Hafa adai Speaker Terlaje and members of the 36th Guam legislature… Friends, I bring this message with peace and love in my heart, and to victims of medical negligence, I am truly sorry for your losses and frustrations.

My name is Peter Lombard, I am the owner of Lombard Health Eye Clinic which opened 6 years ago. Prior to that I was the ophthalmologist at NH Guam for 5 years.

My colleagues have already demonstrated how this Bill is a threat to access to care and specialty care in Guam. In my field, out of 5 Guam ophthalmologists, only 2 of us are board certified, I am the only eye surgeon with privileges GMH or GRMC, and with the recent departure of a retina specialist we have no full time ophthalmology sub-specialists in Guam. These are the facts pertaining to eye care in Guam.

I have malpractice insurance as do the other providers at my clinic, as do, I would venture, the majority of doctors in Guam. I have never had a claim made against me, but statistics tell us 1 out of 3 doctors will be sued at some point in their career.

Some of you may be familiar with a 2006 NEJM article in which medical experts reviewed a random sampling of nearly 1500 closed malpractice claims from across the US and found that over 33% were without merit. NOTABLY, 66% of claims were found to be WITH merit, this is significant and this is why we are here and this is why we need medical malpractice laws.

But in ⅓ of *closed* claims, the defendant did absolutely nothing wrong, but the plaintiffs were convinced there must have been negligence that led to their bad outcome. The odds of getting a meritless claim filed are perhaps, higher than one may think. The notion that a "good doctor" does not need to fear a meritless claim against them is untrue.

Now, doctors are being painted as wonton killers… reckless, willfully malicious, and concerned only about money. I don't know why any patient would ever seek health care if they truly felt this way. I think this rhetoric is disingenuous and counterproductive.

If motivated solely for financial gain, why then would they decide to see fewer patients? limit their scope? Refer to other doctors? There's a contradiction here. These actions are designed to decrease their risk exposure, despite the LOSS of income.

I would like to humbly clarify an erroneous but popular statement we see again and again, because truth in data matters, that says medical errors are the 3rd leading cause of death in the US. It's a number repeated in the media, but this is also demonstrably false. This was meticulously debunked in the BMJ Quality and Safety in 2017. Medical errors are real, but this statement, unfortunately, is not, but appears immune to correction. Medical negligence accounts for real and significant morbidity, but this statistic is false and repeating it might call one's credibility into question.

I believe Bill 112 also falls short of it's goals for the following reasons:

1. Cost analysis. Is there a RECENT, neutral party cost analysis for the existing arbitration process, to include hardship exemptions? This analysis is either absent or it hasn't been shared with the stakeholders. If the only or primary problem with the arbitration process is the cost, and we might expect 7 claims per year for our population size, this does not at all seem like a difficult problem to solve.
2. A single magistrate ruling on these pretrial claims is to my knowledge without precedent. In my research I could not find an example of a single individual making the final judgement. Particularly an individual with no medical background. This is unfair, to **both** sides. We owe it to the victims of malpractice and to the defendants of meritless claims at the very least, a panel of 3, with some element of medical expertise.
3. The bill is silent on caps on damages, which have been shown to reduce insurance premiums, increase physician supply, and decrease defensive medicine practices. Many states include caps on damages and this should be seriously considered as a component of reform to local malpractice laws.
4. Unclear statute of limitations. The bill suggests there is no statute of limitations. It is of course unreasonable to expect defendants to have maintained adequate evidence or even an accurate memory of events the more time elapses from the event, the basis for why these statutes exist.

To conclude Like many of my colleagues, I am willing to admit the arbitration process can and should be improved. But what I do NOT understand is why Bill 112's strongest supporters seem to believe it is the ONLY way to improve the medical liability claims process.

I FULLY support holding doctors accountable when we are negligent, and an equitable process for the victims, but these Bill 112 issues … a single magistrate, no caps on damages, no clear statutes of limitation.. these are the most obvious and egregious elements of Bill 112 that need to be addressed. Add to that we are missing the most critical piece, a neutral cost analysis so we all clearly know what we're dealing with here to consider the best options for reform.

Please consider we can find a solution that's both better than the existing process, and better than Bill 112.

I humbly offer my services to move forward with a solution. Thank you for your time.