



**PENNSYLVANIA
OSTEOPATHIC
MEDICAL
ASSOCIATION**

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POMA Testimony on Venue Rule Senate Bill 125:

Date: October 27, 2025

Introduction:

Good morning, Chairs and members of the committee. My name is Thomas Dardarian, and I am an Osteopathic board-certified obstetrician-gynecologist (OB-GYN) practicing in Pennsylvania for the past 20 years. Today, I appear on behalf of the Pennsylvania Osteopathic Medical Association (POMA), which represents nearly 6,000 osteopathic physicians, residents and medical students statewide. POMA is deeply concerned about the current venue rule in Pennsylvania; we fear that if left unchecked it could re-create the medical liability crisis from the early 2000's.

As a DO OB-GYN, I speak not only as an advocate but as a physician who sees the impact of liability policy on patient care every day. When it becomes harder and more expensive to practice obstetrics, maternity units close, expectant mothers drive hours for prenatal care, and communities lose their doctors. I ask that you consider the data, remember the history lessons, and reinstate a fair venue rule that protects both patients and physicians.

Background-The Previous Crisis and the Venue Rule

By the late 1990s and early 2000s Pennsylvania's medical liability system was in crisis. Malpractice awards skyrocketed, Philadelphia plaintiffs were twice as likely to win jury trials compared to the national average, and more than half the verdicts exceeded \$1 million¹. The result was a 'hostile environment' for physicians: insurance premiums became unaffordable, insurers withdrew from Pennsylvania, and many physicians curtailed services or left the state. My colleagues will recall driving to Maryland or Ohio to deliver babies because their hospitals' obstetric units are closed. Currently, 7 counties are experiencing a maternity care desert and many more are on the verge.

The Supreme Court's 2022 Decision and Early Evidence

In August 2022, the Pennsylvania Supreme Court rescinded Rule 1006(a.1), effective January 1, 2023, thus reviving venue shopping. POMA immediately condemned the decision, warning that liability insurance costs would likely increase, decreasing patient access to care, and that the Commonwealth would again be viewed as "hostile to the medical profession"². Our president at the time, Lisa Witherite-Rieg, DO, reminded the court that physicians are required by law to

¹ [Understanding Pennsylvania's Medical Malpractice Crisis](#)

² [POMA Reacts to Supreme Court Ruling](#)

carry liability insurance; skyrocketing premiums would therefore be beyond our control³.

Dr. Joan Grzybowski, a past POMA president, testified that the proposed rule reversal “sends the wrong message to physicians choosing to reside in Pennsylvania and treat Commonwealth patients — and may drive them elsewhere”⁴.

Surge in filings and nuclear verdicts

Experience since January 2023 has confirmed our fears:

- The court’s own statistics show a 33 % increase in malpractice filings and a 27 % increase in settlements in 2023, with an average 45 cases per month and the courts expecting that to be the “new normal”⁵⁶.
- A study by the Coalition for Civil Justice Reform found that in 2023, 544 malpractice cases were filed in Philadelphia - merely twice as the previous year - and 41% of these cases would not have been filed there under the old rule. In 2024, 616 cases were filed, where 47% of the cases filed in Philadelphia had causes of action arising outside the city of Philadelphia.
- Update on Surge Filings- Philadelphia courts are averaging 52 new med mal cases a month during 2025.

Impact on access to care and the workforce

The Hospital and Healthsystem Association of Pennsylvania (HAP) warns that venue shopping already threatens access to care. They note that the last time venue shopping was allowed, it was difficult for Pennsylvania to attract and keep health-care providers, hospitals were forced to cut services, providers couldn’t afford skyrocketing premiums, and insurers left the market⁷.

Obstetric and specialty care were hit hardest: **median medical liability awards for OB-GYNs increased nearly 43 % in a single year (1999–2000)**. HAP also highlights that **from 2000–2023, the number of obstetric units in Pennsylvania hospitals fell 42 % and, by 2025, the state will need at least 1 000 more primary-care physicians to care for its aging population**. This decline isn’t solely due to malpractice costs—but steep premiums and litigation risk are major factors in closing maternity units.

The actuarial study by Oliver Wyman concurs which was commissioned by the Senate, concluding that rescinding the venue rule will harden the insurance market, raise premiums and reduce accessibility of care⁸. These costs will force hospitals and physicians to make difficult

³ [POMA Reacts to Supreme Court Ruling](#)

⁴ [ISMIE’s View on Venue Shopping](#)

⁵ [One Year Update on Philadelphia Medical Malpractice Case Management Program \(Slide 4\)](#)

⁶ [One Year Update on Philadelphia Medical Malpractice Case Management Program \(Slide 6\)](#)

⁷ [HAP Fact Sheet](#)

⁸ [Actuarial Review of Amendment to Medical Liability \(Page 30\)](#)

decisions about services and may drive physicians—especially specialists like OB-GYNs—out of Pennsylvania⁹.

How Venue Change Affects Osteopathic Physicians and Women’s Health:

Recruiting and retaining physicians

POMA’s mission is to advance the osteopathic profession and ensure Pennsylvanians have access to compassionate, whole-person care. **Pennsylvania already struggles to retain home-grown physicians:** the Legislative Budget and Finance Committee found that although the majority of physicians who complete graduate medical education in Pennsylvania train here, **fewer than half remain in the state to practice**¹⁰. Rising malpractice premiums and volatile litigation climate further discourage new physicians from staying. As a preceptor for residents, I have watched talented graduates—many of them raised in Pennsylvania—accept jobs in Maryland, Ohio or North Carolina because they fear our liability environment. When a recent obstetrics resident told me she planned to leave for a state “where I can deliver babies without fearing a lawsuit in Philadelphia,” I had no reassurance to offer.

Maternal health and rural access

Maternal health is particularly vulnerable. Obstetrics is one of the highest-risk specialties; even with flawless care, bad outcomes can occur. High malpractice premiums can exceed \$50,000–\$80,000 per year and rising when nuclear verdicts occur. Many small hospitals have shuttered maternity wards because they cannot afford coverage. HAP reports that the number of obstetric units in Pennsylvania fell by 42% between 2000 and 2023¹¹. Rural counties have been hit hardest; pregnant patients now travel hours for prenatal care, increasing risk of complications. As physicians leave the state or curtail practice, the shortage worsens.

Osteopathic physicians provide disproportionate care in rural and underserved areas. We often choose to practice where the need is greatest. When the venue rule encourages forum shopping into Philadelphia or Allegheny County, a family physician in Clearfield County may face a lawsuit in a distant urban courthouse. He or she may decide whether the risk is not worth it and move to Ohio. Our communities lose a trusted doctor; our medical students see their mentors leaving; and the pipeline of care dries up.

Creating a hostile practice environment

Beyond finances, a hostile litigation climate demoralizes clinicians. Physicians who feel they are practicing in a “lottery” system become wary of taking high-risk cases or offering innovative treatments. They practice defensive medicine—ordering unnecessary tests to protect

⁹ [Actuarial Review of Amendment to Medical Liability \(Page 30\)](#)

¹⁰ [LBFC Report \(Page 7\)](#)

¹¹ [HAP Fact Sheet](#)

themselves—which increases costs for patients. They may retire early or avoid high-risk procedures. This environment undermines trust between physicians and patients and erodes the sense of partnership that is central to osteopathic care.

The emotional toll on physicians will be exacerbated if they have to travel to Philadelphia City Hall, rather than the courthouse where they practice. The emotional impact will be extremely magnified if physicians have to travel far from their homes and offices, for every court day, to City Hall in Philadelphia.

On average, medical malpractice trials take at least two weeks to complete. If physicians are required to travel for their trials, physicians will be kept from treating their patients after hours during trials, to address their patients concerns. This will have a negative impact on continuity of care and patient safety.

If physicians are unjustly forced to struggle through the difficult traffic, to Philadelphia, on the Schuylkill Expressway, when they are not familiar with these roads at all, to pay exorbitant fees for parking; this will undoubtedly cause unnecessary stress and anxiety, in a situation when anxiety is already extremely high.

This can exacerbate the known side effects of malpractice cases, which are not limited to Burn-out, thoughts of suicide, and depression. We should not trivialize the turmoil and emotional damage that venue change causes and could possibly lead to increase in physician suicide.

Recommendations

1. **Reinstate the fair venue rule** – POMA strongly support **Senate Bill 125**, a joint resolution introduced by Senator Cris Dush that proposes amending the Pennsylvania Constitution to give the General Assembly the explicit authority to set venue rules for civil actions. Enacting this constitutional amendment would allow the Legislature—not the courts—to permanently reinstate a fair venue rule, prevent forum shopping in malpractice cases and protect access to care across the Commonwealth.
2. **Maintain and strengthen medical liability reforms** – Pennsylvania’s early-2000s reforms—including the MCARE fund, apology law and patient safety authority—helped moderate claims and improve quality. These provisions should be preserved and built upon. Repealing the venue rule without other reforms undermines decades of progress.
3. **Invest in physician workforce development** – To address projected shortages, Pennsylvania must invest in graduate medical education slots, loan-repayment programs and incentives for physicians who commit to practice in the state. Liability policy should align with these efforts, not undermine them.

Conclusion

The current venue rule crisis is not a theoretical legal debate; it is a matter of life and health for Pennsylvanians. In 2023, 544 malpractice cases were filed in Philadelphia—nearly twice the previous year—and 41 % of those cases would not have been filed there under the old rule. Nuclear verdicts totaling \$278 million were handed down¹², and evidence suggests premium increases and decreased access are imminent¹³. We have been down this road before: the early 2000s crisis drove physicians out of Pennsylvania, closed maternity wards and jeopardized patient safety. The venue rule was enacted to prevent forum shopping, and it worked.

As an obstetrician-gynecologist and an osteopathic physician, I am committed to providing compassionate, whole-person care to my patients. I want to continue delivering babies in Pennsylvania and mentoring the next generation of DOs. But to do so, I need a liability environment that is fair, predictable and just. On behalf of POMA and the physicians we represent, I urge you to protect Pennsylvanians' access to care by restoring the venue rule, pursuing constructive reforms and ensuring that Pennsylvania remains a welcoming home for physicians and patients alike.

Thank you for your time and consideration. I am happy to answer any questions.

¹² [PCCJR One Year Review](#)

¹³ [Actuarial Review of Amendment to Medical Liability \(Page 30\)](#)