

MAINE STATE LEGISLATURE

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117th MAINE LEGISLATURE

FIRST REGULAR SESSION-1995

Legislative Document

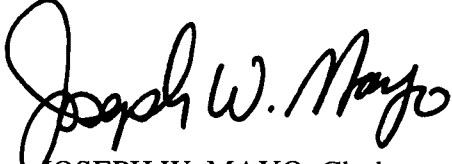
No. 670

H.P. 489

House of Representatives, February 28, 1995

**An Act to Extend the Medical Liability Demonstration Project Deadline
by 3 Years.**

Reference to the Committee on Judiciary suggested and ordered printed.


JOSEPH W. MAYO, Clerk

Presented by Representative SAXL of Bangor.
Cosponsored by Representatives: DAGGETT of Augusta, HARTNETT of Freeport, LEMKE of Westbrook, MADORE of Augusta, NASS of Acton, PLOWMAN of Hampden, THOMPSON of Naples, Senators: BERUBE of Androscoggin, CIANCHETTE of Somerset, FAIRCLOTH of Penobscot, HARRIMAN of Cumberland, KIEFFER of Aroostook, PENDEXTER of Cumberland, RUHLIN of Penobscot.

2 **Be it enacted by the People of the State of Maine as follows:**

4 **Sec. 1. 24 MRSA §2975, sub-§4**, as enacted by PL 1989, c. 931, §4, is amended to read:

6 **4. Application.** This section applies to causes of action
8 accruing between January 1, 1992 and December 31, ~~1996~~ 1999.

10 **Sec. 2. 24 MRSA §2977**, as enacted by PL 1989, c. 931, §4, is
12 amended to read:

12 **§2977. Evidence; inadmissibility**

14 Unless independently developed from a source other than the
16 demonstration project, the practice parameters and risk
18 management protocols are not admissible in evidence in a lawsuit
20 against any physician who is not a participant in the
demonstration project or against any physician participating in
the project who is defending against a cause of action accruing
before January 1, 1992 or after December 31, ~~1996~~ 1999.

22 **Sec. 3. 24 MRSA §2978, sub-§1, ¶C**, as amended by PL 1993, c.
24 189, §1, is further amended to read:

26 C. A report of each claim made against any physician
28 practicing in a medical specialty area described in section
30 2972, alleging malpractice as a result of incidents
32 occurring on or after January 1, 1992 and before January 1,
34 ~~1997~~ 2000, that includes, but is not limited to, the name of
36 the insured, policy number, classification of risk, medical
38 specialty, date of claim and the results of each claim,
including defense costs and indemnity payments as a result
of settlement or verdict, any awards or amounts paid in
excess of policy limits and any finding, if made, of whether
the physician's practice was consistent with the parameters
and protocols developed and adopted under section 2973.
These reports must be provided not less than semiannually
according to a schedule established by the Bureau of
Insurance; except that reports on open claims must be made
not later than June 1, ~~1997~~ 2000. At the discretion of the
Bureau of Insurance, reports must be provided until all
claims are closed; and

44 **Sec. 4. 24 MRSA §2978, sub-§2**, as amended by PL 1993, c. 600,
46 Pt. B, §21, is further amended to read:

48 **2. Reports by Bureau of Insurance and Board of Licensure in
50 Medicine.** The Bureau of Insurance and the Board of Licensure in
Medicine shall report the results of the project to the Governor
and to the joint standing committees of the Legislature having

2 jurisdiction over insurance and judiciary matters and to the
Office of the Executive Director of the Legislative Council by
3 December 1, 1997. An interim report is due by December 1, 1997.
4 The final report is due by December 1, 2000. The report reports
must include the following.

6
A. The Bureau of Insurance shall report:

8
9 (1) The number of claims brought against physicians in
10 the project alleging malpractice as a result of
incidents occurring on or after January 1, 1992;

12
13 (2) The results of any closed claims described in this
14 section, including defense costs and indemnity payments
as a result of settlement or verdict;

16
17 (3) The status of all open claims described in this
18 section, including defense costs, indemnity payments
and any amounts held in reserve in the aggregate by
20 medical specialty area as established under the medical
specialty advisory committees' rule-making authority as
22 set forth in section 2972. The bureau may identify
data on claims arising from procedures covered by the
24 protocols and those not covered and for claims arising
out of services rendered by physicians participating in
26 the project and those not participating. The bureau
may comment on the statistical validity and variability
28 of the data except that the superintendent may not
report in such a way as to allow the identification of
30 an individual claim reserve; and

32
33 (4) The effect of the project on the medical liability
claims experience and premiums of those physicians in
34 the project.

36
B. The Board of Licensure in Medicine shall quantify and
38 report on any identifiable impact of the project on the cost
of the practice of defensive medicine.

40
41 (1) The Board of Licensure in Medicine shall establish
an economic advisory committee to establish the
42 methodology for evaluating the effect of the project on
the cost, utilization and the practice of defensive
44 medicine. The economic advisory committee shall report
the methodology developed to the Board of Licensure in
46 Medicine by January 1, 1992.

STATEMENT OF FACT

2

4 This bill extends the deadline of the medical liability
6 demonstration project by 3 years. This project was established
by the Bureau of Insurance and the Board of Licensure in
Medicine. The bill establishes a date when an interim report is
due and establishes the final report date as December 1, 2000.