

1 **SEC. 2531. MEDICAL LIABILITY ALTERNATIVES.**

2 (a) **INCENTIVE PAYMENTS FOR MEDICAL LIABILITY**
3 **REFORM.**—

4 (1) **IN GENERAL.**—To the extent and in the
5 amounts made available in advance in appropriations
6 Acts, the Secretary shall make an incentive payment,
7 in an amount determined by the Secretary, to each
8 State that has an alternative medical liability law in
9 compliance with this section.

10 (2) **DETERMINATION BY SECRETARY.**—The
11 Secretary shall determine that a State has an alter-
12 native medical liability law in compliance with this
13 section if the Secretary is satisfied that—

14 (A) the State enacted the law after the
15 date of the enactment of this Act and is imple-
16 menting the law;

17 (B) the law is effective; and

18 (C) the contents of the law are in accord-
19 ance with paragraph (4).

20 (3) **CONSIDERATIONS FOR DETERMINING EF-**
21 **FECTIVENESS.**—In determining whether an alter-
22 native medical liability law is effective under para-
23 graph (2)(B), the Secretary shall consider whether
24 the law—

1 (A) makes the medical liability system
2 more reliable through prevention of, or prompt
3 and fair resolution of, disputes;

4 (B) encourages the disclosure of health
5 care errors; and

6 (C) maintains access to affordable liability
7 insurance.

8 (4) CONTENTS OF ALTERNATIVE MEDICAL LI-
9 ABILITY LAW.—The contents of an alternative liabil-
10 ity law are in accordance with this paragraph if—

11 (A) the litigation alternatives contained in
12 the law consist of certificate of merit, early
13 offer, or both; and

14 (B) the law does not limit attorneys' fees
15 or impose caps on damages.

16 (b) USE OF INCENTIVE PAYMENTS.—Amounts re-
17 ceived by a State as an incentive payment under this sec-
18 tion shall be used to improve health care in that State.

19 (c) TECHNICAL ASSISTANCE.—The Secretary may
20 provide technical assistance to the States applying for or
21 receiving an incentive payment under this section.

22 (d) REPORTS.—Beginning not later than one year
23 after the date of the enactment of this Act, the Secretary
24 shall submit to the Congress an annual report on the
25 progress States have made in enacting and implementing

1 alternative medical liability laws in compliance with this
2 section. Such reports shall contain sufficient documenta-
3 tion regarding the effectiveness of such laws to enable an
4 objective comparative analysis of such laws.

5 (c) DEFINITION.—In this section—

6 (1) the term “Secretary” means the Secretary
7 of Health and Human Services; and

8 (2) the term “State” includes the several
9 States, District of Columbia, the Commonwealth of
10 Puerto Rico, and each other territory or possession
11 of the United States.

12 (f) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 such sums as may be necessary, to remain available until
15 expended.

16 **SEC. 2532. INFANT MORTALITY PILOT PROGRAMS.**

17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services (in this section referred to as the “Sec-
19 retary”), acting through the Director, shall award grants
20 to eligible entities to create, implement, and oversee infant
21 mortality pilot programs.

22 (b) PERIOD OF A GRANT.—The period of a grant
23 under this section shall be 5 consecutive fiscal years.

24 (c) PREFERENCE.—In awarding grants under this
25 section, the Secretary shall give preference to eligible enti-