

1 A bill to be entitled
2 An act relating to medical malpractice insurance;
3 providing a short title; creating the Patient Safety and
4 Provider Liability Act; providing legislative findings;
5 creating s. 627.41485, F.S.; authorizing insurers to issue
6 insurance coverage that excludes medical negligence for
7 certain health care professionals within a hospital;
8 authorizing the Department of Financial Services to adopt
9 rules; amending s. 766.110, F.S.; specifying certain
10 authorized insurers who may make available liability
11 insurance; amending s. 766.118, F.S.; providing a
12 limitation on noneconomic damages for a hospital facility
13 that complies with certain patient-safety measures;
14 creating s. 766.401, F.S.; providing definitions; creating
15 s. 766.402, F.S.; authorizing an eligible hospital to
16 petition the agency for an order certifying the hospital
17 as a certified patient-safety facility; providing
18 requirements for certification as a patient-safety
19 facility; authorizing the agency to conduct onsite
20 examinations; providing for revocation of an order
21 certifying approval of a certified patient-safety
22 facility; providing that an order certifying the approval
23 of a certified patient-safety facility is conclusive
24 evidence of compliance with statutory patient-safety
25 requirements; providing that evidence of noncompliance is
26 not admissible for any action for medical malpractice;
27 creating s. 766.403, F.S.; providing requirements for a
28 hospital to demonstrate that it is engaged in a common

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29 enterprise for the care and treatment of patients;
30 specifying required patient-safety measures; prohibiting a
31 report or document generated under the act from being
32 admissible or discoverable as evidence; creating s.
33 766.404, F.S.; requiring a certified patient-safety
34 facility to submit an annual report to the agency and the
35 Legislature; providing requirements for the annual report;
36 providing that the annual report may include certain
37 information from the Office of Insurance Regulation within
38 the Department of Financial Services; providing that the
39 annual report is subject to public-records requirements
40 but is not admissible as evidence in a legal proceeding;
41 creating s. 766.405, F.S.; providing for limitations on
42 damages for eligible hospitals that are certified for
43 compliance with certain patient-safety measures; creating
44 s. 766.406, F.S.; providing rulemaking authority;
45 providing for severability; providing for broad statutory
46 view of the act; providing for self-execution of the act;
47 providing an effective date.

48
49 Be It Enacted by the Legislature of the State of Florida:

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51 Section 1. Short title.--This act may be cited as the
52 "Patient Safety and Provider Liability Act."

53 Section 2. Legislative findings.--The Legislature finds
54 that:

55 (1) This state is in the midst of a prolonged medical
56 malpractice insurance crisis that has serious adverse effects on

57 patients, practitioners, licensed health care facilities, and
58 all residents of this state.

59 (2) Hospitals are central components of the modern health
60 care delivery system.

61 (3) The medical malpractice insurance crisis in this state
62 can be alleviated by the adoption of innovative approaches for
63 patient safety in teaching hospitals, which can lead to a
64 reduction in medical errors coupled with a limitation on
65 noneconomic damages that can be awarded against a teaching
66 hospital that implements such innovative approaches.

67 (4) Statutory incentives are necessary to facilitate
68 innovative approaches for patient safety in hospitals and that
69 such incentives and patient-safety measures will benefit all
70 persons seeking health care services in this state.

71 (5) Coupling patient safety measures and a limitation on
72 provider liability in teaching hospitals will lead to a
73 reduction in the frequency and severity of incidents of medical
74 malpractice in hospitals.

75 (6) A reduction in the frequency and severity of incidents
76 of medical malpractice in hospitals will reduce attorney's fees
77 and other expenses inherent in the medical liability system.

78 (7) There is no alternative method that addresses the
79 overwhelming public necessity to implement patient-safety
80 measures and limit provider liability.

81 (8) Making high-quality health care available to the
82 residents of this state is an overwhelming public necessity.

83 (9) Medical education in this state is an overwhelming
84 public necessity.

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85 (10) Statutory teaching hospitals are essential for high-
86 quality medical care and medical education in this state.

87 (11) The critical mission of statutory teaching hospitals
88 is severely undermined by the ongoing medical malpractice
89 crisis.

90 (12) Teaching hospitals are appropriate health care
91 facilities for the implementation of innovative approaches to
92 enhancing patient safety and limiting provider liability.

93 (13) There is an overwhelming public necessity to impose
94 reasonable limitations on actions for medical malpractice
95 against teaching hospitals in furtherance of the critical public
96 interest in promoting access to high-quality medical care,
97 medical education, and innovative approaches to patient safety
98 and provider liability.

99 (14) There is an overwhelming public necessity for
100 teaching hospitals to implement innovative measures for patient
101 safety and limit provider liability in order to generate
102 empirical data for state policymakers concerning the
103 effectiveness of these measures. Such data may lead to broader
104 application of these measures in a wider array of hospitals
105 after a reasonable period of evaluation and review.

106 (15) There is an overwhelming public necessity to promote
107 the academic mission of teaching hospitals. Furthermore, the
108 Legislature finds that the academic mission of these medical
109 facilities is materially enhanced by statutory authority for the
110 implementation of innovative approaches to promoting patient
111 safety and limiting provider liability. Such approaches can be
112 carefully studied and learned by medical students, medical

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113 school faculty, and affiliated physicians in appropriate
114 clinical settings, thereby enlarging the body of knowledge
115 concerning patient safety and provider liability which is
116 essential for advancement of patient safety, reduction of
117 expenses inherent in the medical liability system, and
118 curtailment of the medical malpractice insurance crisis in this
119 state.

120 Section 3. Section 627.41485, Florida Statutes, is created
121 to read:

122 627.41485 Medical malpractice insurers; optional coverage
123 exclusion for insureds that maintain a patient-safety plan
124 specified in s. 766.403.--

125 (1) An insurer issuing policies of professional liability
126 coverage for claims arising out of the rendering of, or the
127 failure to render, medical care or services may make available
128 to physicians licensed under chapter 458, osteopathic physicians
129 licensed under chapter 459, podiatric physicians licensed under
130 chapter 461, dentists licensed under chapter 466, and nurses
131 licensed under part I of chapter 464 coverage having an
132 appropriate exclusion for acts of medical negligence occurring
133 within the premises of a hospital that has agreed to indemnify
134 covered persons for legal liability pursuant to s. 766.110(2),
135 subject to the usual underwriting standards.

136 (2) The Department of Financial Services may adopt rules
137 pursuant to ss. 120.536(1) and 120.54 to administer this
138 section.

139 Section 4. Subsection (2) of section 766.110, Florida
140 Statutes, is amended to read:

141 766.110 Liability of health care facilities.--

142 (2) Every hospital licensed under chapter 395 may carry

143 liability insurance or adequately insure itself in an amount of

144 not less than \$1.5 million per claim, \$5 million annual

145 aggregate to cover all medical injuries to patients resulting

146 from negligent acts or omissions on the part of those members of

147 its medical staff who are covered thereby in furtherance of the

148 requirements of ss. 458.320 and 459.0085. Notwithstanding s.

149 626.901, a licensed hospital and verified trauma center may

150 extend insurance and self-insurance coverage to members of the

151 medical staff, including physicians' practices, individually or

152 through a professional association, as defined in chapter 621,

153 and other health care practitioners, as defined in s.

154 456.001(4), including students preparing for licensure. Such

155 coverage may be limited to legal liability arising out of

156 medical negligence within the hospital premises as defined under

157 s. 766.401. Self insurance Coverage extended hereunder to a

158 member of a hospital's medical staff meets the financial

159 responsibility requirements of ss. 458.320 and 459.0085 if the

160 physician's coverage limits are not less than the minimum limits

161 established in ss. 458.320 and 459.0085 ~~and the hospital is a~~

162 ~~verified trauma center that has extended self insurance coverage~~

163 ~~continuously to members of its medical staff for activities both~~

164 ~~inside and outside of the hospital.~~ Any authorized insurer as

165 defined in s. 626.914(2), risk retention group as defined in s.

166 627.942, or joint underwriting association established under s.

167 627.351(4) which is authorized to write casualty insurance may

168 make available, but is ~~shall~~ not be required to write, such

169 coverage. The hospital may assess on an equitable and pro rata
 170 basis the following individuals to whom it extends coverage
 171 pursuant to this section ~~professional health care providers~~ for
 172 a portion of the total hospital insurance cost for this
 173 coverage: physicians licensed under chapter 458, osteopathic
 174 physicians licensed under chapter 459, podiatric physicians
 175 licensed under chapter 461, dentists licensed under chapter 466,
 176 ~~and~~ nurses licensed under part I of chapter 464, and other
 177 health professionals. The hospital may provide for a deductible
 178 amount to be applied against any individual health care provider
 179 found liable in a law suit in tort or for breach of contract.
 180 The legislative intent in providing for the deductible to be
 181 applied to individual health care providers found negligent or
 182 in breach of contract is to instill in each individual health
 183 care provider the incentive to avoid the risk of injury to the
 184 fullest extent and ensure that the citizens of this state
 185 receive the highest quality health care obtainable.

186 Section 5. Present subsections (6) and (7) of section
 187 766.118, Florida Statutes, are renumbered as subsections (7) and
 188 (8), respectively, and a new subsection (6) is added to that
 189 section, to read:

190 766.118 Determination of noneconomic damages.--

191 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF
 192 CERTAIN HOSPITALS.--With respect to a complaint for personal
 193 injury or wrongful death arising from medical negligence, a
 194 hospital that has received an order from the Agency for Health
 195 Care Administration pursuant to s. 766.402 which certifies that
 196 the facility complies with patient-safety measures specified in

197 s. 766.403 shall be liable for no more than \$500,000 in
 198 noneconomic damages, regardless of the number of claimants,
 199 number of claims, or theory of liability, including vicarious
 200 liability, arising from the same nucleus of operative fact,
 201 notwithstanding any other provision of this section.

202 Section 6. Section 766.401, Florida Statutes, is created
 203 to read:

204 766.401 Definitions.--As used in this section and ss.
 205 766.402-766.405, the term:

206 (1) "Affected patient" means a patient of a certified
 207 patient-safety facility.

208 (2) "Affected practitioner" means any person, including a
 209 physician, who is credentialed by the eligible hospital to
 210 provide health care services in a certified patient-safety
 211 facility.

212 (3) "Agency" means the Agency for Health Care
 213 Administration.

214 (4) "Certified patient-safety facility" means any eligible
 215 hospital that, in accordance with an order from the Agency for
 216 Health Care Administration, has adopted a patient-safety plan.

217 (5) "Clinical privileges" means the privileges granted to
 218 a physician or other licensed health care practitioner to render
 219 patient-care services in a hospital.

220 (6) "Eligible hospital" or "licensed facility" means a
 221 statutory teaching hospital, as defined by s. 408.07, which
 222 maintains at least seven different accredited programs in
 223 graduate medical education and has 100 or more full-time
 224 equivalent resident physicians.

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- 225 (7) "Health care provider" or "provider" means:
226 (a) An eligible hospital.
227 (b) A physician or a physician assistant licensed under
228 chapter 458.
229 (c) An osteopathic physician or an osteopathic physician
230 assistant licensed under chapter 459.
231 (d) A registered nurse, nurse midwife, licensed practical
232 nurse, or advanced registered nurse practitioner licensed or
233 registered under part I of chapter 464 or any facility that
234 employs nurses licensed or registered under part I of chapter
235 464 to supply all or part of the care delivered by that
236 facility.
237 (e) A health care professional association and its
238 employees or a corporate medical group and its employees.
239 (f) Any other medical facility in which the primary
240 purpose is to deliver human medical diagnostic services or to
241 deliver nonsurgical human medical treatment, including an office
242 maintained by a provider.
243 (g) A free clinic that delivers only medical diagnostic
244 services or nonsurgical medical treatment free of charge to low-
245 income persons not otherwise covered by Medicaid or other
246 programs for low-income persons.
247 (h) Any other health care professional, practitioner, or
248 provider, including a student enrolled in an accredited program,
249 who prepares the student for licensure as any one of the
250 professionals listed in this subsection.
251 (i) Any person, organization, or entity that is
252 vicariously liable under the theory of respondeat superior or

253 any other theory of legal liability for medical negligence
 254 committed by any licensed professional listed in this
 255 subsection.

256 (j) Any nonprofit corporation qualified as exempt from
 257 federal income taxation under s. 501(a) of the Internal Revenue
 258 Code and described in s. 501(c) of the Internal Revenue Code,
 259 including any university or medical school that employs licensed
 260 professionals listed in this subsection or which delivers health
 261 care services provided by licensed professionals listed in this
 262 subsection, any federally funded community health center, and
 263 any volunteer corporation or volunteer health care provider that
 264 delivers health care services.

265 (8) "Health care practitioner" or "practitioner" means any
 266 person, entity, or organization identified in subsection (7),
 267 except for a hospital.

268 (9) "Medical incident" or "adverse incident" has the same
 269 meaning as provided in ss. 381.0271, 395.0197, 458.351, and
 270 459.026.

271 (10) "Medical negligence" means medical malpractice,
 272 whether grounded in tort or in contract, arising out of the
 273 rendering of or failure to render medical care or services.

274 (11) "Person" means any individual, partnership,
 275 corporation, association, or governmental unit.

276 (12) "Premises" means those buildings, beds, and equipment
 277 located at the address of the licensed facility and all other
 278 buildings, beds, and equipment for the provision of the
 279 hospital, ambulatory surgical, mobile surgical care, primary
 280 care, or comprehensive health care under the dominion and

281 control of the licensee, including offices and locations where
 282 the licensed facility offers medical care and treatment to
 283 affected patients.

284 (13) "Statutory teaching hospital" or "teaching hospital"
 285 has the same meaning as provided in s. 408.07.

286 Section 7. Section 766.402, Florida Statutes, is created
 287 to read:

288 766.402 Agency approval of patient-safety plans.--

289 (1) An eligible hospital that has adopted a patient-safety
 290 plan may petition the agency to enter an order certifying
 291 approval of the hospital as a certified patient-safety facility.

292 (2) In accordance with chapter 120, the agency shall enter
 293 an order certifying approval of the certified patient-safety
 294 facility upon a showing that, in furtherance of an approach to
 295 patient safety:

296 (a) The petitioner has established safety measures for the
 297 care and treatment of patients.

298 (b) The petitioner satisfies requirements for patient-
 299 protection measures, as specified in s. 766.403.

300 (c) The petitioner satisfies all other requirements of ss.
 301 766.401-766.405.

302 (3) Upon entry of an order approving the petition, the
 303 agency may conduct onsite examinations of the licensed facility
 304 to ensure continued compliance with the terms and conditions of
 305 the order.

306 (4) The order approving a petition under this section
 307 remains in effect until revoked. The agency may revoke the order
 308 upon reasonable notice to the eligible hospital that it fails to

309 comply with material requirements of s. 766.403 and that the
 310 hospital has failed to cure stated deficiencies upon reasonable
 311 notice. Revocation of an agency order pursuant to s. 766.403
 312 applies prospectively to any cause of action for medical
 313 negligence which arises on or after the effective date of the
 314 order of revocation.

315 (5) An order approving a petition under this section is,
 316 as a matter of law, conclusive evidence that the hospital
 317 complies with the applicable patient-safety requirements of s.
 318 766.403. A hospital's noncompliance with the requirements of s.
 319 766.403 does not affect the limitations on damages conferred by
 320 this section. Evidence of noncompliance with s. 766.403 is not
 321 admissible for any purpose in any action for medical
 322 malpractice. This section, or any portion thereof, may not give
 323 rise to an independent cause of action for damages against any
 324 hospital.

325 Section 8. Section 766.403, Florida Statutes, is created
 326 to read:

327 766.403 Patient-safety plans.--

328 (1) In order to satisfy the requirements of s. 766.402,
 329 the licensed facility shall have a patient-safety plan, which
 330 provides that the facility shall:

331 (a) Have in place a process, either through the facility's
 332 patient-safety committee or a similar body, for coordinating the
 333 quality control, risk management, and patient-relations
 334 functions of the facility and for reporting to the facility's
 335 governing board at least quarterly regarding such efforts.

336 (b) Establish within the facility a system for reporting

337 near misses and agree to submit any information collected to the
338 Florida Patient Safety Corporation. Such information must be
339 submitted by the facility and made available by the Patient
340 Safety Corporation in accordance with s. 381.0271(7).

341 (c) Design and make available to facility staff, including
342 medical staff, a patient-safety curriculum that provides lecture
343 and web-based training on recognized patient-safety principles,
344 which may include training in communication skills, team-
345 performance assessment and training, risk-prevention strategies,
346 and best practices and evidence-based medicine. The licensed
347 facility shall report annually the programs presented to the
348 agency.

349 (d) Implement a program to identify health care providers
350 on the facility's staff who may be eligible for an early-
351 intervention program that provides additional skills assessment
352 and training and offer such training to the staff on a voluntary
353 and confidential basis with established mechanisms to assess
354 program performance and results.

355 (e) Implement a simulation-based program for skills
356 assessment, training, and retraining of a facility's staff in
357 those tasks and activities that the agency identifies by rule.

358 (f) Designate a patient advocate who coordinates with
359 members of the medical staff and the facility's chief medical
360 officer regarding the disclosure of adverse medical incidents to
361 patients. In addition, the patient advocate shall establish an
362 advisory panel, consisting of providers, patients or their
363 families, and other health care consumers or consumer groups to
364 review general patient-safety concerns and other issues related

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365 to relations among and between patients and providers and to
366 identify areas where additional education and program
367 development may be appropriate.

368 (g) Establish a procedure to biennially review the
369 facility's patient-safety program and its compliance with the
370 requirements of this section. Such review shall be conducted by
371 an independent patient-safety organization as defined in s.
372 766.1016(1) or other professional organization approved by the
373 agency. The organization performing the review shall prepare a
374 written report that contains detailed findings and
375 recommendations. The report shall be forwarded to the facility's
376 risk manager or patient-safety officer, who may make written
377 comments in response. The report and any written comments shall
378 be presented to the governing board of the licensed facility. A
379 copy of the report and any of the facility's responses to the
380 findings and recommendations shall be provided to the agency
381 within 60 days after the date that the governing board reviewed
382 the report. The report is confidential and exempt from
383 production or discovery in any civil action. Likewise, the
384 report and the information contained therein are not admissible
385 as evidence for any purpose in any action for medical
386 negligence.

387 (h) Establish a system for the trending and tracking of
388 quality and patient-safety indicators that the agency may
389 identify by rule and a method for review of the data at least
390 semiannually by the facility's patient-safety committee.

391 (2) This section does not constitute an applicable
392 standard of care in any action for medical negligence or

393 otherwise create a private right of action, and evidence of
 394 noncompliance with this section is not admissible for any
 395 purpose in any action for medical negligence against any health
 396 care provider.

397 (3) This section does not prohibit the licensed facility
 398 from implementing other measures for promoting patient safety
 399 within the premises. This section does not relieve the licensed
 400 facility from the duty to implement any other patient-safety
 401 measure that is required by state law. The Legislature intends
 402 that the patient-safety measures specified in this section are
 403 in addition to all other patient-safety measures required by
 404 state law, federal law, and applicable accreditation standards
 405 for licensed facilities.

406 (4) A review, report, or other document created, produced,
 407 delivered, or discussed pursuant to this section is not
 408 discoverable or admissible as evidence in any legal action.

409 Section 9. Section 766.404, Florida Statutes, is created
 410 to read:

411 766.404 Annual report.--

412 (1) Each certified patient-safety facility shall submit an
 413 annual report to the agency containing information and data
 414 reasonably required by the agency to evaluate performance and
 415 effectiveness of its patient-safety plan. However, information
 416 may not be submitted or disclosed in violation of any patient's
 417 right to privacy under state or federal law.

418 (2) The agency shall aggregate information and data
 419 submitted by all certified patient-safety facilities, and each
 420 year, on or before March 1, the agency shall submit a report to

421 the President of the Senate and the Speaker of the House of
422 Representatives which evaluates the performance and
423 effectiveness of the approach to enhancing patient safety and
424 limiting provider liability in certified patient-safety
425 facilities. The report must include, but need not be limited to,
426 pertinent data concerning:

427 (a) The number and names of certified patient-safety
428 facilities;

429 (b) The number and types of patient-protection measures
430 currently in effect in these facilities;

431 (c) The number of affected patients;

432 (d) The number of surgical procedures on affected
433 patients;

434 (e) The number of medical incidents, claims of medical
435 malpractice, and claims resulting in indemnity;

436 (f) The average time for resolution of contested and
437 uncontested claims of medical malpractice;

438 (g) The percentage of claims which result in civil trials;

439 (h) The percentage of civil trials which result in adverse
440 judgments against affected facilities;

441 (i) The number and average size of an indemnity paid to
442 claimants;

443 (j) The estimated liability expense, inclusive of medical
444 liability insurance premiums; and

445 (k) The percentage of medical liability expense, inclusive
446 of medical liability insurance premiums, which is borne by
447 affected practitioners in certified patient-safety facilities.

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449 The report may also include other information and data that the
450 agency deems appropriate to gauge the cost and benefit of
451 patient-safety plans.

452 (3) The agency's annual report to the President of the
453 Senate and the Speaker of the House of Representatives may
454 include relevant information and data obtained from the Office
455 of Insurance Regulation within the Department of Financial
456 Services concerning the availability and affordability of
457 enterprise-wide medical liability insurance coverage for
458 affected facilities and the availability and affordability of
459 insurance policies for individual practitioners which contain
460 coverage exclusions for acts of medical negligence in facilities
461 that indemnify health practitioners. The Office of Insurance
462 Regulation shall cooperate with the agency in the reporting of
463 information and data specified in this subsection.

464 (4) Reports submitted to the agency by certified patient-
465 safety facilities pursuant to this section are public records
466 under chapter 119. However, these reports, and the information
467 contained therein, are not admissible as evidence in a court of
468 law in any action.

469 Section 10. Section 766.405, Florida Statutes, is created
470 to read:

471 766.405 Damages in malpractice actions against certain
472 hospitals that meet patient-safety requirements; agency approval
473 of patient-safety measures.--

474 (1) In recognition of their essential role in training
475 future health care providers and in providing innovative medical
476 care for this state's residents, in recognition of their

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477 commitment to treating indigent patients, and further in
478 recognition that teaching hospitals, as defined in s. 408.07,
479 provide benefits to the residents of this state through their
480 roles in improving the quality of medical care, training of
481 health care providers, and caring for indigent patients, the
482 limits of liability for medical malpractice arising out of the
483 rendering of, or the failure to render, medical care by all such
484 hospitals shall be determined in accordance with the
485 requirements of this section.

486 (2) Upon entry of an order and for the entire period of
487 time that the order remains in effect, the damages recoverable
488 from an eligible hospital covered by the order and from its
489 employees and agents in actions arising from medical negligence
490 shall be determined in accordance with the following provisions:

491 (a) Noneconomic damages shall be limited to a maximum of
492 \$500,000, regardless of the number of claimants, number of
493 claims, or the theory of liability pursuant to s. 766.118(6).

494 (b) Awards of economic damages shall be offset by payments
495 from collateral sources, as defined by s. 766.202(2), and any
496 set-offs available under ss. 46.015 and 768.041. Awards for
497 future economic losses shall be offset by future collateral
498 source payments.

499 (c) After being offset by collateral sources, awards of
500 future economic damages shall, at the option of the eligible
501 hospital, be reduced by the court to present value or paid
502 through periodic payments in the form of an annuity or a
503 reversionary trust. A company that underwrites an annuity to pay
504 future economic damages shall have a rating of "A" or higher by

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505 A.M. Best Company. The terms of the reversionary instrument used
506 to periodically pay future economic damages must be approved by
507 the court. Such approval may not be unreasonably withheld.

508 (3) The limitations on damages in subsection (2) apply
509 prospectively to causes of action for medical negligence which
510 arise on or after the effective date of the order.

511 Section 11. Section 766.406, Florida Statutes, is created
512 to read:

513 766.406 Rulemaking authority.--The agency may adopt rules
514 pursuant to ss. 120.536(1) and 120.54 to administer ss. 766.401-
515 766.405.

516 Section 12. If any provision of this act or its
517 application to any person or circumstance is held invalid, the
518 invalidity does not affect other provisions or applications of
519 the act which can be given effect without the invalid provision
520 or application, and to this end, the provisions of this act are
521 severable.

522 Section 13. If a conflict exists between any provision of
523 this act and s. 456.052, s. 456.053, s. 456.054, s. 458.331, s.
524 459.015, or s. 817.505, Florida Statutes, the provisions of this
525 act shall govern. The provisions of this act shall be broadly
526 construed in furtherance of the overriding legislative intent to
527 facilitate innovative approaches for enhancing patient
528 protection and limiting provider liability in eligible
529 hospitals.

530 Section 14. It is the intention of the Legislature that
531 the provisions of this act are self-executing.

532 Section 15. This act shall take effect upon becoming a

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533 | law.