

107TH CONGRESS
1ST SESSION

H. R. 2103

To establish limits on medical malpractice claims, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 2001

Mr. GREENWOOD (for himself, Mr. THOMAS, Mrs. JOHNSON of Connecticut, Mr. SHAYS, Mr. NEY, and Mr. TOOMEY) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish limits on medical malpractice claims, and for
other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medical Malpractice
5 Rx Act”.

6 **SEC. 2. FEDERAL REFORM OF HEALTH CARE LIABILITY AC-**
7 **TIONS.**

8 (a) **APPLICABILITY.**—This Act shall apply with re-
9 spect to any health care liability action brought in any

1 State or Federal court and to any health care liability
2 claim subject to an ADR, except that this Act shall not
3 apply to—

4 (1) an action for damages arising from a vac-
5 cine-related injury or death to the extent that title
6 XXI of the Public Health Service Act applies to the
7 action, or

8 (2) an action under the Employee Retirement
9 Income Security Act of 1974 (29 U.S.C. 1001 et
10 seq.).

11 (b) PREEMPTION.—This Act shall not preempt any
12 State law that—

13 (1) provides for defenses or places limitations
14 on a person’s liability in addition to those contained
15 in this Act or otherwise imposes greater restrictions
16 than those provided in this Act; or

17 (2) imposes greater restrictions on liability or
18 damages than those provided in this Act.

19 No provision of this Act shall be construed to preempt or
20 displace the implementation of any State sponsored or pri-
21 vate ADR system.

22 (c) LIMITATIONS.—This Act supersedes chapter 171
23 of title 28, United States Code, (relating to tort claims
24 procedure) and preempts State law with respect to both
25 procedural and substantive matters only to the extent that

1 such chapter or State law differs from any provision of
2 this Act or provision established under this Act. Section
3 5 shall supersede or preempt any provision of such chapter
4 or State law which prohibits the introduction of evidence
5 regarding collateral source benefits or mandates or per-
6 mits subrogation or a lien on the plaintiff's award for the
7 cost of providing collateral source benefits. Any issue that
8 is not governed by any provision of this Act shall be gov-
9 erned by otherwise applicable Federal or State law.

10 (d) EFFECT ON SOVEREIGN IMMUNITY AND CHOICE
11 OF LAW OR VENUE.—Nothing in subsection (c) shall be
12 construed to—

13 (1) waive or affect any defense of sovereign im-
14 munity asserted by any State under any provision of
15 law;

16 (2) waive or affect any defense of sovereign im-
17 munity asserted by the United States;

18 (3) affect the applicability of any provision of
19 the Foreign Sovereign Immunities Act of 1976;

20 (4) preempt State choice-of-law rules with re-
21 spect to claims brought by a foreign nation or a cit-
22 izen of a foreign nation; or

23 (5) affect the right of any court to transfer
24 venue or to apply the law of a foreign nation or to
25 dismiss a claim of a foreign nation or of a citizen

1 of a foreign nation on the ground of inconvenient
2 forum.

3 (e) AMOUNT IN CONTROVERSY.—In an action to
4 which this Act applies and which is brought under section
5 1332 of title 28, United States Code, the amount of non-
6 economic damages or punitive damages, and attorneys'
7 fees or costs, shall not be included in determining whether
8 the matter in controversy exceeds the sum or value of
9 \$75,000.

10 (f) FEDERAL COURT JURISDICTION NOT ESTAB-
11 LISHED ON FEDERAL QUESTION GROUNDS.—Nothing in
12 this Act shall be construed to establish any jurisdiction
13 in the district courts of the United States over health care
14 liability actions on the basis of section 1331 or 1337 of
15 title 28, United States Code.

16 **SEC. 3. STATUTE OF LIMITATIONS.**

17 A health care liability action may not be brought
18 after the expiration of the 2-year period that begins on
19 the date on which the alleged injury that is the subject
20 of the action was discovered or should reasonably have
21 been discovered, but in no case after the expiration of the
22 5-year period that begins on the date the alleged injury
23 occurred.

1 **SEC. 4. CALCULATION AND PAYMENT OF DAMAGES.**

2 (a) **JOINT AND SEVERAL LIABILITY.**—In any health
3 care liability action, a defendant shall be liable only for
4 the amount of noneconomic damages attributable to such
5 defendant in direct proportion to such defendant's share
6 of fault or responsibility for the claimant's actual dam-
7 ages, as determined by the trier of fact. In all such cases,
8 the liability of a defendant for noneconomic damages shall
9 be several and not joint.

10 (b) **LIMITATION ON NONECONOMIC DAMAGES.**—The
11 total amount of noneconomic damages that may be award-
12 ed to a claimant for losses resulting from the injury which
13 is the subject of a health care liability action may not ex-
14 ceed \$500,000, regardless of the number of parties against
15 whom the action is brought or the number of actions
16 brought with respect to the injury. The limitation under
17 this paragraph shall not apply to an action for damages
18 based solely on intentional denial of medical treatment
19 necessary to preserve a patient's life that the patient is
20 otherwise qualified to receive, against the wishes of a pa-
21 tient, or if the patient is incompetent, against the wishes
22 of the patient's guardian, on the basis of the patient's
23 present or predicated age, disability, degree of medical de-
24 pendency, or quality of life.

25 (c) **TREATMENT OF PUNITIVE DAMAGES.**—

1 (1) GENERAL RULE.—Punitive damages may,
2 to the extent permitted by applicable State law, be
3 awarded in any health care liability action for harm
4 in any Federal or State court against a defendant if
5 the claimant establishes by clear and convincing evi-
6 dence that the harm suffered was the result of
7 conduct—

8 (A) specifically intended to cause harm, or
9 (B) conduct manifesting a conscious, fla-
10 grant indifference to the rights or safety of oth-
11 ers.

12 (2) APPLICABILITY.—This subsection shall
13 apply to any health care liability action brought in
14 any Federal or State court on any theory where pu-
15 nitive damages are sought. This subsection does not
16 create a cause of action for punitive damages. This
17 subsection does not preempt or supersede any State
18 or Federal law to the extent that such law would
19 further limit the award of punitive damages.

20 (3) BIFURCATION.—At the request of any
21 party, the trier of fact shall consider in a separate
22 proceeding whether punitive damages are to be
23 awarded and the amount of such award. If a sepa-
24 rate proceeding is requested, evidence relevant only
25 to the claim of punitive damages, as determined by

1 applicable State law, shall be inadmissible in any
2 proceeding to determine whether actual damages are
3 to be awarded.

4 (4) DRUGS AND DEVICES.—

5 (A) IN GENERAL.—(i) Punitive damages
6 shall not be awarded against a manufacturer or
7 product seller of a drug or medical device which
8 caused the claimant's harm where—

9 (I) such drug or device was subject to
10 premarket approval by the Food and Drug
11 Administration with respect to the safety
12 of the formulation or performance of the
13 aspect of such drug or device which caused
14 the claimant's harm, or the adequacy of
15 the packaging or labeling of such drug or
16 device which caused the harm, and such
17 drug, device, packaging, or labeling was
18 approved by the Food and Drug Adminis-
19 tration; or

20 (II) the drug is generally recognized
21 as safe and effective pursuant to conditions
22 established by the Food and Drug Admin-
23 istration and applicable regulations, includ-
24 ing packaging and labeling regulations.

1 (ii) Clause (i) shall not apply in any case
2 in which the defendant, before or after pre-
3 market approval of a drug or device—

4 (I) intentionally and wrongfully with-
5 held from or misrepresented to the Food
6 and Drug Administration information con-
7 cerning such drug or device required to be
8 submitted under the Federal Food, Drug,
9 and Cosmetic Act (21 U.S.C. 301 et seq.)
10 or section 351 of the Public Health Service
11 Act (42 U.S.C. 262) that is material and
12 relevant to the harm suffered by the claim-
13 ant, or

14 (II) made an illegal payment to an of-
15 ficial or employee of the Food and Drug
16 Administration for the purpose of securing
17 or maintaining approval of such drug or
18 device.

19 (B) PACKAGING.—In a health care liability
20 action for harm which is alleged to relate to the
21 adequacy of the packaging or labeling of a drug
22 which is required to have tamper-resistant
23 packaging under regulations of the Secretary of
24 Health and Human Services (including labeling
25 regulations related to such packaging), the

1 manufacturer or product seller of the drug shall
2 not be held liable for punitive damages unless
3 such packaging or labeling is found by the court
4 by clear and convincing evidence to be substan-
5 tially out of compliance with such regulations.

6 (d) PERIODIC PAYMENTS FOR FUTURE LOSSES.—

7 (1) GENERAL RULE.—In any health care liabil-
8 ity action in which the damages awarded for future
9 economic and noneconomic loss exceeds \$50,000, a
10 person shall not be required to pay such damages in
11 a single, lump-sum payment, but shall be permitted
12 to make such payments periodically based on when
13 the damages are found likely to occur, as such pay-
14 ments are determined by the court.

15 (2) FINALITY OF JUDGMENT.—The judgment
16 of the court awarding periodic payments under this
17 subsection may not, in the absence of fraud, be re-
18 opened at any time to contest, amend, or modify the
19 schedule or amount of the payments.

20 (3) LUMP-SUM SETTLEMENTS.—This sub-
21 section shall not be construed to preclude a settle-
22 ment providing for a single, lump-sum payment.

23 (e) TREATMENT OF COLLATERAL SOURCE PAY-
24 MENTS.—

1 (1) INTRODUCTION INTO EVIDENCE.—In any
2 health care liability action, any defendant may intro-
3 duce evidence of collateral source payments. If any
4 defendant elects to introduce such evidence, the
5 claimant may introduce evidence of any amount paid
6 or contributed or reasonably likely to be paid or con-
7 tributed in the future by or on behalf of the claim-
8 ant to secure the right to such collateral source pay-
9 ments.

10 (2) NO SUBROGATION.—No provider of collat-
11 eral source payments shall recover any amount
12 against the claimant or receive any lien or credit
13 against the claimant's recovery or be equitably or le-
14 gally subrogated the right of the claimant in a
15 health care liability action.

16 (3) APPLICATION TO SETTLEMENTS.—This sub-
17 section shall apply to an action that is settled as well
18 as an action that is resolved by a fact finder.

19 **SEC. 5. AWARD OF ATTORNEY'S FEES.**

20 (a) LIMITATIONS ON CONTINGENT FEES.—

21 (1) IN GENERAL.—The total of all contingent
22 fees for representing all claimants in a health care
23 liability claim or action shall not exceed the following
24 limits:

1 (A) 40 percent of the first \$50,000 recov-
2 ered by the claimant.

3 (B) $33\frac{1}{3}$ percent of the next \$50,000 re-
4 covered by the claimant.

5 (C) 25 percent of the next \$500,000 recov-
6 ered by the claimant.

7 (D) 15 percent of any amount by which
8 the recovery by the claimant exceeds \$600,000.

9 (2) APPLICABILITY.—The limitations prescribed
10 by paragraph (1) shall apply whether the recovery is
11 by judgment, settlement, mediation, arbitration, or
12 any other form of ADR. A court acting in a health
13 care liability claim or action involving a minor or in-
14 competent person retains the authority to authorize
15 or approve a fee that is less than the maximum per-
16 mitted under paragraph (1).

17 (3) DEFINITIONS.—For purposes of this sub-
18 section:

19 (A) CONTINGENT FEE.—The term “contin-
20 gent fee” includes all compensation to any per-
21 son which is payable only if a recovery is ef-
22 fected on behalf of one or more claimants.

23 (B) RECOVERY.—The term “recovery”
24 means the net sum recovered after deducting
25 any disbursements or costs incurred in connec-

1 tion with prosecution or settlement of the claim,
2 including all costs paid or advanced by any per-
3 son. Costs of health care incurred by the plain-
4 tiff and the attorney's office overhead costs or
5 charges for legal services are not deductible dis-
6 bursements of costs for such purpose.

7 (b) HOURS WORKED.—Counsel of record in a health
8 care liability action shall maintain accurate and up-to-date
9 records of hours worked for such action regardless of the
10 fee arrangement with the attorney's client.

11 (c) COSTS.—Nothing in this section shall affect the
12 right of a party to be awarded costs under applicable law.

13 (d) EFFECTIVE DATE.—This section shall apply with
14 respect to a health care liability action which is brought
15 after the date of the enactment of this Act for a claim
16 arising from an injury occurring after such date of enact-
17 ment.

18 **SEC. 6. ALTERNATIVE DISPUTE RESOLUTION.**

19 Any ADR used to resolve a health care liability action
20 or claim shall contain provisions relating to statute of limi-
21 tations, noneconomic damages, joint and several liability,
22 punitive damages, collateral source rule, periodic pay-
23 ments, and award of attorney's fees which are consistent
24 with the provisions relating to such matters in this Act.

1 **SEC. 7. DEFINITIONS.**

2 As used in this Act:

3 (1) ACTUAL DAMAGES.—The term “actual dam-
4 ages” means damages awarded to pay for economic
5 loss.

6 (2) ADR.—The term “ADR” means an alter-
7 native dispute resolution system established under
8 Federal or State law that provides for the resolution
9 of health care liability claims in a manner other than
10 through health care liability actions.

11 (3) CLAIMANT.—The term “claimant” means
12 any person who brings a health care liability action
13 and any person on whose behalf such an action is
14 brought. If such action is brought through or on be-
15 half of an estate, the term includes the claimant’s
16 decedent. If such action is brought through or on be-
17 half of a minor or incompetent, the term includes
18 the claimant’s legal guardian.

19 (4) CLEAR AND CONVINCING EVIDENCE.—The
20 term “clear and convincing evidence” is that meas-
21 ure or degree of proof that will produce in the mind
22 of the trier of fact a firm belief or conviction as to
23 the truth of the allegations sought to be established.
24 Such measure or degree of proof is more than that
25 required under preponderance of the evidence but

1 less than that required for proof beyond a reason-
2 able doubt.

3 (5) COLLATERAL SOURCE PAYMENTS.—The
4 term “collateral source payments” means any
5 amount paid or reasonably likely to be paid in the
6 future to or on behalf of a claimant, or any service,
7 product, or other benefit provided or reasonably like-
8 ly to be provided in the future to or on behalf of a
9 claimant, as a result of an injury or wrongful death,
10 pursuant to—

11 (A) any State or Federal health, sickness,
12 income-disability, accident or workers’ com-
13 pensation Act;

14 (B) any health, sickness, income-disability,
15 or accident insurance that provides health bene-
16 fits or income-disability coverage;

17 (C) any contract or agreement of any
18 group, organization, partnership, or corporation
19 to provide, pay for, or reimburse the cost of
20 medical, hospital, dental, or income disability
21 benefits; and

22 (D) any other publicly or privately funded
23 program.

24 (6) DRUG.—The term “drug” has the meaning
25 given such term in section 201(g)(1) of the Federal

1 Food, Drug, and Cosmetic Act (21 U.S.C.
2 321(g)(1)).

3 (7) ECONOMIC DAMAGES.—The term “economic
4 damages” means objectively verifiable monetary
5 losses incurred as a result of the provision of, use
6 of, or payment for (or failure to provide, use, or pay
7 for) health care services or medical products such as
8 past and future medical expenses, loss of past and
9 future earnings, cost of obtaining domestic services,
10 loss of employment, loss due to death, burial costs,
11 and loss of business or employment opportunities.

12 (8) HARM.—The term “harm” means any le-
13 gally cognizable wrong or injury for which punitive
14 damages may be imposed.

15 (9) HEALTH BENEFIT PLAN.—The term
16 “health benefit plan” means—

17 (A) a hospital or medical expense incurred
18 policy or certificate,

19 (B) a hospital or medical service plan con-
20 tract,

21 (C) a health maintenance subscriber con-
22 tract, or

23 (D) a Medicare+Choice product (offered
24 under part C of title XVIII of the Social Secu-
25 rity Act),

1 that provides benefits with respect to health care
2 services.

3 (10) HEALTH CARE LIABILITY ACTION.—The
4 term “health care liability action” means a civil ac-
5 tion brought in a State or Federal court or pursuant
6 to alternative dispute resolution against a health
7 care provider, an entity which is obligated to provide
8 or pay for health benefits under any health benefit
9 plan (including any person or entity acting under a
10 contract or arrangement to provide or administer
11 any health benefit), or the manufacturer, distributor,
12 supplier, marketer, promoter, or seller of a medical
13 product, in which the claimant alleges a claim (in-
14 cluding third party claims, cross claims, counter
15 claims, or contribution claims) based upon the provi-
16 sion of (or the failure to provide or pay for) health
17 care services or the use of a medical product, re-
18 gardless of the theory of liability on which the claim
19 is based or the number of plaintiffs, defendants, or
20 causes of action.

21 (11) HEALTH CARE LIABILITY CLAIM.—The
22 term “health care liability claim” means a claim in
23 which the claimant alleges that injury was caused by
24 the provision of (or the failure to provide) health
25 care services or medical products.

1 (12) HEALTH CARE PROVIDER.—The term
2 “health care provider” means any person that is en-
3 gaged in the delivery of health care services in a
4 State and that is required by the laws or regulations
5 of the State to be licensed or certified by the State
6 to engage in the delivery of such services in the
7 State.

8 (13) HEALTH CARE SERVICE.—The term
9 “health care service” means any service for which
10 payment may be made under a health benefit plan
11 including services related to the delivery or adminis-
12 tration of such service.

13 (14) MEDICAL PRODUCT.—The term “medical
14 product” means a drug (as defined in section
15 201(g)(1)) of the Federal Food, Drug, and Cosmetic
16 Act (21 U.S.C. 321(g)(1)) or a medical device (as
17 defined in section 201(h)) of the Federal Food,
18 Drug, and Cosmetic Act (21 U.S.C. 321(h)), includ-
19 ing any component or raw material used in a drug
20 or device but excluding health care services.

21 (15) NONECONOMIC DAMAGES.—The term
22 “noneconomic damages” means damages paid to an
23 individual for pain and suffering, inconvenience,
24 emotional distress, mental anguish, loss of consor-

1 tium, injury to reputation, humiliation, and other
2 nonpecuniary losses.

3 (16) PERSON.—The term “person” means any
4 individual, corporation, company, association, firm,
5 partnership, society, joint stock company, or any
6 other entity, including any governmental entity.

7 (17) PRODUCT SELLER.—

8 (A) IN GENERAL.—Subject to subpara-
9 graph (B), the term “product seller” means a
10 person who, in the course of a business con-
11 ducted for that purpose—

12 (i) sells, distributes, rents, leases, pre-
13 pares, blends, packages, labels, or is other-
14 wise involved in placing, a product in the
15 stream of commerce, or

16 (ii) installs, repairs, or maintains the
17 harm-causing aspect of a product.

18 (B) EXCLUSION.—Such term does not
19 include—

20 (i) a seller or lessor of real property;

21 (ii) a provider of professional services
22 in any case in which the sale or use of a
23 product is incidental to the transaction and
24 the essence of the transaction is the fur-
25 nishing of judgment, skill, or services; or

1 (iii) any person who—

2 (I) acts in only a financial capac-
3 ity with respect to the sale of a prod-
4 uct; or

5 (II) leases a product under a
6 lease arrangement in which the selec-
7 tion, possession, maintenance, and op-
8 eration of the product are controlled
9 by a person other than the lessor.

10 (18) PUNITIVE DAMAGES.—The term “punitive
11 damages” means damages awarded against any per-
12 son not to compensate for actual injury suffered, but
13 to punish or deter such person or others from en-
14 gaging in similar behavior in the future.

15 (19) STATE.—The term “State” means each of
16 the several States, the District of Columbia, Puerto
17 Rico, the Virgin Islands, Guam, American Samoa,
18 the Northern Mariana Islands, and any other terri-
19 tory or possession of the United States.

20 **SEC. 8. EFFECTIVE DATE.**

21 This Act will apply to any health care liability action
22 brought in a Federal or State court and to any health
23 care liability claim subject to an ADR system, that is initi-
24 ated on or after the date of enactment of this Act, except
25 that any health care liability claim or action arising from

1 an injury occurring prior to the date of enactment of this
2 Act shall be governed by the applicable statute of limita-
3 tions provisions in effect at the time the injury occurred.

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