COMMENTS TO RULES COMMITTEE'S PROPOSAL TO RESCIND THE MEDICAL MALPRACTICE VENUE RULE

Dear Civil Procedural Rules Committee:

The undersigned, The Philadelphia Association of Defense Counsel ("PADC"), The Pennsylvania Defense Institute ("PDI"), and White and Williams LLP, oppose the revocation of Rule of Civil Procedure 1006(a.1) and related medical malpractice venue rules.[1] We applaud the Supreme Court's decision to await the report of the Legislative Budget and Finance Committee before proceeding to consider any amendatory provision to the rule. Based on the available data, we submit that no objective support exists for the Committee's conclusion that the venue rule is no longer warranted. To the contrary, the data demonstrates that the venue rule continues to play a key role in stabilizing the healthcare market, no data indicates that the rule has deprived any injured party of access to justice as suggested by the Committee, and every indicator shows a repeal of the rule would run a great risk of reigniting the healthcare crisis that necessitated tort reform in the first place.

I. THE PENNSYLVANIA INSURANCE CRISIS

The insurance crisis in the late 1990s and early 2000s was a healthcare crisis. It is well-recognized that skyrocketing premiums compelled physicians to leave Pennsylvania because they could not afford the insurance necessary to practice medicine here. Between 1990 and 2001, many of Pennsylvania's largest medical professional liability insurance carriers failed, including PHICO, PIC of Pennsylvania, and PIE Mutual. *See* Pew Study at 7.[2] Many other carriers, like the St. Paul

[1]Statements of Interest for PADC, PDI, and White and Williams LLP, respectively, are attached as an addendum.

[2]Randall R. Bovbjerg and Anna Bartow, *Understanding Pennsylvania's Medical Malpractice Crisis: Facts about Liability Insurance, the Legal System, and Health Care in Pennsylvania*, The

Group of Companies, Princeton and MIIX in 2001-2002, withdrew from the Pennsylvania medical liability insurance market altogether. *See* Pew Study at 8. A 2002 study by the American Hospital Association found that Pennsylvania had among the worst insurance availability problems in the nation. *See* Pew Study at 9. As a result, medical liability insurance premiums dramatically increased. According to a 2003 Wall Street Journal study, premiums for practitioners in the highest risk specialties increased by an average of 100% between 2000 and 2002 alone. *See* Pew Study at 14. During that time frame, average Pennsylvania premiums across all specialties escalated from 60% to 90% above the national average. *See* Pew Study at 15. As a result of the insurance crisis, the Commonwealth experienced a significant decline in the growth rate of numbers of physicians from 1997 to 2000. *See* Pew Study at 39.

II. TORT REFORM

In response to the healthcare crisis, the Pennsylvania legislature and the Pennsylvania Supreme Court promulgated a series of tort reform measures designed to restore balance to the medical liability insurance market and ensure continued access to high quality healthcare services. The Medical Care Availability and Reduction of Error ("MCARE") Act was the centerpiece of this effort. The MCARE Act contains numerous provisions designed to eliminate frivolous lawsuits and rein in the astronomical costs associated with run-away settlement values and disproportionate jury awards.[3] In conjunction with the MCARE Act, the Supreme Court enacted

---

Project on Medical Liability in Pennsylvania funded by The Pew Charitable Trusts (2003) (the "Pew Study").

[3]The statutory reform measures include:

a. Punitive Damages (40 P.S. §1303.505) – caps punitive damages at twice compensatory damages and limits vicariously liability for punitive damages for exceptional circumstances;

b. Computation of Damages (40 P.S. §§1303.509-510) – requires reduction of damages for loss of earnings to present value and provides for periodic payments of future medical expenses;

important rule changes to further these objectives: (1) the Certificate of Merit Rule, Pa. R. Civ. P. 1042.3, which requires a qualified physician to attest to the legitimacy of a potential claim before a plaintiff may bring suit and (2) the medical malpractice venue rule, Pa. R. Civ. P. 1006(a.1), which limits venue to the county where the care at issue was rendered.[4]

The professional liability venue rule was the product of deliberations by all three branches of government through the Interbranch Commission on venue. The Court's adoption of Rule 1006(a.1) reflected the intent of both the General Assembly and the Court to redress the undue expansion of venue and prevent forum-shopping, in plaintiff-friendly venues like Philadelphia County, in medical malpractice actions:

> The General Assembly . . . recognizes that recent changes in the health care delivery system have necessitated a revamping of the corporate structure for various medical facilities and hospitals across this Commonwealth. This has unduly expanded the reach and scope of existing venue rules. Training of new physicians in many geographic regions has also been severely restricted by the resultant expansion of venue applicability rules. These physicians and health care institutions are essential to maintaining the high quality of health care that our citizens have come to expect.
>
> 40 P.S. § 1303.514(a). Declaration of policy.
>
> Our Supreme Court amended Rule 1006 to include a change in the venue rules regarding medical professional liability actions to reflect the same intent as the Legislature. The new venue rule regarding medical professional liability actions was promulgated to prevent forum shopping in such actions.

---

c. Expert Qualification Standards (40 P.S. §1303.512) – adopted stronger expert witness qualifications;
d. Statute of Repose (40 P.S. §1303.513) – established statutory limit of seven years from date of injury to file claim (except for minors);
e. Remittitur (40 P.S. §1303.515) – allows consideration of impact of award on availability and access to health care in the community;
f. Collateral Source Rule (40 P.S. §1303.508) – bars recovery of monies paid by an insurer before trial.

[4]In conjunction with Rule 1006(a.1), the Supreme Court also promulgated Rules of Civil Procedure 2130, 2156, and 2179 governing venue in medical malpractice actions.

Searles v. Estrada, 856 A.2d 85, 92 (Pa. Super. 2004).

III. THE SUCCESS OF TORT REFORM

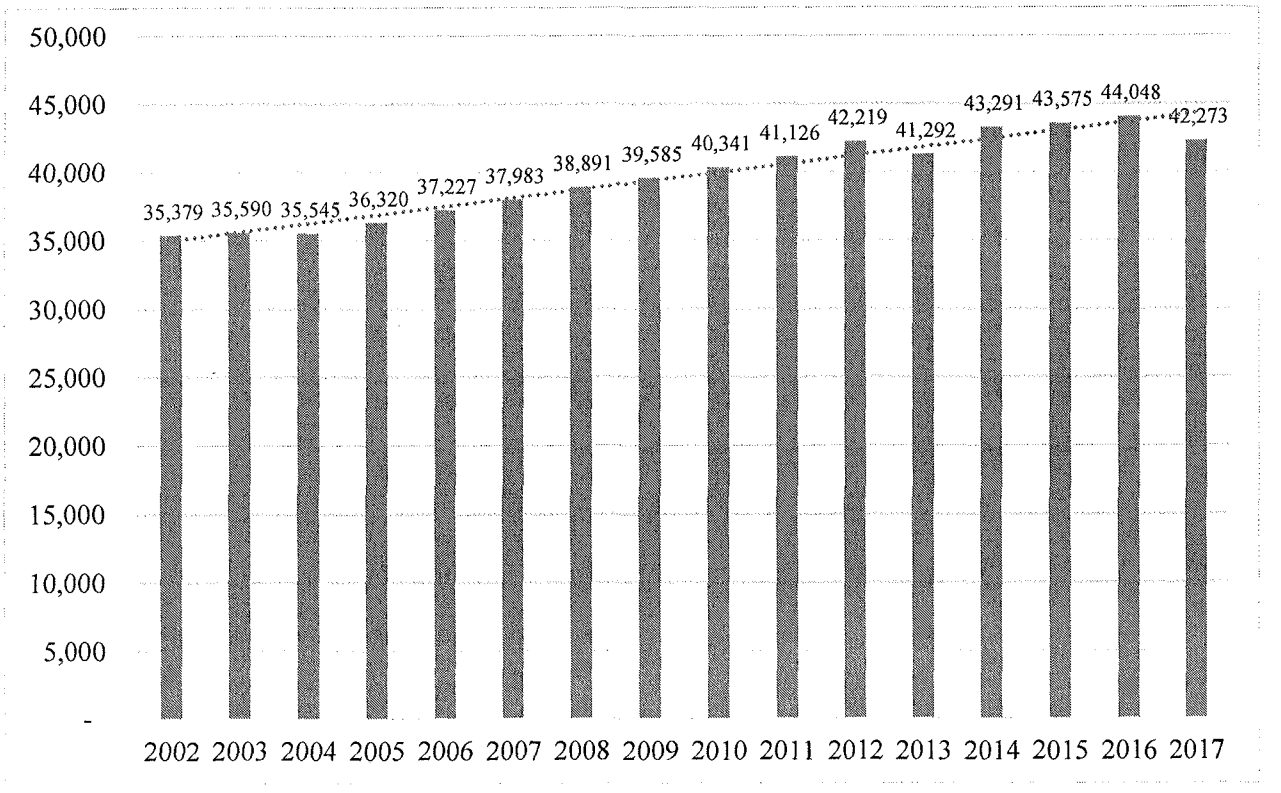
The available data demonstrates that the tort reform measures enacted by the General Assembly and Supreme Court are working. The overall reduction in case filings establishes that the Certificate of Merit requirement has reduced the filing of frivolous lawsuits. The venue rule has, as intended, redressed the undue expansion of venue in light of the consolidation of healthcare delivery systems and prevented forum shopping in plaintiff-friendly venues, like Philadelphia County. No data indicates that venue in the county in which the medical malpractice claim arose deprives alleged victims of access to the courts, as suggested by the Committee. To the contrary, all available data metrics indicate a decline in the number of recoveries and total payout amounts *proportionate* to the decline in case filings.[5]

A. Stabilization of Insurance Market

Tort reform has brought stability to the insurance market. Since the enactment of the tort reform measures, the number of physicians in Pennsylvania has steadily increased:

[5]The publicly-available information does not capture all data metrics. The Supreme Court data, for example, which demonstrates a drop in case filings, does not include settlements.

Number of Physicians in Pennsylvania[6]



B. Decline in Filings

In the 16 years since the passage of MCARE and the amendment of the venue rules, statistics maintained by the Administrative Office of Pennsylvania Courts ("AOPC") indicate that the number of medical malpractice lawsuits has declined statewide.[7] The average number of medical malpractice cases filed statewide since the high of 2,904 in 2002 has dropped

[6] MCARE Health Care Provider Counts, https://www.insurance.pa.gov/SpecialFunds/Pages/MCARE.aspx (last visited Feb. 18, 2019) (reflecting a steady increase in the number of physicians in Pennsylvania since 2003). The data for year 2017 may be incomplete due to a delay between processing and reporting of policies for the month of December. *Id.*

[7]The Administrative Office of Pennsylvania Courts (AOPC) – Case Load Statistics, http://www.pacourts.us/assets/files/setting-775/file-4471.pdf?cb=0337a4 (last visited Feb. 14, 2019).

approximately 50% to 1,599. The statewide drop in case filings cannot be attributed solely to the medical malpractice venue rule in light of the numerous other tort reform measures. A reduction in the number of suits, especially non-meritorious suits, was the express purpose of many MCARE reforms, particularly the Certificate of Merit requirement. *Wilson v. El-Daief*, 964 A.2d 354, 370 (Pa. 2009) (the purpose of the certificate of merit rule was "to curtail the filing of non-meritorious medical malpractice actions . . . .").

As for the specific *intended* effect of the venue rule, case filings in Philadelphia decreased and filings in other counties (specifically Montgomery County, which is adjacent to Philadelphia County) increased. According to the AOPC data, the average number of medical malpractice cases filed in Philadelphia County between 2000 and 2002 dropped from 1,204 to 406 in 2017. This represents a 66% decrease. In contrast, the average number of medical malpractice cases filed in Montgomery County between 2000 and 2002 increased from 22 to 107 in 2017. This represents a 386% increase. By way of contrast, in counties where venue typically plays no role, *e.g.*, Berks, Clarion, Schuylkill, there has been only a decline in filings less than or proportionate to the statewide average.

C. Proportionate Decline in Numbers of Recoveries

The AOPC data demonstrates that the decline in the number of recoveries or plaintiff's verdicts is substantially proportionate to the overall 50% decline in case filings:

Medical Malpractice Jury Verdicts[8]						
Year	**Total # of Verdicts with Awards**	**Total # of Defense Verdicts**	**Total # of Verdicts**	**% of Defense Verdicts**	**% Verdicts with Awards**	**Total # of Med Mal Filings**
2000-2003 *	88	239	326	73%	27%	2,904**
2004	65	235	299	79%	21%	1,712
2005	44	179	223	80%	20%	1,819
2006	38	191	230	83%	17%	1,711
2007	32	153	185	83%	17%	1,702
2008	30	131	161	81%	19%	1,640
2009	23	131	154	85%	15%	1,602
2010	31	133	164	81%	19%	1,532
2011	32	78	110	71%	29%	1,490
2012	28	106	135	79%	21%	1,675
2013	25	85	110	77%	23%	1,510
2014	23	105	128	82%	18%	1,560
2015	22	80	102	78%	22%	1,512
2016	17	93	110	85%	15%	1,530
2017	21	81	102	79%	21%	1,541

In other words, there is no meaningful difference in the percentage rate of defense verdicts after the tort reform measures.

D. Proportionate Decline in Dollars Paid Out

The available data also does not establish an amount of dollars paid out per year disproportionate to the drop in case filings. To the contrary, the data from the National Practitioner Data Bank ("NPDB") indicates that the percentage of total reported dollars paid out per year is proportionately *greater* than the 50% drop in filings:

---

[8]*Medical malpractice jury verdicts January 2000 to July 2003. The AOPC computed these figures by taking the total number of jury verdicts for this period divided by 3.5.
**The number of medical malpractice filings are for 2002 only.

Year	Number of Medical Malpractice Filings in PA (AOPC)[9]	Annual Medical Malpractice Payments Reported to the NPDB[10] (in millions adjusted for inflation)
2002	2,904	$549
2003	1,712	$566
2004	1,819	$551
2005	1,711	$462
2006	1,702	$403
2007	1,640	$360
2008	1,602	$364
2009	1,532	$380
2010	1,490	$335
2011	1,675	$358
2012	1,510	$392
2013	1,560	$392
2014	1,512	$319
2015	1,530	$369
2016	1,541	$304
2017	1,449	$341

In other words, while there has been approximately a 50% drop in filings statewide since 2002, the NPDB data demonstrates less than an approximate 40% drop in total average reported payouts per year statewide since 2002.[11]

[9]The Administrative Office of Pennsylvania Courts (AOPC) – Case Load Statistics, http://www.pacourts.us/assets/files/setting-775/file-4471.pdf?cb=0337a4 (last visited Feb. 14, 2019).

[10]National Practitioner Data Bank Data Analysis Tool, https://www.npdb.hrsa.gov/analysistool (last visited Feb. 14, 2019).

[11]The NPDB data does not capture payments made on corporate liability theories, The NPDB Guidebook, Reporting Medical Malpractice Payments, https://www.npdb.hrsa.gov/guidebook/EMMPR.jsp (last visited February 18, 2019) ("Medical malpractice payments made solely for the benefit of a corporation - such as a clinic, group practice, or hospital - should not be reported to the NPDB."), and, therefore, reflects less than the total annual payouts.

IV. REASONS CITED FOR PROPOSED REPEAL OF VENUE RULE

A. Unsubstantiated Claim of Uncompensated Victims

The Civil Procedural Rules Committee has proposed rescission of the venue rule in medical malpractice cases on the grounds that it "no longer appears warranted." 48 Pa. Bulletin 7744 (Dec. 22, 2018). According to the Committee, "data compiled by the Supreme Court on case filings on medical professional liability actions indicates that there has been a significant reduction in those filings for the past 15 years. *Additionally, it has been reported to the Committee that this reduction has resulted in a decrease of the amount of claim payments resulting in far fewer compensated victims of medical negligence.*" *Id.* (citation omitted; emphasis added).

The AOPC data regarding the number of filings is a matter public record, but the basis for the statement that "it has been reported to the Committee that this reduction has resulted in a decrease of the amount of claim payments resulting in far fewer compensated victims of medical negligence" is unknown. White and Williams LLP asked for the "reported" information supporting the statement, but the Committee declined our request, asserting that it is confidential. The decline in medical malpractice filings demonstrates the continued success of the 2003 tort reform measures, particularly the Certificate of Merit requirement, in eliminating non-meritorious lawsuits. None of the data cited by the Committee indicates that the venue rule has resulted in fewer compensated victims of medical malpractice. There simply is no evidence of: (1) the source of the report to the Committee; (2) the purported decrease in the amount of claim payments; and, most importantly, (3) the existence of uncompensated victims of medical negligence.

To the extent, if any, that the value of jury verdicts or settlements has allegedly decreased over the past 16 years, such decreases are likely due, at least in part, to many of the other reforms enacted as part of MCARE including: (1) the method by which damages are computed; (2)

limitations on the imposition and amount of potential punitive damages; and (3) consideration of the impact on the defendant when considering an application for remittitur.

B. No Inherently Unfair Venues

The Committee's insinuation that the venue rule results in uncompensated victims further presumes, with no objective evidentiary support, that there are inherently unfair venues in Pennsylvania. No data indicates that venue in the county in which the medical malpractice claim arose is inherently unfair. To the contrary, as proven by a fair examination of verdicts statewide, no county denies the medical malpractice plaintiff access to justice. The constitutional guarantee of due process is a fair trial not a maximum recovery, a tenet which is embodied in the MCARE Declaration of Policy, (noting that the tort reform measures are designed "to ensure a *fair legal process* and *reasonable compensation* for persons injured due to medical negligence . . . ." 40 P.S. § 1303.502 (emphasis added). Any perceived unfairness arising from venue where the cause of action arose can be addressed by way of a motion to transfer or voir dire.

C. No Disparate Impact

There is a rational basis for a different venue rule applicable to medical malpractice defendants: healthcare providers, unlike other personal injury defendants, are required by law to carry liability insurance; healthcare by its nature carries a high risk for lawsuits; healthcare by its nature is community-based; lawsuits against healthcare institutions typically involve numerous providers; and access to care is sacrificed if healthcare providers are forced to defend themselves far from their practice. In fact, in recognition of the inconvenience that attendance at trial may have on a medical witness and his/her patients, the Supreme Court long ago carved out an exception applicable to physicians under Rule of Civil Procedure 4020(a)(5), governing the use of depositions at trial. *See* Pa. R. Civ. P. 4020, *Explanatory Comment*-1978.

D. No Disconnect to Insurance Crisis

It is well-documented that providers faced an insurance crisis as of 2002. Advocates for repeal of the venue rule suggest that the insurance crisis of 2002 had no relation to lawsuits. The advocates of repeal, thus, ignore the express Legislative determination of a need to amend the venue rules in medical malpractice actions in 2002. 40 P.S. § 1303.514(a). In other words, proponents of repeal take the position that the Supreme Court, the General Assembly, the Interbranch Commission on Venue, and the Civil Procedural Rules Committee had no basis for adopting the medical malpractice venue rule in the first place. The 2003 Pew Study expressly considered cyclical changes and investment practices in the insurance industry in its analysis of the insurance crisis, but concluded that the largest cost component affecting the affordability of coverage is the rising cost of legal claims. Pew Study at 4. If the proponents of repeal were correct, then they would have to reach the doubtful conclusion that it is only a matter of pure coincidence that the insurance market stabilized in the years following the tort reform measures.

E. No Relation to Reported Medical Errors

Proponents of repeal have also misleadingly cited the 2017 annual Patient Safety Authority report to support the proposition that there has been an increase in uncompensated medical errors since 2003.[12] The Patient Safety data does not represent the incidence of medical negligence in Pennsylvania. The medical errors reported to the Patient Safety Authority include incidents that never reach patients. 40 P.S. §1303.302. For example, if an error in dosage is detected before it reaches the patient, it is reported to the Patient Safety Authority. 40 P.S. §1303.302; *see also* 2017

[12]The Patient Safety Authority, an independent state agency established under the MCARE Act, collects and analyzes patient safety data reported through its Pennsylvania Patient Safety Reporting System. *See* http://patientsafety.pa.gov (last visited Feb. 28, 2019).

Annual Patient Safety Authority Report at 65.[13] In addition, adverse event reporting includes incidents that that do not necessarily involve medical error. *See* 2017 Annual Patient Safety Authority Report at 65.[14] In fact, the overwhelming majority of Patient Safety reports do not involve medical malpractice. *Id.* at 45, 49. More to the point, the Patient Safety data in no way indicates the under-compensation of medical negligence. If any reported incident represents a meritorious claim of medical negligence, nothing in any of the tort reform measures prohibits the plaintiff from pursuing recovery for his/her injuries. The Patient Safety data, thus, provides no support for the claim that worthy claimants have not been compensated.

V. EFFECT OF PROPOSED REPEAL

The reasons for the medical malpractice venue rule – the expansion of venue and forum shopping – still exist. The proposed repeal of the venue rules would run the great risk of reigniting the insurance crisis, curtailing the expansion of healthcare delivery systems throughout the Commonwealth, and motivating physicians once again to flee the state.

A. Increased Premiums

It is no secret that the point of repeal is to allow for forum shopping in Philadelphia County and other plaintiff-friendly venues where verdicts are known to be highest. The pre-tort reform data indicates a disproportionate number of medical malpractice case filings and high verdict amounts in urban counties especially Philadelphia. More than half of the plaintiffs' verdicts between 1999 and 2001 in Philadelphia County resulted in awards in excess of $1 million. *See* Pew Study at 3. In 2001, there were nearly as many $1 million+ verdicts in Philadelphia (87) as

[13]As noted by the Patient Safety Authority, an "incident" includes an event that does not harm the patient, otherwise referred to as a "near miss". *See* 2017 Annual Patient Safety Authority Report at 65.

[14]The Patient Safety Authority focuses on "actual and potential adverse events, not only those that result from medical error." *See* 2017 Annual Patient Safety Authority Report at 65.

there were in the entire state of California (101). *See* Pew Study at 32. These statistics, coupled with the fact that many lawyers are based in Philadelphia, create a strong incentive for parties to engineer ways to bring cases in Philadelphia. A return to an era where a disproportionate share of medical malpractice cases are brought in Philadelphia County will result in increased settlement amounts and jury awards which will, in turn, increase premiums. In addition, if the medical malpractice venue rule has had the effect of a decrease in case filings statewide, then logically its repeal will cause an overall increase in filings statewide. The domino effect of increased filings and increased premiums was a key factor in the healthcare crisis which motivated tort reform in the first place. If history is any indication, returning to the pre-tort reform era will inure to the detriment of Pennsylvania's citizens in the form of higher costs and reduced access to physicians and facilities.

B. MCARE Fund

No data indicates that repeal of the rule will not adversely affect the availability of insurance and, consequently, access to healthcare in the state.[15] Expanded insurance availability produces a lower increase in premiums. Although the 2003 tort reform measures redressed the healthcare crisis, there is no additional capacity in the primary insurance market in Pennsylvania. To the contrary, the Pennsylvania Department of Insurance reviewed the basic insurance market capacity in a 2017 report, finding "it cannot be determined that additional basic insurance capacity is currently available for calendar year 2018." Pa. Dep't Ins. (Sept. 11, 2017).[16] Per the MCARE

[15]Notably, the Insurance Department ordered medical malpractice insurer Healthcare Providers Insurance Exchange into liquidation in 2018. https://www.insurance.pa.gov/Regulations/LiquidationRehab/Pages/Healthcare-Providers-Insurance-Exchange.aspx (last visited Feb. 28, 2019).

[16]https://www.insurance.pa.gov/SpecialFunds/MCARE/Pages/MCARE.aspx (last visited Feb. 28, 2019).

Act, the MCARE Fund was scheduled to be phased out over a period of years, leaving physicians to procure full coverage in the private market, which has not yet happened. *See* 40 P.S. § 1303.712(c)(2). Because the marketplace lacks the financial capacity to withstand an increase in the basic insurance limit, the Insurance Department has maintained the Fund coverage limits in place. Pa. Dep't Ins. (Sept. 11, 2017).

C. Expansion of Venue

The prevention of forum shopping due to the expansion of venue carries even greater import today than in 2002 with the continued consolidation of healthcare delivery systems in the Commonwealth. If the medical malpractice venue rule is repealed, a defendant can be sued in any county where: (1) any defendant can be served; (2) the transaction or occurrence took place; or (3) any defendant "does business." The "doing business" prong of this test is particularly problematic today because of the complexities with the delivery of health care and large health care systems. Since 2003, a number of large healthcare systems, particularly the dominant city-based health systems, have continued to expand across the Commonwealth. The Pittsburgh-based University of Pittsburgh Medical Center acquired Pinnacle Health Systems of Harrisburg in 2017 and now operates 30 hospitals in the western and central regions of the state. The Philadelphia-based University of Pennsylvania Health System acquired Lancaster General Hospital in 2015 and Chester County Hospital in 2013 and now operates multiple hospitals, medical centers, and clinical care providers across the region. Because the general venue rule could subject any affiliate of a large healthcare institution to venue anywhere it does business, the repeal of the medical malpractice rule could have a chilling effect on expansion and consolidation in the Commonwealth.

Also because of the increased consolidation of healthcare systems, a physician who practices in any part of the state could easily be dragged to Philadelphia or another plaintiff-

friendly forum because his/her institution is affiliated in some way with a larger institution that has some presence there. Instead of rendering patient care, these doctors will be forced to travel far from home to attend depositions and trials. The greater time constraints imposed on providers will inure to the detriment of the thousands of patients across the Commonwealth whom they treat on a daily basis, particularly in rural counties where access and availability are already limited.

D. Expansion of Liability by Appellate Courts

The fact that the 2003 tort reform measures have had the intended effect of reduced case filings and forum shopping is counterbalanced by judicial decisions that have significantly expanded the scope of medical malpractice liability during the last 16 years. *See, e.g., Dubose v. Quinlan*, 173 A.3d 634 (Pa. 2017) (interpreting MCARE statute of repose as extended statute of limitations unique to medical malpractice wrongful death and survival actions); *Scampone v. Highland Park Care Ctr., LLC*, 57 A.3d 582 (Pa. 2012) (extending corporate liability to nursing home); *Toney v. Chester County Hosp.*, 36 A.3d 83 (Pa. 2011) (adopting novel fiduciary duty theory of negligent infliction of emotional distress absent long-standing requirement of physical injury); *Estate of Denmark v. Williams*, 117 A.3d 300 (Pa. Super. 2015) (expansively interpreting corporate liability doctrine to effectively overlap with vicarious liability); *Rettger v. UPMC Shadyside*, 991 A.2d 915 (Pa. Super. 2010) (approving recovery of grief damages for loss of consortium contrary to long-standing precedent).

VI. CONCLUSION

It is respectfully submitted that the available data does not support the Committee's conclusion that the medical malpractice venue rule is no longer warranted. To borrow from the wisdom of Justice Ruth Bader Ginsberg, throwing out the medical malpractice venue rule when it has worked and is continuing to work to curtail forum shopping is like throwing away your

umbrella in a rainstorm because you are not getting wet.[17] The undersigned, accordingly, request that the Committee withdraw its recommendation to rescind Rule 1006(a.1) and related venue rules.

Respectfully submitted,

THE PHILADELPHIA ASSOCIATION OF DEFENSE COUNSEL

By: _____

Robert J. Cosgrove, President
P.O. Box 697
Camp Hill, PA 17001

Date: 3/1/19

THE PENNSYLVANIA DEFENSE INSTITUTE

By: _____

Lisa Katterman, President
P.O. Box 6099
Harrisburg, PA 17112

Date: 3/1/19

WHITE AND WILLIAMS LLP

By: _____

Kim Kocher, Esquire
Daniel J. Ferhat, Esquire
1650 Market Street, One Liberty Place,
Suite 1800
Philadelphia, PA 19103

Date: 3/1/19

[17] *See Shelby County v. Holder*, 570 U.S. 529, 590 (2013) (Dissenting Opinion).

ADDENDUM

STATEMENTS OF INTEREST

The Philadelphia Association of Defense Counsel ("PADC") is a non-profit association of approximately 300 lawyers from Philadelphia County and the surrounding counties of Montgomery, Bucks, Chester, and Delaware. The PADC was founded shortly after World War II as an association of defense lawyers practicing tort and insurance law, including medical malpractice defense. Through the last 70 years, the PADC has grown in size and purpose. The PADC promotes community involvement, legislative and judicial reform, court improvements, and support of the professional and social needs of its membership.

The Pennsylvania Defense Institute ("PDI") is a state-wide association of defense counsel and insurance company professionals. PDI's members represent numerous manufacturers, contractors, and property owners, as well as casualty insurance and workers compensation carriers, in the defense of claims brought against them or their insureds. PDI provides a forum for the development of public policy initiatives and for the exchange of ideas and the pursuit of the prompt, fair, and just disposition of claims, the preservation of the administration of justice, the enhancement of the legal profession's service to the public, the elimination of court congestion and delays in civil litigation, and the promotion of other related public activities.

White and Williams LLP is a global-reaching, multi-practice law firm with over 240 lawyers in ten offices. The firm's Healthcare Group has developed a reputation for handling high-stakes, high-risk cases, including complex medical malpractice litigation and professional liability claims. The Healthcare Group is a cross-disciplinary group of attorneys which provides a broad range of legal services to the healthcare industry including healthcare providers; hospitals and health systems; research organizations; physicians, nurses, and allied health professionals; payers, self-insured plans, and plan administrators; as well as companies and

investors actively involved in developing and marketing innovative technologies in the life sciences, medical device, and digital health arenas. Many of our clients are at the cutting edge of the industry, developing products and services that are designed to create efficiencies in the healthcare system, facilitate population health management, and improve the delivery and access to care. We have longstanding relationships with some of the most prominent medical facilities in the region and throughout the Commonwealth.