



Journal of the Senate

Number 1—Special Session E

Tuesday, February 2, 1988

At a Special Session of the Florida Legislature convened under Section 3(c), Article III, of the Constitution of the State, as revised in 1968, and Section 11.011, Florida Statutes, begun and held at the Capitol, in the City of Tallahassee, in the State of Florida.

CALL TO ORDER

The Senate was called to order by the President at 1:40 p.m. A quorum present—37:

| | | | |
|-----------------|---------------|-------------|-----------|
| Mr. President | Frank | Johnson | Plummer |
| Barron | Girardeau | Kirkpatrick | Scott |
| Beard | Gordon | Kiser | Thomas |
| Brown | Grant | Lehtinen | Thurman |
| Childers, D. | Grizzle | Malchon | Weinstein |
| Childers, W. D. | Hair | Margolis | Weinstock |
| Crawford | Hill | McPherson | Woodson |
| Crenshaw | Hollingsworth | Meek | |
| Deratany | Jenne | Myers | |
| Dudley | Jennings | Peterson | |

Excused: Senators Langley and Stuart

PRAYER

The following prayer was offered by Senator Brown:

O God, thou art our God, and we do seek thee for thy mercy and for thy grace. We do remember thee for thy power and thy glory. We do praise thee for thy loving kindness. We petition thee, our Father, because thou hast been our help in times past, our refuge in trouble, our comfort in bereavement, our salvation from ourselves. Give ear to our voices and be with us as once again we meet to deliberate. Give substance to our thoughts; give courage to our actions; give patience to our spirits and, dear God forgive our foolishness. Cause us to rejoice in thee as we seek to be thy acceptable servants according to thy will. Amen.

PLEDGE

The Senate pledged allegiance to the flag of the United States of America.

By direction of the President, the Secretary read the following proclamation:

THE FLORIDA LEGISLATURE JOINT PROCLAMATION

TO THE HONORABLE MEMBERS OF THE FLORIDA SENATE
AND THE FLORIDA HOUSE OF REPRESENTATIVES:

We, John W. Vogt, President of the Florida Senate, and Jon L. Mills, Speaker of the Florida House of Representatives, by virtue of the authority vested in us by Section 3, Article III, Florida Constitution, and Section 11.011, Florida Statutes, do hereby proclaim:

1. That the Legislature of the State of Florida is convened in Special Session pursuant to Section 3(c), Article III, Florida Constitution and Section 11.011, Florida Statutes, at the Capitol in Tallahassee, Florida, at 1:00 p.m., on Tuesday, the 2nd day of February, 1988, for a period of three days, ending at 5:00 p.m., Thursday, February 4, 1988.

2. That the Legislature is convened for the sole and exclusive purposes of consideration of the following matters:

- 1) Medical Liability, Medical Regulatory, and Medical Insurance Reform
- 2) State Group Insurance Programs



John W. Vogt
President, The Florida Senate
January 5, 1988

Jon L. Mills
Speaker, The Florida House
of Representatives
January 4, 1988

Duly filed with and received by the
Florida Department of State this 5th
day of January, 1988 by:

Jim Smith

INTRODUCTION AND REFERENCE OF BILLS

First Reading

By Senator D. Childers—

SB 1-E—A bill to be entitled An act relating to medical negligence; providing that, except when the right of subrogation exists, the amount of damages awarded to a medical malpractice claimant be reduced by the amount of all collateral source payments; providing for the court to receive evidence and testimony regarding such claimant's collateral source benefits; providing definitions; providing for setting certain legal fees; limiting the right of an insurer or provider of collateral source benefits to recover certain benefit amounts; amending s. 768.57, F.S.; requiring an investigation to determine negligent care or treatment and a written expert opinion finding evidence of medical negligence prior to filing a notice of intent to initiate medical malpractice litigation; providing requirements for such notice of intent; providing that the question of the receipt of such notice of intent to initiate litigation is a question of fact for the court; requiring a defendant to obtain a written expert opinion that there appears to be no evidence of medical negligence prior to denying a claim for medical malpractice; deleting provisions providing procedures for the investigation, review, and evaluation by an insurer of malpractice claims; providing for the investigation of claims by the Medical Negligence Liability Insurance Trust Fund or its agent; deleting the provision whereby a settlement offer may be made by the insurer; requiring a defendant to either reject a claim of medical malpractice or admit financial responsibility and submit to binding arbitration on the issue of damages; deleting provisions deeming the failure of a prospective defendant to reply to a notice of intent to initiate litigation as a rejection of the claim; clarifying the application of the work product rule to the presuit screening process; providing for discovery of documents or things prior to the filing of suit; providing for certain unsworn statements to be used for presuit screening; providing that a claimant or his attorney is personally liable for attorney's fees and costs if a notice of intent to initiate litigation is sent in bad faith; providing that a defendant or his attorney is personally liable for attorney's fees and costs if a defendant denies in bad faith a claim for medical malpractice; requiring each party to a medical malpractice action to provide, upon motion, a copy of the written report upon which the claim or denial of a claim is based; authorizing a court to dismiss a claim or provide certain other relief if a claim or answer is filed without good cause; providing for a settlement conference conducted by a court-appointed mediator; providing that an attorney acting in bad faith in certain medical malpractice matters or filing certain unsuccessful

malpractice actions be referred to The Florida Bar for disciplinary review; repealing s. 768.575, F.S., relating to court-ordered arbitration of medical malpractice claims; providing amended procedures for such arbitration in actions filed after a specified date; providing qualifications for arbitrators; providing for selecting arbitration panels; providing procedures for arbitration hearings; requiring that an award of damages be made by unanimous decision of the arbitration panel; providing for the settlement of disputed financial responsibility by arbitration; providing for the payment of arbitration panels and attorney's fees; amending s. 768.54, F.S., relating to the Florida Patient's Compensation Fund; deleting certain documentation requirements, minimum fund entry level requirements, and membership fee requirements for health care providers that participate in the fund; prohibiting the fund from providing coverage for any fiscal year beginning after a specified date; creating the Medical Negligence Liability Insurance Trust Fund; providing definitions; defining the coverage afforded by the fund; providing for fund administration, operation, and powers; providing for appointment of the board of governors of the fund and for the organization and meetings of the board; providing for fees and assessments for participants in the fund; providing for fund accounting, records, and audits; providing a procedure for claims against participants covered by the fund; providing for the payment of settlements and judgments; amending ss. 458.331, 459.015, 627.912, F.S.; revising the grounds for disciplinary action against a physician or osteopathic physician by the Department of Professional Regulation; prescribing duties of the Department of Insurance; providing conforming language; amending ss. 395.017, 455.241, F.S.; providing a penalty for a hospital or health care practitioner failing to appropriately release certain patient records; amending s. 395.0115, F.S.; providing a standard for the burden of proof required in an action seeking reinstatement of staff privileges at a health care facility; establishing a system of physician's grievance committees to hear complaints filed with the Board of Medicine or the Department of Professional Regulation; providing definitions; providing for committee membership and terms of office; providing for committee meetings and quorum requirements; providing for committee investigations and proceedings; requiring the committee to forward a formal complaint to the board and the department upon a finding of probable cause to justify disciplinary action; providing certain limitations on committee membership; providing an effective date.

—was referred to the Committees on Commerce and Appropriations.

By Senator Myers—

SB 2-E—A bill to be entitled An act relating to medical incident recovery; creating the "Florida Medical Incident Recovery Act"; providing applicability and scope; creating a plan for prompt resolution of medical negligence claims; providing legislative findings and intent; providing definitions; providing applicability of and procedure for mandatory presuit investigation and medical expert corroboration of medical negligence claims and defenses by prospective parties; requiring availability of medical records for presuit screening of claims and defenses and providing penalties; providing for presuit discovery of medical negligence claims and defenses and providing immunity with respect thereto; providing for presuit investigation of medical negligence claims and defenses by the court, and providing penalties for lack of reasonable investigation in filing or in corroborating medical negligence claims or defenses; providing for voluntary binding arbitration of medical negligence claims; precluding voluntary binding arbitration with respect to actions for wrongful death and actions involving defendants who have sovereign immunity under s. 768.28, F.S.; providing for voluntary binding arbitration to allocate responsibility among multiple defendants to medical negligence claims; providing disincentives to a party failing to offer or accept voluntary binding arbitration; providing misarbitration procedure; providing for payment of arbitration award and interest; providing for appeal of award; creating the medical care availability assistance plan; providing legislative findings and intent; providing definitions; creating the Florida Medical Care Availability Assistance Trust Fund, to be administered by the Department of Insurance; providing funding for such fund, including an initial appropriation from the Insurance Commissioner's Regulatory Trust Fund, and providing for distributions; providing for physician eligibility to receive premium assistance from such fund; providing for designation by the Department of Health and Rehabilitative Services of medical manpower shortage areas for purposes of physician availability assistance and providing a penalty for physicians who fail to cooperate with such department in making such designation; requiring a report; providing rulemaking authority; providing for review and repeal; creating the Florida Birth-Related Neurological Injury Compensation Plan; providing legislative findings and intent; providing definitions; providing

exclusiveness of remedy; providing for the hearing of claims by deputy commissioners of the Division of Workers' Compensation of the Department of Labor and Employment Security; providing procedure for the filing of claims and responses; providing for medical disciplinary review; providing for tolling of the statute of limitations; providing for hearings, parties, and discovery; providing for review by a medical advisory panel; providing for determination of claims; providing a presumption as to injury; providing for binding nature of findings; providing for awards for birth-related neurological injuries, and for notice of such awards; providing for conclusiveness of determination or award; providing for appeal; providing for enforcement of awards; providing a limitation on the bringing of claims; creating the Birth-Related Neurological Injury Compensation Trust Fund within the Department of Insurance and providing for administration of the fund by the Florida Birth-Related Neurological Injury Compensation Association pursuant to a plan of operation approved by said department; providing for assessments for participation in the plan; providing for actuarial valuation of the fund by the department; providing for membership and a board of directors for the association; providing powers and duties of the association; providing for notice to obstetrical patients of participation in the plan; providing for medical emergency care liability reform; providing legislative findings and intent; providing definitions; providing immunity from civil liability for medical emergency care facilities and providers; providing rulemaking authority; amending s. 20.30, F.S.; creating the Division of Medical Quality Assurance within the Department of Professional Regulation and creating the Bureau of Medical Regulation within said division; providing duties of the division and bureau; requiring a report; placing the Board of Medicine and the Board of Osteopathic Medical Examiners within the division; amending s. 395.0115, F.S.; providing antitrust immunity through establishment of a state-mandated peer review process; requiring licensed facilities to provide for peer review of physicians who provide health care services at such facilities and providing procedures therefor; requiring report of final disciplinary actions to the Division of Medical Quality Assurance for further investigation; providing for peer review panel immunity and for confidentiality of records; amending s. 395.509, F.S., relating to review of hospital budgets, to provide for approval of assessments to fund the birth-related neurological injury plan; amending s. 395.504, F.S., to correct a cross-reference; amending s. 455.225, F.S.; providing civil immunity and prohibition from discharge to persons reporting with respect to incompetence, impairment, or unprofessional conduct of specified health care providers; providing a penalty; creating s. 455.28, F.S.; requiring reporting of certain physicians for violation of grounds for disciplinary action; providing a penalty; requiring establishment of a toll-free telephone system for receiving grievances and providing information about physicians; requiring investigation of probable disciplinary violations; amending ss. 458.331 and 459.015, F.S.; providing additional grounds for disciplinary action against physicians and osteopathic physicians; providing penalties and providing priorities for application thereof; establishing the burden of proof for administrative actions against physicians; providing for injunctive relief; amending ss. 458.320, 459.0085, F.S.; authorizing physicians and osteopathic physicians to use risk retention groups to meet financial responsibility requirements; amending ss. 460.413, 461.013, 464.018, 465.016, and 466.028, F.S.; providing additional grounds for disciplinary action against chiropractic physicians, podiatrists, nurses, pharmacists, and dentists; amending s. 768.19, F.S.; providing for presuit investigation of medical negligence claims in wrongful death actions; amending s. 768.40, F.S.; providing for professional society review of certain physicians; providing specified immunity with respect thereto; amending s. 768.57, F.S.; expanding notice requirements prior to filing a claim for medical malpractice; stipulating informal discovery provisions with respect to presuit screening of such claims; creating s. 768.67, F.S.; prohibiting settlement agreements from denying parties thereto the right to discuss with or report to the Division of Medical Quality Assurance the events giving rise to the claim; amending s. 240.213, F.S.; providing for medical malpractice damages which are attributed to the Board of Regents; requiring certain health care insurance policies to include specified coverage; repealing s. 768.66, F.S., relating to medical malpractice impact study; providing severability; providing an effective date.

—was referred to the Committees on Commerce and Appropriations.

By Senator Myers—

SB 3-E—A bill to be entitled An act relating to medical malpractice; amending s. 768.57, F.S.; requiring notice to the Department of Professional Regulation before filing claims for medical malpractice; providing for offers to pay a claimant's net economic losses and providing for arbitration when the amount of such losses, or the amount of attorney's fees,

cannot be agreed upon; providing for attorney's fees; amending s. 458.307, F.S.; increasing the membership of the Board of Medicine by two and requiring that two of the physician members be medical school faculty; providing for a disciplinary training program for board members; prescribing membership of board probable cause panels; amending s. 459.004, F.S.; providing for a disciplinary training program for members of the Board of Osteopathic Medical Examiners; prescribing membership of board probable cause panels; amending s. 461.004, F.S.; providing for a disciplinary training program for members of the Board of Podiatric Medicine; prescribing membership of board probable cause panels; amending s. 466.004, F.S.; providing for a disciplinary training program for members of the Board of Dentistry; amending s. 458.311, F.S.; providing that a physician need not be incompetent to practice medicine in order to be disciplined for gross or repeated malpractice; amending s. 459.015, F.S.; providing that an osteopathic physician need not be incompetent to practice osteopathic medicine in order to be disciplined for gross or repeated malpractice; amending s. 461.013, F.S.; providing that a podiatrist need not be incompetent to practice podiatry in order to be disciplined for gross or repeated malpractice; amending s. 466.028, F.S.; providing that a dentist need not be incompetent to practice dentistry in order to be disciplined for negligence or failure to meet minimum standards of performance; providing for review and investigation by the licensing board when a physician, osteopathic physician, podiatrist, or dentist is involved in two cases of actual or suspected medical malpractice; providing for countywide grievance committees to investigate the acts which give rise to notices of intent to initiate litigation for medical malpractice; amending s. 395.017, F.S.; providing for availability of patient records in the investigation, prosecution, and appeal of disciplinary proceedings; amending s. 395.041, F.S.; prescribing elements which must be included in a hospital internal risk management program; providing for reports of certain information to the Department of Professional Regulation; amending s. 627.912, F.S.; providing for reports of medical malpractice claims by insurers of dentists; providing for reports by insurers of physicians, osteopathic physicians, podiatrists, and dentists to be filed with the respective licensing board; providing for reports to the Department of Professional Regulation by the Department of Insurance; amending s. 768.54, F.S.; including dentists within the coverage of the Florida Patient's Compensation Fund; deleting limits on coverage for claims under the Florida Patient's Compensation Fund; prescribing a uniform, minimum entry-level amount for fund membership; providing for automatic fee increases for health care providers in certain circumstances; providing a per-year limit on fund liability in certain circumstances; creating s. 768.545, F.S.; creating a peer review council to review awards of damages for medical malpractice when claims are made against the Florida Patient's Compensation Fund; amending s. 458.320, F.S.; requiring physicians to provide financial responsibility in an amount equal to the entry-level amount for the Florida Patient's Compensation Fund; amending s. 459.0085, F.S.; requiring osteopathic physicians to provide financial responsibility in an amount equal to the entry-level amount for the Florida Patient's Compensation Fund; creating s. 461.0076, F.S.; requiring podiatrists to demonstrate financial responsibility in the same manner as physicians and in the same amounts; creating s. 466.0145, F.S.; requiring dentists to demonstrate financial responsibility in the same manner as physicians and in the same amounts; creating s. 627.3572, F.S.; providing for the offering of medical malpractice insurance to trauma centers, trauma team physicians, trauma team consultants, and emergency room physicians at reduced rates; creating a special trust fund for malpractice insurance premiums; providing for moneys to be taken from this fund to reimburse an insurer when a trauma center's, trauma team physician's, trauma team consultant's, or emergency room physician's claims history is disproportionately high; providing for moneys to be paid to the fund from the Public Medical Assistance Trust Fund and for these moneys to be returned to the Public Medical Assistance Trust Fund in specified circumstances; authorizing a local or regional trauma agency to create a panel of medical experts to evaluate any medical malpractice claim against a trauma center, trauma team physician, trauma team consultant, or emergency room physician; amending s. 409.2662, F.S.; providing for use of Public Medical Assistance Trust Fund moneys for malpractice insurance purposes; creating the Florida Birth-Related Neurological Injury Program to provide a remedy for certain acts of medical malpractice occurring through birth-related injuries; providing for determinations by the Division of Workers' Compensation of the Department of Labor and Employment Security; prescribing procedures for filing claims; providing for hearings and prescribing procedure to be followed with respect to hearings; providing for determination of claims; requiring certain health care insurance policies to include specified coverage; providing for awards for damages and expenses; providing for rehearing of

awards; providing conclusiveness of awards; providing for enforcement; providing a limitation on actions; creating the Birth-Related Neurological Injury Compensation Fund; providing for assessments against health care providers; providing for a plan of operation; providing for an actuarial investigation of the fund; providing a mediation system in medical malpractice cases and prescribing procedures with respect to the system; providing for notice to health care providers; providing for mediation panels and their composition; creating the Medical Malpractice Mediation Fund and providing for its use; prescribing duties of the State Courts Administrator; providing for a report annually concerning the fund; prescribing limits on noneconomic damages in medical malpractice cases; prescribing limitations with respect to attorney's fees in medical malpractice cases; providing an effective date.

—was referred to the Committees on Commerce and Appropriations.

By Senators Thomas and Hollingsworth—

SB 4-E—A bill to be entitled An act relating to the State Group Insurance Program; amending s. 110.123, F.S., providing definitions; providing legislative intent; repealing authorization for competitive bidding to contract with health maintenance organizations; authorizing the Department of Administration to negotiate contracts with health maintenance organizations to service members of the state group insurance program; establishing maximum premiums, a minimum benefit package, and criteria to be used in negotiating health maintenance organization contracts; entitling certain health maintenance organizations to enter into contract with the Department of Administration; requiring submission of certain data elements by health maintenance organizations contracting with the state; providing an effective date.

—was referred to the Committees on Personnel, Retirement and Collective Bargaining; and Appropriations.

By Senators Hair and Langley—

SB 5-E—A bill to be entitled An act relating to medical malpractice; providing for nonbinding arbitration of civil cases involving claims for medical negligence; providing for selection of arbitration panels; providing for referral of cases to arbitration and procedures for referral; providing procedures for hearings; providing for arbitration awards and judgments; providing for trial de novo; providing for assessment of attorney's fees and costs in certain circumstances; providing an effective date.

—was referred to the Committees on Commerce and Appropriations.

By the Committee on Commerce—

SB 6-E—A bill to be entitled An act relating to medical incidents; providing legislative findings and intent regarding regulatory reform; amending s. 20.30, F.S.; creating the Division of Medical Quality Assurance within the Department of Professional Regulation and creating the Bureau of Medical Regulation within said division; providing duties of the division and bureau; requiring a report; placing the licensing boards for various health care professions within the division; amending s. 395.0115, F.S.; providing antitrust immunity through establishment of a state-mandated peer review process; requiring licensed facilities to provide for peer review of physicians who provide health care services at such facilities and providing procedures therefor; requiring report of final disciplinary actions to the Division of Medical Quality Assurance for further investigation; providing for peer review panel immunity and for confidentiality of records; amending s. 395.017, F.S.; providing maximum charge for copying records; providing access to confidential patient records for certain proceedings of the Department of Professional Regulation; limiting public access thereto; amending s. 395.041, F.S.; expanding internal risk management education and training requirements; requiring certain incident reports relating to surgical procedures; requiring report of certain incidents to the department; limiting public access; providing for department review and investigation of incidents which may involve conduct subject to discipline; providing administrative fines for violation of reporting requirements; providing for annual review of risk management programs; protecting risk managers from liability for implementation of risk management programs; requiring a report to the Legislature; amending s. 395.504, F.S., to correct a cross-reference; amending s. 395.509, F.S.; relating to review of hospital budgets, to provide for approval of assessments to fund the birth-related neurological injury plan; amending s. 455.225, F.S.; providing civil immunity and prohibition from discharge to persons reporting with respect to incompetence, impairment, or unprofessional conduct of specified health care providers; providing penalties; amending s. 455.241, F.S.; providing for reports of

patient records; creating s. 455.2415, F.S.; providing for disclosure of patient communications under certain circumstances; amending s. 455.242, F.S.; providing for disposition of records of physicians who terminate practice or relocate; amending s. 455.245, F.S.; providing conditions for considering emergency suspension or restriction of a license; creating s. 455.247, F.S.; requiring physicians, osteopathic physicians, podiatrists, and dentists to report professional liability claims and actions to the department; specifying contents; creating s. 455.28, F.S.; requiring reporting of certain physicians for violation of grounds for disciplinary action; providing a penalty; requiring investigation of probable disciplinary violations; amending s. 457.107, F.S.; increasing the maximum fee for renewal of a certificate to practice acupuncture; amending s. 458.303, F.S.; revising exemption of certain commissioned medical officers from specified medical practice provisions; amending s. 458.307, F.S.; modifying membership of the Board of Medicine; specifying composition of probable cause panels; providing for a training program; providing for completion of a panel's work; amending s. 458.311, F.S.; relating to requirements for licensure of physicians by examination; providing for an investigative process; providing for restricted licenses; amending s. 458.313, F.S.; providing for an investigative process for licensure by endorsement; requiring certain active practice; providing for restricted licenses; amending s. 458.315, F.S.; prohibiting issuance of temporary certificates for practice in areas of critical need to certain persons by endorsement; amending s. 458.3165, F.S.; providing for biennial renewal of public psychiatry certificates; amending s. 458.319, F.S.; increasing the maximum fee for renewal of a license to practice medicine; requiring evidence of active practice for license renewal; providing for supervised practice; amending ss. 458.320 and 459.0085, F.S.; authorizing physicians and osteopathic physicians to use risk retention groups to meet financial responsibility requirements; amending s. 458.327, F.S.; providing a penalty for leading the public to believe that one is licensed as a medical doctor, or is engaged in the licensed practice of medicine, without a license; amending ss. 458.331 and 459.015, F.S.; providing additional grounds for disciplinary action against physicians and osteopathic physicians; providing penalties and providing priorities for application thereof; establishing the burden of proof for administrative actions against physicians; providing for injunctive relief; providing for department review and investigation of claims; amending ss. 458.3315, 459.0155, F.S.; providing that a physician or osteopathic physician who is believed to be impaired must execute a release of his medical records to a consultant retained by the Department of Professional Regulation and limiting the use which the consultant may make of such records; amending s. 458.337, F.S.; specifying requirements for reports by medical organizations and hospitals when the physician has resigned; amending s. 458.345, F.S.; establishing requirements for registration of resident physicians and interns; providing a fee; restricting renewal or extension; prohibiting registration of certain persons; increasing a penalty; amending ss. 458.347 and 459.022, F.S.; allowing extended temporary certification of physician assistants and osteopathic physician assistants; amending s. 459.0055, F.S.; providing for an investigative process for licensure of osteopathic physicians; amending s. 459.008, F.S.; requiring evidence of active practice for license renewal; providing for supervised practice; amending s. 459.0092, F.S.; increasing the maximum fee for renewal of a license to practice osteopathic medicine; amending s. 460.407, F.S.; increasing the maximum fee to renew a license as a chiropractic physician; amending ss. 460.413, 461.013, 464.018, 465.016, and 466.028, F.S.; providing additional grounds for disciplinary action against chiropractic physicians, podiatrists, nurses, pharmacists, and dentists; amending s. 463.007, F.S.; increasing the maximum fee for renewal of a license to practice optometry; amending s. 465.0222, F.S.; increasing the maximum fee for renewal of a pharmacy permit; amending s. 466.006, F.S.; increasing the maximum fee for examination for licensure as a dentist; amending ss. 486.085, 486.107, F.S.; increasing the maximum fees for renewal of a license as a physical therapist and a license as a physical therapist assistant; amending s. 490.007, F.S.; increasing the maximum fee to renew a license as a psychologist; amending s. 627.912, F.S.; requiring insurers to report certain claims against dentists; providing for department review and investigation; providing for an annual report; amending s. 641.55, F.S.; providing for department review and investigation of certain incidents reported by health maintenance organization internal risk management programs; limiting public access; requiring report of certain incidents relating to surgical procedures; amending s. 768.13, F.S.; providing immunity from civil liability to physicians, hospitals, and certain hospital employees rendering medical care or treatment in response to an emergency within a hospital or trauma center; providing exceptions to such immunity; providing definitions; amending s. 768.19, F.S.; providing for presuit investigation of medical negligence claims in wrongful death actions; amending

s. 768.40, F.S.; providing for professional society review of certain physicians; providing specified immunity with respect thereto; amending s. 768.57, F.S.; expanding notice requirements prior to filing a claim for medical malpractice; stipulating informal discovery provisions with respect to presuit screening of such claims; prescribing conditions under which attorney's fees and costs may be awarded; providing for motions with respect to claims and denials; providing for notice to The Florida Bar and the Division of Medical Quality Assurance in certain circumstances; providing for award and payment of damages; prescribing a limit on noneconomic damages; creating s. 768.67, F.S.; prohibiting settlement agreements from denying parties thereto the right to discuss with or report to the Division of Medical Quality Assurance the events giving rise to the claim; providing effective dates.

—was referred to the Committees on Commerce and Appropriations.

On motion by Senator Meek, by the required constitutional two-thirds vote of the Senate the following bill was admitted for introduction:

By Senators Meek and Gordon—

SB 7-E—A bill to be entitled An act relating to the Legislature; amending s. 11.12, F.S.; providing for legislators to designate employees who are to attend sessions and receive subsistence and travel expenses in connection therewith; providing an effective date.

—which was referred to the Committee on Rules and Calendar.

On motions by Senator Barron, by two-thirds vote SB 7-E was withdrawn from the Committee on Rules and Calendar and by unanimous consent taken up instanter.

On motions by Senator Meek, by two-thirds vote SB 7-E was read the second time by title and by two-thirds vote read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—36

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|-----------------|---------------|-----------|-----------|
| Mr. President | Dudley | Jenne | Myers |
| Barron | Frank | Jennings | Peterson |
| Beard | Girardeau | Johnson | Plummer |
| Brown | Gordon | Kiser | Scott |
| Childers, D. | Grant | Lehtinen | Thomas |
| Childers, W. D. | Grizzle | Malchon | Thurman |
| Crawford | Hair | Margolis | Weinstein |
| Crenshaw | Hill | McPherson | Weinstock |
| Deratany | Hollingsworth | Meek | Woodson |

Nays—None

Vote after roll call:

Yea—Kirkpatrick

By Senator Myers—

SB 8-E—A bill to be entitled An act relating to the state health insurance program; waiving the outpatient deductible under the state self-insured health insurance plan for certain state employees; providing an effective date.

—was referred to the Committees on Personnel, Retirement and Collective Bargaining; and Appropriations.

Motion

Senator Myers moved that the following bill be introduced by the required constitutional two-thirds vote of the Senate:

A bill to be entitled An act relating to regulation of professions and occupations

The motion was referred to the Committee on Rules and Calendar.

Announcements

Senator Hair announced cancellation of the meeting of the Committee on Personnel, Retirement and Collective Bargaining this day.

Senator Hollingsworth announced cancellation of the meeting of the Committee on Agriculture this day.

Motions

On motion by Senator Scott, by two-thirds vote SB 4-E was withdrawn from the Committee on Appropriations.

On motion by Senator Barron, the rules were waived and the Committee on Personnel, Retirement and Collective Bargaining was granted permission to meet February 3 at 8:30 a.m. until completion of the agenda to consider Senate Bills 4-E and 8-E.

On motion by Senator Barron, the rules were waived and the Committee on Commerce was granted permission to meet this day at 2:30 p.m.

until completion of the agenda to consider Senate Bills 1-E, 2-E, 3-E, 5-E and 6-E.

On motion by Senator Barron, the rules were waived and the Committee on Appropriations was granted permission to meet February 3 at 9:00 a.m. until completion of the agenda to consider Senate Bills 1-E, 2-E, 3-E, 5-E, 6-E and 8-E.

RECESS

On motion by Senator Barron, the Senate recessed at 2:05 p.m. to reconvene at 10:30 a.m., Wednesday, February 3.