

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 194 Session of 2013

INTRODUCED BY FOLMER, D. WHITE, STACK, GREENLEAF, ERICKSON,
ARGALL, MENSCH, VULAKOVICH, SCARNATI, RAFFERTY, PILEGGI,
ALLOWAY AND BAKER, JANUARY 17, 2013

REFERRED TO BANKING AND INSURANCE, JANUARY 17, 2013

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 regulation of medical professional
16 liability insurance, repealing provisions relating to reports
17 to commissioner and claims information.

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

20 Section 1. Section 743 of the act of March 20, 2002
21 (P.L.154, No.13), known as the Medical Care Availability and
22 Reduction of Error (Mcare) Act, is repealed:

23 [Section 743. Reports to commissioner and claims information.

24 (a) Duty to report.--By October 15 of each year, basic
25 insurance coverage insurers and self-insured participating

1 health care providers shall report to the department the claims
2 information specified in subsection (b).

3 (b) Department report.--Sixty days after the end of each
4 calendar year, the department shall prepare a report. The report
5 shall contain the total amount of claims paid and expenses
6 incurred during the preceding calendar year, the total amount of
7 reserve set aside for future claims, the date and place in which
8 each claim arose, the amounts paid, if any, and the disposition
9 of each claim, judgment of court, settlement or otherwise. For
10 final claims at the end of any calendar year, the report shall
11 include details by basic insurance coverage insurers and self-
12 insured participating health care providers of the amount of
13 assessment collected, the number of reimbursements paid and the
14 amount of reimbursements paid.

15 (c) Submission of report.--A copy of the report prepared
16 pursuant to this section shall be submitted to the chairman and
17 minority chairman of the Banking and Insurance Committee of the
18 Senate and the chairman and minority chairman of the Insurance
19 Committee of the House of Representatives.]

20 Section 2. This act shall take effect immediately.