MEDICAL LIABILITY REFORM
H.R. 3021, Coronavirus Provider Protection Act
S. 2941/H.R. 5239, Good Samaritan Health Professionals Act

REQUEST
The Alliance of Specialty Medicine urges members of Congress to cosponsor and advance the bipartisan Coronavirus Provider Protection Act (H.R. 3021) and the bipartisan Good Samaritan Health Professionals Act (S. 2941/H.R. 5239). H.R. 3021 was introduced by Representatives Lou Correa (D-CA) and Michael Burgess, MD (R-TX). S. 2941 was introduced in the Senate by Senators Angus King (I-VT) and Bill Cassidy, MD (R-LA). H.R. 5239 was introduced in the House by Representatives Raul Ruiz, MD (D-CA) and Larry Bucshon, MD (R-IN).

The Alliance of Specialty Medicine also urges members of Congress to support meaningful medical liability reform that reduces growth in health care costs, stabilizes professional liability insurance premiums, preserves access to specialty care, and encourages physician engagement in meaningful quality improvement.

BILL SUMMARIES
The Coronavirus Provider Protection Act (H.R. 3021) would provide health care professionals with limited and targeted protection from the serious threat of COVID-19-related liability lawsuits. The legislation appropriately excludes liability protections in situations of gross negligence or willful misconduct.

The Good Samaritan Health Professionals Act (S. 2941/H.R. 5239) would extend federal liability protections to licensed, certified, or authorized health care professionals who volunteer for the purposes of responding to a disaster.

BACKGROUND
The COVID-19 public health emergency created unprecedented challenges to our nation’s health care system. Physicians have faced inadequate supplies and safety equipment as well as rapidly changing guidance and directives from all levels of government. Many physicians had to suspend most elective and urgent in-person visits and procedures, were assigned to provide care outside their general practice area, had to delay COVID-19 care due to shortages of equipment such as ventilators, experienced inadequate testing, and had to delay treatment for patients with conditions other than COVID-19.

Our nation’s medical liability system is broken — it costs too much, takes too long to resolve claims, and does not serve the needs of patients or physicians. Some states, including California and Texas, have implemented medical liability reforms that improved access to health care for patients, reduced runaway malpractice insurance premiums and created stable, predictable liability systems. For example, Texas experienced a physician shortage in rural and underserved areas, and these regions saw an influx of new doctors following reforms.

Many of the specialty physicians represented by the Alliance volunteer their time and skills to respond in times of crisis and ensure quality medical care is available. Unfortunately, various issues such as liability, licensing, and credentialing can delay or prevent medical service volunteers who cross state lines to assist with the response
to a national emergency. Federal Good Samaritan liability protection can address the inconsistencies in state laws and ensure health professionals can volunteer their expertise in times of need.

**CONTACT**
To cosponsor **H.R. 3021**, please contact Elizabeth.Barrie@mail.house.gov (Rep. Correa) or Jacquelyn.Incerto@mail.house.gov (Rep. Burgess).

To cosponsor **S. 2941**, please contact Megan.Descamps@king.senate.gov (Sen. King) or Mary_Moody@cassidy.senate.gov (Sen. Cassidy).

To cosponsor **H.R. 5239**, please contact Erin.Doty@mail.house.gov (Rep. Ruiz) or Emily.Mace@mail.house.gov (Rep. Bucshon).