# THE FLORIDA SENATE

**SPECIAL MASTER ON CLAIM BILLS**

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March 14, 2025

The Honorable Ben Albritton
President, The Florida Senate
Suite 409, The Capitol
Tallahassee, Florida 32399-1100

Re: **SB 22** – Senator Rodriguez
**HB 6525** – Representative Antone
Relief of Eric Miles, Jr. and Jennifer Miles by the South Broward Hospital District

## SPECIAL MASTER'S FINAL REPORT

THIS IS A SETTLED EXCESS JUDGMENT CLAIM FOR $200,000. THE PARENTS OF E.E.M., NOW DECEASED, SEEK COMPENSATION FROM THE SOUTH BROWARD HOSPITAL DISTRICT D/B/A JOE DIMAGGIO CHILDREN'S HOSPITAL FOR ALLEGED MEDICAL MALPRACTICE COMMITTED DURING THE TREATMENT OF E.E.M.

FINDINGS OF FACT:

On December 24, 2017, E.E.M., the 17-month-old son of Eric Miles, Jr., and Jennifer Miles, was taken to the emergency department of Joe DiMaggio Children's Hospital (JDCH) in Broward County with complaints of an intermittent cough, irritability, and a decreased oral intake. He had radiographs taken and was discharged later that day. During the next 24 to 36 hours, his condition worsened, with additional symptoms of lethargy, fatigue, fever, diarrhea, and blood and mucus in his stools.

On December 26, 2017, E.E.M. returned to the emergency department of JDCH with lethargy and severe dehydration.

He was diagnosed with hypoglycemia, thrombocytopenia,[1] hepatitis, and abnormal blood clotting. His laboratory values were significantly abnormal. A perianal lesion was noted on admission. Due to having a distended abdomen, he was given an abdominal ultrasound, which indicated no inversion of one portion of the intestines within another. However, the abdominal ultrasound did indicate that there were issues with his appendix, and a clinical correlation was recommended.[2]

On December 27, 2017, E.E.M.'s distended abdomen had become tympanic, and he experienced tachycardia,[3] blood in his stool, and laboratory values that were still significantly abnormal. An abdominal X-ray taken later that day showed nonspecific gaseous bowel distension with air and stool through his large intestine.

E.E.M.'s condition worsened over the next few days, with his abdomen still distended, a perianal lesion that was worsening, and laboratory values that were still significantly abnormal.

On December 30, 2017, E.E.M. had a chest X-ray of his abdomen, which showed gaseous distension of the stomach with air identified in the abdomen. His laboratory values continued to be significantly abnormal.

On December 31, 2017, E.E.M. had a chest X-ray and babygram X-ray that both indicated gaseous gastric distension. He also had an abdominal ultrasound that showed complex fluid throughout his abdomen and pelvis and indicated that a CT scan could be performed if clinically warranted.

On January 1, 2018, the clinical record indicated that E.E.M. had not had a bowel movement in 3 days, with decreased bowel sounds and a distended abdomen.

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[1] Thrombocytopenia occurs when one's bone marrow does not make enough platelets. Cleveland Clinic, *Thrombocytopenia,* https://my.clevelandclinic.org/health/diseases/14430-thrombocytopenia (last visited Feb. 4, 2025).

[2] A clinical correlation recommendation means that findings from a test or scan should be considered together with the patient's symptoms and overall health condition. This is because sometimes what is seen in a test might not be causing any problems, or it might be more serious than it appears. Balumed, *Clinical Correlation* (Dec. 26, 2023), https://balumed.com/en/medical-dictionary/clinical-correlation.

[3] Tachycardia is a heart rate that is faster than normal, or more than 100 beats per minute at rest. Cleveland Clinic, *Tachycardia,* https://my.clevelandclinic.org/health/diseases/22108-tachycardia (last visited Feb. 4, 2025).

On January 3, 2018, E.E.M. had an X-ray with contrast which indicated that the results were "suspicious" for small bowel obstruction, and an X-ray performed an hour later indicating that the results were "highly suspicious" for a small bowel obstruction. Additionally, a CT scan of his abdomen was performed and the associated report observed a small bowel obstruction, ascites,[4] and likely peritonitis,[5] among other things.

On January 4, 2018, E.E.M. had another X-ray with contrast of his chest and abdomen which showed that the contrast liquid did not advance through the small bowel, indicating an issue with obstruction. Although his symptoms, laboratory values, radiological, and other clinical findings were consistent with an intestinal blockage or rupture, JDCH's medical staff could not fully diagnose his condition.

On January 5, 2018, JDCH transferred E.E.M. to Holtz Children's Hospital at Jackson Memorial Hospital (Holtz Children's) in Miami-Dade County for an immunological consult – not for a surgical consultation. Upon admission to Holtz Children's, he was suffering from sepsis with multiorgan failure and other life-threatening conditions. He also underwent a CT scan that showed evidence of a bowel perforation.

On January 6, 2018, only hours after admission, E.E.M. underwent several emergency procedures: an exploratory laparotomy,[6] a small bowel resection,[7] an ileostomy,[8] and a

[4] Ascites is a build up of fluid in one's abdomen causing a swollen abdomen. Cleveland Clinic, *Ascites,* https://my.clevelandclinic.org/health/diseases/14792-ascites (last visited Feb. 4, 2025).
[5] Peritonitis is inflammation in one's peritoneum, which is the tissue that lines the inside of one's abdominal cavity. Cleveland Clinic, *Peritonitis,* https://my.clevelandclinic.org/health/diseases/17831-peritonitis (last visited Feb. 4, 2025).
[6] An exploratory laparotomy is surgery to open the abdomen to find the cause of problems that testing alone could not diagnose. Saint Luke's Health System, *Exploratory Laparotomy,* https://www.saintlukeskc.org/health-library/exploratory-laparotomy (last visited Feb. 4, 2025).
[7] Small bowel resection is surgery to remove a part of one's small bowel. It is done when part of one's small bowel is blocked or diseased. Mt. Sinai Health System, *Small bowel resection,* https://www.mountsinai.org/health-library/surgery/small-bowel-resection (last visited Feb. 4, 2025).
[8] An ileostomy is an opening in the abdominal wall that is made during surgery. It is usually needed because a problem is causing the ileum (the lowest part of the small intestine) to not work properly, or a disease is affecting that part of the colon and it needs to be removed. American Cancer Society, *What Is an Ileostomy?,* https://www.cancer.org/cancer/managing-cancer/treatment-types/surgery/ostomies/ileostomy/what-is-ileostomy.html (last visited Feb. 4, 2025).

mucous transverse colostomy fistula.[9] Over the next few weeks, he had numerous other surgeries associated with small bowel obstruction.

By January 11, 2018, E.E.M. had developed abdominal compartment syndrome and was draining foul-smelling fluid from around his ostomy[10] along with elevated infectious markers. The physicians at Holtz Children's suspected he had intraabdominal abscess and pus collection. Accordingly, he was taken back into surgery, which included an exploratory laparotomy, an abdominal washout, drainage of the intraabdominal abscess, takedown of both the ostomy and a temporary closure of the abdominal wall, and a debridement and drainage of necrotic tissue in the area of the perineum and anus.

On January 13, 2018, E.E.M. had another abdominal washout and drainage of the intraabdominal abscess. He also had a reapplication of the temporary abdominal closure with a silo bag.

On January 16, 2018, E.E.M. underwent a reopening of the recent laparotomy, and another abdominal washout and temporary abdominal closure.

On January 19, 2018, E.E.M. underwent another exploratory laparotomy, abdominal washout, partial closure of the abdominal wall fascia, and application of a Gore-Tex mesh for closure of the abdominal wall.
After January 19, 2018, E.E.M. underwent more than 20 additional surgeries and procedures and was hospitalized for extended periods of time (days and months).

Ultimately, E.E.M. suffered many life-altering and horrific injuries and damages, such as significant anal dilation; kidney stones; the loss of his terminal ileum, right colon, omentum, and appendix; and later, the removal of his entire remaining

[9] A mucous fistula procedure takes place at the same time as an ileostomy. It brings a section of the large or small intestine to a surgically created opening in one's abdominal skin (a stoma). A mucous fistula is a second stoma that allows one's body to expel intestinal mucus. Cleveland Clinic, *Mucous Fistula,* https://my.clevelandclinic.org/health/treatments/22844-mucous-fistula (last visited Feb. 4, 2025).
[10] An ostomy is a surgery that creates an opening in one's abdomen, changing the way waste exits one's body. Cleveland Clinic, *Ostomy,* https://my.clevelandclinic.org/health/procedures/22496-ostomy (last visited Feb. 4, 2025).

intestine. He also missed significant developmental milestones.

On September 1, 2023, E.E.M. passed away at 7 years of age.

LITIGATION HISTORY:

On May 28, 2020, Eric Miles, Jr. and Jennifer Miles filed a medical malpractice lawsuit in the Seventeenth Judicial Circuit, in and for Broward County, case no. 20-008839, against the South Broward Hospital District (doing business as JDCH) and several other parties.

Specifically, the lawsuit alleged medical negligence claims against the South Broward Hospital District (Count 1); Kidz Medical Services, Inc. (Count 2); Aymin Delgado-Borrego, M.D. (Count 3); and Neeraj Kumar Raghunath, M.D. (Count 4). It also alleged that the South Broward Hospital District was vicariously liable for the acts of David Drucker, M.D. (Count 5), Julie Ann Long, M.D. (Count 6), Gary Birken, M.D. (Count 7), Tamar Leah Levene, M.D. (Count 8), Alejandro Cracco, M.D. (Count 9), and Morris Sasson, M.D. (Count 10). The lawsuit also alleged that Kidz Medical Services, Inc., was vicariously liable for the acts of Aymin Delgado-Borrego, M.D. (Count 11), Neeraj Kumar Raghunath, M.D. (Count 12), and Gerard Jerome Minor, P.A. (Count 13).

On May 15, 2024, Mr. and Mrs. Miles, as the co-personal representatives of E.E.M., entered into a settlement agreement with the South Broward Hospital District, together with the hospital district's insurers, agents, employees, commissioners, appointees, trustees, and attorneys, all individually and in their official capacities. The settlement agreement provides for the payment of $300,000 to Mr. and Mrs. Miles pursuant to the statutory limit under s. 768.28, F.S.; the entry of a consent judgment in the amount of $200,000; and the hospital district's agreement that it supports a claim bill in the amount of $200,000.

A claim bill hearing was held on January 28, 2025, before the House and Senate special masters. Attorney Sean Cleary appeared with his clients, claimants Mr. and Mrs. Miles, and presented their case. Jason Unger and M. Katherine Hunter, who represent the South Broward Hospital District, were also present and available for questions from the special masters.

Because the hospital district agreed that it would not oppose the claim bill, its attorneys did not present any theories, arguments, witnesses, or evidence on the hospital district's behalf. They also did not object to any portion of Mr. Cleary's presentation. Ms. Hunter stated that the hospital district supports the settlement agreement and does not oppose the claim bill, but otherwise both she and Mr. Unger were silent throughout the hearing. The hospital district has not admitted fault in this claim.

CONCLUSIONS OF LAW:

JDCH is a public, not-for-profit hospital in Hollywood, Florida, which is operated by the South Broward Hospital District. Under the legal doctrine of *respondeat superior*, the hospital district is liable for its employees' wrongful acts or medical negligence committed within the scope of their employment.

When a plaintiff seeks to recover damages for a personal injury and alleges that the injury resulted from the negligence of a health care provider, the plaintiff bears the legal burden of proving, by the greater weight of the evidence, that the alleged actions by the health care provider were a breach of the prevailing professional standard of care for that health care provider. The prevailing professional standard of care is defined in statute as "that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers."[11]

The "greater weight of the evidence" burden of proof means the more persuasive and convincing force and effect of the entire evidence in the case.[12] Put another way, if each party's evidence is placed on a balance scale, the side that dips down, even by the smallest amount, has met the burden of proof by the greater weight of the evidence.

The elements of a medical malpractice action are: (1) a duty by the physician, (2) breach of that duty, and (3) causation. Injury or damages must also be demonstrated. Florida follows the 'more likely than not' standard in proving causation, i.e., that the negligence 'probably caused' the plaintiff's injury.[13]

[11] Section 766.102(1), F.S.
[12] Fla. Std. Jury Instr. (Civ.) 401.3, *Greater Weight of the Evidence.*
[13] *Ruiz v. Tenet Hialeah Healthsystem, Inc.,* 260 So. 3d 977, 981 (Fla. 2018).

These elements as outlined below are based upon depositions, testimony, and other information submitted both before and during the special master hearing.

**Duty**

A healthcare provider, acting through its employees and agents, generally has a duty to provide medical care and treatment to its patients. Such medical care and treatment must be consistent with the prevailing professional standard of care.

In this case, JDCH and its medical staff had a duty to meet the prevailing professional standard of care by properly evaluating, diagnosing, and treating E.E.M.'s small bowel obstruction.

**Breach of Duty**

Based upon the undisputed facts already outlined above and otherwise appearing in the record, it is evident that JDCH medical staff breached the duty of care it owed E.E.M. by failing to properly evaluate, diagnose, and treat his small bowel obstruction.

E.E.M.'s clinical presentation, signs, symptoms, laboratory values, radiology findings, and other clinical findings, which worsened daily, were all consistent with an intestinal blockage and possible intestinal rupture. However, JDCH medical staff failed to properly diagnose E.E.M. It was not until after JDCH transferred him to Holtz Children's on January 5, 2018, that he received a proper diagnosis.

Dr. Chad Thorson, the pediatric surgeon at Holtz Children's who operated on E.E.M. soon after he was transferred there, testified in his pre-trial deposition, which was submitted into evidence, that he examined E.E.M.'s abdomen and observed that it was enlarged (i.e. distended) and tympanic. He also noted that E.E.M. suffered from peritonitis, which is where any slight movement of the patient causes excruciating pain. He also suffered from a perianal lesion. Because these symptoms alone were not definitive, Dr. Thorson immediately ordered a CT scan, which revealed that E.E.M. had large amounts of air and fluid in his abdomen and fat stranding, which is an inflammatory response.

To confirm a diagnosis of intestinal blockage or intestinal rupture, Dr. Thorson performed an exploratory laparotomy on what was by then a critically ill child. Upon entering E.E.M.'s abdomen on January 6, 2018, Dr. Thorson encountered significant amounts of intra-abdominal fluid known as succus, which had escaped from four perforations in E.E.M.'s intestines. He also observed that the digestive enzymes in the succus had effectively dissolved E.E.M.'s rectum from the inside out and were the apparent cause of his perianal lesion, the existence of which had been noted in his medical records since at least December 26, 2017. E.E.M.'s omentum – a fatty intestinal covering that functions to fight infection and wrap around bowel injuries – had had sufficient time to wrap around his bowel perforations. Numerous adhesions had also formed.

Dr. Thorson testified in his deposition that the human body is not able to form these kinds of adhesions and inflammatory process within a relatively short (acute) amount of time, as in hours or a few days. Considering the amount of succus he observed in E.E.M.'s abdomen, the existence of the perianal lesion, the wrapping of intestinal perforations by the omentum, and the numerous adhesions he encountered, Dr. Thorson testified that in his medical opinion, E.E.M.'s perforations had more likely than not occurred several days or weeks before his surgery, either before he was admitted to JDCH, or while he was still a patient there.

Dr. Thane Blinman, a pediatric surgeon at the Children's Hospital of Philadelphia and an Associate Professor of Surgery at the University of Pennsylvania, was asked to review E.E.M.'s records and give his professional opinions regarding his treatment at JDCH and Holtz Children's. His pre-trial deposition was submitted into evidence.

Dr. Blinman testified that when it comes to evaluating a child for a "surgical abdomen" (an abdomen requiring emergency surgery) due to a possible bowel perforation, surgeons look for distension, evidence of obstruction like emesis (no bowel movements), inability of contrast to move through the bowel, tenderness upon palpitation, and redness or shininess of the abdomen. The record reflects that E.E.M presented with all these symptoms while admitted as a patient at JDCH.

According to Dr. Blinman, E.E.M. was already septic when he was first admitted to JDHC on December 26, 2018. There was some sort of bowel injury in progress by that time. E.E.M. had blood and mucous stool in his stool the day before. He was very likely suffering from some kind of irreversible mucosal bowel injury that needed to be confirmed via a surgical laparotomy as soon as possible to prevent further damage to his intestine. Although the surgeons at JDCH (and others including E.E.M.'s own parents, who suggested it might be appropriate) clearly considered exploratory surgery a *potential* option, they never actually recommended it or performed it.

In sum, based upon the evidence in the record, JDCH's medical staff breached the prevailing professional standard by failing to:

- Recognize the severity of E.E.M.'s clinical condition, which suggested the likelihood of bowel obstruction and perforation.
- Recognize, diagnose, and treat E.E.M.'s surgical abdomen.
- Recognize, diagnose, and treat E.E.M.'s perianal ulcer, which suggested a surgical abdomen.
- Order appropriate imaging and treatment for E.E.M., including an earlier CT scan and repeat CT scan.
- Recommend surgery, including exploratory laparotomy, on E.E.M.
- Perform an exploratory laparoscopy or an exploratory laparotomy on E.E.M.
- Transfer E.E.M. to another hospital if further treatment to address his surgical condition was not going to be provided at JDCH.

Accordingly, I find that JDCH breached its duty to provide E.E.M. medical care and treatment consistent with the prevailing professional standard of care.

**Causation**

Based upon the undisputed facts already outlined above and otherwise appearing in the record, it is evident that JDCH medical staff's failure to properly evaluate, diagnose, and treat E.E.M.'s condition was the direct and proximate cause of his injuries and damages.

According to Dr. Blinman, if E.E.M.'s condition had been properly evaluated, diagnosed, and treated at JDCH, he would have avoided some or even all of the surgeries and treatments he required.

On January 3, 2017, a belated CT scan of E.E.M.'s abdomen was performed at JDCH and the associated report observed small bowel obstruction, ascites, and likely peritonitis, among other things. Had the surgeons at JDCH immediately operated on E.E.M. on or before that date, E.E.M. more likely than not would have only needed the relatively small, irreversibly damaged section of his intestine removed, and an ostomy put in place, which could have been reversed at a later time. However, because the surgeons did not operate on him on or before that date, E.E.M. would later go on to lose nearly the entirety of his intestine and require over 20 additional surgeries and treatments, including placement of a Total Parenteral Nutrition (TPN) tube.[14] He would also require an intestinal transplant, for which he was preparing when he died.

Additionally, Dr. Steven N. Lichtman, an expert pediatric gastroenterologist that claimants intended to present at trial, corroborated Dr. Blinman's position in a response to interrogatories (submitted into evidence). He opined that E.E.M. was forced to undergo many additional treatments, including lengthy hospitalizations, surgeries, and the removal of his entire remaining intestine, as a direct and proximate result of JDCH medical staff's negligence, which in turn caused or contributed to his death.

Accordingly, I find that JDCH's breach of the duty of care it owed E.E.M. was the direct and proximate cause of his injuries and damages, including his death.

**Injury or Damages**

Based upon the undisputed facts already outlined above and otherwise appearing in the record, it is evident that JDCH's medical malpractice has caused both E.E.M. and his family an enormous amount of physical and emotional pain and suffering.

[14] A TPN is method of feeding that bypasses the gastrointestinal tract. Cleveland Clinic, *Parenteral Nutrition,* https://my.clevelandclinic.org/health/treatments/22802-parenteral-nutrition (last visited Feb. 4, 2025).

As noted earlier in this report, E.E.M. suffered many life-altering and horrific injuries and damages, including anal dilation; kidney stones; the loss of his terminal ileum, right colon, omentum, and appendix; and the removal of his entire remaining intestine. He also missed important developmental milestones. He died on September 1, 2023.

Moreover, Dr. Blinman testified that E.E.M.'s quality of life was severely impacted. For example, had E.E.M. lived beyond September 1, 2023, and received a bowel transplant (he never did), he never would have been able to eat a cheeseburger. Attending school never would have been normal. He was also unlikely to ever be on a varsity team for sports.

Dr. Blinman also testified that the total removal of E.E.M.'s intestine adversely impacted his life expectancy. Individuals lacking an intestine can develop severe liver failure from TPN feedings or die from complications with the central line. Children with a normal bowel do not have these problems. Similarly, bowel transplants in individuals needing a transplant may or may not be successful (the failure rate is very high), and if an individual's body rejects the transplant, it is often fatal.

Claimants also submitted a summary of the past and present value of future economic losses to E.E.M. based upon his life care plan. Life care plans are intended to formulate medical valuations that identify a subject's residual medical conditions and future care requirements, and they quantify the costs of those requirements in monetary terms.[15] According to Gary A. Anderson, Ph.D., an expert hired by claimants to develop the summary, due to JDCH medical staff's negligence, had E.E.M. lived beyond 18 years of age to 67 years of age, he would have lost $949,178 in earning capacity over his lifetime. And as measured from age 7 (his age at the time of his death), he would have required $75,146,544 in medical care through age 73.

Accordingly, I find that E.E.M. endured many life-altering and horrific injuries and damages, including his death, due to the

[15] Physician Life Care Planning, *Frequently Asked Questions About Life Care Plans and Life Care Planning,* https://www.physicianlcp.com/faqs/life-care-planning/ (last visited Jan. 31, 2025).

medical malpractice of JDCH's medical staff. He also would have sustained significant economic losses had he lived beyond 7 years of age.

**Final Conclusion in Light of the Evidence**

The greater weight of the evidence made available to the special masters indicates that Mr. and Mrs. Miles would have likely prevailed at trial in its medical malpractice claims against the South Broward Hospital District, which is vicariously liable for the acts and omissions of JDCH's medical staff.

Because the hospital district agreed in the settlement agreement that it would not oppose the claim bill, its attorneys did not present any theories, arguments, witnesses, or evidence on the hospital district's behalf at the hearing. They also did not object to any portion of the claimants' presentation. It is therefore impossible, based solely on the record developed before the special masters, to assess the merits of any potential defenses that the hospital district might have made had the matter proceeded to trial.

Although the deposition transcripts of both Drs. Thorson and Blinman indicate that E.E.M. suffered from a genetic disorder called Schwachman-Diamond Syndrome,[16] and there was some suggestion by the hospital district's attorneys that the disorder could have complicated E.E.M.'s diagnosis and treatment, that argument is not well developed in the record before the special masters.

Similarly, there is evidence in the record that E.E.M. was also suffering from severe influenza symptoms when he was admitted to JDCH. Such symptoms could have masked, to some extent, E.E.M.'s other symptoms suggesting he had a bowel obstruction (e.g. fever, fatigue, cough, and diarrhea)[17] and made it more difficult for JDCH's medical staff to diagnose and treat his small bowel obstruction. However, this argument

[16] Shwachman-Diamond Syndrome is a rare, inherited bone marrow failure, characterized by a low number of white blood cells, poor growth due to difficulty absorbing food, and, in some cases, skeletal abnormalities. Boston Children's Hospital, *Shwachman-Diamond Syndrome,* https://www.childrenshospital.org/conditions/shwachman-diamond-syndrome (last visited Feb. 3, 2025).
[17] Signs and symptoms of the flu include fever, fatigue, cough, and diarrhea, all of which E.E.M. suffered while at JDCH. Centers for Disease Control, *Signs and Symptoms of Flu* (Aug. 26, 2024), https://www.cdc.gov/flu/signs-symptoms/index.html.

is also not well developed in the record before the special masters.

Based upon the evidence made available to the special masters, and considering the costs of litigation and the uncertainty of juries, I conclude that the settlement agreement is reasonable under the circumstances.

SETTLEMENT AGREEMENT

In accordance with the terms of its settlement agreement with Mr. and Mrs. Miles, the South Broward Hospital District did not present evidence or make any arguments during the *de novo* special master hearing. However, based upon the questions asked by the hospital district's attorneys in the deposition transcripts provided by claimants, it appears that the hospital district, at least initially, intended to dispute the negligence allegations.

The parties settled this suit for $500,000, of which $300,000 has already been paid. Consistent with the settlement agreement, claimants are seeking approval from the Legislature for the difference of $200,000, which would be paid out of hospital district funds or insurance.

Should the claim bill pass, the proceeds would be distributed first to pay attorney fees of 25 percent of $200,000 ($50,000), then the remainder would go to claimants. Claimants indicated at the claim bill hearing that there are no outstanding costs to be paid.

The settlement agreement, dated April 5, 2024 and fully executed by the parties on May 15, 2024, states that neither the payments nor the negotiations for the agreement (including all statements, admissions, or communications) by the plaintiffs, defendants, or their attorneys or representatives may be considered admissions by any of said parties and that no past or present wrongdoing on the part of the defendants may be implied by such payments or negotiations. The hospital district does not oppose the claim bill.

Claimants settled their claims against defendant Kidz Medical Services, Inc. and its physicians sometime before the claim bill hearing. The terms of that settlement agreement are confidential and therefore were not disclosed in the claim bill hearing.

ATTORNEY FEES: Florida law limits the claimants' attorney fees to 25 percent of the claimants' total recovery by way of any judgment or settlement obtained pursuant to section 768.28, of the Florida Statutes. The claimants' attorney has acknowledged this limitation and verified in writing that nothing in excess of 25 percent of the gross recovery will be withheld or paid as attorney fees.

RECOMMENDATIONS: The undersigned recommends that certain factual representations in the bill be amended for accuracy; specifically, that on January 1, 2018, the clinical record indicated that E.E.M. had not had a bowel movement in 3 days (not 8 days), and that the South Broward Hospital District has paid claimants the statutory limit of $300,000 in damages under section 768.28 of the Florida Statutes.

Based upon the foregoing, the undersigned recommends that Senate Bill 22 be reported FAVORABLY.

Respectfully submitted,

Mike Collazo
Senate Special Master

cc: Secretary of the Senate