



January 17, 2014

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## SENATE BILL No. 56

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DIGEST OF SB 56 (Updated January 15, 2014 1:04 pm - DI 84)

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

**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, Hume, Randolph, Broden**

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January 7, 2014, read first time and referred to Committee on Judiciary.  
January 16, 2014, reported favorably — Do Pass.

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SB 56—LS 6133/DI 69





January 17, 2014

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.**

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- 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.



COMMITTEE REPORT

Madam President: The Senate Committee on Judiciary, to which was referred Senate Bill No. 56, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is to SB 56 as introduced.)

Committee Vote: Yeas 9, Nays 0

Senator Steele, Chairperson

