

HR 2657

Comprehensive Medical Malpractice Reform Act of 2005

Congress: 109 (2005–2007, Ended)

Chamber: House

Policy Area: Health

Introduced: May 26, 2005

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Jun 3, 2005)

Official Text: <https://www.congress.gov/bill/109th-congress/house-bill/2657>

Sponsor

Name: Rep. Baird, Brian [D-WA-3]

Party: Democratic • State: WA • Chamber: House

Cosponsors (2 total)

| Cosponsor                                 | Party / State | Role | Date Joined  |
|---|---------------|------|--------------|
| Rep. Moran, James P. [D-VA-8]             | D · VA        |      | May 26, 2005 |
| Rep. Ruppertsberger, C. A. Dutch [D-MD-2] | D · MD        |      | May 26, 2005 |

Committee Activity

| Committee                     | Chamber | Activity    | Date         |
|-------------------------------|---------|-------------|--------------|
| Energy and Commerce Committee | House   | Referred to | Jun 3, 2005  |
| Judiciary Committee           | House   | Referred To | May 26, 2005 |

Subjects & Policy Tags

Policy Area:

Health

Related Bills

| Bill        | Relationship | Last Action  |
|-------------|--------------|--|
| 109 HR 3378 | Related bill | Aug 5, 2005: Referred to the Subcommittee on Health. |

Comprehensive Medical Malpractice Reform Act of 2005 - Limits the non-economic damages that an individual may recover from a health care provider for an injury or death as the result of health care malpractice to \$250,000 as adjusted for inflation from 1975.

Requires each medical malpractice liability insurance company to reduce its medical malpractice liability coverage premiums with financial savings from this Act.

Requires a medical malpractice action to be dismissed unless the signer of complaint certifies its validity.

Directs the Secretary of Health and Human Services to: (1) develop voluntary performance standards applicable to state medical boards; (2) establish an interstate patient reporting and physician tracking database; and (3) study alternatives to the present legal process in resolving health care malpractice claims arising out of a hospital emergency room's screening examination or treatment required by law.

Directs the Attorney General to make grants to states and health care entities to carry out mediation programs to resolve health care malpractice allegations without litigation.

Amends the Public Health Service Act to provide for the voluntary disclosure of patient safety information to patient safety organizations. Makes such information privileged. Directs the Secretary to establish a database to receive relevant non-identifiable patient safety information.

Limits the liability of a health care provider that provides information to a state medical board regarding the competence or professional conduct of a physician.

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### **Actions Timeline**

- **Jun 3, 2005:** Referred to the Subcommittee on Health.
- **May 26, 2005:** Introduced in House
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- **May 26, 2005:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.
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