## **SENATE BILL No. 236**

DIGEST OF INTRODUCED BILL

Citations Affected: IC 34-61; IC 34-62.

**Synopsis:** Asbestos litigation. Requires certain disclosures regarding asbestos bankruptcy trust claims in civil asbestos actions. Provides medical criteria to set aside and preserve the claims of asbestos and silica claimants without physical impairment, and gives priority to asbestos and silica claimants with malignant conditions and impairing nonmalignant conditions.

Effective: July 1, 2017.

## Glick

January 9, 2017, read first time and referred to Committee on Civil Law.



## Introduced

First Regular Session 120th General Assembly (2017)

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 2016 Regular Session of the General Assembly.

## **SENATE BILL No. 236**

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 34-61 IS ADDED TO THE INDIANA CODE AS
2	A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
3	2017]:
4	ARTICLE 61. ASBESTOS BANKRUPTCY TRUST CLAIMS
5	TRANSPARENCY ACT
6	Chapter 1. Definitions
7	Sec. 1. The following definitions in this chapter apply
8	throughout this article.
9	Sec. 2. "Asbestos" means:
10	(1) chrysotile, amosite, crocidolite, tremolite asbestos,
11	anthophyllite asbestos, actinolite asbestos, asbestiform
12	winchite, asbestiform richterite, or asbestiform amphibole
13	minerals; and
14	(2) any of the minerals described in subdivision (1) that have
15	been chemically treated or altered.
16	Sec. 3. (a) Except as provided in subsection (b), "asbestos
17	action" means:



2       presented in a civil action arising out of, based on, or related         3       to the health effects of exposure to asbestos, including:         4       (A) loss of consortium;         5       (B) wrongful death;         6       (C) mental or emotional injury;         7       (D) risk or fear of disease or other injury; or         8       (E) costs of medical monitoring or surveillance; or         9       (2) any other derivative claim made by or on behalf of a         10       person exposed to asbestos or a representative, spouse, parent,         11       child, or other relative of that person.         12       (b) An asbestos action does not include a claim for worker's         13       compensation benefits paid by or on behalf of an employer to an         14       employee under IC 22-3 or a comparable worker's compensation         15       law in another jurisdiction.         16       Sec. 4. "Asbestos trust" means a government approved or court         17       approved trust, qualified settlement fund, compensation fund, or         18       claims facility created:         19       (1) as a result of a natministrative or legal action;         20       (2) as a result of a court approved bankruptcy; or         21       (3) under 11 U.S.C. 524(g) or 11 U.S.C. 1121(a) or other	1	(1) a claim for damages or other civil or equitable relief
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41 (1) claims payment matrices;		
		8
42 (2) trust distribution procedures; and		
	42	(2) trust distribution procedures; and



1	(3) plans for reorganization.
2	Chapter 2. Required Disclosures by Plaintiff
3	Sec. 1. (a) Before January 1, 2018, or not later than thirty (30)
4	days after an asbestos action is filed that is not otherwise barred by
5	applicable law, whichever is later, the plaintiff shall:
6	(1) provide the court and parties with a sworn statement
7	signed by the plaintiff and the plaintiff's counsel, under
8	penalties of perjury, indicating that an investigation of all
9	asbestos trust claims has been conducted and that all asbestos
10	trust claims that can be made by the plaintiff or any person on
11	the plaintiff's behalf have been filed. The sworn statement
12	must:
13	(A) indicate whether there has been a request to defer,
14	delay, suspend, or toll any asbestos trust claim; and
15	(B) provide the disposition of each trust claim; and
16	(2) provide all parties with all trust claims materials,
17	including:
18	(A) trust claims materials that relate to conditions other
19	than those that are the basis for the asbestos action; and
20	(B) all trust claims materials from all law firms connected
21	to the plaintiff in relation to exposure to asbestos,
22	including:
23	(i) any referring law firm; and
24	(ii) any other firm that has filed an asbestos trust claim
25 26	for the plaintiff or on the plaintiff's behalf.
26	(b) If the plaintiff's asbestos trust claim is based on exposure to
27 28	asbestos through another individual, the plaintiff shall produce all
28 29	trust claims materials submitted by the other individual to any
29 30	asbestos trusts if the trust claims materials are available to the plaintiff or the plaintiff's counsel.
30 31	1 1
31	Sec. 2. The court shall dismiss the asbestos action if the plaintiff fails to comply with this chapter.
32	Sec. 3. An asbestos action may not be set for trial until at least
33 34	one hundred eighty (180) days after the requirements of section
35	1(a) of this chapter are met.
36	Chapter 3. Identification of Additional Asbestos Trust Claims
37	by Defendant
38	Sec. 1. A defendant may file a motion requesting a stay of the
<u>39</u>	asbestos action not later than sixty (60) days before the scheduled
40	trial date of the action is set to commence, or not later than the
41	fifteenth day after the defendant first obtains information that
42	could support additional trust claims by the plaintiff. The motion
14	cours support additional trast claims by the plainting rife motion

1 must: 2 (1) identify the asbestos trust claims the defendant believes the 3 plaintiff can file; and 4 (2) include information supporting the asbestos trust claims. 5 Sec. 2. Not later than ten (10) days after receiving the 6 defendant's motion, the plaintiff shall: 7 (1) file the asbestos trust claims; 8 (2) file a written response with the court stating why there is 9 insufficient evidence for the plaintiff to file the asbestos trust 10 claims; or 11 (3) file a written response with the court requesting a 12 determination that the cost to file the asbestos trust claims 13 exceeds the plaintiff's reasonably anticipated recovery. 14 Sec. 3. (a) If the court determines that there is a sufficient basis 15 for the plaintiff to file an asbestos trust claim identified in the 16 motion to stay under section 1 of this chapter, the court shall stay 17 the asbestos action until the plaintiff: 18 (1) files the asbestos trust claim; and 19 (2) produces all related trust claims materials. 20 (b) If the court determines that the cost of submitting an 21 asbestos trust claim exceeds the plaintiff's reasonably anticipated 22 recovery, the court shall stay the asbestos action until the plaintiff 23 files a verified statement of the plaintiff's history of exposure to, 24 use of, or other connection to asbestos covered by the asbestos 25 trust. 26 Sec. 4. An asbestos action may not be set for trial until at least 27 sixty (60) days after the plaintiff provides the documentation 28 required by this chapter. 29 Sec. 5. Not less than thirty (30) days before trial in an asbestos 30 action, the court shall identify each asbestos trust claim made by 31 the plaintiff. 32 Chapter 4. Discovery 33 Sec. 1. Trust claims and supporting materials and trust 34 governance documents are presumed to be relevant and authentic 35 and are admissible in evidence in an asbestos action. 36 Sec. 2. A claim of privilege does not apply to: 37 (1) trust claims materials; or 38 (2) trust governance documents. 39 Sec. 3. (a) A defendant in an asbestos action may seek discovery 40 from an asbestos trust. 41 (b) The plaintiff may not claim privilege or confidentiality to 42 bar discovery.



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(c) The plaintiff shall provide consent or other expression of 1 2 permission that may be required by the asbestos trust to release 3 information and materials sought by a defendant. 4 Sec. 4. Trust claims materials that are sufficient to entitle a 5 claim to consideration for payment under the applicable trust 6 governance documents may be sufficient to support a jury finding 7 that: 8 (1) the plaintiff may have been exposed to products for which 9 the trust was established to provide compensation; and 10 (2) such exposure may be a substantial contributing factor in 11 causing the plaintiff's injury at issue in the asbestos action. 12 **Chapter 5. Sanctions for Failure to Provide Information** 13 Sec. 1. (a) A defendant or a judgment debtor may file a motion 14 seeking sanctions or other relief in an asbestos action. 15 (b) The court may impose any sanction provided by court rule 16 or law, including but not limited to vacating a judgment rendered 17 in the action for a plaintiff's failure to comply with the disclosure 18 requirements under this article. 19 Sec. 2. (a) If the plaintiff files an asbestos trust claim after the 20 plaintiff obtains a judgment in an asbestos action, and that asbestos 21 trust was in existence at the time the plaintiff obtained the 22 judgment, a defendant or a judgment debtor may seek sanctions or 23 other relief. 24 (b) The court may: 25 (1) reopen the judgment in the asbestos action; and 26 (2) adjust the judgment by the amount of any subsequent 27 asbestos trust payments obtained by the plaintiff. 28 Sec. 3. A defendant or a judgment debtor must file a motion 29 under this chapter within one (1) year after the judgment was 30 entered. 31 **Chapter 6. Severability** 32 Sec. 1. The provisions of this article are severable in the manner 33 provided by IC 1-1-1-8(b). 34 SECTION 2. IC 34-62 IS ADDED TO THE INDIANA CODE AS 35 A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 36 2017]: 37 ARTICLE **62.** ASBESTOS AND SILICA CLAIMS 38 **PRIORITIES ACT** 39 **Chapter 1. Definitions** 40 Sec. 1. The definitions in this chapter apply throughout this 41 article. 42 Sec. 2. "American Medical Association's Guides to the

Evaluation of Permanent Impairment" refers to the American 1 2 Medical Association's Guides to Evaluation of Permanent 3 Impairment in effect at the time of the performance of any 4 examination or test on an exposed person required under this 5 article. 6 Sec. 3. "Asbestos" means: 7 (1) chrysotile, amosite, crocidolite, tremolite asbestos, 8 anthophyllite asbestos, actinolite asbestos, asbestiform 9 winchite, asbestiform richterite, asbestiform amphibole 10 minerals; and 11 (2) any of the minerals in subdivision (1) that have been 12 chemically treated or altered. 13 Sec. 4. (a) Except as provided in subsection (b), "asbestos 14 action" means: 15 (1) a claim for damages or other civil or equitable relief 16 presented in a civil action arising out of, based on, or related 17 to the health effects of exposure to asbestos, including: 18 (A) loss of consortium; 19 (B) wrongful death; 20 (C) mental or emotional injury; 21 (D) risk or fear of disease or other injury; and 22 (E) costs of medical monitoring or surveillance; and 23 (2) any other derivative claim made by or on behalf of a 24 person exposed to asbestos or a representative, spouse, parent, 25 child, or other relative of that person. 26 (b) An asbestos action does not include a claim for worker's 27 compensation benefits paid by or on behalf of an employer to an 28 employee under IC 22-3 or a comparable worker's compensation 29 law in another jurisdiction. 30 Sec. 5. "Asbestosis" means bilateral diffuse interstitial fibrosis 31 of the lungs caused by inhalation of asbestos fibers. 32 Sec. 6. "Board certified" refers to a physician: 33 (1) certified by a recognized association in the physician's 34 specialty area; and 35 (2) whose certification was current when the physician 36 performed an examination and rendered a medical report as 37 required by this article. 38 Sec. 7. "Certified B-reader" means an individual: 39 (1) who has qualified as a National Institute for Occupational 40 Safety and Health final or B-reader of x-rays under 42 CFR 41 37.52(b); 42 (2) whose certification was current at the time of any readings



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1 required under this article; and 2 (3) whose readings comply with the National Institute for 3 Occupational Safety and Health B-reader's Code of Ethics, 4 Issues in Classification of Chest Radiographs, and 5 **Classification of Chest Radiograph in Contested Proceedings.** 6 Sec. 8. "Diffusing capacity of the lungs" refers to a medical test 7 that determines how much oxygen travels from the alveoli of the 8 lungs to the bloodstream. 9 Sec. 9. "FEV1/FVC" refers to the ratio between the actual 10 values for forced expiratory volume in the first second over forced 11 vital capacity. 12 Sec. 10. "Forced expiratory volume in the first second" 13 represents the proportion of a person's vital capacity that the 14 person is able to expire in the first second of forced expiration. 15 Sec. 11. "Forced vital capacity" means the amount of air that 16 can be forcibly exhaled from the lungs after taking the deepest 17 breath possible. 18 Sec. 12. "International Labour Office scale" and "International 19 Labour Office system" refer to the radiological ratings and system 20 for the classification of chest x-rays of the International Labour 21 Office provided in Guidelines for the Use of International Labour 22 **Office Internal Classification of Radiographs of Pneumoconioses** 23 in effect on the day any chest x-rays of the exposed person were 24 reviewed by a certified B-reader. 25 Sec. 13. "Nonmalignant condition" refers to any condition that 26 can be caused by asbestos or silica other than a diagnosed cancer. 27 Sec. 14. "Official statements of the American Thoracic Society" 28 refers to lung function testing standards set forth in statements 29 from the American Thoracic Society in effect on the day of the 30 pulmonary function test of the exposed person, including: 31 (1) standardizations of spirometry; 32 (2) standardizations of lung volume tests; 33 (3) standardizations of diffusion capacity testing or single 34 breath determination of carbon monoxide uptake in the lung; 35 and 36 (4) interpretive strategies for lung function tests. 37 Sec. 15. "Pathological evidence of asbestosis" means a statement 38 by a board certified pathologist that: 39 (1) more than one (1) representative section of lung tissue 40 uninvolved with any other disease process demonstrates a 41 pattern of peribronchiolar or parenchymal scarring in the 42 presence of characteristic asbestos bodies graded:



1 (A) 1(B) or higher under the criteria published in 2 Asbestos-Associated Diseases, 106 Archive of Pathology 3 and Laboratory Medicine 11, Appendix 3 (October 8, 4 1982); or 5 (B) grade 1 or higher in pathology of asbestosis, 134 6 Archive of Pathology and Laboratory Medicine 462-80 7 (March 2010) (tables 2 and 3), or as amended at the time 8 of the examination; and 9 (2) there is no other more likely explanation for the presence 10 of the fibrosis. 11 Sec. 16. "Pathological evidence of silicosis" means a statement 12 by a board certified pathologist that: 13 (1) more than one (1) representative section of lung tissue 14 uninvolved with any other disease process demonstrates 15 complicated silicosis with characteristic confluent silicotic 16 nodules or lesions equal to or greater than one (1) centimeter 17 and birefringent crystals or other demonstration of crystal 18 structures consistent with silica (well organized concentric 19 whorls of collagen surrounded by inflammatory cells) in the 20 lung parenchyma, and there exists no other more likely 21 explanation for the presence of the fibrosis; or 22 (2) the plaintiff has acute silicosis with characteristic 23 pulmonary edema, interstitial inflammation, and the 24 accumulation within the alveoli or proteinaceous fluid rich in 25 surfactant. 26 Sec. 17. "Plethysmography" means the test for determining lung 27 volume in which the exposed person is enclosed in a chamber 28 equipped to measure pressure, flow, or volume change. 29 Sec. 18. "Predicted lower limit of normal" means the test value 30 that is the calculated standard convention lying at the fifth 31 percentile, below the upper ninety-five percent (95%) of the 32 reference population, based on age, height, and gender, according 33 to the recommendation by the American Thoracic Society and as 34 referenced in the applicable American Medical Association's 35 Guides to the Evaluation of Permanent Impairment, or as 36 amended. 37 Sec. 19. "Pulmonary function test" means: 38 (1) spirometry; 39 (2) lung volume testing; and 40 (3) diffusion capacity testing, including appropriate 41 measurements, quality control data, and graphs, performed 42 in accordance with:





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1 2	(A) the methods of calibration and techniques provided in the applicable American Medical Association's Cuides to
$\frac{2}{3}$	the applicable American Medical Association's Guides to
3 4	the Evaluation of Permanent Impairment; and (B) all standards provided in the official statements of the
4 5	American Thoracic Society in effect on the day pulmonary
6	
7	function testing of the exposed person was conducted.
8	Sec. 20. "Qualified physician" refers to a physician who:
o 9	(1) is board certified in internal medicine, pathology,
9 10	pulmonary medicine, or occupational medicine, as is
10	appropriate to the actual diagnostic speciality in question; and
11	
12	(2) spends not more than twenty-five percent (25%) of the
13 14	physician's professional practice time providing consulting
	services or expert services in actual or potential civil actions
15	and whose medical group, professional corporation, clinic, or
16 17	other affiliated group earns not more than twenty-five percent
17	(25%) of its revenue providing such services.
	Sec. 21. "Radiological evidence of asbestosis" means evidence
19 20	of bilateral small irregular opacities (s, t, or u) occurring primarily
20 21	in the lower lung zones graded by a certified B-reader as at least 1/1 on the International Labour Office code of even
21	1/1 on the International Labour Office scale, as seen on:
22	(1) a quality 1 chest x-ray under the International Labour
23 24	Office system; or
24 25	(2) a quality 2 chest x-ray under the International Labour
23 26	Office system in a death case when no pathology or quality 1 short y ray is qualible
20 27	chest x-ray is available.
27	Sec. 22. "Radiological evidence of diffuse bilateral pleural thickening" means evidence of diffuse bilateral pleural thickening
28 29	of at least b2 on the International Labour Office scale and blunting
30	of at least one (1) costophrenic angle as classified by a certified
31	B-reader, as seen on:
32	(1) a quality 1 chest x-ray under the International Labour
33	Office system; or
34	(2) a quality 2 chest x-ray under the International Labour
35	Office system in a death case when no pathology or quality 1
36	chest x-ray is available.
37	Sec. 23. "Radiological evidence of silicosis" means:
38	(1) a quality 1 chest x-ray under the International Labour
39	Office system, or a quality 2 chest x-ray under the
40	International Labour Office system in a death case when no
41	pathology or quality 1 chest x-ray is available; and
42	(2) one (1) or more of the following:
	(-) one (1) of more of the following.



1	(A) Bilateral predominantly nodular or rounded opacities
2	(p, q, or r) occurring primarily in the upper lung fields
$\frac{2}{3}$	graded by a certified B-reader as at least 1/1 on the
4	International Labour Office scale.
5	(B) Acute silicosis with characteristic pulmonary edema,
6	interstitial inflammation, and the accumulation within the
7	alveoli of proteinaceous fluid rich in surfactant.
8	(C) A, B, or C sized opacities representing complicated
9	silicosis.
10	Sec. 24. "Silica" means a respirable crystalline form of silicon
11	dioxide, including quartz, cristobalite, and tridymite.
12	Sec. 25. (a) Except as provided in subsection (b), "silica action"
13	means:
14	(1) a claim for damages or other civil or equitable relief
15	presented in a civil action arising out of, based on, or related
16	to the health effects of exposure to silica, including:
17	(A) loss of consortium;
18	(B) wrongful death;
19	(C) mental or emotional injury;
20	(D) risk or fear of disease or other injury; or
21	(E) costs of medical monitoring or surveillance; and
22	(2) any other derivative claim made by or on behalf of a
23	person exposed to silica or a representative, spouse, parent,
24	child, or other relative of that person.
25	(b) A silica action does not include a claim for worker's
26	compensation benefits paid by or on behalf of an employer to an
27	employee under IC 22-3 or a comparable worker's compensation
28	law in another jurisdiction.
29	Sec. 26. "Silicosis" means:
30	(1) simple silicosis;
31	(2) acute silicosis;
32	(3) accelerated silicosis; or
33	(4) chronic silicosis caused by the inhalation of respirable
34	silica.
35	Sec. 27. "Spirometry" means a test of air capacity of the lung
36	through a spirometer to measure the volume of air inspired and
37	expired.
38	Sec. 28. "Supporting test results" means:
39	(1) copies of a B-reading;
40	(2) pulmonary function tests;
41	(3) certified B-reader reports;
42	(4) reports of chest x-ray examinations;



1 (5) diagnostic imaging of the chest; 2 (6) pathology reports; and 3 (7) all other tests reviewed by the diagnosing physician or a 4 qualified physician in reaching the physician's conclusions. 5 Sec. 29. "Timed gas dilution" means a method for measuring 6 total lung capacity in which the subject breathes into a spirometer 7 containing a known concentration of an inert and insoluble gas for 8 a specific time, and the concentration of the inert and insoluble gas 9 in the lung is compared to the concentration of that type of gas in 10 the spirometer. 11 **Chapter 2. Qualified Physician** 12 Sec. 1. Before preparing a medical report and diagnosis 13 required under this article, a qualified physician must complete the 14 following: 15 (1) Perform a physical examination of the exposed person. 16 (2) Obtain a detailed occupational, exposure, medical, 17 smoking, and social history from the exposed person or, if the 18 exposed person is deceased, review pathology material and 19 obtain a detailed history from the person most knowledgeable 20 about the information that forms the basis of the asbestos 21 action or silica action. 22 Sec. 2. A qualified physician must have treated the exposed 23 person and formed a doctor-patient relationship with the exposed 24 person at the time of the physical examination, or in the case of a 25 board certified pathologist, examined tissue samples or 26 pathological slides of the exposed person at the request of the 27 treating physician. 28 Sec. 3. (a) A qualified physician must have been licensed to 29 practice on the date any examination or pulmonary function test 30 was conducted. 31 (b) A qualified physician must have actively practiced in the 32 state where the exposed person resides or resided at the time of the 33 examination or pulmonary function test, or the state where the 34 asbestos action or silica action was filed. 35 Sec. 4. A qualified physician may not receive payment for the 36 treatment of the exposed person from the exposed person's 37 attorney or law firm. 38 Sec. 5. A qualified physician must have prepared or directly 39 supervised the preparation and final review of any medical report 40 under this article. 41

41 Sec. 6. A qualified physician may not rely on any examinations,
42 tests, radiographs, reports, or opinions of any doctor, clinic,



1 laboratory, or testing company that performed an examination, 2 test, radiograph, or screening of the exposed person: 3 (1) in violation of any law, regulation, licensing requirement, 4 or medical code of practice of the state in which the 5 examination, test, radiograph, or screening was conducted; 6 (2) that was conducted without establishing a doctor-patient 7 relationship with the exposed person; or 8 (3) that required the exposed person to agree to retain the 9 legal services of a law firm. 10 **Chapter 3. Filing Claims** 11 Sec. 1. (a) Not later than thirty (30) days after initiating an 12 asbestos action involving a nonmalignant condition that is not 13 otherwise barred by applicable law, or not later than thirty (30) 14 days after initiating a silica action involving silicosis that is not 15 otherwise barred by applicable law, the plaintiff shall file a 16 detailed narrative medical report and diagnosis, signed under oath 17 by a qualified physician and accompanied by supporting test 18 results, that constitutes prima facie evidence that the exposed 19 person meets the requirements of this article. 20 (b) The detailed narrative medical report may not be prepared 21 by an attorney or a person working for or on behalf of an attorney 22 or law firm. 23 (c) The detailed narrative medical report must contain a sworn 24 information form containing the following: 25 (1) The name, address, date of birth, Social Security number, 26 marital status, occupation, and employer of the exposed 27 person, and any person through which the exposed person 28 alleges exposure. 29 (2) The plaintiff's relationship to the exposed person or person 30 through which the exposure is alleged. 31 (3) The specific location and manner of each alleged exposure, 32 including: 33 (A) the specific location and manner of exposure for any 34 person through which the exposed person alleges exposure; 35 (B) the beginning and ending dates of each alleged 36 exposure; and 37 (C) the identity of the manufacture of the specific asbestos 38 product or silica product for each exposure. 39 (4) The identity of the defendant against whom the plaintiff 40 asserts a claim. 41 (5) The specific asbestos related or silica related disease 42 claimed to exist.

1 (6) Any supporting documentation relating to this section. 2 Sec. 2. For an asbestos action or silica action pending on July 1, 3 2017, the detailed narrative medical report and supporting test 4 results and a sworn information form described in section 1 of this 5 chapter must be provided to all parties not later than ninety (90) 6 days before trial. 7 Sec. 3. A defendant shall be afforded a reasonable opportunity 8 to challenge the adequacy of the prima facie evidence before trial. 9 Sec. 4. The court shall dismiss the asbestos action or silica action 10 without prejudice if the court finds that the plaintiff has failed to 11 make the prima facie showing required by this article or failed to 12 comply with the requirements of this chapter. 13 Sec. 5. Asbestos actions and silica actions must be individually 14 filed. No asbestos actions or silica actions shall be permitted on 15 behalf of a group or class of plaintiffs. 16 **Chapter 4. Elements of Proof for Asbestos Actions Involving** 17 **Nonmalignant Conditions** 18 Sec. 1. (a) An asbestos action involving a nonmalignant 19 condition that is not otherwise barred by applicable law may not 20 be brought or maintained in the absence of prima facie evidence 21 that the exposed person has a physical impairment for which 22 asbestos exposure was a substantial contributing factor as 23 determined under IC 34-62-3. 24 (b) The prima facie showing must be made as to each defendant 25 and include a detailed narrative medical report and diagnosis, 26 signed under oath by a qualified physician that includes the 27 following: 28 (1) Radiological evidence of asbestosis or pathological 29 evidence of asbestosis or radiological evidence of diffuse 30 bilateral pleural thickening, or a high resolution computed 31 tomography scan showing evidence of asbestosis or diffuse 32 pleural thickening. 33 (2) A detailed occupational and exposure history from the 34 exposed person or, if the exposed person is deceased, from the 35 person most knowledgeable about the exposures that form the 36 basis of the action, including: 37 (A) identification of all the exposed person's principal 38 places of employment and exposures to airborne 39 contaminants; and 40 (B) whether each principal place of employment involved 41 exposures to airborne contaminants that may cause 42 pulmonary impairment and the nature, duration, and level



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1 of any exposures. 2 (3) A detailed medical, social, and smoking history from the 3 exposed person or, if the exposed person is deceased, from the 4 person most knowledgeable of the histories, including a 5 thorough review of the past and present medical problems of 6 the exposed person and the most probable cause of the 7 problems. 8 (4) Evidence verifying that at least fifteen (15) years have 9 elapsed between the exposed person's date of first exposure to 10 asbestos and the date of diagnosis. 11 (5) Evidence from a personal medical examination and 12 pulmonary function test of the exposed person or, if the 13 exposed person is deceased, based upon the person's medical 14 records, that the exposed person has or the deceased exposed 15 person had: 16 (A) a permanent respiratory impairment rating of at least 17 Class 2 as defined by and evaluated under the American 18 Medical Association's Guides to the Evaluation of 19 Permanent Impairment; or 20 (B) reported significant changes year to year in lung 21 function for forced vital capacity, forced expiratory 22 volume in the first second, or diffusing capacity of the 23 lungs for carbon monoxide as defined by the American 24 Thoracic Society's interpretative strategies for lung 25 function tests, 26 European Respiratory Journal 948-68, 26 961-62, table 12 (2005) and as updated. 27 (6) Evidence that asbestosis or diffuse bilateral pleural 28 thickening, rather than chronic obstructive pulmonary 29 disease, is a substantial contributing factor to the exposed 30 person's physical impairment, based on a determination the 31 exposed person has: 32 (A) forced vital capacity below the predicted lower limit of 33 normal and the FEV1/FVC ratio (using actual values) at or 34 above the predicted lower limit of normal; 35 (B) total lung capacity, by plethysmography or timed gas 36 dilution, below the predicted lower limit of normal; or 37 (C) a chest x-ray showing bilateral small, irregular 38 opacities (s, t, or u) graded by a certified B-reader as at 39 least 2/1 on the International Labour Office scale. 40 Sec. 2. (a) The qualified physician signing the detailed narrative 41 medical report under IC 34-62-3 must state that exposure to 42 asbestos was a substantial contributing factor to the exposed



2 causes. 3 4 5 asbestos, or words to that effect, does not satisfy subsection (a). 6 7 Silicosis 8 9 10 11 12 13 14 15 all of the following: 16 17 18 showing evidence of silicosis. basis of the action, including: exposures to airborne contaminants; and 25 (B) whether each principal place of employment involved of any exposure. 29 (3) A detailed medical, social, and smoking history from the and the most probable cause of the problems. 34 (4) Evidence that a sufficient latency period has elapsed 35 36 and the day of diagnosis. 37 (5) Evidence based upon a personal medical examination and 38 pulmonary function test of the exposed person, or if the 39 exposed person is deceased, based upon the person's medical 40 records, that the exposed person has or the deceased exposed

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(A) a permanent respiratory impairment rating of at least



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person's physical impairment and was not the result of other

(b) An opinion that the medical findings and physical impairment are consistent with or compatible with exposure to

Chapter 5. Elements of Proof for Silica Actions Involving

Sec. 1. A silica action involving silicosis that is not otherwise barred by applicable law may not be brought or maintained in the absence of prima facie evidence that the exposed person has a physical impairment for which exposure to silica was a substantial contributing factor. The prima facie showing must be made as to each defendant and include a detailed narrative medical report and diagnosis, signed under oath by a qualified physician that includes

(1) Radiological evidence of silicosis or pathological evidence of silicosis or a high resolution computed tomography scan

19 (2) A detailed occupational and exposure history from the 20 exposed person or, if the exposed person is deceased, from the 21 person most knowledgeable about the exposures that form the 22

23 (A) identification of all principal places of employment and 24

26 exposures to airborne contaminants that may cause 27 pulmonary impairment and the nature, duration, and level 28

30 exposed person or, if the exposed person is deceased, from the 31 person most knowledgeable of the histories, including a 32 thorough review of the past and present medical problems 33

between the exposed person's date of first exposure to silica

person had:

1 Class 2 as defined by and evaluated under the American 2 Medical Association's Guides to the Evaluation of 3 Permanent Impairment; or 4 (B) reported significant changes year to year in lung 5 function for forced vital capacity, forced expiratory 6 volume in the first second, or diffusing capacity of the 7 lungs for carbon monoxide as defined by the American 8 Thoracic Society's interpretative strategies for lung 9 function tests. 10 Sec. 2. (a) The qualified physician who signs the detailed 11 narrative medical report must state that exposure to silica was a 12 substantial contributing factor to the exposed person's physical 13 impairment and not the result of other causes. 14 (b) An opinion stating that the medical findings and impairment 15 are consistent with or compatible with exposure to silica, or words 16 to that effect, does not satisfy subsection (a). 17 **Chapter 6. Evidence of Physical Impairment** 18 Sec. 1. Evidence relating to physical impairment offered in an 19 action governed by this article must comply with: 20 (1) the quality controls, equipment requirements, methods of 21 calibration and techniques as set forth in the American 22 Medical Association's Guides to the Evaluation of Permanent 23 Impairment; and 24 (2) all standards set forth in the official statements of the 25 American Thoracic Society that are in effect on the date of 26 any examination or pulmonary function test of the exposed 27 person required by this article. 28 Sec. 2. Evidence relating to physical impairment offered in an 29 action governed by this article must not be obtained by or based on 30 an examination, test, or screening that violates any law, regulation, 31 licensing requirements, or medical code of practice of this state or 32 the state in which the examination, test, or screening was 33 conducted. 34 Sec. 3. Evidence relating to physical impairment offered in an 35 action governed by this article must not be obtained under the 36 condition that the plaintiff or exposed person retains the legal 37 services of the attorney or law firm sponsoring the examination, 38 test, or screening. 39 **Chapter 7. Procedures and Limitations** 40 Sec. 1. (a) Evidence relating to the prima facie showings 41 required under this article: 42 (1) may not create any presumption that the exposed person



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1	has an asbestos related or silica related injury or impairment;
2	and
3	(2) may not be conclusive as to the liability of any defendant.
4	(b) No evidence may be offered at trial, and the jury may not be
5	informed of:
6	(1) the grant or denial of a motion to dismiss an asbestos
7	action or silica action under this article; or
8	(2) the provisions of this article with respect to what
9	constitutes a prima facie showing of asbestos related or silica
10	related impairment.
11	Sec. 2. Until a court enters an order determining that the
12	exposed person has established prima facie evidence of
13	impairment, no asbestos action or silica action is subject to
14	discovery, except:
15	(1) discovery related to establishing or challenging the prima
16	facie evidence; or
17	(2) by order of the court upon motion of a party and for good
18	cause shown.
19	Sec. 3. (a) A court may consolidate for trial any number or type
20	of asbestos actions or silica actions with the consent of all the
21	parties. In the absence of such consent, the court may consolidate
22	for trial only asbestos actions or silica actions relating to the
23	exposed person and members of that person's household.
24	(b) This section does not preclude consolidation of cases by
25	court order for pretrial or discovery purposes.
26	Sec. 4. A defendant in an asbestos action is not liable for
27 28	exposure from a product or component part made or sold by a third point.
28 29	third party.
	Chapter 8. Statute of Limitations
30 31	Sec. 1. (a) With respect to an asbestos action or silica action not barred by limitations as of July 1, 2017, an exposed person's cause
31	of action may not accrue, nor may the statute of limitations begin
32 33	to run, prior to the earliest of:
34	(1) the date the exposed person received a medical diagnosis
35	of an asbestos related or silica related impairment;
36	(2) the date the exposed person discovered facts that would
37	have led a reasonable person to obtain a diagnosis with
38	respect to the existence of an asbestos related or silica related
39	impairment; or
40	(3) the date of death of the exposed person having an asbestos
41	related or silica related impairment.
42	(b) This section may not be construed to revive or extend
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1 limitations with respect to any claim for asbestos related or silica 2 related impairment that was otherwise time barred on July 1, 2017. 3 Sec. 2. (a) An asbestos action or silica action arising out of a 4 nonmalignant condition is a distinct cause of action from an action 5 for an asbestos related or silica related cancer. 6 (b) Where otherwise permitted under state law, no damages 7 shall be awarded for fear or increased risk of future disease in an 8 asbestos action or silica action. 9 **Chapter 9. Severability** 10 Sec. 1. The provisions of this article are severable in the manner 11 provided by IC 1-1-1-8(b).

