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A REPORT TO CLIENTS & ATTORNEYS
VOLUME 26, NUMBER 1

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Florida Court Strikes Cap on Medicaid Damages in First-of-Its-Kind Emergency Room Ruling

In a groundbreaking constitutional decision with sweeping implications for low-income patients, a Hillsborough County Circuit Court has ruled that Florida's Medicaid noneconomic (pain and suffering) damages cap is unconstitutional as applied to emergency room care. The decision holds that the cap cannot be justified as an "incentive" for providers who are already legally required to treat Medicaid patients. The ruling came in the case of *Chiaka Stewart v. Florida Health Sciences Center, Inc., d/b/a Tampa General Hospital, et al.*, following a September 25, 2025, jury verdict awarding a total of $70.8 million to 42-year-old Chiaka Stewart, a Medicaid recipient.

Four years earlier, in July 2021, Ms. Stewart, a 38-year-old Medicaid recipient, arrived at Tampa General Hospital's Brandon Healthplex experiencing the worst headache of her life. Risk factors included diabetes and recent birth control use. Medical providers administered a "headache cocktail" to relieve her pain and discharged her without any brain imaging or neurology consultation. Within 30 hours of discharge, she suffered a devastating stroke. Returning to the emergency room, she was now examined further. Imaging revealed extensive clots in her brain. Heparin was administered to prevent new clots from forming, but it was a treatment too little, too late. The emergency providers at Brandon Healthplex had failed to diagnose and treat the brain clots in a timely manner. That delay left Ms. Stewart blind, with left-side paralysis, a neurogenic stutter, and severe cognitive deficits. She will require life-long care. In December 2021, facing the need for increasingly expensive medical care, therapy, and assisted living needs, Ms. Stewart reached out to Searcy Law attorney **Adam Hecht** for help. Working tirelessly for four years, alongside Searcy Law attorney **Ed Ricci**, the attorneys eventually brought the case to trial. In September 2025, the case of *Chiaka Stewart v. Florida Health Sciences Center, d/b/a Tampa General Hospital, Inc., et al.*, resulted in a jury verdict of $70.8 million for Ms. Stewart.

Searcy Law attorneys Ed Ricci and Adam Hecht.

At the time of the original incident, both federal and Florida State laws had, for almost two decades, required hospital emergency care facilities to provide full and proper medical care to patients regardless of Medicaid coverage, limited insurance benefits, or any other limitation on the patient's ability to pay for emergency care. In 2011, Florida amended that requirement with Section 766.1186 which placed a cap on noneconomic claims for medical malpractice ($300,000 per incident and $200,000 per provider) involving care under the statute. The amendment adding the cap was considered ". . . a rational and reasonable relationship to the State's objective of providing health care access to the indigent." The 2011 legislation was issued in the backdrop of the Affordable Care Act and asserted that limiting such claims would help "safeguard public health" and "assure access to quality medical care" by incentivizing more healthcare providers to treat Medicaid patients despite lower reimbursement rates.

After the verdict, the defendants invoked Section 766.1186 of the Florida Statute in an effort to reduce Ms. Stewart's $51 million pain and suffering award down to a total of $300,000. Defense counsel argued that the cap "bears a rational and reasonable relationship to the legitimate State objective of providing health care access to the indigent." However, Mr. Ricci had developed a novel constitutional argument against the Medicaid cap. ***(Continued on page two.)***

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Florida Court Strikes Cap on Medicaid Damages in First-of-Its-Kind Emergency Room Ruling

(Continued from page one.)

In an emergency room setting involving a Medicaid patient, the non-economic damages cap cannot rationally be defended as an "incentive" to provide care to low-income patients because care for these patients was mandated by law. In over two decades since Florida's 2003 medical malpractice statute was enacted, no appellate lawyer in Florida had raised the federal Emergency Medical Treatment and Labor Act (EMTALA)'s mandatory treatment, nor the State's mandatory treatment, as an argument against the Florida Statute's Section 766-1186 cap.

In a detailed 11-page order, Judge Mark Wolfe rejected that rationale as applied in an emergency room context. The Court emphasized that Florida's anti-patient-dumping statute (Section 395.1041) and the federal EMTALA statute require hospital emergency departments to provide emergency services and stabilizing care to all patients with emergency medical conditions "regardless of a patient's insurance status, like Medicaid, economic status, or ability to pay." A registered nurse at the facility testified that she was required to treat anyone presenting to Tampa General's emergency department regardless of insurance or economic status. Against this statutory backdrop, the Court held that the Legislature's "incentive" justification for the cap collapses in the ER:

"The negligence here occurred in an ER setting where treatment is statutorily mandated and, therefore, not susceptible to being incentivized. In other words, Section 766.1186's Medicaid cap cannot increase the probability that healthcare providers in the emergency department will treat Medicaid patients because in an emergency department, they have no choice in the matter - they are legally obligated to treat Medicaid patients."

The Court further found that there is "no rational basis for a cap on damages to incentivize medical care where the law already requires it, or where there is no alleged shortage of nurses to treat Medicaid patients," and concluded that Section 766.1186 "fails rational basis review and violates the Equal Protection Clause" as applied to emergency department care and nursing negligence.

"This is a landmark victory, not just for Chiaka, but for Medicaid patients across Florida who depend on hospital emergency departments for life-saving care," said Mr. Ricci. "For years, the State has defended the Medicaid cap on the theory that it "incentivizes" providers to care for Medicaid patients. In the ER there is nothing to incentivize." Adam Hecht added, "This decision sends a powerful message that Medicaid patients have the same constitutional right to full and fair compensation for proper care, and for catastrophic injuries arising from malpractice, as everyone else – especially when that care and those injuries arise in settings where hospitals are already bound by law to provide equal emergency care." ◆