



320982

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/01/2009	.	
	.	
	.	
	.	

---

The Committee on Banking and Insurance (Lawson) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (1) of section 627.912, Florida  
Statutes, is amended to read:

627.912 Professional liability claims and actions; reports  
by insurers and health care providers; annual report by office.—

(1)(a) Each self-insurer authorized under s. 627.357 and  
each commercial self-insurance fund authorized under s. 624.462,  
authorized insurer, surplus lines insurer, risk retention group,



320982

12 and joint underwriting association providing professional  
13 liability insurance to a practitioner of medicine licensed under  
14 chapter 458, to a practitioner of osteopathic medicine licensed  
15 under chapter 459, to a podiatric physician licensed under  
16 chapter 461, to a dentist licensed under chapter 466, to a  
17 hospital licensed under chapter 395, to a crisis stabilization  
18 unit licensed under part IV of chapter 394, to a health  
19 maintenance organization certificated under part I of chapter  
20 641, to clinics included in chapter 390, or to an ambulatory  
21 surgical center as defined in s. 395.002, and each insurer  
22 providing professional liability insurance to a member of The  
23 Florida Bar shall report to the office as set forth in paragraph  
24 (c) any written claim or action for damages for personal  
25 injuries claimed to have been caused by error, omission, or  
26 negligence in the performance of such insured's professional  
27 services or based on a claimed performance of professional  
28 services without consent, ~~if the claim resulted in:~~

29 1. ~~A final judgment in any amount.~~

30 2. ~~A settlement in any amount.~~

31 3. ~~A final disposition of a medical malpractice claim~~  
32 ~~resulting in no indemnity payment on behalf of the insured.~~

33 (b) For purposes of this section, the term "claim" means  
34 the receipt of a notice of intent to initiate litigation, a  
35 summons and complaint, or a written demand from a person or his  
36 or her legal representative stating an intention to pursue an  
37 action for damages against a person described in paragraph (a).

38 (c) The duty to report specified in paragraph (a) arises  
39 upon the occurrence of the first of:

40 1. The entry of any judgment against any provider



320982

41 identified in paragraph (a) for which all appeals as a matter of  
42 right have been exhausted or for which the time period for  
43 filing such an appeal has expired;

44 2. The execution of an agreement between a provider  
45 identified in paragraph (a) or an entity required to report  
46 under that paragraph and a claimant to settle damages purported  
47 to arise from the provision of professional services, which  
48 agreement includes the payment of at least \$1; however, if any  
49 applicable law requires any such agreement to be approved by the  
50 court, the duty arises when the agreement is approved;

51 3. The final payment of any indemnity money by any of the  
52 entities required to report under paragraph (a) on behalf of any  
53 provider identified in that paragraph for damages purported to  
54 arise from professional services rendered; or

55 4. The final disposition of a claim for which no indemnity  
56 payment was made on behalf of the insured but for which loss  
57 adjustment expenses were paid in excess of \$5,000. As used in  
58 this subparagraph, the term "final disposition" means the  
59 insurer has brought down all reserves and closed its file.

60 (d) After any calendar year in which no claim or action for  
61 damages was closed, the entity shall file a no claim submission  
62 report. Such report shall be filed with the office no later than  
63 April 1 of each calendar year for the immediately preceding  
64 calendar year. If a reporting entity submits such a report for a  
65 particular calendar year and subsequently discovers that its  
66 report was submitted in error, the reporting entity shall  
67 promptly notify the office of the error and take steps as  
68 directed by the office to make the needed corrections.

69 (e) If a claim is initially opened and then closed, and is



320982

70 subsequently reopened, the reopened claim shall be treated as a  
71 new claim and reported after the occurrence of the first of any  
72 event listed in paragraph (c).

73 (f) ~~(b)~~ Each health care practitioner and health care  
74 facility listed in paragraph (a) must report any claim or action  
75 for damages as described in paragraph (a), if the claim is not  
76 otherwise required to be reported by an insurer or other  
77 insuring entity.

78 (g) Reports under this subsection shall be filed with the  
79 office no later than 30 days following the occurrence of the  
80 first of any event listed in paragraph (c) ~~(a)~~.

81 Section 2. This act shall take effect July 1, 2009.

82  
83 ===== T I T L E A M E N D M E N T =====

84 And the title is amended as follows:

85 Delete everything before the enacting clause  
86 and insert:

87 A bill to be entitled  
88 An act relating to professional liability claims;  
89 amending s. 627.912, F.S.; revising requirements for  
90 reporting professional liability claims and actions;  
91 providing definitions; specifying events for which  
92 certain reports are required; requiring certain  
93 absence of claims submission reports to be filed under  
94 certain circumstances; providing requirements for  
95 treatment of reopened claims; providing an effective  
96 date.