

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 914 Session of 2011

INTRODUCED BY MICOZZIE, DeLUCA, FABRIZIO, CALTAGIRONE, GINGRICH, HORNAMAN, KORTZ, LONGIETTI, MILNE, MUNDY, READSHAW, STURLA AND VULAKOVICH, MARCH 3, 2011

REFERRED TO COMMITTEE ON INSURANCE, MARCH 3, 2011

AN ACT

1 Amending the act of March 20, 2002 (P.L.154, No.13), entitled
 2 "An act reforming the law on medical professional liability;
 3 providing for patient safety and reporting; establishing the
 4 Patient Safety Authority and the Patient Safety Trust Fund;
 5 abrogating regulations; providing for medical professional
 6 liability informed consent, damages, expert qualifications,
 7 limitations of actions and medical records; establishing the
 8 Interbranch Commission on Venue; providing for medical
 9 professional liability insurance; establishing the Medical
 10 Care Availability and Reduction of Error Fund; providing for
 11 medical professional liability claims; establishing the Joint
 12 Underwriting Association; regulating medical professional
 13 liability insurance; providing for medical licensure
 14 regulation; providing for administration; imposing penalties;
 15 and making repeals," in insurance, further providing for the
 16 Medical Care Availability and Reduction of Error Fund.

17 The General Assembly of the Commonwealth of Pennsylvania
 18 hereby enacts as follows:

19 Section 1. Section 712 of the act of March 20, 2002
 20 (P.L.154, No.13), known as the Medical Care Availability and
 21 Reduction of Error (Mcare) Act, is amended by adding a
 22 subsection to read:
 23 Section 712. Medical Care Availability and Reduction of Error
 24 Fund.

1 * * *

2 (d.1) Collection and payment.--

3 (1) The basic insurance coverage insurer shall bill and
4 collect the assessment under subsection (d). The following
5 deadlines apply unless the department grants an extension by
6 notice in the Pennsylvania Bulletin:

7 (i) The basic insurance coverage insurer shall be
8 sent within 30 days of the inception date or renewal
9 date, as applicable, of the policy.

10 (ii) The health care provider shall pay the
11 assessment within the later of:

12 (A) 60 days of the inception date or renewal
13 date, as applicable, of the policy; or

14 (B) 30 days of receipt of the bill.

15 (iii) The basic insurance coverage insurer shall
16 remit the assessment to the fund within the later of:

17 (A) 60 days of the inception date or renewal
18 date, as applicable, of the policy; or

19 (B) 30 days of receipt of payment.

20 (3) A health care provider must comply with paragraph
21 (1)(ii) in order to receive basic insurance coverage.

22 (4) Failure to remit under paragraph (3)(iii) does not
23 affect basic insurance coverage.

24 * * *

25 Section 2. This act shall take effect in 60 days.