

HOUSE JUDICIARY COMMITTEE SUBSTITUTE FOR
HOUSE BILL 99

57TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2026

AN ACT

RELATING TO MEDICAL MALPRACTICE; CLARIFYING DEFINITIONS IN THE
MEDICAL MALPRACTICE ACT; LIMITING PUNITIVE DAMAGES IN MEDICAL
MALPRACTICE CASES; REQUIRING PAYMENTS FROM THE PATIENT'S
COMPENSATION FUND TO BE MADE AS EXPENSES ARE INCURRED.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 41-5-3 NMSA 1978 (being Laws 1976,
Chapter 2, Section 3, as amended) is amended to read:

"41-5-3. DEFINITIONS.--As used in the Medical Malpractice
Act:

A. "advisory board" means the patient's
compensation fund advisory board;

B. "control" means equity ownership in a business
entity that:

(1) represents more than fifty percent of the

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1 total voting power of the business entity; or

2 (2) has a value of more than fifty percent of
3 that business entity;

4 C. "fund" means the patient's compensation fund;

5 D. "health care provider" means a person, a
6 corporation, an organization, a facility or an institution
7 licensed or certified by this state to provide health care or
8 professional services as a doctor of medicine, a hospital, an
9 outpatient health care facility, a doctor of osteopathy, a
10 chiropractor, [~~podiatrist~~] a podiatric physician, a nurse
11 anesthetist, a physician's assistant, a certified nurse
12 practitioner, a clinical nurse specialist or certified nurse-
13 midwife or a business entity that is organized, incorporated or
14 formed pursuant to the laws of New Mexico that provides health
15 care services primarily through natural persons identified in
16 this subsection. "Health care provider" does not mean a person
17 or an entity protected pursuant to the Tort Claims Act or the
18 Federal Tort Claims Act;

19 E. "hospital" means a facility licensed as a
20 hospital in this state that offers [~~in-patient~~] inpatient
21 services, nursing or overnight care on a twenty-four-hour basis
22 for diagnosing, treating and providing medical, psychological
23 or surgical care for three or more separate persons who have a
24 physical or mental illness, disease, injury or rehabilitative
25 condition or are pregnant and may offer emergency services.

1 "Hospital" includes a hospital's parent corporation, subsidiary
 2 corporations or affiliates if incorporated or registered in New
 3 Mexico; employees and locum tenens providing services at the
 4 hospital; and agency nurses providing services at the hospital.

5 "Hospital" does not mean a person or an entity protected
 6 pursuant to the Tort Claims Act or the Federal Tort Claims Act;

7 F. "hospital system" means a group of two or more
 8 hospitals that are owned, operated or controlled by the same
 9 person or persons;

10 [~~F.~~] G. "independent outpatient health care
 11 facility" means a health care facility that is an ambulatory
 12 surgical center, an urgent care facility or a free-standing
 13 emergency room that is not, directly or indirectly through one
 14 or more intermediaries, controlled or under common control with
 15 a hospital. "Independent outpatient health care facility"
 16 includes a facility's employees, locum tenens providers and
 17 agency nurses providing services at the facility. "Independent
 18 outpatient health care facility" does not mean a person or an
 19 entity protected pursuant to the Tort Claims Act or the Federal
 20 Tort Claims Act;

21 [~~G.~~] H. "independent provider" means a doctor of
 22 medicine, doctor of osteopathy, chiropractor, [~~podiatrist~~]
 23 podiatric physician, nurse anesthetist, physician's assistant,
 24 certified nurse practitioner, clinical nurse specialist or
 25 certified nurse-midwife who is not an employee of a hospital or

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1 an outpatient health care facility. "Independent provider"
2 does not mean a person or an entity protected pursuant to the
3 Tort Claims Act or the Federal Tort Claims Act. "Independent
4 provider" includes:

5 (1) a health care facility that is:

6 (a) licensed pursuant to the [~~Public~~
7 ~~Health Act~~] Health Care Code as an outpatient facility;

8 (b) not an ambulatory surgical center,
9 an urgent care facility or a free-standing emergency room; and

10 (c) not hospital-controlled; and

11 (2) a business entity that is not a hospital
12 or an outpatient health care facility that employs or consists
13 of members who are licensed or certified as doctors of
14 medicine, doctors of osteopathy, chiropractors, [~~podiatrists~~]
15 podiatric physicians, nurse anesthetists, physician's
16 assistants, certified nurse practitioners, clinical nurse
17 specialists or certified nurse-midwives and the business
18 entity's employees;

19 [~~H.~~] I. "insurer" means an insurance company
20 engaged in writing health care provider malpractice liability
21 insurance in this state;

22 [~~I.~~] J. "malpractice claim" includes any cause of
23 action arising in this state against a health care provider for
24 medical treatment, lack of medical treatment or other claimed
25 departure from accepted standards of health care that

1 proximately results in injury to the patient, whether the
 2 patient's claim or cause of action sounds in tort or contract,
 3 and includes but is not limited to actions based on battery or
 4 wrongful death. "Malpractice claim" does not include a cause
 5 of action arising out of the driving, flying or nonmedical acts
 6 involved in the operation, use or maintenance of a vehicular or
 7 aircraft ambulance;

8 [J.] K. "medical care and related benefits" means
 9 all reasonable medical, surgical, physical rehabilitation and
 10 custodial services and includes drugs, prosthetic devices and
 11 other similar materials reasonably necessary in the provision
 12 of such services;

13 [K.] L. "occurrence" means ~~[all injuries to a~~
 14 ~~patient caused by health care providers' successive acts or~~
 15 ~~omissions that combined concurrently to create a malpractice~~
 16 ~~claim]~~ a health care provider's or health care providers' acts
 17 or omissions in the course of medical treatment that created or
 18 combined to create an injury or injuries to a patient,
 19 regardless of the number of health care providers whose acts or
 20 omissions contributed to the injury or injuries; provided that
 21 "occurrence" shall not be construed to limit recovery to only
 22 one maximum statutory payment when independent medical acts or
 23 omissions cause separate injury or injuries to a patient in a
 24 course of medical treatment;

25 [L.] M. "outpatient health care facility" means an

1 entity that is hospital-controlled and is licensed pursuant to
2 the ~~[Public Health Act]~~ Health Care Code as an outpatient
3 facility, including ambulatory surgical centers, free-standing
4 emergency rooms, urgent care clinics, acute care centers and
5 intermediate care facilities and includes a facility's
6 employees, locum tenens providers and agency nurses providing
7 services at the facility. "Outpatient health care facility"
8 does not include:

- 9 (1) independent providers;
10 (2) independent outpatient health care
11 facilities; or
12 (3) individuals or entities protected pursuant
13 to the Tort Claims Act or the Federal Tort Claims Act;

14 ~~[M.]~~ N. "patient" means a natural person who
15 received or should have received health care from a health care
16 provider, under a contract, express or implied; ~~[and]~~

17 ~~[N.]~~ O. "superintendent" means the superintendent
18 of insurance; and

19 P. "value of accrued medical care and related
20 benefits" means the actual amount paid or owed by a patient, or
21 a third party on behalf of a patient, for medical care and
22 related benefits. "Value of accrued medical care and related
23 benefits" does not include any costs waived, written off or
24 lowered by a health care provider."

25 SECTION 2. Section 41-5-5 NMSA 1978 (being Laws 1992,

Chapter 33, Section 2, as amended) is amended to read:

"41-5-5. QUALIFICATIONS.--

A. To be qualified under the provisions of the Medical Malpractice Act, a health care provider, except an independent outpatient health care facility, shall:

(1) establish its financial responsibility by filing proof with the superintendent that the health care provider is insured by a policy of malpractice liability insurance issued by an authorized insurer in the amount of at least two hundred fifty thousand dollars (\$250,000) per occurrence or by having continuously on deposit the sum of seven hundred fifty thousand dollars (\$750,000) in cash with the superintendent or such other like deposit as the superintendent may allow by rule; provided that hospitals and hospital-controlled outpatient health care facilities that establish financial responsibility through a policy of malpractice liability insurance may use any form of malpractice insurance; and provided further that for independent providers, in the absence of an additional deposit or policy as required by this subsection, the deposit or policy shall provide coverage for not more than three separate occurrences; and

(2) pay the surcharge assessed on health care providers by the superintendent pursuant to Section 41-5-25 NMSA 1978.

B. To be qualified under the provisions of the

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1 Medical Malpractice Act, an independent outpatient health care
2 facility shall:

3 (1) establish its financial responsibility by
4 filing proof with the superintendent that the health care
5 provider is insured by a policy of malpractice liability
6 insurance issued by an authorized insurer in the amount of at
7 least five hundred thousand dollars (\$500,000) per occurrence
8 or by having continuously on deposit the sum of one million
9 five hundred thousand dollars (\$1,500,000) in cash with the
10 superintendent or other like deposit as the superintendent may
11 allow by rule; provided that for independent outpatient health
12 care facilities, in the absence of an additional deposit or
13 policy as required by this subsection, the deposit or policy
14 shall provide coverage for not more than three separate
15 occurrences; and

16 (2) pay the surcharge assessed on independent
17 outpatient health care facilities by the superintendent
18 pursuant to Section 41-5-25 NMSA 1978.

19 C. For hospitals or hospital-controlled outpatient
20 health care facilities electing to be covered under the Medical
21 Malpractice Act, the superintendent shall determine, based on a
22 risk assessment of each hospital or hospital-controlled
23 outpatient health care facility, each hospital's or hospital-
24 controlled outpatient health care facility's base coverage or
25 deposit and additional charges for the fund. The

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1 superintendent shall arrange for an actuarial study before
2 determining base coverage or deposit and surcharges.

3 D. A health care provider not qualifying under this
4 section shall not have the benefit of any of the provisions of
5 the Medical Malpractice Act in the event of a malpractice claim
6 against it; provided that beginning July 1, 2021, hospitals and
7 hospital-controlled outpatient health care facilities shall not
8 participate in the medical review process [~~and beginning~~
9 ~~January 1, 2027, hospitals and hospital-controlled outpatient~~
10 ~~health care facilities shall have the benefits of the other~~
11 ~~provisions of the Medical Malpractice Act, except participation~~
12 ~~in the fund]."~~

13 SECTION 3. Section 41-5-6 NMSA 1978 (being Laws 1992,
14 Chapter 33, Section 4, as amended) is amended to read:

15 "41-5-6. LIMITATION OF RECOVERY.--

16 A. Except for punitive damages and past and future
17 medical care and related benefits, the aggregate dollar amount
18 recoverable by all persons for or arising from any injury or
19 death to a patient as a result of malpractice shall not exceed
20 six hundred thousand dollars (\$600,000) per occurrence for
21 malpractice claims brought against health care providers if the
22 injury or death occurred prior to January 1, 2022. In jury
23 cases, the jury shall not be given any instructions dealing
24 with this limitation.

25 B. Except for punitive damages and past and future

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1 medical care and related benefits, the aggregate dollar amount
2 recoverable by all persons for or arising from any injury or
3 death to a patient as a result of malpractice shall not exceed
4 seven hundred fifty thousand dollars (\$750,000) per occurrence
5 for malpractice claims against independent providers; provided
6 that, beginning January 1, 2023, the per occurrence limit on
7 recovery shall be adjusted annually by the consumer price index
8 for all urban consumers.

9 C. The aggregate dollar amount recoverable by all
10 persons for or arising from any injury or death to a patient as
11 a result of malpractice, except for punitive damages and past
12 and future medical care and related benefits, shall not exceed
13 seven hundred fifty thousand dollars (\$750,000) for claims
14 brought against an independent outpatient health care facility;
15 for an injury or death that occurred in calendar years 2022 and
16 2023.

17 D. In calendar year 2024 and subsequent years, the
18 aggregate dollar amount recoverable by all persons for or
19 arising from an injury or death to a patient as a result of
20 malpractice, except for punitive damages and past and future
21 medical care and related benefits, shall not exceed the
22 following amounts for claims brought against an independent
23 outpatient health care facility:

24 (1) for an injury or death that occurred in
25 calendar year 2024, one million dollars (\$1,000,000) per

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1 occurrence; and

2 (2) for an injury or death that occurred in
3 calendar year 2025 and thereafter, the amount provided in
4 Paragraph (1) of this subsection, adjusted annually by the
5 prior three-year average consumer price index for all urban
6 consumers, per occurrence.

7 E. In calendar year 2022 and subsequent calendar
8 years, the aggregate dollar amount recoverable by all persons
9 for or arising from any injury or death to a patient as a
10 result of malpractice, except for punitive damages and past and
11 future medical care and related benefits, shall not exceed the
12 following amounts for claims brought against a hospital or a
13 hospital-controlled outpatient health care facility:

14 (1) for an injury or death that occurred in
15 calendar year 2022, four million dollars (\$4,000,000) per
16 occurrence;

17 (2) for an injury or death that occurred in
18 calendar year 2023, four million five hundred thousand dollars
19 (\$4,500,000) per occurrence;

20 (3) for an injury or death that occurred in
21 calendar year 2024, five million dollars (\$5,000,000) per
22 occurrence;

23 (4) for an injury or death that occurred in
24 calendar year 2025, five million five hundred thousand dollars
25 (\$5,500,000) per occurrence;

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1 (5) for an injury or death that occurred in
2 calendar year 2026, six million dollars (\$6,000,000) per
3 occurrence; and

4 (6) for an injury or death that occurred in
5 calendar year 2027 and each calendar year thereafter, the
6 amount provided in Paragraph (5) of this subsection, adjusted
7 annually by the consumer price index for all urban consumers,
8 per occurrence.

9 F. The aggregate dollar amounts provided in
10 Subsections B through E of this section include payment to any
11 person for any number of loss of consortium claims or other
12 claims per occurrence that arise solely because of the injuries
13 or death of the patient.

14 G. In jury cases, the jury shall not be given any
15 instructions dealing with the limitations provided in this
16 section.

17 H. The value of accrued medical care and related
18 benefits shall not be subject to any limitation.

19 I. Except for an independent outpatient health care
20 facility, a health care provider's personal liability is
21 limited to two hundred fifty thousand dollars (\$250,000) for
22 monetary damages and medical care and related benefits as
23 provided in Section 41-5-7 NMSA 1978. Any amount due from a
24 judgment or settlement in excess of two hundred fifty thousand
25 dollars (\$250,000) shall be paid from the fund, except as

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provided in Subsections J and K of this section.

J. An independent outpatient health care facility's personal liability is limited to five hundred thousand dollars (\$500,000) for monetary damages and medical care and related benefits as provided in Section 41-5-7 NMSA 1978. Any amount due from a judgment or settlement in excess of five hundred thousand dollars (\$500,000) shall be paid from the fund.

K. ~~[Until January 1, 2027]~~ Amounts due from a judgment or settlement against a hospital or hospital-controlled outpatient health care facility in excess of seven hundred fifty thousand dollars (\$750,000), excluding past and future medical expenses, shall be paid by the hospital or hospital-controlled outpatient health care facility and not by the fund. ~~[Beginning January 1, 2027, amounts due from a judgment or settlement against a hospital or hospital-controlled outpatient health care facility shall not be paid from the fund.]~~

~~L. The term "occurrence" shall not be construed in such a way as to limit recovery to only one maximum statutory payment if separate acts or omissions cause additional or enhanced injury or harm as a result of the separate acts or omissions. A patient who suffers two or more distinct injuries as a result of two or more different acts or omissions that occur at different times by one or more health care providers is entitled to up to the maximum statutory recovery for each~~

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injury.]"

SECTION 4. Section 41-5-7 NMSA 1978 (being Laws 1992, Chapter 33, Section 5, as amended) is amended to read:

"41-5-7. MEDICAL EXPENSES [~~AND PUNITIVE DAMAGES~~].--

A. Awards of past and future medical care and related benefits shall not be subject to the limitations of recovery imposed in Section 41-5-6 NMSA 1978.

B. The health care provider shall be liable for all medical care and related benefit payments until the total payments made by or on behalf of it for monetary damages and medical care and related benefits combined equals the health care provider's personal liability limit as provided in [~~Subsection I of~~] Section 41-5-6 NMSA 1978, after which the payments shall be made by the fund.

~~[C. Beginning January 1, 2027, any amounts due from a judgment or settlement against a hospital or outpatient health care facility shall not be paid from the fund if the injury or death occurred after December 31, 2026.]~~

~~D. This section shall not be construed to prevent a patient and a health care provider from entering into a settlement agreement whereby medical care and related benefits shall be provided for a limited period of time only or to a limited degree.~~

~~E. A judgment of punitive damages against a health care provider shall be the personal liability of the health~~

~~care provider. Punitive damages shall not be paid from the fund or from the proceeds of the health care provider's insurance contract unless the contract expressly provides coverage. Nothing in Section 41-5-6 NMSA 1978 precludes the award of punitive damages to a patient. Nothing in this subsection authorizes the imposition of liability for punitive damages where that imposition would not be otherwise authorized by law.]~~

C. Payments made from the fund for the cost of medical care and related benefits shall be made as expenses are incurred."

SECTION 5. A new section of the Medical Malpractice Act, Section 41-5-7.1 NMSA 1978, is enacted to read:

"41-5-7.1. [NEW MATERIAL] PUNITIVE DAMAGES.--

A. Punitive damages may only be awarded in a malpractice claim if the prevailing party provides clear and convincing evidence demonstrating that the acts of the health care provider were malicious, willful, wanton, reckless, fraudulent or in bad faith.

B. A judgment of punitive damages against any of the following persons shall not be in an amount greater than the applicable limitation on monetary damages provided in Section 41-5-6 NMSA 1978:

(1) an independent provider;

(2) an independent outpatient health care

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1 facility and the facility's employees, locum tenens and agency
2 nurses;

3 (3) a hospital operated by a New Mexico
4 resident or domestic corporation that is not part of a hospital
5 system and the hospital's employees, locum tenens and agency
6 nurses; and

7 (4) employees, locum tenens and agency nurses
8 of a hospital or a hospital-controlled outpatient health care
9 facility.

10 C. Except as provided in Subsection B of this
11 section, a judgment of punitive damages against a hospital or
12 hospital-controlled outpatient health care facility shall not
13 be in an amount greater than two and one-half times the
14 applicable limitation on monetary damages provided in Section
15 41-5-6 NMSA 1978.

16 D. A judgment of punitive damages against a health
17 care provider shall not be paid from the fund.

18 E. The initial claim for relief in a malpractice
19 claim shall not include punitive damages. A claim for punitive
20 damages may be asserted by amendment to the pleadings only
21 after the plaintiff has presented sufficient evidence to the
22 court that it is more likely than not that the claim has a
23 triable issue after substantial completion of discovery. If
24 the court allows amendment to the complaint pursuant to this
25 subsection, the court, in its discretion, may permit additional

1 discovery on the question of punitive damages."

2 SECTION 6. Section 41-5-25 NMSA 1978 (being Laws 1992,
3 Chapter 33, Section 9, as amended) is amended to read:

4 "41-5-25. PATIENT'S COMPENSATION FUND--THIRD-PARTY
5 ADMINISTRATOR--ACTUARIAL STUDIES--SURCHARGES--CLAIMS--
6 PRORATION--PROOFS OF AUTHENTICITY.--

7 A. The "patient's compensation fund" is created as
8 a nonreverting fund in the state treasury. The fund consists
9 of money from surcharges, income from investment of the fund
10 and any other money deposited to the credit of the fund. The
11 fund shall be held in trust, deposited in a segregated account
12 in the state treasury and invested by the ~~[state]~~ investment
13 office and shall not become a part of or revert to the general
14 fund or any other fund of the state. Money from the fund shall
15 be expended only for the purposes of and to the extent provided
16 in the Medical Malpractice Act. All approved expenses of
17 collecting, protecting and administering the fund, including
18 purchasing insurance for the fund, shall be paid from the fund.

19 B. The superintendent shall contract for the
20 administration and operation of the fund with a qualified,
21 licensed third-party administrator, selected in consultation
22 with the advisory board, no later than January 1, 2022. The
23 third-party administrator shall provide an annual audit of the
24 fund to the superintendent.

25 C. The superintendent, as custodian of the fund,

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1 and the third-party administrator shall be notified by the
2 health care provider or the health care provider's insurer
3 within thirty days of service on the health care provider of a
4 complaint asserting a malpractice claim brought in a court in
5 this state against the health care provider.

6 D. The superintendent shall levy an annual
7 surcharge on all New Mexico health care providers qualifying
8 under Section 41-5-5 NMSA 1978. The surcharge [~~shall be~~
9 ~~determined by the superintendent with the advice of the~~
10 ~~advisory board and based on the annual independent actuarial~~
11 ~~study of the fund. The surcharges for health care providers,~~
12 ~~including hospitals and outpatient health care facilities whose~~
13 ~~qualifications for the fund end on January 1, 2027, shall be~~
14 ~~based on sound actuarial principles, using data obtained from~~
15 ~~New Mexico claims and loss experience]~~ for health care
16 providers shall be based on sound actuarial principles, using
17 data obtained from New Mexico claims and loss experience. The
18 surcharges for independent providers and independent outpatient
19 health care facilities shall be determined by the
20 superintendent with the advice of the advisory board and based
21 on the annual independent actuarial study of the fund. The
22 surcharge for hospitals and outpatient health care facilities
23 shall be no less than the actuary's recommended surcharges
24 based on an expected value basis to fully fund the current and
25 projected claims obligations of the hospitals and outpatient

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1 health care facilities. A hospital or outpatient health care
2 facility seeking participation in the fund during the remaining
3 qualifying years shall provide, at a minimum, the hospital's or
4 outpatient health care facility's direct and indirect cost
5 information as reported to the federal centers for medicare and
6 medicaid services for all self-insured malpractice claims,
7 including claims and paid loss detail, and the claims and paid
8 loss detail from any professional liability insurance carriers
9 for each hospital or outpatient health care facility and each
10 employed health care provider for the past eight years to the
11 third-party actuary. The same information shall be available
12 to the advisory board for review, including financial
13 information and data, and excluding individually identifying
14 case information, which information shall not be subject to the
15 Inspection of Public Records Act. The superintendent, the
16 third-party actuary or the advisory board shall not use or
17 disclose the information for any purpose other than to fulfill
18 the duties pursuant to this subsection.

19 E. The surcharge shall be collected on the same
20 basis as premiums by each insurer from the health care
21 provider. The surcharge shall be due and payable within thirty
22 days after the premiums for malpractice liability insurance
23 have been received by the insurer from the health care provider
24 in New Mexico. If the surcharge is collected but not paid
25 timely, the superintendent may suspend the certificate of

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1 authority of the insurer until the annual premium surcharge is
2 paid.

3 F. Surcharges shall be set by October 31 of each
4 year for the next calendar year. Beginning in 2021, the
5 surcharges shall be set with the intention of bringing the fund
6 to solvency with no projected deficit by December 31, 2026.
7 All qualified and participating hospitals and outpatient health
8 care facilities shall cure any fund deficit attributable to
9 hospitals and outpatient health care facilities by December 31,
10 2026.

11 G. If the fund would be exhausted by payment of all
12 claims allowed during a particular calendar year, then the
13 amounts paid to each patient and other parties obtaining
14 judgments shall be prorated, with each such party receiving an
15 amount equal to the percentage the party's own payment schedule
16 bears to the total of payment schedules outstanding and payable
17 by the fund. Any amounts due and unpaid as a result of such
18 proration shall be paid in the following calendar years.

19 H. Upon receipt of one of the proofs of
20 authenticity listed in this subsection, reflecting a judgment
21 for damages rendered pursuant to the Medical Malpractice Act,
22 the superintendent shall issue or have issued warrants in
23 accordance with the payment schedule constructed by the court
24 and made a part of its final judgment. The only claim against
25 the fund shall be a voucher or other appropriate request by the

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1 superintendent after the superintendent receives:

2 (1) until January 1, 2022, a certified copy of
3 a final judgment in excess of two hundred thousand dollars
4 (\$200,000) against a health care provider;

5 (2) until January 1, 2022, a certified copy of
6 a court-approved settlement or certification of settlement made
7 prior to initiating suit, signed by both parties, in excess of
8 two hundred thousand dollars (\$200,000) against a health care
9 provider; or

10 (3) until January 1, 2022, a certified copy of
11 a final judgment less than two hundred thousand dollars
12 (\$200,000) and an affidavit of a health care provider or its
13 insurer attesting that payments made pursuant to Subsection B
14 of Section 41-5-7 NMSA 1978, combined with the monetary
15 recovery, exceed two hundred thousand dollars (\$200,000).

16 I. On or after January 1, 2022, the amounts
17 specified in Paragraphs (1) through (3) of Subsection H of this
18 section shall be two hundred fifty thousand dollars
19 (\$250,000)."

20 **SECTION 7. SEVERABILITY.**--If a provision of this act or
21 its application to any person or circumstance is held invalid,
22 the invalidity does not affect other provisions or applications
23 of this act that can be given effect without the invalid
24 provision or application, and to this end the provisions of
25 this act are severable.

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1 SECTION 8. APPLICABILITY.--The provisions of this act
2 apply to all claims for medical malpractice that arise on or
3 after the effective date of this act.

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