

108TH CONGRESS
1ST SESSION

H. R. 447

To establish an Office of Health Care Competition within the Department of Health and Human Services to administer the National Practitioner Data Base and to collect and make available to the public more information on medical malpractice insurance under that Data Base.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 29, 2003

Mr. DEFAZIO introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To establish an Office of Health Care Competition within the Department of Health and Human Services to administer the National Practitioner Data Base and to collect and make available to the public more information on medical malpractice insurance under that Data Base.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improved Medical Mal-
5 practice Information Reporting and Competition Act of
6 2003”.

1 **SEC. 2. ESTABLISHMENT OF OFFICE OF HEALTH CARE**
2 **COMPETITION WITHIN THE DEPARTMENT OF**
3 **HEALTH AND HUMAN SERVICES.**

4 (a) IN GENERAL.—There is established within the
5 Department of Health and Human Services an Office to
6 be known as the Office of Health Care Competition Policy
7 (in this section referred to as the “Office”). The Office
8 shall be headed by a Director, who shall be appointed by
9 the Secretary of such Department.

10 (b) DUTIES.—

11 (1) RESPONSIBILITY FOR NATIONAL PRACTI-
12 TIONER DATA BASE.—The Office shall be responsible
13 for activities of the Secretary under part B of title
14 IV of the Health Care Quality Improvement Act of
15 1986 (title IV of Public Law 99–660), including the
16 National Practitioner Data Base under such part.

17 (2) ANNUAL REPORT.—The Director of the Of-
18 fice shall submit a report each year to the Secretary
19 of Health and Human Services on activities con-
20 ducted under such part.

21 **SEC. 3. CHANGES IN NATIONAL PRACTITIONER DATA BASE**
22 **PROVISIONS.**

23 (a) REQUIRING ADDITIONAL REPORTS ON MEDICAL
24 MALPRACTICE INSURANCE AND CLAIMS.—Part B of title
25 IV of the Health Care Quality Improvement Act of 1986

1 (title IV of Public Law 99–660) is amended by inserting
 2 after section 421 the following new section:

3 **“SEC. 421A. REQUIRING REPORTS ON MEDICAL MAL-**
 4 **PRACTICE INSURANCE AND CLAIMS.**

5 “(a) IN GENERAL.—Each entity (including an insur-
 6 ance company) which underwrites a policy of insurance for
 7 medical malpractice actions or claims shall report, in ac-
 8 cordance with section 424, information respecting such in-
 9 surance and claims for payment under such policy. Such
 10 information shall be in addition to, and may be coordi-
 11 nated with, the information required to be reported under
 12 section 421.

13 “(b) INFORMATION TO BE REPORTED.—

14 “(1) IN GENERAL.—The information to be re-
 15 ported under subsection (a) by an entity with re-
 16 spect to a medical malpractice insurance policy in-
 17 cludes the following:

18 “(A) Direct premiums written.

19 “(B) Direct premiums earned.

20 “(C) Net investment income, including net
 21 realized capital gains and losses, using appro-
 22 priate estimates where necessary.

23 “(D) Incurred claims, developed as the
 24 sum of the following (the report shall include
 25 data for each of the following:

1 “(i) Dollar amount of claims closed
2 with payment; plus.

3 “(ii) Reserves for reported claims at
4 the end of the current year; minus.

5 “(iii) Reserves for reported claims at
6 the end of the previous year; plus.

7 “(iv) Reserves for incurred but not re-
8 ported claims at the end of the current
9 year; minus.

10 “(v) Reserves for incurred but not re-
11 ported claims at the end of the previous
12 year; plus.

13 “(vi) Loss adjustment expenses for
14 claims closed; plus.

15 “(vii) Reserves for loss adjustment ex-
16 pense at the end of the current year;
17 minus.

18 “(viii) Reserves for loss adjustment
19 expense at the end of the previous year.

20 (categories used to develop the sum of incurred
21 claims).

22 “(E) Actual incurred expenses allocated
23 separately to loss adjustment, commissions,
24 other acquisition costs, advertising, general of-

1 fice expenses, taxes, licenses and fees, and all
2 other expenses.

3 “(F) Net underwriting gain or loss.

4 “(G) Net operation gain or loss, including
5 net investment income.

6 “(H) The number and dollar amount of
7 claims closed with payment by year incurred,
8 the amount reserved for each claim, the year(s)
9 in which the reserves were set, and the amounts
10 set in each year.

11 “(I) The number of claims closed without
12 payment, the dollar amount reserved for each
13 claim, the years in which reserves were set, and
14 the amounts set in each.

15 “(J) The number of claims pending at the
16 end of each year, the amount of reserve[d] for
17 each claim, the year(s) in which the reserves
18 were set, and the amounts set in each year.

19 “(2) CLAIMS PAID.—Such report shall also in-
20 clude the following:

21 “(A) For claims paid by the insurer during
22 the calendar year, in which a verdict had at any
23 time been rendered.

24 “(i) The dollar amount paid by the in-
25 surance company; and

1 “(ii) The dollar amount of the original
2 verdict.

3 “(B) For claims paid by the insurer during
4 the calendar year, in which a verdict had at any
5 time been rendered.

6 “(i) The dollar amount of the original
7 verdict, broken out as follows:

8 “(I) The total amount of past
9 economic damages assessed by the
10 trier of fact.

11 “(II) The total amount of future
12 economic damages assessed by the
13 trier of fact.

14 “(III) The total amount of com-
15 pensatory non-economic damages as-
16 sessed by the trier of fact.

17 “(IV) The total amount of puni-
18 tive damages assessed by the trier of
19 fact.

20 “(ii) The dollar amount paid by all
21 parties.

22 “(iii) The dollar amount paid by the
23 insurer.

24 “(iv) The number of claims paid by
25 the insurer.

1 “(C) For claims paid by the insurer during
2 the calendar year, in which a verdict had never
3 been rendered.

4 “(i) The total amount paid by the in-
5 surer broken out as follows:

6 “(I) The amount of the plaintiff’s
7 past economic damages, as submitted
8 by the plaintiff.

9 “(II) The amount of the plain-
10 tiff’s future economic damages, as es-
11 timated by the insurer.

12 “(III) The amount paid by the
13 insurer for other damages.

14 “(ii) The number of claims paid by
15 the insurer.

16 “(D) The number of claims in which the
17 insurer paid—

18 “(i) more than \$250,000 in non-eco-
19 nomic damages; and

20 “(ii) more than \$500,000 in non-eco-
21 nomic damages.

22 “(E) For claims paid by the insurer during
23 the calendar year, the number of claims in
24 which—

1 “(i) punitive damages were assessed
2 by the trier of fact;

3 “(ii) punitive damages were paid by
4 any party; and

5 “(iii) punitive damages were paid by
6 the insurer.

7 “(F) For claims paid by the insurer during
8 the calendar year—

9 “(i) the dollar amount of punitive
10 damages assessed by the trier of fact;

11 “(ii) the dollar amount of punitive
12 damages paid by all parties; and

13 “(iii) the dollar amount of punitive
14 damages paid by the insurer.

15 “(G) The number and dollar amount of
16 claims paid by the insurer during the calendar
17 year in which parties other than the insured—

18 “(i) had at any time been found liable
19 by the trier of fact; or

20 “(ii) had been estimated by the insur-
21 ance company to have some liability.

22 “(H) For those claims identified in para-
23 graph (7), the amount by which the amount
24 paid by the insurer exceeds the amount propor-

1 tional to the insured's percentage of responsi-
2 bility.

3 “(I) Such other information as the Sec-
4 retary determines is required for appropriate
5 interpretation of information reported under
6 this section.

7 “(c) SANCTIONS FOR FAILURE TO REPORT.—The
8 provisions of section 421(c) shall apply to information re-
9 quired to be reported under this section in the same man-
10 ner as they apply to the reporting of information on a pay-
11 ment required to be reported under section 421.

12 “(d) COORDINATION OF INFORMATION REPORT-
13 ING.—The Secretary shall provide for the coordination of
14 reporting of information under this section with the re-
15 porting of related information under section 421.”.

16 (b) INCLUSION AND AVAILABILITY OF INFORMA-
17 TION.—Section 427(b) of such Act (42 U.S.C. 11137(b))
18 is amended by adding at the end the following new para-
19 graph:

20 “(4) AVAILABILITY OF PUBLIC FILE DATA.—
21 Notwithstanding the previous provisions of this sub-
22 section, the Secretary shall make available, for free
23 from the website maintained in connection with the
24 data base established to carry out this part, informa-
25 tion reported under sections 421 and 421A which

1 does not provide for individually identifiable infor-
2 mation.”.

3 (c) EFFECTIVE DATE.—The amendments made by
4 this section shall take effect 6 months after the date of
5 the enactment of this Act .

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