HLS 10RS-2838 ORIGINAL

Regular Session, 2010

HOUSE BILL NO. 1419

BY REPRESENTATIVE LEGER

MALPRACTICE/MEDICAL: Provides with respect to the Patient's Compensation Fund

1	AN ACT
2	To amend and reenact R.S. 40:1299.44(A)(2) and (6) and (D)(1), relative to the Patient's
3	Compensation Fund; to provide for the establishment of surcharge rates and rating
4	requirements; to provide for rating approval by the commissioner of insurance; to
5	provide for examination of the fund by the commissioner of insurance; to provide for
6	examination procedures; to provide for required reserves of the fund; to provide for
7	the membership of the Patient's Compensation Fund Oversight Board; to provide for
8	the quorum necessary to conduct business; to provide for voting privilege of the ex
9	officio chairman; to provide for compensation and expenses of board members; and
10	to provide for related matters.
11	Be it enacted by the Legislature of Louisiana:
12	Section 1. R.S. 40:1299.44(A)(2) and (6) and (D)(1) are hereby amended and
13	reenacted to read as follows:
14	§1299.44. Patient's Compensation Fund
15	A.
16	* * *
17	(2)(a) In order to provide monies for the fund, an annual surcharge shall be
18	levied on all health care providers in Louisiana qualified under the provisions of this
19	Part.

CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

1	(b) The surcharge shall be determined by the commissioner of insurance
2	based upon actuarial principles and in accordance with an application for rates or rate
3	changes, or both, filed by the Patient's Compensation Fund Oversight Board,
4	established and authorized pursuant to Subsection D of this Section.
5	(c) The board shall submit an application for rate changes filed by the board
6	shall be submitted rates to the commissioner of insurance at least annually on the
7	basis of on or before September first of each year. The application for rates shall be
8	based upon an annual actuarial study of the patient's compensation fund.
9	(d) The board shall be prohibited from using or implementing any surcharges
10	that have not been approved by the commissioner of insurance.
11	(e) The surcharges approved by the commissioner of insurance shall become
12	effective as to all new or renewal business beginning January first of the following
13	<u>year.</u>
14	(f) The fund shall be administered in a manner as to provide for financial
15	solvency in order to protect claimants and health care providers from losses resulting
16	from insolvency.
17	(g) The commissioner of insurance shall make an examination of the fund
18	at least once every five years unless the commissioner of insurance, in his discretion,
19	determines that the financial condition or operations of the fund warrant more
20	frequent examinations. All examinations shall be conducted in accordance with the
21	provisions of R.S. 22:1981 et seq.
22	(d)(h) The surcharge shall be collected on the same basis as premiums by
23	each insurer, the risk manager, and surplus line agent.
24	(e)(i) The board shall collect the surcharge from health care providers
25	qualified as self-insureds.
26	(f)(j) The surcharge for self-insureds shall be the amount determined by the
27	board in accordance with regulations promulgated under the Administrative
28	Procedure Act and in accordance with the rate set by the commissioner of insurance
29	to be the amount of surcharge which the health care provider would reasonably be

required to pay were his qualification based upon filing a policy of malpractice liability insurance.

\* \* \*

(6)(a) At On or before January 1, 2016, and at all times thereafter, the fund shall be maintained maintain assets in excess of liabilities so as to provide a surplus of thirty percent of the annual surcharge premiums, reserves established for individual claims, reserves established for incurred but not reported claims, and expenses.

(b) No reduction in the surcharge shall be made unless such surplus is available in the fund.

11 \* \* \*

D.(1)(a) The Patient's Compensation Fund Oversight Board is hereby created and established in the office of the governor. The board shall be comprised of nine seven members, all of whom shall be residents of the state of Louisiana. One member shall be appointed by the commissioner of insurance, who shall serve as the ex officio chairman of the board. Two members shall be appointed by the speaker of the House of Representatives. Two members shall be appointed by the president of the Senate. Two members shall be appointed by the governor. Members shall serve terms concurrent with that of the official making the appointment. All appointments shall be subject to Senate confirmation.

(b) Nine members of the board shall be a representative of and for one or more classes of health care providers enrolled in the fund, and the board's membership shall be apportioned according to the distribution of aggregate surcharges paid to the fund among the several classes of health care providers enrolled with the fund, as follows: The quorum necessary for the transaction of business is hereby established as four members of the board in attendance. The ex officio chairman's presence at a meeting of the board may be counted toward establishing a quorum of the board. The ex officio chairman shall only have voting privileges if there is a tie vote between the members of the board.

1	(i) Four members of the board shall be representatives of the class of health
2	care providers contributing the greatest percentage of the fund's aggregate
3	surcharges.
4	(ii) Two members of the board shall be representatives of the class of health
5	care providers contributing the second greatest percentage of the fund's aggregate
6	surcharges.
7	(iii) One member of the board shall be a representative of the class of health
8	care providers contributing the third greatest percentage of the fund's aggregate
9	surcharges.
10	(iv) One member of the board shall be appointed to represent all other
11	classes of health care providers enrolled with the fund.
12	(c) The ninth member of the board shall be appointed from nominees
13	provided by the principal professional organization of insurance executives, and this
14	member must be an executive of a property and casualty insurance company that is
15	licensed in this state which does not sell medical professional liability insurance.
16	(d) Appointments of members representing a single class of health care
17	providers shall be made from nominations solicited from the respective principal
18	professional organizations of such health care providers in the state. The member
19	of the board representing all other classes of health care providers shall be nominated
20	by concurrence of the respective principal professional organizations of such health
21	care providers in the state. In the absence of such concurrence each such
22	professional organization shall name a representative to an ad hoc committee which
23	shall, from among its number, nominate a representative to the board.
24	(e) For the purpose of apportioning representation on the board, the
25	percentage surcharge contribution of each distinct class of health care providers
26	listed by R.S. 40:1299.41 to the aggregate surcharges paid to the fund shall be
27	calculated for each fiscal year of the fund, and apportionment with respect to an
28	initial or subsequent appointment to the board shall be based on such percentage
29	contributions for the fund fiscal year preceding any such appointment.

(f) Two of the initial members of the board appointed pursuant to Item
(1)(b)(i) of this Subsection, one of the initial members appointed pursuant to Item
(1)(b)(ii), and the member appointed pursuant to Item (1)(b)(iii) shall serve for terms
of three years. One of the members of the initial board appointed pursuant to Item
(1)(b)(i) of this Subsection and one of the initial members appointed pursuant to Item
(1)(b)(ii) shall serve for terms of two years. The remaining members of the initial
board shall serve for terms of one year. Thereafter, each member of the board shall
serve for a term of three years, with any vacancy occurring in any such position
being filled for the unexpired term of such position in the manner of the original
appointment, in accordance with the apportionment of representation provided for
by this Subsection.
(g)(c) The board shall annually elect a chairman and secretary from among
its members and shall meet not less frequently than quarterly during the calendar
year on the call of the ex officio chairman at such times and places as he may
designate.
(h)(d) The members of the board shall receive seventy-five dollars per day
while engaged in board business and for attendance at all meetings of the board.
Reasonable expenses incurred by board members in their travel to and attendance at
meetings of the board shall be reimbursed by the fund in accordance with applicable
laws and administrative regulations. The members of the board shall not be
reimbursed for any expenses incurred for board meetings outside of the state.
* * *
Section 2. The terms of the members of the Patient's Compensation Fund Oversight
Board serving on the effective date of this Act shall terminate on the effective date of this
Act. On or after the effective date of this Act, membership of the board shall be determined
by the provisions of R.S. 40:1299.44(1) as amended by this Act.
Section 3. The Louisiana State Law Institute is hereby directed to redesignate R.S.
40:1299.44(A)(2)(b) as R.S. 40:1299.44(A)(2)(c) and to redesignate R.S.
40:1299.44(A)(2)(c) as R.S. 40:1299.44(A)(2)(b).

- 1 Section 4. This Act shall become effective upon signature by the governor or, if not
- 2 signed by the governor, upon expiration of the time for bills to become law without signature
- 3 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
- 4 vetoed by the governor and subsequently approved by the legislature, this Act shall become
- 5 effective on the day following such approval.

## **DIGEST**

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Leger HB No. 1419

**Abstract:** Provides for changes to the membership of the Patient's Compensation Fund Oversight Board and provides for changes relative to the Patient's Compensation Fund.

<u>Present law</u> provides that a surcharge shall be levied on all participating health care providers to provide for the monies necessary to operate the Patient's Compensation Fund (PCF).

Proposed law retains present law.

<u>Present law</u> provides that the PCF board shall submit at least annually an application for rate changes based upon an annual actuarial study.

<u>Proposed law</u> retains <u>present law</u> but requires the application for rates to be submitted annually on or before Sept. 1 of each year.

<u>Present law</u> provides that the surcharge shall be determined by the commissioner of insurance based upon the rate application and actuarial principles.

Proposed law retains present law.

<u>Proposed law</u> provides that the PCF board is prohibited from using or implementing any surcharges that have not been approved by the commissioner of insurance.

<u>Proposed law</u> provides that the surcharges approved by the commissioner of insurance shall become effective as to all new or renewal business beginning on Jan. 1 of the following year.

<u>Proposed law</u> provides that PCF shall be administered in a manner to provide for financial solvency in order to protect claimants and health care providers from losses resulting from insolvency.

<u>Proposed law</u> provides that the commissioner of insurance shall make an examination of PCF at least once every five years.

<u>Present law</u> provides that the surcharge shall be collected on the same basis as premiums by each insurer, the risk manager, and surplus line agent.

Proposed law retains present law.

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<u>Present law</u> provides that the PCF board shall collect the surcharge from health care providers qualified as self-insureds in an amount determined to be the amount of surcharge the health care provider would reasonably be required to pay if he was insured under a policy of malpractice liability insurance.

Proposed law retains present law.

<u>Present law</u> provides that PCF shall be maintained so as to provide a surplus of thirty percent of the annual surcharge premiums, reserves established for individual claims, reserves established for incurred but not reported claims, and expenses and that no reduction in the surcharge shall be made unless such surplus is available.

<u>Proposed law</u> deletes <u>present law</u> and provides that on or before January 1, 2016, the PCF shall maintain assets in excess of liabilities.

<u>Present law</u> provides for the PCF board consisting of nine members appointed by the governor subject to Senate confirmation and provides that the board shall be representative of health care providers enrolled in the fund and apportioned as follows:

- (1) Four members representing the class of health care providers contributing the greatest percentage of the fund's aggregate surcharges.
- (2) Two members representing the class of health care providers contributing the second greatest percentage of the fund's aggregate surcharges.
- One member representing the class of health care providers contributing the third greatest percentage of the fund's aggregate surcharges.
- (4) One member appointed to represent all other classes of health care providers enrolled with the fund.
- (5) One member appointed from nominees provided by the principal professional organization of insurance executives and who is an insurance executive of a property and casualty insurance company which does not sell medical professional liability insurance.

<u>Proposed law</u> abolishes the current PCF board and provides for a new seven member board whose members are residents of Louisiana and subject to Senate confirmation and appointed as follows:

- (1) One member appointed by the commissioner of insurance, who shall serve as ex officio chairman of the board.
- (2) Two members appointed by the speaker of the House of Representatives.
- (3) Two members appointed by the president of the Senate.
- (4) Two members appointed by the governor.

<u>Proposed law</u> provides that four members constitute a quorum and the ex officio chairman may be counted for the purpose of establishing a quorum, but the ex officio chairman may vote only in the case of a tie vote between the other members.

<u>Present law</u> provides for the membership of the Patient's Compensation Fund Oversight Board and requires the board to elect a chairman and secretary and meet not less than quarterly or on the call of the chairman.

<u>Proposed law</u> retains <u>present law</u> except it provides that the chairman is appointed by the commissioner of insurance as the ex officio chairman. Further provides for changes with regard to the appointing authority for membership of the board.

<u>Present law</u> provides that the members of the board will receive \$75 per day while engaged in board business and reasonable expenses incurred, but members will not be reimbursed for any expenses incurred for meetings outside of the state.

Proposed law retains present law.

Effective upon signature governor or lapse of time for gubernatorial action.

(Amends R.S. 40:1299.44(A)(2) and (6) and (D)(1))