

112TH CONGRESS
1ST SESSION

H. R. 5

To improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 24, 2011

Mr. GINGREY of Georgia (for himself, Mr. DAVID SCOTT of Georgia, and Mr. SMITH of Texas) 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 improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Help Efficient, Accessible, Low-cost, Timely Healthcare
6 (HEALTH) Act of 2011”.

1 (b) TABLE OF CONTENTS.—The table of contents of
2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings and purpose.
- Sec. 3. Encouraging speedy resolution of claims.
- Sec. 4. Compensating patient injury.
- Sec. 5. Maximizing patient recovery.
- Sec. 6. Additional HEALTH benefits.
- Sec. 7. Punitive damages.
- Sec. 8. Authorization of payment of future damages to claimants in HEALTH
care lawsuits.
- Sec. 9. Definitions.
- Sec. 10. Effect on other laws.
- Sec. 11. State flexibility and protection of States' rights.
- Sec. 12. Applicability; effective date.

3 **SEC. 2. FINDINGS AND PURPOSE.**

4 (a) FINDINGS.—

5 (1) EFFECT ON HEALTH CARE ACCESS AND
6 COSTS.—Congress finds that our current civil justice
7 system is adversely affecting patient access to health
8 care services, better patient care, and cost-efficient
9 health care, in that the health care liability system
10 is a costly and ineffective mechanism for resolving
11 claims of health care liability and compensating in-
12 jured patients, and is a deterrent to the sharing of
13 information among health care professionals which
14 impedes efforts to improve patient safety and quality
15 of care.

16 (2) EFFECT ON INTERSTATE COMMERCE.—
17 Congress finds that the health care and insurance
18 industries are industries affecting interstate com-
19 merce and the health care liability litigation systems

1 existing throughout the United States are activities
2 that affect interstate commerce by contributing to
3 the high costs of health care and premiums for
4 health care liability insurance purchased by health
5 care system providers.

6 (3) EFFECT ON FEDERAL SPENDING.—Con-
7 gress finds that the health care liability litigation
8 systems existing throughout the United States have
9 a significant effect on the amount, distribution, and
10 use of Federal funds because of—

11 (A) the large number of individuals who
12 receive health care benefits under programs op-
13 erated or financed by the Federal Government;

14 (B) the large number of individuals who
15 benefit because of the exclusion from Federal
16 taxes of the amounts spent to provide them
17 with health insurance benefits; and

18 (C) the large number of health care pro-
19 viders who provide items or services for which
20 the Federal Government makes payments.

21 (b) PURPOSE.—It is the purpose of this Act to imple-
22 ment reasonable, comprehensive, and effective health care
23 liability reforms designed to—

24 (1) improve the availability of health care serv-
25 ices in cases in which health care liability actions

1 have been shown to be a factor in the decreased
2 availability of services;

3 (2) reduce the incidence of “defensive medi-
4 cine” and lower the cost of health care liability in-
5 surance, all of which contribute to the escalation of
6 health care costs;

7 (3) ensure that persons with meritorious health
8 care injury claims receive fair and adequate com-
9 pensation, including reasonable noneconomic dam-
10 ages;

11 (4) improve the fairness and cost-effectiveness
12 of our current health care liability system to resolve
13 disputes over, and provide compensation for, health
14 care liability by reducing uncertainty in the amount
15 of compensation provided to injured individuals; and

16 (5) provide an increased sharing of information
17 in the health care system which will reduce unin-
18 tended injury and improve patient care.

19 **SEC. 3. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.**

20 The time for the commencement of a health care law-
21 suit shall be 3 years after the date of manifestation of
22 injury or 1 year after the claimant discovers, or through
23 the use of reasonable diligence should have discovered, the
24 injury, whichever occurs first. In no event shall the time
25 for commencement of a health care lawsuit exceed 3 years

1 after the date of manifestation of injury unless tolled for
2 any of the following—

3 (1) upon proof of fraud;

4 (2) intentional concealment; or

5 (3) the presence of a foreign body, which has no
6 therapeutic or diagnostic purpose or effect, in the
7 person of the injured person.

8 Actions by a minor shall be commenced within 3 years
9 from the date of the alleged manifestation of injury except
10 that actions by a minor under the full age of 6 years shall
11 be commenced within 3 years of manifestation of injury
12 or prior to the minor's 8th birthday, whichever provides
13 a longer period. Such time limitation shall be tolled for
14 minors for any period during which a parent or guardian
15 and a health care provider or health care organization
16 have committed fraud or collusion in the failure to bring
17 an action on behalf of the injured minor.

18 **SEC. 4. COMPENSATING PATIENT INJURY.**

19 (a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL
20 ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any
21 health care lawsuit, nothing in this Act shall limit a claim-
22 ant's recovery of the full amount of the available economic
23 damages, notwithstanding the limitation in subsection (b).

24 (b) ADDITIONAL NONECONOMIC DAMAGES.—In any
25 health care lawsuit, the amount of noneconomic damages,

1 if available, may be as much as \$250,000, regardless of
2 the number of parties against whom the action is brought
3 or the number of separate claims or actions brought with
4 respect to the same injury.

5 (c) NO DISCOUNT OF AWARD FOR NONECONOMIC
6 DAMAGES.—For purposes of applying the limitation in
7 subsection (b), future noneconomic damages shall not be
8 discounted to present value. The jury shall not be in-
9 formed about the maximum award for noneconomic dam-
10 ages. An award for noneconomic damages in excess of
11 \$250,000 shall be reduced either before the entry of judg-
12 ment, or by amendment of the judgment after entry of
13 judgment, and such reduction shall be made before ac-
14 counting for any other reduction in damages required by
15 law. If separate awards are rendered for past and future
16 noneconomic damages and the combined awards exceed
17 \$250,000, the future noneconomic damages shall be re-
18 duced first.

19 (d) FAIR SHARE RULE.—In any health care lawsuit,
20 each party shall be liable for that party's several share
21 of any damages only and not for the share of any other
22 person. Each party shall be liable only for the amount of
23 damages allocated to such party in direct proportion to
24 such party's percentage of responsibility. Whenever a
25 judgment of liability is rendered as to any party, a sepa-

1 rate judgment shall be rendered against each such party
2 for the amount allocated to such party. For purposes of
3 this section, the trier of fact shall determine the propor-
4 tion of responsibility of each party for the claimant's
5 harm.

6 **SEC. 5. MAXIMIZING PATIENT RECOVERY.**

7 (a) COURT SUPERVISION OF SHARE OF DAMAGES
8 ACTUALLY PAID TO CLAIMANTS.—In any health care law-
9 suit, the court shall supervise the arrangements for pay-
10 ment of damages to protect against conflicts of interest
11 that may have the effect of reducing the amount of dam-
12 ages awarded that are actually paid to claimants. In par-
13 ticular, in any health care lawsuit in which the attorney
14 for a party claims a financial stake in the outcome by vir-
15 tue of a contingent fee, the court shall have the power
16 to restrict the payment of a claimant's damage recovery
17 to such attorney, and to redirect such damages to the
18 claimant based upon the interests of justice and principles
19 of equity. In no event shall the total of all contingent fees
20 for representing all claimants in a health care lawsuit ex-
21 ceed the following limits:

22 (1) Forty percent of the first \$50,000 recovered
23 by the claimant(s).

24 (2) Thirty-three and one-third percent of the
25 next \$50,000 recovered by the claimant(s).

1 (3) Twenty-five percent of the next \$500,000
2 recovered by the claimant(s).

3 (4) Fifteen percent of any amount by which the
4 recovery by the claimant(s) is in excess of \$600,000.

5 (b) APPLICABILITY.—The limitations in this section
6 shall apply whether the recovery is by judgment, settle-
7 ment, mediation, arbitration, or any other form of alter-
8 native dispute resolution. In a health care lawsuit involv-
9 ing a minor or incompetent person, a court retains the
10 authority to authorize or approve a fee that is less than
11 the maximum permitted under this section. The require-
12 ment for court supervision in the first two sentences of
13 subsection (a) applies only in civil actions.

14 **SEC. 6. ADDITIONAL HEALTH BENEFITS.**

15 In any health care lawsuit involving injury or wrong-
16 ful death, any party may introduce evidence of collateral
17 source benefits. If a party elects to introduce such evi-
18 dence, any opposing party may introduce evidence of any
19 amount paid or contributed or reasonably likely to be paid
20 or contributed in the future by or on behalf of the oppos-
21 ing party to secure the right to such collateral source bene-
22 fits. No provider of collateral source benefits shall recover
23 any amount against the claimant or receive any lien or
24 credit against the claimant's recovery or be equitably or
25 legally subrogated to the right of the claimant in a health

1 care lawsuit involving injury or wrongful death. This sec-
2 tion shall apply to any health care lawsuit that is settled
3 as well as a health care lawsuit that is resolved by a fact
4 finder. This section shall not apply to section 1862(b) (42
5 U.S.C. 1395y(b)) or section 1902(a)(25) (42 U.S.C.
6 1396a(a)(25)) of the Social Security Act.

7 **SEC. 7. PUNITIVE DAMAGES.**

8 (a) IN GENERAL.—Punitive damages may, if other-
9 wise permitted by applicable State or Federal law, be
10 awarded against any person in a health care lawsuit only
11 if it is proven by clear and convincing evidence that such
12 person acted with malicious intent to injure the claimant,
13 or that such person deliberately failed to avoid unneces-
14 sary injury that such person knew the claimant was sub-
15 stantially certain to suffer. In any health care lawsuit
16 where no judgment for compensatory damages is rendered
17 against such person, no punitive damages may be awarded
18 with respect to the claim in such lawsuit. No demand for
19 punitive damages shall be included in a health care lawsuit
20 as initially filed. A court may allow a claimant to file an
21 amended pleading for punitive damages only upon a mo-
22 tion by the claimant and after a finding by the court, upon
23 review of supporting and opposing affidavits or after a
24 hearing, after weighing the evidence, that the claimant has
25 established by a substantial probability that the claimant

1 will prevail on the claim for punitive damages. At the re-
2 quest of any party in a health care lawsuit, the trier of
3 fact shall consider in a separate proceeding—

4 (1) whether punitive damages are to be award-
5 ed and the amount of such award; and

6 (2) the amount of punitive damages following a
7 determination of punitive liability.

8 If a separate proceeding is requested, evidence relevant
9 only to the claim for punitive damages, as determined by
10 applicable State law, shall be inadmissible in any pro-
11 ceeding to determine whether compensatory damages are
12 to be awarded.

13 (b) DETERMINING AMOUNT OF PUNITIVE DAM-
14 AGES.—

15 (1) FACTORS CONSIDERED.—In determining
16 the amount of punitive damages, if awarded, in a
17 health care lawsuit, the trier of fact shall consider
18 only the following—

19 (A) the severity of the harm caused by the
20 conduct of such party;

21 (B) the duration of the conduct or any
22 concealment of it by such party;

23 (C) the profitability of the conduct to such
24 party;

1 (D) the number of products sold or med-
2 ical procedures rendered for compensation, as
3 the case may be, by such party, of the kind
4 causing the harm complained of by the claim-
5 ant;

6 (E) any criminal penalties imposed on such
7 party, as a result of the conduct complained of
8 by the claimant; and

9 (F) the amount of any civil fines assessed
10 against such party as a result of the conduct
11 complained of by the claimant.

12 (2) MAXIMUM AWARD.—The amount of punitive
13 damages, if awarded, in a health care lawsuit may
14 be as much as \$250,000 or as much as two times
15 the amount of economic damages awarded, which-
16 ever is greater. The jury shall not be informed of
17 this limitation.

18 (c) NO PUNITIVE DAMAGES FOR PRODUCTS THAT
19 COMPLY WITH FDA STANDARDS.—

20 (1) IN GENERAL.—

21 (A) No punitive damages may be awarded
22 against the manufacturer or distributor of a
23 medical product, or a supplier of any compo-
24 nent or raw material of such medical product,

1 based on a claim that such product caused the
2 claimant's harm where—

3 (i)(I) such medical product was sub-
4 ject to premarket approval, clearance, or li-
5 censure by the Food and Drug Administra-
6 tion with respect to the safety of the for-
7 mulation or performance of the aspect of
8 such medical product which caused the
9 claimant's harm or the adequacy of the
10 packaging or labeling of such medical
11 product; and

12 (II) such medical product was so ap-
13 proved, cleared, or licensed; or

14 (ii) such medical product is generally
15 recognized among qualified experts as safe
16 and effective pursuant to conditions estab-
17 lished by the Food and Drug Administra-
18 tion and applicable Food and Drug Admin-
19 istration regulations, including without
20 limitation those related to packaging and
21 labeling, unless the Food and Drug Admin-
22 istration has determined that such medical
23 product was not manufactured or distrib-
24 uted in substantial compliance with appli-

1 cable Food and Drug Administration stat-
2 utes and regulations.

3 (B) RULE OF CONSTRUCTION.—Subpara-
4 graph (A) may not be construed as establishing
5 the obligation of the Food and Drug Adminis-
6 tration to demonstrate affirmatively that a
7 manufacturer, distributor, or supplier referred
8 to in such subparagraph meets any of the con-
9 ditions described in such subparagraph.

10 (2) LIABILITY OF HEALTH CARE PROVIDERS.—
11 A health care provider who prescribes, or who dis-
12 penses pursuant to a prescription, a medical product
13 approved, licensed, or cleared by the Food and Drug
14 Administration shall not be named as a party to a
15 product liability lawsuit involving such product and
16 shall not be liable to a claimant in a class action
17 lawsuit against the manufacturer, distributor, or
18 seller of such product. Nothing in this paragraph
19 prevents a court from consolidating cases involving
20 health care providers and cases involving products li-
21 ability claims against the manufacturer, distributor,
22 or product seller of such medical product.

23 (3) PACKAGING.—In a health care lawsuit for
24 harm which is alleged to relate to the adequacy of
25 the packaging or labeling of a drug which is required

1 to have tamper-resistant packaging under regula-
2 tions of the Secretary of Health and Human Serv-
3 ices (including labeling regulations related to such
4 packaging), the manufacturer or product seller of
5 the drug shall not be held liable for punitive dam-
6 ages unless such packaging or labeling is found by
7 the trier of fact by clear and convincing evidence to
8 be substantially out of compliance with such regula-
9 tions.

10 (4) EXCEPTION.—Paragraph (1) shall not
11 apply in any health care lawsuit in which—

12 (A) a person, before or after premarket ap-
13 proval, clearance, or licensure of such medical
14 product, knowingly misrepresented to or with-
15 held from the Food and Drug Administration
16 information that is required to be submitted
17 under the Federal Food, Drug, and Cosmetic
18 Act (21 U.S.C. 301 et seq.) or section 351 of
19 the Public Health Service Act (42 U.S.C. 262)
20 that is material and is causally related to the
21 harm which the claimant allegedly suffered; or

22 (B) a person made an illegal payment to
23 an official of the Food and Drug Administra-
24 tion for the purpose of either securing or main-

1 taining approval, clearance, or licensure of such
2 medical product.

3 **SEC. 8. AUTHORIZATION OF PAYMENT OF FUTURE DAM-**
4 **AGES TO CLAIMANTS IN HEALTH CARE LAW-**
5 **SUITS.**

6 (a) IN GENERAL.—In any health care lawsuit, if an
7 award of future damages, without reduction to present
8 value, equaling or exceeding \$50,000 is made against a
9 party with sufficient insurance or other assets to fund a
10 periodic payment of such a judgment, the court shall, at
11 the request of any party, enter a judgment ordering that
12 the future damages be paid by periodic payments, in ac-
13 cordance with the Uniform Periodic Payment of Judg-
14 ments Act promulgated by the National Conference of
15 Commissioners on Uniform State Laws.

16 (b) APPLICABILITY.—This section applies to all ac-
17 tions which have not been first set for trial or retrial be-
18 fore the effective date of this Act.

19 **SEC. 9. DEFINITIONS.**

20 In this Act:

21 (1) ALTERNATIVE DISPUTE RESOLUTION SYS-
22 TEM; ADR.—The term “alternative dispute resolution
23 system” or “ADR” means a system that provides
24 for the resolution of health care lawsuits in a man-

1 ner other than through a civil action brought in a
2 State or Federal court.

3 (2) CLAIMANT.—The term “claimant” means
4 any person who brings a health care lawsuit, includ-
5 ing a person who asserts or claims a right to legal
6 or equitable contribution, indemnity, or subrogation,
7 arising out of a health care liability claim or action,
8 and any person on whose behalf such a claim is as-
9 serted or such an action is brought, whether de-
10 ceased, incompetent, or a minor.

11 (3) COLLATERAL SOURCE BENEFITS.—The
12 term “collateral source benefits” means any amount
13 paid or reasonably likely to be paid in the future to
14 or on behalf of the claimant, or any service, product,
15 or other benefit provided or reasonably likely to be
16 provided in the future to or on behalf of the claim-
17 ant, as a result of the injury or wrongful death, pur-
18 suant to—

19 (A) any State or Federal health, sickness,
20 income-disability, accident, or workers’ com-
21 pensation law;

22 (B) any health, sickness, income-disability,
23 or accident insurance that provides health bene-
24 fits or income-disability coverage;

1 (C) any contract or agreement of any
2 group, organization, partnership, or corporation
3 to provide, pay for, or reimburse the cost of
4 medical, hospital, dental, or income-disability
5 benefits; and

6 (D) any other publicly or privately funded
7 program.

8 (4) COMPENSATORY DAMAGES.—The term
9 “compensatory damages” means objectively
10 verifiable monetary losses incurred as a result of the
11 provision of, use of, or payment for (or failure to
12 provide, use, or pay for) health care services or med-
13 ical products, such as past and future medical ex-
14 penses, loss of past and future earnings, cost of ob-
15 taining domestic services, loss of employment, and
16 loss of business or employment opportunities, dam-
17 ages for physical and emotional pain, suffering, in-
18 convenience, physical impairment, mental anguish,
19 disfigurement, loss of enjoyment of life, loss of soci-
20 ety and companionship, loss of consortium (other
21 than loss of domestic service), hedonic damages, in-
22 jury to reputation, and all other nonpecuniary losses
23 of any kind or nature. The term “compensatory
24 damages” includes economic damages and non-

1 economic damages, as such terms are defined in this
2 section.

3 (5) CONTINGENT FEE.—The term “contingent
4 fee” includes all compensation to any person or per-
5 sons which is payable only if a recovery is effected
6 on behalf of one or more claimants.

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

16 (7) HEALTH CARE LAWSUIT.—The term
17 “health care lawsuit” means any health care liability
18 claim concerning the provision of health care goods
19 or services or any medical product affecting inter-
20 state commerce, or any health care liability action
21 concerning the provision of health care goods or
22 services or any medical product affecting interstate
23 commerce, brought in a State or Federal court or
24 pursuant to an alternative dispute resolution system,
25 against a health care provider, a health care organi-

1 zation, or the manufacturer, distributor, supplier,
2 marketer, promoter, or seller of a medical product,
3 regardless of the theory of liability on which the
4 claim is based, or the number of claimants, plain-
5 tiffs, defendants, or other parties, or the number of
6 claims or causes of action, in which the claimant al-
7 leges a health care liability claim. Such term does
8 not include a claim or action which is based on
9 criminal liability; which seeks civil fines or penalties
10 paid to Federal, State, or local government; or which
11 is grounded in antitrust.

12 (8) HEALTH CARE LIABILITY ACTION.—The
13 term “health care liability action” means a civil ac-
14 tion brought in a State or Federal court or pursuant
15 to an alternative dispute resolution system, against
16 a health care provider, a health care organization, or
17 the manufacturer, distributor, supplier, marketer,
18 promoter, or seller of a medical product, regardless
19 of the theory of liability on which the claim is based,
20 or the number of plaintiffs, defendants, or other par-
21 ties, or the number of causes of action, in which the
22 claimant alleges a health care liability claim.

23 (9) HEALTH CARE LIABILITY CLAIM.—The
24 term “health care liability claim” means a demand
25 by any person, whether or not pursuant to ADR,

1 against a health care provider, health care organiza-
2 tion, or the manufacturer, distributor, supplier, mar-
3 keter, promoter, or seller of a medical product, in-
4 cluding, but not limited to, third-party claims, cross-
5 claims, counter-claims, or contribution claims, which
6 are based upon the provision of, use of, or payment
7 for (or the failure to provide, use, or pay for) health
8 care services or medical products, regardless of the
9 theory of liability on which the claim is based, or the
10 number of plaintiffs, defendants, or other parties, or
11 the number of causes of action.

12 (10) HEALTH CARE ORGANIZATION.—The term
13 “health care organization” means any person or en-
14 tity which is obligated to provide or pay for health
15 benefits under any health plan, including any person
16 or entity acting under a contract or arrangement
17 with a health care organization to provide or admin-
18 ister any health benefit.

19 (11) HEALTH CARE PROVIDER.—The term
20 “health care provider” means any person or entity
21 required by State or Federal laws or regulations to
22 be licensed, registered, or certified to provide health
23 care services, and being either so licensed, reg-
24 istered, or certified, or exempted from such require-
25 ment by other statute or regulation.

1 (12) HEALTH CARE GOODS OR SERVICES.—The
2 term “health care goods or services” means any
3 goods or services provided by a health care organiza-
4 tion, provider, or by any individual working under
5 the supervision of a health care provider, that relates
6 to the diagnosis, prevention, or treatment of any
7 human disease or impairment, or the assessment or
8 care of the health of human beings.

9 (13) MALICIOUS INTENT TO INJURE.—The
10 term “malicious intent to injure” means inten-
11 tionally causing or attempting to cause physical in-
12 jury other than providing health care goods or serv-
13 ices.

14 (14) MEDICAL PRODUCT.—The term “medical
15 product” means a drug, device, or biological product
16 intended for humans, and the terms “drug”, “de-
17 vice”, and “biological product” have the meanings
18 given such terms in sections 201(g)(1) and 201(h)
19 of the Federal Food, Drug and Cosmetic Act (21
20 U.S.C. 321(g)(1) and (h)) and section 351(a) of the
21 Public Health Service Act (42 U.S.C. 262(a)), re-
22 spectively, including any component or raw material
23 used therein, but excluding health care services.

24 (15) NONECONOMIC DAMAGES.—The term
25 “noneconomic damages” means damages for phys-

1 ical and emotional pain, suffering, inconvenience,
2 physical impairment, mental anguish, disfigurement,
3 loss of enjoyment of life, loss of society and compan-
4 ionship, loss of consortium (other than loss of do-
5 mestic service), hedonic damages, injury to reputa-
6 tion, and all other nonpecuniary losses of any kind
7 or nature.

8 (16) PUNITIVE DAMAGES.—The term “punitive
9 damages” means damages awarded, for the purpose
10 of punishment or deterrence, and not solely for com-
11 pensatory purposes, against a health care provider,
12 health care organization, or a manufacturer, dis-
13 tributor, or supplier of a medical product. Punitive
14 damages are neither economic nor noneconomic
15 damages.

16 (17) RECOVERY.—The term “recovery” means
17 the net sum recovered after deducting any disburse-
18 ments or costs incurred in connection with prosecu-
19 tion or settlement of the claim, including all costs
20 paid or advanced by any person. Costs of health care
21 incurred by the plaintiff and the attorneys’ office
22 overhead costs or charges for legal services are not
23 deductible disbursements or costs for such purpose.

24 (18) STATE.—The term “State” means each of
25 the several States, the District of Columbia, the

1 Commonwealth of Puerto Rico, the Virgin Islands,
2 Guam, American Samoa, the Northern Mariana Is-
3 lands, the Trust Territory of the Pacific Islands, and
4 any other territory or possession of the United
5 States, or any political subdivision thereof.

6 **SEC. 10. EFFECT ON OTHER LAWS.**

7 (a) VACCINE INJURY.—

8 (1) To the extent that title XXI of the Public
9 Health Service Act establishes a Federal rule of law
10 applicable to a civil action brought for a vaccine-re-
11 lated injury or death—

12 (A) this Act does not affect the application
13 of the rule of law to such an action; and

14 (B) any rule of law prescribed by this Act
15 in conflict with a rule of law of such title XXI
16 shall not apply to such action.

17 (2) If there is an aspect of a civil action
18 brought for a vaccine-related injury or death to
19 which a Federal rule of law under title XXI of the
20 Public Health Service Act does not apply, then this
21 Act or otherwise applicable law (as determined
22 under this Act) will apply to such aspect of such ac-
23 tion.

24 (b) OTHER FEDERAL LAW.—Except as provided in
25 this section, nothing in this Act shall be deemed to affect

1 any defense available to a defendant in a health care law-
2 suit or action under any other provision of Federal law.

3 **SEC. 11. STATE FLEXIBILITY AND PROTECTION OF STATES'**
4 **RIGHTS.**

5 (a) **HEALTH CARE LAWSUITS.**—The provisions gov-
6 erning health care lawsuits set forth in this Act preempt,
7 subject to subsections (b) and (c), State law to the extent
8 that State law prevents the application of any provisions
9 of law established by or under this Act. The provisions
10 governing health care lawsuits set forth in this Act super-
11 sede chapter 171 of title 28, United States Code, to the
12 extent that such chapter—

13 (1) provides for a greater amount of damages
14 or contingent fees, a longer period in which a health
15 care lawsuit may be commenced, or a reduced appli-
16 cability or scope of periodic payment of future dam-
17 ages, than provided in this Act; or

18 (2) prohibits the introduction of evidence re-
19 garding collateral source benefits, or mandates or
20 permits subrogation or a lien on collateral source
21 benefits.

22 (b) **PROTECTION OF STATES' RIGHTS AND OTHER**
23 **LAWS.**—(1) Any issue that is not governed by any provi-
24 sion of law established by or under this Act (including

1 State standards of negligence) shall be governed by other-
2 wise applicable State or Federal law.

3 (2) This Act shall not preempt or supersede any State
4 or Federal law that imposes greater procedural or sub-
5 stantive protections for health care providers and health
6 care organizations from liability, loss, or damages than
7 those provided by this Act or create a cause of action.

8 (c) STATE FLEXIBILITY.—No provision of this Act
9 shall be construed to preempt—

10 (1) any State law (whether effective before, on,
11 or after the date of the enactment of this Act) that
12 specifies a particular monetary amount of compen-
13 satory or punitive damages (or the total amount of
14 damages) that may be awarded in a health care law-
15 suit, regardless of whether such monetary amount is
16 greater or lesser than is provided for under this Act,
17 notwithstanding section 4(a); or

18 (2) any defense available to a party in a health
19 care lawsuit under any other provision of State or
20 Federal law.

21 **SEC. 12. APPLICABILITY; EFFECTIVE DATE.**

22 This Act shall apply to any health care lawsuit
23 brought in a Federal or State court, or subject to an alter-
24 native dispute resolution system, that is initiated on or
25 after the date of the enactment of this Act, except that

1 any health care lawsuit arising from an injury occurring
2 prior to the date of the enactment of this Act shall be
3 governed by the applicable statute of limitations provisions
4 in effect at the time the injury occurred.

○