TITLE 4
NEW YORK STATE MEDICAL INDEMNITY FUND

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§ 2999-g. Purpose of this title. Creation of the New York state medical indemnity fund. There is hereby created the New York state medical indemnity fund (the "fund"). The purpose of the fund is to provide a funding source for future health care costs associated with birth related neurological injuries, in order to reduce premium costs for medical malpractice insurance coverage.

§ 2999-h. Definitions. As used in this title, unless the context or subject matter requires otherwise:

1. "Birth-related neurological injury" means an injury to the brain or spinal cord of a live infant caused by the deprivation of oxygen or mechanical injury occurring in the course of labor, delivery or resuscitation or by other medical services provided or not provided during delivery admission that rendered the infant with a permanent and substantial motor impairment or with a developmental disability as that term is defined by section 1.03 of the mental hygiene law, or both. This definition shall apply to live births only.

2. "Fund" means the New York state medical indemnity fund.

3. "Qualifying health care costs" means the future medical, hospital, surgical, nursing, dental, rehabilitation, custodial, durable medical equipment, home modifications, assistive technology, vehicle modifications, prescription and non-prescription medications, and other health care costs actually incurred for services rendered to and supplies utilized by qualified plaintiffs, which are necessary to meet their health care needs as determined by their treating physicians, physician assistants, or nurse practitioners and as otherwise defined by the commissioner in regulation.

4. "Qualified plaintiff" means every plaintiff or claimant who (i) has been found by a jury or court to have sustained a birth-related neurological injury as the result of medical malpractice, or (ii) has sustained a birth-related neurological injury as the result of alleged medical malpractice, and has settled his or her lawsuit or claim therefor.

5. Any reference to the "department of financial services" and the "superintendent of financial services" in this title shall mean, prior to October third, two thousand eleven, respectively, the "department of insurance" and "superintendent of insurance."

§ 2999-i. Custody and administration of the fund. 1. The commissioner of taxation and finance shall be the custodian of the fund and the special account established pursuant to section ninety-nine-t of the state finance law. All payments from the fund shall be made by the commissioner of taxation and finance upon certificates signed by the superintendent of financial services, or his or her designee, as hereinafter provided. The fund shall be separate and apart from any other fund and from all other state monies. No monies from the fund shall be transferred to any other fund, nor shall any such monies be applied to the making of any payment for any purpose other than the purpose set forth in this title.

2. (a) The fund shall be administered by the superintendent of financial services or his or her designee in accordance with the provisions
The superintendent of financial services shall have all powers necessary and proper to carry out the purposes of the fund.

Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law or any other contrary provision of law, the superintendent of financial services is authorized to enter into a contract or contracts without a competitive bid or request for proposal process for purposes of administering the fund for the first year of its operation and in preparation therefor.

The department of financial services and the department shall post on their websites information about the fund, eligibility for enrollment in the fund, and the process for enrollment in the fund.

3. The expense of administering the fund, including the expenses incurred by the department, shall be paid from the fund.

4. Monies for the fund will be provided pursuant to this chapter.

5. For the state fiscal year beginning April first, two thousand eleven and ending March thirty-first, two thousand twelve, the state fiscal year beginning April first, two thousand twelve and ending March thirty-first, two thousand thirteen, and the state fiscal year beginning April first, two thousand thirteen and ending March thirty-first, two thousand fourteen, the superintendent of financial services shall cause to be deposited into the fund for each such fiscal year the amount appropriated for such purpose. Beginning April first, two thousand fourteen and annually thereafter, the superintendent of financial services shall cause to be deposited into the fund, subject to available appropriations, an amount equal to the difference between the amount appropriated to the fund in the preceding fiscal year, as increased by the adjustment factor defined in subdivision seven of this section, and the assets of the fund at the conclusion of that fiscal year.

6. (a) Following the deposit referenced in subdivision five of this section, the superintendent of financial services shall conduct an actuarial calculation of the estimated liabilities of the fund for the coming year resulting from the qualified plaintiffs enrolled in the fund. The administrator shall from time to time adjust such calculation. If the total of all estimates of current liabilities equals or exceeds eighty percent of the fund's assets, then the fund shall not accept any new enrollments until a new deposit has been made pursuant to subdivision five of this section. When, as a result of such new deposit, the fund's liabilities no longer exceed eighty percent of the fund's assets, the fund administrator shall enroll new qualified plaintiffs in the order that an application for enrollment has been submitted in accordance with subdivision seven of section twenty-nine hundred ninety-nine-j of this title.

(b) Whenever enrollment is suspended pursuant to paragraph (a) of this subdivision and until such time as enrollment resumes pursuant to such paragraph: (i) notice of such suspension shall be promptly posted on the department's website and on the website of the department of financial services; (ii) the fund administrator shall deny each application for enrollment that had been received but not accepted prior to the date of suspension and each application for enrollment received after the date of such suspension; and (iii) notification of each such denial shall be made to the plaintiff or claimant or persons authorized to act on behalf of such plaintiff or claimant and all defendants in regard to such plaintiff or claimant, to the extent they are known to the fund.
administrator. Judgments and settlements for plaintiffs or claimants for whom applications are denied under this paragraph or who are not eligible for enrollment due to suspension pursuant to paragraph (a) of this subdivision shall be satisfied as if this title had not been enacted.

(c) Following a suspension, whenever enrollment resumes pursuant to paragraph (a) of this subdivision, notice that enrollment has resumed shall be promptly posted on the department’s website and on the website of the department of financial services.

(d) The suspension of enrollment pursuant to paragraph (a) of this subdivision shall not impact payment under the fund for any qualified plaintiffs already enrolled in the fund.

7. For purposes of this section, the adjustment factor referenced in this section shall be the ten year rolling average medical component of the consumer price index as published by the United States department of labor, bureau of labor statistics, for the preceding ten years.

§ 2999-j. Payments from the fund. 1. The fund shall be used to pay qualifying health care costs of qualified plaintiffs.

2. The provision of qualifying health care costs to qualified plaintiffs shall not be subject to prior authorization, except as described by the commissioner in regulation; provided, however, that such regulation shall not prevent qualified plaintiffs from receiving care or assistance that would, at a minimum, be authorized under the medicaid program; and provided, further, that if any prior authorization is required by such regulation, the regulation shall require that requests for prior authorization be processed within a reasonably prompt period of time and shall identify a process for prompt administrative review of any denial of a request for prior authorization.

3. In determining the amount of qualifying health care costs to be paid from the fund, any such cost or expense that was or will, with reasonable certainty, be paid, replaced or indemnified from any collateral source as provided by subdivision (a) of section forty-five hundred forty-five of the civil practice law and rules shall not constitute a qualifying health care cost and shall not be paid from the fund. For purposes of this title, “collateral source” shall not include medicare or medicaid.

4. The amount of qualifying health care costs to be paid from the fund shall be calculated: (a) with respect to services provided in private physician practices on the basis of one hundred percent of the usual and customary rates, as defined by the commissioner in regulation; or (b) with respect to all other services, on the basis of Medicaid rates of reimbursement or, where no such rates are available, as defined by the commissioner in regulation.

5. Claims for the payment or reimbursement from the fund of qualifying health care costs shall be made upon forms prescribed and furnished by the fund administrator in consultation with the commissioner and in conjunction with regulations establishing a mechanism for submission of claims by health care providers directly to the fund, where practicable.

6. (a) Every settlement agreement for claims arising out of a plaintiff’s or claimant’s birth related neurological injury subject to this title, and that provides for the payment of future medical expenses for the plaintiff or claimant, shall provide that in the event the administrator of the fund determines that the plaintiff or claimant is a qualified plaintiff, all payments for future medical expenses shall be paid in accordance with this title, in lieu of that portion of the settlement agreement that provides for payment of such expenses. The
plaintiff's or claimant's future medical expenses shall be paid in accordance with this title. When such a settlement agreement does not so provide, the court shall direct the modification of the agreement to include such term as a condition of court approval.

(b) In any case where the jury or court has made an award for future medical expenses arising out of a birth related neurological injury, any party to such action or person authorized to act on behalf of such party may make application to the court that the judgment reflect that, in lieu of that portion of the award that provides for payment of such expenses, and upon a determination by the fund administrator that the plaintiff is a qualified plaintiff, the future medical expenses of the plaintiff shall be paid out of the fund in accordance with this title.

Upon a finding by the court that the applicant has made a prima facie showing that the plaintiff is a qualified plaintiff, the court shall ensure that the judgment so provides.

7. A qualified plaintiff shall be enrolled when (a) such plaintiff or person authorized to act on behalf of such person, upon notice to all defendants, or any of the defendants in regard to the plaintiff's claim, upon notice to such plaintiff, makes an application for enrollment by providing the fund administrator with a certified copy of the judgment or of the court approved settlement agreement; and (b) the fund administrator determines upon the basis of such judgment or settlement agreement and any additional information the fund administrator shall request that the relevant provisions of subdivision six of this section have been met and that the plaintiff is a qualified plaintiff; provided that no enrollment shall occur when the fund is closed to enrollment pursuant to subdivision six of section twenty-nine hundred ninety-nine-i of this title.

8. As to all claims, the fund administrator shall:

(a) determine which of such costs are qualifying health care costs to be paid from the fund; and

(b) thereupon certify to the commissioner of taxation and finance those costs that have been determined to be qualifying health care costs to be paid from the fund.

9. Payments from the fund shall be made by the commissioner of taxation and finance on the said certificate of the superintendent of financial services. No payment shall be made by the commissioner of taxation and finance in excess of the amount certified. Promptly upon receipt of the said certificate of the superintendent of financial services, the commissioner of taxation and finance shall pay the qualified plaintiff's health care provider or reimburse the qualified plaintiff the amount so certified for payment.

10. Payment from the fund shall not give the fund any right of recovery against any qualified plaintiff or such qualified plaintiff's attorney except in the case of fraud or mistake.

11. All health care providers shall accept from qualified plaintiff's or persons authorized to act on behalf of such plaintiff's assignments of the right to receive payments from the fund for qualifying health care costs.

12. Health insurers (other than medicare and Medicaid) shall be the primary payers of qualifying health care costs of qualified plaintiffs. Such costs shall be paid from the fund only to the extent that health insurers or other collateral sources or other persons are not otherwise obligated to make payments therefor. Health insurers that make payments for qualifying health care costs to or on behalf of qualified plaintiffs...
shall have no right of recovery against and shall have no lien upon the
fund or any person or entity nor shall the fund constitute an additional
payment source to offset the payments otherwise contractually required
to be made by such health insurers. The superintendent of financial
services shall have the authority to enforce the provisions of this
subdivision.

13. Except as provided for by this title, with respect to a qualified
plaintiff, no payment shall be required to be made by any defendant or
such defendant's insurer for qualifying health care costs and no judg-
ment shall be made or entered requiring that any such payment be made by
any defendant or such defendant's insurer for such health care costs.

14. The determination of the qualified plaintiff's attorney's fee
shall be based upon the entire sum awarded by the jury or the court or
the full sum of the settlement, as the case may be. The qualified
plaintiff's attorney's fee shall be paid in a lump sum by the defendants
and their insurers pursuant to section four hundred seventy-four-a of
the judiciary law; provided however that the portion of the attorney fee
that is allocated to the non-fund elements of damages shall be deducted
from the non-fund portion of the award in a proportional manner.

15. The commissioner, in consultation with the superintendent of
financial services, shall promulgate, amend and enforce all rules and
regulations necessary for the proper administration of the fund in
accordance with the provisions of this section, including, but not
limited to, those concerning the payment of claims and concerning the
actuarial calculations necessary to determine, annually, the total
amount to be paid into the fund as provided herein, and as otherwise
needed to implement this title.

16. The commissioner shall convene a consumer advisory committee for
the purpose of providing information, as requested by the commissioner,
in the development of the regulations authorized by subdivision fifteen
of this section.

§ 52-a. Article 29-D of the public health law is amended by adding a
new title 5 to read as follows:

TITLE 5

NEW YORK STATE HOSPITAL QUALITY INITIATIVE

Section 2999-m. New York state hospital quality initiative.

§ 2999-m. New York state hospital quality initiative. The New York
state hospital quality initiative, including the New York state obstet-
rical patient safety workgroup, will be created in the department of
health to be comprised of medical, hospital and academic experts and
other stakeholders chosen by the commissioner.

The New York state quality initiative will oversee the general dissem-
ination of initiatives, guidance, and best practices to general hospit-
tals. Activities will include but not be limited to: building cultures
of patient safety and implementing evidence based care in target areas.
The workgroup will undertake collaborative work to improve obstetrical
care outcomes and quality of care, based on identifying and implementing
evidence based practices, and clinical protocols that can be standard-
ized and adopted by hospitals including but not limited to:

(a) Surveying, reviewing and analyzing current "best" practices
employed in obstetrical cases, including exploring the use of "virtual
grand rounds";

(b) Undertaking a review of claims in an effort to develop a set of
"standard best practices" for deliveries in New York state;

(c) Formulating and recommending to the commissioner best practice
standards and designing new programs for implementation and improved outcomes, including but not limited to, clinical bundles for high priority conditions, electronic fetal monitoring training and certification, and team training; and
(d) Engaging the existing regional perinatal center network in dialogues regarding the above topics and making recommendations to improve and/or upgrade assistance and communication to smaller hospitals.

§ 52-b. Subdivision 1 of section 2807-v of the public health law is amended by adding a new paragraph (iii) to read as follows:

(iii) Funds shall be reserved and set aside and accumulated from year to year and shall be made available, including income from investment funds, for the purpose of supporting the New York state medical indemnity fund as authorized pursuant to title four of article twenty-nine-D of this chapter, for the following periods and in the following amounts, provided, however, that the commissioner is authorized to seek waiver authority from the federal centers for medicare and Medicaid for the purpose of securing Medicaid federal financial participation for such program, in which case the funding authorized pursuant to this paragraph shall be utilized as the non-federal share for such payments:

Thirty million dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve.

§ 52-c. The public health law is amended by adding a new section 2807-d-1 to read as follows:

§ 2807-d-1. Hospital quality contributions. 1. Notwithstanding any contrary provision of law and subject to the receipt of all necessary federal approvals or waivers, for periods on and after July first, two thousand eleven, a quality contribution shall be imposed on the inpatient revenue of each general hospital that is received for the provision of inpatient obstetrical patient care services in an amount equal to one and six-tenths percent of such revenue, as defined in accordance with paragraph (a) of subdivision three of section twenty-eight hundred seven-d of this article, provided, however, that in the event the commissioner, in consultation with the director of the budget, determines that such quality contribution shall raise less than or more than the total quality collection amount set forth in subdivision two of this section, the commissioner, in consultation with the director of the budget, may promulgate regulations, and may promulgate emergency regulations, increasing or decreasing such quality contributions by amounts sufficient to ensure the collection of such annual quality contribution amount.

2. The annual quality contribution amount referenced in subdivision one of this section shall be thirty million dollars for the state fiscal year beginning April first, two thousand eleven, and for each subsequent state fiscal year thereafter it shall be the amount of the preceding year as increased by the ten year rolling average of the medical component of the consumer price index as published by the United States department of labor, bureau of labor statistics, for the preceding ten years.

3. The quality contributions described in this section shall be administered in accordance with and subject to the provisions of subdivisions four, five, six, seven, eight and twelve of section twenty-eight hundred seven-d of this article, provided, however, that such quality contributions shall be deposited in the HCRA resources fund as established pursuant to section ninety-two-dd of the state finance law; and provided
further, however, that such contributions shall not be an allowable cost in the determination of reimbursement rates of payment computed pursuant to this article.

§ 52-d. The civil practice law and rules is amended by adding a new rule 3409 to read as follows:

Rule 3409. Settlement conference in dental, podiatric and medical malpractice actions. In every dental, podiatric or medical malpractice action, the court shall hold a mandatory settlement conference within forty-five days after the filing of the note of issue and certificate of readiness or, if a party moves to vacate the note of issue and certificate of readiness, within forty-five days after the denial of such motion. Where parties are represented by counsel, only attorneys fully familiar with the action and authorized to dispose of the case, or accompanied by a person empowered to act on behalf of the party represented, will be permitted to appear at the conference. Where appropriate, the court may order parties, representatives of parties, representatives of insurance carriers or persons having an interest in any settlement to also attend in person or telephonically at the settlement conference. The chief administrative judge shall by rule adopt procedures to implement such settlement conference.

§ 99-t. New York state medical indemnity fund account. 1. There is hereby established in the custody of the commissioner of taxation and finance a special account to be known as the "New York state medical indemnity fund account".

2. All moneys received by the New York state medical indemnity fund pursuant to title four of article twenty-nine-D of the public health law from whatever source derived shall be deposited to the exclusive credit of such fund account. Said moneys shall be kept separate and shall not be commingled with any other moneys in the custody of the commissioner of taxation and finance.

3. The moneys in said account shall be retained by the fund and shall be released by the commissioner of taxation and finance only upon certificates signed by the superintendent of financial services or the head of any successor agency to the department of insurance or his or her designee and only for the purposes set forth in title four of article twenty-nine-D of the public health law.

§ 52-f. Part C of chapter 58 of the laws of 2005, amending the public health law and other laws relating to authorizing reimbursements for expenditures made by social services districts for medical assistance, is amended by adding a new section 5-a to read as follows:

§ 5-a. Notwithstanding any provision of law to the contrary, the commissioner of health is authorized to approve social services district demonstration programs for the purpose of maximizing Medicaid recoveries. The commissioner shall evaluate the results of any such programs, including any savings resulting therefrom. Ten percent of any such savings, after certification by the director of the division of the budget, shall be shared with the applicable social services district in a manner to be determined jointly by the commissioner of health and the director of the division of the budget.