

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 9 Damages

SPONSOR(S): Civil Justice Subcommittee, Leek and others

TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Civil Justice Subcommittee	10 Y, 4 N, As CS	Jones	Luczynski
2) Commerce Committee	15 Y, 9 N	Fortenberry	Hamon
3) Judiciary Committee			

SUMMARY ANALYSIS

A tort is a civil wrong for which the law provides a remedy. The purpose of tort law is to fairly compensate a person harmed by another person's wrongful acts, whether intentional or negligent. In a negligence action in Florida, the compensation a plaintiff recovers is reduced to the extent the plaintiff or a third party contributed to the injury.

A healthy tort liability system benefits society by compensating injured parties fairly, resolving disputes, and discouraging undesirable behavior. A flawed tort liability system, in contrast, may be detrimental to society because it may increase costs and disputes, raise insurance premiums and healthcare costs, and stifle economic growth.

In a personal injury tort case, a court may award an injured person damages for past and future medical expenses. Generally, it is the jury's duty to determine an accurate amount to award for such medical expenses.

When a jury is aware of the billed amount of a medical procedure—which may be artificially high—but remains unaware of the amount typically paid by other patients for similar services in the same area, it may reasonably conclude the plaintiff's damages are more severe than they actually are. Jurors may inadvertently use the billed amount as a benchmark from which to calculate—and thereby inflate—other damages, such as noneconomic damages and future medical expenses.

The bill requires that in personal injury and wrongful death actions to recover medical damages, a jury must only hear evidence of medical expenses based on the usual and customary amounts actually received by medical providers. This ensures a jury will rely on the most accurate information available to calculate damages to be awarded.

The bill has no impact on local or state government revenues or expenditures. The bill may have a positive direct economic impact on the private sector.

The bill provides an effective date of July 1, 2020.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Florida's Tort Liability System

A tort is a civil wrong for which the law provides a remedy. The purpose of tort liability law is to fairly compensate a person harmed by someone else's intentional or negligent wrongful act.

When a state's tort liability system is functioning properly, it:

- Provides a fair and equitable forum to resolve disputes;
- Appropriately compensates legitimately harmed persons;
- Shifts the loss to responsible parties;
- Provides an incentive to prevent future harm; and
- Deters undesirable behavior.¹

A flawed tort liability system may be unpredictable and may generate higher levels of damages awarded in litigation, causing:

- Increased costs across the economy;
- Increased risks and costs of doing business;
- Greater incentives to file meritless lawsuits;
- Higher insurance premiums;
- Increased healthcare costs;
- Declining availability of medical services; and
- Deterrence of economic development and job creation activities.²

According to the United States (U.S.) Chamber of Commerce Institute for Legal Reform's 2019 "Lawsuit Climate Survey" (Survey), Florida has the fifth-worst tort liability system.³ The Survey's questionnaire asked respondents to grade each state's liability system on the following criteria:

- Overall treatment of tort and contract litigation;
- Enforcing meaningful venue requirements;
- Treatment of class action suits and mass consolidation suits;
- Damages;
- Proportional discovery;
- Scientific and technical evidence;
- Trial judge impartiality and competence;
- Fairness of juries; and
- Quality of appellate review.

The Survey noted that the City of Miami and Miami-Dade County are among a small number of local jurisdictions in the U.S. known for having a particularly unfair and unreasonable litigation environment.⁴

¹ Am. Jur. 2d Torts s. 2.

² The Perryman Group, *Potential Economic Benefits of Tort Reform in Florida*, Citizens Against Lawsuit Abuse (Sept. 2018), <https://cdn.p2a.co/385013/PKpghW4BPS15392676823kGn5yy2F1> (last visited Jan. 29, 2020).

³ *2019 Lawsuit Climate Survey: Ranking the States*, U.S. Chamber Institute for Legal Reform (Sept. 2019), https://www.instituteforlegalreform.com/uploads/sites/1/2019_Lawsuit_Climate_Survey_-_Ranking_the_States.pdf. (last visited Jan. 29, 2020).

⁴ *Id.* at 9.

The American Tort Reform Foundation's annual report places Florida on its "Watch List," indicating that it considers Florida to have a history of "abusive litigation or troubling developments."⁵ The report's summary acknowledges, however, that "Florida took great strides toward improving its legal climate in 2019."⁶

The financial and economic impacts of the tort liability system are substantial. In 2016, the costs and compensation paid in the U.S. tort liability system totaled \$429 billion, or 2.3 percent of national gross domestic product (GDP).⁷ Relative to state GDP, Florida has higher tort liability system costs than any other state, at 3.6 percent.⁸ In 2016, the total costs and compensation paid within Florida's tort liability system was equivalent to \$4,442 for every household in the state.⁹ Excessive tort costs in Florida are estimated to annually cost the state economy:

- \$7.6 billion in direct costs;
- \$11.8 billion in annual output;
- 126,139 jobs;¹⁰
- \$614.8 million in State revenues; and
- \$516 million in local government revenues.¹¹

Calculation of Damages for Medical Expenses in Tort Cases

The aim of tort law is to fairly compensate an injured person for another person's wrongful act. To this end, a court may award an injured person damages for past and future medical expenses.¹²

Collateral Source Rule

At common law, the collateral source rule prohibited courts from reducing damages for benefits plaintiffs received from collateral sources, like insurance payments or contractual discounts negotiated by plaintiffs' health maintenance organizations.¹³ The existence of such collateral sources was inadmissible at trial based on the rationale that such evidence could mislead the jury on the issue of liability and cause the jury to believe the plaintiff was seeking multiple payments for the same injury.¹⁴ An injured person in a personal injury action could recover the full value of the medical services billed, regardless of whether the injured person paid the full amount to the medical provider.

The Legislature modified the collateral source rule by enacting the Tort Reform and Insurance Act of 1986 (the Act).¹⁵ The Act requires a court to reduce an award by the total amount of all collateral sources the plaintiff receives, unless a subrogation or reimbursement right¹⁶ exists.¹⁷ A court can

⁵ American Tort Reform Foundation, Judicial Hellholes 2019/2020 Executive Summary, <https://www.judicialhellholes.org/2019-2020/executive-summary/> (last visited Jan. 29, 2020).

⁶ *Id.*

⁷ Paul Hinton, David McKnight, and Lawrence Powell, *Costs and Compensation of the U.S. Tort System*, U.S. Chamber Institute for Legal Reform (Oct. 24, 2018), <https://www.instituteforlegalreform.com/research/2018-costs-and-compensation-of-the-us-tort-system> (last visited Jan. 29, 2020).

⁸ *Id.*

⁹ *Id.*

¹⁰ The Perryman Group, *supra* note 2, at 11-13 (calculating the number of Florida jobs lost by comparing Florida to Ohio and using integrated simulations to measure the dynamic effects on productivity and other economic phenomena).

¹¹ *Id.* (calculating these figures by comparing Florida to the benchmark state of Ohio, which has enacted tort reforms and ranks near the middle of the Institute for Legal Reform rankings).

¹² 17 Fla. Jur 2d Damages s. 7.

¹³ Robert E. Gordon & Justin Linn, *Goble, Thyssenkrupp, and the Collateral Source Rule: Resolving the Ongoing Conflict*, 84 Fla. B.J. 18 (2010).

¹⁴ *Gormley v. GTE Prods. Corp.*, 587 So. 2d 455, 458 (Fla. 1991).

¹⁵ Ch. 86-160, Laws of Fla.; Gordon & Linn, *supra* note 13 at 18.

¹⁶ "Subrogation" is a process where an insurer pays a loss under an insurance policy and is entitled to all of the rights and remedies belonging to the insured. Black's Law Dictionary (10th ed. 2014). A court's reduction of damages when a right of reimbursement or subrogation exists can cause an inaccurately low award.

¹⁷ S. 768.76(1), F.S.

reduce past and future damages, but the modified collateral source rule still prohibits a jury from hearing evidence of collateral sources at trial.¹⁸

Medical Billing and Letters of Protection

In a typical personal injury case, a plaintiff receives treatment from a health care provider for his or her injuries. Different providers may have different rates for the same procedure based on various factors.¹⁹ The amount billed (list price) of the procedure is rarely the price actually paid. A third party, such as an insurance company, rather than the patient, often negotiates the price of the procedure. The difference between the list price and the amount paid (the negotiated price), if awarded, is a windfall to the plaintiff, called phantom damages.²⁰

When a plaintiff is treated for injuries, he or she may agree to a letter of protection with the medical provider, which sets the value of the medical care rendered. Under a letter of protection, a medical provider agrees to defer collection on a bill for services until the plaintiff recovers damages from a lawsuit, at which point the medical provider is paid from the lawsuit's proceeds. The letter of protection's valuation of the medical bills may not accurately reflect what the plaintiff would pay out-of-pocket or what a third party would pay.²¹

Judicial Decisions

Case law on admissibility of collateral source medical payments in Florida is sometimes inconsistent. In *Florida Physician's Insurance Reciprocal v. Stanley*, 452 So. 2d 514 (Fla. 1984), the Florida Supreme Court (Court) ruled that the jury could consider the value of unearned governmental or charitable medical services to determine the reasonable cost of the plaintiff's future medical care.²²

In 2015, the Court retreated from its decision in *Stanley*, holding Medicare, Medicaid, and "social legislation benefits" inadmissible for the purpose of determining the reasonable cost of future medical care.²³ The Court reasoned that the *Stanley* decision was too difficult for courts to apply and that tortfeasors and their insurers should "not enjoy such a windfall at the expense of taxpayers who fund social legislation benefits."²⁴

The Fourth District Court of Appeal (DCA) held that if Medicare or another governmental plan paid for past medical care, the jury should be free to consider the amounts actually paid by the governmental plan; and that any verdict for past medical expenses should be reduced to the amount Medicare actually paid to the provider.²⁵ The Fourth DCA has also held that evidence of entitlement to future Medicaid benefits is inadmissible where such evidence is not relevant to the issue of the plaintiff's future medical care.²⁶ In another case, a medical provider billed the plaintiff, and the plaintiff's private health insurer paid an amount less than the billed amount due to a contract between the provider and insurer.²⁷ The Court required the jury's award reduced to the amount actually paid.²⁸

In contrast, where the plaintiff was not insured and personally negotiated his bills to a lower amount, the Fourth DCA held the jury should hear evidence of the originally-charged amount of the bills, reasoning

¹⁸ Gordon & Linn, *supra* note 13 at 18 (citing *Gormley*, 587 So.2d at 458); see Victor E. Schwartz & Cary Silverman, *Truth in Damages: Florida Juries Should Base Personal Injury Awards on Actual Costs of Treatment, Not Inflated Medical Bills*, <https://www.fljustice.org/files/124353479.pdf> (last visited Jan. 29, 2020).

¹⁹ Sarah Kliff and Dan Keating, *One Hospital Charges \$8,000—Another, \$38,000*, Washington Post (May 8, 2013), https://www.washingtonpost.com/news/wonk/wp/2013/05/08/one-hospital-charges-8000-another-38000/?utm_term=.ec6886353b67 (last visited Jan. 29, 2020).

²⁰ *Goble v. Frohman*, 901 So. 2d 830, 832 (Fla. 2005).

²¹ Caroline C. Pace, *Tort Recovery for Medicare Beneficiaries: Procedures, Pitfalls and Potential Values*, 49-APR Hous. Law. 24, 27 (2012).

²² *Florida Physician's Ins. Reciprocal v. Stanley*, 452 So. 2d 514, 515 (Fla. 1984).

²³ *Joerg v. State Farm Mut. Auto. Ins. Co.*, 176 So. 3d 1247, 1256-57 (Fla. 2015).

²⁴ *Id.* at 1256.

²⁵ *Thyssenkrupp Elevator Corp. v. Lasky*, 868 So. 2d 547 (Fla. 4th DCA 2003).

²⁶ *Veilla v. VIP Care Pavilion, Ltd.*, 861 So. 2d 69, 71-72 (Fla. 4th DCA 2003).

²⁷ *Goble*, 901 So. 2d at 832; see also *Nationwide Mut. Fire Ins. Co. v. Harrell*, 53 So. 3d 1084 (Fla. 1st DCA 2010).

²⁸ *Id.*

that the lower price the plaintiff actually paid was negotiated rather than received from a gratuitous source.²⁹

When a jury is aware of the billed amount but remains unaware of the amount typically paid by other patients for similar services in the same geographic area, it may reasonably conclude the plaintiff's damages are more severe than they actually are. Moreover, jurors may inadvertently use the artificially high billed amount as a benchmark from which to calculate—and thereby inflate—other damages, such as noneconomic damages and future medical expenses.³⁰

Effect of Proposed Changes

The bill requires that, in an action for personal injury or wrongful death to recover past, present, or future medical damages, a jury only hears evidence of medical expenses based on the usual and customary amounts received by a service provider in the same geographic area. If the plaintiff is due reimbursement through insurance or government health care coverage, the amounts paid or payable under that coverage is considered the usual and customary amount for purposes of the figure the jury hears.

Requiring a jury to consider only evidence that accurately reflects the amount a medical provider receives rather than the amount a medical provider charges in a bill ensures the jury does not rely on inaccurate information when calculating damages.

The bill provides an effective date of July 1, 2020.

B. SECTION DIRECTORY:

Section 1: Amends s. 768.042, F.S., relating to damages.

Section 2: Provides an effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

²⁹ *Durse v. Henn*, 68 So. 3d 271, 277 (Fla. 4th DCA 2011).

³⁰ Florida House of Representatives, Civil Justice Subcommittee Meeting Packet, Feb. 20, 2019, [https://www.myfloridahouse.gov/Sections/Documents/loadoc.aspx?PublicationType=Committees&CommitteeId=3022&Session=2019&DocumentType=Meeting Packets&FileName=cjs 2-20-19.pdf](https://www.myfloridahouse.gov/Sections/Documents/loadoc.aspx?PublicationType=Committees&CommitteeId=3022&Session=2019&DocumentType=Meeting%20Packets&FileName=cjs%202-20-19.pdf) (last visited Jan. 29, 2020).

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

To the extent the bill lowers tort costs, then costs for certain insurance products, medical services, and other products and services may also be lower.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On January 29, 2020, the Civil Justice Subcommittee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The amendment:

- Deleted the requirement that a jury must consult a database to calculate medical damages.
- Clarified that the bill applies to evidence regarding past, present, and future medical expenses, not just past expenses.
- Required that evidence regarding medical expenses must be based on the amount usually received by a service provider.
- Required that, if the plaintiff is entitled to health insurance or government health coverage reimbursement, the medical expense amount the jury hears must be the reimbursement amount.

This analysis is drafted to the committee substitute as passed by the Civil Justice Subcommittee.