CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 11 Senator Sebesta moved the following amendment: 12 13 Senate Amendment (with title amendment) On page 87, between lines 20 and 21, 14 15 16 insert: 17 Section 59. Effective October 1, 2000, and applicable 18 to causes of actions accruing on or after that date, section 19 766.102, Florida Statutes, is amended to read: 20 766.102 Medical negligence; standards of recovery.--(1) In any action for recovery of damages based on the 21 22 death or personal injury of any person in which it is alleged that such death or injury resulted from the negligence of a 23 24 health care provider as defined in s. 768.50(2)(b), the 25 claimant shall have the burden of proving by the greater 26 weight of evidence that the alleged actions of the health care 27 provider represented a breach of the prevailing professional standard of care for that health care provider. The 28 29 prevailing professional standard of care for a given health 30 care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding 31 1 5:50 PM 04/27/00 s2154c3c-20j02

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circumstances, is recognized as acceptable and appropriate by 1 2 reasonably prudent similar health care providers. 3 (2) A person may not give expert testimony concerning 4 the prevailing professional standard of care unless that 5 person is a licensed health care provider and meets the 6 following criteria: 7 (a) If the party against whom or on whose behalf the testimony is offered is a specialist, the expert witness must: 8 9 1. Specialize in the same specialty as the party 10 against whom or on whose behalf the testimony is offered; or 11 2. Specialize in a similar specialty that includes the 12 evaluation, diagnosis, or treatment of the medical condition that is the subject of the complaint and have prior experience 13 14 treating similar patients. 15 (b) During the 3 years immediately preceding the date 16 of the occurrence that is the basis for the action, the expert 17 witness must have devoted professional time to: 18 1. The active clinical practice of, or consulting with respect to, the same or similar health profession as the 19 health care provider against whom or on whose behalf the 20 21 testimony is offered and, if that health care provider is a specialist, the active clinical practice of, or consulting 22 with respect to, the same specialty or a similar specialty 23 24 that includes the evaluation, diagnosis, or treatment of the medical condition that is the subject of the action and have 25 prior experience treating similar patients; 26 27 2. The instruction of students in an accredited health 28 professional school or accredited residency program in the same or similar health profession in which the health care 29 30 provider against whom or on whose behalf the testimony is offered, and if that health care provider is a specialist, an 31 2

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accredited health professional school or accredited residency 1 or clinical research program in the same or similar specialty; 2 3 or 4 3. A clinical research program that is affiliated with an accredited medical school or teaching hospital and that is 5 6 in the same or similar health profession as the health care 7 provider against whom or on whose behalf the testimony is offered and, if that health care provider is a specialist, a 8 clinical research program that is affiliated with an 9 10 accredited health professional school or accredited residency 11 or clinical research program in the same or similar specialty. 12 (3) Notwithstanding subsection (2), if the health care 13 provider against whom or on whose behalf the testimony is offered is a general practitioner, the expert witness, during 14 15 the 3 years immediately preceding the date of the occurrence that is the basis for the action, must have devoted his or her 16 17 professional time to: 18 (a) Active clinical practice or consultation as a 19 general practitioner; (b) Instruction of students in an accredited health 20 21 professional school or accredited residency program in the general practice of medicine; or 22 (c) A clinical research program that is affiliated 23 with an accredited medical school or teaching hospital and 24 that is in the general practice of medicine. 25 (4) Notwithstanding subsection (2), a physician 26 27 licensed under chapter 458 or chapter 459 who qualifies as an 28 expert under the section and who by reason of active clinical 29 practice or instruction of students has knowledge of the 30 applicable standard of care for nurses, nurse practitioners, certified registered nurse anesthetists, certified registered 31

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nurse midwives, physician assistants, or other medical support 1 2 staff may give expert testimony in a medical malpractice 3 action with respect to the standard of care of such medical 4 support staff. 5 (5) In an action alleging medical malpractice, an 6 expert witness may not testify on a contingency fee basis. 7 (6) This section does not limit the power of the trial court to disqualify an expert witness on grounds other than 8 9 the qualifications in this section. (7) Notwithstanding subsection (2), in a medical 10 malpractice action against a hospital or other health care or 11 12 medical facility, a person may give expert testimony on the appropriate standard of care as to administrative and other 13 nonclinical issues if the person has substantial knowledge, by 14 15 virtue of his or her training and experience, concerning the standard of care among hospitals, or health care or medical 16 17 facilities of the same type as the hospital, health facility, 18 or medical facility whose actions or inactions are the subject of this testimony and which are located in the same or similar 19 20 communities at the time of the alleged act giving rise to the 21 cause of action. 22 (2)(a) If the health care provider whose negligence is claimed to have created the cause of action is not certified 23 24 by the appropriate American board as being a specialist, is not trained and experienced in a medical specialty, or does 25 not hold himself or herself out as a specialist, a "similar 26 27 health care provider" is one who: 28 1. Is licensed by the appropriate regulatory agency of 29 this state; 2. Is trained and experienced in the same discipline 30 31 or school of practice; and

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1 3. Practices in the same or similar medical community. 2 (b) If the health care provider whose negligence is 3 claimed to have created the cause of action is certified by 4 the appropriate American board as a specialist, is trained and experienced in a medical specialty, or holds himself or 5 herself out as a specialist, a "similar health care provider" б 7 is one who: 1. Is trained and experienced in the same specialty; 8 9 and 10 2. Is certified by the appropriate American board in 11 the same specialty. 12 13 However, if any health care provider described in this paragraph is providing treatment or diagnosis for a condition 14 which is not within his or her specialty, a specialist trained 15 16 in the treatment or diagnosis for that condition shall be 17 considered a "similar health care provider." (c) The purpose of this subsection is to establish a 18 relative standard of care for various categories and 19 classifications of health care providers. Any health care 20 21 provider may testify as an expert in any action if he or she: 1. Is a similar health care provider pursuant to 22 23 paragraph (a) or paragraph (b); or 24 2. Is not a similar health care provider pursuant to 25 paragraph (a) or paragraph (b) but, to the satisfaction of the court, possesses sufficient training, experience, and 26 27 knowledge as a result of practice or teaching in the specialty of the defendant or practice or teaching in a related field of 28 medicine, so as to be able to provide such expert testimony as 29 30 to the prevailing professional standard of care in a given 31 field of medicine. Such training, experience, or knowledge 5

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must be as a result of the active involvement in the practice
or teaching of medicine within the 5-year period before the
incident giving rise to the claim.

4 (8)(3)(a) If the injury is claimed to have resulted 5 from the negligent affirmative medical intervention of the health care provider, the claimant must, in order to prove a б 7 breach of the prevailing professional standard of care, show 8 that the injury was not within the necessary or reasonably foreseeable results of the surgical, medicinal, or diagnostic 9 10 procedure constituting the medical intervention, if the 11 intervention from which the injury is alleged to have resulted 12 was carried out in accordance with the prevailing professional 13 standard of care by a reasonably prudent similar health care 14 provider.

(b) The provisions of this subsection shall apply only when the medical intervention was undertaken with the informed consent of the patient in compliance with the provisions of s. 766.103.

(9) (4) The existence of a medical injury shall not 19 20 create any inference or presumption of negligence against a health care provider, and the claimant must maintain the 21 22 burden of proving that an injury was proximately caused by a breach of the prevailing professional standard of care by the 23 24 health care provider. However, the discovery of the presence 25 of a foreign body, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, 26 27 examination, or diagnostic procedures, shall be prima facie evidence of negligence on the part of the health care 28 29 provider.

30 (10)(5) The Legislature is cognizant of the changing 31 trends and techniques for the delivery of health care in this

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state and the discretion that is inherent in the diagnosis, care, and treatment of patients by different health care providers. The failure of a health care provider to order, perform, or administer supplemental diagnostic tests shall not be actionable if the health care provider acted in good faith and with due regard for the prevailing professional standard of care.

8 $(11)(a)\frac{(6)(a)}{(11)}$ In any action for damages involving a 9 claim of negligence against a physician licensed under chapter 10 458, osteopathic physician licensed under chapter 459, podiatric physician licensed under chapter 461, or 11 12 chiropractic physician licensed under chapter 460 providing 13 emergency medical services in a hospital emergency department, the court shall admit expert medical testimony only from 14 15 physicians, osteopathic physicians, podiatric physicians, and 16 chiropractic physicians who have had substantial professional 17 experience within the preceding 5 years while assigned to provide emergency medical services in a hospital emergency 18 19 department.

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(b) For the purposes of this subsection:

The term "emergency medical services" means those
medical services required for the immediate diagnosis and
treatment of medical conditions which, if not immediately
diagnosed and treated, could lead to serious physical or
mental disability or death.

2. "Substantial professional experience" shall be
determined by the custom and practice of the manner in which
emergency medical coverage is provided in hospital emergency
departments in the same or similar localities where the
alleged negligence occurred.

31 (12) However, if any health care providers described 7

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in subsection (2), subsection (3), or subsection (4) are providing treatment or diagnosis for a condition that is not within his or her specialty, a specialist trained in the treatment or diagnosis for that condition shall be considered a "similar health care provider." (Redesignate subsequent sections.) And the title is amended as follows: On page 7, line 21, after the semicolon, insert: amending s. 766.102, F.S.; providing requirements for expert witness testimony in actions based on medical negligence;