Pennsylvania
CHAPTER

October 24, 2025

Hon. Cris Dush
Chair, Senate State Government
9 East Wing
PO Box 202066
Harrisburg, PA 17120

Hon. Steven Santasiero
Chair, Senate State Government
182 Main Capitol
PO Box 203010
Harrisburg, PA 17120

RE: Pennsylvania Chapter, American College of Cardiology Support for SB 125- Constitutional Amendment Allowing the General Assembly to Provide for Venue

Dear Chairmen,

On behalf of the Pennsylvania Chapter of the American College of Cardiology (PaACC) and its 2,500 members, we respectfully submit this letter of support for Chairman Cris Dush's SB 125.

PaACC is a non-profit professional organization for cardiovascular practitioners that provides support, education, and legislative advocacy for its members.

As you know, the bill proposes to amend the Pennsylvania Constitution and give the legislature the authority to establish venue in civil cases.

In 2022, the Pennsylvania Supreme Court ruled that plaintiffs may once again file medical-malpractice cases in any county in the Commonwealth, not necessarily the county where the alleged incident occurred. This ruling effectively reopened venue shopping, enabling plaintiffs' attorneys to file cases in jurisdictions more favorable to plaintiffs, such as Philadelphia County or Allegheny County, where jury awards are historically higher.

From the cardiology perspective, venue shopping directly impedes patient care. Instead of addressing lawsuits locally, where the incident occurred and where the treating physicians, patients, and medical records reside, doctors must take extensive time away from their practices to travel across the state for depositions, pre-trial proceedings, and court appearances. This causes major delays in care in an already strained healthcare system. Delays in cardiology are particularly dangerous—follow-up after myocardial

infarction (heart attacks), management of new arrhythmias (heart rhythm disturbances), and adjustments of heart-failure medications are all time-sensitive. When cardiologists are drawn into distant litigation, continuity of care suffers, resulting in poorer outcomes and increased burden on the remaining care team.

It is also important to consider the current workforce of cardiologists and cardiovascular subspecialists within the Commonwealth. According to the Bureau of Labor Statistics, Pennsylvania employs approximately 820 cardiologists, equating to roughly 4.17 per 100,000 residents—a modest density given the state's aging population. National data project a shortage of 7,000–8,000 cardiologists nationwide by 2035, with Pennsylvania particularly vulnerable due to its high concentration of tertiary-care centers and rural service gaps. Subspecialty coverage—particularly in interventional cardiology, electrophysiology, structural heart, advanced heart failure, and congenital heart disease—is already thin. Any system that diverts physician time, raises malpractice costs, or creates deterrents to practice in Pennsylvania exacerbates this shortage and threatens timely access to lifesaving cardiovascular care for both adult and pediatric patients.

Since the repeal of the prior venue restriction, Philadelphia County has seen malpractice filings nearly double, with 544 new cases in 2023 compared to 271 in 2022—an increase directly correlated with the rule change. This has fueled a surge in multimillion-dollar verdicts, disproportionately concentrated in plaintiff-friendly venues, including cases tied to cardiovascular care.

Because of the expanded risk of litigation, malpractice-insurance premiums for high-risk specialties—especially procedural ones such as interventional cardiology, electrophysiology, and structural heart—are once again escalating. Practices in central and western Pennsylvania report renewed difficulty recruiting cardiologists, as younger physicians increasingly avoid states with volatile malpractice climates. The net result is reduced access for patients, longer referral delays for advanced cardiac procedures, and weakened regional cardiovascular networks that are already under strain.

We are steadfast proponents of quality patient care. If that care was not delivered appropriately, the justice system should ensure fair compensation. However, the system should not be manipulated through venue loopholes that promote inequity, inflate costs, and erode patient access.

We understand and appreciate that any proposal to amend the Pennsylvania Constitution faces an intentionally rigorous process. Please know that cardiologists across the Commonwealth stand in full support of SB 125, as it represents a critical step

toward stabilizing Pennsylvania's medical-liability environment and safeguarding the delivery of cardiovascular care.

Respectfully submitted,

Neerav Sheth, MD FACC
Chair, Advocacy Committee
Pennsylvania Chapter, American College of Cardiology

William Van Deker
Chair, Health Affairs Committee
American College of Cardiology

Marietta Ambrose, MD FACC
Governor (Eastern Pennsylvania)
Pennsylvania Chapter, American College of Cardiology

Tim Wong, MD FACC
Governor (Western Pennsylvania)
Pennsylvania Chapter, American College of Cardiology

Appendix – Cardiovascular Workforce Metrics (Pennsylvania)

• Pennsylvania employs approximately 820 cardiologists (Bureau of Labor Statistics, 2023).

• Estimated 4.17 cardiologists per 100,000 residents (Becker's Hospital Review, 2023).

• Projected shortage of 7,000–8,000 cardiologists nationwide by 2035 (AAMC projection).

• Many U.S. counties (62%) have no cardiologists; Pennsylvania rural counties are disproportionately affected (CDC Heart Disease Atlas, 2024).

• Density of cardiologists strongly correlates with reduced cardiovascular mortality rates (ACC Workforce Report, 2025).

Illustrative Cases (Cardiology-Involved Examples):

Nicholson-Upsey v. University of Pennsylvania Health System (Philadelphia County, 2023): $182.7 million verdict for wrongful death due to undiagnosed aortic dissection; negligence in cardiac imaging/monitoring. Largest identified post-repeal award, impacting Penn's cardiology program at a system level.

Dixon v. Sayeed (Philadelphia, 2023): $1.65 million for failure to diagnose cardiac symptoms.

Chris Maragos v. Providers (Philadelphia, Feb 2023): $43.5 million involving cardiac clearance complications (tied to orthopedic surgery but cardiology-involved).