



961

Raised Bill 961
Public Hearing 2/24/09

TO: MEMBERS OF THE INSURANCE AND REAL ESTATE COMMITTEE

FROM: CONNECTICUT TRIAL LAWYERS ASSOCIATION

DATE: FEBRUARY 24, 2007

**RE: RAISED BILL 961 – AN ACT CONCERNING MEDICAL MALPRACTICE
DATA REPORTING**

The CTLA does not oppose raised bill 961 and applauds any and all efforts by the CT Insurance Department's (CID) to obtain medical malpractice closed claim data from alternative risk arrangements operating in Connecticut. Unfortunately, the bill will likely do little or nothing to provide the CT Insurance Department with expanded data with which to report to the General Assembly on the costs and availability of medical malpractice insurance in this state. Moreover, the CTLA believes that the CID already has the legal authority to compel this information for these entities.

These risk arrangements claim an exemption exists from the filing of such data under the U.S. Liability Risk Retention Act (LRRRA). Purportedly, the LRRRA requires these arrangements to file their business operational data *only* in the state or off-shore entity in which they are domiciled. CTLA strongly disagrees with this interpretation of the LRRRA and believes that the CID has the authority to compel the information from these entities.

Among its provisions, the bill would require that health care facilities and providers file medical malpractice closed claim data should their risk retention groups, captive insurers and self-insured entities, fail to do so. CTLA does not believe that this indirect method can ever be as efficient or as comprehensive as data supplied directly by the insurance entities.

50% of the active physicians practicing in the state of Connecticut are insured by alternative risk arrangements, which do not and will not file their business plans, rate manuals or, seek rate reviews under prior rate approval. CTLA respectfully submits that enacting Raised Bill 961 – will only act to continue and condone the obscurity by which these entities operate in the state of Connecticut. Leaving the General Assembly with "half a loaf" of data with which to determine what, more the half of Connecticut physicians are, actually paying for their medical malpractice coverage and how that coverage is administered. Thank you.