Unofficial Copy **2004 1st Special Session**
HB0002/153827/1

BY: Conference Committee

AMENDMENTS TO HOUSE BILL NO. 2
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with "providing" in line 5 down through "date;" in line 11; in line 11, after "claim" insert "or action"; and strike beginning with "requiring" in line 12 down through "manner;" in line 16.

On page 2, in line 4, strike "requiring" and substitute "providing"; in line 5, after "action" insert "may"; strike beginning with "authorizing" in line 7 down through "justification;" in line 9; in line 28, after "expenses" insert a semicolon; strike beginning with "and" in line 29 down through "percentage;" in line 30; and strike beginning with "exempting" in line 34 down through "criteria;" in line 38.

On page 3, strike beginning with "an" in line 15 down through "date" in line 16 and substitute "the Medical Mutual Liability Insurance Society of Maryland"; in line 17, after "rate;" insert "requiring the Society to directly offer renewals of certain policies under certain circumstances;"; in line 36, after "denying" insert ", cancelling, or refusing to renew"; in the same line, after "medical" insert "professional"; and in line 37, after "circumstances;" insert "establishing a People's Insurance Counsel Division in the Office of the Attorney General; providing for the appointment, qualifications, and compensation of the People's Insurance Counsel; requiring the Attorney General's Office to provide money in its annual budget for the People's Insurance Counsel Division; authorizing the Division to retain or hire certain experts; requiring the People's Insurance Counsel to administer and operate the People's Insurance Counsel Division; establishing the People's Insurance Counsel Fund; requiring the Maryland Insurance Commissioner to collect a certain assessment from certain insurers and deposit the amounts collected into the People's Insurance Counsel Fund; establishing the duties of the Division; establishing certain rights of the Division in appearances before the Commissioner and courts on behalf of insurance consumers; authorizing the Division to appear before any unit of State or federal government to protect the interest of insurance consumers; providing that the Division shall have full access to certain records under certain circumstances; providing that the Division is entitled to the assistance of certain staff under certain circumstances; authorizing the Division to recommend

(Over)

certain legislation to the General Assembly; requiring the Division to report on its activities to the Governor and the General Assembly on or before a certain date; altering certain penalty provisions for failing to file certain reports with the State Board of Physician Quality Assurance; requiring the Maryland Insurance Administration to prepare annually a certain comparison guide of medical professional liability insurance premiums for health care providers that includes certain information; requiring insurers that issue or deliver medical professional liability insurance policies in the State to offer certain policies with certain deductibles; requiring the Legislative Auditor annually to conduct a fiscal and compliance audit of the accounts and transactions of the Medical Mutual Liability Insurance Society of Maryland; requiring the Society to pay the cost of a certain audit; providing that a medical professional liability insurer that issues or delivers a new policy is not subject to a certain provision of law; providing that the Commissioner shall make a certain determination within 90 days of a request to review a cancellation or refusal to renew a policy for medical professional liability insurance; requiring a medical professional liability insurer, under certain circumstances, to immediately reinstate a policy for medical professional liability insurance that was terminated by the insurer;".

On pages 4 and 5, strike beginning with the second "the" in line 48 on page 4 down through "date" in line 5 on page 5 and substitute "that on a certain date the "Health Claims Arbitration Office" be renamed the "Health Care Alternative Dispute Resolution Office"; authorizing the publishers of the Annotated Code of Maryland to correct certain references".

On page 5, in line 6, strike "a certain amount of"; strike beginning with "providing" in line 10 down through "Act;" in line 14; strike beginning with "creating" in line 20 down through "date;" in line 25; in line 32, strike "3-2A-05(e), (g), and (h)," and substitute "3-2A-06(g) and (h),"; in line 33, strike "3-2A-06(b)(4), (f), and (i)," and substitute "3-2A-06(b)(4) and (f),"; in the same line, strike "3-2A-06A(f)(1), 3-2A-06B(i)(1),"; in line 34, strike "5-603,"; in the same line, strike "8-306,"; after line 36, insert:

"BY repealing and reenacting, without amendments,
Article - Courts and Judicial Proceedings
Section 3-2A-05(e)
Annotated Code of Maryland
(2002 Replacement Volume and 2004 Supplement)";

and in line 39, strike "9-124,".

On page 6, in line 11, strike "1-401 and"; in the same line, after "14-405" insert "and 14-413"; in line 22, after "Section" insert "2-302.2,"; in the same line, after "4-405" insert a comma; and in line 32, after "19-104" insert ", 24-209, 27-501(a) and (f), and 27-505".

On page 7, in line 1, after "19-104.1" insert ", 19-114"; in the same line, strike "and"; in the same line, after "24-212" insert ", 24-213, and 24-214"; and after line 9, insert:

"BY adding to
Article - State Government
Section 6-301 through 6-308, inclusive, to be under the new subtitle "Subtitle 3. People's Insurance Counsel"
Annotated Code of Maryland
(2004 Replacement Volume)".

AMENDMENT NO. 2

On page 8, strike in their entirety lines 5 through 9, inclusive; in line 10, strike "(I)" and substitute "(H)"; strike beginning with the first "AN" in line 26 down through "COURT" in line 27 and substitute "A CLAIM OR ACTION FILED"; and in line 30, after the second "A" insert "PANEL OR".

AMENDMENT NO. 3

On page 9, in line 4, after "IF" insert ":

A.";

in line 6, after "CERTIFIED" insert "; OR

B. THE HEALTH CARE PROVIDER TAUGHT MEDICINE IN THE DEFENDANT'S SPECIALTY OR A RELATED FIELD OF HEALTH CARE";

strike beginning with "THIS" in line 8 down through "(II)" in line 10; in lines 14, 17, and 21, strike "(III)", "(IV)", and "(V)", respectively, and substitute"(II)", "(III)", and "(IV)", respectively; and strike

(Over)

in their entirety lines 23 through 25, inclusive.

On pages 9 and 10, strike in their entirety the lines beginning with line 26 on page 9 through line 15 on page 10, inclusive.

On page 10, in lines 16, 20, and 23, in each instance, strike the brackets; in the same lines, strike "(3)", "(4)", and "(5)", respectively; strike beginning with "1." in line 27 down through "DEFENDANT;" in line 28; in line 29, strike "2."; in line 31, strike "AS TO A DEFENDANT"; in the same line, strike "FOR"; in line 32, strike "THAT DEFENDANT"; in the same line, strike the brackets; and in line 36, strike "3." and substitute "2.".

On page 11, in line 9, strike "AS TO A DEFENDANT"; and strike beginning with"OR" in line 32 down through "BE," in line 33.

AMENDMENT NO. 4

On page 12, in lines 16 and 19, in each instance, strike the bracket; strike beginning with "THE" in line 19 down through the period in line 30; in line 31, strike the brackets; and in the same line, strike beginning with "SUBJECT" through "THE".

On page 13, strike in their entirety lines 3 through 5, inclusive; and in line 6, strike "(3)" and substitute "(2)".

On page 14, in line 6, strike the third bracket; in line 7, strike "] DEPARTMENT OF HEALTH AND MENTAL HYGIENE"; in lines 8 and 12, in each instance, strike the brackets; strike beginning with "THE" in line 12 down through "A" in line 25; in line 29, strike "(3)" and substitute "(2)"; and in line 30, strike "(4)" and substitute "(3)".

AMENDMENT NO. 5

On page 15, in lines 7 and 11, strike "(5)" and "(6)", respectively, and substitute "(4)" and "(5)", respectively; and strike in their entirety lines 13 through 31, inclusive.

On page 18, in line 12, strike "PROVISIONS OF" and substitute "SANCTIONS PROVIDED IN"; and in line 13, strike "1-341" and substitute "2-433".

AMENDMENT NO. 6

On page 19, in line 33, strike "SHALL" and substitute "MAY".

On page 20, in line 2, strike "SHALL" and substitute "MAY".

AMENDMENT NO. 7

On pages 22 through 24, strike in their entirety the lines beginning with line 31 on page 22 through line 4 on page 24, inclusive, and substitute:

"(A) THIS SECTION APPLIES TO AN AWARD UNDER § 3-2A-05 OF THIS SUBTITLE OR A VERDICT UNDER § 3-2A-06 OF THIS SUBTITLE FOR A CAUSE OF ACTION ARISING ON OR AFTER JANUARY 1, 2005.

(B) (1) (I) EXCEPT AS PROVIDED IN PARAGRAPH (2)(II) OF THIS SUBSECTION, AN AWARD OR VERDICT UNDER THIS SUBTITLE FOR NONECONOMIC DAMAGES FOR A CAUSE OF ACTION ARISING BETWEEN JANUARY 1, 2005, AND DECEMBER 31, 2008, INCLUSIVE, MAY NOT EXCEED $650,000.

(II) THE LIMITATION ON NONECONOMIC DAMAGES PROVIDED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL INCREASE BY $15,000 ON JANUARY 1 OF EACH YEAR BEGINNING JANUARY 1, 2009. THE INCREASED AMOUNT SHALL APPLY TO CAUSES OF ACTION ARISING BETWEEN JANUARY 1 AND DECEMBER 31 OF THAT YEAR, INCLUSIVE.

(2) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE LIMITATION UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL APPLY IN THE AGGREGATE TO ALL CLAIMS FOR PERSONAL INJURY AND WRONGFUL DEATH ARISING FROM THE SAME MEDICAL INJURY, REGARDLESS OF THE NUMBER OF CLAIMS, CLAIMANTS, PLAINTIFFS, BENEFICIARIES, OR DEFENDANTS.

(II) IF THERE IS A WRONGFUL DEATH ACTION IN WHICH THERE ARE TWO OR MORE CLAIMANTS OR BENEFICIARIES, WHETHER OR NOT THERE IS A PERSONAL INJURY ACTION ARISING FROM THE SAME MEDICAL INJURY, THE TOTAL

AMOUNT AWARDED FOR NONECONOMIC DAMAGES FOR ALL ACTIONS MAY NOT EXCEED 125% OF THE LIMITATION ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION, REGARDLESS OF THE NUMBER OF CLAIMS, CLAIMANTS, PLAINTIFFS, BENEFICIARIES, OR DEFENDANTS.

(C) (1) IN A JURY TRIAL, THE JURY MAY NOT BE INFORMED OF THE LIMITATION UNDER SUBSECTION (B) OF THIS SECTION.

(2) IF THE JURY AWARDS AN AMOUNT FOR NONECONOMIC DAMAGES THAT EXCEEDS THE LIMITATION ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION, THE COURT SHALL REDUCE THE AMOUNT TO CONFORM TO THE LIMITATION.

(3) IN A WRONGFUL DEATH ACTION IN WHICH THERE ARE TWO OR MORE CLAIMANTS OR BENEFICIARIES, IF THE JURY AWARDS AN AMOUNT FOR NONECONOMIC DAMAGES THAT EXCEEDS THE LIMITATION UNDER SUBSECTION (B) OF THIS SECTION OR A REDUCTION UNDER PARAGRAPH (4) OF THIS SUBSECTION, THE COURT SHALL:

(I) IF THE AMOUNT OF NONECONOMIC DAMAGES FOR THE PRIMARY CLAIMANTS, AS DESCRIBED UNDER § 3-904(D) OF THIS TITLE, EQUALS OR EXCEEDS THE LIMITATION UNDER SUBSECTION (B) OF THIS SECTION OR A REDUCTION UNDER PARAGRAPH (4) OF THIS SUBSECTION:

1. REDUCE EACH INDIVIDUAL AWARD OF A PRIMARY CLAIMANT PROPORTIONATELY TO THE TOTAL AWARD OF ALL PRIMARY CLAIMANTS SO THAT THE TOTAL AWARD TO ALL CLAIMANTS OR BENEFICIARIES CONFORMS TO THE LIMITATION OR REDUCTION; AND

2. REDUCE EACH AWARD, IF ANY, TO A SECONDARY CLAIMANT AS DESCRIBED UNDER § 3-904(E) OF THIS TITLE TO ZERO DOLLARS; OR

(II) IF THE AMOUNT OF NONECONOMIC DAMAGES FOR THE PRIMARY CLAIMANTS DOES NOT EXCEED THE LIMITATION UNDER SUBSECTION (B)

OF THIS SECTION OR A REDUCTION UNDER PARAGRAPH (4) OF THIS SUBSECTION OR IF THERE IS NO AWARD TO A PRIMARY CLAIMANT:

1. ENTER AN AWARD TO EACH PRIMARY CLAIMANT, IF ANY, AS DIRECTED BY THE VERDICT; AND

2. REDUCE EACH INDIVIDUAL AWARD OF A SECONDARY CLAIMANT PROPORTIONATELY TO THE TOTAL AWARD OF ALL OF THE SECONDARY CLAIMANTS SO THAT THE TOTAL AWARD TO ALL CLAIMANTS OR BENEFICIARIES CONFORMS TO THE LIMITATION OR REDUCTION.

(4) IN A CASE IN WHICH THERE IS A PERSONAL INJURY ACTION AND A WRONGFUL DEATH ACTION, IF THE TOTAL AMOUNT AWARDED BY THE JURY FOR NONECONOMIC DAMAGES FOR BOTH ACTIONS EXCEEDS THE LIMITATION UNDER SUBSECTION (B) OF THIS SECTION, THE COURT SHALL REDUCE THE AWARD IN EACH ACTION PROPORTIONATELY SO THAT THE TOTAL AWARD FOR NONECONOMIC DAMAGES FOR BOTH ACTIONS CONFORMS TO THE LIMITATION.".

On page 24, strike in their entirety lines 11 through 16, inclusive.

On page 25, in line 8, strike "(3)" and substitute "(2)"; in line 8, after "MOTION" insert ", OR ON MOTION OF A PARTY,"; in line 10, after "EXPENSES" insert "OR FUTURE LOSS OF EARNINGS"; and in line 16, strike "3-2A-07A, 3-2A-08A," and substitute "3-2A-08A".

AMENDMENT NO. 8

On pages 25 through 27, strike in their entirety the lines beginning with line 21 on page 25 through line 3 on page 27, inclusive.

AMENDMENT NO. 9

On page 27, strike in their entirety lines 10 through 29, inclusive.

AMENDMENT NO. 10

On pages 27 and 28, strike in their entirety the lines beginning with line 30 on page 27 through

line 2 on page 28, inclusive, and substitute:
"10-920.

(A) IN THIS SECTION, "HEALTH CARE PROVIDER" HAS THE MEANING STATED IN § 3-2A-01 OF THIS ARTICLE.

(B) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, IN A PROCEEDING SUBJECT TO TITLE 3, SUBTITLE 2A OF THIS ARTICLE OR A CIVIL ACTION AGAINST A HEALTH CARE PROVIDER, AN EXPRESSION OF REGRET OR APOLOGY MADE BY OR ON BEHALF OF THE HEALTH CARE PROVIDER, INCLUDING AN EXPRESSION OF REGRET OR APOLOGY MADE IN WRITING, ORALLY, OR BY CONDUCT, IS INADMISSIBLE AS EVIDENCE OF AN ADMISSION OF LIABILITY OR AS EVIDENCE OF AN ADMISSION AGAINST INTEREST.

(2) AN ADMISSION OF LIABILITY OR FAULT THAT IS PART OF OR IN ADDITION TO A COMMUNICATION MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION IS ADMISSIBLE AS EVIDENCE OF AN ADMISSION OF LIABILITY OR AS EVIDENCE OF AN ADMISSION AGAINST INTEREST IN AN ACTION DESCRIBED UNDER PARAGRAPH (1) OF THIS SUBSECTION.".

AMENDMENT NO. 11

On page 34, after line 9, insert:

"14-413.

(a) (1) Every 6 months, each hospital and related institution shall file with the Board a report that:

(i) Contains the name of each licensed physician who, during the 6 months preceding the report:

1. Is employed by the hospital or related institution;

2. Has privileges with the hospital or related institution; and

3. Has applied for privileges with the hospital or related institution; and

(ii) States whether, as to each licensed physician, during the 6 months preceding the report:

1. The hospital or related institution denied the application of a physician for staff privileges or limited, reduced, otherwise changed, or terminated the staff privileges of a physician, or the physician resigned whether or not under formal accusation, if the denial, limitation, reduction, change, termination, or resignation is for reasons that might be grounds for disciplinary action under § 14-404 of this subtitle;

2. The hospital or related institution took any disciplinary action against a salaried, licensed physician without staff privileges, including termination of employment, suspension, or probation, for reasons that might be grounds for disciplinary action under § 14-404 of this subtitle;

3. The hospital or related institution took any disciplinary action against an individual in a postgraduate medical training program, including removal from the training program, suspension, or probation for reasons that might be grounds for disciplinary action under § 14-404 of this subtitle;

4. A licensed physician or an individual in a postgraduate training program voluntarily resigned from the staff, employ, or training program of the hospital or related institution for reasons that might be grounds for disciplinary action under § 14-404 of this subtitle; or

5. The hospital or related institution placed any other restrictions or conditions on any of the licensed physicians as listed in items 1 through 4 of this subparagraph for any reasons that might be grounds for disciplinary action under § 14-404 of this subtitle.

(2) The hospital or related institution shall:

(i) Submit the report within 10 days of any action described in paragraph (1)(ii) of this subsection; and

(ii) State in the report the reasons for its action or the nature of the formal accusation pending when the physician resigned.

(3) The Board may extend the reporting time under this subsection for good cause shown.

(4) The minutes or notes taken in the course of determining the denial, limitation, reduction, or termination of the staff privileges of any physician in a hospital or related institution are not subject to review or discovery by any person.

(b) (1) Each court shall report to the Board each conviction of or entry of a plea of guilty or nolo contendere by a physician for any crime involving moral turpitude.

(2) The court shall submit the report within 10 days of the conviction or entry of the plea.

(c) The Board may enforce this section by subpoena.

(d) Any person shall have the immunity from liability described under § 5-715(d) of the Courts and Judicial Proceedings Article for giving any of the information required by this section.

(e) A report made under this section is not subject to subpoena or discovery in any civil action other than a proceeding arising out of a hearing and decision of the Board under this title.

(f) (1) [Failure to report pursuant to this section shall result in imposition of] THE BOARD MAY IMPOSE a civil penalty of up to $5,000 [by a circuit court of this State] FOR FAILURE TO REPORT UNDER THIS SECTION.

(2) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS SUBSECTION INTO THE GENERAL FUND OF THE STATE.".

AMENDMENT NO. 12

On page 35, after line 29, insert:

"2-303.2.

(A) THE ADMINISTRATION SHALL PREPARE ANNUALLY A COMPARISON GUIDE OF MEDICAL PROFESSIONAL LIABILITY INSURANCE PREMIUMS.

(B) THE COMPARISON GUIDE SHALL:

(1) LIST EACH INSURER AUTHORIZED TO PROVIDE MEDICAL PROFESSIONAL LIABILITY INSURANCE IN THE STATE;

(2) INCLUDE, FOR EACH SPECIALTY AND TERRITORY, THE BASE PREMIUM CHARGED BY AN INSURER FOR PHYSICIANS WITH POLICY LIMITS OF $1,000,000 AND $3,000,000; AND

(3) INCLUDE THE BASE PREMIUM CHARGED BY AN INSURER FOR A:

(I) HOSPITAL;

(II) MEDICAL DAY CARE CENTER;

(III) HOSPICE CARE PROGRAM;

(IV) ASSISTED LIVING PROGRAM; AND

(V) FREESTANDING AMBULATORY CARE FACILITY AS DEFINED IN § 19-3B-01 OF THE HEALTH - GENERAL ARTICLE.

(C) THE ADMINISTRATION SHALL PUBLISH THE COMPARISON GUIDE REQUIRED UNDER SUBSECTION (A) OF THIS SECTION ON ITS WEBSITE AND IN PRINTED FORM.".

On page 36, after line 12, insert:

"(B) IN ADDITION TO THE INFORMATION REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, EACH INSURER PROVIDING PROFESSIONAL LIABILITY INSURANCE TO A HEALTH CARE PROVIDER IN THE STATE SHALL SUBMIT TO THE COMMISSIONER THE FOLLOWING INFORMATION:

(1) (I) NAME OF INSURER;

(II) NAME OF INSURER GROUP;

(III) CLAIM FILE IDENTIFICATION;

(IV) NAME OF PERSON COMPLETING FORM;

(V) TELEPHONE NUMBER (AREA CODE); AND

(VI) DATE FORM COMPLETED;

(2) (I) DATE OF INJURY;

(II) DATE INJURY REPORTED TO INSURER; AND

(III) DATE CLAIM CLOSED;

(3) AGE OF INSURED PERSON AT TIME OF INJURY;

(4) WHETHER THE INJURED PERSON WAS EMPLOYED AT THE TIME OF INJURY;

(5) (I) TYPE OF INJURY; AND

(II) DESCRIPTION OF INJURY;

(6) (I) TYPE OF MEDICAL PROFESSIONAL LIABILITY POLICY;

(II) HOSPITAL OR RELATED INSTITUTION CLASSIFICATION EXPOSURE BY NUMBER OF BEDS;

(III) HOSPITAL OR RELATED INSTITUTION CLASSIFICATION EXPOSURE BY NUMBER OF OUTPATIENTS;

(IV) WHETHER PATIENT WAS:

1. INPATIENT;

2. EMERGENCY ROOM OUTPATIENT; OR

3. OTHER OUTPATIENT;

(V) PHYSICIAN ISO CLASSIFICATION;

(VI) OTHER HEALTH CARE PROVIDER, INCLUDING DENTAL ISO CLASSIFICATION;

(VII) HEALTH CARE PROVIDER NAME AND LICENSE NUMBER; AND

(VIII) POLICY LIMITS FOR:

1. EACH CLAIM OR MEDICAL INCIDENT; AND

2. ANNUAL AGGREGATE;

(7) (I) STATE WHERE INJURY OCCURRED;

(II) IF THE INJURY OCCURRED IN MARYLAND, THE COUNTY

WHERE INJURY OCCURRED;

(III) DATE OF FILING SUIT, IF ANY; AND

(IV) IF THE INJURY OCCURRED IN MARYLAND, THE COUNTY WHERE THE SUIT WAS FILED AND THE CASE WAS TRIED;

(8) (I) WHETHER THE PLAINTIFF WAS REPRESENTED BY AN ATTORNEY;

(II) WHETHER THE INSURED WAS REPRESENTED BY AN ATTORNEY AND, IF SO, AT WHOSE EXPENSE; AND

(III) WHETHER THE INSURER WAS REPRESENTED BY A SEPARATE ATTORNEY;

(9) (I) WHETHER SETTLEMENT WAS REACHED OR AWARD WAS MADE AT ONE OF THE FOLLOWING STAGES:

1. ARBITRATION;

2. MEDIATION;

3. BEFORE SUIT WAS FILED;

4. AFTER SUIT WAS FILED, BUT BEFORE TRIAL;

5. DURING TRIAL, BUT BEFORE COURT VERDICT;

6. COURT VERDICT;

7. AFTER VERDICT; OR

8. AFTER APPEAL WAS FILED;

(II) IF SETTLEMENT WAS REACHED OR AWARD WAS MADE BY COURT VERDICT, WHETHER THE RESULT WAS:

1. DIRECTED VERDICT FOR PLAINTIFF;
2. DIRECTED VERDICT FOR DEFENDANT;
3. JUDGMENT NOTWITHSTANDING THE VERDICT FOR THE PLAINTIFF;
4. JUDGMENT NOTWITHSTANDING THE VERDICT FOR THE DEFENDANT;
5. JUDGMENT FOR THE PLAINTIFF;
6. JUDGMENT FOR THE DEFENDANT;
7. FOR PLAINTIFF, AFTER APPEAL;
8. FOR DEFENDANT, AFTER APPEAL; OR
9. ANY OTHER;

(III) IF THERE WAS NO FINAL JUDGMENT OR SETTLEMENT, THE DATE AND REASON FOR THE FINAL DISPOSITION; AND

(IV) IF CASE DID GO TO TRIAL, WHETHER THE CASE TRIED BY A JURY;

(10) (I) WHETHER THERE WERE DEFENDANTS OTHER THAN THE INSURED INCLUDED IN THE ORIGINAL CLAIM OR AN AMENDED VERSION OF THE CLAIM AND, IF SO, HOW MANY OTHER DEFENDANTS THERE WERE AND WHETHER THE OTHER DEFENDANTS WERE:

1. PHYSICIANS OR SURGEONS; OR

2. HOSPITALS OR OTHER HEALTH CARE PROVIDERS;

(II) IF A PHYSICIAN OR SURGEON WAS A DEFENDANT, THE DEFENDANT'S NAME AND LICENSE NUMBER; AND

(III) IF A HOSPITAL OR OTHER HEALTH CARE PROVIDER WAS A DEFENDANT, THE DEFENDANT'S NAME AND LICENSE NUMBER;

(11) (I) IF CASE WAS TRIED TO VERDICT, AND IF APPLICABLE, THE PERCENTAGE OF FAULT ASSIGNED TO YOUR INSURED;

(II) IF CLAIM WAS SETTLED, AND IF APPLICABLE, AN ESTIMATE OF THE PERCENTAGE OF FAULT FOR THE INSURED; AND

(III) THE PERCENTAGE OF THE FINAL AWARD OR SETTLEMENT PAID BY THE INSURER;

(12) WITH RESPECT TO THE TOTAL AMOUNT PAID TO THE CLAIMANT:

(I) THE AMOUNT PAID BY THE INSURER;

(II) THE AMOUNT PAID BY THE INSURED DUE TO RETENTION OR DEDUCTIBLE;

(III) THE AMOUNT PAID BY AN EXCESS CARRIER;

(IV) THE AMOUNT PAID BY THE INSURED DUE TO SETTLEMENT OR AWARD IN EXCESS OF POLICY LIMITS;

(V) THE AMOUNT PAID BY OTHER DEFENDANTS OR CONTRIBUTORS; AND

(VI) THE TOTAL AMOUNT OF SETTLEMENT OR AWARD;

(13) (I) WHETHER THERE WERE COLLATERAL SOURCES, SUCH AS MEDICAL INSURANCE, DISABILITY INSURANCE, SOCIAL SECURITY DISABILITY, OR WORKERS' COMPENSATION AVAILABLE TO THE INJURED PARTY; AND

(II) IF COLLATERAL SOURCES WERE AVAILABLE, THE TYPE AND AMOUNT;

(14) A SUMMARY OF THE OCCURRENCE FROM WHICH THE CLAIM OR ACTION AROSE, INCLUDING:

(I) THE FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED, INCLUDING THE PATIENT'S ACTUAL CONDITION;

(II) A DESCRIPTION OF THE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION;

(III) THE OPERATION, DIAGNOSTIC, OR TREATMENT PROCEDURE;

(IV) A DESCRIPTION OF THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM; AND

(V) THE SAFETY MANAGEMENT STEPS THAT HAVE BEEN TAKEN BY THE INSURED TO PREVENT SIMILAR OCCURRENCES OR INJURIES IN THE FUTURE;

(15) (I) WHETHER A STRUCTURED SETTLEMENT OR PERIODIC PAYMENT WAS USED IN CLOSING THIS CLAIM; AND

(II) IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENT WAS USED:

1. WHETHER THE STRUCTURED SETTLEMENT OR PERIODIC PAYMENT APPLIED TO PLAINTIFF'S ATTORNEY'S FEES AS WELL AS INDEMNITY PAYMENTS;

2. THE AMOUNT OF IMMEDIATE PAYMENT;

3. THE PRESENT VALUE OF THE PROJECTED TOTAL FUTURE PAYOUT (PRICE OF ANNUITY IF PURCHASED); AND

4. THE PROJECTED TOTAL FUTURE PAYOUT;

(16) THE INJURED PERSON'S:

(I) MEDICAL EXPENSES THROUGH DATE OF CLOSING;

(II) ANTICIPATED FUTURE MEDICAL EXPENSE;

(III) WAGE LOSS THROUGH DATE OF CLOSING;

(IV) ANTICIPATED FUTURE WAGE LOSS;

(V) OTHER EXPENSES THROUGH DATE OF CLOSING; AND

(VI) ANTICIPATED FUTURE OTHER EXPENSES;

(17) THE AMOUNT OF NONECONOMIC DAMAGES;

(18) (I) THE ACTUAL AMOUNT OF PREJUDGMENT INTEREST, IF ANY, PAID ON AWARD; AND

(II) THE ESTIMATED AMOUNT OF PREJUDGMENT INTEREST, IF ANY, REFLECTED IN SETTLEMENT; AND

(19) (I) THE AMOUNT PAID TO OUTSIDE DEFENSE COUNSEL;

(II) THE AMOUNT OF OTHER ALLOCATED LOSS ADJUSTMENT EXPENSES, SUCH AS COURT COSTS AND STENOGRAPHER'S FEES; AND

(III) THE TOTAL ALLOCATED LOSS ADJUSTMENT EXPENSE.".

AMENDMENT NO. 13

On pages 39 and 40, strike in their entirety the lines beginning with line 24 on page 39 through line 2 on page 40, inclusive.

On page 40, in line 3, strike "(C)"; and strike in their entirety lines 6 through 10, inclusive.

On page 41, after line 2, insert:

"19-114.

(A) EACH INSURER THAT ISSUES OR DELIVERS A MEDICAL PROFESSIONAL LIABILITY INSURANCE POLICY IN THE STATE SHALL OFFER AT A MINIMUM, IN ADDITION TO THE BASIC POLICY, ADDITIONAL POLICIES WITH DEDUCTIBLES IN THE FOLLOWING AMOUNTS:

(1) $25,000;

(2) $50,000; AND

(3) $100,000.

(B) IN A POLICY WITH A DEDUCTIBLE DESCRIBED IN SUBSECTION (A) OF THIS SECTION, THE INSURER SHALL APPLY THE DEDUCTIBLE ONLY TO THE LIABILITY OF THE INSURED UNDER THE POLICY.

(C) (1) AN INSURER THAT ISSUES OR DELIVERS A MEDICAL PROFESSIONAL LIABILITY INSURANCE POLICY WITH A DEDUCTIBLE DESCRIBED IN SUBSECTION (A) OF THIS SECTION MAY CANCEL THE POLICY FOR NONPAYMENT OF

THE DEDUCTIBLE WHEN THE DEDUCTIBLE IS DUE AND PAYABLE UNDER THE POLICY.

(2) A MEDICAL PROFESSIONAL LIABILITY INSURER THAT CANCELS A POLICY UNDER PARAGRAPH (1) OF THIS SUBSECTION IS SUBJECT TO THE NOTICE PROVISIONS UNDER § 27-601 OF THIS ARTICLE.";

and strike in their entirety lines 16 through 18, inclusive, and substitute:

"(C) (1) IN THIS SUBSECTION, "NURSING FACILITY" HAS THE MEANING STATED IN § 19-301 OF THE HEALTH - GENERAL ARTICLE.

(2) THE SOCIETY MAY NOT DENY, CANCEL, OR REFUSE TO RENEW MEDICAL PROFESSIONAL LIABILITY INSURANCE COVERAGE FOR A PHYSICIAN, BASED SOLELY ON THE PHYSICIAN'S:

(I) EMPLOYMENT BY, OR PROVISION OF HEALTH CARE SERVICES AT, AN ASSISTED LIVING OR NURSING FACILITY;

(II) PROVISION OF MAMMOGRAPHY SERVICES; OR

(III) PROVISION OF SERVICES IN AN EMERGENCY ROOM.".

On page 42, after line 39, insert:

"24-213.

(A) THE LEGISLATIVE AUDITOR ANNUALLY SHALL CONDUCT A FISCAL AND COMPLIANCE AUDIT OF THE ACCOUNTS AND TRANSACTIONS OF THE SOCIETY.

(B) THE SOCIETY SHALL PAY THE COST OF EACH AUDIT.

24-214.

(A) IN THIS SECTION, "MEDICAL PROFESSIONAL LIABILITY INSURANCE"

MEANS INSURANCE PROVIDING COVERAGE AGAINST DAMAGES DUE TO MEDICAL INJURY ARISING OUT OF THE PERFORMANCE OF PROFESSIONAL SERVICES RENDERED OR WHICH SHOULD HAVE BEEN RENDERED BY A HEALTH CARE PROVIDER.

(B) NOTWITHSTANDING § 10-130(A) OF THIS SUBTITLE, THE SOCIETY SHALL:

(1) OFFER POLICYHOLDERS AND POTENTIAL POLICYHOLDERS THE ABILITY TO PURCHASE AND RENEW COVERAGE DIRECTLY FROM THE SOCIETY; AND

(2) FOR A POLICYHOLDER THAT PURCHASES OR RENEWS COVERAGE DIRECTLY, PROVIDE A PREMIUM DISCOUNT OR REBATE IN AN AMOUNT EQUIVALENT TO THE COMMISSION THE SOCIETY WOULD HAVE PAID AN INSURANCE PRODUCER TO SELL THE SAME POLICY LESS 1% FOR ADMINISTRATIVE EXPENSE.

(C) BEGINNING JANUARY 1, 2005 UNTIL DECEMBER 31, 2009, AN AUTHORIZED INSURER THAT ISSUES POLICIES OF MEDICAL PROFESSIONAL LIABILITY INSURANCE IN THE STATE MAY NOT PAY A COMMISSION AT A RATE THAT EXCEEDS 5% OF THE PREMIUM.

27-501.

(a) (1) An insurer or insurance producer may not cancel or refuse to underwrite or renew a particular insurance risk or class of risk for a reason based wholly or partly on race, color, creed, sex, or blindness of an applicant or policyholder or for any arbitrary, capricious, or unfairly discriminatory reason.

(2) (I) THIS PARAGRAPH DOES NOT APPLY TO A MEDICAL PROFESSIONAL LIABILITY INSURER OR INSURANCE PRODUCER THAT ISSUES OR DELIVERS A POLICY IN THE STATE TO A HEALTH CARE PROVIDER WHO HAS BEEN

LICENSED FOR MORE THAN 3 YEARS BY THE APPROPRIATE STATE LICENSING BOARD FOR THE HEALTH CARE PROVIDER.

(II) Except as provided in this section, an insurer or insurance producer may not cancel or refuse to underwrite or renew a particular insurance risk or class of risk except by the application of standards that are reasonably related to the insurer's economic and business purposes.

(f) [In] EXCEPT AS PROVIDED IN § 27-505(A)(2) OF THIS SUBTITLE, IN the case of cancellation of or refusal to renew a policy, the policy remains in effect until a finding is issued under § 27-505 of this subtitle if:

(1) the insured asks the Commissioner to review the cancellation or refusal to renew before the effective date of the termination of the policy; and

(2) the Commissioner begins action to issue a finding under § 27-505 of this subtitle.

27-505.

(a) (1) If the Commissioner finds that an insurer has violated § 27-501, § 27-503, or § 27-504 of this subtitle, the Commissioner, in addition to any other power granted by this article, may order the insurer to accept the risk, or accept the business, as appropriate.

(2) (I) WITH RESPECT TO MEDICAL PROFESSIONAL LIABILITY INSURANCE, THE COMMISSIONER SHALL ISSUE A FINDING WITHIN 90 DAYS AFTER RECEIVING A REQUEST TO REVIEW THE CANCELLATION OR REFUSAL TO RENEW A POLICY UNDER § 27-501(F) OF THIS SUBTITLE.

(II) A MEDICAL PROFESSIONAL LIABILITY INSURER MAY TERMINATE THE POLICY IF:

1. THE COMMISSIONER FAILS TO ISSUE A FINDING WITHIN 90 DAYS AFTER RECEIVING A REQUEST TO REVIEW THE CANCELLATION OR

REFUSAL TO RENEW; OR

2. THE COMMISSIONER FINDS THAT THE POLICY MAY BE CANCELED OR NOT RENEWED AND ISSUED THE FINDING WITHIN 90 DAYS AFTER RECEIVING A REQUEST TO REVIEW THE CANCELLATION OR REFUSAL TO RENEW.

(III) IF A MEDICAL PROFESSIONAL LIABILITY INSURER TERMINATES THE POLICY UNDER SUBPARAGRAPH (II)1 OF THIS PARAGRAPH AND THE COMMISSIONER SUBSEQUENTLY ISSUES A FINDING THAT THE INSURER MAY NOT CANCEL OR REFUSE TO RENEW THE POLICY:

1. THE INSURER IMMEDIATELY SHALL REINSTATE THE POLICY; AND

2. THE REINSTATEMENT SHALL BE RETROACTIVE TO THE DATE THAT THE POLICY WAS TERMINATED.

(b) A party to a hearing or proceeding under this subtitle may appeal from the hearing, proceeding, or a decision of the Commissioner in accordance with § 2-215 of this article.".

AMENDMENT NO. 14

On page 48, after line 10, insert:

"Article - State Government

SUBTITLE 3. PEOPLE'S INSURANCE COUNSEL.

6-301.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "COMMISSIONER" MEANS THE MARYLAND INSURANCE COMMISSIONER.

(C) "DIVISION" MEANS THE PEOPLE'S INSURANCE COUNSEL DIVISION IN THE OFFICE OF THE ATTORNEY GENERAL.

(D) "INSURANCE CONSUMERS" MEANS PERSONS INSURED UNDER POLICIES OR CONTRACTS OF MEDICAL PROFESSIONAL LIABILITY INSURANCE, AND HOMEOWNERS INSURANCE ISSUED OR DELIVERED IN THE STATE BY A MEDICAL PROFESSIONAL LIABILITY INSURER OR A HOMEOWNERS INSURER .

(E) "INSURER" MEANS A MEDICAL PROFESSIONAL LIABILITY INSURER OR A HOMEOWNERS INSURER AUTHORIZED TO ENGAGE IN THE INSURANCE BUSINESS IN THE STATE UNDER A CERTIFICATE OF AUTHORITY ISSUED BY THE COMMISSIONER.

(F) "PREMIUM" HAS THE MEANING STATED IN § 1-101 OF THE INSURANCE ARTICLE TO THE EXTENT IT IS ALLOCABLE TO THIS STATE.

6-302.

(A) (1) THERE IS A PEOPLE'S INSURANCE COUNSEL DIVISION IN THE OFFICE OF THE ATTORNEY GENERAL.

(2) THE ATTORNEY GENERAL SHALL APPOINT THE PEOPLE'S INSURANCE COUNSEL WITH THE ADVICE AND CONSENT OF THE SENATE.

(B) THE PEOPLE'S INSURANCE COUNSEL SERVES AT THE PLEASURE OF THE ATTORNEY GENERAL.

(C) THE PEOPLE'S INSURANCE COUNSEL:

(1) SHALL HAVE BEEN ADMITTED TO PRACTICE LAW IN THE STATE;

(2) SHALL HAVE KNOWLEDGE OF AND EXPERTISE IN THE INSURANCE BUSINESS; AND

(3) MAY NOT HOLD AN OFFICIAL RELATION TO OR HAVE ANY PECUNIARY INTEREST IN AN INSURER.

(D) THE PEOPLE'S INSURANCE COUNSEL SHALL DEVOTE FULL TIME TO THE DUTIES OF THE OFFICE.

(E) THE PEOPLE'S INSURANCE COUNSEL IS ENTITLED TO COMPENSATION AS PROVIDED IN THE STATE BUDGET.

6-303.

(A) THE OFFICE OF THE ATTORNEY GENERAL SHALL INCLUDE IN ITS ANNUAL BUDGET SUFFICIENT MONEY FOR THE ADMINISTRATION AND OPERATION OF THE DIVISION.

(B) THE DIVISION MAY RETAIN AS NECESSARY FOR A PARTICULAR MATTER OR EMPLOY EXPERTS IN THE FIELD OF INSURANCE REGULATION, INCLUDING ACCOUNTANTS, ACTUARIES, AND LAWYERS.

(C) THE PEOPLE'S INSURANCE COUNSEL SHALL DIRECT THE DIVISION.

6-304.

(A) THE COMMISSIONER SHALL:

(1) COLLECT AN ANNUAL ASSESSMENT FROM EACH MEDICAL PROFESSIONAL LIABILITY INSURER AND HOMEOWNERS INSURER FOR THE COSTS AND EXPENSES INCURRED BY THE DIVISION IN CARRYING OUT ITS DUTIES UNDER THIS SUBTITLE; AND

(2) DEPOSIT THE AMOUNTS COLLECTED INTO THE PEOPLE'S INSURANCE COUNSEL FUND ESTABLISHED UNDER § 6-305 OF THIS SUBTITLE.

(B) THE ASSESSMENT PAYABLE BY A MEDICAL PROFESSIONAL LIABILITY INSURER OR HOMEOWNERS INSURER IS THE PRODUCT OF THE FRACTION OBTAINED BY DIVIDING THE GROSS DIRECT PREMIUM WRITTEN BY THE MEDICAL PROFESSIONAL LIABILITY INSURER OR HOMEOWNERS INSURER IN THE PRIOR CALENDAR YEAR BY THE TOTAL AMOUNT OF GROSS DIRECT PREMIUM WRITTEN BY ALL MEDICAL PROFESSIONAL LIABILITY INSURERS OR HOMEOWNERS INSURERS IN THE PRIOR CALENDAR YEAR, MULTIPLIED BY THE AMOUNT OF THE TOTAL COSTS AND EXPENSES UNDER SUBSECTION (A)(1) OF THIS SECTION.

6-305.

(A) IN THIS SECTION, "FUND" MEANS THE PEOPLE'S INSURANCE COUNSEL FUND.

(B) THERE IS A PEOPLE'S INSURANCE COUNSEL FUND.

(C) THE PURPOSE OF THE FUND IS TO PAY ALL COSTS AND EXPENSES INCURRED BY THE DIVISION IN CARRYING OUT ITS DUTIES UNDER THIS SUBTITLE.

(D) THE FUND SHALL CONSIST OF:

(1) ALL REVENUE DEPOSITED INTO THE FUND THAT IS RECEIVED THROUGH THE IMPOSITION AND COLLECTION OF THE ASSESSMENT UNDER § 6-304 OF THIS SUBTITLE; AND

(2) INCOME FROM INVESTMENTS THAT THE STATE TREASURER MAKES FOR THE FUND.

(E) (1) EXPENDITURES FROM THE FUND MAY BE MADE ONLY BY:

(I) AN APPROPRIATION FROM THE FUND APPROVED BY THE GENERAL ASSEMBLY IN THE ANNUAL STATE BUDGET; OR

(II) THE BUDGET AMENDMENT PROCEDURE PROVIDED FOR IN

§ 7-209 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(2) (I) IF, IN ANY FISCAL YEAR, THE AMOUNT OF THE ASSESSMENT REVENUE COLLECTED BY THE COMMISSIONER AND DEPOSITED INTO THE FUND EXCEEDS THE ACTUAL COSTS AND EXPENSES INCURRED BY THE DIVISION TO CARRY OUT ITS DUTIES UNDER THIS SUBTITLE, THE EXCESS AMOUNT SHALL BE CARRIED FORWARD WITHIN THE FUND FOR THE PURPOSE OF REDUCING THE ASSESSMENT IMPOSED BY THE COMMISSIONER FOR THE FOLLOWING FISCAL YEAR.

(II) IF, IN ANY FISCAL YEAR, THE AMOUNT OF THE ASSESSMENT REVENUE COLLECTED BY THE COMMISSIONER AND DEPOSITED INTO THE FUND IS INSUFFICIENT TO COVER THE ACTUAL EXPENDITURES INCURRED BY THE DIVISION TO CARRY OUT ITS DUTIES UNDER THIS SUBTITLE, AND EXPENDITURES ARE MADE IN ACCORDANCE WITH THE BUDGET AMENDMENT PROCEDURE PROVIDED FOR IN § 7-209 OF THE STATE FINANCE AND PROCUREMENT ARTICLE, AN ADDITIONAL ASSESSMENT MAY BE MADE.

(F) (1) THE STATE TREASURER IS THE CUSTODIAN OF THE FUND.

(2) THE FUND SHALL BE INVESTED AND REINVESTED IN THE SAME MANNER AS STATE FUNDS.

(3) THE STATE TREASURER SHALL DEPOSIT PAYMENTS RECEIVED FROM THE COMMISSIONER INTO THE FUND.

(G) (1) THE FUND IS A CONTINUING, NONLAPSING FUND THAT IS NOT SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(2) NO PART OF THE FUND MAY REVERT OR BE CREDITED TO:

(I) THE GENERAL FUND OF THE STATE; OR

(II) A SPECIAL FUND OF THE STATE, UNLESS OTHERWISE PROVIDED BY LAW.

6-306.

(A) (1) THE DIVISION SHALL EVALUATE EACH MATTER PENDING BEFORE THE COMMISSIONER TO DETERMINE WHETHER THE INTERESTS OF INSURANCE CONSUMERS ARE AFFECTED.

(2) IF THE DIVISION DETERMINES THAT THE INTERESTS OF INSURANCE CONSUMERS ARE AFFECTED, THE DIVISION SHALL APPEAR BEFORE THE COMMISSIONER AND COURTS ON BEHALF OF INSURANCE CONSUMERS IN EACH MATTER OR PROCEEDING OVER WHICH THE COMMISSIONER HAS ORIGINAL JURISDICTION.

(B) (1) THE DIVISION SHALL REVIEW ANY PROPOSED RATE INCREASE OF 10% OR MORE FILED WITH THE COMMISSIONER BY A MEDICAL PROFESSIONAL LIABILITY INSURER OR HOMEOWNERS INSURER.

(2) IF THE DIVISION FINDS THAT THE PROPOSED RATE INCREASE IS EXCESSIVE OR OTHERWISE ADVERSE TO THE INTERESTS OF INSURANCE CONSUMERS, THE DIVISION SHALL APPEAR BEFORE THE COMMISSIONER ON BEHALF OF INSURANCE CONSUMERS IN ANY HEARING ON THE RATE FILING.

(C) AS THE DIVISION CONSIDERS NECESSARY, THE DIVISION SHALL CONDUCT INVESTIGATIONS AND REQUEST THE COMMISSIONER TO INITIATE PROCEEDINGS TO PROTECT THE INTERESTS OF INSURANCE CONSUMERS.

6-307.

(A) IN APPEARANCES BEFORE THE COMMISSIONER AND COURTS ON BEHALF OF INSURANCE CONSUMERS, THE DIVISION HAS THE RIGHTS OF COUNSEL FOR A PARTY TO THE PROCEEDING, INCLUDING THE RIGHT TO:

(1) SUMMON WITNESSES, PRESENT EVIDENCE, AND PRESENT ARGUMENT;

(2) CONDUCT CROSS-EXAMINATION AND SUBMIT REBUTTAL EVIDENCE; AND

(3) TAKE DEPOSITIONS IN OR OUTSIDE OF THE STATE, SUBJECT TO REGULATION BY THE COMMISSIONER TO PREVENT UNDUE DELAY, AND IN ACCORDANCE WITH THE PROCEDURE PROVIDED BY LAW OR RULE OF COURT WITH RESPECT TO CIVIL ACTIONS.

(B) THE DIVISION MAY APPEAR BEFORE ANY FEDERAL OR STATE UNIT TO PROTECT THE INTERESTS OF INSURANCE CONSUMERS.

(C) (1) EXCEPT AS OTHERWISE PROVIDED IN THE INSURANCE ARTICLE AND ANY APPLICABLE FREEDOM OF INFORMATION ACT, THE DIVISION SHALL HAVE FULL ACCESS TO THE COMMISSIONER'S RECORDS, INCLUDING RATE FILINGS AND SUPPLEMENTARY RATE INFORMATION FILED WITH THE COMMISSIONER BY A MEDICAL PROFESSIONAL LIABILITY INSURER OR HOMEOWNERS INSURER UNDER TITLE 11 OF THE INSURANCE ARTICLE, AND SHALL HAVE THE BENEFIT OF ALL OTHER FACILITIES OR INFORMATION OF THE COMMISSIONER.

(2) THE DIVISION IS ENTITLED TO THE ASSISTANCE OF THE COMMISSIONER'S STAFF IF:

(I) THE STAFF DETERMINES THAT THE ASSISTANCE IS CONSISTENT WITH THE STAFF'S RESPONSIBILITIES; AND

(II) THE STAFF AND THE DIVISION AGREE THAT THE ASSISTANCE, IN A PARTICULAR MATTER, IS CONSISTENT WITH THEIR RESPECTIVE INTERESTS.

(D) THE DIVISION MAY RECOMMEND TO THE GENERAL ASSEMBLY LEGISLATION ON ANY MATTER THAT THE DIVISION CONSIDERS WOULD PROMOTE

THE INTERESTS OF INSURANCE CONSUMERS.

6-308.

ON OR BEFORE JANUARY 1 OF EACH YEAR, THE DIVISION SHALL REPORT TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY ON THE ACTIVITIES OF THE DIVISION DURING THE PRIOR FISCAL YEAR.".

AMENDMENT NO. 15

On page 51, after line 8, insert:

"(I) IN FISCAL YEAR 2005, $6,000,000 TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT;";

and in lines 9, 14, 19, 24, and 29, strike "(I)", "(II)", "(III)", "(IV)", and "(V)", respectively, and substitute "(II)", "(III)", "(IV)", "(V)", and "(VI)", respectively.

On page 54, in line 25, after "(2)" insert "(I)"; and after line 28, insert:

"(II) 1. DISBURSEMENTS FROM THE MEDICAL ASSISTANCE PROGRAM ACCOUNT SHALL BE MADE TO INCREASE FEE-FOR-SERVICE HEALTH CARE PROVIDER RATES AND RATES PAID TO MANAGED CARE ORGANIZATIONS FOR SERVICES IDENTIFIED BY THE DEPARTMENT IN CONSULTATION WITH MANAGED CARE ORGANIZATIONS, MARYLAND HOSPITAL ASSOCIATION, MED CHI, AMERICAN ACADEMY OF PEDIATRICS, MARYLAND CHAPTER, AND THE AMERICAN COLLEGE OF EMERGENCY ROOM PHYSICIANS, MARYLAND CHAPTER.

2. THE DEPARTMENT SHALL SUBMIT ITS PLAN FOR MEDICAID REIMBURSEMENT RATE INCREASES TO THE SENATE BUDGET AND TAXATION, SENATE FINANCE, HOUSE APPROPRIATIONS, AND HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEES PRIOR TO ADOPTING REGULATIONS IMPLEMENTING THE INCREASE.".

AMENDMENT NO. 16

On page 55, in line 18, strike beginning with "3-2A-08A" through "9-124" and substitute "and 3-2A-08A"; and strike beginning with "the" in line 23 down through "Fund" in line 32 and substitute ", on the effective date of this Act, the Health Claims Arbitration Office shall be renamed the Health Care Alternative Dispute Resolution Office. The publishers of the Annotated Code of Maryland, in consultation with and subject to the approval of the Department of Legislative Services, shall correct all references in the Code to the Health Claims Arbitration Office, including any references enacted in this Act, that are rendered incorrect by this Section".

AMENDMENT NO. 17

On page 56, in line 35, strike "The" and substitute "SECTION 10A. AND BE IT FURTHER ENACTED, That the"; in line 36, strike beginning with "Health" through "Commission" and substitute "Maryland Health Care Commission"; and strike beginning with "Maryland" in line 36 down through "Commission" in line 37 and substitute "Health Services Cost Review Commission".

AMENDMENT NO. 18

On pages 58 through 60, strike in their entirety the lines beginning with line 20 on page 58 through line 29 on page 60, inclusive, and substitute:

"SECTION 14. AND BE IT FURTHER ENACTED, That the Governor shall propose legislation during the 2006 Session of the Maryland General Assembly to provide an alternative mechanism for distribution of the money in the Maryland Medical Professional Liability Insurance Rate Stabilization Fund.".

AMENDMENT NO. 19

On page 60, in line 31, strike "Sections 12 and 13" and substitute "Section 12".

On page 8, in line 36, strike "PLANTIFF" and substitute "PLAINTIFF".

On page 10, in line 35, strike the period and substitute a semicolon; and in line 38, strike the period and substitute "; AND".

On page 22, in line 1, strike "(I)"; and in line 5, strike "(II)" and substitute "(2)".

(Over)

On page 57, in line 24, after "Delegates;" insert "and"; in line 26, strike "; and" and substitute a period; and in line 27, strike the first "the" and substitute "The".

On pages 29 through 33, strike in their entirety the lines beginning with line 25 on page 29 through line 25 on page 33, inclusive.