

INFORMATIONAL BULLETIN #1 (May 17, 1996)

1. If your company is a corporation or association that is licensed, admitted, authorized or approved and that has received a certificate of authority from the Commissioner of Insurance to write medical malpractice insurance on risks with the Commonwealth on a direct basis, it is, by statute (section 10 of chapter 330 of the acts of 1994, copy available upon written request), a Member of the Massachusetts Medical Malpractice Reinsurance Plan (Plan).
2. Note that 15 USCS section 3902 (a) (1), referring to Risk Retention Groups, provides, in part, "...any State may require such a group to -{C} participate, on a nondiscriminatory basis, in any mechanism established or authorized under the laws of the State for the equitable apportionment among insureds of liability insurance losses and expenses incurred on policies written through such mechanism: .."
3. Section 193U of chapter 175 of the general laws provides, in part, "Every medical malpractice insurer shall make available to every eligible health care provider every medical malpractice insurance coverage it provides to any eligible health care provider; provided, however, that only a medical malpractice insurer may cede any medical malpractice insurance policy issued to an eligible health care provider to the Massachusetts medical malpractice reinsurance plan."
4. A *Plan of Operation* has been filed with the Commissioner of Insurance for the Commonwealth and a public hearing will be held at 2:00 p.m. on Tuesday, May 28, 1996, in Hearing Room A, at the offices of the Division of Insurance, 470 Atlantic Avenue, Boston, MA 02210-2223. A copy of the *filed* Plan of Operation will be sent upon written request to the Plan.
5. The Governing Committee is presently drafting *Rules of Operation* that will be submitted to the Commissioner of Insurance for approval.
6. Acceptance of ceded policies by the Plan will follow approval of the *Plan of Operation* and the *Rules of Operation* by the Commissioner of Insurance.
7. It would be helpful for the administration of the Plan if you would provide the name, address, telephone and fax number for the prime contact person at your company. (Enclosed post card for your convenience).