

§6304. Assessments authorized

To provide funds for the Rural Medical Access Program, insurers may collect pursuant to this chapter assessments from physicians licensed and practicing medicine in this State and hospitals and physician's employers located in the State. [PL 2005, c. 122, §2 (AMD).]

1. Assessment from policyholders and self-insureds. With respect to professional liability insurance policies for physicians and hospitals issued on or after July 1, 1990, each insurer shall collect an assessment from each policyholder. With respect to professional liability insurance for self-insureds issued on or after July 1, 1990, each self-insured shall pay an assessment as directed by the superintendent. The superintendent shall determine the amount of the assessment in accordance with this chapter. Notwithstanding any provision of law, assessments made and collected pursuant to this chapter do not constitute premium, as defined in section 2403, for purposes of any laws of this State relating to taxation, filing of insurance rates or assessment purposes other than as expressly provided under this chapter. The assessments are considered as premium only for purposes of any laws of this State relating to cancellation or nonrenewal of insurance coverage. [PL 2017, c. 475, Pt. A, §42 (AMD).]

2. Required support. Every insured and self-insured physician, hospital, and physician's employer shall support the Rural Medical Access Program as provided in this chapter. Any physician, hospital or physician's employer that fails to pay the assessment required by this chapter is subject to a civil penalty not to exceed \$2,000, payable to the bureau, to be recovered in a civil action. [PL 1989, c. 931, §5 (NEW).]

3. Assistance from boards and Department of Health and Human Services; insure through other means. The Board of Licensure in Medicine and the Board of Osteopathic Licensure shall assist the superintendent in identifying those physicians who insure against professional negligence by means other than through insurers defined in section 6303. The Department of Health and Human Services shall assist the superintendent in determining the insuring entity for any licensed hospital or physician's employer, in identifying those hospitals and physician's employers that insure against professional negligence by means other than through insurers defined in section 6303 and in identifying the individual or entity who makes the insurance payment for each physician. [PL 1993, c. 600, Pt. B, §§21,22 (AMD); PL 2003, c. 689, Pt. B, §6 (REV).]

4. Determination of assessments paid. After review of the records provided by the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the Department of Health and Human Services, Division of Licensure and Certification, and the assessment receipts of the malpractice insurers, the superintendent shall determine those physicians, hospitals and physician's employers that have paid the required assessments. [PL 2005, c. 122, §3 (AMD).]

SECTION HISTORY

PL 1989, c. 931, §5 (NEW). PL 1991, c. 734, §4 (AMD). PL 1993, c. 600, §§B21,22 (AMD). PL 2003, c. 689, §B6 (REV). PL 2005, c. 122, §§2,3 (AMD). PL 2017, c. 475, Pt. A, §42 (AMD).

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