



Tail Coverage: What You Need to Know



Most providers have heard of “tail coverage” (also referred to as “extended reporting period coverage”), but they may not know when and why they need it. Tail coverage applies to gaps in coverage when a provider’s medical liability insurance carrier changes. It protects against unknown claims that occurred when a previous policy was in effect, but these claims were not reported prior to the termination of the previous policy (and the provider now has a new insurance carrier).

WHEN DOES COPIC OFFER TAIL COVERAGE?

COPIC insureds with a claims-made policy and separate limits of liability can decide to purchase tail coverage within 60 days after the cancellation or non-renewal of their policy. Unless different limits are requested and sold, tail coverage limits of liability will be equal to those in the canceled or non-renewed policy.

HOW IS TAIL PREMIUM DETERMINED?

The premium is determined by the coverage, premium, maturity, and applicable discounts.

WHEN IS TAIL PREMIUM WAIVED?

- If an insured with separate limits becomes permanently disabled or dies.
- In the event of *bona fide* retirement for those insured by COPIC with individual limits for the 12 consecutive months immediately preceding retirement.

Insureds who retire without meeting the above criteria may purchase tail coverage for an additional premium. COPIC does not waive tail premium when insureds retire from their current practice and continue to practice for compensation in another capacity (e.g., locum tenens, doing independent medical examinations, working with a university, etc.), even if the coverage is provided elsewhere. There are policy options for physicians who have uncertainty about retirement that include part-time

credits, reduction in the specialty covered, or suspension of the policy in lieu of cancellation.

WHAT IS THE DIFFERENCE BETWEEN TAIL AND PRIOR ACTS COVERAGE?

Tail coverage and prior acts coverage serve the same purpose: to ensure that unknown and unreported incidents can be reported to a prior or new insurance company. Upon cancellation of insurance, you may purchase tail coverage. In contracts, prior acts coverage can be requested from your new insurance carrier, and if agreed upon, will allow for the reporting of any unreported and/or unknown events prior to your new policy effective date with them.

DO ADVANCED PRACTICE PROVIDERS (APPs) NEED TAIL COVERAGE?

APPs sharing limits of liability with a professional corporation or physician are covered while acting within the scope of their assigned duties and do not have the option of tail coverage. Coverage would follow the professional corporation or physician as long as their coverage remains in effect or they purchase tail coverage. APPs with separate limits of liability would have the option to purchase tail coverage at the time of cancellation, as noted above.

All tail coverage is subject to policy terms and conditions. If you have additional questions, please contact your underwriter.

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COPIC RESOURCES

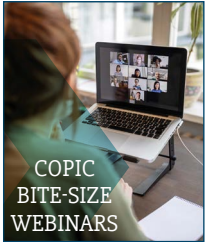
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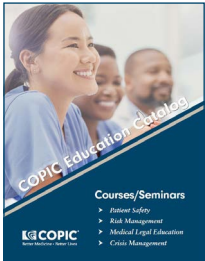


Looking for a little learning over the lunch hour? COPIC has introduced a new educational series to explore trending topics in health care from legal/regulatory updates to managing patient interactions. Save the dates to attend these upcoming presentations, which take place 12-1pm Central Time and 12-1pm Mountain Time.

- Aug. 2: The Angry Patient: A Toolkit for the Difficult Encounter
- Sept. 6: Terminating Care with a Patient
- Oct. 4: Informed Refusal

Attendance at the live virtual presentation earns insured facilities and physicians one COPIC point. Please contact Cathi Pennetta at cpennetta@copic.com or (720) 858-6228 for registration information.

COPIC EDUCATION CATALOG

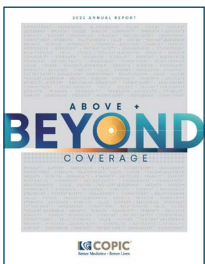


Wondering what types of seminars that COPIC offers? As an accredited provider of CME and CNE education, COPIC offers a wide range of educational seminars on topics such as reducing diagnostic errors, informed consent, examining major risks by medical specialty, safe practices when working with PAs and NPs, HIPAA regulations, EMTALA, and more. The COPIC Education Catalog provides

a comprehensive list of available seminars and can be downloaded at www.callcopic.com/professional-education.

To learn more about our seminars or to schedule one at your practice/facility, contact our Patient Safety and Risk Management department at (720) 858-6396 or grkm@copic.com.

COPIC'S 2022 ANNUAL REPORT



The theme of our most recent annual report is "Above and Beyond" as we highlight COPIC's commitment to improving medicine in the communities we serve and those who make this possible. In addition to looking back on 2022, the report provides an opportunity to recognize the medical providers, facilities, and key partners we work with for their dedication to health care and

making a difference in their communities.

COPIC's 2022 Annual Report is available for download at www.callcopic.com/about-copic

COPIC HUMANITARIAN AWARD NOMINATIONS

Nominate a physician who has gone above and beyond their scope of practice and made a difference in his or her community.

The COPIC Humanitarian Award is presented annually to honor a physician for volunteer medical services and contributions to their community. The recipient of the award designates a \$10,000 donation from COPIC to be provided to a health care-related 501(c)(3) organization within their respective state. If you know a worthy candidate, please nominate him or her for this award.

The award is presented in Colorado, Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Utah. The following nominations are open and a nomination form can be downloaded at www.callcopic.com/about-copic/copic-humanitarian-award

➔ Colorado

Nominations accepted from May 1–Aug. 15

➔ Minnesota

Nominations accepted from May 1–June 20

➔ North Dakota

Nominations accepted from Apr. 1–Aug. 31

➔ Utah

Nominations accepted from Mar. 1–July 31



GUIDE TO RISK ASSESSMENT

WHAT IS RISK?

In order to conduct a risk assessment, is it important to understand what the word "risk" is referring to within the context of information security. The words threat, vulnerability, and risk are often used interchangeably in everyday parlance, however within the context of information security these terms have distinct meanings.

A **vulnerability** is a weakness to an organization's information security. A **threat** is a danger that may exploit a vulnerability. The parties that represent a threat and carry out the exploitation of a vulnerability are commonly referred to as **threat agents**. **Risk** is the impact of a threat exploiting a vulnerability factoring in the probability that an event will happen.

For example, a computer running anti-virus software whose virus definitions are out of date represents a vulnerability, whereas a malware infection represents a threat. If the impact of this event is perceived to be catastrophic and very probable of happening, then this would represent a critical risk. However, if the impact of this event were perceived as minimal and not very likely of happening, then this would represent a low risk.

RISK ASSESSMENT VERSUS RISK ANALYSIS

The terms risk assessment and risk analysis describe related, but different activities. A risk assessment is the process of identifying all of the threats and vulnerabilities and their related impacts and probabilities. Essentially, this is the organization answering the question, "What can go wrong?" A risk analysis evaluates the findings uncovered during the risk assessment.

Typical activities performed during a risk analysis include:

- Prioritizing risks based upon criticality
- Performing a cost/benefit analysis to determine which controls are feasible to implement
- Making risk decisions such as risk acceptance (doing nothing), risk transference (e.g., cyber insurance, outsourcing activity), risk avoidance (discontinuing activity related to risk), and risk mitigation (implementing additional controls)
- Quantifying impacts of potential threats

Risk assessment and risk analysis must be a continuous process since an organization's threat environment is constantly evolving. This will enable an organization to mitigate risks to an acceptable level by identifying additional controls that may need to be implemented, or determine other actions that the organization may be able to take to address risk. Risk assessment and risk analysis is critical to developing and maintaining a secure organization since it forces organizations to recognize and address risks, as well as enables them to correctly allocate resources to most effectively reduce risk.

Did you know that COPIC's medical liability insurance policies include embedded cyber liability coverage? The coverage is designed to offer protection and support against growing cyber risks, and it also provides access to resources that you can utilize to proactively plan for and prevent cyber breaches. Visit www.callcopic.com/coverage-options/cyber-liability for more information.

The claims handling and breach response services are provided by Beazley USA Services, a member of Beazley Group. Beazley USA Services does not underwrite insurance for COPIC. Policies purchased through COPIC are subject to COPIC's underwriting processes. CICO23_US_02/23



THE COPIC MEDICAL FOUNDATION

Improving patient care and outcomes through innovation and collaboration

INSIGHTS INTO THE IMPORTANCE OF REDUCING FRAGMENTATION IN CARE SETTINGS

FROM REBECCA VOGEL, MD



I have been involved with the COPIC Medical Foundation for several years and have been fascinated by its evolution. Under the leadership of Dr. Sophia Meharena and Meredith Hintze, the Foundation board has evolved to expand our grant support nationally while maintaining a focus on our mission to improve patient care and outcomes through innovation and collaboration.

Our last two grant cycles have been focused on reducing the fragmentation of care for patients. The Foundation board members found this an exceptionally important topic and I want to take a moment to reflect on this area of focus and share why I personally believe this is imperative in medicine. As part of awarding a grant, there is an expectation for the recipient to share outcomes and best practices with the other recipients at a Grantee Summit held in Denver. Not only are ideas and challenges shared, but the participants have an opportunity to create meaningful connections and collaborate with their colleagues from across the country.

The first summit was held last June, and I have applied ideas from the

meeting in my work as a surgeon to educate residents and medical students in my role as Executive Medical Director for Physician Residencies and as a hospital Chief of Staff. My key takeaways include lessons about the importance of communication, collegiality, and being a good steward in reducing fragmentation based on the following principles:

- 1 | Improved patient outcomes:** Fragmentation can lead to poor communication and coordination among health care providers, resulting in errors, duplication of tests, and ineffective treatment. By addressing fragmentation, health care providers can ensure that patients receive the right care at the right time, leading to improved outcomes.
- 2 | Increased efficiency:** By coordinating care across settings, health care providers can reduce costs as well as improve efficiency.
- 3 | Better patient experience:** Fragmentation can be confusing and frustrating for patients who

may have to navigate multiple providers and settings. By streamlining care and improving communication, patients can have a more seamless experience and better understand their care plan.

- 4 | Reduced health care disparities:** Fragmentation can disproportionately affect certain populations such as those with chronic conditions who may require care across multiple settings. By addressing fragmentation, health care providers can help reduce health care disparities and ensure that all patients receive the care they need.

As a medical community, if we continue to improve the systems around us and advocate for our patients, it will continue to tie us to our fundamental passion for becoming a physician. There is nothing more rewarding than providing high quality, excellent, and compassionate care. I am honored to be part of this work the Foundation is doing.

CMF BOARD OF DIRECTORS

Sophia Meharena, DO, FAAP (Board Chair)
General Pediatrics—Aurora, CO

Harris Frankel, MD
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Alan Synn, MD, FACS
Vascular Surgery—Denver, CO

Rebecca Vogel, MD
General Surgery—Denver, CO

Meredith Hintze
Executive Director

2ND ANNUAL GRANTEE SUMMIT

Each year, the COPIC Medical Foundation hosts past and current grantees as well as community partners at our annual CMF Grantee Summit. This is our opportunity to serve as a convener and bring together changemakers in patient safety.

At this year's event, held on May 4 and 5 in Denver, we hosted partners from across the country for a chance to connect, share learnings, and explore opportunities for collaboration related to the grant focus area, "reducing fragmentation across care settings." This event is a key aspect of our work to achieve our goal to be a catalyst in improving the quality of health care delivery by reducing adverse outcomes and supporting innovation.



2023 participants hear highlights and key learning points from past grantees at the CMF Summit.

Our hope is for grantees to leave this event with new ideas, new partners, and new perspectives which will support their efforts to move their work forward at a greater scale with increased impact on improving patient safety.

2023 GRANT RECIPIENTS

Grants awarded by the COPIC Medical Foundation in 2023 continue to focus on reducing fragmentation across care settings for the third year in a row.

A top concern in the field of patient safety, breakdowns in care from a fragmented health care system can lead to readmissions, missed diagnoses, medication errors, delayed treatment, duplicative testing and procedures, and reduction in quality of care leading to general patient and provider dissatisfaction. For the COPIC Medical Foundation, contributing to a solution to this safety concern means supporting scalable or replicable solutions, focusing on the testing of new ideas or growing existing solutions, and then seeing avenues for larger application.

COPIC Medical Foundation grant recipients are making a difference in a variety of ways. The 2023 cohort of grantees include four organizations of varied size and scope that impact health care in communities across the country. The COPIC Medical Foundation awarded a total of \$511,000 in grants.

The 2023 recipients and the project for which they were seeking funds include:

AIRnyc (New York)—Reducing fragmentation in prenatal and postpartum clinical and social care for high-risk Black and Latinx pregnant persons.

Metropolitan State University of Denver (Colorado)—EMT and nursing interprofessional education pilot and launch focusing on interprofessional education to reduce fragmentation and improve patient outcomes.

Black Doulas for Black Mamas (Texas)—Perinatal community health workers to fill gaps in maternal health, improve birth outcomes and lower morbidity and mortality in rural Texas.

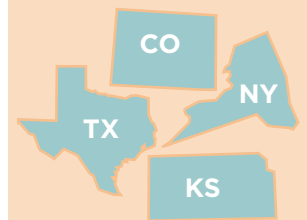
Kansas Health Care Collaborative (Kansas)—An innovative approach to improving care transitions for patients dismissed from a hospital emergency room visit or inpatient stay through use of health information exchange technology and data across the state of Kansas.

BY THE NUMBERS

4 grantees



4 different states



a combined
\$511,000 in
grant funding



THE LEGISLATIVE LANDSCAPE

COPIC has long believed that taking an active role in advocating on legislative issues is an important way to allow the health care community to devote its resources to quality improvement and patient care. COPIC monitors regulation and legislation in Colorado to ensure that access to safe, quality health care delivery is maintained and new, unreasonable burdens are not placed on health care providers.

By working closely with our colleagues at the Colorado Medical Society and the Colorado Hospital Association, COPIC tracks legislation using the lens of stabilizing the tort environment, promoting learning in health care, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

SESSION IN-REVIEW

The Colorado General Assembly concluded the 120-day legislative session on May 8, 2023. Fresh off the November elections, Democrats held a supermajority in the House of Representatives and a healthy majority in the State Senate. The 2023 session featured a wide variety of proposed policy—housing, abortion, guns, health care, cost of living, and the environment. This year, the General Assembly introduced and considered 617 bills, ultimately passing and sending 486 of those to the governor for final consideration. The governor has begun his veto consideration process and has 30 days to either sign a bill into law or use his veto power.

HEALTH CARE POLICY

It was a heavy-handed year as the legislature introduced and passed numerous pieces of legislation targeted at hospital transparency, consumer protections, cost reduction, professional licensure, prescribing practices, mental health access, and scope of practice. Further, COPIC closely monitored a number of bills that were introduced with language that aimed to chip away at the tort reforms that have benefited Colorado patients and providers and made it a top state to practice medicine for over 40 years.

Below is a list of bills COPIC monitored this session; all of which passed and will become law:

- ✔ **House Bill 1077**—Informed Consent to Intimate Patient Examinations
- ✔ **House Bill 1192**—Additional Protections in Consumer Code
- ✔ **House Bill 1236**—Implementation Updates to Behavioral Health Administration
- ✔ **House Bill 1295**—Audits of Department of Health Care Policy and Financing Payments to Providers
- ✔ **Senate Bill 83**—Physician Assistant Collaboration Requirements
- ✔ **Senate Bill 93**—Increase Consumer Protections Medical Transactions
- ✔ **Senate Bill 144**—Prescription Drugs for Chronic Pain
- ✔ **Senate Bill 167**—Board of Nursing Regulate Certified Midwives
- ✔ **Senate Bill 188**—Protections for Accessing Reproductive Health Care
- ✔ **Senate Bill 190**—Deceptive Trade Practice Pregnancy-related Service
- ✔ **Senate Bill 252**—Medical Price Transparency

STATE BUDGET APPROVED

Passing a balanced budget is one of the very few constitutional requirements placed on the General Assembly. The state legislature debated, passed, and sent the \$38.5 billion budget to the governor for approval in April. The 2023-24 state budget is an increase of \$3.1 billion over the 2021-22 budget. The Office of State Planning and Budgeting projects that state revenue will exceed the TABOR cap in FY23-24 and in FY24-25, prompting refund checks to Coloradans. Additionally, the state legislature still has \$340 million in federal American Rescue Plan Act (ARPA) funds that it needs to be allocated by December 31, 2024.

LOOKING AHEAD

As we look to the interim months ahead, COPIC will focus on connecting legislators with health care providers in their community and highlighting the importance of health care access for the patients of Colorado. COPIC understands and supports the need to elevate the incredible service and benefit that you provide to your community. Service to your community is not something to be taken for granted, but rather celebrated. COPIC hopes to engage in efforts to do just that. Stay tuned!

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LEGISLATIVE LANDSCAPE (FROM PAGE 1)

COPIC remains committed to working closely with our colleagues at the Colorado Medical Society and the Colorado Hospital Association to monitor regulatory implementation of bills passed this session and keep you informed on how these policies impact your practice and delivery of care.

Visit COPIC's Legislative Action Center at www.callcopic.com/lac for more information on bills we are tracking during the legislative session, sign up for newsletter updates, or find your elected officials. If you have any questions, please contact COPIC's Manager of Public Affairs, Logan Dunning, at ldunning@copic.com.

Colorado COPIC Humanitarian Award: Dr. Rush Pierce, Jr.

COPIC and the Colorado Medical Society are proud to recognize Dr. Rush Pierce, Jr. as the most recent recipient of the Colorado COPIC Humanitarian Award. Dr. Pierce has worked in the medical field for more than 40 years and his nomination focused on his extensive post-retirement work with Doctors Care, a nonprofit organization dedicated to improving health access for the underserved patients of the South Metro Denver area.

During his tenure with Doctors Care, Dr. Pierce has brought a wealth of medical knowledge and a caring attitude for patients, no matter their circumstances. He has provided exceptional leadership to their entire care network throughout the COVID-19 pandemic, drawing upon his years of experience as a medical director with a public health agency in Texas. He is highly respected by fellow physician volunteers, staff, and patients throughout the community.

In addition to his work with Doctors Care, Dr. Pierce also volunteered with the Denver Department of Public

Health, focusing on AIDS research which was his area of expertise during his years working in public health. Once the pandemic hit, he quickly pivoted to supporting COVID efforts within the Denver Health system.

The Humanitarian Award is presented annually to honor a physician for volunteer medical services and contributions to their community. The award aims to recognize those individuals who unassumingly volunteer outside the spectrum of their day-to-day lives. The recipient of the award designates a \$10,000 donation from COPIC to a nonprofit organization and Dr. Pierce chose Doctors Care.



Dr. Pierce with his family at the award ceremony.



WITHIN NORMAL LIMITS: COPIC'S PODCAST

COPIC produces a podcast called *Within Normal Limits: Navigating Medical Risks*. Hosted by Eric Zacharias, MD, an internal medicine doctor and physician risk manager with COPIC, the podcast offers insights on pitfalls to avoid and best practices to improve patient care. Each episode is around 20 minutes and focuses on conversations between Dr. Zacharias and other medical experts/physicians who provide practical guidance and detailed analysis.

Within Normal Limits is available on popular platforms such as Apple Podcasts, Google Podcasts, and Spotify. You can also go to www.callcopic.com/wnlpodcast for more information. New episodes are posted throughout the year. We encourage you to subscribe and hope you enjoy the podcast.



THE LEGISLATIVE LANDSCAPE

COPIC has long believed that taking an active role in advocating on legislative issues is an important way to allow the health care community to devote its resources to quality improvement and patient care. COPIC monitors regulation and legislation in Iowa to ensure that access to safe, quality health care delivery is maintained and new, unreasonable burdens are not placed on health care providers.

By working closely with our colleagues at the Iowa Medical Society, COPIC tracks legislation using the lens of stabilizing the tort environment, promoting learning in health care, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

SESSION IN-REVIEW

The Iowa legislature completed their work for the year and adjourned on May 4, 2023. The General Assembly started out fast and furious with the introduction of several of Governor Reynolds' priority bills including education reform and a bill capping noneconomic damages in medical liability cases. Both measures were carry-over priorities of the governor from last session. The Legislature made quick work debating these bills and passing them through both chambers in order to get them on the governor's desk for the final signature early in the legislative session.

TORT REFORM PASSES IN IOWA

Governor Reynolds signed into law the bill capping non-economic damages on February 16, 2023. The governor's signature triggered the law to go into effect immediately for all occurrences on or after that date. The final bill signed into law, House File 161, created a two-tiered cap on non-economic damages by retaining the \$250,000 soft cap and adding a hard cap at \$1 million for providers and \$2 million for hospitals. The legislation includes an inflationary adjuster at 2.1% beginning in 2028.

The final bill included language creating a Medical Error Task Force to study and provide recommendations to the General Assembly to address options for reducing medical errors and improving patient safety. The report is due to the General Assembly by January 8, 2024.

After the passage of this bill, efforts shifted almost overnight to defending the reforms from the immediate introduction of bills that would have chipped away at its effectiveness and the benefits it aims to provide. We saw the introduction of both House Study Bill 160, which would have permitted the discoverability of protected information in Candor discussions, and Senate File 430, which would have significantly impacted medical liability civil proceedings and a medical liability insurance carrier's ability to defend health care providers in Iowa to the best of their ability. COPIC was pleased to see neither of these bills made it through the legislative funneling deadline on March 2.

Over the next several years, it will be essential to track the benefits this tort reform has on Iowa providers and conceptualize its impact on the frequency and severity of claims. COPIC is closely monitoring claim data trends and will keep you

informed on how this change may impact you and your practice.

HEALTH CARE POLICY

In addition to tort reform legislation, COPIC monitored the following bills this session:

- ✔ **House File 265**—a bill establishing the licensure of midwives in Iowa.
- ✔ **House File 424**—a bill aiming to expand the scope of practice for physician assistants by replacing the current supervisory agreement with a collaborative agreement.
- ✘ **House Study Bill 160**—a bill that would have permitted the discoverability of protected information in Candor discussions.
- ✔ **Senate File 75**—a bill creating a new state licensure designation for rural emergency hospitals allowing certain facilities access to additional funding and additional ambulatory surgical center licensing requirements.
- ✘ **Senate File 430**—a bill that would have significantly impacted medical liability civil proceedings and a medical liability insurance carrier's ability to defend health care providers in Iowa to the best of their ability.

LOOKING AHEAD

In the coming months, COPIC will continue to work closely with our colleagues at the Iowa Medical Society to monitor regulatory implementation of bills passed this session and keep you informed on how these policies will impact your practice and delivery of care.

Visit COPIC's Legislative Action Center at www.callcopic.com/lac for more information on bills we are tracking during the legislative session, sign up for newsletter updates, or find your elected officials. If you have any questions, please contact COPIC's Manager of Public Affairs, Logan Dunning, at ldunning@copic.com.

2023 IMS/COPIC Physician Humanitarian Award: Dr. Jay Brown

COPIC and the Iowa Medical Society (IMS) are proud to announce that Dr. Jay Brown is the 2023 recipient of the IMS/COPIC Physician Humanitarian Award. Dr. Brown specializes in allergy/immunology and works at McFarland Clinic in Ames.

Dr. Brown is recognized for his caring, empathetic, passionate, and engaging approach with patients and for his commitment as a physician leader in improving the health and well-being of others. Besides a successful career in medicine, he has made a notable impact through his volunteerism, charitable gifts, and service in his community.

Dr. Brown joined McFarland Clinic in July 1994 after completing his fellowship training in allergy/immunology. For the past 30 years, he has adhered to the highest professional standards of medical practice with a consistent focus on the welfare of his patients.

Dr. Brown founded the Ames Free Medical Clinic which opened in 1998 to serve residents of Story County and nearby areas until 2016. He then assisted with a grant to establish a Primary Health Clinic, a federally

qualified health center that continues to serve the Ames community today.

During its 18 years of operation, the Ames Free Medical Clinic worked with 27,000 patients and had more than 150 volunteers. When the Ames Free Medical Clinic needed a safe and secure place to provide services, it partnered with YSS (known formerly as Youth & Shelter Services) and they donated space. It was through these arrangements that Dr. Brown made a connection with the mission and work of YSS.

He has since served on the YSS board of directors for three years and has been an active volunteer and donor for nearly three decades. In December 2020, Dr. Brown was approached with the idea to expand youth rehabilitation services to help the nearly 7,000 youth in Iowa who need treatment but do not have access. The idea focused on a nature-based and trauma-informed campus that could use nature as a healing tool.



COPIC's Beverly Razon with Dr. Brown and his wife at the award presentation with Andrew Allen, President & CEO of YSS.

Shortly after that conversation, Dr. Brown decided to donate 52 acres of personal property and farmland to YSS to build a new youth recovery campus located in central Iowa to benefit youth throughout the entire state. A believer in the theory that what heals us is interacting with each other, making connections, and valuing human life, Dr. Brown has exemplified the qualities of a humanitarian by promoting the connections, betterment, and welfare of others.

Each year, the recipient of this award is asked to designate a \$10,000 donation from COPIC to be provided to a health care-related nonprofit organization within their community. It comes as no surprise that Dr. Brown has designated YSS as that recipient. The IMS/COPIC Physician Humanitarian Award was presented to Dr. Brown on April 21 at the President's Reception of the Iowa Medical Society.



THE LEGISLATIVE LANDSCAPE

COPIC has long believed that taking an active role in advocating on legislative issues is an important way to allow the health care community to devote its resources to quality improvement and patient care. COPIC monitors regulation and legislation in Nebraska to ensure that access to safe, quality health care delivery is maintained and new, unreasonable burdens are not placed on health care providers.

By working closely with our colleagues at the Nebraska Medical Association (NMA), COPIC tracks legislation using the lens of stabilizing the tort environment, promoting learning in health care, ensuring the delivery of safe, quality care, and protecting the patient and physician relationship.

SESSION IN-REVIEW

Only one thing comes to mind when we reflect on the 2023 legislative session: filibuster. The Unicameral made national headlines as an unprecedented filibuster effectively brought all legislative work to a halt back in February. Due to a bill restricting transgender care for minors, Senator Machaela Cavanaugh led an effort to filibuster every bill on the floor as long as the bill remained under consideration. A deal was struck the third week of March to bring the bill to the front of the queue for a vote. The bill passed on a 30-17 vote, leading Senator Cavanaugh to double down stating that the passage of the bill means she will continue her filibuster efforts for the remainder of the session. This commitment held true as a small group of senators have continued to work together using various legislative procedures to bring the pace of the session to a crawl. It wasn't until April 17, 2023 (legislative day 63) that the Unicameral passed its first bill of the session. Prior to the 2023 session, the longest the Unicameral had gone without passing a bill was 41 days.

This legislative delay has had a direct impact on the number of bills that have been debated and passed so far this session. This will make for an interesting workload next year when senators return in January for the second half of the legislative session where there will be a backlog of bills on which the Unicameral will have to play catch up.

Since the Unicameral convened in January, COPIC's focus, along with colleagues at the NMA, has been on the advancement of Legislative Bill 68—a bill working to

ensure long-term viability of the Excess Liability Fund. LB 68 is a timely and measured piece of legislation that aims to increase the underlying limit of the Fund from \$500,000 to \$800,000 and increase the annual aggregate limit for physicians and CRNAs from \$1 million to \$3 million to mirror that of hospital limits. If passed, the legislation will go into effect January 1, 2025. At the writing of this publication, LB 68 has been successfully amended into a larger package of insurance-related bills and is awaiting consideration on Final Reading. COPIC remains cautiously optimistic the bill package will continue to move forward this session. Passage or not in 2023, COPIC will continue to work to educate stakeholders on the importance of this legislation over the interim months.

In addition to LB 68, below is a list of bills COPIC has continued to monitor this session. Any bill not voted down or passed will remain active and be considered when the legislature returns in January.

- **Legislative Bill 25**—Authorize punitive damages as prescribed and provide for distribution
- **Legislative Bill 87**—Allow persons eighteen years of age to make health care decisions and persons under nineteen years of age in correctional facilities to consent to medical and mental health care
- **Legislative Bill 286**—Provide for confidentiality of a physician wellness program under the Uniform Credentialing Act

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LEGISLATIVE LANDSCAPE (FROM PAGE 1)

- **Legislative Bill 351**—Increase and eliminate limits on medical malpractice liability and change provisions relating to proof of financial responsibility and the Excess Liability Fund
- **Legislative Bill 574**—Adopt the Let Them Grow Act

Looking Ahead

In the interim months ahead, COPIC will continue to work closely with our colleagues at the Nebraska Medical Association to monitor regulatory implementation of bills passed this session and keep you informed on how these policies will impact your practice and delivery of care.

Visit COPIC's Legislative Action Center at www.callcopic.com/lac for more information on bills we are tracking during the legislative session, sign up for newsletter updates, or find your elected officials. If you have any questions, please contact COPIC's Manager of Public Affairs, Logan Dunning, via email at ldunning@copic.com.

NEBRASKA'S EXCESS LIABILITY FUND



Online Payment Portal

Upon the renewal of your COPIC policy, there is now a new option to make an online payment for your surcharge premium in Nebraska's Excess Liability Fund (mailed payments are still accepted). Here are the details:

- Go to <https://doi.nebraska.gov/insurers/property-and-casualty> and scroll down to the Medical Professional Liability section.
- There are instructions in this section to access the online payment portal and how to email your proof of coverage (Certificate of Insurance); submitting both of these requirements at the same time will expedite processing.
- The surcharge premium is a percentage (currently 50%) of the premium reflected on your Certificate of Insurance.
- Be sure to save your receipt as a PDF.
- Questions can be sent to doi.nelf@nebraska.gov or you can contact Emma Covalt at (402) 471-4651.

Requirement of Patient Notification in Your Office

The following are the patient notification requirements associated with the Excess Liability Fund:

- A qualified health care provider shall provide notice to his or her patients that he or she has qualified under the Act by continuously posting in his or her waiting room or other suitable location a sign stating: *(Name of Health Care Provider) has qualified under the provisions of the Nebraska Hospital-Medical Liability Act. Patients will be subject to the terms and conditions of the Act unless they file a refusal to be bound by that Act with the Director of Insurance of the State of Nebraska.*
- In addition to the foregoing information, the sign may include the following language: *This notice is being provided as required by the Nebraska Hospital-Medical Liability Act Neb.Rev.Stat. §44-2821(4), as amended.*
- The sign to be posted will measure at least 8 1/2" x 11" and shall be printed in substantially sized font and with a style of type that is easy to read.



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