CHAMBER ACTION

Senate House

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Representative Jones offered the following:

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Amendment (with title amendment)

Between lines 203 and 204, insert:

Section 4. Section 400.1411, Florida Statutes, is created to read:

400.1411 Financial responsibility.-

(1) As a condition of licensing and maintaining an active license, and prior to the issuance or renewal of an active license or reactivation of an inactive license for operating a nursing home facility in this state, an applicant must, by one of the following methods, demonstrate to the satisfaction of the agency and the former Department of Insurance financial responsibility to pay claims and costs ancillary thereto arising out of the rendering of, or the failure to render, care or services:

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(a) Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52 in the per claim amounts specified in paragraph (b). The required escrow amount set forth in this paragraph may not be used for litigation costs and attorneys' fees for the defense of any claim maintained pursuant to common law, s. 400.23, or s. 400.0233.

(b) Obtaining and maintaining general and professional liability coverage in an amount not less than \$500,000 per claim, with a minimum annual aggregate of not less than \$1 million from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, or through a plan of self-insurance as defined in s. 627.357. However, any nursing home facility that obtains general and professional liability insurance coverage from a risk retention group as defined under s. 627.942 is only required to maintain general and professional liability insurance coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$500,000. Furthermore, any nursing home facility that has been awarded a Gold Seal under the program established in s. 400.235 is only required to maintain general and professional liability insurance coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$500,000, from an authorized insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, or through a plan of self-insurance as defined in s. 627.357. The required coverage amount set forth in 552461

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this paragraph may not be used for litigation costs and attorneys' fees for the defense of any claim maintained pursuant to common law, s. 400.023, or s. 400.0233.

(c) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$500,000 per claim, with a minimum aggregate availability of credit not less than \$1 million. However, any nursing home facility that has been awarded a Gold Seal under the program established in s. 400.235 is only required to maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$250,000 per claim, with a minimum annual aggregate of availability of credit not less than \$500,000. The letter of credit must be payable to the nursing home facility as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the nursing home facility or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, care and services. The letter of credit shall not be used for litigation costs and attorneys' fees for the defense of any claim maintained pursuant to common law, s. 400.023, or s. 400.0233. The letter of credit must be nonassignable and nontransferable. Such letter of credit must be issued by a bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office 552461

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that is authorized under the laws of this state or of the United States to receive deposits in this state.

- (2) (a) Each insurer, self-insurer, or risk retention group must promptly notify the agency and the former Department of Insurance of cancellation or nonrenewal of insurance required by this section. Unless the nursing home facility demonstrates that it is otherwise in compliance with the requirements of this section, the agency shall suspend the license of the nursing home facility. Any suspension under this subsection remains in effect until the nursing home facility demonstrates compliance with the requirements of this section. If any judgments or settlements are pending at the time of suspension of the license, those judgments or settlements must be paid in accordance with this section unless otherwise mutually agreed to in writing by the parties. This paragraph does not arrogate a judgment debtor's obligation to satisfy the entire amount of any judgment.
- (b) If financial responsibility requirements are met by maintaining an escrow account or letter of credit as provided in this section, upon the entry of an adverse final judgment arising from a claim maintained in contract or in tort pursuant to common law, s. 400.023, or s. 400.0233, or from noncompliance with the terms of a settlement agreement arising from a claim maintained in contract or in tort pursuant to common law, s. 400.023, or s. 400.0233, the licensee of the nursing home facility, the nursing home facility, or the entity that owns, operates, manages, or controls the nursing home facility shall pay the entire amount of the judgment together with all accrued 552461

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interest or the amount maintained in the escrow account or provided in the letter of credit as required by this section, whichever is less, within 60 days after the date such judgment became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. If timely payment is not made by the licensee of the nursing home facility, the nursing home facility or the entity that owns, operates, manages, or controls the nursing home facility, the agency shall suspend the license of the nursing home facility. This paragraph does not abrogate a judgment debtor's obligation to satisfy the entire amount of any judgment.

(3) Upon the entry of an adverse final judgment arising from a claim maintained in contract or in tort pursuant to common law, s. 400.023, s. 400.0233, or from noncompliance with the terms of a settlement agreement arising from a claim maintained in contract or in tort pursuant to common law, s. 400.023, or s. 400.0233, the licensee of the nursing home facility, the nursing home facility, or the entity that owns, operates, manages or controls the nursing home facility shall pay the judgment creditor the lesser of the entire amount of the judgment with all accrued interest or the per claim amounts specified in paragraph (1)(b), within 60 days after the date such judgment became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. Such adverse final judgment shall include any cross-claims, counterclaims, or claim for indemnity or contribution arising from the claim maintained in contract or in tort pursuant to common law, s. 400.023, or s. 400.0233. This subsection does not 552461

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abrogate a judgment debtor's obligation to satisfy the entire
amount of any judgment. Upon notification of the existence of an
unsatisfied judgment or payment pursuant to this subsection, the
agency shall notify the nursing home facility by certified mail
that its license shall be suspended unless, within 30 days from
the date of mailing, the facility either:

- (a) Shows proof that the unsatisfied judgment has been paid in the amount specified in this subparagraph; or
- (b) Furnishes the department with a copy of a timely filed notice of appeal and either:
- 1. A copy of a supersedeas bond properly posted in the amount required by law; or
- 2. An order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.
- (c) The agency shall issue an emergency order suspending the license of any nursing home facility who, after 30 days following receipt of a notice from the agency, has failed to:
- 1. Satisfy a claim maintained in contract or in tort

 pursuant to common law, s. 400.023, or s. 400.0233 against it in

 accordance with subsection (6);
- 2. Furnish the agency with a copy of a timely filed notice of appeal;
- 3. Furnish the agency with a copy of a supersedeas bond properly posted in the amount required by law; or
- 4. Furnish the agency with an order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.

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(4) Any deceptive, untrue, or fraudulent representation b
the nursing home facility with respect to any provision of this
section shall result in permanent disqualification from any
exemption to mandated financial responsibility as provided in
this section and the immediate suspension of the license of the
nursing home facility.

- (5) Any nursing home facility that is exempt from the financial responsibility requirement shall notify the agency, in writing, of any change of circumstance regarding its qualifications for such exemption and shall demonstrate that it is in compliance with the requirements of this section.
- (6) The agency shall adopt rules to implement this section.

174 Remove line 17 and insert:

TITLE AMENDMENT

severability; creating s. 400.1411, F.S.; requiring maintenance of an escrow account, liability insurance coverage, or an irrevocable letter of credit as a condition of licensure for nursing home facilities; providing requirements and procedures thereto; providing for payment of any outstanding judgments or settlements pending at the time the license of a nursing home facility is suspended by the Agency for Health Care Administration; requiring the agency to adopt rules; providing an effective date.

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