

# SENATE BILL No. 56

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 34-18-6.

**Synopsis:** Medical malpractice patient's compensation fund. Requires claims for payment from the medical malpractice patient's compensation fund to be computed and paid every three months instead of every six months.

**Effective:** July 1, 2014.

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## Paul

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January 6, 2014, read first time and referred to Committee on Judiciary.

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Second Regular Session 118th General Assembly (2014)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

# SENATE BILL No. 56

A BILL FOR AN ACT to amend the Indiana Code concerning civil procedure.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 34-18-6-4 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 4. (a) Claims for  
3 payment from the patient's compensation fund **must be computed and**  
4 **paid as follows:**  
5 (1) **Claims for payment from the patient's compensation fund**  
6 **that become final during the first three (3) months of the**  
7 **calendar year must be:**  
8 (A) **computed on March 31; and**  
9 (B) **paid not later than April 15;**  
10 **of that calendar year.**  
11 (2) **Claims for payment from the patient's compensation fund**  
12 **that become final during the first six (6) second three (3) months**  
13 **of the calendar year must be:**  
14 (A) **computed on June 30; and must be**  
15 (B) **paid not later than the following July 15;**  
16 **of that calendar year.**



1           **(3) Claims for payment from the patient's compensation fund**  
 2           that become final during the ~~last six (6)~~ **third three (3)** months of  
 3           the calendar year must be:

4                 **(A) computed on September 30; and**

5                 **(B) paid not later than October 15;**  
 6           **of that calendar year.**

7           **(4) Claims for payment from the patient's compensation fund**  
 8           **that become final during the last three (3) months of the**  
 9           **calendar year must be:**

10                **(A) computed on December 31 of that calendar year; and**  
 11                **must be**

12                **(B) paid not later than ~~the following~~ January 15 of the**  
 13                **following calendar year.**

14           (b) If the balance in the fund is insufficient to pay in full all claims  
 15           that have become final during a ~~six (6)~~ **three (3)** month period, the  
 16           amount paid to each claimant must be prorated. Any amount left  
 17           unpaid as a result of the proration must be paid before the payment of  
 18           claims that become final during the following ~~six (6)~~ **three (3)** month  
 19           period.

20           SECTION 2. IC 34-18-6-5 IS AMENDED TO READ AS  
 21           FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 5. The auditor of state  
 22           shall issue a warrant in the amount of each claim submitted to the  
 23           auditor against the fund on **March 31**, June 30, **September 30**, and  
 24           December 31 of each year. The only claim against the fund shall be a  
 25           voucher or other appropriate request by the commissioner after the  
 26           commissioner receives:

27                (1) a certified copy of a final judgment against a health care  
 28                provider; or

29                (2) a certified copy of a court approved settlement against a health  
 30                care provider.

