



## *Synopsis of Senate Committee Amendments\**

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*Legislative Service Commission*

### **Sub. H.B. 215**

125th General Assembly  
(S. Insurance, Commerce and Labor)

Limits the specific information on medical claims that the House-passed bill requires medical malpractice insurers to report to the Department of Insurance on an annual basis. The removal of some listed items, however, does not limit the general rule-making authority given to the Superintendent of Insurance by the bill that allows the Superintendent to require insurers to report other information not specifically listed by the bill. The fine on insurers that fail to timely file the report, previously fixed by the House at \$500, is made discretionary by the Senate; the Superintendent may impose any fine that does not exceed \$500.

Specifically designates Civil Rule 41 to regulate a court's dismissal of a claim against a defendant in a medical claim based on the defendant's lack of involvement, removing analogous language in the House-passed bill. This type of dismissal is deemed otherwise than upon the merits and without prejudice.

Adds a specific statement extending the State Medical Board's authority over physicians who testify as expert witnesses in medical malpractice actions beyond the conclusion of the action against the physician, which authority was not previously specified by the bill.

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\* This synopsis does not address amendments that may have been adopted on the Senate floor.