THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1358 Session of 2011

INTRODUCED BY MICOZZIE, DeLUCA, KILLION, FABRIZIO, PASHINSKI, CALTAGIRONE, GINGRICH, HORNAMAN, KORTZ, LONGIETTI, MILNE, MUNDY, READSHAW, STURLA AND VULAKOVICH, APRIL 20, 2011

REFERRED TO COMMITTEE ON INSURANCE, APRIL 20, 2011

AN ACT

Amending the act of March 20, 2002 (P.L.154, No.13), entitled "An act reforming the law on medical professional liability; 2 providing for patient safety and reporting; establishing the 3 Patient Safety Authority and the Patient Safety Trust Fund; abrogating regulations; providing for medical professional liability informed consent, damages, expert qualifications, 6 limitations of actions and medical records; establishing the 7 Interbranch Commission on Venue; providing for medical 8 professional liability insurance; establishing the Medical 9 Care Availability and Reduction of Error Fund; providing for 10 medical professional liability claims; establishing the Joint 11 Underwriting Association; regulating medical professional 12 liability insurance; providing for medical licensure 13 regulation; providing for administration; imposing penalties; 14 and making repeals," in insurance, further providing for the 15 Medical Care Availability and Reduction of Error Fund. 16 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 bill
8	the assessment to its providers within 30 days of the
9	inception date or renewal date, as applicable, of the
10	basic insurance coverage.
11	(ii) The health care provider shall pay the
12	assessment to the basic insurance coverage insurer within
13	the later of:
14	(A) 60 days of the inception date or renewal
15	date, as applicable, of the basic insurance coverage;
16	<u>or</u>
17	(B) 30 days of receipt of the bill.
18	(iii) The basic insurance coverage insurer shall
19	remit the assessment to the fund within the later of:
20	(A) 60 days of the inception date or renewal
21	date, as applicable, of the basic insurance coverage;
22	<u>or</u>
23	(B) 30 days of receipt of payment.
24	(2) A health care provider must comply with paragraph
25	(1)(ii) in order to receive Mcare coverage.
26	(3) Failure to remit under paragraph (1) (iii) does not
27	affect Mcare coverage.
28	* * *
29	Section 2. This act shall take effect in 60 days.

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