4446

2011-2012 Regular Sessions

IN SENATE

April 5, 2011

Introduced by Sen. FLANAGAN -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to terms of insurance coverage

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 15 of part C of chapter 59 of the laws of 2011, is amended to read as follows:

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The superintendent of insurance and the commissioner of health or their designee shall, from funds available in the hospital excess liability pool created pursuant to subdivision 5 of this section, purchase a policy or policies for excess insurance coverage, as authorized by paragraph 1 of subsection (e) of section 5502 of the insurance law; or from an insurer, other than an insurer described in section 5502 of the insurance law, duly authorized to write such coverage and actually writing medical malpractice insurance in this state; or shall purchase equivalent excess coverage in a form previously approved by the superintendent of insurance for purposes of providing equivalent excess coverage in accordance with section 19 of chapter 294 of the laws of 1985, for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [] is old law to be omitted.

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between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 3 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 5 6 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 7 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 8 9 10 2013 and between July 1, 2013 and June 30, 2014 or reimburse the 11 hospital where the hospital purchases equivalent excess coverage as defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this 12 13 section for medical or dental malpractice occurrences between July 1, 14 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between 15 July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, 16 between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 17 18 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 19 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 20 21 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 22 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 23 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 24 25 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 26 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 27 between July 1, 2012 and June 30, 2013 and between July 1, 2013 and June 28 29 2014 for physicians or dentists certified as eligible for each such 30 period or periods pursuant to subdivision 2 of this section by a general hospital licensed pursuant to article 28 of the public health law; 31 32 provided that no single insurer shall write more than fifty percent of 33 the total excess premium for a given policy year; and provided, however, 34 that such eligible physicians or dentists must have in force an individ-35 ual policy, from an insurer licensed in this state of primary malprac-36 insurance coverage in amounts of no less than one million [three 37 hundred thousand] dollars for each claimant and three million [nine 38 hundred thousand] dollars for all claimants under that policy during the 39 period of such excess coverage for such occurrences or be endorsed as 40 additional insureds under a hospital professional liability policy which offered through a voluntary attending physician ("channeling") 41 program previously permitted by the superintendent of insurance during 42 43 the period of such excess coverage for such occurrences. During 44 period, such policy for excess coverage or such equivalent excess cover-45 age shall, when combined with the physician's or dentist's primary malpractice insurance coverage or coverage provided through a voluntary 46 47 attending physician ("channeling") program, total an aggregate level of 48 two million three hundred thousand dollars for each claimant and six million nine hundred thousand dollars for all claimants from all 49 50 policies with respect to occurrences in each of such years [provided, 51 however, if the cost of primary malpractice insurance coverage in excess of one million dollars, but below the excess medical malpractice insur-52 ance coverage provided pursuant to this act, exceeds the rate of nine 53 54 percent per annum, then the required level of primary malpractice insur-55 ance coverage in excess of one million dollars for each claimant 56 in an amount of not less than the dollar amount of such coverage S. 4446

available at nine percent per annum; the required level of such coverage for all claimants under that policy shall be in an amount not less than three times the dollar amount of coverage for each claimant; and excess coverage, when combined with such primary malpractice insurance coverage, shall increase the aggregate level for each claimant by one million 5 6 dollars and three million dollars for all claimants;] and provided 7 further, that, with respect to policies of primary medical malpractice 8 coverage that include occurrences between April 1, 2002 and June 30, 2002, such requirement that coverage be in amounts no less than one million three hundred thousand dollars for each claimant and three 9 10 million nine hundred thousand dollars for all claimants for such occurrences shall be effective April 1, 2002. 12

13 S 2. This act shall take effect immediately.