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# ICEP Testimony on Malpractice Insurance

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Following is the testimony offered by Mark Mackey, MD, MBA, FACEP, representing ICEP before the Illinois Senate Health and Human Services Committee, Subcommittee on Healthcare.

Madam Chairperson and Committee Members:

I am Dr. Mark Mackey, and I speak here today as a Board Certified Emergency Physician, and as a representative of the Illinois College of Emergency Physicians, which represents over 1100 physicians across the state. I have also had the privilege of practicing in the great state of Illinois for over 15 years, in a variety of settings including rural, suburban, urban, and teaching/academic settings. With your indulgence I speak for my colleagues and myself from what I believe to be a unique perspective on the looming medical malpractice crisis.

We believe that emergency care is a fundamental right of all citizens. We do not choose what patients we care for, and no patient is denied care based on his or her ability to pay. This mandate is one which we take very seriously, sometimes at our own personal and financial risk. As one of emergency medicine's national leaders has been known to

comment: "...no insurance, no home, no shirt, no shoes, no problem, I'm your doctor..."

Heretofore we have accepted this mandate, because we believe it be the ethical course, and have spent most of our political capital in support of legislation on the state and federal level to support this ideal. I can honestly say to you today that at no other time in my experience have I seen our ability to provide this healthcare safety net so threatened.

For a variety of reasons, Emergency Medicine, like Obstetrics and Neurosurgery, is considered a high-risk specialty, with concomitant malpractice rates and availability. This was never more obvious than at a recent forum, which we conducted in January of this year, which clarified the following:

1) Emergency physician groups, particularly small groups are having difficulty obtaining medical liability insurance. There are currently only two companies writing new policies, (down from 6 only 2 years ago) in the state of Illinois.

2) Liability rates have increased dramatically, with increases from 30-50% over the last 2 years.

3) Liability costs have made it more difficult to identify sub-specialists willing to serve on hospital emergency department on call rosters which are necessary to provide care for the most severely injured or impaired.

4) Liability costs and a threatening medical legal climate in Illinois has resulted in more new physicians leaving the state for a more supportive environment in other states. At the other end of the practice spectrum, I have been witnessing more experienced physicians either retiring early, or opting for more risk averse practice setting. This collective judgment and experience is one which we can ill afford to lose during this difficult time.

I urge you to consider all options presented today. The right of access to emergency care and the health care safety net is dependent on our ability to provide an environment suitable for such a task.

Thank You