COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

POLICY 2019-04

Adopted July 17, 2019

Revised June 12, 2025

POLICY RELATING TO MALPRACTICE

The Board of Registration in Medicine (“Board”) receives information on malpractice claims and settlements pursuant to M.G.L. c. 112, §§ 5C and 5E, and M.G.L. c. 231, § 60B, as well as through self-reports by physicians on applications for licensure and license renewal.

The Board directs that the Complaint Committee and Licensing Committee review malpractice claims in that meet the criteria set forth below. The Board further directs that such review include an analysis of the report prepared by the Division of Law and Policy (DLP), inclusive of additional information gathered by DLP in preparation of the analysis.

1. The claim results in a paymentthat is
	1. the result of a settlement or a judgment of the claim, except for a payment pursuant to a “high-low” agreement[[1]](#footnote-1) following a judgment in the civil proceeding in which the jury did not find physician malpractice; and
	2. ~~that is~~ made by the physician, on behalf of the physician, or by the United States, or any state, municipality or public employer based on care provided or supervised by the physician; and
2. At least one of the following:
	1. The physician has an open, docketed complaint at the time that the Board receives the report of the malpractice claim payment;
	2. The amount of the payment attributable to the physician is $1,000,000, or more;
	3. There are three or more paid claims attributable to the physician.

The Division of Enforcement (DOE) may bring information concerning malpractice claims and payments that do not meet this criteria to the Complaint Committee for review as may be relevant to pending complaints and investigations.

1. A high-low agreement caps a defendant's liability while ensuring that the plaintiff receives a minimum payment amount, regardless of the outcome. *Luppold v. Hanlon*, 495 Mass. 148, 152, 248 N.E.3d 124, 130 (2025). [↑](#footnote-ref-1)