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CHAMBER ACTION

	Senate House
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11	The Committee on Judiciary (Baker) recommended the following
12	amendment:
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14	Senate Amendment (with title amendment)
15	Delete everything after the enacting clause
16	
17	and insert:
18	Section 1. Subsection (2) of section 766.110, Florida
19	Statutes, is amended to read:
20	766.110 Liability of health care facilities
21	(2) Every hospital licensed under chapter 395 may
22	carry liability insurance or adequately insure itself in an
23	amount of not less than \$1.5 million per claim, \$5 million
24	annual aggregate to cover all medical injuries to patients
25	resulting from negligent acts or omissions on the part of
26	those members of its medical staff who are covered thereby in
27	furtherance of the requirements of ss. 458.320 and 459.0085.
28	Notwithstanding s. 626.901, a licensed hospital may extend
29	insurance and self-insurance coverage to members of the
30	medical staff, including physicians' practices, individually
31	or through a group practice and other health care
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practitioners, as defined in s. 456.001(4), including students preparing for licensure. Such coverage must be limited to 2. legal liability arising out of medical negligence within the 3 hospital premises as defined under s. 766.401. Self-insurance Coverage extended hereunder to a member of a hospital's 5 medical staff meets the financial responsibility requirements 7 of ss. 458.320 and 459.0085 if the physician's coverage limits are not less than the minimum limits established in ss. 8 458.320 and 459.0085 and the hospital is a verified trauma 10 center that has extended self-insurance coverage continuously 11 to members of its medical staff for activities both inside and outside of the hospital. Any authorized insurer, approved 12 insurer as defined in s. 626.914(2), risk retention group as 13 defined in s. 627.942, or joint underwriting association 14 established under s. 627.351(4) which is authorized or 15 approved to write casualty insurance may make available, but 16 is shall not be required to write, such coverage. The hospital 17 18 may assess on an equitable and pro rata basis the following 19 individuals to whom it extends coverage pursuant to this section professional health care providers for a portion of 20 the total hospital insurance cost for this coverage: 21 22 physicians licensed under chapter 458, osteopathic physicians licensed under chapter 459, podiatric physicians licensed 23 2.4 under chapter 461, dentists licensed under chapter 466, and nurses licensed under part I of chapter 464, and other health 25 professionals. The hospital may provide for a deductible 26 amount to be applied against any individual health care 27 28 provider found liable in a law suit in tort or for breach of 29 contract. The legislative intent in providing for the deductible to be applied to individual health care providers 30 found negligent or in breach of contract is to instill in each 1:33 PM 04/24/06 s2160.ju20.001

1	individual health care provider the incentive to avoid the
2	risk of injury to the fullest extent and ensure that the
3	citizens of this state receive the highest quality health care
4	obtainable.
5	Section 2. Present subsections (6) and (7) of section
6	766.118, Florida Statutes, are renumbered as subsections (7)
7	and (8), respectively, and a new subsection (6) is added to
8	that section, to read:
9	766.118 Determination of noneconomic damages
10	(6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE
11	OF CERTAIN HOSPITALS With respect to a complaint for
12	personal injury or wrongful death arising from medical
13	negligence, a hospital that has received an order from the
14	Agency for Health Care Administration pursuant to s. 766.402
15	which certifies that the facility complies with patient-safety
16	measures specified in s. 766.403 shall be liable for no more
17	than \$500,000 in noneconomic damages, regardless of the number
18	of claimants, number of claims, or theory of liability,
19	including vicarious liability, arising from the same nucleus
20	of operative fact, notwithstanding any other provision of this
21	section.
22	Section 3. Section 766.401, Florida Statutes, is
23	created to read:
24	766.401 Definitions As used in this section and ss.
25	766.402-766.405, the term:
26	(1) "Affected patient" means a patient of a certified
27	patient-safety facility.
28	(2) "Affected practitioner" means any person,
29	including a physician, who is credentialed by the eligible
30	hospital to provide health care services in a certified
31	patient-safety facility.
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1	(3) "Agency" means the Agency for Health Care
2	Administration.
3	(4) "Certified patient-safety facility" means any
4	eligible hospital that, in accordance with an order from the
5	Agency for Health Care Administration, has adopted a
6	patient-safety plan.
7	(5) "Eligible hospital" or "licensed facility" means a
8	statutory teaching hospital, as defined by s. 408.07, which
9	maintains at least seven different accredited programs in
10	graduate medical education and has 100 or more full-time
11	equivalent resident physicians.
12	(6) "Health care provider" or "provider" means:
13	(a) An eligible hospital.
14	(b) A physician or a physician assistant licensed
15	under chapter 458.
16	(c) An osteopathic physician or an osteopathic
17	physician assistant licensed under chapter 459.
18	(d) A registered nurse, nurse midwife, licensed
19	practical nurse, or advanced registered nurse practitioner
20	licensed or registered under part I of chapter 464 or any
21	facility that employs nurses licensed or registered under part
22	I of chapter 464 to supply all or part of the care delivered
23	by that facility.
24	(e) A health care professional association and its
25	employees or a corporate medical group and its employees.
26	(f) Any other medical facility in which the primary
27	purpose is to deliver human medical diagnostic services or to
28	deliver nonsurgical human medical treatment, including an
29	office maintained by a provider.
30	(g) A free clinic that delivers only medical
31	diagnostic services or nonsurgical medical treatment free of
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1	charge to low-income persons not otherwise covered by Medicaid
2	or other programs for low-income persons.
3	(h) Any other health care professional, practitioner,
4	or provider, including a student enrolled in an accredited
5	program, who prepares the student for licensure as any one of
6	the professionals listed in this subsection.
7	(i) Any person, organization, or entity that is
8	vicariously liable under the theory of respondeat superior or
9	any other theory of legal liability for medical negligence
10	committed by any licensed professional listed in this
11	subsection.
12	(j) Any nonprofit corporation qualified as exempt from
13	federal income taxation under s. 501(a) of the Internal
14	Revenue Code and described in s. 501(c) of the Internal
15	Revenue Code, including any university or medical school that
16	employs licensed professionals listed in this subsection or
17	which delivers health care services provided by licensed
18	professionals listed in this subsection, any federally funded
19	community health center, and any volunteer corporation or
20	volunteer health care provider that delivers health care
21	services.
22	(7) "Health care practitioner" or "practitioner" means
23	any person, entity, or organization identified in subsection
24	(6), except for a hospital.
25	(8) "Adverse incident" has the same meaning as
26	provided in ss. 381.0271, 395.0197, 458.351, and 459.026.
27	(9) "Medical negligence" means medical malpractice,
28	whether grounded in tort or in contract, arising out of the
29	rendering of or failure to render medical care or services.
30	(10) "Person" means any individual, partnership,
31	corporation, association, or governmental unit.
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1	(11) "Premises" means those buildings, beds, and
2	equipment located at the address of the licensed facility and
3	all other buildings, beds, and equipment for the provision of
4	the hospital, ambulatory surgical, mobile surgical care,
5	primary care, or comprehensive health care under the dominion
6	and control of the licensee, including offices and locations
7	where the licensed facility offers medical care and treatment
8	to affected patients.
9	(12) "Statutory teaching hospital" or "teaching
10	hospital" has the same meaning as provided in s. 408.07.
11	Section 4. Section 766.402, Florida Statutes, is
12	created to read:
13	766.402 Agency approval of patient-safety plans
14	(1) An eligible hospital that has adopted a
15	patient-safety plan may petition the agency to enter an order
16	certifying approval of the hospital as a certified
17	patient-safety facility.
18	(2) In accordance with chapter 120, the agency shall
19	enter an order certifying approval of the certified
20	patient-safety facility upon a showing that, in furtherance of
21	an approach to patient safety:
22	(a) The petitioner has established safety measures for
23	the care and treatment of patients.
24	(b) The petitioner satisfies requirements for
25	patient-protection measures, as specified in s. 766.403.
26	(c) The petitioner satisfies all other requirements of
27	ss. 766.401-766.405.
28	(3) Upon entry of an order approving the petition, the
29	agency may conduct onsite examinations of the licensed
30	facility to assure continued compliance with the terms and
31	conditions of the order.
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1	(4) The order approving a petition under this section
2	remains in effect until revoked. The agency may revoke the
3	order upon reasonable notice to the eligible hospital that it
4	fails to comply with material requirements of s. 766.403 and
5	that the hospital has failed to cure stated deficiencies upon
6	reasonable notice. Revocation of an agency order pursuant to
7	s. 766.403 applies prospectively to any cause of action for
8	medical negligence which arises on or after the effective date
9	of the order of revocation.
10	(5) An order approving a petition under this section
11	is, as a matter of law, conclusive evidence that the hospital
12	complies with the applicable patient-safety requirements of s.
13	766.403. A hospital's noncompliance with the requirements of
14	s. 766.403 does not affect the limitations on damages
15	conferred by this section. Evidence of noncompliance with s.
16	766.403 is not admissible for any purpose in any action for
17	medical malpractice. This section, or any portion thereof, may
18	not give rise to an independent cause of action for damages
19	against any hospital.
20	Section 5. Section 766.403, Florida Statutes, is
21	created to read:
22	766.403 Patient-safety plans
23	(1) In order to satisfy the requirements of s.
24	766.402, the licensed facility shall have a patient-safety
25	plan, which provides that the facility shall:
26	(a) Have in place a process, either through the
27	facility's patient-safety committee or a similar body, for
28	coordinating the quality control, risk management, and
29	patient-relations functions of the facility and for reporting
30	to the facility's governing board at least quarterly regarding
31	<pre>such efforts. 7</pre>
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1 (b) Establish within the facility a system for reporting near misses and agree to submit any information 2 collected to the Florida Patient Safety Corporation. Such 3 4 information must be submitted by the facility and made available by the Patient Safety Corporation in accordance with 5 s. 381.0271(7). 6 7 (c) Design and make available to facility staff, including medical staff, a patient-safety curriculum that 8 provides lecture and web-based training on recognized 9 patient-safety principles, which may include training in 10 11 communication skills, team-performance assessment and training, risk-prevention strategies, and best practices and 12 13 evidence-based medicine. The licensed facility shall report annually the programs presented to the agency. 14 15 (d) Implement a program to identify health care providers on the facility's staff who may be eliqible for an 16 early-intervention program that provides additional skills 17 18 assessment and training and offer such training to the staff on a voluntary and confidential basis with established 19 20 mechanisms to assess program performance and results. 21 (e) Implement a simulation-based program for skills 22 assessment, training, and retraining of a facility's staff in 23 those tasks and activities that the agency identifies by rule. 2.4 (f) Designate a patient advocate who coordinates with members of the medical staff and the facility's chief medical 25 officer regarding the disclosure of adverse medical incidents 26 27 to patients. In addition, the patient advocate shall establish an advisory panel, consisting of providers, patients 28 29 or their families, and other health care consumers or consumer groups to review general patient-safety concerns and other 30 31 issues related to relations among and between patients and 8 1:33 PM 04/24/06 s2160.ju20.001

1	providers and to identify areas where additional education and
2	program development may be appropriate.
3	(g) Establish a procedure to biennially review the
4	facility's patient-safety program and its compliance with the
5	requirements of this section. Such review shall be conducted
6	by an independent patient-safety organization as defined in s.
7	766.1016(1) or other professional organization approved by the
8	agency. The organization performing the review shall prepare a
9	written report that contains detailed findings and
10	recommendations. The report shall be forwarded to the
11	facility's risk manager or patient-safety officer, who may
12	make written comments in response. The report and any written
13	comments shall be presented to the governing board of the
14	licensed facility. A copy of the report and any of the
15	facility's responses to the findings and recommendations shall
16	be provided to the agency within 60 days after the date that
17	the governing board reviewed the report. The report is
18	confidential and exempt from production or discovery in any
19	civil action. Likewise, the report and the information
20	contained therein are not admissible as evidence for any
21	purpose in any action for medical negligence.
22	(h) Establish a system for the trending and tracking
23	of quality and patient-safety indicators that the agency may
24	identify by rule and a method for review of the data at least
25	semiannually by the facility's patient-safety committee.
26	(2) This section does not constitute an applicable
27	standard of care in any action for medical negligence or
28	otherwise create a private right of action, and evidence of
29	noncompliance with this section is not admissible for any
30	purpose in any action for medical negligence against any
31	<u>health care provider.</u> 9
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1	(3) This section does not prohibit the licensed
2	facility from implementing other measures for promoting
3	patient safety within the premises. This section does not
4	relieve the licensed facility from the duty to implement any
5	other patient-safety measure that is required by state law.
6	The Legislature intends that the patient-safety measures
7	specified in this section are in addition to all other
8	patient-safety measures required by state law, federal law,
9	and applicable accreditation standards for licensed
10	facilities.
11	(4) A review, report, or other document created,
12	produced, delivered, or discussed pursuant to this section is
13	not discoverable or admissible as evidence in any legal
14	action.
15	Section 6. Section 766.404, Florida Statutes, is
16	created to read:
17	766.404 Annual report
18	(1) Each certified patient-safety facility shall
19	submit an annual report to the agency containing information
20	and data reasonably required by the agency to evaluate
21	performance and effectiveness of its patient-safety plan.
22	However, information may not be submitted or disclosed in
23	violation of any patient's right to privacy under state or
24	federal law.
25	(2) The agency shall aggregate information and data
26	submitted by all certified patient-safety facilities, and each
27	year, on or before March 1, the agency shall submit a report
28	to the President of the Senate and the Speaker of the House of
29	Representatives which evaluates the performance and
30	effectiveness of the approach to enhancing patient safety and
31	limiting provider liability in certified patient-safety
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1	facilities. The report must include, but need not be limited
2	to, pertinent data concerning:
3	(a) The number and names of certified patient-safety
4	<u>facilities;</u>
5	(b) The number and types of patient-protection
6	measures currently in effect in these facilities;
7	(c) The number of affected patients;
8	(d) The number of surgical procedures on affected
9	patients;
10	(e) The number of medical incidents, claims of medical
11	malpractice, and claims resulting in indemnity;
12	(f) The average time for resolution of contested and
13	uncontested claims of medical malpractice;
14	(g) The percentage of claims which result in civil
15	<u>trials;</u>
16	(h) The percentage of civil trials which result in
17	adverse judgments against affected facilities;
18	(i) The number and average size of an indemnity paid
19	to claimants;
20	(j) The estimated liability expense, inclusive of
21	medical liability insurance premiums; and
22	(k) The percentage of medical liability expense,
23	inclusive of medical liability insurance premiums, which is
24	borne by affected practitioners in certified patient-safety
25	<u>facilities.</u>
26	
27	The report may also include other information and data that
28	the agency deems appropriate to gauge the cost and benefit of
29	patient-safety plans.
30	(3) The agency's annual report to the President of the
31	Senate and the Speaker of the House of Representatives may
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1	include relevant information and data obtained from the Office
2	of Insurance Regulation within the Department of Financial
3	Services concerning the availability and affordability of
4	enterprise-wide medical liability insurance coverage for
5	affected facilities and the availability and affordability of
6	insurance policies for individual practitioners which contain
7	coverage exclusions for acts of medical negligence in
8	facilities that indemnify health practitioners. The Office of
9	Insurance Regulation shall cooperate with the agency in the
10	reporting of information and data specified in this
11	subsection.
12	(4) Reports submitted to the agency by certified
13	patient-safety facilities pursuant to this section are public
14	records under chapter 119. However, these reports, and the
15	information contained therein, are not admissible as evidence
16	in a court of law in any action.
17	Section 7. Section 766.405, Florida Statutes, is
18	created to read:
19	766.405 Damages in malpractice actions against certain
20	hospitals that meet patient-safety requirements; agency
21	approval of patient-safety measures
22	(1) In recognition of their essential role in training
23	future health care providers and in providing innovative
24	medical care for this state's residents, in recognition of
25	their commitment to treating indigent patients, and further in
26	recognition that teaching hospitals, as defined in s. 408.07,
27	provide benefits to the residents of this state through their
28	roles in improving the quality of medical care, training of
29	health care providers, and caring for indigent patients, the
30	limits of liability for medical malpractice arising out of the
31	rendering of, or the failure to render, medical care by all
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1	such hospitals shall be determined in accordance with the
2	requirements of this section.
3	(2) Upon entry of an order and for the entire period
4	of time that the order remains in effect, the damages
5	recoverable from an eligible hospital covered by the order and
6	from its full-time employee physicians and full-time and
7	part-time non-physician employees and agents in actions
8	arising from medical negligence shall be determined in
9	accordance with the following provisions:
10	(a) Noneconomic damages shall be limited to a maximum
11	of \$500,000, regardless of the number of claimants, number of
12	claims, or the theory of liability pursuant to s. 766.118(6).
13	(b) Awards of economic damages shall be offset by
14	payments from collateral sources, as defined by s. 766.202(2),
15	and any set-offs available under ss. 46.015 and 768.041.
16	Awards for future economic losses shall be offset by future
17	collateral source payments.
18	(c) After being offset by collateral sources, awards
19	of future economic damages shall, at the option of the
20	eligible hospital, be reduced by the court to present value or
21	paid through periodic payments in the form of an annuity or a
22	reversionary trust. A company that underwrites an annuity to
23	pay future economic damages shall have a rating of "A" or
24	higher by A.M. Best Company. The terms of the reversionary
25	instrument used to periodically pay future economic damages
26	must be approved by the court. Such approval may not be
27	unreasonably withheld.
28	(3) The limitations on damages in subsection (2) apply
29	prospectively to causes of action for medical negligence which
30	arise on or after the effective date of the order.
31	Section 8. Section 766.406, Florida Statutes, is
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1	created to read:
2	766.406 Rulemaking authority The agency may adopt
3	rules to administer ss. 766.401-766.405.
4	Section 9. If any provision of this act or its
5	application to any person or circumstance is held invalid, the
6	invalidity does not affect other provisions or applications of
7	the act which can be given effect without the invalid
8	provision or application, and to this end, the provisions of
9	this act are severable.
10	Section 10. The sum of \$226,984 in recurring funds
11	from the Health Care Trust Fund and the sum of \$72,057 in
12	nonrecurring funds from the Health Care Trust Fund are
13	appropriated, and 3 full time equivalent positions and
14	associated salary rate of \$127,817 are authorized to the
15	Agency for Health Care Administration for the 2006-2007 fiscal
16	year, for the purpose of implementing the provisions of this
17	act.
18	Section 11. This act shall take effect upon becoming a
19	law.
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21	
22	======== T I T L E A M E N D M E N T =========
23	And the title is amended as follows:
24	Delete everything before the enacting clause
25	
26	and insert:
27	A bill to be entitled
28	An act relating to medical malpractice
29	insurance; amending s. 766.110, F.S.;
30	specifying certain authorized insurers who may
31	make available liability insurance; amending s. 14
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	766.118, F.S.; providing a limitation on	
	noneconomic damages for a hospital facility	
	that complies with certain patient-safety	
	measures; creating s. 766.401, F.S.; providing	
	definitions; creating s. 766.402, F.S.;	
	authorizing an eligible hospital to petition	
	the agency for an order certifying the hospital	
	as a certified patient-safety facility;	
	providing requirements for certification as a	
	patient-safety facility; authorizing the agency	
	to conduct onsite examinations; providing for	
	revocation of an order certifying approval of a	
	certified patient-safety facility; providing	
	that an order certifying the approval of a	
	certified patient-safety facility is conclusive	
	evidence of compliance with statutory	
	patient-safety requirements; providing that	
	evidence of noncompliance is not admissible for	
	any action for medical malpractice; creating s.	
	766.403, F.S.; providing requirements for a	
	hospital to demonstrate that it is engaged in a	
	common enterprise for the care and treatment of	
	patients; specifying required patient-safety	
	measures; prohibiting a report or document	
	generated under the act from being admissible	
	or discoverable as evidence; creating s.	
	766.404, F.S.; requiring a certified	
	patient-safety facility to submit an annual	
	report to the agency and the Legislature;	
	providing requirements for the annual report;	
	providing that the annual report may include	
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1	certain information from the Office of	
2	Insurance Regulation within the Department of	
3	Financial Services; providing that the annual	
4	report is subject to public-records	
5	requirements but is not admissible as evidence	
6	in a legal proceeding; creating s. 766.405,	
7	F.S.; providing for limitations on damages for	
8	eligible hospitals that are certified for	
9	compliance with certain patient-safety	
10	measures; creating s. 766.406, F.S.; providing	
11	rulemaking authority; providing for	
12	severability; providing an appropriation;	
13	providing an effective date.	
14		
	WHEREAS, the Legislature finds that this state is in	
15		
	the midst of a prolonged medical malpractice insurance crisis	
16		
	that has serious adverse effects on patients, practitioners,	
17		
	licensed health care facilities, and all residents of this	
18		
	state, and	
19		
	WHEREAS, the Legislature finds that hospitals are	
20		
	central components of the modern health care delivery system,	
21		
	and	
22		
	WHEREAS, the Legislature finds that the medical	
23		
!	malpractice insurance crisis in this state can be alleviated	

25	by the adoption of innovative approaches for patient safety in
26	teaching hospitals, which can lead to a reduction in medical
27	errors coupled with a limitation on noneconomic damages that
28	can be awarded against a teaching hospital that implements
29	such innovative approaches, and
30	WHEREAS, the Legislature finds statutory incentives are
	necessary to facilitate innovative approaches for patient
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safety in hospitals and that such incentives and patient-safety measures will benefit all persons seeking 2 health care services in this state, and 3 WHEREAS, the Legislature finds that coupling patient safety measures and a limitation on provider liability in 5 teaching hospitals will lead to a reduction in the frequency 7 and severity of incidents of medical malpractice in hospitals, 8 and 9 WHEREAS, the Legislature finds that a reduction in the 10 frequency and severity of incidents of medical malpractice in 11 hospitals will reduce attorney's fees and other expenses inherent in the medical liability system, and 12 13 WHEREAS, the Legislature finds that there is no alternative method that addresses the overpowering public 14 15 necessity to implement patient-safety measures and limit 16 provider liability, and WHEREAS, the Legislature finds that making high-quality 17 health care available to the residents of this state is an 18 19 overpowering public necessity, and 20 WHEREAS, the Legislature finds that medical education in this state is an overpowering public necessity, and 21 22 WHEREAS, the Legislature finds that statutory teaching hospitals are essential for high-quality medical care and 23 24 medical education in this state, and WHEREAS, the Legislature finds that the critical 25 mission of statutory teaching hospitals is severely undermined 26 by the ongoing medical malpractice crisis, and 27 WHEREAS, and the Legislature finds that teaching 28 29 hospitals are appropriate health care facilities for the implementation of innovative approaches to enhancing patient 30 safety and limiting provider liability, and severity of 1:33 PM 04/24/06 s2160.ju20.001

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incidents of medical malpractice in hospitals will reduce attorney's fees and other expenses inherent in the medical 2 liability system, and 3 4 WHEREAS, the Legislature finds that there is no alternative method that addresses the overpowering public 5 necessity to implement patient-safety measures and limit 7 provider liability, and WHEREAS, the Legislature finds that making high-quality 8 health care available to the residents of this state is an 9 10 overpowering public necessity, and 11 WHEREAS, the Legislature finds that medical education in this state is an overpowering public necessity, and 12 13 WHEREAS, the Legislature finds that statutory teaching hospitals are essential for high-quality medical care and 14 15 medical education in this state, and 16 WHEREAS, the Legislature finds that the critical mission of statutory teaching hospitals is severely undermined 17 by the ongoing medical malpractice crisis, and 18 19 WHEREAS, and the Legislature finds that teaching hospitals are appropriate health care facilities for the 20 21 implementation of innovative approaches to enhancing patient 22 safety and limiting provider liability, and WHEREAS, the Legislature finds an overpowering public 23 24 necessity to impose reasonable limitations on actions for medical malpractice against teaching hospitals in furtherance 25 of the critical public interest in promoting access to 26 high-quality medical care, medical education, and innovative 27 28 approaches to patient safety and provider liability, and 29 WHEREAS, the Legislature finds an overpowering public necessity for teaching hospitals to implement innovative 30 measures for patient safety and limit provider liability in 04/24/06 s2160.ju20.001 1:33 PM

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order to generate empirical data for state policymakers concerning the effectiveness of these measures. Such data may 2 lead to broader application of these measures in a wider array 3 of hospitals after a reasonable period of evaluation and review, and 5 WHEREAS, the Legislature finds an overpowering public 7 necessity to promote the academic mission of teaching hospitals, and 8

WHEREAS, the Legislature finds that the academic mission of these medical facilities is materially enhanced by statutory authority for the implementation of innovative approaches to promoting patient safety and limiting provider liability, and

WHEREAS, innovative approaches to patient safety can be carefully studied and learned by medical students, medical school faculty, and affiliated physicians in appropriate clinical settings, thereby enlarging the body of knowledge concerning patient safety and provider liability which is essential for advancement of patient safety, reduction of expenses inherent in the medical liability system, and curtailment of the medical malpractice insurance crisis in this state.

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