



# The American College of Obstetricians and Gynecologists

WOMEN'S HEALTH CARE PHYSICIANS

## **Testimony Before the**

### **House Judiciary Committee regarding HB 2014**

**Presented by Dr. Carrie Miles**

**on behalf of the Oregon Section of the American College of Obstetricians and Gynecologists**

**March 5, 2019**

Thank you for the opportunity to speak with you today on HB 2014 and how this bill – if it is allowed to pass – would turn back the clock on women's health care in our state.

My name is Dr. Carrie Miles. I am a physician licensed in Obstetrics and Gynecology. I practice with Bridgeview Women's Health, a private practice in NW Portland. I speak on behalf of not only myself and my patients, but also the 530 practicing ob-gyns of the Oregon Section of the American College of Obstetricians and Gynecologists, known as ACOG.

Our state has made great investments in prenatal, obstetrical, postpartum and well-woman health care services. This is an investment in Oregon's present and its future. HB 2014 threatens this critical investment and our state's future.

Ob-gyns are committed to reducing the incidence of patient injury and medical errors and ACOG has a long history in quality improvement. Our country provides excellent medical education and trains some of the world's finest obstetricians. Still, ob-gyns contend with high rates of unavoidable complications that frequently lead to lawsuits. Even the best ob-gyns can count on being sued.

In childbirth, there is never a guarantee of a perfect outcome, even with excellent ob-gyn care. Ob-gyns face daily exposure to lawsuits for adverse events over which they had no control—unfortunate outcomes, rather than malpractice—with jury awards that exceed into the millions of dollars. It takes years to settle and adjudicate cases, delays are onerous, and the costs of defending oneself are enormous. The cost is not just in financial terms, but also in the health and well-being of our providers, their families, and the patients.

A balanced approach of ensuring patients are cared for with economic damage awards, learning from adverse outcomes, and investing in safety initiatives is what we should be focusing our time on.

One of the most common reform efforts has been the establishment of limits on non-economic damages that can be awarded in a lawsuit. Over half of the states – including Oregon – have passed laws that cap or limit non-economic damages in medical liability cases. These common-sense limits help stabilize the medical liability insurance market, reduce health costs, eliminate physician flight from high-risk states, and protect patients' access to needed care.

California was an early adopter of this model in 1975, with passage of its landmark Medical Injury Compensation Reform Act (MICRA), and it is the reason why the rise in malpractice premiums slowed dramatically and health care costs declined in that state.

HB 2014 will not only hurt ob-gyns and the patients we serve, it will hurt other physicians, hospitals, nurses, and non-physician health care providers.

When ob-gyns discontinue the practice of obstetrics, curtail surgical services, or close their doors, women's health care suffers. Medical liability costs contribute to the difficulty in maintaining the financial viability of OB practices and to recruitment and retention of practitioners.

We believe the effect of HB 2014 will lead to:

- **Less prenatal care** – With fewer obstetricians, it's harder for women to get prenatal care. Less prenatal care means more risks for pregnant women and their babies.
- **Losing gynecologic surgery** – As doctors stop providing gynecological surgery, women lose care that helps protect fertility, end pelvic pain, or treat cancer early.
- **Less preventive health care** – Fewer doctors offering services means less regular screenings for reproductive cancers, infections, and other health risks unique to women.
- **Less care for the underserved** – Clinics that provide prenatal and delivery care to underserved and high-risk populations will continue to have trouble recruiting and affording physicians.
- **Less training for women's health** – Hospitals will drop their residency training programs in obstetrics and gynecology when they can no longer afford to insure OB/GYN residents and teachers. The result: fewer new doctors trained to treat women, particularly pregnant women.

All of these issues result in shorter visits, longer waits, and overall reduced access to care which Oregon has worked so hard to extend to women across the state; please don't turn back the clock on women's health. The Oregon Section of the American College of Obstetricians and Gynecologists respectfully asks that this bill NOT pass.