

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1973 Session of
2007

INTRODUCED BY SHAPIRO, NICKOL, DeLUCA, MICOZZIE, ADOLPH, ARGALL,
BASTIAN, BEAR, BELFANTI, BENNINGTON, BEYER, BIANCUCCI,
BISHOP, BOYD, BRENNAN, BUXTON, CAPPELLI, CARROLL, CAUSER,
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MILNE, MOYER, MURT, MUSTIO, MYERS, PARKER, PAYNE, PETRARCA,
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ROHRER, RUBLEY, SABATINA, SAINATO, SANTONI, SAYLOR, SCAVELLO,
SCHRODER, SIPTROTH, M. SMITH, SOLOBAY, SONNEY, STERN, STURLA,
SURRA, SWANGER, R. TAYLOR, THOMAS, WALKO, WANSACZ, WATSON,
J. WHITE AND YOUNGBLOOD, OCTOBER 25, 2007

REFERRED TO COMMITTEE ON INSURANCE, OCTOBER 25, 2007

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 Health Care Provider Retention
16 Program, defining "independent drug information services";
17 and further providing for abatement program, for eligibility
18 and for expiration.

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

1 Section 1. Section 1101 of the act of March 20, 2002
2 (P.L.154, No.13), known as the Medical Care Availability and
3 Reduction of Error (Mcare) Act, is amended by adding a
4 definition to read:

5 Section 1101. Definitions.

6 The following words and phrases when used in this chapter
7 shall have the meanings given to them in this section unless the
8 context clearly indicates otherwise:

9 * * *

10 "Independent drug information service." A university-based
11 outreach program intended to promote unbiased, high quality
12 evidence-based, patient-centered, cost-effective pharmaceutical
13 decisions.

14 * * *

15 Section 2. Section 1102(a) of the act, amended October 27,
16 2006 (P.L.1198, No.128), is amended to read:

17 Section 1102. Abatement program.

18 (a) Establishment.--There is hereby established within the
19 Insurance Department a program to be known as the Health Care
20 Provider Retention Program. The Insurance Department, in
21 conjunction with the Department of Public Welfare, shall
22 administer the program. The program shall provide assistance in
23 the form of assessment abatements to health care providers for
24 calendar years 2003, 2004, 2005, 2006 [and 2007], 2007 and 2008,
25 except that licensed podiatrists shall not be eligible for
26 calendar years 2003 and 2004, and nursing homes shall not be
27 eligible for calendar years 2003, 2004 and 2005.

28 * * *

29 Section 3. Section 1103 of the act, added December 22, 2005
30 (P.L.458, No.88), is amended to read:

1 Section 1103. Eligibility.

2 A health care provider shall not be eligible for assessment
3 abatement under the program if any of the following apply:

4 (1) The health care provider's license has been revoked
5 in any state within the ten most recent years or a health
6 care provider has a license revoked during a year in which an
7 abatement was received.

8 (2) The health care provider's ability, if any, to
9 dispense or prescribe drugs or medication has been revoked in
10 this Commonwealth or any other state within the ten most
11 recent years.

12 (3) The health care provider has had three or more
13 medical liability claims in the past five most recent years
14 in which a judgment was entered against the health care
15 provider or a settlement was paid on behalf of the health
16 care provider, in an amount equal to or exceeding \$500,000
17 per claim.

18 (4) The health care provider has been convicted of or
19 has entered a plea of guilty or no contest to an offense
20 which is required to be reported under section 903(3) or (4)
21 within the ten most recent years.

22 (5) The health care provider has an unpaid surcharge or
23 assessment under this act.

24 (6) The Department of Revenue has determined that the
25 health care provider has not filed all required State tax
26 reports and returns for all applicable taxable years or has
27 not paid any balance of State tax due as determined at
28 settlement, assessment or determination by the Department of
29 Revenue that are not subject to a timely perfected
30 administrative or judicial appeal or subject to a duly

1 authorized deferred payment plan as of the date of
2 application. Notwithstanding the provisions of section 353(f)
3 of the act of March 4, 1971 (P.L.6, No.2), known as the Tax
4 Reform Code of 1971, the Department of revenue shall be
5 authorized to supply the Insurance Department with
6 information concerning the status of delinquent taxes owed by
7 a health care provider for purposes of this paragraph.

8 (7) The health care provider has not attended at least
9 one Commonwealth-sponsored independent drug information
10 service session, either in person or by videoconference. This
11 paragraph does not apply if the Commonwealth has not made
12 such a session available to the health care provider prior to
13 the date that the health care provider's application is
14 submitted under section 1104.

15 Section 4. Section 1115 of the act, amended October 27, 2006
16 (P.L.1198, No.128), is amended to read:

17 Section 1115. Expiration.

18 The Health Care Provider Retention Program established under
19 this chapter shall expire December 31, [2008] 2009.

20 Section 5. This act shall take effect immediately.