MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR (MCARE) ACT - REPEALING PROVISIONS RELATING TO REPORTS TO COMMISSIONER AND CLAIMS INFORMATION

Act of Jun. 24, 2013, P.L. 66, No. 22 **Cl. 40**

Session of 2013
No. 2013-22

SB 194

AN ACT

Amending the act of March 20, 2002 (P.L.154, No.13), entitled "An act reforming the law on medical professional liability; providing for patient safety and reporting; establishing the Patient Safety Authority and the Patient Safety Trust Fund; abrogating regulations; providing for medical professional liability informed consent, damages, expert qualifications, limitations of actions and medical records; establishing the Interbranch Commission on Venue; providing for medical professional liability insurance; establishing the Medical Care Availability and Reduction of Error Fund; providing for medical professional liability claims; establishing the Joint Underwriting Association; regulating medical professional liability insurance; providing for medical licensure regulation; providing for administration; imposing penalties; and making repeals," in regulation of medical professional liability insurance, repealing provisions relating to reports to commissioner and claims information.

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

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act of March 20, 2002 (P.L.154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act, is repealed:

[Section 743. Reports to commissioner and claims information.

(a) Duty to report.--By October 15 of each year, basic insurance coverage insurers and self-insured participating health care providers shall report to the department the claims information specified in subsection (b).

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

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

Section 2. This act shall take effect immediately.

APPROVED--The 24th day of June, A.D. 2013.

TOM CORBETT