## 93RD GENERAL ASSEMBLY

#### State of Illinois

### 2003 and 2004

Introduced 2/6/2004, by David Luechtefeld, Frank C. Watson,

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### SYNOPSIS AS INTRODUCED:

735 ILCS	5/2-101.5 new					
735 ILCS	5/2-622	from	Ch.	110,	par.	2-622
735 ILCS	5/8-2501	from	Ch.	110,	par.	8-2501
745 ILCS	49/26 new					

Amends the Code of Civil Procedure. Provides that every medical malpractice action must be commenced in the country where the medical care that is the subject of the cause of action took place. Changes the standards to determine if a witness qualifies as an expert witness. Provides that an expert witness shall provide proof of active practice, teaching, or engagement in university-based research and must provide, if retired, proof of continuing education. Provides that an expert who has not actively practiced, taught, or been engaged in university-based research within the 10 years previous to giving testimony may not be qualified as an expert witness. Provides that an affidavit from a reviewing health professional must contain his or her name, address, profession, and professional license number. Provides that, to qualify as a reviewing health professional for purposes of giving an affidavit for a petitioner in a pro se action, the professional must meet the expert witness standards. Provides that a reviewing health professional who provides a frivolous or improper review of a case is liable to the parties for the reasonable costs and attorneys' fees expended in resolving the case. Provides that a review is frivolous if it is substantially lacking in factual support, is based upon a standard of care or practice that lacks substantial use in the relevant specialty or field of practice, or is made for an improper purpose, such as to harass or cause needless increase in the cost of litigation. Amends the Good Samaritan Act. Provides that a licensed physician and a licensed hospital and the hospital's employees, agents, apparent agents, and independent contractors who in good faith provide emergency care or services to a person who is in need of emergency medical treatment and has presented to a hospital for emergency medical care is not liable for civil damages as a result of acts or omissions, except for willful or wanton misconduct in providing the care. Effective July 1, 2004.

LRB093 21021 LCB 47034 b

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AN ACT concerning civil procedure.

# 2 Be it enacted by the People of the State of Illinois, 3 represented in the General Assembly:

4 Section 5. The Code of Civil Procedure is amended by 5 changing Sections 2-622 and 8-2501 and by adding Section 6 2-101.5 as follows:

7 (735 ILCS 5/2-101.5 new)

8 <u>Sec. 2-101.5. Medical malpractice. Every medical</u> 9 <u>malpractice action must be commenced in the county where the</u> 10 <u>medical care that is the subject of the cause of action took</u> 11 <u>place.</u>

12This amendatory Act of the 93rd General Assembly applies to13causes of action filed on or after its effective date.

(735 ILCS 5/2-622) (from Ch. 110, par. 2-622)

15 (Text of Section WITHOUT the changes made by P.A. 89-7, 16 which has been held unconstitutional)

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Sec. 2-622. Healing art malpractice.

(a) In any action, whether in tort, contract or otherwise,
in which the plaintiff seeks damages for injuries or death by
reason of medical, hospital, or other healing art malpractice,
the plaintiff's attorney or the plaintiff, if the plaintiff is
proceeding pro se, shall file an affidavit, attached to the
original and all copies of the complaint, declaring one of the
following:

1. That the affiant has consulted and reviewed the facts of the case with a health professional who the affiant reasonably believes: (i) is knowledgeable in the relevant issues involved in the particular action; (ii) practices or has practiced within the last 6 years or teaches or has taught within the last 6 years in the same area of health care or medicine that is at issue in the

1 particular action; and (iii) is qualified by experience or 2 demonstrated competence in the subject of the case; that 3 the reviewing health professional has determined in a written report, after a review of the medical record and 4 5 other relevant material involved in the particular action that there is a reasonable and meritorious cause for the 6 filing of such action; and that the affiant has concluded 7 on the basis of the reviewing health professional's review 8 and consultation that there is a reasonable and meritorious 9 cause for filing of such action. If the affidavit is filed 10 11 as to a defendant who is a physician licensed to treat human ailments without the use of drugs or medicines and 12 13 without operative surgery, a dentist, a podiatrist, a psychologist, or a naprapath, the written report must be 14 from a health professional licensed in the same profession, 15 16 with the same class of license, as the defendant. For 17 affidavits filed as to all other defendants, the written report must be from a physician licensed to practice 18 medicine in all its branches. In either event, 19 the 20 affidavit must identify the profession of the reviewing health professional's name, address, profession, and 21 professional license number. Any reviewing health 22 professional under this Section must satisfy the expert 23 witness standards of Section 8-2501 of this Code 24 professional. A copy of the written report, clearly 25 26 identifying the plaintiff and the reasons for the reviewing 27 health professional's determination that a reasonable and meritorious cause for the filing of the action exists, must 28 be attached to the affidavit, including but information 29 which would identify the reviewing health professional and 30 31 the reasons this health professional satisfies the expert witness conditions of Section 8-2501 of this Code may be 32 deleted from the copy so attached. Any reviewing health 33 professional that provides a frivolous or improper review 34 35 of a case shall be liable to each of the parties for the reasonable costs and attorneys' fees the parties expended 36

in resolving the case. A review shall be found frivolous if it is substantially lacking in factual support, is based upon a standard of care or practice that lacks substantial use in the relevant specialty or field of practice, or is made for an improper purpose, such as to harass or cause needless increase in the cost of litigation.

2. That the affiant was unable to obtain a consultation 7 required by paragraph 1 because a statute of limitations 8 9 would impair the action and the consultation required could 10 not be obtained before the expiration of the statute of 11 limitations. If an affidavit is executed pursuant to this 12 paragraph, the certificate and written report required by paragraph 1 shall be filed within 90 days after the filing 13 of the complaint. The defendant shall be excused from 14 answering or otherwise pleading until 30 days after being 15 16 served with a certificate required by paragraph 1.

17 3. That a request has been made by the plaintiff or his attorney for examination and copying of records pursuant to 18 Part 20 of Article VIII of this Code and the party required 19 20 to comply under those Sections has failed to produce such records within 60 days of the receipt of the request. If an 21 affidavit is executed pursuant to this paragraph, the 22 certificate and written report required by paragraph 1 23 shall be filed within 90 days following receipt of the 24 25 requested records. All defendants except those whose failure to comply with Part 20 of Article VIII of this Code 26 27 is the basis for an affidavit under this paragraph shall be 28 excused from answering or otherwise pleading until 30 days 29 after being served with the certificate required by 30 paragraph 1.

31 (b) Where a certificate and written report are required 32 pursuant to this Section a separate certificate and written 33 report shall be filed as to each defendant who has been named 34 in the complaint and shall be filed as to each defendant named 35 at a later time.

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(c) Where the plaintiff intends to rely on the doctrine of

"res ipsa loquitur", as defined by Section 2-1113 of this Code, the certificate and written report must state that, in the opinion of the reviewing health professional, negligence has occurred in the course of medical treatment. The affiant shall certify upon filing of the complaint that he is relying on the doctrine of "res ipsa loquitur".

(d) When the attorney intends to rely on the doctrine of 7 failure to inform of the consequences of the procedure, the 8 9 attorney shall certify upon the filing of the complaint that the reviewing health professional has, after reviewing the 10 11 medical record and other relevant materials involved in the 12 particular action, concluded that a reasonable health would have professional informed the patient of 13 the 14 consequences of the procedure.

15 (e) Allegations and denials in the affidavit, made without 16 reasonable cause and found to be untrue, shall subject the 17 party pleading them or his attorney, or both, to the payment of reasonable expenses, actually incurred by the other party by 18 19 reason of the untrue pleading, together with reasonable 20 attorneys' fees to be summarily taxed by the court upon motion made within 30 days of the judgment or dismissal. In no event 21 shall the award for attorneys' fees and expenses exceed those 22 23 actually paid by the moving party, including the insurer, if any. In proceedings under this paragraph (e), the moving party 24 25 shall have the right to depose and examine any and all 26 reviewing health professionals who prepared reports used in 27 conjunction with an affidavit required by this Section.

(f) A reviewing health professional who in good faith prepares a report used in conjunction with an affidavit required by this Section shall have civil immunity from liability which otherwise might result from the preparation of such report.

33 (g) The failure to file a certificate required by this
 34 Section shall be grounds for dismissal under Section 2-619.

35 (h) This Section does not apply to or affect any actions36 pending at the time of its effective date, but applies to cases

- 5 - LRB093 21021 LCB 47034 b

SB3046

1 filed on or after its effective date.

2 (i) This amendatory Act of 1997 does not apply to or affect
3 any actions pending at the time of its effective date, but
4 applies to cases filed on or after its effective date.

5 <u>(j) This amendatory Act of the 93rd General Assembly does</u> 6 <u>not apply to or affect any actions pending at the time of its</u> 7 <u>effective date, but does apply to cases filed on or after its</u> 8 <u>effective date.</u>

9 (Source: P.A. 86-646; 90-579, eff. 5-1-98.)

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(735 ILCS 5/8-2501) (from Ch. 110, par. 8-2501)

11 (Text of Section WITHOUT the changes made by P.A. 89-7, 12 which has been held unconstitutional)

Sec. 8-2501. Expert Witness Standards. In any case in which the standard of care given by a medical profession is at issue, the court shall apply the following standards to determine if a witness qualifies as an expert witness and can testify on the issue of the appropriate standard of care.

(a) <u>Whether the witness is board-certified or</u>
<u>board-eligible in the same medical specialties as the defendant</u>
<u>and is familiar with</u> <u>Relationship of the medical specialties of</u>
<u>the witness to</u> the medical problem or problems and the type of
treatment administered in the case;

(b) Whether the witness has devoted <u>75%</u> a substantial
portion of his or her time to the practice of medicine,
teaching or University based research in relation to the
medical care and type of treatment at issue which gave rise to
the medical problem of which the plaintiff complains;

(c) whether the witness is licensed by any state or the
 District of Columbia in the same profession as the defendant;
 and

31 (d) whether, in the case against a nonspecialist, the 32 witness can demonstrate a sufficient familiarity with the 33 standard of care practiced in this State.

An expert shall provide proof of active practice, teaching,
 or engagement in university-based research. If retired, an

1 expert must provide proof of attendance and completion of 2 continuing education courses for 3 years previous to giving testimony. An expert who has not actively practiced, taught, or 3 4 been engaged in university-based research within the 10 years 5 previous to giving testimony may not be qualified as an expert 6 witness. This amendatory Act of the 93rd General Assembly applies to 7 causes of action filed on or after its effective date. 8 (Source: P.A. 84-7.) 9 10 Section 10. The Good Samaritan Act is amended by adding 11 Section 26 as follows: (745 ILCS 49/26 new) 12 Sec. 26. Preservation of emergency medical care. 13 14 (a) The General Assembly acknowledges that many hospitals 15 and physicians provide great benefits to the citizens of Illinois by operating emergency departments and trauma centers 16 and providing services to individuals in need of emergency care 17 18 throughout the State, without regard to their ability to pay for the care and often without payment for services. The 19 General Assembly also acknowledges that many hospitals and 20 physicians are discontinuing their status as trauma centers or 21 reducing the scope of their emergency care due to the fear of 22 lawsuits based on claims of medical negligence. The public and 23 society in general will suffer if these trauma centers cease 24 25 operations or hospital emergency departments reduce their 26 level of emergency care. (b) Any physician licensed under the Medical Practice Act 27 28 of 1987 and any licensed hospital and any of the hospital's 29 employees, agents, apparent agents, and independent contractors who in good faith provide emergency care or 30 services to a person who is in need of emergency medical 31 treatment and has presented to a hospital for emergency medical 32 33 care shall not be liable for civil damages as a result of his, her, or its acts or omissions, except for willful or wanton 34

SB3046 - 7 - LRB093 21021 LCB 47034 b

misconduct on the part of the physician, the hospital, or any of the hospital's employees, independent contractors, agents, or apparent agents, in providing the care.

Section 99. Effective date. This Act takes effect July 1,
2004.