

HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/HB 7 Civil Liability for Damages Relating to COVID-19

SPONSOR(S): Judiciary Committee, McClure and others

TIED BILLS: **IDEN./SIM. BILLS:** CS/SB 72

FINAL HOUSE FLOOR ACTION: 83 Y's 31 N's **GOVERNOR'S ACTION:** Approved

SUMMARY ANALYSIS

CS/HB 7 passed the House on March 26, 2021, as CS/SB 72. The bill includes portions of CS/CS/HB 7005 and SB 74.

In the face of the COVID-19 outbreak in Florida, Governor Ron DeSantis declared a state of emergency and issued a series of executive orders directing Floridians to stay at home, with exceptions for essential services and activities. While some of the executive orders eventually expired or were modified, the Governor has continued to extend the state of emergency, with the most recent extension occurring on April 27, 2021.

As COVID-19 spread across the world, the United States, and the State of Florida, information about the virus evolved at a rapid pace. Official guidance came from multiple sources and sometimes changed on a daily basis. Business owners, schools, government leaders, religious organizations, and other entities scrambled to make the best decisions possible based on their knowledge at the time.

The bill provides several COVID-19-related liability protections for businesses, educational institutions, government entities, religious organizations, and other entities. Under the bill, a covered entity that makes a good faith effort to substantially comply with applicable COVID-19 guidance is immune from civil liability from a COVID-19-related claim, and in bringing such a claim, a plaintiff must:

- Plead his or her complaint with particularity.
- Submit, at the time of filing suit, a physician's affidavit confirming the physician's belief that the plaintiff's COVID-19-related injury occurred because of the defendant's conduct.
- Prove, by clear and convincing evidence, that the defendant was at least grossly negligent.

The bill also provides heightened civil liability protections to health care entities for claims brought by patients and residents related to:

- Diagnosis or treatment of, or failure to diagnose or treat, a person for COVID-19;
- Provision of a novel or experimental COVID-19 treatment;
- Transmission of COVID-19;
- Delay or cancellation of a surgery or medical procedure, test, or appointment in certain situations;
- An act or omission with respect to an emergency medical condition in certain situations; or
- Treatment of a patient with COVID-19 whose injuries were directly related to an exacerbation of preexisting conditions by COVID-19.

To recover in a COVID-19-related medical claim, the plaintiff must prove by the greater weight of the evidence that the defendant was grossly negligent or committed intentional misconduct, and the bill enumerates certain affirmative defenses available to defendants against such claims.

The bill provides a severability provision and applies retroactively; however, the bill does not apply in a civil action against a particular defendant if the action was filed before the bill's effective date. The bill may have a positive fiscal impact on state government.

The bill was approved by the Governor on March 29, 2021, ch. 2021-1, L.O.F., and became effective on that date.

I. SUBSTANTIVE INFORMATION

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0007z.DOCX

DATE: 5/6/2021

A. EFFECT OF CHANGES:

Background¹

COVID-19 Outbreak, Spread, & Aftermath

Initial Outbreak

On December 31, 2019, the Chinese government confirmed that health officials were treating "dozens of cases" of pneumonia of an "unknown cause." A few days later, researchers identified a new virus, which later came to be known as the novel coronavirus, or "COVID-19." It was ultimately determined that the virus had surfaced at a Chinese seafood and poultry market. On January 11, 2020, China reported its first death from a COVID-19 infection.

On January 14, 2020, the World Health Organization ("WHO") reported that preliminary investigations by Chinese authorities had found "no clear evidence of human-to-human transmission." But WHO also stated that it was "certainly possible that there is limited human-to-human transmission," and that further investigation was necessary.

Just a week later, on January 21, 2020, WHO modified its statement and said that it was very clear, based on the latest information, that there was "at least some human-to-human transmission." On January 22 and 23, 2020, WHO convened fifteen experts from around the world to determine if the virus constituted a "public health emergency of international concern," but the experts were unable to reach a consensus opinion. On January 30, 2020, the virus was labeled a public health emergency of international concern; however, by February 4, 2020, ninety-nine percent of the confirmed COVID-19 cases were still in China. As the situation developed, WHO disseminated and updated COVID-19 guidance.

Outbreak & Response in the United States, Europe, and Other Countries

Several other countries soon began confirming the spread of the virus to their own citizens. The first case in the United States was confirmed on January 21, 2020, after a man in Washington state returned home after having visited Wuhan. On January 30, 2020, WHO declared a global health emergency.

The next day, President Donald Trump suspended entry into the United States for certain foreign nationals who had travelled to China within the previous two weeks. During the month of February, the virus continued its spread to Europe, the Middle East, and Latin America. On February 29, 2020, the United States confirmed what was then believed to be its first COVID-19 related death. President Trump issued a "do not travel" warning for various parts of the world heavily affected by COVID-19. By March 26, 2020, the United States had become the world's hardest-hit country at the time.

¹ World Health Organization, *Listings of WHO's Response to COVID*, <https://www.who.int/news/item/29-06-2020-covidtimeline> (last visited Apr. 23, 2021); Derrick Bryson Taylor, *A Timeline of the Coronavirus Pandemic*, NEW YORK TIMES, <https://www.nytimes.com/article/coronavirus-timeline.html> (Aug. 6, 2020).

Evolving Guidance Regarding Social Distancing and the Use of Masks

As the virus spread across the world, the United States, and the State of Florida, information about the virus evolved at a rapid pace, with official guidance coming from multiple sources and sometimes changing on a day-to-day basis. Individuals, businesses, churches, schools, and other entities scrambled to make the best decisions possible based on their knowledge of the situation at the time.

On February 27, 2020, in the face of a mask shortage, WHO published guidance stating that "[f]or asymptomatic individuals, wearing a mask of any type is not recommended."² Two days later, WHO published additional quarantine guidelines. On March 11, 2020, WHO classified the COVID-19 outbreak as a pandemic.

On March 13, 2020, President Trump declared a national emergency due to COVID-19. On March 15, 2020, the U.S. Center for Disease Control ("CDC") recommended that people should not gather in groups of more than fifty. The next day, President Trump stated an even more cautious number, recommending that people should not gather in groups of more than ten. During the months of March and April, many states put "stay-at-home orders" into effect, requiring their citizens to quarantine, shelter in place, or otherwise limit their normal interactions with others.

On March 23, 2020, WHO launched a joint campaign with the International Federation of Association Football ("FIFA") to stop the spread of COVID-19. The campaign focused on five steps to stop the spread, including:

- Frequent handwashing;
- Containing one's sneezes and coughs;
- Avoiding touching one's face;
- Socially distancing at a distance of one meter (equivalent to a little over three feet); and
- Staying at home when not feeling well.³

Notably, the campaign letter did not include any guidance about wearing a face mask.⁴

On March 31, 2020, in response to a growing number of falsified medical products claiming to treat COVID-19, WHO issued a medical product alert. On April 2, 2020, WHO reported that a person who has not yet exhibited symptoms can spread COVID-19.

On April 6, 2020, WHO updated its guidance with respect to the use of face masks, cautioning that "[m]edical masks should be reserved for health care workers" and that "the wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks."⁵

About two months later, on June 5, 2020, WHO again updated its guidance for face masks. In this guidance document, WHO acknowledged that a face mask may be used to protect a person when such person is in contact with an infected individual. The guidance ultimately recommended that a person exhibiting symptoms should wear a mask. The guidance deferred, however, on the question of whether

² World Health Organization, *Rational Use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19): Interim Guidance* (Feb. 27, 2020), https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf?sequence=1&isAllowed=y (last visited Apr. 23, 2021).

³ World Health Organization, *Pass the Message—Five Steps to Kicking Out Coronavirus* (Mar. 23, 2020) (emphasis supplied), <https://www.who.int/news/item/23-03-2020-pass-the-message-five-steps-to-kicking-out-coronavirus> (last visited Apr. 23, 2021).

⁴ See *id.*

⁵ World Health Organization, *Advice on the Use of Masks in the Context of COVID-19, Interim Guidance* (Apr. 6, 2020) https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y (last visited Apr. 23, 2021).

a healthy individual should wear a mask, citing a lack of good data and the fact that "there are potential benefits and harms to consider."⁶

On August 5, 2020, WHO launched the "#WearAMask Challenge" on social media "to help spread the word about how and when to use a mask to protect against COVID-19."⁷ On November 10, 2020, WHO launched the "#WeAreInThisTogether" campaign to "promote collaboration and adherence to five key measures to counter COVID-19: cleaning hands, wearing masks, coughing and sneezing safely, keeping distant[,], and opening windows."⁸

On December 1, 2020, WHO again updated its mask guidance, advising that wearing a mask is a good idea and should be "a normal part of being around other people."⁹

Evolving Guidance for Health Care Providers and Long-term Care Facilities

Scientific knowledge of COVID-19 has grown exponentially since the initial outbreak and continues to grow, due to the novel nature of the disease. Guidance to health care providers and long-term care facilities for treatment and infection prevention has rapidly changed¹⁰ as understanding of the disease has evolved.¹¹ The lack of adequate supply of personal protective equipment (PPE)¹² and staffing shortages caused by the pandemic¹³ further worsened this situation and resulted in the Federal Centers for Medicare and Medicaid Services issuing recommendations to postpone or delay the performance of elective surgery and other non-essential health care procedures.¹⁴ Several states, including Florida,¹⁵ made some recommendations mandatory and prohibited health care providers from providing certain services for a period of time.

⁶ World Health Organization, *Advice on the Use of Masks in the Context of COVID-19, Interim Guidance* (June 5, 2020) (emphasis supplied) (https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y) (last visited Apr. 23, 2021).

⁷ World Health Organization, *Listings of WHO's Response to COVID*, <https://www.who.int/news/item/29-06-2020-covidtimeline> (last visited Apr. 23, 2021).

⁸ *Id.*

⁹ World Health Organization, *Coronavirus Disease (COVID-19) Advice for the Public: When and How to Use Masks* (Dec. 1, 2020), <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>. (last visited Apr. 23, 2021).

¹⁰ The Agency for Health Care Administration facility information and alerts page is demonstrative of the ever-changing COVID-19 guidance health care providers and long-term care facilities have received throughout the duration of the pandemic, https://ahca.myflorida.com/COVID-19_Facilities.shtml#facility (last visited on Apr. 23, 2021).

¹¹ See *The COVID-19 Pandemic: Biological Evolution, Treatment Options and Consequences*, Das S, Das S, Ghangrekar MM, *Innovative Infrastructure Solutions*, 2020;5(3):76, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7330532/> (last visited on Apr. 23, 2021); see also, *Coronavirus Treatment Acceleration Program (CTAP)*, U.S. Food and Drug Administration, <https://www.fda.gov/drugs/coronavirus-covid-19-drugs/coronavirus-treatment-acceleration-program-ctap> (last visited on Apr. 23, 2021); Additionally, the Centers for Disease Control and Prevention, among others, periodically updates its guidance for clinical care, prevention and control and facility operations. See *Healthcare Workers: Information on COVID-19*, Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> (last visited Apr. 23, 2021).

¹² Personal protective equipment includes, among others, masks, face shields, gloves, shoe covers and gowns.

¹³ *Contributing Factors to Personal Protective Equipment Shortages During the COVID-19 Pandemic*, Cohen J, Rodgers YVM., *Prev Med.* 2020;141:106263. doi:10.1016/j.ypmed.2020.106263, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7531934/pdf/main.pdf> (last visited Apr. 23, 2021); see also *Shortages of Staff in Nursing Homes During the COVID-19 Pandemic: What are the Driving Factors?*, *J Am Med Dir Assoc.* 2020 Oct; 21(10): 1371–1377, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7418696/pdf/main.pdf> (last visited Apr. 23, 2021).

¹⁴ *Non-Emergent, Elective Medical Services, and Treatment Recommendations*, Centers for Medicare and Medicaid Services, April 7, 2020, <https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf> (last visited Apr. 23, 2021).

¹⁵ See Fla. Exec. Order 20-72 (March 20, 2020), https://ahca.myflorida.com/docs/EO_20-72.pdf (last visited Apr. 23, 2021).

Outbreak & Response in Florida

In the face of the COVID-19 outbreak in Florida, Governor Ron DeSantis declared a state of emergency and issued a series of executive orders, including the following:

- March 1, 2020:¹⁶ Directing the State Health Officer to declare a public health emergency pursuant to the State Health Officer's authority under s. 381.00315, F.S.; and directing the Department of Health to take action pursuant to its authority under ch. 381. Accordingly, the State Health Officer immediately declared a public health emergency.¹⁷
- March 9, 2020:¹⁸ Declaring a general state of emergency in Florida under ch. 252, F.S.
- March 20, 2020:¹⁹ Prohibiting all hospitals, ambulatory surgical centers, office surgery centers, dental, orthodontic and endodontic offices, and other health care practitioners' offices from providing any medically unnecessary, non-urgent or non-emergency procedure or surgery.
- March 23-24, 2020:²⁰ Directing certain individuals travelling from out of state into Florida to self-quarantine for a period of time.
- April 1, 2020:²¹ Directing Floridians to stay at home, with exceptions for "essential" services and activities.
- May 4, 2020:²² Allowing the elective procedures prohibited in the March 20, 2020, Order to resume as long as the provider had adequate PPE, capacity to covert treatment beds in a surge capacity situation and had not refused to assist long-term care facilities.²³

While some of the Governor's executive orders eventually expired or were modified, the Governor has continued to extend the state of emergency, with the most recent sixty-day extension occurring on April 27, 2021.²⁴

Economic Impacts

On April 14, 2020, the International Monetary Fund warned that the global economy was headed for its worst economic downturn since the Great Depression, and predicted that the economy would shrink by three percent. Businesses, churches, schools, and other important American entities debated how best to react to the situation. Some of these entities closed for a period of time; some began to require face coverings; some began to focus on online sales rather than storefront sales; and some closed but never reopened. Faced with the crisis of a sort not seen for the past hundred years, many entities were forced to make important decisions with incomplete, ever-evolving information. Many of these entities, which did not staff doctors or lawyers, were not naturally equipped to make these decisions. As Americans settled into a new state of "normalcy," some entities were put into the position of choosing between continuing business operations with safeguards in place or shuttering completely.

Tort Liability and Negligence

A "tort" is a wrong for which the law provides a remedy. The purpose of tort law is to fairly compensate a person harmed by another person's wrongful acts, whether intentional, reckless, or negligent, through a civil action or other comparable process. A properly-functioning tort system:

- Provides a fair and equitable forum to resolve disputes;
- Appropriately compensates legitimately harmed persons;

¹⁶ Fla. Exec. Order 20-51 (Mar. 1, 2020).

¹⁷ See Fla. Exec. Order 20-83 (Mar. 24, 2020) (indicating the State Health Officer's declaration of public health emergency).

¹⁸ Fla. Exec. Order 20-52 (Mar. 9, 2020).

¹⁹ See Fla. Exec. Order 20-72 (March 20, 2020), https://ahca.myflorida.com/docs/EO_20-72.pdf (last visited Apr. 23, 2021).

²⁰ Fla. Exec. Order 20-80 (Mar. 23, 2020) and 20-82 (Mar. 24, 2020).

²¹ Fla. Exec. Order 20-91 and 20-92 (Apr. 1, 2020).

²² See Fla. Exec. Order 20-112 (April 29, 2020), <https://www.flgov.com/wp-content/uploads/2020/04/EO-20-112.pdf> (last visited Apr. 23, 2021).

²³ On September 25, 2020, Phase 3 of the Plan for Florida's Recovery took effect and all medical services, including elective procedures, were fully re-opened.

²⁴ Fla. Exec. Order 21-94 (Apr. 27, 2021).

- Shifts the loss to responsible parties;
- Provides an incentive to prevent future harm; and
- Deters undesirable behavior.²⁵

"Negligence" is a legal term for a type of tort action that is unintentionally committed. In a negligence action, the plaintiff is the party that brings the lawsuit, and the defendant is the party that defends against it. To prevail in a negligence lawsuit, a plaintiff must demonstrate that the:

- Defendant had a legal duty of care requiring the defendant to conform to a certain standard of conduct for the protection of others, including the plaintiff, against unreasonable risks;
- Defendant breached his or her duty of care by failing to conform to the required standard;
- Defendant's breach caused the plaintiff's injury; and
- Plaintiff suffered actual damage or loss resulting from his or her injury.²⁶

Duty of Care

The first of the four elements a plaintiff must show to prevail in a negligence action is that the defendant owed the plaintiff a "duty of care" to do something or refrain from doing something. The existence of a legal duty is a threshold requirement that, if satisfied, "merely opens the courthouse doors."²⁷ Whether a duty sufficient to support a negligence claim exists is a matter of law²⁸ determined by the court.²⁹ A duty may arise from many sources, including:

- Legislative enactments or administrative regulations;
- Judicial interpretations of such enactments or regulations;
- Other judicial precedent; and
- The general facts of the case.³⁰

In determining whether a duty arises from the general facts of the case, courts look to whether the defendant's conduct foreseeably created a broader "zone of risk" that posed a general threat of harm to others, i.e., the likelihood that the defendant's conduct would result in the type of injury suffered by the plaintiff.³¹ Such zone of risk defines the scope of the defendant's legal duty, which is typically to either lessen the risk or ensure that sufficient precautions are taken to protect others from the harm the risk poses.³² However, it is not enough that a risk merely exists or that a particular risk is foreseeable; rather, the defendant's conduct must create or control the risk before liability may be imposed.³³

²⁵ Am. Jur. 2d Torts s. 2.

²⁶ 6 *Florida Practice Series* s. 1.1; see *Barnett v. Dept. of Financial Services*, 303 So. 3d 508 (Fla. 2020).

²⁷ See *Kohl v. Kohl*, 149 So. 3d 127 (Fla. 4th DCA 2014).

²⁸ A matter of law is a matter determined by the court, unlike a matter of fact which must be determined by the jury. Matters of law include issues regarding a law's application or interpretation, issues regarding what the relevant law is, and issues of fact reserved for judges to resolve. Legal Information Institute, *Question of Law*, https://www.law.cornell.edu/wex/question_of_law (last visited Apr. 23, 2021); Legal Information Institute, *Question of Fact*, https://www.law.cornell.edu/wex/Question_of_fact (last visited Apr. 23, 2021).

²⁹ See *Kohl*, 149 So. 3d at 135; *Goldberg v. Fla. Power & Light Co.*, 899 So. 2d 1110.

³⁰ See *Goldberg*, 899 So. 2d at 1105, citing *Clay Elec. Co-op., Inc. v. Johnson*, 873 So. 2d 1182 (Fla. 2003).

³¹ See *Kohl*, 149 So. 3d at 135, citing *McCain v. Fla. Power Corp.*, 593 So. 2d 500 (Fla. 1992); see also *Whitt v. Silverman*, 788 So. 2d 210 (Fla. 2001).

³² See *Kohl*, 149 So. 3d at 135; see also *Whitt*, 788 So. 2d at 217.

³³ See *Bongiorno v. Americorp, Inc.*, 159 So. 3d 1027 (Fla. 5th DCA 2015), citing *Demelus v. King Motor Co. of Fort Lauderdale*, 24 So. 3d 759 (Fla. 4th DCA 2009).

Breach of Duty of Care

The second element a plaintiff must prove is that the defendant "breached," or failed to discharge, the duty of care. Whether a breach occurred is generally a matter of fact for the jury to determine.³⁴

Causation

The third element is that the defendant's breach of the duty of care "proximately caused" the plaintiff's injury. Like a breach, whether or not proximate causation exists is generally a matter of fact for the jury to determine.³⁵ Florida follows the "more likely than not" standard in proving causation; thus, the inquiry is whether the negligence probably caused the plaintiff's injury.³⁶ In determining whether a defendant's conduct proximately caused a plaintiff's injury, the factfinder must analyze whether the injury was a foreseeable consequence of the danger created by the defendant's negligent act or omission.³⁷ This analysis does not require the defendant's conduct to be the exclusive or even the primary cause of the injury suffered; instead, the plaintiff must only show that the defendant's conduct was a substantial cause of the injury.³⁸

Damages

The final element a plaintiff must show to prevail in a negligence action is that the plaintiff suffered some harm, or "damages." Actual damages, also called compensatory damages, are those damages actually suffered by a plaintiff as the result of the injury alleged and proved.³⁹ Juries award actual damages to compensate an injured person for a defendant's negligent acts.⁴⁰ Factors considered when calculating actual damages include lost wages or income, medical bills connected to the injury, the cost of repair to damaged property, and costs for coping with an injury (such as the cost of a wheelchair or prosthetic limb).⁴¹

Degrees of Negligence

Courts distinguish varying degrees of civil negligence by using terms such as "slight negligence," "ordinary negligence," and "gross negligence." Slight negligence is the failure to exercise great care and often applies to injuries caused by common carriers charged with the duty to exercise the highest degree of care toward their passengers.⁴² Ordinary negligence is the failure to exercise that degree of care which an ordinary prudent person would exercise; or, in other words, a course of conduct which a reasonable and prudent person would know might possibly result in injury to others.⁴³ Gross negligence is a course of conduct which a reasonable and prudent person knows would probably and most likely result in injury to another.⁴⁴ To prove gross negligence, a plaintiff must usually show that the defendant had knowledge or awareness of imminent danger to another and acted or failed to act with a conscious disregard for the consequences.⁴⁵ Once proven, gross negligence may support a punitive⁴⁶ damages

³⁴ See *Wallace v. Dean*, 3 So. 3d 1035 (Fla. 2009).

³⁵ See *Sanders v. ERP Operating Ltd. Partnership*, 157 So. 3d 273 (Fla. 2015).

³⁶ See *Ruiz v. Tenent Hialeah Healthsystem, Inc.*, 260 So. 3d 977 (Fla. 2018).

³⁷ See *id.* at 981-982.

³⁸ See *id.* at 982.

³⁹ See *Birdsall v. Coolidge*, 93 U.S. 64 (1876).

⁴⁰ See *St. Regis Paper Co. v. Watson*, 428 So. 2d 243 (Fla. 1983).

⁴¹ See Legal Information Institute, *Actual Damages*, https://www.law.cornell.edu/wex/actual_damages (last visited Apr. 23, 2021).

⁴² See *Faircloth v. Hill*, 85 So. 2d 870 (Fla. 1956); see also *Holland America Cruises, Inc. v. Underwood*, 470 So. 2d 19 (Fla. 2d DCA 1985); *Wernkli v. Greyhound Corp.*, 365 So. 2d 177 (Fla. 2d DCA 1978); 6 *Florida Practice Series* s. 1.2.

⁴³ See *De Wald v. Quamstrom*, 60 So. 2d 919 (Fla. 1952); see also *Clements v. Deeb*, 88 So. 2d 505 (Fla. 1956); 6 *Florida Practice Series* s. 1.2.

⁴⁴ See *Clements*, 88 So. 2d 505; 6 *Florida Practice Series* s. 1.2.

⁴⁵ See *Carraway v. Revell*, 116 So. 2d 16 (Fla. 1959).

⁴⁶ Punitive damages are awarded in addition to actual damages to punish a defendant for behavior considered especially harmful. Florida generally caps punitive damage awards at \$500,000 or triple the value of compensatory damages, whichever is greater, and caps cases of intentional misconduct with a financial motivation at two million dollars or four times the amount of compensatory damages, whichever is greater. S. 768.73(1), F.S.

award.⁴⁷ Beyond gross negligence are several other degrees of misconduct, such as "recklessness" and "intentional actions."

Comparative Negligence in Florida

In Florida, before the court awards damages in a negligence action, the jury generally assigns a fault percentage to each party under the comparative negligence rule. Florida applies⁴⁸ a "pure" comparative negligence rule, which allows a plaintiff to recover damages proportional to his or her fault percentage.⁴⁹ For example, if a plaintiff is 40 percent at fault for an accident causing the plaintiff's injury and the defendant is 60 percent at fault, the plaintiff would recover 60 percent of his or her damages.

Statute of Limitations

A statute of limitations bars the filing of civil claims after the passing of a specified time period and begins to run from the date the cause of action accrues, which is usually when the last element constituting the cause of action occurs.⁵⁰ Under Florida law, a negligence action, including a COVID-19 related claim based on negligence, must be brought within four years of when the cause of action accrues.⁵¹ A cause of action generally accrues when "the last element constituting the cause of action accrues";⁵² practically speaking, in a negligence action, this is usually when the plaintiff is injured.⁵³

Pleading a Negligence Claim

The Florida Rules of Civil Procedure generally require a plaintiff in a civil action to file a complaint, and require a defendant to file an answer to the complaint.⁵⁴ A lawsuit begins when a complaint is filed, and a plaintiff may amend the complaint to add a defendant or additional claims once as a matter of course at any time before a responsive pleading, such as an answer, is served.⁵⁵ A plaintiff may otherwise only amend a complaint with the permission of the court or the defendant.⁵⁶

Florida is a "fact-pleading jurisdiction." This means that a pleading setting forth a claim for relief, including a complaint, must generally state a cause of action and contain a:

- Short and plain statement of the grounds on which the court's jurisdiction depends, unless the court already has jurisdiction and the claim needs no new grounds to support it;
- Short and plain statement of the ultimate facts⁵⁷ showing that the pleader is entitled to relief; and
- Demand for the relief to which the pleader believes he or she is entitled to.⁵⁸

⁴⁷ See *Glaab v. Caudill*, 236 So. 2d 180 (Fla. 2d DCA 1970); 6 *Florida Practice Series* s. 1.2; s. 768.72(2), F.S.

⁴⁸ The comparative negligence standard does not apply to any action brought to recover economic damages from pollution, based on an intentional tort, or to which the joint and several liability doctrine is specifically applied in chs. 403, 498, 517, 542, and 895, F.S. S. 768.81(4), F.S.

⁴⁹ S. 768.81(2), F.S.; see *Williams v. Davis*, 974 So. 2d 1052 (Fla. 2007).

⁵⁰ Ss. 95.011 and 95.031(1), F.S.

⁵¹ S. 95.11(3)(a), F.S.; see *R.R. v. New Life Community Church of CMA, Inc.*, 303 So. 3d 916 (Fla. 2020).

⁵² S. 95.031(1), F.S.

⁵³ See *R.R.*, 303 So. 3d at 921; see also *Am. Op. Corp. v. Spiewak*, 73 So. 3d 120, 126 (Fla. 2011) (stating generally that "[i]t is axiomatic that a cause of action for negligence . . . does not accrue until the complaining party sustains some type of damage" but acknowledging the Court's past holding that in a case for damages for exposure to an asbestos-related disease, "an action accrues when the accumulated effects of the substance manifest in a way which supplies some evidence of the causal relationship to the manufactured product").

⁵⁴ Fla. R. Civ. P. 1.100.

⁵⁵ Fla. R. Civ. P. 1.100 and 1.190.

⁵⁶ Fla. R. Civ. P. 1.190.

⁵⁷ Ultimate facts are facts that must be accepted for a claim to prevail, usually inferred from a number of supporting evidentiary facts, which themselves are facts making other facts more probable. See Legal Information Institute, *Ultimate Fact*, https://www.law.cornell.edu/wex/ultimate_fact (last visited Apr. 23, 2021); see also Legal Information Institute, *Evidentiary Facts*, https://www.law.cornell.edu/wex/evidentiary_fact (last visited Apr. 23, 2021).

⁵⁸ See *Goldschmidt v. Holman*, 571 So. 2d 422 (Fla. 1990); Fla. R. Civ. P. 1.110.

However, certain allegations⁵⁹ must be plead with "particularity," which is a heightened level of pleading requiring a statement of facts sufficient to satisfy the elements of each claim.

Burden of Proof

The burden of proof is an obligation to prove a material fact in issue.⁶⁰ Generally, the party who asserts the material fact in issue has the burden of proof.⁶¹ Thus, in a criminal proceeding, the burden is on the state to prove that the defendant committed the crime with which he or she was charged, while in a civil proceeding, the burden of proof is on the plaintiff to prove the allegations contained in his or her complaint. Further, a defendant in either a criminal or a civil proceeding has the burden to prove any affirmative defenses⁶² he or she may raise in response to the charges or allegations. However, there are certain statutory and common law presumptions⁶³ that may shift the burden of proof from the party asserting the material fact in issue to the party defending against such fact.⁶⁴ These presumptions remain in effect following the introduction of evidence rebutting the presumption, and the factfinder must decide if such evidence is strong enough to overcome the presumption.⁶⁵

Standard of Proof

A standard of proof is the level or degree of proof necessary to meet the burden of proof for a particular issue.⁶⁶ In criminal actions, the standard of proof necessary for a conviction⁶⁷ is beyond a reasonable doubt, meaning that the factfinder must be virtually certain of the defendant's guilt in order to render a guilty verdict. In most civil actions, the standard of proof is by the greater weight of the evidence, meaning the burden of proof is met when the party with the burden convinces the factfinder that there is a greater than 50 percent chance that the claim is true.⁶⁸ However, certain civil actions⁶⁹ are subject to a heightened standard of proof, requiring the plaintiff to prove the allegations by clear and convincing evidence. This standard requires the evidence to be highly and substantially more likely to be true than untrue.⁷⁰ The clear and convincing evidence standard is an intermediate-level standard. It is more rigorous than the "greater weight of the evidence" standard but less rigorous than the "beyond a reasonable doubt" standard.

Evidence Admissibility

In general, not all evidence is admissible in a civil proceeding for consideration by the factfinder. Florida law provides that all relevant evidence is generally admissible, except as provided by law.⁷¹ Relevant evidence is evidence tending to prove or disprove a material fact.⁷²

Medical Malpractice Claims

⁵⁹ These allegations include fraud, mistake, condition of the mind, and denial of performance or occurrence. Fla. R. Civ. P. 1.120(b), (c).

⁶⁰ 5 *Florida Practice Series* s. 16:1.

⁶¹ *Id.*; see *Berg v. Bridle Path Homeowners Ass'n, Inc.*, 809 So. 2d 32 (Fla. 4th DCA 2002).

⁶² An affirmative defense is a defense which, if proven, negates criminal or civil liability even if it is proven that the defendant committed the acts alleged. Examples include self-defense, entrapment, insanity, necessity, and *respondeat superior*. Legal Information Institute, *Affirmative Defense*, https://www.law.cornell.edu/wex/affirmative_defense (last visited Apr. 23, 2021).

⁶³ These presumptions tend to be social policy expressions, such as the presumption that all people are sane or that all children born in wedlock are legitimate. 5 *Florida Practice Series* s. 16:1.

⁶⁴ 5 *Florida Practice Series* s. 16:1.

⁶⁵ *Id.*

⁶⁶ *Id.*

⁶⁷ The standard of proof for proving affirmative defenses raised in a criminal trial may vary.

⁶⁸ 5 *Florida Practice Series* s. 16:1.

⁶⁹ These actions typically include actions to impose a civil penalty, civil actions based on conduct amounting to a criminal law violation, and actions in which the effect of a civil ruling might be deprive a party of a protected interest. 5 *Florida Practice Series* s. 16:1.

⁷⁰ 5 *Florida Practice Series* s. 16:1; see *Colorado v. New Mexico*, 467 U.S. 310 (1984).

⁷¹ S. 90.402, F.S.

⁷² S. 90.401, F.S.

A medical malpractice claim is a tort claim to recover damages for the death or personal injury of a patient caused by the negligent acts or omissions of a health care provider.⁷³ Prior to filing a medical malpractice claim, a plaintiff's attorney must conduct a reasonable investigation and determine that there are grounds to believe that the health care provider was negligent in its care or treatment of the patient.⁷⁴ If, after the completion of a pre-suit investigation, an attorney determines that such grounds exist, the attorney must notify each prospective defendant of his or her intent to initiate litigation.⁷⁵ This notice must include a verified written medical expert opinion that corroborates the reasonable grounds to initiate litigation.⁷⁶

A plaintiff must wait at least 90 days after providing a prospective defendant with the notice of intent to litigate before filing a complaint.⁷⁷ During this 90-day period, a prospective defendant or its insurers must conduct an investigation to determine prospective liability, and the parties must participate in informal discovery.⁷⁸ A prospective defendant or its insurers must either reject the claim, make a settlement offer, or make an offer to arbitrate damages prior to the expiration of this time period.⁷⁹ If a complaint is filed, the parties must meet for an in-person mediation within 120 days.⁸⁰

The statute of limitations for medical malpractice causes of action is 2 years from the incident or 2 years from when the incident is or should have been discovered, but in either event it may not exceed 4 years.⁸¹ In cases involving fraud, concealment, or intentional misrepresentation, the limitations period is extended 2 years from the time that the injury is discovered or should have been discovered, but in any event it may not exceed 7 years from when the incident occurred.⁸²

Long-Term Care Facility Claims

Residents of long-term care facilities⁸³ may bring claims⁸⁴ for negligence to recover damages for death⁸⁵ or personal injury or for violation of residents' rights.⁸⁶ A plaintiff must notify prospective defendants prior to filing a complaint.⁸⁷ A plaintiff must also include a certificate of counsel that indicates counsel's reasonable investigation gave rise to a good faith belief that grounds exist for an action against the prospective defendant within this notice.⁸⁸

⁷³ S. 766.102, F.S. Section 766.202, F.S., defines health care provider as any hospital or ambulatory surgical center as defined and licensed under chapter 395; a birth center licensed under chapter 383; any person licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, part I of chapter 464, chapter 466, chapter 467, part XIV of chapter 468, or chapter 486; a health maintenance organization certificated under part I of chapter 641; a blood bank; a plasma center; an industrial clinic; a renal dialysis facility; or a professional association partnership, corporation, joint venture, or other association for professional activity by health care providers

⁷⁴ S. 766.104(1), F.S.

⁷⁵ S. 766.106(2)(a), F.S.

⁷⁶ S. 766.206(2), F.S.

⁷⁷ S. 766.106(3)(a), F.S.

⁷⁸ *Id.*; s. 766.106(6), F.S.

⁷⁹ S. 766.106(3)(b), F.S.

⁸⁰ S. 766.108(1), F.S.

⁸¹ S. 95.11(4)(b), F.S. The 4-year period does not bar an action brought on behalf of a minor on or before the child's eighth birthday.

⁸² *Id.* The 7-year period does not bar an action brought on behalf of a minor on or before the child's eighth birthday.

⁸³ These are facilities licensed under chapters 400 and 429 F.S., and include nursing homes and assisted living facilities (ALFs).

⁸⁴ For nursing homes these claims may be brought only against a licensee, a licensee's management or consulting company, a licensee's managing employees, and any direct caregivers, whether employees or contractors. S. 400.023(1), F.S.

⁸⁵ A claimant must elect survival damages or wrongful death damages for any action alleges a claim for the resident's rights or for negligence that caused the death of the resident. Ss. 400.023, F.S. and 429.29, F.S.

⁸⁶ Ss. 400.023 and 429.29, F.S. Residents' rights for nursing home and ALFs are set forth in ss. 400.022, F.S., and 429.28, F.S., respectively and include, among many others, the right to civil and religious liberties; private and uncensored communication; reasonable access to individuals who provide health, social or legal services; present grievances for self and others; participate in social, religious, and community activities; manage his or her own financial affairs or to delegate such responsibility to the licensee; be adequately informed of his or her medical condition and proposed treatment; and be treated courteously, fairly, and with the fullest measure of dignity.

⁸⁷ Ss. 400.0233 and 429.293, F.S.

⁸⁸ *Id.*

A plaintiff must wait at least 75 days after providing notice to a prospective defendant before filing a complaint.⁸⁹ A prospective defendant or its insurers must conduct an evaluation of the claim to determine liability and evaluate damages within this 75-day period, and the parties may engage in informal discovery.⁹⁰ A prospective defendant or its insurers must provide the claimant with a written response either rejecting the claim or making a settlement offer before this time period expires.⁹¹

The statute of limitations for negligence and residents' rights claims is 2 years from the incident or 2 years from when the incident is or should have been discovered, but in either event it may not exceed 4 years.⁹² In cases involving fraud, concealment, or intentional misrepresentation the period of limitations is extended 2 years from the time that the injury is discovered or should have been discovered, but in any event it may not exceed 6 years from when the incident occurred.⁹³

Access to Courts

The Florida Constitution broadly protects the right to access the courts, which "shall be open to every person for redress of any injury"⁹⁴ However, this constitutional right is not unlimited.

In *Kluger v. White*,⁹⁵ the Florida Supreme Court evaluated to what extent the Legislature may alter a civil cause of action. The Court stated that it would not completely prohibit the Legislature from altering a cause of action, but neither would it allow the Legislature "to destroy a traditional and long-standing cause of action upon mere legislative whim" The takeaway from *Kluger* and other relevant case law is that the Legislature may:

- Reduce the right to bring a cause of action as long as the right is not entirely abolished.⁹⁶
- Abolish a cause of action that is not "traditional and long-standing"—that is, a cause of action that did not exist at common law, and that did not exist in statute before the adoption of the Florida Constitution's Declaration of Rights.⁹⁷
- Abolish a cause of action if the Legislature either:
 - Provides a reasonable commensurate benefit in exchange;⁹⁸ or
 - Shows an "overpowering public necessity for the abolishment of such right, and no alternative method of meeting such public necessity can be shown."⁹⁹

Retroactive Application of a Statute and Due Process

⁸⁹ *Id.*

⁹⁰ *Id.*

⁹¹ *Id.*

⁹² Ss. 400.0236 and 429.296, F.S.

⁹³ *Id.*

⁹⁴ Art. I, s. 21, Fla. Const.

⁹⁵ *Kluger*, 281 So. 2d 1.

⁹⁶ See *Achord v. Osceola Farms Co.*, 52 So. 3d 699 (Fla. 2010).

⁹⁷ See *Anderson v. Gannett Comp.*, 994 So. 2d 1048 (Fla. 2008) (false light was not actionable under the common law); *McPhail v. Jenkins*, 382 So. 2d 1329 (Fla. 1980) (wrongful death was not actionable under the common law); see also *Kluger*, 281 So. 2d at 4 ("We hold, therefore, that where a right of access to the courts for redress for a particular injury has been provided by statutory law predating the adoption of the Declaration of Rights of the Constitution of the State of Florida, or where such right has become a part of the common law of the State . . . the Legislature is without power to abolish such a right without providing a reasonable alternative . . . unless the Legislature can show an overpowering public necessity . . .").

⁹⁸ *Kluger*, 281 So. 2d at 4; see *Univ. of Miami v. Echarte*, 618 So. 2d 189 (Fla. 1993) (upholding a statutory cap on medical malpractice damages because the Legislature provided arbitration, which is a "commensurate benefit" for a claimant); accord *Lasky v. State Farm Ins. Co.*, 296 So. 2d 9 (Fla. 1974); but see *Smith v. Dept. of Ins.*, 507 So. 2d 1080 (Fla. 1992) (striking down a noneconomic cap on damages, which, while not wholly abolishing a cause of action, did not provide a commensurate benefit).

⁹⁹ *Kluger*, 281 So. 2d at 4-5 (noting that in 1945, the Legislature abolished the right to sue for several causes of action, but successfully demonstrated "the public necessity required for the total abolition of a right to sue") (citing *Rotwein v. Gersten*, 36 So. 2d 419 (Fla. 1948); see *Echarte*, 618 So. 2d at 195 ("Even if the medical malpractice arbitration statutes at issue did not provide a commensurate benefit, we would find that the statutes satisfy the second prong of *Kluger* which requires a legislative finding that an 'overpowering public necessity' exists, and further that 'no alternative method of meeting such public necessity can be shown'").

In Florida, absent an express statement of legislative intent, a statute is presumed to operate only prospectively, not retroactively.¹⁰⁰ Both the Florida and U.S. Constitutions explicitly forbid passage of a law criminalizing past conduct (an "ex post facto law");¹⁰¹ but the Legislature may provide that a non-criminal law applies retroactively in certain situations. But even a non-criminal law may be held unconstitutional if its retroactive application impermissibly burdens existing constitutional rights.¹⁰²

The Florida Constitution provides that "[n]o person shall be deprived of life, liberty or property without due process of law"¹⁰³ In turn, the Florida Supreme Court has held that in certain situations, a person whose legal cause of action has already accrued may have a due process right to bring such action.¹⁰⁴ Florida courts have sometimes invalidated the retroactive application of laws when such due process rights are implicated.¹⁰⁵ On other occasions, the courts have signaled that certain statutory provisions may be applied retroactively, including a statute retroactively:

- Raising the standard of proof from "greater weight of the evidence" to "clear and convincing evidence,"¹⁰⁶ with the statutory change becoming effective after the plaintiff had already filed a civil complaint;¹⁰⁷ and
- Altering the plaintiff's burden of proof.¹⁰⁸

The Florida Supreme Court has recently acknowledged that Florida case law on this subject is "less than precise" and that the Court has sometimes "been unclear about what it means to give retroactive application" to a law.¹⁰⁹

Other State Laws Relating to COVID Liability

Soon after the COVID-19 pandemic began, state governments began responding to the ever-changing landscape. Some states passed laws; other states' governor's issued executive orders. The types of protection against COVID-19-related civil liability vary from state to state.

By early January 2021, several states had enacted COVID-19 liability protection for businesses. Many of these states require either a showing of willful, reckless, or intentional misconduct or gross negligence by clear and convincing evidence before a plaintiff can prevail in a COVID-19-related claim against a covered business. For instance, in 2020, Tennessee enacted SB 8002, which requires a plaintiff bringing a COVID-19-related claim against specified entities and institutions to:

- Plead with particularity;
- Prove gross negligence or willful misconduct by clear and convincing evidence to recover damages; and
- File with the complaint a certificate of good faith stating that the plaintiff has obtained a physician's affidavit attesting that the defendant's act or omission caused the plaintiff's injury.

Effect of the Bill

COVID-19-Related Business Claims

¹⁰⁰ *Fla. Ins. Guar. Ass'n, Inc. v. Devon Neighborhood Ass'n, Inc.*, 67 So. 3d 187, 194-95 (Fla. 2011).

¹⁰¹ U.S. Const. art. I, ss. 9, 10; Art. I, s. 10, Fla. Const.

¹⁰² See *Menendez v. Progressive Exp. Ins. Co., Inc.*, 35 So. 3d 873, 877 (Fla. 2010) ("[E]ven where the Legislature has expressly stated that a statute will have retroactive application, this Court will reject such an application if the statute impairs a vested right, creates a new obligation, or imposes a new penalty").

¹⁰³ Art. I, s. 9, Fla. Const.

¹⁰⁴ See, e.g., *Spiewak*, 73 So. 3d 120 ("a cause of action constitutes an intangible property right that is grounded in tort").

¹⁰⁵ See, e.g., *R.A.M. of S. Fla., Inc. v. WCI Cmty's., Inc.*, 869 So. 2d 1210 (Fla. 2d DCA 2004).

¹⁰⁶ See *Ziccardi v. Strother*, 570 So. 2d 1319 (Fla. 2d DCA 1990); *Stuart L. Stein, P.A. v. Miller Indus., Inc.*, 564 So. 2d 539 (Fla. 4th DCA 1990).

¹⁰⁷ See *Stuart L. Stein, P.A.*, 564 So. 2d at 540.

¹⁰⁸ See *Walker & LaBerge, Inc. v. Halligan*, 344 So. 2d 239, 243 (Fla. 1977) ("Burden of proof requirements are procedural in nature" and may "be abrogated retroactively because no one has a vested right in any given mode of procedure") (internal citations and punctuation omitted).

¹⁰⁹ See *Love v. State*, 286 So. 3d 177, 183-84 (Fla. 2019).

The bill creates s. 768.38, F.S., to provide civil liability protection from a COVID-19-related claim¹¹⁰ to persons, business entities, educational institutions, religious institutions, governmental entities, and other covered entities (“covered entities”). For the purposes of the bill, a:

- “Business entity” means any form of corporation, partnership, association, cooperative, joint venture, business trust, or sole proprietorship that conducts business in this state. The term also includes a charitable organization as defined in s. 496.404, F.S., and a corporation not for profit as defined in s. 617.01401, F.S.
- “Educational institution” means a school, preschool, elementary school, middle school, junior high school, secondary school, career center, or postsecondary school, whether public or private.
- “Religious institution” means a church, ecclesiastical or denominational organization, or established physical place for worship in this state at which nonprofit religious services and activities are regularly conducted and carried on and includes those bona fide religious groups that do not maintain specific places of worship. The term also includes a separate group or corporation that forms an integral part of a religious institution that is exempt from federal income tax and that is not primarily supported by funds solicited outside its own membership or congregation.
- “Governmental entity” means the state or any political subdivision thereof, including the executive, legislative, and judicial branches of government; the independent establishments of the state, counties, municipalities, districts, authorities, boards, or commissions; or any agencies subject to ch. 286, F.S.
- “Health care provider” means:
 - Any activity, service, agency, or facility regulated by the Agency for Healthcare Administration and listed in s. 408.802, F.S., including hospitals, health care clinics, nursing homes, assisted living facilities, and home health agencies.
 - A clinical laboratory providing services in the state or services to health care providers in the state, if the clinical laboratory is certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder.
 - A federally qualified health care center as defined in 42 U.S.C. s. 1396d(1)(2)(B), as that definition exists on the bill’s effective date.
 - Any site providing health care services and established for the purpose of responding to the COVID-19 pandemic under any federal or state order, declaration, or waiver.
 - Licensed acupuncturists, medical physicians, osteopathic physicians, chiropractors, podiatrists, naturopathic physicians, optometrists, nurses, pharmacists, dentists, dental hygienists, midwives, electrologists, massage therapists, opticians, physical therapists, psychologists, clinical social workers, mental health counselors, marriage and family therapists, speech-language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, nutritionists, athletic trainers, orthotists, pedorthists, prosthetists, clinical laboratory personnel, medical physicists, radiological personnel, and home health aides.
 - A provider licensed under chapter 394 (relating to mental health) or chapter 397 (relating to substance abuse services).
 - A continuing care facility.
 - A pharmacy.

¹¹⁰ As used in s. 768.38, F.S., “COVID-19-related claim” includes a claim against a health care provider only if the claim is excluded from the definition of COVID-19-related claim under s. 768.381, F.S.

Pleading, Burdens of Proof, and Standards of Proof

Instead of generally allowing COVID-19-related claims to be heard by a jury, the bill creates a bifurcated proceeding for COVID-19-related claims against covered entities. The initial stage of this proceeding is heard only by a judge. In this initial stage, a plaintiff must:

- Plead a COVID-19-related claim with particularity, instead of merely providing the short and plain statement of facts required under current law.
- Submit with the complaint an affidavit from a Florida-licensed physician attesting that, within a reasonable degree of medical certainty, the defendant caused the plaintiff's COVID-19-related damages.
- Prove that the defendant did not make a good faith effort to substantially comply with authoritative or controlling government-issued health standards or guidance available at the time the plaintiff's cause of action accrued.

The bill also limits the evidence admissible during the initial stage of the proceeding to evidence tending to show whether the defendant made a good faith effort as described above. If the plaintiff fails to show that the defendant did not make a good faith effort, the defendant is immune from civil immunity. Thus, under the bill, a plaintiff may only proceed to the jury stage of a COVID-19-related claim if the court determines that the defendant did not make a good faith effort as described above. The bill clarifies that if there was more than one authoritative source of government standards or guidance during the relevant time period, the defendant's good faith effort with respect to any one of those sources is sufficient to confer immunity from liability.

In the second stage of the proceeding, the bill requires the plaintiff to prove that the defendant was at least grossly negligent, instead of at least ordinarily negligent as required under current law. The bill also raises the standard of proof from the "greater weight of the evidence" standard to the more rigorous "clear and convincing evidence" standard.

Statute of Limitations

The bill decreases the applicable statute of limitations for COVID-19-related claims against covered entities to one year running from the:

- Time the cause of action accrues for an injured person whose cause of action accrues after the bill's effective date.
- Bill's effective date for an injured person whose cause of action accrued before the bill's effective date.

COVID-19-Related Medical Claims

The bill creates s. 768.381, F.S., to provide heightened civil liability protections to health care providers¹¹¹ for civil liability claims based on a breach of duty owed to a patient or resident related to:

- Diagnosis or treatment of, or failure to diagnose or treat, a person for COVID-19;
- Provision of a novel or experimental COVID-19 treatment;
- Transmission of COVID-19;
- Delay or cancellation of a surgery or medical procedure, test, or appointment in certain situations;
- An act or omission with respect to an emergency medical condition, which act or omission was due to a lack of resources directly caused by the COVID-19 pandemic; or
- Treatment of a patient with COVID-19 whose injuries were directly related to an exacerbation of preexisting conditions by COVID-19.

Pleadings, Burdens of Proof, Standards of Proof, and Affirmative Defenses

¹¹¹ As used in s. 768.381, F.S., "health care provider" has the same definition as in s. 768.38, F.S.

The bill requires a plaintiff to plead a COVID-19-related medical claim with particularity; if the plaintiff fails to do so, the court must dismiss the complaint. The bill also requires a plaintiff to prove by the greater weight of the evidence that a defendant was grossly negligent or committed intentional misconduct to recover for a COVID-19-related medical claim. Moreover, the bill states that, if a health care provider proves by the greater weight of the evidence the existence of an affirmative defense applicable to a COVID-19-related medical claim, the health care provider has no liability for that claim. The affirmative defenses that may apply to a COVID-19-related medical claim include, in addition to other affirmative defenses recognized by law, the health care provider's:

- Substantial compliance with government-issued health standards specifically relating to COVID-19 or other relevant standards.
- Substantial compliance with government-issued health standards relating to infectious diseases in the absence of standards specifically applicable to COVID-19.
- Substantial compliance with any applicable government-issued health standards relating to COVID-19 or other relevant standards if the standards were in conflict.
- Impossibility of substantial compliance with government-issued health standards because of:
 - Widespread shortages of necessary supplies, materials, equipment, or personnel.
 - Insufficient time to implement the standards.

Statute of Limitations

The bill decreases the applicable statute of limitations for a COVID-19-related medical claim:

- Arising out of the transmission, diagnosis, or treatment of COVID-19 to one year after the later of the:
 - Date of death due to COVID-19;
 - Hospitalization related to COVID-19; or
 - First diagnosis of COVID-19 which forms the basis of the action.
- Not arising out of the transmission, diagnosis, or treatment of COVID-19 to one year after the cause of action accrues.

Application Period

The bill provides that s. 768.381, F.S., applies to claims accruing before the bill's effective date and within one year after the bill's effective date.

Interaction with Other Laws

The bill provides that s. 768.381, F.S.:

- Does not create a new cause of action but instead applies in addition to any other applicable provisions of law, including, but not limited to, laws pertaining to:
 - Nursing home and related health care facilities in ch. 400, F.S.;
 - Assisted care communities in ch. 429, F.S.;
 - Medical malpractice and related matters in ch. 766, F.S.; and
 - Negligence in ch. 768, F.S.
- Controls over any conflicting provision of law, but only to the extent of the conflict.
- Does not apply to worker's compensation claims under ch. 440, F.S.

Severability

The bill provides for severability, which demonstrates an intent that if any provision of the act or its application is held invalid, the invalidity should not affect other provisions or applications of the bill which can be given effect.

Effective Date and Retroactivity

The bill provides an effective date of upon becoming a law. The bill applies retroactively but does not apply in a civil action against a particular named defendant which is commenced before the bill's effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill requires a trial judge to make an initial determination of whether the plaintiff in certain COVID-19-related lawsuits has met certain requirements before sending the case to a jury. As such, the bill may reduce the need for jury trials and have a positive fiscal impact on the state court system.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill provides a bright-line safe harbor for covered entities with respect to certain COVID-19-related claims and may also reduce the financial risk of health care providers for civil liability claims related to the COVID-19 pandemic, thereby increasing the likelihood that they will remain solvent through the pandemic. Thus, the bill may have a positive economic impact on the private sector.

D. FISCAL COMMENTS:

None.