

No. 25-197

In the Supreme Court of the United States

T.M.,

Petitioner,

v.

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
CORPORATION, *et al.*,

Respondents.

On Writ of Certiorari to the United States
Court of Appeals for the Fourth Circuit

**BRIEF OF AMICI CURIAE
AMERICAN MEDICAL ASSOCIATION AND
MARYLAND STATE MEDICAL SOCIETY
IN SUPPORT OF RESPONDENTS**

Jack R. Bierig

Counsel of Record

Jin Yan

ArentFox Schiff LLP

233 S. Wacker Dr.

Suite 7100

Chicago, IL 60606

(312) 258-5500

jack.bierig@afslaw.com

Counsel for Amici Curiae

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INTEREST OF AMICI CURIAE¹

The American Medical Association (AMA) is the largest professional association of physicians, residents, and medical students in the United States. Its mission is to promote the art and science of medicine and the betterment of public health. The AMA represents the interests of the medical profession and patients before Congress, federal agencies, and the courts. Through its Litigation Center, the AMA makes its views on legal issues that impact the quality and cost of medical care known to courts.²

The Medical and Chirurgical Faculty of the State of Maryland d/b/a MedChi, The Maryland State Medical Society (MedChi) is the largest professional association of licensed physicians and medical students in the State of Maryland, representing a wide range of medical specialties. MedChi has continuously represented its members before federal and state legislative, judicial, and executive bodies in furtherance of its mission to be the foremost advocate and resource for physicians, their patients, and the public health.

¹ Pursuant to Supreme Court Rule 37.6, counsel for amici state that no party's counsel authored this brief in whole or in part and no person other than amici made any monetary contribution intended to fund the preparation or submission of this brief.

² The Litigation Center is a coalition among the AMA and state medical societies. Its purpose is to advance the interests of physicians and their patients in the courts.

Amici support the ongoing application of the *Rooker-Feldman* doctrine to dismiss medical malpractice suits that are filed in federal court in an effort to undo plaintiffs' losses in state court. Those duplicative suits generate undue expense for physicians and hospitals, divert resources from patient care, and exacerbate the rising cost of healthcare in the United States. Amici therefore oppose Petitioner's request for a ruling that *Rooker-Feldman* applies only after state-court proceedings have concluded—and therefore does not bar federal court challenges to ongoing state malpractice litigation.

SUMMARY OF ARGUMENT

The *Rooker-Feldman* doctrine recognizes that lower federal courts lack subject-matter jurisdiction over appeals from state-court judgments. *See Dist. of Columbia Ct. of App. v. Feldman*, 460 U.S. 462, 476 (1983); *Rooker v. Fidelity Trust Co.*, 263 U.S. 413, 416 (1923). Under 28 U.S.C. § 1257, only this Court can exercise appellate jurisdiction over state-court judgments.

Rooker-Feldman is a bulwark against “cases brought by state-court losers complaining of injuries caused by state-court judgments rendered before the district court proceedings commenced and inviting district court review and rejection of those judgments.” *Exxon Mobil Corp. v. Saudi Basic Indus. Corp.*, 544 U.S. 280, 284 (2005). The doctrine is especially important in medical malpractice litigation, where plaintiffs who have lost in state court

bring duplicative companion suits in federal court to relitigate issues already decided against them in state court. Those efforts to obtain a second bite at the apple divert the attention and resources of physicians and hospitals away from patient care and contribute to the rising cost of health care in this country.

This Court should not limit *Rooker-Feldman* to only those circumstances where the state-court decisions challenged in federal district court are no longer subject to further state-court proceedings. Rather, the doctrine should apply whenever “a party in effect seeks to take an appeal of an unfavorable state-court decision to a lower federal court.” *Lance v. Dennis*, 546 U.S. 459, 466 (2006). Because a federal district court has no appellate authority over *any* level of state court, whether a state-court decision is subject to review by a higher state-court authority should not matter in applying *Rooker-Feldman*. Imposing a superfluous finality requirement serves no purpose other than to proliferate needless and expensive litigation and to upset the distribution of authority between state courts, lower federal courts, and this Court.

The *Rooker-Feldman* doctrine is already limited to a narrow set of circumstances, as delineated in *Exxon Mobil*. The Court need not tinker further with the doctrine and should instead affirm the judgment below.

ARGUMENT

I. THE *ROOKER-FELDMAN* DOCTRINE APPLIES TO ALL CASES BROUGHT IN FEDERAL DISTRICT COURT TO OVERTURN STATE-COURT DECISIONS ADVERSE TO PLAINTIFFS IN MEDICAL MALPRACTICE LITIGATION.

The *Rooker-Feldman* doctrine “recognizes that 28 U.S.C. § 1331 is a grant of original jurisdiction, and does not authorize district courts to exercise appellate jurisdiction over state-court judgments, which Congress has reserved to this Court[.]” *Verizon Md., Inc. v. Pub. Serv. Comm’n of Md.*, 535 U.S. 635, 644 n.3 (2002); *see also* 28 U.S.C. § 1257(a) (“Final judgments or decrees rendered by the highest court of a State in which a decision could be had, may be reviewed by the Supreme Court by writ of certiorari”).

The *Rooker-Feldman* doctrine is “confined to cases of the kind from which the doctrine acquired its name: cases brought by state-court losers complaining of injuries rendered before the district court proceedings commenced and inviting district court review and rejection of those judgments.” *Exxon Mobil Corp. v. Saudi Basic Indus. Corp.*, 544 U.S. 280, 284 (2005); *see also Dist. of Columbia Ct. of App. v. Feldman*, 460 U.S. 462 (1983); *Rooker v. Fidelity Trust Co.*, 263 U.S. 413 (1923).

Medical malpractice suits in federal court that challenge actions that were, or are being, adjudicated in state court are precisely the sort of litigation to which *Rooker-Feldman* applies. Typically, a plaintiff

will sue in state court, and after receiving an adverse judgment, will file another lawsuit in federal district court. That secondary suit tends to be duplicative, except for some additional constitutional claims that could have been brought in the state-court action but were later asserted solely to trigger federal question jurisdiction.

Significantly, there is no reason why the constitutional claims first asserted in the duplicative federal court lawsuit could not have been brought in the original state-court proceedings. As this Court has long recognized, state courts are no less duty-bound, or adept at, protecting federal constitutional rights than federal courts. *See, e.g., Tafflin v. Levitt*, 493 U.S. 455, 458 (1990) (“[W]e have consistently held that state courts have inherent authority, and are thus presumptively competent, to adjudicate claims arising under the laws of the United States.”); *Rose v. Lundy*, 455 U.S. 509, 518 (1982) (“Under our federal system, the federal and state courts [are] equally bound to guard and protect rights secured by the Constitution.”) (quoting *Ex parte Royall*, 117 U.S. 241, 251 (1886)). Nevertheless, the transparent motivation behind filing a second lawsuit in federal court is to attempt to get the district court to reverse the adverse state-court ruling. *Rooker-Feldman* forbids this result.

Federal courts throughout the United States have relied upon *Rooker-Feldman* to dismiss duplicative medical malpractice suits filed in federal court after state-court dismissals. *E.g., Hynoski v.*

Harmston, 409 Fed. App'x 231 (10th Cir. 2011); *Warren v. Baker*, 349 Fed. App'x 725 (3d Cir. 2009); *Campbell v. Stein*, 314 Fed. App'x 976 (9th Cir. 2009); *Hartunian v. Sweeney*, No. 21-cv-30089-KAR, 2022 WL 3715870 (D. Mass. Aug. 29, 2022); *Asai v. Obstetrics & Gynecology Assocs., Inc.*, No. 21-cv-111, 2022 WL 3018148 (S.D. Ohio July 29, 2022); *McCall v. Glendale Upton Home/GS Operator LP*, No. 20-CV-1281, 2020 WL 5602525 (E.D. Pa. Sept. 18, 2020); *Antoine v. Navicent Health, Inc.*, No. 18-cv-00048-TES, 2018 WL 6531668 (M.D. Ga. Dec. 12, 2018); *Eiler v. Avera McKennan Hosp.*, No. 14-4192, 2016 WL 1117441 (D.S.D. Mar. 21, 2016).

Rooker-Feldman thus remains an important safeguard against what empirical research suggests is an increasing percentage of meritless medical malpractice claims. One study found that of all medical malpractice claims closed between 2002 and 2005 that involved some defense cost, over 54% of litigated claims were dismissed. A. B. Jena, A. Chandra, D. Lakdawalla, et al., *Outcomes of Medical Malpractice Litigation Against US Physicians*, *Arch Intern Med*, 172(11):892-894 (2012). Of the cases that went to verdict, almost 80% were decided in physicians' favor. *Id.* Those numbers have only increased over time. A study published in 2019 concluded that 65% of malpractice claims that were resolved between 2016 and 2018 were dropped, dismissed, or withdrawn. Medical Professional Liability Association, *Data Sharing Project MPL Closed Claims 2016-2018 Snapshot* (2019). Further, 89% of the cases that were decided after a trial were

won by the defendants. *Id.* Not surprisingly, the costs of defending medical malpractice claims has increased, and those costs have a direct effect on the cost of health care. Am. Med. Ass’n, *Medical Liability Reform Now!* (2025).³

II. THE COURT SHOULD DECLINE TO ADD A FINALITY REQUIREMENT TO *ROOKER-FELDMAN*.

Properly applied, the *Rooker-Feldman* doctrine precludes only those suits that “seek[] what in substance would be appellate review of the state judgment in a United States district court[.]” *Johnson v. De Grandy*, 512 U.S. 997, 1005-6 (1994). This Court need not—and should not—further narrow the doctrine by holding that it applies only where the state-court decisions challenged in federal court are not subject to further state-court review.

Nowhere in *Exxon Mobil* did the Court mandate a “stealth fifth requirement” that for *Rooker-Feldman* to apply, the state-court judgment at issue cannot be subject to further state-court review. *T.M. v. Univ. of Md. Med. Sys. Corp.*, 139 F.4th 344, 354 (4th Cir. 2025); *see also Exxon Mobil*, 544 U.S. at 284 (stating the Court’s holding); *RLR Invs., LLC v. City of Pigeon Forge, Tenn.*, 4 F.4th 380, 393 (6th Cir. 2021) (“*Exxon* never said that all state proceedings had to have ended for *Rooker-Feldman* to apply.”); *Parker Law Firm v. Travelers Indem. Co.*, 985 F.3d 579, 585 (8th Cir. 2021) (“This court, like other

³ Available at: <https://www.ama-assn.org/system/files/mlr-now.pdf> (last visited Feb. 18, 2026).

circuits, has concluded that *Rooker-Feldman* applies to state court judgments that are not yet final.”).

The mere fact that in both *Rooker* and *Feldman*, the losing party in state court filed suit “after the state proceedings ended” does not mean that the same procedural posture is necessary for the doctrine to apply. *Exxon Mobil*, 544 U.S. at 291. This observation, which is unaccompanied by further analysis and untethered from the Court’s actual holding, does not mean that the doctrine applies only when state-court proceedings have ended. It should not be extrapolated to manufacture another requirement. *See RLR Invs.*, 4 F.4th at 393 n.7 (“Notably, the requirement that ‘state proceedings ended’ is found in *Exxon*’s description of *Rooker* and *Feldman*, rather than in its explicit holding.”).

The Fourth Circuit correctly observed that “the Court did not say that the doctrine applied only to judgments issued by state high courts or judgments for which no further review could be had within the state system—it said ‘state-court judgments.’” *T.M.*, 139 F.4th at 353 (citing *Exxon Mobil*, 284 U.S. at 284); *see also Lance v. Dennis*, 546 U.S. 459, 464, 466 (2006) (quoting the holding in *Exxon Mobil* verbatim, without listing additional requirements, and stating that *Rooker-Feldman* applies “where a party in effect seeks to take an appeal of an unfavorable state-court decision to a lower federal court”).

Nor does consideration of 28 U.S.C. § 1257(a), which underpins *Rooker-Feldman*, warrant a finality

requirement. *See Feldman*, 450 U.S. at 486. That statute requires a state-court judgment to be final before an appeal can be made to this Court. It is silent as to *whether* or *when* an appeal from a state-court decision can be made to a federal district court. *See GE Energy Power Conversion France SAS, Corp. v. Outokumpu Stainless USA, LLC*, 590 U.S. 432, 440 (2020) (“[I]n general, ‘a matter not covered is to be treated as not covered’—a principle ‘so obvious that it seems absurd to recite it’”) (citing A. Scalia & B. Garner, *Reading Law: The Interpretation of Legal Texts* 93 (2012)).

As the Fourth Circuit reasoned, “the fact that Congress declared that even our Nation’s ‘one supreme Court’ lacks appellate jurisdiction over state court decisions from which review may still be had in the State’s own judicial system does not mean that ‘inferior [federal] Courts’ somehow gain appellate jurisdiction over those same decisions.” *T.M.*, 139 F.4th at 354 (citing U.S. Const. art. III, § 1). Therefore, any suggestion that a district court may act in an appellate capacity over a state-court decision—whether or not the highest state court has spoken—undermines *Rooker-Feldman* and section 1257(a). *See T.M.*, 139 F.4th at 348 (noting the doctrine “reflects and preserves that distribution of authority between the Supreme Court and lower federal courts”).

Because federal district courts lack appellate authority over *any* state-court decision, it stands to reason that the finality (or lack thereof) of a state-

court decision should not matter when applying *Rooker-Feldman*. Stated differently, a finality requirement is superfluous because a district court does not have springing appellate jurisdiction once state-court proceedings have ended.

Further, the Court should discourage parallel state and federal litigation by leaving the *Rooker-Feldman* doctrine as is. Malpractice plaintiffs should not be able to get a second bite at the apple in federal court merely by adding constitutional claims that could have been brought and should have been brought in the original state-court proceedings. After all, as this Court has held time and again, state courts are co-equal arbiters of federal constitutional rights. *Tafflin*, 493 U.S. at 458; *Rose*, 455 U.S. at 518. By contrast, accepting Petitioner's position would undermine this Court's rulings recognizing that state courts are fully capable of adjudicating federal claims.

Following *Exxon Mobil*, district courts have continued to rely on *Rooker-Feldman* to dismiss collateral attacks on adverse state-court decisions in medical malpractice cases, regardless of whether state-court proceedings have concluded. *See, e.g., McCalley v. UT Sw. Med. Ctr.*, No. 20-cv-3196-B-BN, 2021 WL 955272, at *5-*6 (N.D. Tex. Feb. 24, 2021) (applying doctrine where it was unclear whether the deadline to appeal state-court dismissal had passed), *adopted by* 2021 WL 950660 (N.D. Tex. Mar. 12, 2021); *Pry v. Norton Hosps., Inc.*, No. 17-CV-00777-RGJ, 2020 WL 908117, at *3-*5 (W.D. Ky. Feb. 24, 2020) (applying doctrine where plaintiff challenged

state court's summary judgment order determining applicability of judicial estoppel); *Balthazar v. Atl. City Med. Ctr.*, 279 F. Supp. 2d 574, 579, 587 (D.N.J. 2003) (applying doctrine despite allegation that plaintiff filed a petition for certification with the New Jersey Supreme Court).

A contrary ruling would encourage plaintiffs with baseless medical malpractice claims to pursue parallel litigation in state and federal courts to run up legal fees and extract nuisance settlements. It would also invite frivolous state-court appeals for the purpose of keeping federal cases that would otherwise be dead-on-arrival alive, if only temporarily. All of this burdens both federal and state court systems, runs up insurance costs, and contributes to the burgeoning cost of healthcare across the country. The Court should eschew such a result.

CONCLUSION

For these reasons, amici respectfully request that the Court affirm the judgment of the Fourth Circuit.

Respectfully submitted,

Jack R. Bierig
Counsel of Record
Jin Yan
ArentFox Schiff LLP
233 S. Wacker Dr.
Suite 7100
Chicago, IL 60606

(312) 258-5500
jack.bierig@afslaw.com
Counsel for Amici Curiae