



AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*

May 8, 2006

The Honorable John Ensign  
U.S. Senate  
356 Russell Senate Office Building  
Washington, DC 20510

**RE: Support for S. 22, the “Medical Care Access Protection Act of 2006”**

Dear Senator Ensign:

On behalf of the American College of Physicians (ACP), representing 119,000 internal medicine physicians and medical students, I want to thank you for introducing S. 22, the “Medical Care Access Protection Act of 2006,” modeled after the Texas law. We greatly appreciate all your efforts on behalf of physicians and their patients to improve health care access and reduce the cost of medical malpractice insurance.

Despite six consecutive years of medical liability premiums increases, Congress has yet to pass meaningful legislation to help control variations in medical liability insurance premiums. Meanwhile, liability insurers continue to leave markets where there are no curbs on jury awards forcing physicians to pay premium rates at astronomical levels. In response, many physicians and other health care providers have no other choice except to significantly limit their practices, move their practices to a neighboring state where there are limits, or retiring from the practice of medicine altogether due to simply being unable to afford to practice. Doctors of internal medicine are especially hit hard because as the cost of malpractice premiums continue to rise, Medicare reimbursement declines.

While some states are being forced to pass their own legislation limiting damages, most states have been unable to do so. This lack of uniformity has left the country with a patchwork of laws resulting in many physicians fleeing states without limits, making patient choice and access to care dependent upon the state in which you live. In Texas, for example, the legislature successfully passed legislation in 2003 that limits the amount of non-economic damages to \$750,000. Since then, insurers have significantly lowered premiums resulting in thousands of physicians returning back into the state to practice medicine. The Texas model has proven effective and we believe that a similar law, with adequate state preemption, should be applied on the national scale.

Again, we want to thank you for your strong commitment to helping safeguard patient access to care while controlling the cost of liability insurance premiums. I look forward to working with you in the future.

Sincerely,

Lynne M. Kirk, MD, FACP  
President