

HB 511

2009

1                   A bill to be entitled  
2           An act relating to professional liability claims; amending  
3           s. 627.912, F.S.; revising requirements for professional  
4           liability claims and actions; providing definitions;  
5           requiring certain absence of claims submission reports to  
6           be filed under certain circumstances; providing an  
7           effective date.

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9   Be It Enacted by the Legislature of the State of Florida:

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

13           627.912 Professional liability claims and actions; reports  
14           by insurers and health care providers; annual report by  
15           office.--

16           (1) (a) Each self-insurer authorized under s. 627.357 and  
17           each commercial self-insurance fund authorized under s. 624.462,  
18           authorized insurer, surplus lines insurer, risk retention group,  
19           and joint underwriting association providing professional  
20           liability insurance to a practitioner of medicine licensed under  
21           chapter 458, to a practitioner of osteopathic medicine licensed  
22           under chapter 459, to a podiatric physician licensed under  
23           chapter 461, to a dentist licensed under chapter 466, to a  
24           hospital licensed under chapter 395, to a crisis stabilization  
25           unit licensed under part IV of chapter 394, to a health  
26           maintenance organization certificated under part I of chapter  
27           641, to clinics included in chapter 390, or to an ambulatory  
28           surgical center as defined in s. 395.002, and each insurer

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29 providing professional liability insurance to a member of The  
30 Florida Bar shall report to the office any written claim or  
31 action for damages for personal injuries claimed to have been  
32 caused by error, omission, or negligence in the performance of  
33 such insured's professional services or based on a claimed  
34 performance of professional services without consent, if the  
35 claim has been closed and resulted in:

- 36 1. A final judgment in any amount.
- 37 2. A fully executed settlement agreement in any amount.
- 38 3. A final disposition of a medical malpractice claim  
39 resulting in no indemnity payment and \$2,500 or more paid in  
40 loss adjustment expenses on behalf of the insured.

41 (b) For purposes of this section, the term:

42 1. "Claim" means a notice of intent to initiate  
43 litigation, a summons and complaint, or a written demand from a  
44 person or his or her legal representative stating an intention  
45 to pursue an action for damages against a person described in  
46 paragraph (a).

47 2. "Closed claim" means:

48 a. Any judgment that has been entered against any health  
49 care provider identified in paragraph (a) for which all appeals  
50 as a matter of right have been exhausted or for which the time  
51 period for filing such an appeal has expired;

52 b. The execution of an agreement between a health care  
53 provider identified in paragraph (a) or an entity required to  
54 report under that paragraph and a recipient of professional  
55 services by the provider to settle damages purported to arise  
56 from the provision of professional services, which agreement

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57 includes the payment of at least \$1; or

58 c. The final payment of any money by any of the entities  
59 required to report under paragraph (a) on behalf of any health  
60 care provider identified in that paragraph for damages purported  
61 to arise from professional services rendered.

62 (c) In any calendar year in which no claim or action for  
63 damages has been closed, the entity shall file a no claim  
64 submission report. Each no claim submission report shall be  
65 filed with the office no later than April 1 of each calendar  
66 year for the preceding calendar year. However, if a reporting  
67 entity submits a no claim submission report for a particular  
68 calendar year and subsequently discovers that its report was  
69 submitted in error, the reporting entity shall promptly notify  
70 the office of the error and take steps as directed by the office  
71 to make the needed corrections.

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

77  
78 Reports under this subsection shall be filed with the office no  
79 later than 30 days following the occurrence of any event listed  
80 in paragraph (a) or any claim or closed claim.

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