
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 687 Session of
2003

INTRODUCED BY CONTI, MOWERY, KUKOVICH, ORIE AND ERICKSON,
MAY 2, 2003

REFERRED TO BANKING AND INSURANCE, MAY 2, 2003

AN ACT

1 Authorizing the establishment of an Mcare Assessment Need
2 Program to be administered by the Office of Health Care
3 Reform and providing for its funding; and making a repeal.

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

6 Section 1. Short title.

7 This act shall be known and may be cited as the Mcare
8 Assessment Need Program Act.

9 Section 2. Definitions.

10 The following words and phrases when used in this act shall
11 have the meanings given to them in this section unless the
12 context clearly indicates otherwise:

13 "Assessment." The assessment levied by the Insurance
14 Department on health care providers under the act of March 20,
15 2002 (P.L.154, No.13), known as the Medical Care Availability
16 and Reduction of Error (Mcare) Act.

17 "Eligible applicant." A physician who is licensed in good
18 standing by a licensure authority and practicing in this

1 Commonwealth who meets the criteria established by the Office of
2 Health Care Reform.

3 "Fund." The Mcare Assessment Need Program Fund established
4 under this act.

5 "Licensure authority." The State Board of Medicine, the
6 State Board of Osteopathic Medicine and the State Board of
7 Podiatry.

8 "Mcare Act." The act of March 20, 2002 (P.L.154, No.13),
9 known as the Medical Care Availability and Reduction of Error
10 (Mcare) Act.

11 "Mcare Fund." The Medical Care Availability and Reduction of
12 Error Fund established under the act of March 20, 2002 (P.L.154,
13 No.13), known as the Medical Care Availability and Reduction of
14 Error (Mcare) Act.

15 "Mcare Fund coverage limits." The coverage provided by the
16 Medical Care Availability and Reduction of Error Fund
17 established in the act of March 20, 2002 (P.L.154, No.13), known
18 as the Medical Care Availability and Reduction of Error (Mcare)
19 Act.

20 "Medical professional liability insurance." Insurance
21 against liability on the part of a health care provider arising
22 out of any tort or breach of contract causing injury or death
23 resulting from the furnishing of medical services which were or
24 should have been provided.

25 "Office." The Office of Health Care Reform of the
26 Commonwealth.

27 "Physician." An individual licensed under the laws of this
28 Commonwealth to engage in the practice of:

29 (1) Medicine and surgery in all its branches, within the
30 scope of the act of December 20, 1985 (P.L.457, No.112),

known as the Medical Practice Act of 1985; or

(2) Osteopathic medicine and surgery, within the scope of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act.

Section 3. Program.

(a) Program established.--The Mcare Assessment Need Program Fund is hereby established in the State Treasury as a nonlapsing restricted interest-bearing account. The fund shall be used for physicians eligible under subsection (c).

(b) Program description.--The program shall provide reimbursement for Mcare Fund assessments of physicians who meet the needs criteria established by the office. The program shall commence with policies due for the calendar year 2003.

(c) Eligibility.--To be eligible for a grant under the program, a physician must submit documentation, including, but not limited to, the following:

(1) W-2 forms from the prior tax year.

(2) Documentation of medical professional liability insurance payment, including the primary coverage and the assessment.

(3) Other information as the office may require.

(d) Office duties.--The office shall:

(1) Administer the program and establish procedures and forms as may be necessary to implement the program.

(2) Establish criteria, including, but not limited to, an analysis of community-based needs and priorities based upon classification, for determining grant recipients.

(3) Award reimbursements to eligible applicants from the fund by no later than 90 days after the preceding calendar year for which the necessary documentation is required.

1 (4) Require recipients to maintain all necessary records
2 in a format specified by the office.

3 (5) Report to the Governor and the chairman and minority
4 chairman of the Banking and Insurance Committee of the Senate
5 and the chairman and minority chairman of the Insurance
6 Committee of the House of Representatives on:

7 (i) The grants awarded.

8 (ii) The impact of the awards on the recipients.

9 (iii) The amount disbursed by the program.

10 The report shall be due November 30 of each year. The report
11 shall be made available for public inspection and posted on the
12 office's publicly accessible World Wide Web site.

13 (e) Program funding.--The program shall be funded through
14 appropriations from the Health Endowment Account for Long-Term
15 Hope. Upon the expiration of the Mcare Fund and its liabilities,
16 all fund surcharges levied and collected under 75 Pa.C.S. §
17 6506(a) (relating to surcharge) by any division of the unified
18 judicial system shall be remitted to the Commonwealth for
19 deposit in the Health Endowment Account for Long-Term Hope for
20 the purpose of reimbursement for program expenditures.

21 Section 4. Expiration.

22 The program shall expire on December 31, 2014.

23 Section 5. Repeal.

24 Section 712(m) of the act of March 20, 2002 (P.L.154, No.13),
25 known as the Medical Care Availability and Reduction of Error
26 (Mcare) Act, is repealed insofar as it is inconsistent with
27 section 3(e) of this act.

28 Section 6. Effective date.

29 This act shall take effect immediately.