§6308. Funding of the program

The amount of funds available for the program is determined as follows. [PL 1991, c. 734, §5 (AMD).]

1. Available funds. The amount available for the program for policy years beginning on or after July 1, 1990, but before July 1, 1991, is 1/2 of the amount of the assessment determined under section 6305 for that year. For policy years beginning on or after July 1, 1991, the Bureau of Insurance shall determine the amount available, except that the amount may be no less than the assessment determined for that year.
[PL 1991, c. 734, §5 (AMD).]

2. Determination of participants in the program. The superintendent shall apply the standards of prioritization adopted by the Commissioner of Health and Human Services to determine the physicians who are eligible for the program. The funding available for each qualified physician is the amount equal to the difference between the physician's medical malpractice insurance premiums with obstetrical care coverage and the physician's premiums without obstetrical care coverage; however, the funding must be at least $5,000 but may not be more than $15,000 as determined by the superintendent. Program payments must be made to the individual or entity paying the medical malpractice premium for the qualified physician.
[PL 2005, c. 122, §9 (AMD).]

SECTION HISTORY

PL 1989, c. 931, §5 (NEW). PL 1991, c. 734, §5 (AMD). PL 2003, c. 689, §B7 (REV). PL 2005, c. 122, §9 (AMD).

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