THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL No. 349 Session of 2013

INTRODUCED BY FOLMER, MENSCH, WHITE, ALLOWAY AND BAKER, JANUARY 30, 2013

REFERRED TO BANKING AND INSURANCE, JANUARY 30, 2013

AN ACT

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	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," further providing for medical professional liability insurance, for the Medical Care Availability and Reduction of Error Fund; and establishing the Health Care Provider Rate Stabilization Fund.
19	The General Assembly of the Commonwealth of Pennsylvania
20	hereby enacts as follows:
21	Section 1. Section 711(d)(3) and (4) of the act of March 20,
22	2002 (P.L.154, No.13), known as the Medical Care Availability
23	and Reduction of Error (Mcare) Act, are amended to read:
24	Section 711. Medical professional liability insurance.
25	* * *
26	(d) Basic coverage limitsA health care provider shall

1 insure or self-insure medical professional liability in 2 accordance with the following:

3

* * *

4 (3) [Unless the commissioner finds pursuant to section
5 745(a) that additional basic insurance coverage capacity is
6 not available, for] <u>For</u> policies issued or renewed in
7 calendar [year 2006 and each year thereafter] <u>years 2013,</u>
8 <u>2014, 2015 and 2016</u> subject to paragraph (4), the basic
9 insurance coverage shall be:

(i) \$750,000 per occurrence or claim and \$2,250,000
per annual aggregate for a participating health care
provider that is not a hospital.

(ii) \$1,000,000 per occurrence or claim and
\$3,000,000 per annual aggregate for a nonparticipating
health care provider.

16 \$750,000 per occurrence or claim and (iii) 17 \$3,750,000 per annual aggregate for a hospital. 18 [If the commissioner finds pursuant to section 745(a) that 19 additional basic insurance coverage capacity is not 20 available, the basic insurance coverage requirements shall 21 remain at the level required by paragraph (2); and the 22 commissioner shall conduct a study every two years until the 23 commissioner finds that additional basic insurance coverage 24 capacity is available, at which time the commissioner shall 25 increase the required basic insurance coverage in accordance 26 with this paragraph.]

(4) [Unless the commissioner finds pursuant to section
745(b) that additional basic insurance coverage capacity is
not available, for] <u>For</u> policies issued or renewed [three
years after the increase in coverage limits required by

20130SB0349PN0271

- 2 -

paragraph (3)] <u>in year 2017</u> and for each year thereafter, the basic insurance coverage shall be:

3 (i) \$1,000,000 per occurrence or claim and
4 \$3,000,000 per annual aggregate for a participating
5 health care provider that is not a hospital.

6 (ii) \$1,000,000 per occurrence or claim and
7 \$3,000,000 per annual aggregate for a nonparticipating
8 health care provider.

9 \$1,000,000 per occurrence or claim and (iii) \$4,500,000 per annual aggregate for a hospital. 10 [If the commissioner finds pursuant to section 745(b) that 11 12 additional basic insurance coverage capacity is not 13 available, the basic insurance coverage requirements shall 14 remain at the level required by paragraph (3); and the 15 commissioner shall conduct a study every two years until the commissioner finds that additional basic insurance coverage 16 17 capacity is available, at which time the commissioner shall 18 increase the required basic insurance coverage in accordance 19 with this paragraph.]

20 * * *

21 Section 2. Section 712(d) of the act is amended by adding a 22 paragraph to read:

23 Section 712. Medical Care Availability and Reduction of Error 24 Fund.

- 25 * * *
- 26 (d) Assessments.--
- 27 * * *
- 28 (4) For calendar year 2017 and for each calendar year

29 <u>thereafter, all assessments shall cease and the fund shall be</u> 30 funded in accordance with section 5102.1.

20130SB0349PN0271

- 3 -

1 * * *

2	Section 3. The act is amended by adding a section to read:
3	Section 5102.1. Health Care Provider Rate Stabilization Fund.
4	(a) Declaration of policyThe General Assembly finds and
5	<u>declares as follows:</u>
6	(1) Adequate numbers of health care providers for access
7	to quality health care must be available.
8	(2) Health care providers must be encouraged to practice
9	in this Commonwealth.
10	(3) The maintenance of a health care medical malpractice
11	marketplace is essential to these goals.
12	(4) The financial impact to health care providers as a
13	result of the transition to a private medical malpractice
14	<u>marketplace must be mitigated.</u>
15	(b) EstablishmentBeginning January 1, 2013, the Health
16	Care Provider Rate Stabilization Fund is established in the
17	<u>State Treasury. Money in the fund shall be used for the</u>
18	following purposes:
19	(1) Payment of any obligations as described under this
20	<u>chapter.</u>
21	(2) Beginning January 1, 2017, payment of claims against
22	any participating providers for losses or damages awarded in
23	medical liability actions against them in accordance with
24	section 712(c).
25	(3) Payment of premiums and assessments for insurance
26	<u>coverage as required under sections 711(d) and 712(c) in</u>
27	effect for calendar year 2013 and each year thereafter until
28	all liabilities of the fund have been eliminated, to the
29	degree that the premiums and assessments are greater than
30	<u>110% of the premiums and assessments in effect during the _</u>
	110% of the premiums and assessmentes in critect daring the

20130SB0349PN0271

- 4 -

1	previous calendar year. The commissioner shall determine the
2	amount available for this purpose.
3	(4) Payment of the patient safety discount as
4	established under section 312. The amount available for this
5	purpose shall be determined by the commissioner and shall
6	only be authorized if there are sufficient funds available
7	after satisfying the obligations under paragraphs (1), (2)
8	<u>and (3).</u>
9	(c) Responsibilities of commissionerIn order to carry out
10	this section, the commissioner shall:
11	(1) Certify classes of health care providers by
12	specialty, subspecialty or type of health care provider
13	within a geographic classification, whose average medical
14	malpractice premium, as a class, on or after January 1, 2013,
15	is in excess of an amount per year as determined by the
16	commissioner in accordance with subsection (b)(3).
17	(2) Establish a methodology and procedures for
18	determining eligibility for and providing payments from the
19	fund in accordance with subsection (b)(3).
20	(3) Upon certification of eligibility, the commission
21	shall notify and send to the applicable health care
22	provider's insurance carrier or self-insured program the
23	appropriate amount from the fund, and the insurance carrier
24	or self-insured provider shall provide a rebate or credit
25	equal to the payment.
26	(4) Take all necessary action to recover the cost of the
27	subsidy provided to a health care provider that the
28	commissioner determines to have been incorrectly provided.
29	(d) Requirements of health care providers
30	(1) A health care provider that fails to comply with the

20130SB0349PN0271

- 5 -

1	provisions of this section shall be required to repay to the
2	commissioner the amount of the subsidy, in whole or in part,
3	as determined by the commissioner.
4	(2) A health care provider who has been subject to a
5	disciplinary action or civil penalty by the practitioner's
6	respective licensing board is not eligible for a subsidy from
7	the fund.
8	(e) Transfer of assetsThe money in the Tobacco Settlement
9	Fund is transferred to the fund beginning January 1, 2014.
10	Section 4. This act shall take effect immediately.