

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

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HOUSE BILL 1344
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Short Title: Civil Justice Improvement - 2.

(Public)

Sponsors: Representatives Nye, Crawford, England and Rapp (Primary Sponsors).

Referred to: Rules, Calendar, and Operations of the House.

April 21, 2005

A BILL TO BE ENTITLED

AN ACT TO AMEND THE LAWS IMPACTING MEDICAL MALPRACTICE
INSURANCE RATES TO IMPROVE THE COST OF PROVIDING HEALTH
CARE IN NORTH CAROLINA.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 90-21.11 reads as rewritten:

"§ 90-21.11. Definitions.

As used in this Article, the term "~~health care provider~~" means ~~without limitation any person who pursuant to the provisions of Chapter 90 of the General Statutes is licensed, or is otherwise registered or certified to engage in the practice of or otherwise performs duties associated with any of the following: medicine, surgery, dentistry, pharmacy, optometry, midwifery, osteopathy, podiatry, chiropractic, radiology, nursing, physiotherapy, pathology, anesthesiology, anesthesia, laboratory analysis, rendering assistance to a physician, dental hygiene, psychiatry, psychology; or a hospital or a nursing home; or any other person who is legally responsible for the negligence of such person, hospital or nursing home; or any other person acting at the direction or under the supervision of any of the foregoing persons, hospital, or nursing home.~~

~~As used in this Article, the term "medical malpractice action" means a civil action for damages for personal injury or death arising out of the furnishing or failure to furnish professional services in the performance of medical, dental, or other health care by a health care provider. following terms mean:~~

(1) Collateral source payments. – A payment for an expense for which recovery is permitted in a medical malpractice action that is made to or for the benefit of a plaintiff or is otherwise available to the plaintiff:

- a. For medical expenses and disability payments under the federal Social Security Act, any federal, state, or local income disability act, or any other public program.
- b. Under any health, sickness, or income disability insurance or automobile accident insurance that provides health benefits or

- 1 income disability coverage, and any other similar insurance
2 benefits available to the plaintiff, except life insurance.
- 3 c. Under any contract or agreement of any person, group,
4 organization, partnership, or corporation to provide, pay for, or
5 reimburse the costs of hospital, medical, dental, or health care
6 services.
- 7 d. Under any contractual or voluntary wage continuation plan
8 provided by an employer or other system intended to provide
9 wages during a period of disability.
- 10 e. From any other source.
- 11 A collateral source payment does not include gifts, gratuitous
12 contributions or assistance, or payments arising from assets of the
13 plaintiff.
- 14 (2) Economic damages. – Damages to compensate for present and future
15 medical costs, hospital costs, custodial care, rehabilitation costs, lost
16 earnings, loss of bodily function, and any other pecuniary damages.
- 17 (3) Future economic damages. – Includes all economic damages for future
18 medical treatment, care or custody, loss of future earnings, loss of
19 bodily function, and any other pecuniary damages of the plaintiff
20 following the date of the verdict or award.
- 21 (4) Health care provider. – Any person who, pursuant to the provisions of
22 Chapter 90 of the General Statutes, is licensed, or is otherwise
23 registered or certified to engage in the practice of or otherwise
24 performs duties associated with any of the following: medicine,
25 surgery, dentistry, pharmacy, optometry, midwifery, osteopathy,
26 podiatry, chiropractic, radiology, nursing, physiotherapy, pathology,
27 anesthesiology, anesthesia, laboratory analysis, rendering assistance to
28 a physician, dental hygiene, psychiatry, psychology; or a hospital or a
29 nursing home; or any other person who is legally responsible for the
30 negligence of such person, hospital, or nursing home; or any other
31 person acting at the direction or under the supervision of any of the
32 foregoing persons, hospital, or nursing home.
- 33 (5) Insurer. – Every insurer, self-insurer, and risk retention group, as those
34 terms are defined in Chapter 58 of the General Statutes, that provides
35 professional malpractice insurance to health care providers in this
36 State.
- 37 (6) Medical malpractice action. – A civil action for damages for personal
38 injury or death arising out of the furnishing or failure to furnish
39 professional services in the performance of medical, dental, or other
40 health care by a health care provider.
- 41 (7) Noneconomic damages. – Includes all damages to compensate mental
42 anguish; emotional distress; emotional pain and suffering; loss of
43 consortium; loss of society, companionship, comfort, guidance, kindly
44 offices, or advice; pain and suffering; inconvenience; disfigurement;

1 loss of limbs or body parts, physical impairment; and any other
2 nonpecuniary damages.

3 (8) Periodic payments. – The payment of money or delivery of other
4 property to the plaintiff at regular intervals.

5 (9) Recovered. – The net sum recovered after deducting any
6 disbursements or costs incurred in connection with the litigation,
7 arbitration, or settlement of the claim. The sum recovered shall include
8 any punitive damages awarded under Chapter 1D of the General
9 Statutes."

10 **SECTION 2.** Article 1B of Chapter 90 of the General Statutes is amended
11 by adding the following new sections to read:

12 **"§ 90-21.18. Limitation on noneconomic damages in medical malpractice actions.**

13 (a) In any medical malpractice action, the plaintiff may be entitled to recover
14 noneconomic damages. The total amount of all noneconomic damages shall not exceed
15 three hundred fifty thousand dollars (\$350,000) per plaintiff.

16 (b) Any award of damages in a medical malpractice action shall be stated in
17 accordance with G.S. 90-21.18C. If a jury is determining the facts, the court shall not
18 instruct the jury with respect to the limit on noneconomic damages under subsection (a)
19 of this section, and neither the attorney for any party nor a witness shall inform the jury
20 or potential members of the jury panel of that limit. Notwithstanding the limits set forth
21 in this section, if the negligence resulted in a persistent vegetative state or death, the
22 total noneconomic damages recovered under this section shall not exceed five hundred
23 thousand dollars (\$500,000) per plaintiff.

24 **"§ 90-21.18A. Accounting for certain collateral source payments in medical**
25 **malpractice actions.**

26 In any medical malpractice action, the court shall allow into evidence, if requested
27 by a defendant, collateral source payments paid to or for the benefit of the plaintiff, or
28 that are otherwise available to the plaintiff, related to the losses or damages alleged in
29 the medical malpractice action. The court shall allow into evidence, if requested by the
30 plaintiff, rights of subrogation of any collateral source.

31 **"§ 90-21.18B. Periodic payment of future economic damages in medical**
32 **malpractice actions.**

33 (a) Upon the award of damages in any medical malpractice action, the presiding
34 judge shall, at the request of either party, enter a judgment ordering that money damages
35 or its equivalent for future economic damages of the plaintiff as awarded by the jury in
36 accordance with G.S. 90-21.18C(a)(3) be paid at the election of the defendant against
37 whom the award was made by periodic payments rather than by a lump-sum payment
38 when the award exceeds one hundred thousand dollars (\$100,000) in future economic
39 damages. In entering a judgment ordering the payment of future economic damages by
40 periodic payments, the court shall make a specific finding of fact as to the dollar amount
41 of periodic payments that will compensate the plaintiff for such future economic
42 damages. As a condition to authorizing periodic payments of future economic damages,
43 the court shall, in its order of judgment, require that such payments be made through the
44 establishment of a trust fund or the purchase of an annuity for the life of the plaintiff or

1 during the continuance of the compensable injury or disability of the plaintiff. The
2 establishment of a trust fund or the purchase of an annuity, as approved by the court,
3 shall satisfy the defendant's judgment for future economic damages.

4 (b) The judgment ordering the payment of future economic damages by periodic
5 payments shall specify the recipient of the payments, the dollar amount of the payments,
6 the interval between payments, and the number of payments or the period of time over
7 which payment shall be made. Such payments shall only be subject to modification by
8 the court in the event of the death of the plaintiff as provided in subsection (c) of this
9 section.

10 (c) In any judgment that orders future economic damages payable in periodic
11 payments, liability for payment of future economic damages not yet due shall terminate
12 upon the death of the plaintiff; however, the court that rendered the original judgment
13 may modify the judgment to provide that damages awarded for loss of future earnings
14 shall not be reduced or payments terminated by reason of the death of the plaintiff, so
15 long as the court finds that the proximate cause of the death was the negligence of the
16 defendant that led to the award, but shall be paid to persons to whom the plaintiff owed
17 a duty of support, as provided by law, immediately prior to the plaintiff's death.

18 (d) In the event the court finds that the defendant has exhibited a continuing
19 pattern of failing to make the payment specified in subsection (a) of this section, the
20 court shall find the defendant in contempt of court and, in addition to the required
21 periodic payments, shall order the defendant to pay the plaintiff all damages caused by
22 the failure to make such periodic payments, including court costs and attorneys' fees.

23 **"§ 90-21.18C. Verdicts and awards of damages in medical malpractice actions;**
24 **form.**

25 (a) In any medical malpractice action, any verdict or award of damages, if
26 supported by the evidence, shall indicate specifically what amount is awarded for each
27 of all of the following:

- 28 (1) Noneconomic damages.
- 29 (2) Present economic damages.
- 30 (3) Future economic damages.

31 If applicable, the court shall instruct the jury on the definition of noneconomic
32 damages and the definition of future economic damages. If applicable, the court shall
33 instruct the jury that present economic damages are those damages for medical
34 treatment, care or custody, loss of future earnings, loss of bodily function, and any other
35 pecuniary damages of the plaintiff up to the date of the verdict or award.

36 (b) In any wrongful death medical malpractice action, any verdict or award of
37 damages shall indicate specifically the amount of damages, if any, awarded for each of
38 the elements of damages provided in G.S. 28A-12-2 for which there was evidence
39 presented at trial. The verdict or award shall also specify the amount of noneconomic
40 damages as provided in subsection (a) of this section.

41 **"§ 90-21.18D. Settlements in medical malpractice actions; reporting.**

42 (a) In any medical malpractice action in which the parties agree to settle the
43 claim, the insurer for the health care provider shall report the settlement as required
44 under G.S. 58-2-170. The insurer shall identify the amount of the settlement attributable

1 to economic damages and provide documentation to substantiate that amount. A claim
2 is settled if at any time after the claim is made and before, during, or after trial, the
3 parties mutually agree to end the litigation in exchange for monetary payment.

4 (b) In any medical malpractice action in which the parties agree to settle the
5 claim, the attorney for the plaintiff shall report the settlement to the Department of
6 Insurance. The attorney shall certify the amount of the settlement proceeds received in
7 reimbursement of any costs incurred in prosecution of the case, including separate
8 amounts expended for expert witnesses, exhibits, travel, and all other categories of
9 expenses which the attorney charges to the plaintiff, including documentation to
10 substantiate that amount. Further, the attorney shall certify the amount of the settlement
11 attributable to attorney fees. A claim is settled if at any time after the claim is made and
12 before, during, or after trial, the parties mutually agree to end the litigation in exchange
13 for monetary payment.

14 **"§ 90-21.18E. Regulation of contingency fees in medical malpractice actions.**

15 (a) No attorney shall contract for or collect a contingency fee for representing
16 any person seeking damages in connection with a medical malpractice action in excess
17 of the following limits:

- 18 (1) Forty percent (40%) of the first fifty thousand dollars (\$50,000)
19 recovered.
- 20 (2) Thirty-three and one-third percent (33 1/3%) of the next one hundred
21 thousand dollars (\$100,000) recovered.
- 22 (3) Twenty-five percent (25%) of the next four hundred fifty thousand
23 dollars (\$450,000) recovered.
- 24 (4) Fifteen percent (15%) of any amount for which the recovery exceeds
25 six hundred thousand dollars (\$600,000).

26 (b) The limits under subsection (a) of this section apply regardless of whether
27 recovery is by settlement, arbitration, or judgment, or whether the person for whom the
28 recovery is made is a responsible adult or a person who is under a disability as provided
29 in G.S. 1-17.

30 (c) If periodic payments are awarded to the plaintiff pursuant to G.S. 90-21.18B,
31 the court shall place a total value on these payments based upon the projected life
32 expectancy of the plaintiff and use this amount in computing the total award from which
33 attorneys' fees are calculated under this section."

34 **SECTION 3.** Article 4 of Chapter 8C of the General Statutes is amended by
35 adding a new section to read:

36 **"Rule 414. Evidence of medical expenses.**

37 In any action brought against a health care provider pursuant to Article 1B of
38 Chapter 90 of the General Statutes, evidence offered to prove past medical expenses
39 may include all bills reasonably paid or incurred and a statement of the amounts actually
40 necessary to satisfy the bills that have been incurred. Evidence of source of payment
41 and rights of subrogation related to the payment shall be admissible."

42 **SECTION 4.** G.S. 1-289 reads as rewritten:

43 **"§ 1-289. Undertaking to stay execution on money judgment.**

1 (a) If the appeal is from a judgment directing the payment of money, it does not
2 stay the execution of the judgment unless a written undertaking is executed on the part
3 of the appellant, by one or more sureties, to the effect that if the judgment appealed
4 from, or any part thereof, is affirmed, or the appeal is dismissed, the appellant will pay
5 the amount directed to be paid by the judgment, or the part of such amount as to which
6 the judgment shall be affirmed, if affirmed only in part, and all damages which shall be
7 awarded against the appellant upon the appeal, except as provided in subsection (b) and
8 (b1) of this section. Whenever it is satisfactorily made to appear to the court that since
9 the execution of the undertaking the sureties have become insolvent, the court may, by
10 rule or order, require the appellant to execute, file and serve a new undertaking, as
11 above. In case of neglect to execute such undertaking within twenty days after the
12 service of a copy of the rule or order requiring it, the appeal may, on motion to the
13 court, be dismissed with costs. Whenever it is necessary for a party to an action or
14 proceeding to give a bond or an undertaking with surety or sureties, he may, in lieu
15 thereof, deposit with the officer into court money to the amount of the bond or
16 undertaking to be given. The court in which the action or proceeding is pending may
17 direct what disposition shall be made of such money pending the action or proceeding.
18 In a case where, by this section, the money is to be deposited with an officer, a judge of
19 the court, upon the application of either party, may, at any time before the deposit is
20 made, order the money deposited in court instead of with the officer; and a deposit made
21 pursuant to such order is of the same effect as if made with the officer. The perfecting of
22 an appeal by giving the undertaking mentioned in this section stays proceedings in the
23 court below upon the judgment appealed from; except when the sale of perishable
24 property is directed, the court below may order the property to be sold and the proceeds
25 thereof to be deposited or invested, to abide the judgment of the appellate court.

26 (b) If the appellee in a civil action brought under any legal theory obtains a
27 judgment directing the payment or expenditure of money in the amount of twenty five
28 million dollars (\$25,000,000) or more, and the appellant seeks a stay of execution of the
29 judgment within the period of time during which the appellant has the right to pursue
30 appellate review, including discretionary review and certiorari, the amount of the
31 undertaking that the appellant is required to execute to stay execution of the judgment
32 during the entire period of the appeal shall be twenty five million dollars (\$25,000,000).

33 (b1) If the appellee in any medical malpractice action, as defined in G.S. 90-21.11,
34 obtains a judgment directing the payment or expenditure of money, and the appellant
35 seeks a stay of execution of the judgment within the period of time during which the
36 appellant has the right to pursue appellate review, including discretionary review and
37 certiorari, the amount of the undertaking that the appellant is required to execute to stay
38 execution of the judgment during the entire period of the appeal shall be the lesser of the
39 amount of the judgment or the amount of the appellant's medical malpractice insurance
40 coverage applicable to the action.

41 (c) If the appellee proves by a preponderance of the evidence that the appellant
42 for whom the undertaking has been limited under subsection (b) or (b1) of this section
43 is, for the purpose of evading the judgment, (i) dissipating its assets, (ii) secreting its
44 assets, or (iii) diverting its assets outside the jurisdiction of the courts of North Carolina

1 or the federal courts of the United States other than in the ordinary course of business,
2 then the limitation in ~~subsection (b)~~subsections (b) and (b1) of this section shall not
3 apply and the appellant shall be required to make an undertaking in the full amount
4 otherwise required by this section."

5 **SECTION 5.** G.S. 1-17(b) reads as rewritten:

6 "(b) Notwithstanding the provisions of subsection (a) of this section, an action on
7 behalf of a minor for malpractice arising out of the performance of or failure to perform
8 professional services shall be commenced within the limitations of time specified in
9 G.S. 1-15(c), except that if those time limitations expire before the minor attains the full
10 age of 19 years, the action may be brought before the minor attains the full age of 19
11 years-years, but in no event may an action arising from birth-related injuries be
12 commenced more than 10 years from the last act of the defendant giving rise to the
13 cause of action."

14 **SECTION 6.** G.S. 58-2-170 reads as rewritten:

15 "**§ 58-2-170. Annual statements by professional liability insurers; medical**
16 **malpractice claim reports.**

17 (a) In addition to the financial statements required by G.S. 58-2-165, every
18 insurer, self-insurer, and risk retention group that provides professional liability
19 insurance in the State shall file with the Commissioner, on or before the first day of
20 February in each year, in form and detail as the Commissioner prescribes, a statement
21 showing the items set forth in subsection (b) of this section, as of the preceding 31st day
22 of December. The annual statement shall not be reported or disclosed to the public in a
23 manner or format which identifies or could reasonably be used to identify any
24 individual health care provider or medical center. The statement shall be signed and
25 sworn to by the chief managing agent or officer of the insurer, self-insurer, or risk
26 retention group, before the Commissioner or some officer authorized by law to
27 administer oaths. The Commissioner shall, in December of each year, furnish to each
28 such person that provides professional liability insurance in the State forms for the
29 annual statements. The Commissioner may, for good cause, authorize an extension of
30 the report due date upon written application of any person required to file. An extension
31 is not valid unless the Commissioner's authorization is in writing and signed by the
32 Commissioner or one of his deputies.

33 (b) The statement required by subsection (a) of this section shall contain:

- 34 (1) Number of claims pending at beginning of year;
35 (2) Number of claims pending at end of year;
36 (3) Number of claims paid;
37 (4) Number of claims closed no payment;
38 (5) Number and amounts of claims in court in which judgment ~~paid:~~ was
39 entered, the amount of the judgment, and the actual amount paid on the
40 judgment or in settlement of the judgment. For both the amount of the
41 judgment and the actual amount paid, provide the:
42 a. Highest amount
43 b. Lowest amount
44 c. Average amount

- 1 d. Median amount;
2 (6) Number and amounts of claims out of court in which settlement paid:
3 a. Highest amount
4 b. Lowest amount
5 c. Average amount
6 d. Median amount;
7 (7) Average amount per claim set up in reserve;
8 (8) Total premium collection;
9 (9) Total expenses less reserve expenses; and
10 (10) Total reserve expenses.

11 (b1) The Commissioner shall analyze the reports described in subsections (a) and
12 (b) of this section and shall file statistical and other summaries with the General
13 Assembly no later than March 1 of each year. Summaries filed by the Commissioner
14 pursuant to this subsection shall include all of the following:

- 15 (1) Any trends noted or observed from the data.
16 (2) All actions taken by the Commissioner in response to these trends.
17 (3) Any legislative or other recommendations from the Commissioner
18 with respect to actions by the General Assembly in response to these
19 trends.

20 (c) Every insurer, self-insurer, and risk retention group that provides professional
21 liability insurance to health care providers in this State shall file, within 90 days
22 following the request of the Commissioner, a report containing information for the
23 purpose of allowing the Commissioner to analyze claims. The report shall be in the
24 form prescribed by the Commissioner. The form prescribed by the Commissioner shall
25 be a form that permits the public inspection, examination, or copying of any information
26 contained in the report: Provided, however, that any data or other characteristics that
27 identify or could be used to identify the names or addresses of the claimants or the
28 names or addresses of the individual health care provider or medical center against
29 whom the claims are or have been asserted or any data that could be used to identify the
30 dollar amounts involved in such claims shall be treated as privileged information and
31 shall not be made available to the public. The Commissioner shall analyze these reports
32 and shall file statistical and other summaries based on these reports with the General
33 Assembly as soon as practicable after receipt of the reports. The Commissioner shall
34 assess a penalty against any person that willfully fails to file a report required by this
35 subsection. Such penalty shall be one thousand dollars (\$1,000) for each day after the
36 due date of the report that the person willfully fails to file: Provided, however, the
37 penalty for an individual who self insures shall be two hundred dollars (\$200.00) for
38 each day after the due date of the report that the person willfully fails to file: Provided,
39 however, that upon the failure of a person to file the report as required by this
40 subsection, the Commissioner shall send by certified mail, return receipt requested, a
41 notice to that person informing him that he has 10 business days after receipt of the
42 notice to either request an extension of time or file the report. The Commissioner may,
43 for good cause, authorize an extension of the report due date upon written application of

1 any person required to file. An extension is not valid unless the Commissioner's
2 authorization is in writing and signed by the Commissioner or one of his deputies.

3 (d) Every person that self-insures against professional liability in this State shall
4 provide the Commissioner with written notice of such self-insurance, which notice shall
5 include the name and address of the person self-insuring. This notice shall be filed with
6 the Commissioner each year for the purpose of apprising the Commissioner of the
7 number and locations of persons that self-insure against professional liability."

8 **SECTION 7.** G. S. 1A-1, Rule 42(b), reads as rewritten:

9 "(b) Separate trials. –

10 (1) The court may in furtherance of convenience or to avoid prejudice and
11 shall for considerations of venue upon timely motion order a separate
12 trial of any claim, cross-claim, counterclaim, or third-party claim, or of
13 any separate issue or of any number of claims, cross-claims,
14 counterclaims, third-party claims, or issues.

15 (2) Upon motion of any party in an action that includes a claim
16 commenced under Article 1G of Chapter 90 of the General Statutes
17 involving a managed care entity as defined in G.S. 90-21.50, the court
18 shall order separate discovery and a separate trial of any claim,
19 cross-claim, counterclaim, or third-party claim against a physician or
20 other medical provider.

21 (3) Upon motion of any party in a medical malpractice commenced under
22 Article 1B of Chapter 90 of the General Statutes wherein the plaintiff
23 alleges damages greater than one hundred thousand dollars (\$100,000),
24 the court shall order separate trials for the issue of liability and the
25 issue of damages. Evidence relating solely to pecuniary damages shall
26 not be admissible until the trier of fact has determined that the
27 defendant is liable for medical malpractice. The same trier of fact that
28 tried the issues relating to liability shall try the issues relating to
29 damages."

30 **SECTION 8.** G.S. 1A-1, Rule 9(j), reads as rewritten:

31 "(j) Medical malpractice. – Any complaint alleging medical malpractice by a
32 health care provider as defined in G.S. 90-21.11 in failing to comply with the applicable
33 standard of care under G.S. 90-21.12 shall be dismissed unless:

34 (1) The pleading specifically has attached a sworn affidavit from a person
35 who is reasonably expected to qualify as an expert witness under Rule
36 702 of the Rules of Evidence that asserts that the medical care ~~has and~~
37 all medical records pertaining to the alleged injury then available to the
38 plaintiff after reasonable inquiry, have been reviewed by a person who
39 is reasonably expected to qualify as an expert witness under Rule 702
40 of the Rules of Evidence and who the person, and the person is willing
41 to testify that the medical care did not comply with the applicable
42 standard of care;

43 (2) The pleading specifically has attached a sworn affidavit from a person
44 that the complainant will seek to have qualified as an expert witness by

1 motion under Rule 702(e) of the Rules of Evidence that asserts that the
2 medical care has—and all medical records pertaining to the alleged
3 injury then available to the plaintiff after reasonable inquiry, have been
4 reviewed by a person that the complainant will seek to have qualified
5 as an expert witness by motion under Rule 702(e) of the Rules of
6 Evidence and who the person, and the person is willing to testify that
7 the medical care did not comply with the applicable standard of care,
8 and the motion is filed with the complaint; or

- 9 (3) The pleading alleges facts establishing negligence under the existing
10 common-law doctrine of res ipsa loquitur.

11 Upon motion by the complainant prior to the expiration of the applicable statute of
12 limitations, a resident judge of the superior court for a judicial district in which venue
13 for the cause of action is appropriate under G.S. 1-82 or, if no resident judge for that
14 judicial district is physically present in that judicial district, otherwise available, or able
15 or willing to consider the motion, then any presiding judge of the superior court for that
16 judicial district may allow a motion to extend the statute of limitations for a period not
17 to exceed 120 days to file a complaint in a medical malpractice action in order to
18 comply with this Rule, upon a determination that good cause exists for the granting of
19 the motion and that the ends of justice would be served by an extension. The plaintiff
20 shall provide, at the request of the defendant, proof of compliance with this subsection
21 through up to ten written interrogatories, the answers to which shall be verified by the
22 expert required under this subsection. These interrogatories do not count against the
23 interrogatory limit under Rule 33."

24 **SECTION 9.** G.S. 90-14(a) reads as rewritten:

25 **"§ 90-14. Revocation, suspension, annulment or denial of license.**

26 (a) The Board shall have the power to ~~deny, annul, suspend, or revoke~~ take any
27 action set forth in subsection (a1) of this section relative to a license, or other authority
28 to practice medicine in this State, issued by the Board to any person who has been found
29 by the Board to have committed any of the following acts or conduct, or for any of the
30 following reasons:

- 31 (1) Immoral or dishonorable conduct.
32 (2) Producing or attempting to produce an abortion contrary to law.
33 (3) Made false statements or representations to the Board, or who has
34 willfully concealed from the Board material information in connection
35 with an application for a license.
36 (4) Repealed by Session Laws 1977, c. 838, s. 3.
37 (5) Being unable to practice medicine with reasonable skill and safety to
38 patients by reason of illness, drunkenness, excessive use of alcohol,
39 drugs, chemicals, or any other type of material or by reason of any
40 physical or mental abnormality. The Board is empowered and
41 authorized to require a physician licensed by it to submit to a mental or
42 physical examination by physicians designated by the Board before or
43 after charges may be presented against the physician, and the results of

- 1 the examination shall be admissible in evidence in a hearing before the
2 Board.
- 3 (6) Unprofessional conduct, including, but not limited to, departure from,
4 or the failure to conform to, the standards of acceptable and prevailing
5 medical practice, or the ethics of the medical profession, irrespective
6 of whether or not a patient is injured thereby, or the committing of any
7 act contrary to honesty, justice, or good morals, whether the same is
8 committed in the course of the physician's practice or otherwise, and
9 whether committed within or without North Carolina. The Board shall
10 not revoke the license of or deny a license to a person solely because
11 of that person's practice of a therapy that is experimental,
12 nontraditional, or that departs from acceptable and prevailing medical
13 practices unless, by competent evidence, the Board can establish that
14 the treatment has a safety risk greater than the prevailing treatment or
15 that the treatment is generally not effective.
- 16 (7) Conviction in any court of a crime involving moral turpitude, or the
17 violation of a law involving the practice of medicine, or a conviction
18 of a felony; provided that a felony conviction shall be treated as
19 provided in subsection (c) of this section.
- 20 (8) By false representations has obtained or attempted to obtain practice,
21 money or anything of value.
- 22 (9) Has advertised or publicly professed to treat human ailments under a
23 system or school of treatment or practice other than that for which the
24 physician has been educated.
- 25 (10) Adjudication of mental incompetency, which shall automatically
26 suspend a license unless the Board orders otherwise.
- 27 (11) Lack of professional competence to practice medicine with a
28 reasonable degree of skill and safety for patients. In this connection the
29 Board may consider repeated acts of a physician indicating the
30 physician's failure to properly treat a patient. The Board may, upon
31 reasonable grounds, require a physician to submit to inquiries or
32 examinations, written or oral, by members of the Board or by other
33 physicians licensed to practice medicine in this State, as the Board
34 deems necessary to determine the professional qualifications of such
35 licensee. In order to annul, suspend, deny, or revoke a license of an
36 accused person, the Board shall find by the greater weight of the
37 evidence that the care provided was not in accordance with the
38 standards of practice for the procedures or treatments administered.
- 39 (12) Promotion of the sale of drugs, devices, appliances or goods for a
40 patient, or providing services to a patient, in such a manner as to
41 exploit the patient, and upon a finding of the exploitation, the Board
42 may order restitution be made to the payer of the bill, whether the
43 patient or the insurer, by the physician; provided that a determination

1 of the amount of restitution shall be based on credible testimony in the
2 record.

3 (13) Having a license to practice medicine or the authority to practice
4 medicine revoked, suspended, restricted, or acted against or having a
5 license to practice medicine denied by the licensing authority of any
6 jurisdiction. For purposes of this subdivision, the licensing authority's
7 acceptance of a license to practice medicine voluntarily relinquished
8 by a physician or relinquished by stipulation, consent order, or other
9 settlement in response to or in anticipation of the filing of
10 administrative charges against the physician's license, is an action
11 against a license to practice medicine.

12 (14) The failure to respond, within a reasonable period of time and in a
13 reasonable manner as determined by the Board, to inquiries from the
14 Board concerning any matter affecting the license to practice
15 medicine.

16 (15) The failure to complete an amount not to exceed 150 hours of
17 continuing medical education during any three consecutive calendar
18 years pursuant to rules adopted by the Board.

19 (a1) For any of the ~~foregoing reasons,~~ reasons set forth in subsection (a) of this
20 section, the Board may do any of the following:

21 (1) ~~deny~~ Deny the issuance of a license to an applicant or revoke a license
22 issued to a ~~physician,~~ physician.

23 (2) ~~may suspend such~~ Suspend a license for a period of time, and may
24 impose conditions upon the continued practice after ~~such a~~ period of
25 suspension as the Board may deem ~~advisable,~~ advisable.

26 (3) ~~may limit~~ Limit the accused physician's practice of medicine with
27 respect to the extent, nature or location of the physician's practice as
28 the Board deems advisable.

29 (4) Censure the accused physician. – A censure is a written form of
30 discipline more serious than a reprimand issued in cases in which a
31 physician has committed one or more of the acts or conduct as set forth
32 in subsection (a) of this section and has caused significant harm or
33 potential significant harm to a patient, the profession, or members of
34 the public, but the protection of the patient or public does not require
35 suspension of the physician's license.

36 (5) Reprimand the accused physician. – A reprimand is a written form of
37 discipline more serious than an admonition issued in cases in which a
38 physician has committed one or more of the acts or conduct as set forth
39 in subsection (a) of this section, but the protection of the public does
40 not require a censure. A reprimand shall generally be reserved for
41 cases in which the physician's conduct has caused harm or potential
42 harm to a patient, the profession, or members of the public.

43 (6) Admonish the accused physician. – An admonishment is a written
44 form of discipline imposed in cases in which a physician has

1 committed a minor act or conduct as set forth in subsection (a) of this
2 section.

3 (a2) Actions taken by the Board pursuant to subdivisions (1), (2), (4), and (5) of
4 subsection (a1) of this section shall be a matter of public record under Chapter 132 of
5 the General Statutes.

6 (a3) The Board may, in its discretion and upon such terms and conditions and for
7 such period of time as it may prescribe, restore a license so revoked or rescinded, except
8 that no license that has been revoked shall be restored for a period of two years
9 following the date of revocation."

10 **SECTION 10.** G.S. 90-15.1 reads as rewritten:

11 "**§ 90-15.1. Registration every year with Board.**

12 Every person licensed to practice medicine by the North Carolina Medical Board
13 shall register annually with the Board within 30 days of the person's birthday. A person
14 who registers with the Board shall report to the Board the person's name and office and
15 residence address and any other information required by the Board, and shall pay a
16 registration fee of ~~one hundred twenty five dollars (\$125.00)~~ up to two hundred fifty
17 dollars (\$250.00). A physician who is not actively engaged in the practice of medicine
18 in North Carolina and who does not wish to register the license may direct the Board to
19 place the license on inactive status. For purposes of annual registration, the Board shall
20 use a simplified registration form which allows registrants to confirm information on
21 file with the Board. A physician who fails to register as required by this section shall
22 pay an additional fee of twenty dollars (\$20.00) to the Board. The license of any
23 physician who fails to register and who remains unregistered for a period of 30 days
24 after certified notice of the failure is automatically inactive. Except as provided in
25 G.S. 90-12(d), a person whose license is inactive shall not practice medicine in North
26 Carolina nor be required to pay the annual registration fee. Upon payment of all
27 accumulated fees and penalties, the license of the physician may be reinstated, subject
28 to the Board requiring the physician to appear before the Board for an interview and to
29 comply with other licensing requirements. The penalty may not exceed the maximum
30 fee for a license under G.S. 90-13."

31 **SECTION 11.** G.S. 90-18(a) reads as rewritten:

32 "(a) No person shall practice medicine or surgery, or any of the branches thereof,
33 nor in any case prescribe for the cure of diseases unless the person shall have been first
34 licensed and registered so to do in the manner provided in this Article, and if any person
35 shall practice medicine or surgery without being duly licensed and registered, as
36 provided in this Article, the person shall not be allowed to maintain any action to collect
37 any fee for such services. The person so practicing without license shall be guilty of a
38 ~~Class 1 misdemeanor.~~ Class I felony."

39 **SECTION 12.** The provisions of this act are severable. If any portion of this
40 act is declared unconstitutional or unenforceable or if the application of a portion of this
41 act to any person or circumstances is held invalid, then the remaining portions of this act
42 shall remain valid and enforceable.

43 **SECTION 13.** Section 11 of this act becomes effective December 1, 2005.
44 The remainder of this act becomes effective October 1, 2005. G.S. 90-21.18,

1 90-21.18A, 90-21.18B, 90-21.18C, 90-21.18D, and 90-21.18E, as enacted by Section 2
2 of this act, apply to causes of actions arising on or after that date and to contingency fee
3 agreements entered into on or after that date.