AAOS Medical Liability Reform Campaign

Protecting access to orthopaedic care

DOCTORS
for
MEDICAL
LIABILITY
REFORM
DMLR

AAOS Medical Liability Campaign: We are making progress

By Stuart L. Weinstein, MD

The crisis in the availability and affordability of medical liability insurance continues to escalate. This article outlines the current crisis and the fight AAOS has led to achieve meaningful medical liability reform.

Where we are now

From 1996 to 1999, medical liability claims increased by 5 percent, and the average jury award increased by 76 percent. Currently, one of every eight settlements is for more than $1 million. Even though almost 70 percent of suits are found meritless, defense costs average $25,000 to $30,000 per case. The American Medical Association (AMA) has designated 19 crisis states, with 25 others on the verge of crisis. Liability premiums for some physicians are up 500 percent in many areas over the last five years. As jury awards increase, carriers leave the market and those that remain must raise premiums.

This crisis has had a disproportionate effect on high-risk specialties such as orthopaedics, neurosurgery, obstetrics, emergency physicians and surgeons. Physicians are changing their practice scope, limiting services, eliminating high-risk procedures, stopping emergency room coverage or trauma care, purchasing less liability coverage or going bare where they can. As a result, referrals to academic medical centers have increased, placing greater pressure on these already overburdened facilities.

Access to care threatened

The real crisis in this situation is the decreased access to care for the American public. Pennsylvania has lost more than 600 general surgeons and more than 160 orthopaedic surgeons in the last five years. As of July 2004, there will be no neurosurgical coverage in Illinois south of Springfield. Obstetricians/gynecologists are giving up the obstetrical component of their practice or are leaving practice altogether. Consequently, those most affected by the access to care crisis are women and residents of rural America.

Access to care is further threatened by the choices that medical students are making. Nearly 40 percent of medical students say that the liability environment is affecting their decisions about where and what specialty to practice.

The AAOS response

In March 2003, the AAOS Board of Directors recognized the medical liability crisis as the number one issue impacting the ability of our members to practice and established the Medical Liability Reform Initiative, funded with $1 million of Association funds. The AAOS Medical Liability Reform Oversight Committee structured a program to help achieve meaningful, constitutionally sustainable medical liability reform at the state level and organized a national campaign for federal medical liability reform.

The AAOS is totally committed to this effort. In April 2003, a fund was established to help state orthopaedic societies achieve medical liability reform at the state level. The first grant went to Texas, where real liability reform became a reality in September 2003. Other grants have been awarded to the New Jersey, Pennsylvania, Florida, Mississippi and Georgia orthopaedic associations. The AAOS also has provided special help to achieve liability reform in Pennsylvania and Missouri.

In January 2004 the AAOS launched its own medical liability reform Web site, *www.pactproject.org*. It includes a series of downloadable tools, such as educational materials about the medical liability issue and member-action tools for both state and national levels.

Federal level campaign

Achieving reform on the federal level will be long and expensive, and cannot be done alone. In June 2003, in conjunction with the American Association of Neurological Surgeons, the AAOS helped establish Doctors for Medical Liability Reform (DMLR), a national coalition of 11 medical specialty societies representing more than 230,000 physicians. DMLR is the largest coalition dealing specifically with medical liability reform.

The DMLR goal is to educate and inform patients, physicians, business leaders and legislators about the destructive effects that the medical liability crisis is having on the nation's health care and the national economy. The fundamental strategy is to target key states with Senate races in play this November because the main obstacle to meaningful reform is the U.S. Senate. Two votes thus far, on the Healthy Mothers and Healthy Babies Access to Care Act (S 2061) and Pregnancy and Trauma Care Access Protection Act (S 2207) have both failed to achieve the requisite number of votes to invoke cloture (60 votes are needed).

The formal campaign was launched on February 10, 2004 at a press conference held at the National Press Club in Washington, D.C. Simultaneous press conferences and the airing of a 30-minute newsmagazine took place in our first two target states of Washington and North Carolina. The press conference can be viewed at *www.connectlive.com/events/dmlr*. At the same time, the DMLR Web site, *www.ProtectPatientsNow.org*, was launched. It provides daily news headlines of events in all 50 states as well as videos and interactive elements to involve patients, physicians and the media. In addition, full-page ads also appeared in the *Washington Post, USA Today* and the *Wall Street Journal*.

The campaign in Washington state has resulted in an aggressive dialog between the incumbent senator and the challenger who has signed the DMLR Pledge. As the

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message is refined, it will be introduced in other states with key Senate races. DMLR also will be launching an aggressive media campaign in Washington, D.C. and continue working with the congressional leadership for reform.

A good time to get involved

The environment is ripe for change. The President supports reform; the House has twice passed reform legislation in the current Congress; and increasingly, the evidence supports both the effectiveness and the public support for reform. However, this will be a long and expensive campaign that may extend through more than one election cycle.

The AAOS will continue to support state orthopaedic societies, and the Orthopaedic Political Action Committee (PAC) will work with PACs from the other DMLR members in a unified strategy. DMLR is also coordinating efforts with the AMA.

The one disappointment in the entire campaign has been the lack of fellowship support. Only 8 percent of AAOS members — a total of 1,606 — have contributed to the campaign at any level and just 4 percent of AAOS members not involved as Board or committee members are participating. Member contributions total $1,140,835 as this is written.

Even if the campaign is not evident in your state or region, the national strategy is sound and your support is critical. We *can* achieve meaningful medical liability reform. AAOS leadership is determined to continue the fight for as long as it takes. The same commitment exists within the DMLR coalition. However, without continued member support, and unless members take the message to their patients, we will not win. Let your patients know how this crisis affects them and that it jeopardizes their access to care. When patients take the message to U.S. Senate candidates, then victory will be won.

AAOS Medical Liability Reform Campaign Expenditures

(Through May 31, 2004)

Federal Campaign (Doctors for Medical Liability Reform)	$1,161,245
Grants to state orthopaedic societies	$ 183,500
Grassroots public education campaign	$ 543,938
Total campaign expenditures	$1,888,683

Stuart L. Weinstein, MD, is first vice president of the American Academy of Orthopaedic Surgeons and the American Association of Orthopaedic Surgeons. He also is chair of the AAOS Medical Liability Reform Oversight Committee and vice chair of Doctors for Medical Liability Reform. He can be reached at stuart-weinstein@uiowa.edu

What YOU can do for liability reform

Talk to your patients. Share your story about how increasing medical liability premiums are affecting your practice. Ask them to share their compelling stories about difficulties with access to specialty care. If they agree with your call for national reform, ask them to call or write their senators and representatives. The public will play an important role in convincing legislators to pass liability reform.

Talk to your colleagues. Share your story of personal commitment and enlist their support in this effort. Ask them to make a contribution and to help you seek additional contributions. The August 2003 *Bulletin* contains responses to the most common misconceptions about medical liability reform.

Make information available in your office. Download materials from the AAOS PACT (Protect Access to Care and Treatment) Project Web site (*www.pactproject.org*). You'll find sample letters to the editor, a patient brochure, a poster, a slide presentation that you can use with groups, and much more. The DMLR newsmagazines are also available on CD for showing on a TV in your waiting room.

Work with your state society to achieve reform on a state level. The AAOS has developed a video, "Long Road to Recovery," that is available to state societies for distribution.

Your support is still needed

There has never been a better opportunity to achieve medical liability reform. But the opportunity will not last forever. AAOS needs your help and asks you to please give generously to this effort. Do it for your patients and for the future of your practice.

If you have not already done so, please send your contribution today; $1,000 is the suggested contribution, but any amount is welcome. Your checks, either personal or corporate, should be made payable to: American Association of Orthopaedic Surgeons and sent to AAOS, Medical Liability Reform Campaign, 6300 N. River Road, Rosemont, IL 60018-9627.

DMLR Contributors

The DMLR is a coalition of specialty physician organizations, which together represent more than 230,000 specialty physicians. They have collectively contributed $7.3 million to support DMLR.

$1 million level

American Association of Orthopaedic Surgeons
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Surgeons Professional Association
Neurosurgeons to Preserve Health Care Access
Society of Thoracic Surgeons

Other Contributors

American Academy of Dermatology Association ($500,000)
American College of Cardiology ($500,000)
American Society of Plastic Surgeons ($100,000)
American Urological Association ($100,000)
National Association of Spine Specialists ($100,000)

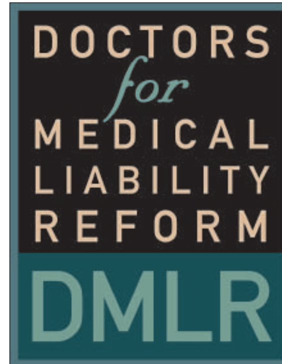
The federal campaign for medical liability reform

Long-term political strategy with no quick fixes

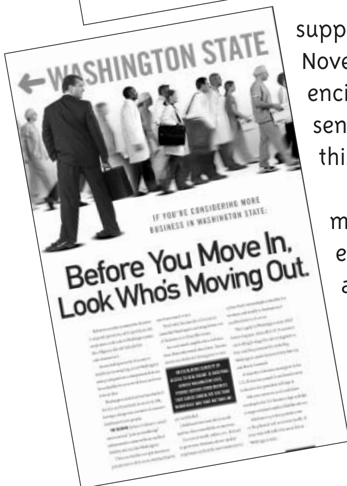
By David A. Lovett, JD

In June 2003, when the presidential leadership of the American Association of Neurological Surgeons and the American Association of Orthopaedic Surgeons met in Rosemont, Ill., it was clear that achieving federal medical liability reform would not be easy and would be expensive. At that time, these two high-risk specialties committed to creating a national organization to educate the public on the need for national medical tort reform.

One year later, six physician organizations, including AAOS and other high-risk medical specialty societies, have each committed $1 million to this effort. Two others have committed $500,000, and three have contributed $100,000 to this campaign. The organization created is Doctors for Medical Liability Reform (DMLR) and its sole purpose is to educate the public on the need for tort reform on the federal level.



The national campaign was launched in February 2004 during a high-visibility press conference held at the National Press Club in Washington, D.C. The goal of DMLR is simple—to change the votes in the U.S. Senate, either by defeating senators who are not supportive of medical liability reform in the November 2004 election, or by sufficiently influencing public opinion in those states so that these senators take notice and alter their position on this issue.



The president of the United States supports medical liability reform, and the Republican leadership in both the U.S. House of Representatives and the Senate is supportive of enacting legislation. The House has twice approved medical liability reform legislation during the 108th Congress. But a rule in the Senate—cloture—requires 60 votes to end debate before a bill can be considered. On three occasions, the Senate has failed to obtain the 60-vote support needed to move this legislation forward.

If President Bush is reelected and Republicans remain in control of the House and the Senate, there is a window of opportunity of a little over four years to achieve our objective of federal medical liability reform. The first goal is to focus on the November 2004 election and target a few senators who have not been supportive on this issue. At present, about 10 to 12 senators need to reverse their votes to allow consideration of tort reform in the U.S. Senate.

Campaign launched in two states

Initially the DMLR campaign—highlighted by 30-minute TV-newsmagazine programs—was launched in the states of Washington and North Carolina. Soon additional states will be added, including South Carolina and Georgia. Filming also is underway in Florida, Illinois and Pennsylvania. Depending on primary election results, states such as Oklahoma may be included as well. These states were chosen using multiple criteria, including: the state is in professional liability crisis, there is a viable senatorial opponent and the media markets are affordable.

The videos may be viewed on the national DMLR Web site, which can be found at *www.ProtectPatientsNow.org*. The campaign intends for viewers, both physicians and patients, to respond to the call for action in the videos and contact their legislators urging their support for federal medical liability reform.

At the federal level, this has been a partisan battle, especially in the U.S. Senate. Although both Democrats and Republicans have supported some form of liability reform in the House and, to a large extent, in the Senate, Democrats, with few exceptions, have generally opposed the imposition of caps on noneconomic damage awards.

Victories

During the past several months there have been a few measurable victories. Senator Patty Murray (D-Wash.), perhaps feeling the heat from the DMLR campaign in her own state, "ducked" the recent medical liability vote in the Senate. Rep. Barney Frank (D-Mass.), who in the past strongly opposed any type of tort reform, actually voted in favor of legislation when the House considered it a few weeks ago. Although he was not particularly supportive of the $250,000 cap on noneconomic damages, Rep. Frank recognized that this is now a national issue that must be addressed, or health care delivery could be placed at risk.

Continuation of this campaign in 2005 and planning for all future DMLR activities might very well be linked to success in the targeted senatorial races, as well as to the outcome of the presidential election. The determination of a future course of action will be made after the November elections. Regardless of success at the federal level, a key component of the AAOS effort will continue to be pursuing tort reform in the individual states.

David A. Lovett, JD, is director of the AAOS Washington office. He can be reached at lovett@aaos.org.

Are physicians' political communications to their patients ethical?

By Stuart L. Weinstein, MD

A frequently raised question is whether physicians should actively engage in political activities. More specifically, can physicians communicate to their patients and seek their support on issues that affect patient care?

In the past, physicians have been extremely reluctant to take any action that may jeopardize or place at risk the physician-patient relationship, and have considered such actions to be inappropriate.

The simple answer to physician-patient political communications can be found in the American Medical Association (AMA) Code of Medical Ethics. The AMA Code recognizes not only a right, but also an ethical obligation, for physicians to advocate to improve health care in our country. Part of this process can include providing information to patients.

Today, the AAOS is actively engaged in patient education on issues of concern to the orthopaedic community. A major component of the AAOS medical liability reform campaign is a public education effort to inform patients about the effects of the medical liability insurance crisis on access to health care.

The AAOS has a long history of working with patients and patient groups on issues of mutual concern. During the 1990s, the AAOS was the founder and original co-chair of the Patient Access to Specialty Care Coalition, which was comprised of more than 150 physician, non-physician, patient and senior citizen organizations committed to the enactment of the Patients' Bill of Rights. This year, for the first time during AAOS Capitol Hill Research Lobby Day, patients accompanied orthopaedic surgeons and PhD researchers to urge support for increased Federal funding for musculoskeletal research.

"The AMA Code recognizes not only a right, but also an ethical obligation, for physicians to advocate to improve health care in our country."

Communications between individual physicians and their patients are extensions of the various appropriate activities that the orthopaedic community can engage in to improve the quality of health care in our country. Such communication is recognized as ethical conduct by the American Medical Association.

Stuart L. Weinstein, MD, is first vice president of the American Academy of Orthopaedic Surgeons and the American Association of Orthopaedic Surgeons. He also is chair of the AAOS Medical Liability Reform Oversight Committee and vice chair of Doctors for Medical Liability Reform. He can be reached at stuart-weinstein@uiowa.edu.

AMA Code of Medical Ethics

The AMA Code of Medical Ethics section on physicians' political communications with patients and their families reads as follows:

E-9.012 — Physicians' Political Communications with Patients and Their Families

Physicians enjoy the rights and privileges of free political speech shared by all Americans. It is laudable for physicians to run for political office; to lobby for political positions, parties or candidates; and in every other way to exercise the full scope of their political rights as citizens. These rights may be exercised individually or through involvement with organizations such as professional societies and political action committees.

In addition, physicians have a responsibility to work for the reform of, and to press for the proper administration of, laws that are related to health care. Physicians should keep themselves well-informed as to current political questions regarding needed and proposed changes to laws concerning such issues as access to health care, quality of health care services, scope of medical research, and promotion of public health.

It is natural that in fulfilling these political responsibilities, physicians will express their views to patients or their families. However, communications by telephone or other modalities with patients and their families about political matters must be conducted with the utmost sensitivity to patients' vulnerability and desire for privacy. Conversations about political matters are not appropriate at times when patients or families are emotionally pressured by significant medical circumstances. Physicians are best able to judge both the intrusiveness of the discussion and the patient's level of comfort. In general, when conversation with the patient or family concerning social, civic, or recreational matters is acceptable, discussion of items of political import may be appropriate.

Under no circumstances should physicians allow their differences with patients or their families about political matters to interfere with the delivery of high-quality professional care. *(I, VII) Issued June 1999 based on the report "Physicians' Political Communications with Patients and Their Families,"* adopted December 1998.

76%

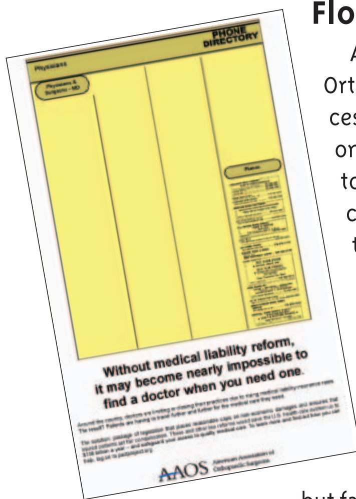
Seventy-six percent of physicians surveyed said medical liability litigation has hurt their ability to provide quality care to patients. *(2003 U.S. Department of Health and Human Services report)*

Medical liability reform: One state at a time

By David D. Teuscher, MD

The AAOS Medical Liability Reform Campaign has been active in helping achieve meaningful and constitutionally sustainable medical liability reform in several states. These efforts are complementary and parallel to the national Doctors for Medical Liability Reform effort.

Six state orthopaedic societies received grants for their efforts as they neared the “tipping point” of achieving medical liability reform on the state level. Because efforts are ongoing in several states, it is essential that contributions from AAOS members continue to enable further funding. Thus far, a total of $183,500 in grants has been allocated to various state orthopaedic societies.



Florida

A $32,00 grant was given to the Florida Orthopaedic Society and was used to successfully pass reforms that included a cap on noneconomic damages. Further efforts to amend the Florida state constitution to cap attorney contingency fees are continuing.

Georgia

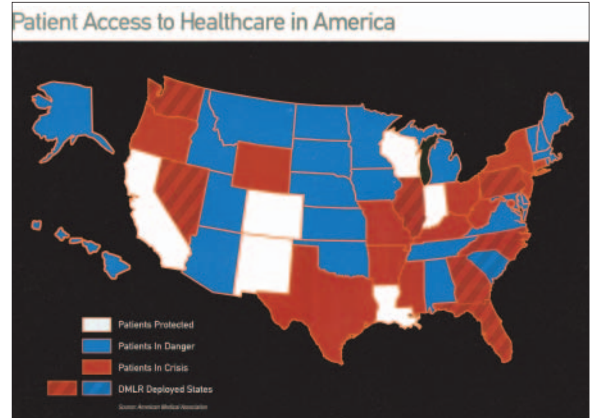
A $20,000 grant was given to The Georgia Orthopaedic Society, Inc. to be used in the Coalition for Civil Justice’s public relations efforts of educating the public. Reforms passed the state Senate but failed in the House.

Mississippi

A grant of $37,500 was allocated to the Mississippi Orthopaedic Society to assist in strengthening currently existing tort reform legislation. Upon receiving the grant from the AAOS, Mississippi passed legislation with a cap of $500,000 on noneconomic damages and placed restrictions on the county in which a lawsuit can be filed.

New Jersey

A grant for $9,000 has been used to develop the “120:120” Key Contact Program. In each of the state’s 120 legislative districts, an orthopaedic surgeon has been paired with a state legislator to serve as a key contact as they push forward for medical liability reform. The New Jersey Orthopaedic Society has shared the 120:120 program with the AAOS and it is now available for use by all state orthopaedic societies.



States where patients are protected are shown in white, states where patients are in danger are shown in blue, states where patients are in crisis are shown in red and states where Doctors for Medical Liability Reform is deployed are shown in red stripes and blue stripes.

Pennsylvania

The Pennsylvania Orthopaedic Society used its $10,000 grant for coalition building to pass legislation for premium relief and caps on noneconomic damages. The legislature passed a two-year MCARE (the state-required excess liability fund) abatement for high-risk specialties. Orthopaedic surgeons received a 100 percent abatement on their premiums based on this bill. Furthermore, a constitutional amendment to allow the legislature to cap noneconomic damages in medical liability cases passed the House and the Senate this year. It must once again pass the House and the Senate next year before the public can vote on it.

Texas

The AAOS $75,000 grant to the Texas Orthopaedic Association helped push the Texas Constitutional Amendment (Proposition 12) to victory on September 13, 2003. This ensures the legality of noneconomic caps and eliminates court challenges to the legislation. Premiums have already been reduced and new insurers are now moving into the Texas market.

What’s next?

The AAOS Medical Liability Reform Campaign can remain active in the states only to the extent that you and your colleagues fund this effort. National reform might not be available soon, but state reforms are working and can work in your state. Contribute now!

David D. Teuscher, MD, is a member of the AAOS Medical Liability Reform Campaign Oversight Committee and the Chair of the Professional Liability Committee. He can be reached at sportdoctor@sbcglobal.net.

State medical liability reform: Small steps, some success

By Susan Koshy, JD, MPH, and Jay Fisher, JD

Thirty state legislatures addressed the issue of medical liability reform during the 2004 legislative session. The components of proposed legislation varied from state to state and ranged from caps to venue restrictions to pretrial reviews.

Success stories

Medical liability reform legislation, in one form or another, was signed into law in Arizona, Mississippi, New Jersey, Ohio, Virginia, West Virginia and Wyoming. Medical liability reform measures also passed in Connecticut, Iowa and Missouri, but were vetoed by the governors of those states.

Arizona now requires a certificate of merit for medical liability lawsuits. This fall, voters in Wyoming will have the opportunity to pass a state constitutional amendment creating mandatory pretrial screening panels.

Legislation in Ohio authorizes the state to start a medical liability insurer if the private market is not covering a substantial number of physicians. A measure that passed in Virginia allows physicians to purchase insurance from a state-sponsored insurance plan that had previously insured only the state government, other governmental bodies and free health clinics.

The West Virginia Patient Injury Compensation Fund—created this year and funded through monies from the Tobacco Settlement—will pay out claims for economic damages that the plaintiff has been unable to collect, such as damages above the coverage level of a physician defendant.

The Mississippi legislature, in special session, passed legislation to strengthen existing reforms. The bill keeps the cap at $500,000 and eliminates an exception to the cap for damages for disfigurement. Gov. Barbour has stated that he will sign the bill.

Reform legislation, which does not include caps, was signed into law in New Jersey. It does create a subsidy program for physicians in high-risk specialties, allows defendants to file an affidavit of noninvolvement, allows periodic payment for noneconomic damages over $1 million and provides more leeway for judges to reduce verdicts.

Oklahoma Gov. Brad Henry signed legislation that creates a $300,000 cap with some exceptions. The bill also eliminates joint and several liability for defendants found to be less than 50 percent at fault.

Still under consideration

As of this writing, bills are currently being considered in Alaska, Connecticut, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee and Vermont.

Measures in Alaska, New Hampshire, Rhode Island and South Carolina contain caps on noneconomic damages. Elsewhere, proposed legislation addresses other areas that could affect medical liability rates but does not include caps.

The Connecticut legislature passed a bill that provides for an affidavit of merit requirement, mandatory mediation, insurance rate reform and judicial review of noneconomic damage awards over $1 million. The governor vetoed the bill because it did not contain a cap on damages. The legislature may attempt to override the veto.

Mixed messages

In some states, the larger issue of tort reform is affecting the possibility of medical liability reform. In Missouri, for example, the governor vetoed a measure that would have applied some reforms to all liability cases. The governor wants a measure that is limited solely to medical liability reform.

In Pennsylvania, the Senate recently passed a bill to allow the public to vote on a constitutional amendment that would permit the legislature to enact caps on noneconomic damages in medical liability cases. The House version of the bill would allow the legislature to put caps on any type of case. Due to the expense of running a constitutional amendment campaign, financial support from the business community is needed and such support might not be available if the measure applies strictly to medical liability cases.

Two states (Colorado and Nebraska) that already have hard caps on economic and noneconomic damages passed legislation that further qualifies the limits of these caps. A Colorado law signed this year allows a judge to override the cap if the claimant has already incurred economic damages in excess of the cap and application of the cap would be unfair. The Nebraska law increases the amount of insurance a physician must carry to qualify for the hard cap.

Maybe next year

Several states, including Washington and Kentucky, ended their legislative sessions without passing medical liability reform. In other states, such as Illinois, New York and Tennessee, legislation involving a cap on damages is unlikely to pass this year.

500%

The costs of medical liability insurance have risen 500 percent in the last five years in many areas of the United States

(The Record-Courier, *Sept. 24, 2003)*

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PACT project takes root in Missouri, Pennsylvania

By John M. Purvis, MD

$12 Billion
Federal medical liability reform would save the federal government nearly $12 billion, according to the Congressional Budget Office, and reduce health care costs by up to $108 billion a year.

The AAOS Medical Liability Reform Grassroots Public Education Campaign—"Protect Access to Care and Treatment" (PACT)—has targeted two states in crisis (Pennsylvania and Missouri) and is working with the state orthopaedic societies in each to effect change by passing medical liability reform legislation.

The PACT campaign does not directly address national liability reform legislation; that task is being managed by the Doctors for Medical Liability Reform coalition, of which the AAOS is a leading member. Instead, this program seeks to empower state societies, members and patients to advocate for and drive meaningful, constitutionally sustainable medical liability reform in their states.

Missouri outreach

The PACT project's involvement in Missouri focused on building a corps of supporters for medical liability reform. Online advocacy pages were developed for the Missouri State Orthopaedic Association (MSOA), including a series of letters that site visitors could send to Missouri Governor Bob Holden, and an e-mail alert to a list of likely supporters. The advocacy pages were intended to encourage supporters to get involved in the debate for medical liability reform and to urge people to contact the governor.

Although Gov. Holden vetoed that legislation, the PACT project did meet several of its goals:

- The outbound e-mail alert was successfully delivered to 91 percent of the individuals on the list.
- Of those who received the alert, 16 percent clicked through to the MSOA Web site.
- Two-thirds of the site visitors took advantage of the interactive feature and sent a letter to the governor.
- The MSOA now has a valid list of nearly 300 individuals willing to advocate on behalf of medical liability reform.

Broadening the base

The Pennsylvania Orthopaedic Society (POS) had already built a list of contacts—people who were on record in support of medical liability reform. To broaden this base, the PACT project added online advocacy pages to the POS Web site.

In March, legislation that would amend Pennsylvania's constitution to allow for caps on noneconomic damages passed the Senate and was sent back to the House for further debate. Through the PACT project, an online effort was launched urging supporters to send letters to their representatives in support of this legislation. E-mail alerts were sent out to the public and as a result, elected oficials received numerous e-mails urging support for the constitutional amendment capping noneconomic damages in the state.

Local opportunities

To facilitate grassroots advocacy on liability reform, the AAOS has developed a print and electronic advocacy toolkit for use by orthopaedic surgeons and state societies. The kit contains a variety of resources designed not only for patient education and mobilization but also for the general public, media and policymakers.

The advocacy tools include talking points; questions-and-answers; patient brochures; wall posters; sample letters to legislators; a CD-ROM PowerPoint presentation for use at community meetings to educate people about the liability issue; a sample op-ed piece; a sample letter to the editor; and a medical liability video targeted directly at patients. Many of the tools can be downloaded from the campaign Web site, *www.pactproject.org*.

Educating the public on the impact of the medical liability crisis and approaches to resolving this crisis is a key goal of the PACT project. Its three key messages are:

- Skyrocketing medical liability insurance premiums jeopardize patient access to care, and the crisis directly affects the cost of health care for all Americans.
- Reasonable medical liability reform will stabilize this threat to the American health care system.
- Tell your lawmakers that you support medical liability reform.

Print, radio, TV advertising

A PACT project ad campaign was developed for state societies to adapt for use in their own states. The campaign includes four print ads, a radio spot, a patient education video and a television ad. Although the AAOS will not be able to fund the placement of ads at the national level, "in play" state societies are strongly urged to fund the strategic placement of paid ads as part of their communications blitz.

For more information, visit the PACT Project Web site, *www.pactproject.org*.

John M. Purvis, MD, is a member of the Medical Liability Reform Oversight Committee and chair of the Public Education and Media Relations Committee. He can be reached at jpurvis@mbhs.org.