

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Banking and Insurance

BILL: SB 1786

INTRODUCER: Senator Burgess

SUBJECT: Payments for Birth-related Neurological Injuries

DATE: March 15, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Johnson	Knudson	BI	Pre-meeting
2.			HP	
3.			AP	

I. Summary:

SB 1786 increases the cap on the periodic or lump-sum payment amount¹ from \$100,000 to \$250,000 that the Florida Birth-Related Neurological Injury Compensation Association (NICA) may pay parents or legal guardians of an infant found to have sustained a compensable birth-related neurological injury, as determined by an administrative law judge. Further, the bill establishes a 3 percent annual increase of this cap to ensure that payments keep up with increasing costs. The provisions of the bill apply retroactively to claims filed on or after January 1, 2021.

The Florida Birth-Related Neurological Injury Compensation Plan (Plan) pays for compensation and medically necessary medical care and other services to persons with birth-related neurological injuries when a physician participating in the Plan delivers obstetrical services in connection with the birth, and an administrative law judge determines the claim is compensable.

The bill is effective July 1, 2021.

NICA engaged an actuary to determine the viability and likely impact of increasing the parental award from \$100,000 to \$250,000. The increase in the parental award is expected to result in additional expected costs of approximately \$2.70 million, for the 2020 birth year. However, given the current net assets of approximately \$393.2 million plus the recent better than expected inflation levels, it is not likely this increase will significantly impact the overall financial position of NICA in the short term. The actuary's report recommended increasing the parental award.

¹ Also known as the parental award.

II. Present Situation:

Florida Birth-Related Neurological Injury Compensation Association

In 1988, the Legislature enacted the Florida Birth-Related Neurological Injury Compensation Plan² (Plan) to provide compensation, long-term medical care, and other services to persons with birth-related neurological injuries.³ If an infant suffers such an injury, and the physician participates in NICA and delivers obstetrical services in connection with the birth, then an administrative award for a compensable injury is the infant's sole and exclusive remedy for the injury with exceptions.⁴ Although the benefits paid under the Plan are limited, the Plan does not require the claimant to prove malpractice and provides a streamlined administrative hearing process to resolve the claim.⁵

A "birth-related neurological injury" is an injury to the brain or spinal cord of a live infant caused by oxygen deprivation or by mechanical injury occurring in the course of labor, delivery, or resuscitation in the immediate post-delivery period in a hospital.⁶ Such an injury addressed by this statute renders the infant permanently and substantially mentally and physically impaired.⁷

The five-member board of directors of the Florida Birth-Related Neurological Injury Compensation Association (NICA) administers the Plan.⁸ Duties of NICA include:

- Administering the plan;
- Administering the funds collected;
- Reviewing and paying claims;
- Directing the investment and reinvestment of any surplus funds over losses and expenses;
- Reinsuring the risks of the plan in whole or in part;
- Suing and being sued, appearing and defending, in all actions and proceedings in its name; and
- Taking such legal action as may be necessary to avoid payment of improper claims.⁹

NICA Funding

The funding for the plan is derived from an initial appropriation of \$20 million by the Legislature when the plan was created¹⁰ and annual assessments paid by physicians and hospitals.¹¹ The Plan pays, on behalf of a qualifying infant, the following benefits:

² Section 766.303(1), F.S.

³ Chapter 88-1, ss. 60-75, L.O.F., was enacted by the Legislature to stabilize and reduce malpractice insurance premiums for physicians practicing obstetrics. The intent of the Legislature is to provide compensation, on a no-fault basis, for a limited class of high costs catastrophic injuries, specifically birth-related neurological injuries, that result in unusually high costs for custodial care and rehabilitation. Section 766.301 F.S.

⁴ Section 766.31(1), F.S.

⁵ See *Florida Birth-Related Neurological Injury Compensation Ass'n v. McKaughan*, 668 So.2d 974, 977 (Fla. 1996).

⁶ Section 766.302(2), F.S.

⁷ *Id.*

⁸ Section 766.315(1) and (2), F.S. The Chief Financial Officer appoints the members of the NICA board.

⁹ Section 766.315(4), F.S.

¹⁰ Section 766.314(5)(b), F.S.

¹¹ Section 766.314, F.S., requires non-participating physicians to pay \$250 per year, participating physicians to pay \$5,000 per year, and hospitals to pay \$50 per infant delivered during the prior year.

- Medically necessary and reasonable care, services, drugs, equipment, facilities, and travel;¹²
- Periodic or lump-sum award, not to exceed \$100,000, to the infant's parents or guardians;¹³
- Death benefit of \$10,000 for the infant; and
- Reasonable expenses for filing the claim under the Plan, including attorney's fees.¹⁴

The \$100,000 cash award limit was established when the NICA statutory provisions were enacted in 1988. If the initial award of \$100,000 established for the first birth year of 1989 was adjusted for inflation and assuming an annual increase of three percent, this would result in an indicated award of approximately \$250,000.¹⁵

Filing a Claim for Benefits

A claim for compensation under the Plan must be filed within five years of the birth of the infant alleged to be injured.¹⁶ First, the parents or guardians of the infant must file a petition with the Division of Administrative Hearings (DOAH).¹⁷ Then, DOAH serves a copy of the petition upon NICA, the physician(s) and hospital named in the petition, the Division of Medical Quality Assurance, and the Agency for Health Care Administration.¹⁸ Within 10 days of filing the petition, the parents or guardian must provide to NICA all medical records, assessments, evaluations and prognoses, documentation of expenses, and documentation of any private or governmental source of services or reimbursement relative to the impairments.¹⁹

Within 45 days from the date of service of a complete claim, NICA must file a response to the petition and submit relevant written information relating to the issue of whether the injury alleged is a birth-related neurological injury.²⁰ An administrative law judge (ALJ) from DOAH will set a hearing on the claim to be conducted 60-120 days from the petition filing date.²¹

The issue of whether the claim for compensation is covered by the plan is determined exclusively in an administrative proceeding.²² The ALJ presiding over the hearing makes the following determinations:

- Whether the injury claimed is a birth-related neurological injury;
- Whether obstetrical services were delivered by a participating physician; and

¹² The Plan excludes coverage for expenses that are compensable by state or federal governments, or by private insurers. Section 766.31(1)(a), F.S.

¹³ Often the award is paid out over time to assist the parents or guardians in making necessary modifications to living quarters to accommodate a disabled child.

¹⁴ Section 766.31, F.S.

¹⁵ Turner Consulting, Inc., Consultants and Actuaries, *Proposed Increase in Parental Award-Section 766.31(b)(1)*, *Florida Statutes*, (Jan. 14, 2020). On file with Banking and Insurance Committee.

¹⁶ Section 766.313, F.S.

¹⁷ Section 766.305, F.S.

¹⁸ Section 766.305(2), F.S.

¹⁹ Section 766.305(3), F.S.

²⁰ Section 766.305(4), F.S.

²¹ Section 766.307(1), F.S.

²² Section 766.301(1)(d), F.S.

- How much compensation, if any, is awardable under s. 766.31, F.S.
 - Whether, if raised by the claimant or other party, the factual determination regarding the notice requirement in s. 766.316, F.S.²³

If the ALJ determines that an injury meets the definition of a birth-related neurological injury, compensation from the plan is the exclusive legal remedy.²⁴ If the ALJ determines that, the injury alleged is not a birth-related neurological injury or that a participating physician did not deliver the obstetrical services, the ALJ will enter an order to that effect.²⁵ The ALJ may also bifurcate the proceeding and address compensability and notice first, and address an award, if any, in a separate proceeding.²⁶ If any party chooses to appeal the ALJ's order under s. 766.309, F.S., the appeal must be filed in the District Court of Appeal.²⁷

Notice Requirement

Section 766.316, F.S., requires any hospital with a participating physician on its staff and each participating physician under the plan, to provide notice to an obstetrical patient as to the limited no-fault alternative for birth-related neurological injuries. The notice must:

- Be provided on forms furnished by the association; and
- Include a clear and concise explanation of a patient's rights and limitations under the plan.

This section also provides that the notice does not need to be provided to a patient when the patient has an emergency medical condition or when notice is not practicable.

III. Effect of Proposed Changes:

Section 1 amends s. 766.31, F.S., to increase the limit for periodic payments or a lump-sum payment of an award from \$100,000 to \$250,000, beginning January 1, 2021. Each January 1, thereafter this award limit is increased by 3 percent.

Section 2 provides that the amendments made to s. 766.31, F.S., by this act apply to claims filed under s. 766.305, F.S., on or after January 1, 2021.

Section 3 the bill is effective July 1, 2021.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

²³ Section 766.309(1), F.S.

²⁴ Section 766.303(2), F.S., only allows a civil action in place of a claim under the plan where there is clear and convincing evidence of bad faith or malicious purpose or willful and wanton disregard of human rights, safety, or property.

²⁵ Section 766.309(2), F.S.

²⁶ Section 766.309(4), F.S.

²⁷Section 766.311(1), F.S.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Increasing the cash payment limit from \$100,000 to \$250,000 would assist parents and legal guardians in meeting significant medical expenses and other necessary services and care of children with birth-related neurological injuries.

C. Government Sector Impact:

NICA Report²⁸

NICA engaged actuaries to evaluate the viability and likely impact of the proposed increase in parental award, which is authorized pursuant to s. 766.31(1)(b), F.S. The actuaries concluded that, if the payment were increased from \$100,000 to \$250,000, this would result in additional expected costs to NICA of approximately \$2.70 million for the 2020 birth year. However, the actuaries noted:

[G]iven the current net assets of approximately \$393.2 million plus the recent better than expected inflation levels, it is not likely this increase will significantly impact the overall financial position in the short-term. Given the erosion resulting from the impact of inflation on the parental award coupled with the current NICA financial position, we would recommend the proposed change from \$100,000 to \$250,000.

The actuaries also noted that NICA's financial position and the potential need for assessment level increases in the longer run would depend on actual investment results and inflation levels experienced over shorter term 3 to 5 year periods. The shortfall in

²⁸ *Supra See* note 15.

assessments (i.e., without the additional investment income realized on the net assets and/or the better than expected inflation) and the indicated funding levels have in the past been offset by the better than expected realized NICA investment returns and inflation rates. To the extent this favorable relationship continues, the actuaries contend that it is likely additional increases in assessment levels will not be required. Alternatively, the actuaries note that volatility in the prospective results or increases in benefit inflation levels may require assessment level increases at some point in the longer term.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Generally, physicians and hospitals in Florida pay assessments into the Plan with some exceptions. Physicians licensed in Florida who practice obstetrics or perform obstetrical services may choose to be participating physicians and pay a higher assessment, unless exempted from payment.

VIII. Statutes Affected:

This bill substantially amends section 766.31 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.