Bill No. HB 959 (2022)

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTIONADOPTED(Y/N)ADOPTED AS AMENDED(Y/N)ADOPTED W/O OBJECTION(Y/N)FAILED TO ADOPT(Y/N)WITHDRAWN(Y/N)

OTHER

Committee/Subcommittee hearing bill: Insurance & Banking 1 2 Subcommittee 3 Representative LaMarca offered the following: 4 5 Amendment (with title amendment) Remove lines 1996-2042 and insert: 6 7 Section 57. Paragraph (d) of subsection (2) and paragraphs 8 (b), (c), and (e) of subsection (3) of section 766.105, Florida 9 Statutes, are amended, and paragraph (i) is added to subsection 10 (3) and subsection (4) is added to that section, to read: 11 766.105 Florida Patient's Compensation Fund.-(2) COVERAGE. -12 (d)1. Any health care provider who participates in the 13 14 fund and who does not meet the provisions of paragraph (b) shall 15 not be covered by the fund. 388065 - h0959Line1996.docx Published On: 1/18/2022 7:12:49 PM Page 1 of 15

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| 16 | 2. Annually, the Agency for Health Care Administration |
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| 17 | shall require documentation by each hospital that such hospital |
| 18 | is in compliance, and will remain in compliance, with the |
| 19 | provisions of this section. The agency shall review the |
| 20 | documentation and then deliver the documentation to the board of |
| 21 | governors. At least 60 days before the time a license will be |
| 22 | issued or renewed, the agency shall request from the board of |
| 23 | governors a certification that each hospital is in compliance |
| 24 | with the provisions of this section. The board of governors |
| 25 | shall not be liable under the law for any erroneous |
| 26 | certification. The agency may not issue or renew the license of |
| 27 | any hospital which has not been certified by the board of |
| 28 | governors. The license of any hospital that fails to remain in |
| 29 | compliance or fails to provide such documentation shall be |
| 30 | revoked or suspended by the agency. |
| 31 | (3) THE FUND |
| 32 | (b) Fund administration and operation |
| 33 | 1. The fund shall operate subject to the supervision and |
| 34 | approval of the Chief Financial Officer or his or her designee $	extsf{a}$ |
| 35 | board of governors consisting of a representative of the |
| 36 | insurance industry appointed by the Chief Financial Officer, an |
| 37 | attorney appointed by The Florida Bar, a representative of |
| 38 | physicians appointed by the Florida Medical Association, a |
| 39 | representative of physicians' insurance appointed by the Chief |
| 40 | Financial Officer, a representative of physicians' self- |
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insurance appointed by the Chief Financial Officer, two 41 42 representatives of hospitals appointed by the Florida Hospital 43 Association, a representative of hospital insurance appointed by the Chief Financial Officer, a representative of hospital self-44 45 insurance appointed by the Chief Financial Officer, a 46 representative of the osteopathic physicians' or podiatric 47 physicians' insurance or self-insurance appointed by the Chief 48 Financial Officer, and a representative of the general public 49 appointed by the Chief Financial Officer. The board of governors 50 shall, during the first meeting after June 30 of each year, 51 choose one of its members to serve as chair of the board and 52 another member to serve as vice chair of the board. The members 53 of the board shall be appointed to serve terms of 4 years, 54 except that the initial appointments of a representative of the 55 general public by the Chief Financial Officer, an attorney by 56 The Florida Bar, a representative of physicians by the Florida 57 Medical Association, and one of the two representatives of the Florida Hospital Association shall be for terms of 3 years; 58 59 thereafter, such representatives shall be appointed for terms of 60 4 years. Subsequent to initial appointments for 4-year terms, 61 the representative of the osteopathic physicians' or podiatric physicians' insurance or self-insurance appointed by the Chief 62 63 Financial Officer and the representative of hospital self-64 insurance appointed by the Chief Financial Officer shall be 65 appointed for 2-year terms; thereafter, such representatives 388065 - h0959Line1996.docx Published On: 1/18/2022 7:12:49 PM

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shall be appointed for terms of 4 years. Each appointed member 66 may designate in writing to the chair an alternate to act in the 67 68 member's absence or incapacity. A member of the board, or the 69 member's alternate, may be reimbursed from the assets of the 70 fund for expenses incurred by him or her as a member, or 71 alternate member, of the board and for committee work, but he or 72 she may not otherwise be compensated by the fund for his or her 73 service as a board member or alternate.

74 2. There shall be no liability on the part of, and no 75 cause of action of any nature shall arise against, the fund or 76 its agents or employees, professional advisers or consultants, 77 the Chief Financial Officer or his or her designee members of 78 the board of governors or their alternates, or the Department of 79 Financial Services or the Office of Insurance Regulation of the 80 Financial Services Commission or their representatives for any 81 action taken by them in the performance of their powers and 82 duties pursuant to this section.

83 (c) Powers of the fund.—The fund has the power to: 84 1. Sue and be sued, and appear and defend, in all actions 85 and proceedings in its name to the same extent as a natural 86 person.

2. Adopt, change, amend, and repeal a plan of operation, not inconsistent with law, for the regulation and administration of the affairs of the fund. The plan and any changes thereto shall be filed with the Office of Insurance Regulation of the 388065 - h0959Line1996.docx

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91 Financial Services Commission and are all subject to its 92 approval before implementation by the fund. All fund members, 93 board members, and employees shall comply with the plan of 94 operation.

3. Have and exercise all powers necessary or convenient toeffect any or all of the purposes for which the fund is created.

97 4. Enter into such contracts as are necessary or proper to98 carry out the provisions and purposes of this section.

5. Employ or retain such persons as are necessary to perform the administrative and financial transactions and responsibilities of the fund and to perform other necessary or proper functions unless prohibited by law.

103 6. Take such legal action as may be necessary to avoid104 payment of improper claims.

105 7. Indemnify any employee, agent, member of the board of 106 governors or his or her alternate, or person acting on behalf of 107 the fund in an official capacity, for expenses, including attorney's fees, judgments, fines, and amounts paid in 108 109 settlement actually and reasonably incurred by him or her in connection with any action, suit, or proceeding, including any 110 appeal thereof, arising out of his or her capacity in acting on 111 112 behalf of the fund, if he or she acted in good faith and in a 113 manner he or she reasonably believed to be in, or not opposed 114 to, the best interests of the fund and, with respect to any

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115 criminal action or proceeding, he or she had reasonable cause to 116 believe his or her conduct was lawful.

117

(e) Fund accounting and audit.-

Money shall be withdrawn from the fund only upon a
 voucher as authorized by the <u>Chief Financial Officer or his or</u>
 <u>her designee board of governors</u>.

121 2. All books, records, and audits of the fund shall be 122 open for reasonable inspection to the general public, except 123 that a claim file in possession of the fund, fund members, and 124 their insurers is confidential and exempt from the provisions of 125 s. 119.07(1) and s. 24(a), Art. I of the State Constitution 126 until termination of litigation or settlement of the claim, 127 although medical records and other portions of the claim file 128 may remain confidential and exempt as otherwise provided by law. 129 Any book, record, document, audit, or asset acquired by, 130 prepared for, or paid for by the fund is subject to the 131 authority of the Chief Financial Officer or his or her designee 132 board of governors, which shall be responsible therefor.

3. Persons authorized to receive deposits, issue vouchers, or withdraw or otherwise disburse any fund moneys shall post a blanket fidelity bond in an amount reasonably sufficient to protect fund assets. The cost of such bond shall be paid from the fund.

138 4. Annually, the fund shall furnish, upon request, audited 139 financial reports to any fund participant and to the Office of 388065 - h0959Line1996.docx

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140 Insurance Regulation and the Joint Legislative Auditing 141 Committee. The reports shall be prepared in accordance with 142 accepted accounting procedures and shall include income and such 143 other information as may be required by the Office of Insurance 144 Regulation or the Joint Legislative Auditing Committee.

145 Any money held in the fund shall be invested in 5. 146 interest-bearing investments by the board of governors of the 147 fund as administrator. However, in no case may any such money be 148 invested in the stock of any insurer participating in the Joint 149 Underwriting Association authorized by s. 627.351(4) or in the 150 parent company of, or company owning a controlling interest in, 151 such insurer. All income derived from such investments shall be 152 credited to the fund.

6. Any health care provider participating in the fund may withdraw from such participation only at the end of a fiscal year; however, such health care provider shall remain subject to any assessment or any refund pertaining to any year in which such member participated in the fund.

<u>(i)</u> Dissolution of the fund.-The fund shall operate
<u>subject to the supervision of the Chief Financial Officer or his</u>
<u>or her designee, pursuant to the policies and procedures and</u>
<u>under the auspices of the Department of Financial Services'</u>
<u>Division of Rehabilitation and Liquidation, until the department</u>
<u>executes a legal dissolution of the fund on or before December</u>

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| 164 | 31, 2023. Before the legal dissolution of the fund, the |
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| 165 | Department of Financial Services must: |
| 166 | 1. Obtain all existing records and retain necessary |
| 167 | records of the fund pursuant to law. |
| 168 | 2. Identify all remaining property held by the fund and |
| 169 | attempt to return such property to its owners and, for property |
| 170 | that cannot be returned to the owner, transfer such property to |
| 171 | the Department of Financial Services' Division of Unclaimed |
| 172 | Property. |
| 173 | 3. Make a final accounting of the finances of the fund. |
| 174 | 4. Ensure that the fund has met all its obligations |
| 175 | pursuant to structured settlements, annuities, or other |
| 176 | instruments established to pay covered claims and, if the fund |
| 177 | has not done so, attempt to meet such obligations before final |
| 178 | and complete dissolution of the fund. |
| 179 | 5. Sell or otherwise dispose of all physical assets of the |
| 180 | fund. |
| 181 | 6. Execute a legal dissolution of the fund. |
| 182 | 7. Transfer any remaining money or assets of the fund to |
| 183 | the Chief Financial Officer for deposit in the General Revenue |
| 184 | Fund. |
| 185 | (4) REPEALThis section is repealed January 1, 2024. |
| 186 | Section 58. Paragraph (b) of subsection (1) of section |
| 187 | 945.6041, Florida Statutes, is amended to read: |
| 188 | 945.6041 Inmate medical services |
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| 189 | (1) As used in this section, the term: |
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| 190 | (b) "Health care provider" <u>means:</u> |
| 191 | 1. A hospital licensed under chapter 395. |
| 192 | 2. A physician or physician assistant licensed under |
| 193 | chapter 458. |
| 194 | 3. An osteopathic physician or physician assistant |
| 195 | <u>licensed under chapter 459.</u> |
| 196 | 4. A podiatric physician licensed under chapter 461. |
| 197 | 5. A health maintenance organization certificated under |
| 198 | part I of chapter 641. |
| 199 | 6. An ambulatory surgical center licensed under chapter |
| 200 | <u>395.</u> |
| 201 | 7. A professional association, partnership, corporation, |
| 202 | joint venture, or other association established by the |
| 203 | individuals set forth in subparagraphs 2., 3., and 4. for |
| 204 | professional activity. |
| 205 | 8. Other medical facility. |
| 206 | a. As used in this subparagraph, the term "other medical |
| 207 | facility" means: |
| 208 | (I) A facility the primary purpose of which is to provide |
| 209 | human medical diagnostic services, or a facility providing |
| 210 | nonsurgical human medical treatment which discharges patients on |
| 211 | the same working day that the patients are admitted; and |
| 212 | (II) A facility that is not part of a hospital. |
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| 213 | b. The term does not include a facility existing for the |
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| 214 | primary purpose of performing terminations of pregnancy, or an |
| 215 | office maintained by a physician or dentist for the practice of |
| 216 | medicine has the same meaning as provided in s. 766.105. |
| 217 | Section 59. Paragraph (a) of subsection (1) of section |
| 218 | 985.6441, Florida Statutes, is amended to read: |
| 219 | 985.6441 Health care services |
| 220 | (1) As used in this section, the term: |
| 221 | (a) "Health care provider" <u>means:</u> |
| 222 | 1. A hospital licensed under chapter 395. |
| 223 | 2. A physician or physician assistant licensed under |
| 224 | chapter 458. |
| 225 | 3. An osteopathic physician or physician assistant |
| 226 | licensed under chapter 459. |
| 227 | 4. A podiatric physician licensed under chapter 461. |
| 228 | 5. A health maintenance organization certificated under |
| 229 | part I of chapter 641. |
| 230 | 6. An ambulatory surgical center licensed under chapter |
| 231 | <u>395.</u> |
| 232 | 7. A professional association, partnership, corporation, |
| 233 | joint venture, or other association established by the |
| 234 | individuals set forth in subparagraphs 2., 3., and 4. for |
| 235 | professional activity |
| 236 | 8. Other medical facility. |
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| 237 | a. As used in this subparagraph, the term "other medical |
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| 238 | facility" means: |
| 239 | (I) A facility the primary purpose of which is to provide |
| 240 | human medical diagnostic services, or a facility providing |
| 241 | nonsurgical human medical treatment which discharges patients on |
| 242 | the same working day that the patients are admitted; and |
| 243 | (II) A facility that is not part of a hospital. |
| 244 | b. The term does not include a facility existing for the |
| 245 | primary purpose of performing terminations of pregnancy, or an |
| 246 | office maintained by a physician or dentist for the practice of |
| 247 | medicine has the same meaning as provided in s. 766.105. |
| 248 | Section 60. 395.1061, Florida Statutes, is created to |
| 249 | read: |
| 250 | 395.1061 Professional liability coverage |
| 251 | (1) As used in this section, the term: |
| 252 | (a) "Committee" means a committee or board of a hospital |
| 253 | established to make recommendations, policies, or decisions |
| 254 | regarding patient institutional utilization, patient treatment, |
| 255 | or institutional staff privileges or to perform other |
| 256 | administrative or professional purposes or functions. |
| 257 | (b) "Covered individuals" means the officers; trustees; |
| 258 | volunteer workers; trainees; committee members, including |
| 259 | physicians, osteopathic physicians, podiatric physicians, and |
| 260 | dentists; and employees of the hospital other than employed |
| 261 | physicians licensed under chapter 458, physician assistants |
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| 262 | licensed under chapter 458, osteopathic physicians licensed |
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| 263 | under chapter 459, dentists licensed under chapter 466, and |
| 264 | podiatric physicians licensed under chapter 461. However, with |
| 265 | respect to a hospital, the term also includes: house physicians, |
| 266 | interns, employed physician residents in a resident training |
| 267 | program, and physicians performing purely administrative duties |
| 268 | for the hospital instead of treating patients. This coverage |
| 269 | applies to the hospital and those included in the definition of |
| 270 | health care provider at s. 985.6441(1)(a), F.S. |
| 271 | (c) "Hospital system" means two or more hospitals |
| 272 | associated by common ownership or corporate affiliation. |
| 273 | (d) "House physician" means any physician, osteopathic |
| 274 | physician, podiatric physician, or dentist at a hospital, |
| 275 | except: |
| 276 | 1. The physician, osteopathic physician, podiatric |
| 277 | physician, or dentist who has staff privileges at a hospital, |
| 278 | provides emergency room services, or performs a medical or |
| 279 | dental service for a fee; or |
| 280 | 2. An anesthesiologist, pathologist, or radiologist. |
| 281 | (e) "Occurrence" means an accident or incident, including |
| 282 | continuous or repeated exposure to certain harmful conditions, |
| 283 | which results in patient injuries |
| 284 | (f) "Per claim" means all claims per patient arising out |
| 285 | of an occurrence. |
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| 286 | (2) Each hospital, unless exempted under paragraph (3)(b), |
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| 287 | must demonstrate financial responsibility for maintaining |
| 288 | professional liability coverage to pay claims and costs |
| 289 | ancillary thereto arising out of the rendering of or failure to |
| 290 | render medical care or services and for bodily injury or |
| 291 | property damage to the person or property of any patient arising |
| 292 | out of the activities of the hospital or arising out of the |
| 293 | activities of covered individuals, to the satisfaction of the |
| 294 | Agency for Health Care Administration, by meeting one of the |
| 295 | following requirements: |
| 296 | (a) Establish an escrow account in an amount equivalent to |
| 297 | \$10,000 per claim for each hospital bed in such hospital, not to |
| 298 | exceed a \$2.5 million annual aggregate. |
| 299 | (b) Obtain professional liability coverage in an amount |
| 300 | equivalent to \$10,000 or more per claim for each bed in such |
| 301 | hospital from a private insurer, from the Joint Underwriting |
| 302 | Association established under s. 627.351(4), or through a plan |
| 303 | of self-insurance as provided in s. 627.357. However, no |
| 304 | hospital may be required to obtain such coverage in an amount |
| 305 | exceeding a \$2.5 million annual aggregate. |
| 306 | (3)(a) Each hospital, unless exempted under paragraph (b), |
| 307 | shall provide evidence of compliance and remain in continuous |
| 308 | compliance with the professional liability coverage provisions |
| 309 | of this section. The Agency for Health Care Administration may |
| 310 | not issue or renew the license of any hospital that does not |
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| 311 | provide evidence of compliance or that provides evidence of |
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| 312 | insufficient coverage. |
| 313 | (b) Any hospital operated by an agency, subdivision, or |
| 314 | instrumentality of the state is exempt from the provisions of |
| 315 | this section. |
| 316 | (4) A hospital system may meet the professional liability |
| 317 | coverage requirement with an escrow account, insurance, or self- |
| 318 | insurance policies if the \$10,000 per claim and \$2.5 million |
| 319 | annual aggregate is met for each hospital in the hospital |
| 320 | system. |
| 321 | |
| 322 | |
| 323 | TITLE AMENDMENT |
| 324 | Remove lines 177-184 and insert: |
| 325 | amending s. 766.105, F.S.; deleting certain provisions relating |
| 326 | to the Agency for Health Care Administration; requiring that the |
| 327 | Florida Patient's Compensation Fund be subject to the |
| 328 | supervision and approval of the Chief Financial Officer rather |
| 329 | than a board of governors and be dissolved on or before a |
| 330 | specified date; deleting certain provisions relating to the |
| 331 | board of governors; providing duties of the department before |
| 332 | the legal dissolution of the fund; requiring that provisions |
| 333 | relating to the fund be repealed on a specified date; amending |
| 334 | ss. 945.6041 and 985.6441, F.S.; conforming provisions to |
| 335 | changes made by the act; creating s. 395.1061, F.S.; providing |
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336 definitions; requiring certain hospitals and hospital systems to 337 demonstrate financial responsibility for maintaining 338 professional liability coverage; prohibiting the agency from 339 issuing or renewing licenses of hospitals under certain 340 circumstances; providing exemptions from professional liability 341 coverage requirements; transferring the Stop 342

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