

Legislative Priority

Medical Malpractice Reform



SCHA Position:

South Carolina hospitals and physicians provide life-saving care every day, yet they face unreasonable financial exposure from medical malpractice litigation. While patients harmed by negligence deserve fair compensation, the current system creates career-ending risks for providers and jeopardizes access to care statewide.

Proposed Legislative Action:

H.4544 and S.244 introduce critical updates:

- Establish **clear guidelines for exceptions** to noneconomic damage limits (gross negligence, felony convictions, impairment due to alcohol/drugs).
- Amend the Tort Claims Act to **redefine "occurrence,"** treating multiple negligent acts as a single occurrence when resulting in similar harm.

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We care for the sickest of sick moms and the sickest of sick babies, which increases the chance of a poor outcome ... If I ever start to worry more about malpractice than patients, I'll quit.”

— Dr. Berry Campbell,
Maternal and Fetal Medicine Specialist



Why Reform Matters:

- **Escalating settlements and judgments** strain hospital budgets and threaten service reductions.
- **Physician recruitment and retention suffer**, especially in rural and underserved areas.
- **Subjective jury distinctions between negligence and gross negligence** create unpredictable outcomes and unlimited noneconomic damages.
- **Large payouts divert resources from patient care**, compounding financial pressures on hospitals already dealing with the funding cuts in the One Big Beautiful Bill Act of 2025.

SCHA Recommends:

- **Removing the gross negligence exception** to bring financial predictability and cost control to the medical malpractice landscape in our state.
- **Aligning protections across related statutes**, including the Solicitation of Charitable Funds Act.
- **Maintaining accountability for criminal acts and substance-based impairment** while safeguarding providers from disproportionate liability.

