

## CHAMBER ACTION

---

1 The Health & Families Council recommends the following:

2  
3 **Council/Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to medical malpractice insurance;  
7 providing a short title; creating the Patient Safety and  
8 Provider Liability Act; providing legislative findings;  
9 amending s. 766.110, F.S.; specifying certain authorized  
10 insurers who may make available liability insurance;  
11 amending s. 766.118, F.S.; providing a limitation on  
12 noneconomic damages for a hospital facility that complies  
13 with certain patient-safety measures; creating s. 766.401,  
14 F.S.; providing definitions; creating s. 766.402, F.S.;  
15 authorizing an eligible hospital to petition the agency  
16 for an order certifying the hospital as a certified  
17 patient-safety facility; providing requirements for  
18 certification as a patient-safety facility; authorizing  
19 the agency to conduct onsite examinations; providing for  
20 revocation of an order certifying approval of a certified  
21 patient-safety facility; providing that an order  
22 certifying the approval of a certified patient-safety  
23 facility is conclusive evidence of compliance with

HB 1293 CS

2006  
CS

24 | statutory patient-safety requirements; providing that  
 25 | evidence of noncompliance is not admissible for any action  
 26 | for medical malpractice; creating s. 766.403, F.S.;  
 27 | providing requirements for a hospital to demonstrate that  
 28 | it is engaged in a common enterprise for the care and  
 29 | treatment of patients; specifying required patient-safety  
 30 | measures; prohibiting a report or document generated under  
 31 | the act from being admissible or discoverable as evidence;  
 32 | creating s. 766.404, F.S.; requiring a certified patient-  
 33 | safety facility to submit an annual report to the agency  
 34 | and the Legislature; providing requirements for the annual  
 35 | report; providing that the annual report may include  
 36 | certain information from the Office of Insurance  
 37 | Regulation within the Department of Financial Services;  
 38 | providing that the annual report is subject to public-  
 39 | records requirements but is not admissible as evidence in  
 40 | a legal proceeding; creating s. 766.405, F.S.; providing  
 41 | for limitations on damages for eligible hospitals that are  
 42 | certified for compliance with certain patient-safety  
 43 | measures; creating s. 766.406, F.S.; providing rulemaking  
 44 | authority; providing for severability; providing for broad  
 45 | statutory view of the act; providing for self-execution of  
 46 | the act; providing an effective date.

47 |  
 48 | Be It Enacted by the Legislature of the State of Florida:

49 |  
 50 | Section 1. Short title.--This act may be cited as the  
 51 | "Patient Safety and Provider Liability Act."

HB 1293 CS

2006  
CS

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

54           (1) This state is in the midst of a prolonged medical  
55 malpractice insurance crisis that has serious adverse effects on  
56 patients, practitioners, licensed health care facilities, and  
57 all residents of this state.

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

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

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

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

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

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

HB 1293 CS

2006  
CS

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

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

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

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

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

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

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

105       (15) There is an overwhelming public necessity to promote  
106 the academic mission of teaching hospitals. Furthermore, the  
107 Legislature finds that the academic mission of these medical

HB 1293 CS

2006  
CS

108 | facilities is materially enhanced by statutory authority for the  
 109 | implementation of innovative approaches to promoting patient  
 110 | safety and limiting provider liability. Such approaches can be  
 111 | carefully studied and learned by medical students, medical  
 112 | school faculty, and affiliated physicians in appropriate  
 113 | clinical settings, thereby enlarging the body of knowledge  
 114 | concerning patient safety and provider liability which is  
 115 | essential for advancement of patient safety, reduction of  
 116 | expenses inherent in the medical liability system, and  
 117 | curtailment of the medical malpractice insurance crisis in this  
 118 | state.

119 | Section 3. Subsection (2) of section 766.110, Florida  
 120 | Statutes, is amended to read:

121 | 766.110 Liability of health care facilities.--

122 | (2) Every hospital licensed under chapter 395 may carry  
 123 | liability insurance or adequately insure itself in an amount of  
 124 | not less than \$1.5 million per claim, \$5 million annual  
 125 | aggregate to cover all medical injuries to patients resulting  
 126 | from negligent acts or omissions on the part of those members of  
 127 | its medical staff who are covered thereby in furtherance of the  
 128 | requirements of ss. 458.320 and 459.0085. Notwithstanding s.  
 129 | 626.901, a licensed hospital may extend insurance and self-  
 130 | insurance coverage to members of the medical staff, including  
 131 | physicians' practices, individually or through a professional  
 132 | association, as defined in chapter 621, and other health care  
 133 | practitioners, as defined in s. 456.001(4), including students  
 134 | preparing for licensure. Such coverage shall be limited to legal  
 135 | liability arising out of medical negligence within the hospital

HB 1293 CS

2006  
CS

136 | premises as defined under s. 766.401. ~~Self-insurance~~ Coverage  
137 | extended hereunder to a member of a hospital's medical staff  
138 | meets the financial responsibility requirements of ss. 458.320  
139 | and 459.0085 if the physician's coverage limits are not less  
140 | than the minimum limits established in ss. 458.320 and 459.0085  
141 | ~~and the hospital is a verified trauma center that has extended~~  
142 | ~~self insurance coverage continuously to members of its medical~~  
143 | ~~staff for activities both inside and outside of the hospital.~~  
144 | Any authorized insurer, approved insurer as described in s.  
145 | 626.914(2), risk retention group as defined in s. 627.942, or  
146 | joint underwriting association established under s. 627.351(4)  
147 | which is approved or authorized to write casualty insurance may  
148 | make available, but is ~~shall~~ not be required to write, such  
149 | coverage. The hospital may assess on an equitable and pro rata  
150 | basis the following individuals to whom it extends coverage  
151 | pursuant to this section ~~professional health care providers~~ for  
152 | a portion of the total hospital insurance cost for this  
153 | coverage: physicians licensed under chapter 458, osteopathic  
154 | physicians licensed under chapter 459, podiatric physicians  
155 | licensed under chapter 461, dentists licensed under chapter 466,  
156 | ~~and~~ nurses licensed under part I of chapter 464, and other  
157 | health professionals. The hospital may provide for a deductible  
158 | amount to be applied against any individual health care provider  
159 | found liable in a law suit in tort or for breach of contract.  
160 | The legislative intent in providing for the deductible to be  
161 | applied to individual health care providers found negligent or  
162 | in breach of contract is to instill in each individual health  
163 | care provider the incentive to avoid the risk of injury to the

Page 6 of 19

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

hb1293-02-c2

HB 1293 CS

2006  
CS

164 fullest extent and ensure that the citizens of this state  
165 receive the highest quality health care obtainable.

166 Section 4. Present subsections (6) and (7) of section  
167 766.118, Florida Statutes, are renumbered as subsections (7) and  
168 (8), respectively, and a new subsection (6) is added to that  
169 section, to read:

170 766.118 Determination of noneconomic damages.--

171 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF  
172 CERTAIN HOSPITALS.--With respect to a complaint for personal  
173 injury or wrongful death arising from medical negligence, a  
174 hospital that has received an order from the Agency for Health  
175 Care Administration pursuant to s. 766.402 which certifies that  
176 the facility complies with patient-safety measures specified in  
177 s. 766.403 shall be liable for no more than \$500,000 in  
178 noneconomic damages, regardless of the number of claimants,  
179 number of claims, or theory of liability, including vicarious  
180 liability, arising from the same nucleus of operative fact,  
181 notwithstanding any other provision of this section.

182 Section 5. Section 766.401, Florida Statutes, is created  
183 to read:

184 766.401 Definitions.--As used in this section and ss.  
185 766.402-766.405, the term:

186 (1) "Affected patient" means a patient of a certified  
187 patient-safety facility.

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

HB 1293 CS

2006  
CS

192       (3) "Agency" means the Agency for Health Care  
193 Administration.

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

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

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

205       (7) "Health care provider" or "provider" means:

206       (a) An eligible hospital.

207       (b) A physician or a physician assistant licensed under  
208 chapter 458.

209       (c) An osteopathic physician or an osteopathic physician  
210 assistant licensed under chapter 459.

211       (d) A registered nurse, nurse midwife, licensed practical  
212 nurse, or advanced registered nurse practitioner licensed or  
213 registered under part I of chapter 464 or any facility that  
214 employs nurses licensed or registered under part I of chapter  
215 464 to supply all or part of the care delivered by that  
216 facility.

217       (e) A health care professional association and its  
218 employees or a corporate medical group and its employees.



HB 1293 CS

2006  
CS

219 (f) Any other medical facility in which the primary  
220 purpose is to deliver human medical diagnostic services or to  
221 deliver nonsurgical human medical treatment, including an office  
222 maintained by a provider.

223 (g) A free clinic that delivers only medical diagnostic  
224 services or nonsurgical medical treatment free of charge to low-  
225 income persons not otherwise covered by Medicaid or other  
226 programs for low-income persons.

227 (h) Any other health care professional, practitioner, or  
228 provider, including a student enrolled in an accredited program,  
229 who prepares the student for licensure as any one of the  
230 professionals listed in this subsection.

231 (i) Any person, organization, or entity that is  
232 vicariously liable under the theory of respondeat superior or  
233 any other theory of legal liability for medical negligence  
234 committed by any licensed professional listed in this  
235 subsection.

236 (j) Any nonprofit corporation qualified as exempt from  
237 federal income taxation under s. 501(a) of the Internal Revenue  
238 Code and described in s. 501(c) of the Internal Revenue Code,  
239 including any university or medical school that employs licensed  
240 professionals listed in this subsection or which delivers health  
241 care services provided by licensed professionals listed in this  
242 subsection, any federally funded community health center, and  
243 any volunteer corporation or volunteer health care provider that  
244 delivers health care services.

HB 1293 CS

2006  
CS

245       (8) "Health care practitioner" or "practitioner" means any  
246 person, entity, or organization identified in subsection (7),  
247 except for a hospital.

248       (9) "Medical incident" or "adverse incident" has the same  
249 meaning as provided in ss. 381.0271, 395.0197, 458.351, and  
250 459.026.

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

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

256       (12) "Premises" means those buildings, beds, and equipment  
257 located at the address of the licensed facility and all other  
258 buildings, beds, and equipment for the provision of the  
259 hospital, ambulatory surgical, mobile surgical care, primary  
260 care, or comprehensive health care under the dominion and  
261 control of the licensee, including offices and locations where  
262 the licensed facility offers medical care and treatment to  
263 affected patients.

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

266       Section 6. Section 766.402, Florida Statutes, is created  
267 to read:

268       766.402 Agency approval of patient-safety plans.--

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

HB 1293 CS

2006  
CS

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

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

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

280        (c) The petitioner satisfies all other requirements of ss.  
281 766.401-766.405.

282        (3) Upon entry of an order approving the petition, the  
283 agency may conduct onsite examinations of the licensed facility  
284 to ensure continued compliance with the terms and conditions of  
285 the order.

286        (4) The order approving a petition under this section  
287 remains in effect until revoked. The agency may revoke the order  
288 upon reasonable notice to the eligible hospital that it fails to  
289 comply with material requirements of s. 766.403 and that the  
290 hospital has failed to cure stated deficiencies upon reasonable  
291 notice. Revocation of an agency order pursuant to s. 766.403  
292 applies prospectively to any cause of action for medical  
293 negligence which arises on or after the effective date of the  
294 order of revocation.

295        (5) An order approving a petition under this section is,  
296 as a matter of law, conclusive evidence that the hospital  
297 complies with the applicable patient-safety requirements of s.  
298 766.403. A hospital's noncompliance with the requirements of s.  
299 766.403 does not affect the limitations on damages conferred by

HB 1293 CS

2006  
CS

300 this section. Evidence of noncompliance with s. 766.403 is not  
301 admissible for any purpose in any action for medical  
302 malpractice. This section, or any portion thereof, may not give  
303 rise to an independent cause of action for damages against any  
304 hospital.

305 Section 7. Section 766.403, Florida Statutes, is created  
306 to read:

307 766.403 Patient-safety plans.--

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

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

316 (b) Establish within the facility a system for reporting  
317 near misses and agree to submit any information collected to the  
318 Florida Patient Safety Corporation. Such information must be  
319 submitted by the facility and made available by the Patient  
320 Safety Corporation in accordance with s. 381.0271(7).

321 (c) Design and make available to facility staff, including  
322 medical staff, a patient-safety curriculum that provides lecture  
323 and web-based training on recognized patient-safety principles,  
324 which may include training in communication skills, team-  
325 performance assessment and training, risk-prevention strategies,  
326 and best practices and evidence-based medicine. The licensed

HB 1293 CS

2006  
CS

327 facility shall report annually the programs presented to the  
328 agency.

329 (d) Implement a program to identify health care providers  
330 on the facility's staff who may be eligible for an early-  
331 intervention program that provides additional skills assessment  
332 and training and offer such training to the staff on a voluntary  
333 and confidential basis with established mechanisms to assess  
334 program performance and results.

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

338 (f) Designate a patient advocate who coordinates with  
339 members of the medical staff and the facility's chief medical  
340 officer regarding the disclosure of adverse medical incidents to  
341 patients. In addition, the patient advocate shall establish an  
342 advisory panel, consisting of providers, patients or their  
343 families, and other health care consumers or consumer groups to  
344 review general patient-safety concerns and other issues related  
345 to relations among and between patients and providers and to  
346 identify areas where additional education and program  
347 development may be appropriate.

348 (g) Establish a procedure to biennially review the  
349 facility's patient-safety program and its compliance with the  
350 requirements of this section. Such review shall be conducted by  
351 an independent patient-safety organization as defined in s.  
352 766.1016(1) or other professional organization approved by the  
353 agency. The organization performing the review shall prepare a  
354 written report that contains detailed findings and

355 recommendations. The report shall be forwarded to the facility's  
356 risk manager or patient-safety officer, who may make written  
357 comments in response. The report and any written comments shall  
358 be presented to the governing board of the licensed facility. A  
359 copy of the report and any of the facility's responses to the  
360 findings and recommendations shall be provided to the agency  
361 within 60 days after the date that the governing board reviewed  
362 the report. The report is confidential and exempt from  
363 production or discovery in any civil action. Likewise, the  
364 report and the information contained therein are not admissible  
365 as evidence for any purpose in any action for medical  
366 negligence.

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

371 (2) This section does not constitute an applicable  
372 standard of care in any action for medical negligence or  
373 otherwise create a private right of action, and evidence of  
374 noncompliance with this section is not admissible for any  
375 purpose in any action for medical negligence against any health  
376 care provider.

377 (3) This section does not prohibit the licensed facility  
378 from implementing other measures for promoting patient safety  
379 within the premises. This section does not relieve the licensed  
380 facility from the duty to implement any other patient-safety  
381 measure that is required by state law. The Legislature intends  
382 that the patient-safety measures specified in this section are

HB 1293 CS

2006  
CS

383 in addition to all other patient-safety measures required by  
384 state law, federal law, and applicable accreditation standards  
385 for licensed facilities.

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

389 Section 8. Section 766.404, Florida Statutes, is created  
390 to read:

391 766.404 Annual report.--

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

398 (2) The agency shall aggregate information and data  
399 submitted by all certified patient-safety facilities, and each  
400 year, on or before March 1, the agency shall submit a report to  
401 the President of the Senate and the Speaker of the House of  
402 Representatives which evaluates the performance and  
403 effectiveness of the approach to enhancing patient safety and  
404 limiting provider liability in certified patient-safety  
405 facilities. The report must include, but need not be limited to,  
406 pertinent data concerning:

407 (a) The number and names of certified patient-safety  
408 facilities;

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

HB 1293 CS

2006  
CS

- 411        (c) The number of affected patients;  
412        (d) The number of surgical procedures on affected  
413 patients;  
414        (e) The number of medical incidents, claims of medical  
415 malpractice, and claims resulting in indemnity;  
416        (f) The average time for resolution of contested and  
417 uncontested claims of medical malpractice;  
418        (g) The percentage of claims which result in civil trials;  
419        (h) The percentage of civil trials which result in adverse  
420 judgments against affected facilities;  
421        (i) The number and average size of an indemnity paid to  
422 claimants;  
423        (j) The estimated liability expense, inclusive of medical  
424 liability insurance premiums; and  
425        (k) The percentage of medical liability expense, inclusive  
426 of medical liability insurance premiums, which is borne by  
427 affected practitioners in certified patient-safety facilities.  
428  
429 The report may also include other information and data that the  
430 agency deems appropriate to gauge the cost and benefit of  
431 patient-safety plans.  
432        (3) The agency's annual report to the President of the  
433 Senate and the Speaker of the House of Representatives may  
434 include relevant information and data obtained from the Office  
435 of Insurance Regulation within the Department of Financial  
436 Services concerning the availability and affordability of  
437 enterprise-wide medical liability insurance coverage for  
438 affected facilities and the availability and affordability of



HB 1293 CS

2006  
CS

439 insurance policies for individual practitioners which contain  
440 coverage exclusions for acts of medical negligence in facilities  
441 that indemnify health practitioners. The Office of Insurance  
442 Regulation shall cooperate with the agency in the reporting of  
443 information and data specified in this subsection.

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

449 Section 9. Section 766.405, Florida Statutes, is created  
450 to read:

451 766.405 Damages in malpractice actions against certain  
452 hospitals that meet patient-safety requirements; agency approval  
453 of patient-safety measures.--

454 (1) In recognition of their essential role in training  
455 future health care providers and in providing innovative medical  
456 care for this state's residents, in recognition of their  
457 commitment to treating indigent patients, and further in  
458 recognition that teaching hospitals, as defined in s. 408.07,  
459 provide benefits to the residents of this state through their  
460 roles in improving the quality of medical care, training of  
461 health care providers, and caring for indigent patients, the  
462 limits of liability for medical malpractice arising out of the  
463 rendering of, or the failure to render, medical care by all such  
464 hospitals shall be determined in accordance with the  
465 requirements of this section.

HB 1293 CS

2006  
CS

466        (2) Upon entry of an order and for the entire period of  
467 time that the order remains in effect, the damages recoverable  
468 from an eligible hospital covered by the order and from its  
469 full-time physician employees, full-time and part-time  
470 nonphysician employees, and agents in actions arising from  
471 medical negligence shall be determined in accordance with the  
472 following provisions:

473        (a) Noneconomic damages shall be limited to a maximum of  
474 \$500,000, regardless of the number of claimants, number of  
475 claims, or the theory of liability pursuant to s. 766.118(6).

476        (b) Awards of economic damages shall be offset by payments  
477 from collateral sources, as defined by s. 766.202(2), and any  
478 set-offs available under ss. 46.015 and 768.041. Awards for  
479 future economic losses shall be offset by future collateral  
480 source payments.

481        (c) After being offset by collateral sources, awards of  
482 future economic damages shall, at the option of the eligible  
483 hospital, be reduced by the court to present value or paid  
484 through periodic payments in the form of an annuity or a  
485 reversionary trust. A company that underwrites an annuity to pay  
486 future economic damages shall have a rating of "A" or higher by  
487 A.M. Best Company. The terms of the reversionary instrument used  
488 to periodically pay future economic damages must be approved by  
489 the court. Such approval may not be unreasonably withheld.

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

HB 1293 CS

2006  
CS

493 Section 10. Section 766.406, Florida Statutes, is created  
494 to read:

495 766.406 Rulemaking authority.--The agency may adopt rules  
496 pursuant to ss. 120.536(1) and 120.54 to administer ss. 766.401-  
497 766.405.

498 Section 11. If any provision of this act or its  
499 application to any person or circumstance is held invalid, the  
500 invalidity does not affect other provisions or applications of  
501 the act which can be given effect without the invalid provision  
502 or application, and to this end, the provisions of this act are  
503 severable.

504 Section 12. If a conflict exists between any provision of  
505 this act and s. 456.052, s. 456.053, s. 456.054, s. 458.331, s.  
506 459.015, or s. 817.505, Florida Statutes, the provisions of this  
507 act shall govern. The provisions of this act shall be broadly  
508 construed in furtherance of the overriding legislative intent to  
509 facilitate innovative approaches for enhancing patient  
510 protection and limiting provider liability in eligible  
511 hospitals.

512 Section 13. It is the intention of the Legislature that  
513 the provisions of this act are self-executing.

514 Section 14. This act shall take effect upon becoming a  
515 law.