A bill to be entitled

An act relating to professional liability claims; amending s. 627.912, F.S.; revising requirements for reporting professional liability claims and actions; providing definitions; specifying events for which certain reports are required; requiring certain absence of claims submission reports to be filed under certain circumstances; providing requirements for treatment of reopened claims; providing an effective date.

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

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, and joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under chapter 458, to a practitioner of osteopathic medicine licensed under chapter 459, to a podiatric physician licensed under chapter 461, to a dentist licensed under chapter 466, to a hospital licensed under chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under part I of chapter

29 641, to clinics included in chapter 390, or to an ambulatory
30 surgical center as defined in s. 395.002, and each insurer
31 providing professional liability insurance to a member of The
32 Florida Bar shall report to the office as set forth in paragraph
33 (c) any written claim or action for damages for personal
34 injuries claimed to have been caused by error, omission, or
35 negligence in the performance of such insured's professional
36 services or based on a claimed performance of professional
37 services without consent~~, if the claim resulted in:~~
38 ~~1. A final judgment in any amount.~~
39 ~~2. A settlement in any amount.~~
40 ~~3. A final disposition of a medical malpractice claim~~
41 ~~resulting in no indemnity payment on behalf of the insured~~.
42 (b) For purposes of this section, the term "claim" means
43 the receipt of a notice of intent to initiate litigation, a
44 summons and complaint, or a written demand from a person or his
45 or her legal representative stating an intention to pursue an
46 action for damages against a person described in paragraph (a).
47 (c) The duty to report specified in paragraph (a) arises
48 upon the occurrence of the first of:
49 1. The entry of any judgment against any provider
50 identified in paragraph (a) for which all appeals as a matter of
51 right have been exhausted or for which the time period for
52 filing such an appeal has expired;
53 2. The execution of an agreement between a provider
54 identified in paragraph (a) or an entity required to report
55 under that paragraph and a claimant to settle damages purported
56 to arise from the provision of professional services, which

57 agreement includes the indemnity payment of at least $1;
58 however, if any applicable law requires any such agreement to be
59 approved by the court, the duty arises when the agreement is
60 approved;
61 3. The final payment of any indemnity money by any of the
62 entities required to report under paragraph (a) on behalf of any
63 provider identified in that paragraph for damages purported to
64 arise from professional services rendered; or
65 4. The final disposition of a claim for which no indemnity
66 payment was made on behalf of the insured but for which loss
67 adjustment expenses were paid in excess of $5,000. As used in
68 this subparagraph, the term "final disposition" means the
69 insurer has brought down all reserves and closed its file.
70 (d) After any calendar year in which no claim or action
71 for damages was closed, the entity shall file a no claim
72 submission report. Such report shall be filed with the office no
73 later than April 1 of each calendar year for the immediately
74 preceding calendar year. If a reporting entity submits such a
75 report for a particular calendar year and subsequently discovers
76 that its report was submitted in error, the reporting entity
77 shall promptly notify the office of the error and take steps as
78 directed by the office to make the needed corrections.
79 (e) If a claim is initially opened and then closed, and is
80 subsequently reopened, the reopened claim shall be treated as a
81 new claim and reported after the occurrence of the first of any
82 event listed in paragraph (c).
83 (f) ~~(b)~~ Each health care practitioner and health care
84 facility listed in paragraph (a) must report any claim or action

85 for damages as described in paragraph (a), if the claim is not
86 otherwise required to be reported by an insurer or other
87 insuring entity.
88 (g) Reports under this subsection shall be filed with the
89 office no later than 30 days following the occurrence of the
90 first of any event listed in paragraph (c) ~~(a)~~.
91 Section 2. This act shall take effect July 1, 2009.