By the Committee on Health, Aging, and Long-Term Care; and Senator Saunders

317-2036-03

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A bill to be entitled An act relating to medical malpractice; amending s. 46.015, F.S.; revising requirements for setting damages in medical malpractice actions; amending s. 456.057, F.S.; authorizing the release of medical information to defendant health care practitioners in medical malpractice actions under specified circumstances; amending s. 766.102, F.S; revising requirements for health care providers providing expert testimony in medical negligence actions; amending s. 766.104, F.S.; allowing testimony of expert witnesses in medical negligence actions to be subject to discovery; amending s. 766.106, F.S.; providing for the discovery and admissibility of statements and opinions of experts in medical negligence actions; requiring a claimant to execute a medical release as a condition of filing a medical negligence suit; authorizing defendants in medical negligence actions to conduct ex parte interviews with claimant's treating physicians; imposing requirements on ex parte interviews of a medical malpractice claimant's treating physicians; providing conditions for causes of action against insurers who have acted in bad faith in providing coverage for medical negligence; providing factors to be considered with respect to certain claims for bad faith against an insurer; creating s. 766.1065, F.S.;

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establishing a procedure by which medical malpractice litigants can mediate their disputes; providing requirements for mediation between medical malpractice litigants; requiring mediators to maintain information on issues and facts presented at mediation to be available for review by a court; amending s. 766.108, F.S., requiring mediation as a condition of filing a medical malpractice action; providing requirements for mediation between litigants in a medical malpractice action; amending s. 766.202, F.S.; redefining terms; providing requirements for the structuring of future noneconomic damage payments in medical malpractice actions; amending s. 766.207, F.S.; authorizing periodic payment of future noneconomic damages in medical malpractice actions; requiring the awarding of noneconomic damages to be per claimant; providing for the applicability of the Wrongful Death Act or general law to arbitration awards; amending s. 766.209, F.S.; revising requirements for damages awardable at trial when an offer for voluntary arbitration has been rejected; providing for the applicability of the Wrongful Death Act for the awarding of noneconomic damages; requiring the award of noneconomic damages to be per claimant; amending s. 768.041, F.S.; revising requirements for setting damages in medical malpractice actions; amending ss. 768.13,

31 Florida Statutes, to read:

1 768.28, F.S.; revising requirements for 2 immunity from civil liability to physicians, 3 hospitals, and certain hospital employees rendering medical care or treatment in response 4 5 to an emergency within a hospital or trauma 6 center; extending immunity from liability to 7 certain health care practitioners in a hospital; amending s. 768.28, F.S.; redefining 8 terms for purposes of determining who is an 9 10 agent to which sovereign immunity is waived, to 11 include specified health care professionals providing services in an emergency room or 12 13 trauma center of a licensed hospital; amending 14 s. 768.77, F.S.; prescribing matters to be considered by the trier of fact when damages 15 are awarded in medical malpractice actions; 16 17 amending s. 768.78, F.S.; revising methods of the payment for damage awards in medical 18 19 malpractice actions; authorizing periodic 20 payment of future noneconomic damages in medical malpractice actions; amending s. 21 768.81, F.S.; providing for an apportionment of 22 damages based on a party's percentage of fault 23 24 and not on the basis of the doctrine of joint 25 and several liability; providing a contingent effective date. 26 27 28 Be It Enacted by the Legislature of the State of Florida: 29 30 Section 1. Subsection (4) is added to section 46.015,

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46.015 Release of parties.--

(4) At trial pursuant to a suit filed under chapter 766, in arbitration pursuant to s. 766.207, or at trial pursuant to s. 766.209, if any defendant shows the court that the plaintiff, or his or her legal representative, has delivered a written release or covenant not to sue to any person in partial satisfaction of the damages sued for, the court or arbitration panel shall set off this amount from the amount of any judgment or arbitration award to which the plaintiff would otherwise be entitled at the time of rendering the judgment or arbitration award, regardless of whether the jury has allocated fault to the settling defendant at trial and regardless of the theory of liability. The amount of the setoff must include all sums received by the plaintiff, including economic and noneconomic damages, costs, and attorney's fees.

Section 2. Subsection (6) of section 456.057, Florida Statutes, is amended to read:

456.057 Ownership and control of patient records; report or copies of records to be furnished .--

(6) Except in a medical negligence action or administrative proceeding when a health care practitioner or provider is or reasonably expects to be named as a defendant, information disclosed to a health care practitioner by a patient in the course of the care and treatment of such patient is confidential and may be disclosed only to other health care practitioners and providers involved in the care or treatment of the patient, or if permitted by written authorization from the patient or compelled by subpoena at a deposition, evidentiary hearing, or trial for which proper 31 notice has been given or pursuant to a medical negligence suit

filed under chapter 766 in which the patient has executed, as a condition of filing the suit, a medical release that allows a defendant health care practitioner who is considered to be a health care provider under chapter 766, or his or her legal representative, to conduct ex parte interviews with the claimant's treating physicians, which interviews must be limited to areas that are potentially relevant to the claimant's alleged injury or illness.

Section 3. Subsection (2) of section 766.102, Florida Statutes, is amended to read:

766.102 Medical negligence; standards of recovery.-(2)(a) If the health care provider whose negligence is claimed to have created the cause of action is not certified by the appropriate American board as being a specialist, is not trained and experienced in a medical specialty, or does not hold himself or herself out as a specialist, a "similar"

- 1. Is licensed by the appropriate regulatory agency of this state;
- 2. Is trained and experienced in the same discipline or school of practice; and
- 3. Practices in the same or similar medical community: and.
- 4. Has, during the 5 years immediately preceding the date of the occurrence that is the basis for the action, engaged in any combination of the following:
 - a. Active clinical practice;

health care provider" is one who:

b. Instruction of students in an accredited health professional school or accredited residency program in the same health profession as the health care provider against whom or on whose behalf the testimony is offered; or

- c. A clinical research program that is affiliated with an accredited medical school or teaching hospital in the same health profession as the health care provider against whom or on whose behalf the testimony is offered.
- (b) If the health care provider whose negligence is claimed to have created the cause of action is certified by the appropriate American board as a specialist, is trained and experienced in a medical specialty, or holds himself or herself out as a specialist, a "similar health care provider" is one who:
- 1. Is trained and experienced in the same specialty; $\frac{1}{2}$
- 2. Is certified by the appropriate American board in the same specialty; and $\overline{\cdot}$
- 3. Has, during the 5 years immediately preceding the date of the occurrence that is the basis for the action, engaged in any combination of the following:
- a. Active clinical practice in the same specialty or a similar specialty that includes the evaluation, diagnosis, or treatment of the medical condition or procedure that is the subject of the action;
- b. Instruction of students in an accredited health professional school or accredited residency program in the same health profession and the same or similar specialty as the health care provider against whom or on whose behalf the testimony is offered; or
- c. A clinical research program that is affiliated with an accredited medical school or teaching hospital and that is in the same health profession and the same or similar specialty as the health care provider against whom or on whose

behalf the testimony is offered and that is in the general practice of medicine.

However, if any health care provider described in this paragraph is providing treatment or diagnosis for a condition which 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."

(c) The purpose of this subsection is to establish a relative standard of care for various categories and classifications of health care providers. Any health care provider may testify as an expert in any action if he or she:

1. Is a similar health care provider pursuant to paragraph (a) or paragraph (b); or

2. Is not a similar health care provider pursuant to paragraph (a) or paragraph (b) but, to the satisfaction of the court, possesses sufficient training, experience, and knowledge as a result of practice or teaching in the specialty of the defendant or practice or teaching in a related field of medicine, so as to be able to provide such expert testimony as to the prevailing professional standard of care in a given field of medicine. Such training, experience, or knowledge 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.

Section 4. Subsection (1) of section 766.104, Florida Statutes, is amended to read:

 766.104 Pleading in medical negligence cases; claim for punitive damages; authorization for release of records for investigation.--

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(1) No action shall be filed for personal injury or wrongful death arising out of medical negligence, whether in tort or in contract, unless the attorney filing the action has made a reasonable investigation as permitted by the circumstances to determine that there are grounds for a good faith belief that there has been negligence in the care or treatment of the claimant. The complaint or initial pleading shall contain a certificate of counsel that such reasonable investigation gave rise to a good faith belief that grounds exist for an action against each named defendant. For purposes of this section, good faith may be shown to exist if the claimant or his or her counsel has received a written opinion, which shall not be subject to discovery by an opposing party, of an expert as defined in s. 766.102 that there appears to be evidence of medical negligence. If the court determines that such certificate of counsel was not made in good faith and that no justiciable issue was presented against a health care provider that fully cooperated in providing informal discovery, the court shall award attorney's fees and taxable costs against claimant's counsel, and shall submit the matter to The Florida Bar for disciplinary review of the attorney. Section 5. Paragraph (a) of subsection (7) of section

Section 5. Paragraph (a) of subsection (7) of section 766.106, Florida Statutes, is amended, and subsections (13), (14), and (15) are added to that section, to read:

766.106 Notice before filing action for medical malpractice; presuit screening period; offers for admission of liability and for arbitration; informal discovery; review.--

(7) Informal discovery may be used by a party to obtain unsworn statements, the production of documents or things, and physical and mental examinations, as follows:

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- Unsworn statements. -- Any party may require other parties to appear for the taking of an unsworn statement. Such statements may be used only for the purpose of presuit screening and are not discoverable or admissible in any civil action for any purpose by any party. However, the statements and opinions of the expert required by s. 766.203 are subject to discovery and are admissible in any civil action for any purpose by any party. A party desiring to take the unsworn statement of any party must give reasonable notice in writing to all parties. The notice must state the time and place for taking the statement and the name and address of the party to be examined. Unless otherwise impractical, the examination of any party must be done at the same time by all other parties. Any party may be represented by counsel at the taking of an unsworn statement. An unsworn statement may be recorded electronically, stenographically, or on videotape. The taking of unsworn statements is subject to the provisions of the Florida Rules of Civil Procedure and may be terminated for abuses.
- (13) If an injured prospective claimant files suit under this chapter, the claimant must execute a medical information release that allows a defendant or his or her legal representative to conduct ex parte interviews with the claimant's treating physicians, which interviews must be limited to those areas that are potentially relevant to the claimant's alleged injury or illness.
- insurance coverage for medical negligence, an insurer shall not be held to have acted in bad faith for failure to timely pay its policy limits if it tenders its policy limits and meets all other conditions of settlement prior to the

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 conclusion of the presuit screening period provided for in this section.

- insurance coverage for medical negligence, and in determining whether the insurer acted fairly and honestly towards its insured with due regard for her or his interest during the presuit process or after a complaint has been filed, the following factors shall be considered:
- (a) The insurer's willingness to negotiate with the claimant;
- (b) The insurer's consideration of the advice of its defense counsel;
 - (c) The insurer's proper investigation of the claim;
- (d) Whether the insurer informed the insured of the offer to settle within the limits of coverage, the right to retain personal counsel, and risk of litigation;
- (e) Whether the insured denied liability or requested that the case be defended; and
- (f) Whether the claimant imposed any condition, other than the tender of the policy limits, on the settlement of the claim.
- Section 6. Section 766.1065, Florida Statutes, is created to read:

766.1065 Presuit mediation.--

(1)(a) After the completion of presuit investigation by the parties pursuant to s. 766.203 and any informal discovery pursuant to s. 766.106, the parties or their designated representatives may submit the matter to presuit mediation to discuss the issues of liability and damages in accordance with this paragraph for the purpose of attaining an early resolution of the matter.

1. The parties shall:

- a. Agree on a mediator. If the parties are unable to agree on a mediator within 15 days after the parties agree to presuit mediation, the general counsel of the Department of Health shall appoint a mediator from the list of certified circuit court mediators maintained by the chief judge of the circuit in which the suit may be filed.
 - b. Set a date for presuit mediation.
- 2. The presuit mediation must be conducted in the following manner:
- a. Each party shall ensure that all persons necessary for complete settlement authority are present at the presuit mediation.
 - b. Each party shall mediate in good faith.
- 3. All aspects of the presuit mediation which are not specifically established for mediation by this subsection must be conducted according to the rules of practice and procedure adopted by the Supreme Court of this state.
- (b) If the parties do not settle the case pursuant to mediation, the last offer of the defendant made at mediation shall be recorded by the mediator in a written report that states the amount of the offer, the date the offer was made in writing, and the date the offer was rejected. The mediator shall maintain a report of the issues and facts presented at the mediation and the final settlement offers of each party at the mediation. If the matter subsequently proceeds to trial, the court must consider whether issues and facts presented at mediation were significantly the same as those at trial.
- (2) The presuit mediation shall be confidential as required in court-ordered mediation under s. 44.102, except as provided by paragraph (1)(b).

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Section 7. Section 766.108, Florida Statutes, is amended to read:

766.108 <u>Mandatory mediation and</u> mandatory settlement conference in medical malpractice actions.--

- (1) Within 120 days after suit is filed, the parties shall conduct mandatory mediation in accordance with s.

 44.102, if binding arbitration under s. 766.106 or s. 766.207 has not been agreed to by the parties. The Florida Rules of Civil Procedure apply to mediation held pursuant to this section. During the mediation, each party shall make a demand for judgment or an offer of settlement. At the conclusion of the mediation, the mediator shall record the final demand and final offer to provide to the court upon the rendering of a judgment.
- (2) If a claimant who rejects the final offer of settlement made during the mediation does not obtain a judgment more favorable than the offer, the court shall assess the defendant the mediation costs and reasonable costs, expenses, and attorney's fees that were incurred after the date of mediation. The assessment attaches to the proceeds of the claimant and is attributable to any defendant whose final offer was more favorable than the judgment.
- (3) If the judgment obtained at trial is not more favorable to a defendant than the final demand for judgment made by the claimant to the defendant during mediation, the court shall assess the defendant the mediation costs and reasonable costs, expenses, and attorney's fees that were incurred after the date of mediation.
- (4) The final offer and final demand made during the mediation required in this section are the only offer and demand that the court may consider in assessing costs,

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expenses, attorney's fees, and prejudgment interest under this section. A subsequent offer or demand by either party is inapplicable to the determination of whether sanctions will be assessed by the court under this section.

- Notwithstanding any law to the contrary, ss. (5) 45.061 and 768.79 are inapplicable to medical negligence or to wrongful death cases arising out of medical negligence causes of action.
- (6)(1) In any action for damages based on personal injury or wrongful death arising out of medical malpractice, whether in tort or contract, the court shall require a settlement conference at least 3 weeks before the date set for trial.
- (7) Attorneys who will conduct the trial, parties, and persons with authority to settle shall attend the settlement conference held before the court unless excused by the court for good cause.
- Section 8. Subsections (3), (5), (7), and (8) of section 766.202, Florida Statutes, are amended to read:
- 766.202 Definitions; ss. 766.201-766.212.--As used in ss. 766.201-766.212, the term:
- "Economic damages" means financial losses that which would not have occurred but for the injury giving rise to the cause of action, including, but not limited to, past and future medical expenses and 80 percent of wage loss and loss of earning capacity, to the extent the claimant is entitled to recover such damages under general law, including the Wrongful Death Act.
- (5) "Medical expert" means a person duly and regularly engaged in the practice of his or her profession who holds a 31 | health care professional degree from a university or college

and who meets the requirements of an expert witness as set forth in s. 766.102 has had special professional training and experience or one possessed of special health care knowledge or skill about the subject upon which he or she is called to testify or provide an opinion.

- (7) "Noneconomic damages" means nonfinancial losses which would not have occurred but for the injury giving rise to the cause of action, including pain and suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of capacity for enjoyment of life, and other nonfinancial losses, to the extent the claimant is entitled to recover such damages under general law, including the Wrongful Death Act.
- (8) "Periodic payment" means provision for the structuring of future economic <u>and future noneconomic</u> damages payments, in whole or in part, over a period of time, as follows:
- (a) A specific finding <u>must be made</u> of the dollar amount of periodic payments which will compensate for these future damages after offset for collateral sources <u>and after having been reduced to present value shall be made</u>. A periodic payment must be structured to last as long as the claimant lives or the condition of the claimant for which the award was made persists, whichever may be shorter, but without regard for the number of years awarded The total dollar amount of the periodic payments shall equal the dollar amount of all such future damages before any reduction to present value.
- (b) A defendant that elects to make periodic payments of either or both future economic or future noneconomic losses may contractually obligate a company that is authorized to do business in this state and rated by A.M. Best Company as A+ or

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(d)

higher to make those periodic payments on its behalf. Upon a joint petition by the defendant and the company that is contractually obligated to make the periodic payments, the court shall discharge the defendant from any further obligations to the claimant for those future economic and future noneconomic damages that are to be paid by that company by periodic payments.

- defendant or company that is obligated to make periodic payments pursuant to this section; however, if, upon petition by a claimant who is receiving periodic payments pursuant to this section, the court finds that there is substantial, competent evidence that the defendant that is responsible for the periodic payments cannot adequately assure full and continuous payments thereof or that the company that is obligated to make the payments has been rated by A.M. Best Company as B+ or lower, and that doing so is in the best interest of the claimant, the court may require the defendant or the company that is obligated to make the periodic payments to provide such additional financial security as the court determines to be reasonable under the circumstances.
- specify the recipient or recipients of the payments, the address to which the payments are to be delivered, and the amount and intervals of the payments; however, in any one year, any payment or payments may not exceed the amount intended by the trier of fact to be awarded each year, offset for collateral sources. A periodic payment may not be accelerated, deferred, increased, or decreased, except by court order based upon the mutual consent and agreement of the claimant, the defendant, whether or not discharged, and the

The provision for the periodic payments must

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company that is obligated to make the periodic payments, if any; nor may the claimant sell, mortgage, encumber, or anticipate the periodic payments or any part thereof, by assignment or otherwise. The defendant shall be required to post a bond or security or otherwise to assure full payment of these damages awarded. A bond is not adequate unless it is written by a company authorized to do business in this state and is rated A+ by A. M. Best Company. If the defendant is unable to adequately assure full payment of the damages, all damages, reduced to present value, shall be paid to the claimant in a lump sum. No bond may be canceled or be subject to cancellation unless at least 60 days' advance written notice is filed with the court and the claimant. Upon termination of periodic payments, the security, or so much as remains, shall be returned to the defendant.

(c) The provision for payment of future damages by periodic payments shall specify the recipient or recipients of the payments, the dollar amounts of the payments, the interval between payments, and the number of payments or the period of time over which payments shall be made.

Section 9. Subsection (7) of section 766.207, Florida Statutes, is amended to read:

766.207 Voluntary binding arbitration of medical negligence claims.--

(7) Arbitration pursuant to this section shall preclude recourse to any other remedy by the claimant against any participating defendant, and shall be undertaken with the understanding that <u>damages shall be awarded as provided by general law, including the Wrongful Death Act, subject to the following limitations:</u>

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- (a) Net economic damages shall be awardable, including, but not limited to, past and future medical expenses and 80 percent of wage loss and loss of earning capacity, offset by any collateral source payments.
- (b) Noneconomic damages shall be limited to a maximum of \$250,000 per incident, and shall be calculated on a percentage basis with respect to capacity to enjoy life, so that a finding that the claimant's injuries resulted in a 50-percent reduction in his or her capacity to enjoy life would warrant an award of not more than \$125,000 noneconomic damages. Regardless of the number of individual claimants, the total noneconomic damages that may be awarded for all claims arising out of the same incident, including claims under the Wrongful Death Act, shall be limited to a maximum of \$250,000.
- (c) Damages for future economic and future noneconomic losses shall be awarded to be paid by periodic payments pursuant to s. 766.202(8) and shall be offset by future collateral source payments.
 - (d) Punitive damages shall not be awarded.
- (e) The defendant shall be responsible for the payment of interest on all accrued damages with respect to which interest would be awarded at trial.
- (f) The defendant shall pay the claimant's reasonable attorney's fees and costs, as determined by the arbitration panel, but in no event more than 15 percent of the award, reduced to present value.
- (q) The defendant shall pay all the costs of the arbitration proceeding and the fees of all the arbitrators other than the administrative law judge.

- (h) Each defendant who submits to arbitration under this section shall be jointly and severally liable for all damages assessed pursuant to this section.
- (i) The defendant's obligation to pay the claimant's damages shall be for the purpose of arbitration under this section only. A defendant's or claimant's offer to arbitrate shall not be used in evidence or in argument during any subsequent litigation of the claim following the rejection thereof.
- (j) The fact of making or accepting an offer to arbitrate shall not be admissible as evidence of liability in any collateral or subsequent proceeding on the claim.
- (k) Any offer by a claimant to arbitrate must be made to each defendant against whom the claimant has made a claim. Any offer by a defendant to arbitrate must be made to each claimant who has joined in the notice of intent to initiate litigation, as provided in s. 766.106. A defendant who rejects a claimant's offer to arbitrate shall be subject to the provisions of s. 766.209(3). A claimant who rejects a defendant's offer to arbitrate shall be subject to the provisions of s. 766.209(4).
- (1) The hearing shall be conducted by all of the arbitrators, but a majority may determine any question of fact and render a final decision. The chief arbitrator shall decide all evidentiary matters.
- The provisions of this subsection shall not preclude settlement at any time by mutual agreement of the parties.
- Section 10. Paragraph (a) of subsection (4) of section 766.209, Florida Statutes, is amended to read:

766.209 Effects of failure to offer or accept voluntary binding arbitration.--

- (4) If the claimant rejects a defendant's offer to enter voluntary binding arbitration:
- (a) The damages awardable at trial shall be limited to net economic damages, plus noneconomic damages not to exceed \$350,000 per incident. Regardless of the number of individual claimants, the total noneconomic damages that may be awarded for all claims arising out of the same incident, including claims under the Wrongful Death Act, shall be limited to a maximum of \$350,000. The Legislature expressly finds that such conditional limit on noneconomic damages is warranted by the claimant's refusal to accept arbitration, and represents an appropriate balance between the interests of all patients who ultimately pay for medical negligence losses and the interests of those patients who are injured as a result of medical negligence.

Section 11. Subsection (4) is added to section 768.041, Florida Statutes, to read:

768.041 Release or covenant not to sue.--

(4) At trial pursuant to a suit filed under chapter 766, in arbitration pursuant to s. 766.207, or at trial pursuant to s. 766.209, if any defendant shows the court or arbitration panel that the plaintiff, or any person lawfully acting on her or his behalf, has delivered a release or covenant not to sue to any person, firm, or corporation in partial satisfaction of the damages sued for, the court or arbitration panel shall set off this amount from the amount of any judgment or arbitration award to which the plaintiff would otherwise be entitled at the time of rendering the judgment or arbitration award and shall enter the judgment or arbitration

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award accordingly, regardless of whether the jury has allocated fault to the settling defendant at trial and regardless of the theory of liability. The amount of the setoff must include all sums received by the plaintiff, including economic and noneconomic damages, costs, and attorney's fees.

Section 12. Paragraph (b) of subsection (2) of section 768.13, Florida Statutes, is amended, present paragraph (c) of that subsection is redesignated as paragraph (d), and a new paragraph (c) is added to that subsection, to read:

768.13 Good Samaritan Act; immunity from civil liability.--

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- (b)1. Any hospital licensed under chapter 395, any employee of such hospital working in a clinical area within the facility and providing patient care, and any person licensed to practice medicine who in good faith renders medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention, for which the patient enters the hospital through its emergency room or trauma center, or necessitated by a public health emergency declared pursuant to s. 381.00315 shall not be held liable for any civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another.
- The immunity provided by this paragraph does not apply to damages as a result of any act or omission of 31 providing medical care or treatment unrelated:

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a. Which occurs after the patient is stabilized and is capable of receiving medical treatment as a nonemergency patient, unless surgery is required as a result of the emergency within a reasonable time after the patient is stabilized, in which case the immunity provided by this paragraph applies to any act or omission of providing medical care or treatment which occurs prior to the stabilization of the patient following the surgery; or

- b. Unrelated to the original medical emergency.
- For purposes of this paragraph, the term "reckless disregard" as it applies to a given health care provider rendering emergency medical services means shall be such conduct that which a health care provider knew or should have known, at the time such services were rendered, would be likely to result in injury so as to affect the life or health of another, taking into account the following to the extent they may be present: +
- The extent or serious nature of the circumstances a. prevailing.
- The lack of time or ability to obtain appropriate b. consultation.
 - The lack of a prior patient-physician relationship.
- The inability to obtain an appropriate medical history of the patient.
- The time constraints imposed by coexisting e. emergencies.
- 4. Every emergency care facility granted immunity under this paragraph shall accept and treat all emergency care patients within the operational capacity of such facility without regard to ability to pay, including patients transferred from another emergency care facility or other

health care provider pursuant to Pub. L. No. 99-272, s. 9121. The failure of an emergency care facility to comply with this subparagraph constitutes grounds for the department to initiate disciplinary action against the facility pursuant to chapter 395.

- c)1. Any licensed or certified health care
 practitioner who provides medical care or treatment in a
 hospital to a patient or person with whom the practitioner has
 no preexisting provider-patient relationship, when such care
 or treatment is necessitated by a sudden or unexpected
 situation or by an occurrence that demands immediate medical
 attention, shall not be held liable for any civil damages as a
 result of any act or omission relative to that care or
 treatment unless the care or treatment is proven to amount to
 conduct demonstrating a reckless disregard for the life or
 health of the victim.
- 2. The immunity provided by this paragraph does not apply to damages as a result of any act or omission of providing medical care or treatment unrelated to the original situation that demanded immediate medical attention.
- 3. For purposes of this paragraph, the term "reckless disregard" as it applies to a given health care provider rendering immediate medical care or treatment means conduct that a health care provider knew or should have known, at the time such services were rendered, would be likely to result in injury so as to affect the life or health of another, taking into account the following, to the extent present:
- <u>a. The extent or serious nature of the circumstances</u> prevailing.
- b. The lack of time or ability to obtain appropriateconsultation.

1 c. The lack of a prior patient-physician relationship. 2 d. The inability to obtain an appropriate medical 3 history of the patient. 4 e. The time constraints imposed by coexisting 5 emergencies. 6 Section 13. Paragraph (b) of subsection (9) of section 7 768.28, Florida Statutes, is amended to read: 768.28 Waiver of sovereign immunity in tort actions; 8 9 recovery limits; limitation on attorney fees; statute of 10 limitations; exclusions; indemnification; risk management 11 programs. --(9) 12 (b) As used in this subsection, the term: 13 "Employee" includes any volunteer firefighter. 14 1. "Officer, employee, or agent" includes, but is not 15 limited to, any health care provider when providing services 16 17 pursuant to s. 766.1115; any member of the Florida Health Services Corps, as defined in s. 381.0302, who provides 18 19 uncompensated care to medically indigent persons referred by 20 the Department of Health; , and any public defender or her or his employee or agent, including, among others, an assistant 21 public defender and an investigator; and any health care 22 professional when providing services in an emergency room or 23 24 trauma center of a hospital licensed under chapter 395. 25 Section 14. Section 768.77, Florida Statutes, is 26 amended to read: 768.77 Itemized verdict.--27 28 (1) In any action to which this part applies, but not 29 actions for damages based on personal injury or wrongful death 30 arising out of medical malpractice, whether in tort or

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exists on the part of the defendant, the trier of fact shall, 2 as a part of the verdict, itemize the amounts to be awarded to 3 the claimant into the following categories of damages: 4 (a)(1) Amounts intended to compensate the claimant for 5 economic losses; 6 (b) (2) Amounts intended to compensate the claimant for 7 noneconomic losses; and (c) (c) (3) Amounts awarded to the claimant for punitive 8 damages, if applicable. 9 10 (2) In any action for damages based on personal injury 11 or wrongful death arising out of medical malpractice, whether 12 in tort or contract, to which this part applies in which the trier of fact determines that liability exists on the part of 13 14 the defendant, the trier of fact shall, as a part of the 15 verdict, itemize the amounts to be awarded to the claimant into the following categories of damages: 16 17 (a) Amounts intended to compensate the claimant for: 18 1. Past economic losses; and 19 2. Future economic losses, not reduced to present 20 value, and the number of years or part thereof which the award is intended to cover; 21 22 (b) Amounts intended to compensate the claimant for: 1. Past noneconomic losses; and 23 24 2. Future noneconomic losses not reduced to present 25 value, and the number of years or part thereof which the award 26 is intended to cover; and (c) Amounts awarded to the claimant for punitive 27 damages, if applicable. 28

Section 15. Subsection (2) of section 768.78, Florida

Statutes, is amended to read:

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768.78 Alternative methods of payment of damage awards.--

- (2)(a) In any action for damages based on personal injury or wrongful death arising out of medical malpractice, whether in tort or contract, in which the trier of fact makes an award to compensate the claimant for future economic or future noneconomic losses, payment of amounts intended to compensate the claimant for these future losses shall be made by one of the following means:
- 1. The defendant may <u>elect to</u> make a lump-sum payment for <u>either or both the</u> all damages so assessed, with future economic <u>and future noneconomic</u> losses <u>after offset for</u> <u>collateral sources and after having been and expenses reduced to present value by the court based upon competent,</u> substantial evidence presented to it by the parties; or
- The defendant, if determined by the court to be 2. financially capable or adequately insured, may elect to use periodic payments to satisfy in whole or in part the assessed future economic and future noneconomic losses awarded by the trier of fact after offset for collateral sources for so long as the claimant lives or the condition for which the award was made persists, whichever period may be shorter, but without regard for the number of years awarded by the trier of fact. The court shall review and, unless clearly unresponsive to the future needs of the claimant, approve the amounts and schedule of the periodic payments proposed by the defendant. Upon motion of the defendant, whether or not discharged from any obligation to make the payments pursuant to paragraph (b), and the establishment by substantial, competent evidence of either the death of the claimant or that the condition for which the award was made no longer persists, the court shall enter an

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order terminating the periodic payments effective as of the date of the death of the claimant or the date the condition for which the award was made no longer persisted.

- (b) A defendant that elects to make periodic payments of either or both future economic or future noneconomic losses may contractually obligate a company that is authorized to do business in this state and rated by A.M. Best Company as A+ or higher to make those periodic payments on its behalf. Upon a joint petition by the defendant and the company that is contractually obligated to make the periodic payments, the court shall discharge the defendant from any further obligations to the claimant for those future economic and future noneconomic damages that are to be paid by that company by periodic payments.
- (c) Upon notice of a defendant's election to make periodic payments pursuant hereto, the claimant may request that the court modify the periodic payments to reasonably provide for attorney's fees; however, a court may not make any such modification that would increase the amount the defendant would have been obligated to pay had no such adjustment been made.
- (d) A bond or security may not be required of any defendant or company that is obligated to make periodic payments pursuant to this section; however, if, upon petition by a claimant who is receiving periodic payments pursuant to this section, the court finds that there is substantial, competent evidence that the defendant that is responsible for the periodic payments cannot adequately assure full and continuous payments thereof or that the company that is obligated to make the payments has been rated by A.M. Best Company as B+ or lower, and that doing so is in the best

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interest of the claimant, the court may require the defendant or the company that is obligated to make the periodic payments to provide such additional financial security as the court determines to be reasonable under the circumstances.

- (e) The provision for the periodic payments must specify the recipient or recipients of the payments, the address to which the payments are to be delivered, and the amount and intervals of the payments; however, in any one year any payment or payments may not exceed the amount intended by the trier of fact to be awarded each year, offset for collateral sources. A periodic payment may not be accelerated, deferred, increased, or decreased, except by court order based upon the mutual consent and agreement of the claimant, the defendant, whether or not discharged, and the company that is obligated to make the periodic payments, if any; nor may the claimant sell, mortgage, encumber, or anticipate the periodic payments or any part thereof, by assignment or otherwise.
- (f) For purposes of this section, the term "periodic payment" means the payment of money or delivery of other property to the claimant at regular intervals.
- (g) It is the intent of the Legislature to authorize and encourage the payment of awards for future economic and future noneconomic losses by periodic payments to meet the continuing needs of the patient while eliminating the misdirection of such funds for purposes not intended by the trier of fact. The court shall, at the request of either party, enter a judgment ordering future economic damages, as itemized pursuant to s. 768.77, to be paid by periodic payments rather than lump sum.
- (b) For purposes of this subsection, "periodic 31 payment" means provision for the spreading of future economic

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29 30 damage payments, in whole or in part, over a period of time, as follows:

- 1. A specific finding of the dollar amount of periodic payments which will compensate for these future damages after offset for collateral sources shall be made. The total dollar amount of the periodic payments shall equal the dollar amount of all such future damages before any reduction to present
- 2. The defendant shall be required to post a bond or security or otherwise to assure full payment of these damages awarded. A bond is not adequate unless it is written by a company authorized to do business in this state and is rated A+ by A. M. Best Company. If the defendant is unable to adequately assure full payment of the damages, all damages, reduced to present value, shall be paid to the claimant in a lump sum. No bond may be canceled or be subject to cancellation unless at least 60 days' advance written notice is filed with the court and the claimant. Upon termination of periodic payments, the security, or so much as remains, shall be returned to the defendant.
- 3. The provision for payment of future damages by periodic payments shall specify the recipient or recipients of the payments, the dollar amounts of the payments, the interval between payments, and the number of payments or the period of time over which payments shall be made.

Section 16. Subsection (5) of section 768.81, Florida Statutes, is amended to read:

768.81 Comparative fault.--

(5) Notwithstanding any provision of anything in law to the contrary, in an action for damages for personal injury or wrongful death arising out of medical malpractice, whether

in contract or tort, when an apportionment of damages pursuant to this section is attributed to a teaching hospital as defined in s. 408.07, the court shall enter judgment against the teaching hospital on the basis of each such party's percentage of fault and not on the basis of the doctrine of joint and several liability. Section 17. This act shall take effect upon becoming a law if SB 560, SB 562, and SB 566 or similar legislation is adopted in the same legislative session or an extension thereof and becomes a law.

1 2		STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR Senate Bill 564
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4	The	committee substitute:
5 6 7 8	_	Revises requirements for the awarding of damages in medical malpractice actions, if any defendant shows the court or arbitration panel a written release not to sue to any person in partial satisfaction of damages sued for, to require setoff for all sums received by the claimant, including economic and noneconomic damages, costs, and attorney's fees;
9 10 11	-	Requires medical malpractice plaintiffs to execute a medical release that allows a defendant health care practitioner to conduct ex parte interviews with the claimant's treating physicians;
12	-	Revises the definition of "similar health care provider" for purposes of establishing the prevailing professional standard of care under the Medical Malpractice Act;
13 14	-	Makes the presuit expert's written opinion and statements subject to discovery;
15	-	Creates a procedure and requirements for presuit mediation;
16 17	-	Requires parties to a medical negligence action to submit to mandatory mediation;
18 19 20 21	-	Provides conditions under which an insurer's actions towards the insured for matters relating to professional liability for medical negligence will not be held in bad faith. In matters relating to professional liability for medical negligence, the bill provides factors for consideration to determine whether an insurer has acted in good faith toward the insured;
22 23	-	Limits the claimant's recovery, in medical malpractice voluntary binding arbitration, to the damages the claimant is entitled to recover under general law, including the Wrongful Death Act;
2425	-	Revises the definitions of "medical expert" and "periodic payment";
26 27	-	Revises the award of noneconomic damages to provide an aggregate cap in cases involving multiple claimants for claims arising out of the same incident;
28	_	Revises the Good Samaritan Act to extend immunity from
29		civil liability to any hospital, any employee of such hospital working in a clinical area within the facility
30	and providing practice medi	and providing patient care, and any person licensed to practice medicine who in good faith renders medical care
31		or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention, for 30

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which the patient enters the hospital through its	
emergency room or trauma center. Under the bill, such immunity applies to any act or omission of providing	
medical care or treatment, unless it was unrelated to to original medical emergency and unless there was a	the
reckless disregard of the consequences;	
- Revises the Good Samaritan Act to extend immunity from	
5 civil liability to any licensed or certified health car practitioner who provides medical care or treatment in	ce a
6 hospital to a patient or person with whom the practitioner has no preexisting provider-patient	
7 relationship, when such care or treatment is necessitat by a sudden or unexpected situation or by an occurrence	ed
8 that demands immediate medical attention, unless the ca	are
or treatment is proven to amount to conduct demonstrating a reckless disregard for the life or health of the	
victim. Such immunity does not apply to medical care or treatment unrelated to the original situation that	-
demanded immediate medical attention. "Reckless disregard" is defined for purposes of extending such	
immunity;	
- Extends the waiver of sovereign immunity to certain	-
"officer, employee, or agent" to include any health car	e. e
professional when providing services in an emergency re or trauma center of a Florida-licensed hospital;	oom
15 - Provides for periodic payment of future noneconomic	
16 damages;	
17 - Limits the claimant's ability to sell or assign the	
periodic payment and requires the periodic payment to last only as long as the claimant lives or the condition	on
for which the award was made persists;	
- Revises provisions for the trier of fact to itemize damages, as part of a verdict for medical malpractice	
actions, to include future losses; and	
- Abolishes the doctrine of joint and several liability f medical negligence actions and requires courts to enter	or
judgment on the basis of each party's percentage of fault;	-
24 - Provides a contingent effective date.	
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