

**Florida's Real  
Medical Malpractice Problem:  
Bad Doctors and Insurance Companies  
Not the Legal System**



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## **Acknowledgments**

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# **Florida’s Real Medical Malpractice Problem: Bad Doctors and Insurance Companies Not the Legal System**

## **Executive Summary**

The American Medical Association, the Florida Medical Association and their allies in the business community have made a number of sensational allegations about what they call a “malpractice crisis.” Their allegations about the current state of medical malpractice litigation include: “many frivolous lawsuits,” “out-of-control legal system,” “explosions in costs,” “astronomic jury verdicts,” “an irrational lottery,” to cite a few.

This new Public Citizen study challenges these assertions by examining statistics from two sources that have not yet been considered in the debate about medical liability – injury data reported by hospitals to Florida’s Agency for Health Care Administration and the “public use” file of the National Practitioner Data Bank, which reports on doctors who commit malpractice.

According to the Institute of Medicine (IOM), which completed a comprehensive report on the medical malpractice issue in 1999, medical errors “are a leading cause of death in the United States... At least 44,000 and perhaps as many as 98,000 Americans die in hospitals each year as a result of medical errors. Deaths due to preventable adverse events exceed the deaths attributable to motor vehicle accidents (43,458), breast cancer (42,297) or AIDS (16,516).<sup>1</sup> Costs attributable to medical errors are estimated at between \$17 billion and \$29 billion, according to the IOM. Given these shocking numbers, it can be no surprise that medical liability premiums are too high for some specialties.

But the spike in some medical malpractice premiums is an insurance industry pricing and profitability problem – not a legal system problem. As this study shows, the assertions made about the medical liability system in Florida are, at best, highly exaggerated, and, at worst, totally false.

Rather than reducing the real threats that medical care poses to their patients, the doctor’s lobby has proposed to shift the costs of injuries onto individuals, their families, voluntary organizations and taxpayers. This is unfortunate because doctors and patients and consumers should be allies on this issue – not be pitted against each other. Doctors should join together with patients and consumers and work hard to reform the poor business practices of the insurance industry, rather than blame the victims and their lawyers, and to better police the very small number of their profession who commit most of the state’s malpractice.

The following are the major findings of this report:

- **The number of medical errors reported by Florida hospitals exceeds the number of medical malpractice *claims* filed each year by 6 to 1.** About two-thirds of malpractice claims arise during hospitalization. Reports prepared by Florida's Agency for Health Care Administration have compared reports of adverse incidents in hospitals to the filing of new malpractice claims. From 1996 through 1999, Florida hospitals reported 19,885 incidents but only 3,177 medical malpractice claims. This means that for every 6 adverse incidents in the hospital only 1 malpractice claim is ever filed. See Section I.
- **Six percent of the doctors in Florida are responsible for half the malpractice.** Public Citizen's analysis of the federal government's National Practitioner Data Bank information, which records malpractice judgments and settlements since September 1990, found that 2,674 of the state's 44,747 doctors have paid two or more malpractice awards to patients. These doctors are responsible for 51 percent of all payments. Overall, these doctors have paid \$1.2 billion in damages. Despite the fact that claims history predicts future claims, neither the state medical licensing boards nor the insurance market have been effective in reducing malpractice. See Section II, which includes examples of the most egregious repeat offenders.
- **Many of Florida's most dangerous doctors continue to practice and the state watchdog is asleep on the job.** There are 1,555 physicians who have been disciplined by Florida's state medical and osteopathic boards for incompetence, misprescribing drugs, sexual misconduct, criminal convictions, ethical lapses and other offenses. Many were not required to stop practicing, even temporarily. In fact, only 36 percent of Florida's disciplinary actions in 2001 were serious – meaning license revocation, suspension, surrender or probation. When compared to the rest of the country, only two states were worse in that regard, Wisconsin (22 percent) and North Carolina (32 percent). Overall, Public Citizen ranks Florida 26<sup>th</sup> among the states in terms of the performance of its state medical board, which is charged with policing the medical profession. See Section III.
- **Rate increases are up for many other types of insurance in Florida.** Doctors like to blame lawyers and the legal system for rising malpractice insurance rates. But these rate increases are largely the result of the economics of the insurance industry – major stock market losses mean insurers cannot continue to offer artificially low rates in the hope of attracting more customers. The resulting cycle of insurance rate hikes is today propelling the costs of all insurance products upward. Types of insurance and rate increases in Florida during 2002 include: medical malpractice (26 percent), health insurance (20 to 28 percent); auto (10.6 percent); and homeowners (15.7 percent). See Section IV.

## I. “Runaway Litigation”? The Numbers Don’t Add Up

The American Medical Association, and its counterpart the Florida Medical Association, contend that there is a medical “malpractice crisis” caused by “runaway litigation.” They claim the number of medical malpractice lawsuits is “excessive” and that many medical malpractice claims are “frivolous.” They argue that the civil justice system is unable to tell frivolous from meritorious claims, erring on the side of paying compensation to plaintiffs.

Hospitals’ reporting of medical errors helps us test the validity of their claims. Approximately two-thirds of all medical malpractice occurs in hospitals according to statistics collected from the insurance companies that insure 60 percent of the country’s doctors.<sup>2</sup>

The Florida medical error statute requires hospitals to report “adverse incidents,” which are defined as “an event over which health care personnel could exercise control” that results in death or injury.<sup>3</sup> As Table One shows, from 1996 through 1999, Florida hospitals reported 19,794 incidents but only 3,177 medical malpractice claims. *This means that for every 6 adverse incidents in the hospital only 1 malpractice claim is ever filed.*

In a world with “runaway litigation,” the number of malpractice claims would far exceed the reported incidents of medical misadventure. In fact, the statistics provide no support for the proposition that lawsuit outcomes are irrational and not related to actual negligence.

**Table 1: Total Number of Yearly Medical Adverse Incidents and New Malpractice Claims in Florida, 1996-1999**

Area Office Location*	Total Number of Facilities Reporting	Total Yearly Incidents Reported	Total New Malpractice Claims Each Year	Percent of New Claims Based on Adverse Incidents
Pensacola	18	215	23	11%
Tallahassee	31	94	25	27%
Gainesville	51	337	60	18%
Jacksonville	48	233	56	24%
St. Petersburg	45	311	58	19%
Tampa	49	461	90	20%
Orlando	44	473	81	17%
Fort Myers	56	348	52	15%
West Palm Beach	56	241	77	32%
Lauderhill	35	297	95	32%
Miami	49	1,940	179	9%
<b>Totals, 1996-1999</b>		<b>19,794</b>	<b>3,177</b>	<b>16%</b>

\*The Florida Department of Health and Human Services divides the state into 11 districts. The “area office location” is where regional offices for the district are located.

Source: The Agency for Health Care Administration, Reported Medical Malpractice Claims by District, 1996-1999.

Florida's health care agency also keeps track of the number of incidents by type of injury that occur in the hospital. Its 2001 report contains the following gruesome facts about injuries caused by negligence in the hospital:<sup>4</sup>

- Surgery performed on the wrong patient: 9 incidents
- Wrong procedure performed: 16 incidents
- Wrong site procedure: 54 incidents
- Removal of a foreign object left in a patient after surgery: 122 incidents

## **II. Medical Malpractice “Lottery” Doesn’t Pay Out**

The insurance and medical community has argued that medical liability litigation constitutes a giant “lottery,” in which lawsuits are purely random events bearing no relationship to the care given by a physician.

If the tort system is a lottery, it is clearly a rigged one, because some numbers come up more often than others. A small percentage of doctors have attracted multiple claims and it is these doctors who are responsible for the bulk of malpractice in Florida and across the United States.

According to the public use file of the National Practitioner Data Bank,<sup>5</sup> which covers malpractice judgments and settlements since September 1990, only six percent, or 2,674 of the state's 44,747 doctors have paid two or more malpractice awards to patients (see Table Two). These doctors are responsible for 51 percent of all payments and 47 percent of the dollar-value of payments. Overall, they have paid out \$1.2 billion in damages. There are 915 doctors who have paid three or more malpractice claims that amount to more than \$575 million.

Rather than a random, lottery-like pattern, this distribution very much resembles the pattern of drunk driving recidivism. Motor vehicle licensing bureaus have procedures in place to prevent or deter predisposed individuals from driving under the influence, such as mandatory counseling and license suspensions or revocations. Unfortunately, medical licensing boards do not use their authority with nearly as much vigor.

A Vanderbilt University study found that doctors with past records of malpractice claims can be expected to have “appreciably worse claims experience” than other doctors in future years.<sup>6</sup> Despite the fact that claims history predicts future claims, neither licensing boards nor the insurance market have been effective in reducing malpractice.

**Table 2: Number of Medical Malpractice Payments and Amounts Paid by Florida Doctors**

<b>Number of Payment Reports</b>	<b>Number of Doctors that Made Payments</b>	<b>Percent/Total Doctors in Florida</b>	<b>Total Number of Payments</b>	<b>Total Amount of Payments</b>	<b>Percent of Total Number of Payments</b>
All	9,655	21.6%	14,329	\$2,598,190,100	100%
1	6,981	15.6%	6,981	\$1,375,086,500	48.7%
2 or more	2,674	6.0%	7,348	\$1,223,103,600	51.3%
3 or more	915	2.0%	3,830	\$575,530,000	26.7%
4 or more	370	0.8%	2,195	\$278,165,900	15.3%
5 or more	177	0.4%	1,423	\$157,645,050	>.1%

Source: National Practitioner Data Bank. Numbers based on a universe of 44,747 Florida doctors.

### **Florida’s Worst Repeat Offenders**

Public Citizen found records of 23 Florida physicians in the National Practitioner Data Bank who have paid ten or more malpractice judgements and settlements. Of those 23, only 12 have been disciplined by the Florida Board of Medicine. Examples of some of Florida’s “repeat offenders” include:

- Physician Number 98892 settled 18 malpractice lawsuits between 1991 and 1997 involving improper performance of surgery. The damages added up to some \$2 million. This physician has never been disciplined.
- Physician Number 27908 worked in New York State, where he lost one malpractice suit and settled nine others for a total of \$3.7 million. Around 1991, Physician 27908 moved his practice to Florida, where he settled seven more malpractice suits for a total of \$3.3 million. This doctor, with 17 malpractice lawsuits totaling \$7 million, finally surrendered his New York medical license in 1999, 15 years after the first incident. He still has not been disciplined by Florida authorities.
- Physician 69310 practiced medicine in Indiana, where he accumulated eleven lawsuits. Around 1996 he moved to Florida and settled 4 more, paying some \$2 million in damages to injured patients. This physician has not been disciplined by either Indiana or Florida authorities.
- Florida has exported as well as imported questionable doctors. Physician Number 8269 settled 14 malpractice lawsuits in Florida between 1982 and 1992. Florida never disciplined this doctor. He moved on to Maryland, where he settled another lawsuit for \$695,000. He finally relinquished his Maryland license in 1999.

### III. More Questionable Doctors: Where's the Doctor Watchdog

There are 1,555 physicians who have been disciplined by Florida's state medical and osteopathic boards for incompetence, misprescribing drugs, sexual misconduct, criminal convictions, ethical lapses and other offenses, according to an ongoing Public Citizen project that tracks "Questionable Doctors"<sup>7</sup> in Florida and other states. Most of these doctors were not required to stop practicing, even temporarily.

The Florida Board of Medicine is dangerously lenient with doctors, repeatedly letting serious and sometimes repeat offenders off the hook. In Public Citizen's ranking of state medical boards, Florida ranked number 26 on the list. The ranking is based on the number of serious disciplinary actions per 1,000 doctors in each state. In 2001, nationally there were 3.36 serious actions taken for every 1,000 physicians. Florida levied 136 serious sanctions against 44,747 doctors, for a rate of 3.04 per 1,000 doctors. (To view the ranking, go to: <http://www.citizen.org/publications/release.cfm?ID=7166>.)

There are many physicians now practicing in Florida who, had they been practicing in states with more patient-protective medical boards, would have either lost their licenses to practice or at least been given a more serious disciplinary action. Because they are practicing in Florida, many have escaped with fines or letters of reprimand or concern. Most of their patients likely are not aware of their offenses. Examples of doctors from the Public Citizen "Questionable Doctors" database who were disciplined but are currently allowed to continue practicing in Florida include:

- A surgeon who operated in the wrong place in the body in October 2001. He was fined \$5,000 and required to give a one-hour lecture on wrong-site surgery and take five hours of courses in risk management.
- A Florida physician who failed to recognize that on two occasions he had perforated a patient's uterus during an attempted abortion. In 1995, he was fined \$3,000, required to take continuing medical education and placed on probation for 18 months.
- A physician who surrendered his New York license in 1998 because he "practiced the profession fraudulently." Florida merely reprimanded him and fined him \$2,000 for not reporting this to the Florida board.
- A Florida doctor who in 1996 was put on a 60-month probation, fined and reprimanded for having sex with a 23-year-old patient. Based on the Florida action, Pennsylvania in 1998 took the more stringent step of suspending his license for the duration of the Florida probation period.
- A doctor whose license was revoked by New York in 1995 because he was practicing negligent, substandard care. In 1997, based on the New York action, the Florida board merely put him on probation for 60 months and required him to take classes and be monitored.



- A doctor whose license was suspended in 1999 by Illinois because he had been suspended from admitting privileges to a hospital and had failed to notify the Illinois board. Florida merely reprimanded him and imposed a \$1,000 fine.

These doctors, like the majority of Florida doctors who committed the five most serious offenses (criminal conviction; sexual abuse or sexual misconduct with a patient; substandard care, incompetence or negligence; overprescribing or misprescribing drugs; and substance abuse) weren't required to stop practicing, even temporarily.

In fact, only 36 percent of Florida's disciplinary actions in 2001 were serious – meaning license revocation, suspension, surrender or probation. When compared to the rest of the country, only two states were worse in that regard, Wisconsin (22 percent) and North Carolina (32 percent). Florida was one of only seven states in which the percentage of actions that were serious was less than 50 percent.

In 47 percent of the disciplinary actions taken by Florida over the past decade, the most serious action against an individual doctor was a fine. The national average was 8 percent, which means that Florida is six times as likely as other states to use a fine as the most serious disciplinary action against a doctor.

For the 828 primary disciplinary actions (the most serious against an individual doctor) taken over the past decade against doctors in Florida for substandard care – one of the categories of serious offenses – 63 percent were fines and only 34 percent involved even temporary loss of license (revocation, suspension or surrender) or probation. For all of the states in Public Citizen's Questionable Doctors database, only 20 percent of the primary actions taken for substandard care in the past 10 years were fines, and 63 percent were serious disciplinary actions. When it disciplines a doctor for substandard care, Florida is more than three times as likely as all of the states to impose a fine as the primary disciplinary action and barely more than half as likely to revoke, suspend or seek surrender of a license, or put a doctor on probation.

This trend means that there are now many physicians practicing in Florida who, had they been practicing in states with more patient-protective medical boards, would have either lost their licenses to practice or at least been given a more serious disciplinary action. Because they are practicing in Florida, many have escaped with fines or letters of reprimand or concern, to the detriment of their patients.

#### **IV. Insurance Rates Increase Across the Board**

Doctors insist that the tort system is fueling increases in malpractice insurance. In reality, for much of the 1990s, doctors benefited from artificially lower premiums; now the chickens have come home to roost because insurance companies made bad business decisions. The reasons for these malpractice premium increases are the same for all insurance products – rates had previously been lowered to attract customers and cash flow when the stock market was booming; but the industry experienced poor investment returns in recent years.

According to the International Risk Management Institute (IRMI), one of the leading analysts of commercial insurance issues, “What is happening to the market for medical malpractice insurance in 2001 is a direct result of trends and events present since the mid to late 1990s. Throughout the 1990s, and reaching a peak around 1997 and 1998, insurers were on a quest for market share, that is, they were driven more by the amount of premium they could book rather than the adequacy of premiums to pay losses. In large part this emphasis on market share was driven by a desire to accumulate large amounts of capital with which to turn into investment income.”<sup>8</sup>

IRMI also noted: “Clearly a business cannot continue operating in that fashion indefinitely. Indeed, this has been the case for such long time writers of professional liability insurance as Frontier, Reliance, and P.I.E. Mutual. These companies, who suffered through several years of weakening performance, have been liquidated or are otherwise inactive.”<sup>9</sup>

Florida’s Department of Insurance has approved 2001-2002 rate increases for medical malpractice insurers ranging from 6 percent to 40 percent, with the average being 26 percent.<sup>10</sup> As these rates have increased due to economic and management factors, the insurance rates in other categories – automobile, healthcare, property/casualty, homeowner, commercial and workers’ compensation – have also significantly risen.

To put these rate hikes into perspective, the following is a list of similar insurance rate increases in Florida:<sup>11</sup>

#### *Health Insurance*

- Rate increases are between 20 and 28 percent this year [in 2002].<sup>12</sup> “HIP/Vista HMO is proposing a 15.4 percent hike in monthly premiums (and) Humana HMO is proposing a 25 percent hike.”<sup>13</sup>

#### *Automobile Insurance*

- “Despite 2001 legislation to lower automobile insurance rates in Florida, six of the top 10 writers of private passenger auto have been approved to raise rates by as much as 10.6 percent, the Department of Insurance said. Among writers of standard coverage, Allstate Insurance Co. raised rates on average statewide by 10.6 percent; USAA raised rates 5 percent, and Nationwide Mutual Insurance Co. raised rates 6 percent. Among nonstandard writers covering high-risk drivers, Allstate Indemnity Insurance Co. raised rates statewide by 11.2 percent; USAA Casualty raised rates by 3.7 percent, and Progressive Express Insurance Co. raised rates by 12.2 percent.”<sup>14</sup>
- “Several of the state’s largest auto insurers in recent weeks have received approval for rate increases that could be as high as 18 percent in South Florida, according to the state Department of Insurance.”<sup>15</sup>

#### *Homeowners Insurance*

- “Florida homeowners insured by Allstate Insurance Co. will see their premiums rise an average of 15.7 percent starting in November ... The statewide increase approved by the Florida Insurance Department is lower than the 21 percent hike sought by Allstate, the state’s second-largest insurer.”<sup>16</sup>

- “[Florida] Insurance Commissioner Tom Gallagher rejected State Farm’s request for an average increase of 22 percent on homeowners’ policies [in June 2002], saying it was ‘excessive and unjustified’ ... State Farm had gotten a 14 percent rate increase in January based on losses from claims. It also was allowed a 6.4 percent premium increase last year.” In response, “State Farm Florida, the state’s largest insurer, said it will stop selling new homeowners policies in the state.”<sup>17</sup> Moreover, “Winter Haven-based State Farm Florida was also seeking increases in property insurance rates for condominium and apartment building owners that would average 132 percent statewide.”<sup>18</sup>

## V. Conclusion

Reducing compensation to victims of medical malpractice does not, as doctors contend, “reduce costs;” it merely shifts the costs of injuries away from unskilled doctors and unsafe hospitals and onto the injured patients, their families, and taxpayers. This, in turn, reduces the incentive to practice medicine with due regard to patient safety. The only way to reduce the cost of medical injuries is by reducing negligence; the best way to accomplish this is by reforming the regulatory oversight of the medical profession. Public Citizen’s recommendations for addressing the real medical malpractice problems are the following:

### Reduce Doctor Negligence

Negligent doctors are rarely disciplined with loss or suspension of their license for inferior care. Instead, state medical boards focus on more easily documentable offenses such as prescription drug violations and fraud convictions or disciplinary action in another state as potential indicators of substandard care. To date, most medical malpractice legislation on the state level has sought to punish the victim instead of disciplining the perpetrator. Legislative attention must be given to requiring states to significantly improve the disciplining of physicians in order to prevent future death and injury:

1. *Reform medical board governance.* States should sever any remaining formal, debilitating links between state licensing boards and state medical societies. Members of medical boards (and separate disciplinary boards, where present) should be appointed by the governor, and the governor’s choice of appointees should not be limited to a medical society’s nominees. At least 50 percent of the members of each state medical board and disciplinary board should be well-informed and well-trained public members who have no ties to health care providers and who, preferably, have a history of advocacy on behalf of patients. The governor should appoint members to the Medical Board whose top priority is protecting the public’s health, not providing assistance to physicians who are trying to evade disciplinary actions.

2. *Beef up medical board funding and staffing.* State legislatures should permit medical boards to spend all the revenue from medical licensing fees, rather than being forced to give part to the state Treasury. The medical boards should raise their fees to \$500 a year. All boards could benefit from hiring new investigators and legal staff. Boards should employ adequate staff to process and investigate all complaints within 30 days, to review all malpractice claims filed with the board, to monitor and regularly visit doctors who have been disciplined to ensure their

compliance with the sanctions imposed, and to ensure compliance with reporting requirements. They should hire investigators to seek out errant doctors, through review of pharmacy records, consultation with medical examiners, and targeted office audits of those doctors practicing alone and suspected of poor care.

3. *Require risk prevention.* States should adopt a law, similar to one in Massachusetts, that requires all hospitals and other health care providers to have a meaningful, functioning risk prevention program designed to prevent injury to patients. Massachusetts also requires all adverse incidents occurring in hospitals or in doctors' offices to be reported to the medical board.

4. *Require periodic recertification of doctors based on a written exam and audit of their patients' medical care records.*

### **Refine the Malpractice Insurance System**

Some adjustments to medical liability insurers' practices could benefit both doctors and patients:

5. *Institute experience rating.* Doctors should be rated on performance for malpractice premiums. Doctors with numerous malpractice claims must be reviewed and higher premiums imposed so that they are discouraged from practicing and competent doctors do not subsidize them.

6. *Spread the risk more broadly.* The number of classifications of doctor specialties for insurance rating purposes should be reduced. Risk pools for some are too small and thus overly influenced by a few losses and the concentration in a few specialties of doctors handling the highest risk patients. Often the high-risk patients are "referred up" from general practitioners who do not bear any of the risk.

### **Empower Patients with More Information**

Public Citizen has long sought greater consumer access to information about doctors, and there have been recent improvements in making that information available. Most state medical boards now provide some physician information on the Internet, but the information about disciplinary actions varies greatly, is often inadequate and can be difficult for people to access. To read Public Citizen's survey of state medical board Web sites, go to:

<http://www.citizen.org/publications/release.cfm?ID=7168>

7. *Open the National Practitioner Data Bank.* Information about doctor discipline, including state sanctions, hospital disciplinary actions and medical malpractice awards is now contained in the National Practitioner Data Bank. HMOs, hospitals and medical boards can look at the National Practitioner Data Bank. Unfortunately, consumers cannot because the names of physicians in the database are kept secret from the public. Congress should lift the veil of secrecy and allow the people who have the most to lose from questionable doctors to get the information they need to protect themselves and their families. But until Congress finds the will to open up this information, Public Citizen will provide the public with as much of the data as we can obtain.

## ENDNOTES

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- <sup>1</sup> Institute of Medicine, *To Err is Human: Building a Safer Health System* (1999), p. 26.
- <sup>2</sup> Physicians Insurance Association of America, PIAA Claim Trend Analysis, 2001 Edition. PIAA estimates that 63 percent of malpractice claims arise during hospitalization. PIAA is a trade association representing more than 50 physician insurance companies that insure 60 percent of the doctors in America.
- <sup>3</sup> Chapter 395.0197 F.S.
- <sup>4</sup> Florida Agency for Health Care Administration, “Risk Management Reporting Summary, 24 Hour Reports and Code 15 Reports, 2001,” March 2002.
- <sup>5</sup> The NPDB is the most comprehensive source of information about a physician. It is the only database that collects information on both physician disciplinary proceedings and malpractice claim payments. The names of individual physicians are not made available to the public.
- <sup>6</sup> Sloan et al, “Medical Malpractice Experience of Physicians: Predictable or Haphazard?” 262 JAMA 3291 (1989).
- <sup>7</sup> “Public Citizen’s Florida database is available at <http://www.questionabledoctors.org/>.
- <sup>8</sup> Kolodkin, Charles, “Medical Malpractice Insurance Trends? Chaos!” International Risk Management Institute. <http://www.irmi.com/expert/articles/kolodkin001.asp>
- <sup>9</sup> Kolodkin, Charles, “Medical Malpractice Insurance Trends? Chaos!” International Risk Management Institute. <http://www.irmi.com/expert/articles/kolodkin001.asp>
- <sup>10</sup> Florida Department of Insurance, active physician rate filings effective 7/1/2001 or later; updated 7/11/2001.
- <sup>11</sup> The following quotes about state-based insurance increases are taken from a limited media survey encompassing state and national press coverage for the past two years.
- <sup>12</sup> Glenn Singe, “HMO’s Health Getting Better,” *South Florida Sun Sentinel*, June 25, 2002.
- <sup>13</sup> Charles Savage, “Medical Insurer for Miami-Area Schools Seeks Increase,” *The Miami Herald*, June 8, 2002.
- <sup>14</sup> “Florida Auto Insurance Rates Go Up,” *Best’s Insurance News*, June 14, 2002.
- <sup>15</sup> Nicole Ostrow, “Auto Rates on the Way Up,” *South Florida Sun-Sentinel*, June 13, 2002.
- <sup>16</sup> Greg Groeller, “Florida Homeowners Insured by Allstate to See Premiums Rise in November,” *The Orlando Sentinel*, August 21, 2002.
- <sup>17</sup> David Royse, “State Farm to Stop Selling Home Policies,” *The Bradenton Herald*, June 29, 2002.
- <sup>18</sup> David Royse, “State Farm to Stop Selling Home Policies,” *The Bradenton Herald*, June 29, 2002.