



H.B. 7 effective March 20

February 7, 2019

New changes are coming to the medical negligence landscape. Specifically, H.B. 7, which was passed in late 2018, will become effective on March 20, 2019, making the following changes.

Alternate process for extending the statute of limitations by 180 days – RC 2323.451

- Must still file the complaint within one year with an Affidavit of Merit as to each named defendant.
- Filing a complaint against any one defendant will extend the statute of limitations by 180 days automatically for any potential defendant who could have been included in the complaint.

Apology statute reinforced to encourage transparency – R.C. 2371.43

- Statements of “error” and “fault” are now inadmissible.
- Providers can conduct a “good faith” review and disclose the results to the patient, and that cannot be used in a future lawsuit.

Service of 180 day notice letter significantly modified – RC 2305.113(B)(2)

- 180 day notice letter is effective if served on by certified mail at **any** of the following locations:
 - Residence

- Professional practice;
- Employer; or
- Address on file with state medical board or licensing agency.

Qualified immunity in discharging or not discharging patients with behavioral issues – RC 5122.10

- Physicians have qualified immunity if they exercise professional judgment within appropriate standards of professional practice in discharging or refusing to discharge patients who are medically cleared for discharge but still face behavioral issues.

Higher standard of proof in disasters – RC 2305.2311

- In actions against health care providers and EMTs for injury, death or loss of property allegedly arising from acts or omissions in care provided during a disaster and requires proof that the actions were in reckless disregard for the life or health and safety of the patient or outside the provider's scope of practice.

Reimbursement policies inadmissible on standard of care – RC 2317.45

- CMS regulations and insurer's reimbursement policies **cannot be used** in determining whether providers complied with the standard of care.

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