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28 emergency services and care to all persons who present 29 themselves to hospitals seeking such care. The Legislature has 30 further mandated that prehospital emergency medical treatment or 31 transport may not be denied by emergency medical services 32 providers to persons who have or are likely to have an emergency 33 medical condition. Such governmental requirements have imposed a 34 unilateral obligation for providers of emergency medical 35 services and care to provide services to all persons seeking 36 emergency care without ensuring payment or other consideration 37 for provision of such care. The Legislature also recognizes that 38 providers of emergency medical services and care provide a 39 significant amount of uncompensated emergency medical care in furtherance of such governmental interest. A significant 40 proportion of the residents of this state who are uninsured or 41 42 are Medicaid or Medicare recipients are unable to access needed 43 health care because health care providers fear the increased 44 risk of medical malpractice liability. Such patients, in order 45 to obtain medical care, are frequently forced to seek care through providers of emergency medical services and care. 46 47 Providers of emergency medical services and care in this state 48 have reported significant problems with both the availability 49 and affordability of professional liability coverage. Medical 50 malpractice liability insurance premiums have increased 51 dramatically and a number of insurers have ceased providing 52 medical malpractice coverage for emergency medical services and 53 care in this state. This results in a functional unavailability 54 of malpractice coverage for some providers of emergency medical 55 services and care. The Legislature further finds that certain 56 specialist physicians have resigned from serving on hospital

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57	staffs or have otherwise declined to provide on-call coverage to
58	hospital emergency departments due to increased medical
59	malpractice liability exposure created by treating such
60	emergency department patients. It is the intent of the
61	Legislature that hospitals, emergency medical services
62	providers, and physicians be able to ensure that patients who
63	might need emergency medical services treatment or
64	transportation or who present themselves to hospitals for
65	emergency medical services and care have access to such needed
66	services.
67	(2) The Legislature finds that access to quality,
68	affordable health care for all Floridians is a necessary goal
69	for this state and that teaching hospitals play an essential
70	role in providing access to comprehensive health care services.
71	The Legislature finds that access to quality health care at
72	teaching hospitals is enhanced when teaching hospitals affiliate
73	and coordinate their common endeavors with medical schools.
74	These affiliations have proved to be an integral part of the
75	delivery of more efficient and economical health care services
76	to patients of teaching hospitals by offering quality graduate
77	medical education programs to resident physicians who provide
78	patient services at teaching hospitals and clinics owned by such
79	hospitals. These affiliations ensure continued access to quality
80	comprehensive health care services for Floridians and,
81	therefore, should be encouraged in order to maintain and expand
82	such services. The Legislature finds that when teaching
83	hospitals affiliate or enter into contracts with medical schools
84	to provide comprehensive health care services to patients of
85	teaching hospitals, teaching hospitals greatly increase their
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86 exposure to claims arising out of alleged medical malpractice 87 and other allegedly negligent acts because some teaching hospital employees and agents do not have the same level of 88 89 protection against liability claims as colleges and universities 90 with medical schools and their employees providing the same 91 patient services to the same teaching hospital patients. The 92 Legislature finds that the high cost of litigation, unequal 93 liability exposure, and increased medical malpractice insurance 94 premiums have adversely impacted the ability of some teaching 95 hospitals to permit their employees to provide patient services 96 to patients of teaching hospitals. This finding is consistent 97 with the report issued in April 2002 by the American Medical Association declaring Florida to be one of 12 states in the 98 99 midst of a medical liability insurance crisis. The crisis in the availability and affordability of medical malpractice insurance 100 101 is a contributing factor in the reduction of access to quality 102 health care in this state and has declined significantly. If no 103 corrective action is taken, this health care crisis will lead to 104 a continued reduction of patient services in teaching hospitals. 105 The Legislature finds that the state's 6 teaching hospitals 106 provide 70 percent of the state's graduate medical education as 107 reported in the 2001-2002 Report on Graduate Medical Education 108 in Florida: Findings and Recommendations and that the teaching 109 hospitals ensure the state's future medical manpower. The 110 Legislature finds that the public is better served and will 111 benefit from corrective action to address the foregoing 112 concerns. It is imperative that the legislature further the 113 public benefit by conferring sovereign immunity upon teaching 114 hospitals and their employees and agents when teaching hospitals

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144 uncompensated care to medically indigent persons referred by the 145 Department of Health, and any public defender or her or his employee or agent, including, among others, an assistant public 146 147 defender and an investigator. 148 c. Any provider of emergency medical services and care 149 acting pursuant to obligations imposed by s. 395.1041, s. 395.401, or s. 401.45. Except for persons or entities that are 150 151 otherwise covered under this section, providers of emergency 152 medical services and care shall be considered agents of the 153 Department of Health and shall indemnify the state for the 154 reasonable costs of defense and indemnity payments, if any, up 155 to the liability limits set forth in this chapter. For purposes of this sub-subparagraph: 156 (I) The term "provider of emergency medical services and 157 care" means all persons and entities covered under or providing 158 159 services pursuant to obligations imposed by s. 395.1041, s. 160 395.401, or s. 401.45, including, but not limited to: 161 (A) An emergency medical services provider licensed under part III of chapter 401 and persons operating as employees or 162 163 agents of such provider or an emergency medical technician or 164 paramedic certified under part III of chapter 401. 165 (B) A hospital licensed under chapter 395 and persons 166 operating as employees or agents of such hospital. 167 (C) A physician licensed under chapter 458, chapter 459, 168 chapter 460, or chapter 461 or a dentist licensed under chapter 169 466. 170 (D) A physician assistant licensed under chapter 458 or 171 chapter 459.

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172	(E) A registered nurse, nurse midwife, licensed practical
173	nurse, or advanced registered nurse practitioner licensed or
174	registered under part I of chapter 464.
175	(F) A midwife licensed under chapter 467.
176	(G) A health care professional association and employees
177	or agents of the association or a corporate medical group and
178	employees or agents of such group.
179	(H) Any student or medical resident who is enrolled in an
180	accredited program or licensed program that prepares the student
181	for licensure or certification in any one of the professions
182	listed in sub-sub-subparagraphs (C)-(G), the program that
183	prepares the student for licensure or certification, and the
184	entity responsible for the training of the student or medical
185	resident.
186	(I) Any other person or entity that provides services
187	pursuant to obligations imposed by s. 395.1041, s. 395.401, or
188	<u>s. 401.45.</u>
189	(II) The term "emergency medical services" means ambulance
190	assessment, treatment, or transport services provided pursuant
191	to obligations imposed by s. 395.1041 or s. 401.45; all
192	screening, examination, and evaluation performed by a physician,
193	hospital, or other person or entity acting pursuant to
194	obligations imposed by s. 395.1041 or s. 395.401; and any care,
195	treatment, surgery, or other medical services provided, as
196	outpatient or inpatient, to relieve or eliminate an emergency
197	medical condition, including all medical services to eliminate
198	the likelihood that the emergency medical condition will
199	deteriorate or recur without further medical attention within a
200	reasonable period of time.
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229 emergency medical services and care; defining emergency medical

230 services; providing severability; providing for

231