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CHAMBER ACTION

	Senate House
1	WD/2R
2	05/02/2005 05:45 PM .
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11	Senator Jones moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 4, between lines 26 and 27,
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16	insert:
17	Section 5. Section 458.320, Florida Statutes, is
18	amended to read:
19	458.320 Financial responsibility
20	(1) As a condition of licensing and maintaining an
21	active license, and prior to the issuance or renewal of an
22	active license or reactivation of an inactive license for the
23	practice of medicine, an applicant must by one of the
24	following methods demonstrate to the satisfaction of the board
25	and the department financial responsibility to pay claims and
26	costs ancillary thereto arising out of the rendering of, or
27	the failure to render, medical care or services:
28	(a) Establishing and maintaining an escrow account
29	consisting of cash or assets eligible for deposit in
30	accordance with s. 625.52 in the per claim amounts specified
31	in paragraph (b). The required escrow amount set forth in this
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paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.

- (b) Obtaining and maintaining professional liability coverage in an amount not less than \$250,000\$\frac{100}{100,000}\$ per claim, with a minimum annual aggregate of not less than \$750,000\$\frac{300}{300,000}\$, from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357. The required coverage amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.
- (c) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$250,000 \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000\$. The letter of credit must be payable to the physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. The letter of credit may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim. The letter of credit must be nonassignable and nontransferable. Such letter of credit must be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association

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organized under the laws of the United States which has its principal place of business in this state or has a branch office that is authorized under the laws of this state or of the United States to receive deposits in this state.

- (2) Physicians who perform surgery in an ambulatory surgical center licensed under chapter 395 and, as a continuing condition of hospital staff privileges, physicians who have staff privileges must also establish financial responsibility by one of the following methods:
- (a) Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52 in the per claim amounts specified in paragraph (b). The required escrow amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.
- (b) Obtaining and maintaining professional liability coverage in an amount not less than \$500,000 \$250,000 per claim, with a minimum annual aggregate of not less than \$1 million \$750,000 from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), through a plan of self-insurance as provided in s. 627.357, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s. 766.110. The required coverage amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.
- (c) Obtaining and maintaining an unexpired irrevocable letter of credit, established pursuant to chapter 675, in an

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amount not less than\$500,000\$250,000 per claim, with a minimum aggregate availability of credit of not less than \$1 2 million\$750,000. The letter of credit must be payable to the 3 physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the 5 physician or upon presentment of a settlement agreement signed 7 by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering 8 of, or the failure to render, medical care and services. The 9 10 letter of credit may not be used for litigation costs or 11 attorney's fees for the defense of any medical malpractice claim. The letter of credit must be nonassignable and 12 13 nontransferable. The letter of credit must be issued by any bank or savings association organized and existing under the 14 15 laws of this state or any bank or savings association 16 organized under the laws of the United States which has its principal place of business in this state or has a branch 17 office that is authorized under the laws of this state or of 18 19 the United States to receive deposits in this state. 20 21 This subsection shall be inclusive of the coverage in subsection (1). 22 (3)(a) Meeting the financial responsibility 23 24 requirements of this section or the criteria for any exemption from such requirements must be established at the time of 25 issuance or renewal of a license. 26 (b) Any person may, at any time, submit to the 27 28 department a request for an advisory opinion regarding such 29 person's qualifications for exemption. (4)(a) Each insurer, self-insurer, risk retention 30

group, or Joint Underwriting Association must promptly notify

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the department of cancellation or nonrenewal of insurance required by this section. Unless the physician demonstrates that he or she is otherwise in compliance with the requirements of this section, the department shall suspend the license of the physician pursuant to ss. 120.569 and 120.57 and notify all health care facilities licensed under chapter 395 of such action. Any suspension under this subsection remains in effect until the physician demonstrates compliance with the requirements of this section. If any judgments or settlements are pending at the time of suspension, those judgments or settlements must be paid in accordance with this section unless otherwise mutually agreed to in writing by the parties. This paragraph does not abrogate a judgment debtor's obligation to satisfy the entire amount of any judgment. (b) If financial responsibility requirements are met by maintaining an escrow account or letter of credit as provided in this section, upon the entry of an adverse final

by maintaining an escrow account or letter of credit as provided in this section, upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either in contract or tort, the licensee shall pay the entire amount of the judgment together with all accrued interest, or the amount maintained in the escrow account or provided in the letter of credit as required by this section, whichever is less, within 60 days after the date such judgment became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. If timely payment is not made by the physician, the department shall suspend the license of the physician pursuant to procedures set forth in subparagraphs (5)(g)3., 4., and 5. Nothing in this paragraph shall abrogate

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a judgment debtor's obligation to satisfy the entire amount of any judgment.

- (5) The requirements of subsections (1), (2), and (3) do not apply to:
- (a) Any person licensed under this chapter who practices medicine exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(16).
- (b) Any person whose license has become inactive under this chapter and who is not practicing medicine in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage which provided liability coverage for incidents that occurred on or after January 1, 1987, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.
- (c) Any person holding a limited license pursuant to s. 458.317 and practicing under the scope of such limited license.
- (d) Any person licensed or certified under this chapter who practices only in conjunction with his or her teaching duties at an accredited medical school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and

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a necessary part of duties in connection with the teaching position in the medical school.

- (e) Any person holding an active license under this chapter who is not practicing medicine in this state. If such person initiates or resumes any practice of medicine in this state, he or she must notify the department of such activity and fulfill the financial responsibility requirements of this section before resuming the practice of medicine in this state.
- (f) Any person holding an active license under this chapter who meets all of the following criteria:
- 1. The licensee has held an active license to practice in this state or another state or some combination thereof for more than 15 years.
- 2. The licensee has either retired from the practice of medicine or maintains a part-time practice of no more than 1,000 patient contact hours per year.
- 3. The licensee has had no more than two claims for medical malpractice resulting in an indemnity exceeding \$25,000 within the previous 5-year period.
- 4. The licensee has not been convicted of, or pled guilty or nolo contendere to, any criminal violation specified in this chapter or the medical practice act of any other state.
- 5. The licensee has not been subject within the last 10 years of practice to license revocation or suspension for any period of time; probation for a period of 3 years or longer; or a fine of \$500 or more for a violation of this chapter or the medical practice act of another jurisdiction. The regulatory agency's acceptance of a physician's relinquishment of a license, stipulation, consent order, or

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other settlement, offered in response to or in anticipation of the filing of administrative charges against the physician's license, constitutes action against the physician's license for the purposes of this paragraph.

- 6. The licensee has submitted a form supplying necessary information as required by the department and an affidavit affirming compliance with this paragraph.
- 7. The licensee must submit biennially to the department certification stating compliance with the provisions of this paragraph. The licensee must, upon request, demonstrate to the department information verifying compliance with this paragraph.

A licensee who meets the requirements of this paragraph must post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or provide a written statement to any person to whom medical services are being provided. The sign or statement must read as follows: "Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time physicians who meet state requirements are exempt from the financial responsibility law. YOUR DOCTOR MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law."

(g) Any person holding an active license under this chapter who agrees to meet all of the following criteria:

(6)1. Upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or

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1	from noncompliance with the terms of a settlement agreement
2	arising from a claim of medical malpractice either in contract
3	or tort, a licensee required to maintain financial
4	responsibility under this section the licensee shall pay the
5	judgment creditor the lesser of the entire amount of the
6	judgment with all accrued interest or either \$250,000
7	\$100,000, if the physician is licensed pursuant to this
8	chapter but does not maintain hospital staff privileges, or
9	\$500,000 \$250,000 , if the physician is licensed pursuant to
10	this chapter and maintains hospital staff privileges, within
11	60 days after the date such judgment became final and subject
12	to execution, unless otherwise mutually agreed to in writing
13	by the parties. Such adverse final judgment shall include any
14	cross-claim, counterclaim, or claim for indemnity or
15	contribution arising from the claim of medical malpractice.
16	(a) Upon notification of the existence of an
17	unsatisfied judgment or payment pursuant to this subsection
18	subparagraph, the department shall notify the licensee by
19	certified mail that he or she shall be subject to disciplinary
20	action unless, within 30 days from the date of mailing, he or
21	she either:
22	1.a. Shows proof that the unsatisfied judgment has
23	been paid in the amount specified in this subsection
24	subparagraph; or
25	2.b. Furnishes the department with a copy of a timely
26	filed notice of appeal and either:
27	a.(I) A copy of a supersedeas bond properly posted in
28	the amount required by law; or
29	$\underline{b.(II)}$ An order from a court of competent jurisdiction
30	staying execution on the final judgment pending disposition of
31	the appeal.

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(b)2. The Department of Health shall issue an emergency order suspending the license of any licensee who, after 30 days following receipt of a notice from the Department of Health, has failed to: satisfy a medical malpractice claim against him or her; furnish the Department of Health a copy of a timely filed notice of appeal; furnish the Department of Health a copy of a supersedeas bond properly posted in the amount required by law; or furnish the Department of Health an order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.

(c)3. Upon the next meeting of the probable cause panel of the board following 30 days after the date of mailing the notice of disciplinary action to the licensee, the panel shall make a determination of whether probable cause exists to take disciplinary action against the licensee pursuant to paragraph (a) subparagraph 1.

(d)4. If the board determines that the factual requirements of this subsection subparagraph 1. are met, it shall take disciplinary action as it deems appropriate against the licensee. Such disciplinary action shall include, at a minimum, probation of the license with the restriction that the licensee must make payments to the judgment creditor on a schedule determined by the board to be reasonable and within the financial capability of the physician. Notwithstanding any other disciplinary penalty imposed, the disciplinary penalty may include suspension of the license for a period not to exceed 5 years. In the event that an agreement to satisfy a judgment has been met, the board shall remove any restriction on the license.

5. The licensee has completed a form supplying

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necessary information as required by the department.

Florida law."

A licensee who meets the requirements of this paragraph shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or to provide a written statement to any person to whom medical services are being provided.

Such sign or statement shall state: "Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR DOCTOR

HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions.

Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to

(7)(6) Any deceptive, untrue, or fraudulent representation by the licensee with respect to any provision of this section shall result in permanent disqualification from any exemption to mandated financial responsibility as provided in this section and shall constitute grounds for disciplinary action under s. 458.331.

(8)(7) Any licensee who relies on any exemption from the financial responsibility requirement shall notify the department, in writing, of any change of circumstance regarding his or her qualifications for such exemption and shall demonstrate that he or she is in compliance with the requirements of this section.

(9)(8) Notwithstanding any other provision of this section, the department shall suspend the license of any

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physician against whom has been entered a final judgment, arbitration award, or other order or who has entered into a settlement agreement to pay damages arising out of a claim for 3 medical malpractice, if all appellate remedies have been exhausted and payment up to the amounts required by this 5 section has not been made within 30 days after the entering of 7 such judgment, award, or order or agreement, until proof of payment is received by the department or a payment schedule 8 has been agreed upon by the physician and the claimant and 10 presented to the department. This subsection does not apply to 11 a physician who has met the financial responsibility requirements in paragraphs (1)(b) and (2)(b). 12 13 (10) The Department of Health shall verify that the licensee has the required financial responsibility in 14 15 accordance with subsections (1) and (2) before a license is granted or renewed. 16 (11) (9) The board shall adopt rules to implement the 17 18 provisions of this section. 19 Section 6. Section 459.0085, Florida Statutes, is 20 amended to read: 21 459.0085 Financial responsibility. --22 (1) As a condition of licensing and maintaining an active license, and prior to the issuance or renewal of an 23 24 active license or reactivation of an inactive license for the practice of osteopathic medicine, an applicant must by one of 25 the following methods demonstrate to the satisfaction of the 26 board and the department financial responsibility to pay 27

(a) Establishing and maintaining an escrow account

claims and costs ancillary thereto arising out of the

rendering of, or the failure to render, medical care or

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services:

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consisting of cash or assets eligible for deposit in accordance with s. 625.52 in the per-claim amounts specified in paragraph (b). The required escrow amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.

- (b) Obtaining and maintaining professional liability coverage in an amount not less than \$250,000\$\frac{\$100,000}{\$100,000}\$ per claim, with a minimum annual aggregate of not less than \$750,000\$\frac{\$300,000}{\$300,000}\$, from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357. The required coverage amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.
- irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$250,000\$100,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000\$300,000. The letter of credit must be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. The letter of credit may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim. The letter of credit must be

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nonassignable and nontransferable. Such letter of credit must be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States which has its principal place of business in this state or has a branch office that is authorized under the laws of this state or of the United States to receive deposits in this state.

- (2) Osteopathic physicians who perform surgery in an ambulatory surgical center licensed under chapter 395 and, as a continuing condition of hospital staff privileges, osteopathic physicians who have staff privileges must also establish financial responsibility by one of the following methods:
- (a) Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52 in the per-claim amounts specified in paragraph (b). The required escrow amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.
- (b) Obtaining and maintaining professional liability coverage in an amount not less than \$500,000 \$250,000 per claim, with a minimum annual aggregate of not less than \$1 million \$750,000 from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), through a plan of self-insurance as provided in s. 627.357, or through a plan of self-insurance that meets the conditions specified for satisfying financial responsibility in s. 766.110. The required coverage amount set

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forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim.

(c) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$500,000 \$250,000 per claim, with a minimum aggregate availability of credit of not less than<u>\$1 million</u>\$750,000. The letter of credit must be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. The letter of credit may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim. The letter of credit must be nonassignable and nontransferable. The letter of credit must be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States which has its principal place of business in this state or has a branch office that is authorized under the laws of this state or of the United States to receive deposits in this state.

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This subsection shall be inclusive of the coverage in subsection (1).

(3)(a) Meeting the financial responsibility requirements of this section or the criteria for any exemption from such requirements must be established at the time of

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lissuance or renewal of a license.

- (b) Any person may, at any time, submit to the department a request for an advisory opinion regarding such person's qualifications for exemption.
- (4)(a) Each insurer, self-insurer, risk retention group, or joint underwriting association must promptly notify the department of cancellation or nonrenewal of insurance required by this section. Unless the osteopathic physician demonstrates that he or she is otherwise in compliance with the requirements of this section, the department shall suspend the license of the osteopathic physician pursuant to ss. 120.569 and 120.57 and notify all health care facilities licensed under chapter 395, part IV of chapter 394, or part I of chapter 641 of such action. Any suspension under this subsection remains in effect until the osteopathic physician demonstrates compliance with the requirements of this section. If any judgments or settlements are pending at the time of suspension, those judgments or settlements must be paid in accordance with this section unless otherwise mutually agreed to in writing by the parties. This paragraph does not abrogate a judgment debtor's obligation to satisfy the entire amount of any judgment.
- (b) If financial responsibility requirements are met by maintaining an escrow account or letter of credit as provided in this section, upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either in contract or tort, the licensee shall pay the entire amount of the judgment together with all accrued interest or the

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amount maintained in the escrow account or provided in the letter of credit as required by this section, whichever is less, within 60 days after the date such judgment became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. If timely payment is not made by the osteopathic physician, the department shall suspend the license of the osteopathic physician pursuant to procedures set forth in subparagraphs (5)(g)3., 4., and 5. Nothing in this paragraph shall abrogate a judgment debtor's obligation to satisfy the entire amount of any judgment.

- (5) The requirements of subsections (1), (2), and (3) do not apply to:
- (a) Any person licensed under this chapter who practices medicine exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(16).
- (b) Any person whose license has become inactive under this chapter and who is not practicing medicine in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage that provided liability coverage for incidents that occurred on or after January 1, 1987, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.

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- (c) Any person holding a limited license pursuant to s. 459.0075 and practicing under the scope of such limited license.
- (d) Any person licensed or certified under this chapter who practices only in conjunction with his or her teaching duties at a college of osteopathic medicine. Such person may engage in the practice of osteopathic medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the college of osteopathic medicine.
- (e) Any person holding an active license under this chapter who is not practicing osteopathic medicine in this state. If such person initiates or resumes any practice of osteopathic medicine in this state, he or she must notify the department of such activity and fulfill the financial responsibility requirements of this section before resuming the practice of osteopathic medicine in this state.
- (f) Any person holding an active license under this chapter who meets all of the following criteria:
- 1. The licensee has held an active license to practice in this state or another state or some combination thereof for more than 15 years.
- 2. The licensee has either retired from the practice of osteopathic medicine or maintains a part-time practice of osteopathic medicine of no more than 1,000 patient contact hours per year.
- 3. The licensee has had no more than two claims for medical malpractice resulting in an indemnity exceeding \$25,000 within the previous 5-year period.
- 4. The licensee has not been convicted of, or pled guilty or nolo contendere to, any criminal violation specified 18

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I in this chapter or the practice act of any other state.

- 5. The licensee has not been subject within the last 10 years of practice to license revocation or suspension for any period of time, probation for a period of 3 years or longer, or a fine of \$500 or more for a violation of this chapter or the medical practice act of another jurisdiction. The regulatory agency's acceptance of an osteopathic physician's relinquishment of a license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician's license, constitutes action against the physician's license for the purposes of this paragraph.
- 6. The licensee has submitted a form supplying necessary information as required by the department and an affidavit affirming compliance with this paragraph.
- 7. The licensee must submit biennially to the department a certification stating compliance with this paragraph. The licensee must, upon request, demonstrate to the department information verifying compliance with this paragraph.

A licensee who meets the requirements of this paragraph must post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or provide a written statement to any person to whom medical services are being provided. The sign or statement must read as follows: "Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain

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part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law." (g) Any person holding an active license under this chapter who agrees to meet all of the following criteria. (6) 1. Upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either in contract or tort, a licensee required to maintain financial responsibility under this section the licensee shall pay the judgment creditor the lesser of the entire amount of the judgment with all accrued interest or either \$250,000 \$100,000, if the osteopathic physician is licensed pursuant to this chapter but does not maintain hospital staff privileges, or \$500,000 \$250,000, if the osteopathic physician is licensed pursuant to this chapter and maintains hospital staff privileges, within 60 days after the date such judgment became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. Such adverse final judgment shall include any cross-claim, counterclaim, or claim for indemnity or contribution arising from the claim of medical malpractice. (a) Upon notification of the existence of an unsatisfied judgment or payment pursuant to this subsection subparagraph, the department shall notify the licensee by certified mail that he or she shall be subject to disciplinary

action unless, within 30 days from the date of mailing, the

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1	licensee either:
2	1.a. Shows proof that the unsatisfied judgment has
3	been paid in the amount specified in this <u>subsection</u>
4	subparagraph; or
5	2.b. Furnishes the department with a copy of a timely
6	filed notice of appeal and either:
7	$\underline{a.(I)}$ A copy of a supersedeas bond properly posted in
8	the amount required by law; or
9	$\underline{b.(II)}$ An order from a court of competent jurisdiction
10	staying execution on the final judgment, pending disposition
11	of the appeal.
12	(b)2. The Department of Health shall issue an
13	emergency order suspending the license of any licensee who,
14	after 30 days following receipt of a notice from the
15	Department of Health, has failed to: satisfy a medical
16	malpractice claim against him or her; furnish the Department
17	of Health a copy of a timely filed notice of appeal; furnish
18	the Department of Health a copy of a supersedeas bond properly
19	posted in the amount required by law; or furnish the
20	Department of Health an order from a court of competent
21	jurisdiction staying execution on the final judgment pending
22	disposition of the appeal.
23	(c)3. Upon the next meeting of the probable cause
24	panel of the board following 30 days after the date of mailing
25	the notice of disciplinary action to the licensee, the panel
26	shall make a determination of whether probable cause exists to
27	take disciplinary action against the licensee pursuant to
28	paragraph (a) subparagraph 1.
29	(d)4. If the board determines that the factual
30	requirements of this subsection subparagraph 1. are met, it
31	shall take disciplinary action as it deems appropriate against 21

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the licensee. Such disciplinary action shall include, at a minimum, probation of the license with the restriction that the licensee must make payments to the judgment creditor on a 3 schedule determined by the board to be reasonable and within the financial capability of the osteopathic physician. 5 Notwithstanding any other disciplinary penalty imposed, the 7 disciplinary penalty may include suspension of the license for a period not to exceed 5 years. In the event that an 8 agreement to satisfy a judgment has been met, the board shall 10 remove any restriction on the license. 11 5. The licensee has completed a form supplying 12 necessary information as required by the department. 13 14 A licensee who meets the requirements of this paragraph shall 15 be required either to post notice in the form of a sign prominently displayed in the reception area and clearly 16 noticeable by all patients or to provide a written statement 17 18 to any person to whom medical services are being provided. 19 Such sign or statement shall state: "Under Florida law, 20 osteopathic physicians are generally required to carry medical 21 malpractice insurance or otherwise demonstrate financial 22 responsibility to cover potential claims for medical 23 malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO 2.4 CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law 25 26 imposes strict penalties against noninsured osteopathic 27 physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided 28 29 pursuant to Florida law." (7)(6) Any deceptive, untrue, or fraudulent 30 representation by the licensee with respect to any provision

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of this section shall result in permanent disqualification from any exemption to mandated financial responsibility as provided in this section and shall constitute grounds for disciplinary action under s. 459.015.

(8)(7) Any licensee who relies on any exemption from the financial responsibility requirement shall notify the department in writing of any change of circumstance regarding his or her qualifications for such exemption and shall demonstrate that he or she is in compliance with the requirements of this section.

(9)(8) If a physician is either a resident physician, assistant resident physician, or intern in an approved postgraduate training program, as defined by the board's rules, and is supervised by a physician who is participating in the Florida Birth-Related Neurological Injury Compensation Plan, such resident physician, assistant resident physician, or intern is deemed to be a participating physician without the payment of the assessment set forth in s. 766.314(4).

(10)(9) Notwithstanding any other provision of this section, the department shall suspend the license of any osteopathic physician against whom has been entered a final judgment, arbitration award, or other order or who has entered into a settlement agreement to pay damages arising out of a claim for medical malpractice, if all appellate remedies have been exhausted and payment up to the amounts required by this section has not been made within 30 days after the entering of such judgment, award, or order or agreement, until proof of payment is received by the department or a payment schedule has been agreed upon by the osteopathic physician and the claimant and presented to the department. This subsection does not apply to an osteopathic physician who has met the

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financial responsibility requirements in paragraphs (1)(b) and 2 (2)(b). (11) The Department of Health shall verify that the 3 4 licensee has the required financial responsibility in accordance with subsections (1) and (2) before a license is 5 б granted or renewed. 7 (12)(10) The board shall adopt rules to implement the provisions of this section. 8 9 10 (Redesignate subsequent sections.) 11 12 13 ======= T I T L E A M E N D M E N T ========= And the title is amended as follows: 14 15 On page 1, line 2, delete that line 16 17 and insert: 18 An act relating to the regulation of health 19 care professionals; amending ss. 458.320 and 459.0085, F.S.; increasing the minimum amounts 20 21 of professional liability coverage, per claim 22 and aggregate, which are required for licensure of a physician or osteopathic physician; 23 2.4 increasing the minimum amounts required, per claim and aggregate, through an irrevocable 25 letter of credit; increasing the minimum 26 amounts of professional liability coverage, per 27 claim and aggregate, which are required for 28 29 physicians and osteopathic physicians who perform surgery; increasing the minimum amounts 30 31 required, per claim and aggregate, through an

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irrevocable letter of credit; removing
provisions authorizing a physician or
osteopathic physician to be exempt from the
financial-responsibility requirements upon
posting notice and meeting certain other
criteria; providing that requirements
previously applicable to self-insured
physicians and osteopathic physicians apply to
all such physicians who are required to
maintain financial responsibility; requiring
that a physician or osteopathic physician
satisfy an adverse final judgment within a
specified period unless otherwise agreed to in
writing; requiring the Department of Health to
suspend the license of a physician or
osteopathic physician upon notice of failure to
satisfy an adverse final judgment; requiring
the department to verify that a physician or
osteopathic physician has met
financial-responsibility requirements before
granting or renewing a license; requiring the
Board of Medicine and the Board of Osteopathic
Medicine to adopt rules;