Committee Substitute (CS), Version O, had been adopted as a balance, which precluded the use for statements of actual liability. He expressed his desire that the expressions of sentiment would allow for an early settlement. He expressed the need to maintain a medical and a legal balance.

CHAIR HIGGINS opined that the intent of the proposed bill was to "grab that balance where doctors can talk freely to the patient." He expressed his concern with [subsection] (b) as it removed the original intent of the bill, which was to allow compassion and conversation with the patient.

REPRESENTATIVE KELLER described a medical scenario that could result in legal action, requiring a determination by the court for the admissibility of the conversation. He suggested that the sponsor research this further.

4:35:12 PM

REPRESENTATIVE TARR suggested a change in language for the aforementioned discussion of "responsibility," page 1, line 12.

REPRESENTATIVE SEATON reflected that, as most conversations would not revolve around an actual medical malpractice by the doctor, there would not be the admissions of fault or negligence. He pointed out that most instances were not for medical negligence, consequently those conversations could move forward without any admission of liability, fault, or negligence. He expressed concern, however, for any instance of negligence, fault, or liability that was not admissible.

REPRESENTATIVE OLSON shared that the driving force for this proposed bill was an attempt to address closure for patients, and was intended to allow conversation with medical professionals and eliminate any thoughts of cover up.

4:39:38 PM

MS. O'SULLIVAN offered anecdotal evidence that showed a downward trend in medical malpractice lawsuits, which could be attributed to the changes in laws similar to proposed HB 250 by 35 states, which fostered a better climate for communication between doctors and patients.

CHAIR HIGGINS expressed his agreement, although he wanted clarification so the proposed bill would accomplish its goal. He asked for input from the Alaska Medical Association, the Alaska Dental Society, and the Alaska Nurses Association.

REPRESENTATIVE OLSON suggested including the Alaska State Hospital and Nursing Home Association, as well. He declared his desire to have the proposed bill "done right."

4:42:05 PM

CHAIR HIGGINS held over HB 250, and he kept public testimony open.

4:42:32 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:42 p.m.