By: Duncan S.B. No. 891

A BILL TO BE ENTITLED

AN ACT

- 2 relating to the operation of the joint underwriting association
- 3 under the Texas Medical Liability Insurance Underwriting
- 4 Association Act.

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- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 6 SECTION 1. Section 3, Article 21.49-3, Insurance Code, is
- 7 amended by adding Subsection (d) to read as follows:
- 8 <u>(d) The association may provide general liability insurance</u>
- 9 coverage to be issued in connection with medical liability
- 10 insurance issued by the association.
- 11 SECTION 2. Section 4A, Article 21.49-3, Insurance Code, as
- 12 amended by Chapters 921 and 1284, Acts of the 77th Legislature,
- 13 Regular Session, 2001, is reenacted and amended to read as follows:
- 14 Sec. 4A. POLICYHOLDER'S STABILIZATION RESERVE FUND FOR
- 15 PHYSICIANS AND HEALTH CARE PROVIDERS OTHER THAN FOR-PROFIT AND
- 16 NOT-FOR-PROFIT NURSING HOMES. (a) There is hereby created a
- 17 policyholder's stabilization reserve fund for physicians and
- 18 health care providers, other than for-profit and not-for-profit
- 19 nursing homes, which shall be administered as provided herein and
- 20 in the plan of operation of the association. The stabilization
- 21 reserve fund created by this section is separate and distinct from
- 22 the stabilization reserve fund for for-profit and not-for-profit
- 23 nursing homes created by Section 4B of this article.

(b) Each policyholder shall pay annually into the stabilization reserve fund a charge, the amount of which shall be established annually by advisory directors chosen by health care providers, other than for-profit and not-for-profit nursing homes, and physicians eligible for insurance in the association in accordance with the plan of operation. The charge shall be in proportion to each premium payment due for liability insurance through the association. Such charge shall be separately stated in the policy, but shall not constitute a part of premiums or be subject to premium taxation, servicing fees, acquisition costs, or any other such charges.

- 12 (c) The stabilization reserve fund shall be collected and
 13 administered by the association and shall be treated as a liability
 14 of the association along with and in the same manner as premium and
 15 loss reserves. The fund shall be valued annually by the board of
 16 directors as of the close of the last preceding year.
 - (d) [Except as provided by Subsection (e) of this section, collections of the stabilization reserve fund charge shall continue until such time as the net balance of the stabilization reserve fund is not less than the projected sum of premiums for physicians and health care providers, other than for-profit and not-for-profit nursing homes, to be written in the year following valuation date.
 - [(e) If in any fiscal year the incurred losses and defense and cost-containment expenses from physicians or any single category of health care provider result in a net underwriting loss and exceed 25 percent of the stabilization reserve fund, as valued

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for that year, the commissioner may by order direct the initiation
or continuation of the stabilization reserve fund charge for
physicians or that category of health care provider until the fund
recovers the amount by which those losses and cost-containment
expenses exceed 25 percent of the fund.

- (e) The stabilization reserve fund shall be credited with all stabilization reserve fund charges collected from physicians and health care providers, other than for-profit and not-for-profit nursing homes, and shall be charged with any deficit sustained by physicians and health care providers, other than for-profit and not-for-profit nursing homes, from the prior year's operation of the association.
- [(f) The stabilization reserve fund shall be credited with
 all stabilization reserve fund charges collected from
 policyholders and shall be charged with any deficit from the prior
 year's operation of the association.]
- 17 SECTION 3. This Act takes effect September 1, 2003.