# Bill No. <u>CS for SB 2-C</u>

Amendment No. \_\_\_\_ Barcode 853064

## CHAMBER ACTION

ĺ	<u>Senate</u> <u>House</u>	
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L1	Senator Webster moved the following amendment:	
L2		
L3	Senate Amendment	
L4	On page 63, line 5, through	
L5	page 85, line 27, delete those lines	
L6		
L7	and insert:	
8	Section 28. Effective upon this act becoming a law and	
L9	applying to claims accruing on or after that date, section	
20	458.320, Florida Statutes, is amended to read:	
21	458.320 Financial responsibility	
22	(1) As a condition of licensing and maintaining an	
23	active license, and prior to the issuance or renewal of an	
24	active license or reactivation of an inactive license for the	
25	practice of medicine, an applicant $\underline{\text{must}}$ $\underline{\text{shall}}$ by one of the	
26	following methods demonstrate to the satisfaction of the board	
27	and the department financial responsibility to pay claims and	
28	costs ancillary thereto arising out of the rendering of, or	
29	the failure to render, medical care or services:	
30	(a) Establishing and maintaining an escrow account	
31	consisting of cash or assets eligible for deposit in 1	
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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 or attorney's fees for the defense of any medical malpractice claim.

- (b) Obtaining and maintaining professional liability coverage in an amount not less than \$200,000 \$100,000 per claim, with a minimum annual aggregate of not less than \$600,000\$300,000, 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, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357. The required coverage amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the defense of any medical malpractice <u>claim.</u>
- (c) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$200,000 \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$600,000\$ \$300,000. The letter of credit must shall be payable to the physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the physician 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, medical care and services. The letter of credit may not be used for litigation costs or attorney's fees for the defense of any medical malpractice claim. The Such letter of credit must 31 shall be nonassignable and nontransferable. Such letter of

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- credit <u>must</u> shall be issued by any bank or savings association organized and existing under the laws of this state or any 3 bank or savings association organized under the laws of the United States which that has its principal place of business 5 in this state or has a branch office that which is authorized under the laws of this state or of the United States to 6 7 receive deposits in this state.
  - (2) Physicians who perform surgery in an ambulatory surgical center licensed under chapter 395 and, as a continuing condition of hospital staff privileges, physicians who have with staff privileges must shall also be required to establish financial responsibility by one of the following methods:
  - (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 or attorney's fees for the defense of any medical malpractice claim.
- (b) Obtaining and maintaining professional liability coverage in an amount not less than \$500,000 \$250,000 per claim, with a minimum annual aggregate of not less than \$1.5 million\$750,000 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, from the Joint Underwriting Association established under s. 627.351(4), through a plan of self-insurance as provided in s. 627.357, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s. 766.110. The required coverage amount set 31 | forth in this paragraph may not be used for litigation costs

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or attorney's fees for the defense of any medical malpractice claim. 3 (c) Obtaining and maintaining an unexpired irrevocable letter of credit, established pursuant to chapter 675, in an 4 5 amount not less than \$500,000 \\$250,000 per claim, with a

minimum aggregate availability of credit of not less than \$1.5 million\$750,000. The letter of credit must shall be payable

to the physician as beneficiary upon presentment of a final 8

judgment indicating liability and awarding damages to be paid 9

by the physician or upon presentment of a settlement agreement 10

11 signed by all parties to such agreement when such final

judgment or settlement is a result of a claim arising out of 12

13 the rendering of, or the failure to render, medical care and

services. The letter of credit may not be used for litigation 14

15 costs or attorney's fees for the defense of any medical

malpractice claim. The Such letter of credit must shall be

nonassignable and nontransferable. The Such letter of credit 17

18 must shall be issued by any bank or savings association

19 organized and existing under the laws of this state or any

bank or savings association organized under the laws of the 20

21 United States which that has its principal place of business

in this state or has a branch office that which is authorized 22

under the laws of this state or of the United States to 23

24 receive deposits in this state.

> This subsection shall be inclusive of the coverage in subsection (1).

(3)(a) The financial responsibility requirements of subsections (1) and (2) shall apply to claims for incidents that occur on or after January 1, 1987, or the initial date of 31 | licensure in this state, whichever is later.

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(b) Meeting the financial responsibility requirements 1 of this section or the criteria for any exemption from such 3 requirements <u>must</u> shall be established at the time of issuance or renewal of a license on or after January 1, 1987. 4 5 (b)(c) Any person may, at any time, submit to the department a request for an advisory opinion regarding such 6 7 person's qualifications for exemption. 8 (4)(a) Each insurer, self-insurer, risk retention group, or Joint Underwriting Association <u>must</u> shall promptly 9 notify the department of cancellation or nonrenewal of 10 11 insurance required by this section. Unless the physician demonstrates that he or she is otherwise in compliance with 12 13 the requirements of this section, the department shall suspend 14 the license of the physician pursuant to ss. 120.569 and 15 120.57 and notify all health care facilities licensed under 16 chapter 395 of such action. Any suspension under this subsection remains shall remain in effect until the physician 17 demonstrates compliance with the requirements of this section. 18 19 If any judgments or settlements are pending at the time of 20 suspension, those judgments or settlements must be paid in accordance with this section unless otherwise mutually agreed 2.1 to in writing by the parties. This paragraph does not abrogate 22 a judgment debtor's obligation to satisfy the entire amount of 23 24 any judgment, except that a license suspended under paragraph 25 (5)(g) shall not be reinstated until the physician 26 demonstrates compliance with the requirements of that 27 provision. (b) If financial responsibility requirements are met 28 by maintaining an escrow account or letter of credit as 29 provided in this section, upon the entry of an adverse final 30

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- from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement 3 agreement arising from a claim of medical malpractice either in contract or tort, the licensee shall pay the entire amount 5 of the judgment together with all accrued 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 physician, the department shall suspend the license of the physician pursuant to procedures set forth in subsection (8) 12 subparagraphs (5)(g)3., 4., and 5. Nothing in this paragraph 13 shall abrogate a judgment debtor's obligation to satisfy the 14 15 entire amount of any judgment.
  - (5) The requirements of subsections (1), (2), and (3) do shall not apply to:
  - (a) Any person licensed under this chapter who practices medicine exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(15).
- (b) Any person whose license has become inactive under this chapter and who is not practicing medicine in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage which provided liability coverage for incidents that occurred 31 on or after January 1, 1987, or the initial date of licensure

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in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.

- (c) Any person holding a limited license pursuant to s. 458.317 and practicing under the scope of such limited license.
- (d) Any person licensed or certified under this chapter who practices only in conjunction with his or her teaching duties at an accredited medical school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the medical school.
- (e) Any person holding an active license under this chapter who is not practicing medicine in this state. If such person initiates or resumes any practice of medicine in this state, he or she must notify the department of such activity and fulfill the financial responsibility requirements of this section before resuming the practice of medicine in this state.
- (f) Any person holding an active license under this chapter who meets all of the following criteria:
- 1. The licensee has held an active license to practice in this state or another state or some combination thereof for more than 15 years.
- 2. The licensee has either retired from the practice of medicine or maintains a part-time practice of no more than 1,000 patient contact hours per year.
- 3. The licensee has had no more than two claims for  $$7:25\ PM$$  07/10/03 \$0002Cclb-09k8z

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medical malpractice resulting in an indemnity exceeding \$25,000 within the previous 5-year period.

- 4. The licensee has not been convicted of, or pled guilty or nolo contendere to, any criminal violation specified in this chapter or the medical practice act of any other state.
- 5. The licensee has not been subject within the last 10 years of practice to license revocation or suspension for 8 any period of time; probation for a period of 3 years or 9 longer; or a fine of \$500 or more for a violation of this 10 11 chapter or the medical practice act of another jurisdiction. The regulatory agency's acceptance of a physician's 12 13 relinquishment of a license, stipulation, consent order, or 14 other settlement, offered in response to or in anticipation of 15 the filing of administrative charges against the physician's 16 license, constitutes shall be construed as action against the physician's license for the purposes of this paragraph. 17
  - 6. The licensee has submitted a form supplying necessary information as required by the department and an affidavit affirming compliance with the provisions of this paragraph.
  - 7. The licensee <u>must</u> shall submit biennially to the department certification stating compliance with the provisions of this paragraph. The licensee <u>must</u> shall, upon request, demonstrate to the department information verifying compliance with this paragraph.

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A licensee who meets the requirements of this paragraph <u>must</u> shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly 31 | noticeable by all patients or provide a written statement to

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Such sign or statement <u>must read as follows</u> shall state that: 3 "Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time physicians who meet state requirements are exempt from the financial responsibility law. YOUR DOCTOR MEETS THESE REQUIREMENTS AND 8 HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law." 10 11 (g) Any person holding an active license under this 12 chapter who agrees to meet all of the following criteria: 13 1. Upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of 14 15 medical malpractice either in contract or tort, or from 16 noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either in contract or 17 18 tort, the licensee shall pay the judgment creditor the lesser 19 of the entire amount of the judgment with all accrued interest 20 or either \$100,000, if the physician is licensed pursuant to this chapter but does not maintain hospital staff privileges, 21 or \$250,000, if the physician is licensed pursuant to this 22 23 chapter and maintains hospital staff privileges, within 60 days after the date such judgment became final and subject to 24 25 execution, unless otherwise mutually agreed to in writing by 26 the parties. Such adverse final judgment shall include any 27 cross-claim, counterclaim, or claim for indemnity or 28 contribution arising from the claim of medical malpractice. Upon notification of the existence of an unsatisfied judgment 29 or payment pursuant to this subparagraph, the department shall 30

1 | any person to whom medical services are being provided. The

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subject to disciplinary action unless, within 30 days from the date of mailing, he or she 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:
- (I) A copy of a supersedeas bond properly posted in the amount required by law; or
- (II) An order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.
- 2. The Department of Health shall issue an emergency order suspending the license of any licensee who, after 30 days following receipt of a notice from the Department of Health, has failed to: satisfy a medical malpractice claim against him or her; furnish the Department of Health a copy of a timely filed notice of appeal; furnish the Department of Health a copy of a supersedeas bond properly posted in the amount required by law; or furnish the Department of Health an order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.
- 3. Upon the next meeting of the probable cause panel of the board following 30 days after the date of mailing the notice of disciplinary action to the licensee, the panel shall make a determination of whether probable cause exists to take disciplinary action against the licensee pursuant to subparagraph 1.
- 4. If the board determines that the factual requirements of subparagraph 1. are met, it shall take disciplinary action as it deems appropriate against the 31 | licensee. Such disciplinary action shall include, at a

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minimum, probation of the license with the restriction that the licensee must make payments to the judgment creditor on a schedule determined by the board to be reasonable and within the financial capability of the physician. Notwithstanding any other disciplinary penalty imposed, the disciplinary penalty may include suspension of the license for a period not to exceed 5 years. In the event that an agreement to satisfy a judgment has been met, the board shall remove any restriction on the license. 5. The licensee has completed a form supplying necessary information as required by the department.

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> A licensee who meets the requirements of this paragraph shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or to provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state: "Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law."

(6) Any deceptive, untrue, or fraudulent representation by the licensee with respect to any provision of this section shall result in permanent disqualification 31 from any exemption to mandated financial responsibility as

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provided in this section and shall constitute grounds for disciplinary action under s. 458.331.

- (7) Any licensee who relies on any exemption from the financial responsibility requirement shall notify the department, in writing, of any change of circumstance regarding his or her qualifications for such exemption and shall demonstrate that he or she is in compliance with the requirements of this section.
- (8) Notwithstanding any other provision of this section, the department shall suspend the license of any physician against whom has been entered a final judgment, arbitration award, or other order or who has entered into a settlement agreement to pay damages arising out of a claim for medical malpractice, if all appellate remedies have been exhausted and payment up to the amounts required by this section has not been made within 30 days after the entering of such judgment, award, or order or agreement, until proof of payment is received by the department or a payment schedule has been agreed upon by the physician and the claimant and presented to the department. This subsection does not apply to a physician who has met the financial responsibility requirements in paragraphs (1)(b) and (2)(b).
- (9)(8) The board shall adopt rules to implement the provisions of this section.
- Section 29. Effective upon this act becoming a law and applying to claims accruing on or after that date, section 459.0085, Florida Statutes, is amended to read:

459.0085 Financial responsibility.--

(1) As a condition of licensing and maintaining an active license, and prior to the issuance or renewal of an 31 active license or reactivation of an inactive license for the

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practice of osteopathic medicine, an applicant must shall by one of the following methods demonstrate to the satisfaction of the board and the department financial responsibility to pay claims and costs ancillary thereto arising out of the rendering of, or the failure to render, medical care or services:

- (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).
- (b) Obtaining and maintaining professional liability coverage for the current year and for each of the prior years that the applicant or licensee has been in the active practice of medicine, up to a maximum of 4 prior years, in an amount not less than\$200,000<del>\$100,000</del> per claim, with a minimum annual aggregate of not less than \$600,000 \$300,000, 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, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357. The required coverage amount set forth in this paragraph may not be used for litigation costs or attorney's fees for the <u>defense</u> of any medical malpractice claim.
- (c) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, for the current year and for each of the prior years that the applicant or licensee has been in the active practice of medicine, up to a maximum of 4 prior years, in an amount not less than \$200,000 \\$100,000 per claim, with a minimum 31 aggregate availability of credit of not less than \$600,000

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- 1 \$300,000. The letter of credit <u>must</u> shall be payable to the osteopathic physician as beneficiary upon presentment of a 3 final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a 4 5 settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim 6 arising out of the rendering of, or the failure to render, 7 medical care and services. Such letter of credit must shall be 8 nonassignable and nontransferable. Such letter of credit <u>must</u> 9 shall be issued by any bank or savings association organized 10 11 and existing under the laws of this state or any bank or savings association organized under the laws of the United 12 13 States which that has its principal place of business in this state or has a branch office that which is authorized under 14 15 the laws of this state or of the United States to receive 16 deposits in this state.
  - (2) Osteopathic physicians who perform surgery in an ambulatory surgical center licensed under chapter 395 and, as a continuing condition of hospital staff privileges, osteopathic physicians who have with staff privileges must shall also be required to establish financial responsibility by one of the following methods:
  - (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).
- (b) Obtaining and maintaining professional liability coverage for the current year and for each of the prior years that the applicant or licensee has been in the active practice of medicine, up to a maximum of 4 prior years, in an amount 31 | not less than \$500,000 \\$250,000 per claim, with a minimum

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- 1 annual aggregate of not less than \$1.5 million \$750,000 from
- 2 an authorized insurer as defined under s. 624.09, from a
- 3 | surplus lines insurer as defined under s. 626.914(2), from a
- 4 risk retention group as defined under s. 627.942, from the
- 5 | Joint Underwriting Association established under s.
- 6 627.351(4), through a plan of self-insurance as provided in s.
- 7 | 627.357, or through a plan of self-insurance that which meets
- 8 the conditions specified for satisfying financial
- 9 responsibility in s. 766.110.
- 10 (c) Obtaining and maintaining an unexpired,
- 11 irrevocable letter of credit, established pursuant to chapter
- 12 675, for the current year and for each of the prior years that
- 13 the applicant or licensee has been in the active practice of
- 14 medicine, up to a maximum of 4 prior years, in an amount not
- 15 less than \$500,000 \\$250,000 per claim, with a minimum
- 16 aggregate availability of credit of not less than \$1.5 million
- 17 \$750,000. The letter of credit <u>must</u> shall be payable to the
- 18 osteopathic physician as beneficiary upon presentment of a
- 19 | final judgment indicating liability and awarding damages to be
- 20 paid by the osteopathic physician or upon presentment of a
- 21 settlement agreement signed by all parties to such agreement
- 22 when such final judgment or settlement is a result of a claim
- 23 arising out of the rendering of, or the failure to render,
- 24 | medical care and services. The Such letter of credit must
- 25 shall be nonassignable and nontransferable. The Such letter of
- 26 credit <u>must</u> shall be issued by any bank or savings association
- 27 organized and existing under the laws of this state or any
- 28 bank or savings association organized under the laws of the
- 29 | United States which that has its principal place of business
- 30 in this state or has a branch office that which is authorized
- 31 under the laws of this state or of the United States to

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receive deposits in this state.

 This subsection shall be inclusive of the coverage in subsection (1).

(3)(a) The financial responsibility requirements of subsections (1) and (2) shall apply to claims for incidents that occur on or after January 1, 1987, or the initial date of licensure in this state, whichever is later.

(b) Meeting the financial responsibility requirements of this section or the criteria for any exemption from such requirements <u>must shall</u> be established at the time of issuance or renewal of a license on or after January 1, 1987.

(b)(c) Any person may, at any time, submit to the department a request for an advisory opinion regarding such person's qualifications for exemption.

(4)(a) Each insurer, self-insurer, risk retention group, or joint underwriting association <u>must shall</u> promptly notify the department of cancellation or nonrenewal of insurance required by this section. Unless the osteopathic physician demonstrates that he or she is otherwise in compliance with the requirements of this section, the department shall suspend the license of the osteopathic physician pursuant to ss. 120.569 and 120.57 and notify all health care facilities licensed under chapter 395, part IV of chapter 394, or part I of chapter 641 of such action. Any suspension under this subsection <u>remains shall remain</u> in effect until the osteopathic physician demonstrates compliance with the requirements of this section. <u>If any judgments or settlements are pending at the time of suspension, those judgments or settlements must be paid in accordance with this</u>

31 section unless otherwise mutually agreed to in writing by the

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- parties. This paragraph does not abrogate a judgment debtor's obligation to satisfy the entire amount of any judgment except that a license suspended under paragraph (5)(g) shall not be reinstated until the osteopathic physician demonstrates compliance with the requirements of that provision.
- 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 medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either in contract or tort, the licensee shall pay the entire amount of the judgment together with all accrued 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 osteopathic physician, the department shall suspend the license of the osteopathic physician pursuant to procedures set forth in <u>subsection (9)</u> <del>subparagraphs (5)(g)3., 4., and 5</del>. Nothing in this paragraph shall abrogate a judgment debtor's obligation to satisfy the entire amount of any judgment.
- (5) The requirements of subsections (1), (2), and (3) do shall not apply to:
- (a) Any person licensed under this chapter who practices medicine exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this 31 subsection, an agent of the state, its agencies, or its

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subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(15).

- (b) Any person whose license has become inactive under this chapter and who is not practicing medicine in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage that which provided liability coverage for incidents that occurred on or after January 1, 1987, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.
- (c) Any person holding a limited license pursuant to s. 459.0075 and practicing under the scope of such limited license.
- Any person licensed or certified under this chapter who practices only in conjunction with his or her teaching duties at a college of osteopathic medicine. Such person may engage in the practice of osteopathic medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the college of osteopathic medicine.
- (e) Any person holding an active license under this chapter who is not practicing osteopathic medicine in this state. If such person initiates or resumes any practice of osteopathic medicine in this state, he or she must notify the department of such activity and fulfill the financial 31 responsibility requirements of this section before resuming

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the practice of osteopathic medicine in this state.

- (f) Any person holding an active license under this chapter who meets all of the following criteria:
- 1. The licensee has held an active license to practice in this state or another state or some combination thereof for more than 15 years.
- 2. The licensee has either retired from the practice of osteopathic medicine or maintains a part-time practice of osteopathic medicine of no more than 1,000 patient contact hours per year.
- 3. The licensee has had no more than two claims for medical malpractice resulting in an indemnity exceeding \$25,000 within the previous 5-year period.
- 4. The licensee has not been convicted of, or pled guilty or nolo contendere to, any criminal violation specified in this chapter or the practice act of any other state.
- 5. The licensee has not been subject within the last 10 years of practice to license revocation or suspension for any period of time, probation for a period of 3 years or longer, or a fine of \$500 or more for a violation of this chapter or the medical practice act of another jurisdiction. The regulatory agency's acceptance of an osteopathic physician's relinquishment of a license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician's license, constitutes shall be construed as action against the physician's license for the purposes of this paragraph.
- 6. The licensee has submitted a form supplying necessary information as required by the department and an 31 affidavit affirming compliance with the provisions of this

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paragraph.

7. The licensee must shall submit biennially to the department a certification stating compliance with the provisions of this paragraph. The licensee <u>must</u> shall, upon request, demonstrate to the department information verifying compliance with this paragraph.

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A licensee who meets the requirements of this paragraph must shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or to provide a written statement to any person to whom medical services are being provided. The Such sign or statement must read as follows shall state that: 14 Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO

(g) Any person holding an active license under this chapter who agrees to meet all of the following criteria.

CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided

1. Upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either in contract or tort, the licensee shall pay the judgment creditor the lesser 31 of the entire amount of the judgment with all accrued interest

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pursuant to Florida law."

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or either \$100,000, if the osteopathic physician is licensed pursuant to this chapter but does not maintain hospital staff privileges, or \$250,000, if the osteopathic physician is licensed pursuant to this chapter and maintains hospital staff privileges, 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-claim, counterclaim, or claim for indemnity or contribution arising from the claim of medical malpractice. Upon notification of the existence of an unsatisfied judgment or payment pursuant to this subparagraph, the department shall notify the licensee by certified mail that he or she shall be subject to disciplinary action unless, within 30 days from the date of mailing, the licensee 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: (I) A copy of a supersedeas bond properly posted in the amount required by law; or (II) An order from a court of competent jurisdiction staying execution on the final judgment, pending disposition of the appeal. 2. The Department of Health shall issue an emergency order suspending the license of any licensee who, after 30 days following receipt of a notice from the Department of Health, has failed to: satisfy a medical malpractice claim against him or her; furnish the Department of Health a copy of a timely filed notice of appeal; furnish the Department of Health a copy of a supersedeas bond properly posted in the

31 | amount required by law; or furnish the Department of Health an

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order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.

- 3. Upon the next meeting of the probable cause panel of the board following 30 days after the date of mailing the notice of disciplinary action to the licensee, the panel shall make a determination of whether probable cause exists to take disciplinary action against the licensee pursuant to subparagraph 1.
- 4. If the board determines that the factual requirements of subparagraph 1. are met, it shall take disciplinary action as it deems appropriate against the licensee. Such disciplinary action shall include, at a minimum, probation of the license with the restriction that the licensee must make payments to the judgment creditor on a schedule determined by the board to be reasonable and within the financial capability of the osteopathic physician. Notwithstanding any other disciplinary penalty imposed, the disciplinary penalty may include suspension of the license for a period not to exceed 5 years. In the event that an agreement to satisfy a judgment has been met, the board shall remove any restriction on the license.

5. The licensee has completed a form supplying necessary information as required by the department.

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A licensee who meets the requirements of this paragraph shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or to provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state: "Under Florida law, 31 | osteopathic physicians are generally required to carry medical

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- malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical 3 malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under 4 5 Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic 6 7 physicians who fail to satisfy adverse judgments arising from 8 claims of medical malpractice. This notice is provided pursuant to Florida law." 9
  - (6) Any deceptive, untrue, or fraudulent representation by the licensee 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 shall constitute grounds for disciplinary action under s. 459.015.
  - (7) Any licensee who relies on any exemption from the financial responsibility requirement shall notify the department in writing of any change of circumstance regarding his or her qualifications for such exemption and shall demonstrate that he or she is in compliance with the requirements of this section.
  - (8) If a physician is either a resident physician, assistant resident physician, or intern in an approved postgraduate training program, as defined by the board's rules, and is supervised by a physician who is participating in the Florida Birth-Related Neurological Injury Compensation Plan, such resident physician, assistant resident physician, or intern is deemed to be a participating physician without the payment of the assessment set forth in s. 766.314(4).
- (9) Notwithstanding any other provision of this 31 | section, the department shall suspend the license of any

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1	osteopathic physician against whom has been entered a final
2	judgment, arbitration award, or other order or who has entered
3	into a settlement agreement to pay damages arising out of a
4	claim for medical malpractice, if all appellate remedies have
5	been exhausted and payment up to the amounts required by this
6	section has not been made within 30 days after the entering of
7	such judgment, award, or order or agreement, until proof of
8	payment is received by the department or a payment schedule
9	has been agreed upon by the osteopathic physician and the
10	claimant and presented to the department. This subsection does
11	not apply to an osteopathic physician who has met the
12	financial responsibility requirements in paragraphs (1)(b) and
13	(2)(b).
14	$\frac{(10)(9)}{(9)}$ The board shall adopt rules to implement the
15	provisions of this section.
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