

January 21, 1998

SENATE BILL No. 390

DIGEST OF SB0390 (Updated January 15, 1998 11:46 am - DI 97)

Citations Affected: IC 27-12.

Synopsis: Medical malpractice. Requires a health care provider to carry a policy of malpractice liability insurance of at least \$250,000 per occurrence and \$750,000 in the annual aggregate in order to be covered under the medical malpractice act. (Current law requires policy limits of \$100,000 per occurrence and \$300,000 in the annual aggregate.) Requires a hospital to carry a policy of malpractice liability insurance of at least \$5,000,000 in the annual aggregate if the hospital has 100 or fewer beds, and a policy of at least \$7,500,000 in the annual aggregate if the hospital has more than 100 beds. (Current law provides limits of \$2,000,000 and \$3,000,000, respectively.) Increases from \$25 to \$100 the minimum annual surcharge each health care provider is required to
(Continued next page)

Effective: Upon passage; July 1, 1998; January 1, 1999; July 1, 1999.

Harrison, Lewis

January 12, 1998, read first time and referred to Committee on Insurance and Interstate Cooperation.
January 20, 1998, reported favorably — Do Pass.

SB 390—LS 7200/DI 88



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Digest Continued

pay. Provides methods for the commissioner of the department of insurance to calculate the annual surcharge for physicians and hospitals. Requires the commissioner to pay an attorney to protect the patient compensation fund. Provides that the commissioner has sole authority for making decisions regarding the settlement of claims against the patient compensation fund and determining the reasonableness of a fee submitted by an attorney who defends the patient compensation fund. Allows a malpractice claimant to initiate a confidential action in court at the same time the claimant's proposed complaint is being considered by a medical review panel. Requires the commissioner to order a hearing on the motion of a party or on the commissioner's own initiative to dismiss a case before the department of insurance if no action has been taken in the case for at least two years. Requires an attorney to complete at least 12 hours of continuing legal education in matters relating to the administration of medical malpractice cases in order to serve as a medical review panel chairman in cases where the parties are unable to select a panel chairman by agreement. Increases from \$1,250 to \$2,000 the maximum a medical review panel chairman may be paid. Increases the maximum amount recoverable for an injury or death of a patient from \$750,000 to \$1,250,000 for an act of malpractice that occurs after December 31, 1998. Increases from \$100,000 to \$250,000 the maximum amount for which a qualified provider may be held liable for an act of malpractice. Repeals a provision allowing the commissioner to decrease the amount of the surcharge paid by providers if the patient compensation fund maintains a balance of at least \$125,000,000 at the end of two consecutive six month periods.

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January 21, 1998

Second Regular Session 110th General Assembly (1998)

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 1997 General Assembly.

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SENATE BILL No. 390

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

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

1 SECTION 1. IC 27-12-2-24.5 IS ADDED TO THE INDIANA
2 CODE AS A NEW SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 1998]: **Sec. 24.5. "Qualified provider" means**
4 **a health care provider that is qualified under this article by**
5 **complying with the procedures set forth in IC 27-12-3.**

6 SECTION 2. IC 27-12-4-1, AS AMENDED BY P.L.26-1994,
7 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 1999]: Sec. 1. Financial responsibility of a health care
9 provider and the provider's officers, agents, and employees while acting
10 in the course and scope of their employment with the health care
11 provider may be established under subdivision (1), (2), or (3):

12 (1) By the health care provider's insurance carrier filing with the
13 commissioner proof that the health care provider is insured by a
14 policy of malpractice liability insurance in the amount of at least
15 ~~one~~ **two** hundred ~~fifty~~ thousand dollars ~~(\$100,000)~~ **(\$250,000)**

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1 per occurrence and ~~three seven~~ hundred **fifty** thousand dollars
 2 ~~(\$300,000)~~ **(\$750,000)** in the annual aggregate, except for the
 3 following:

4 (A) If the health care provider is a hospital, as defined in this
 5 article, the minimum annual aggregate insurance amount is as
 6 follows:

7 (i) For hospitals of not more than one hundred (100) beds,
 8 ~~two five~~ million dollars ~~(\$2,000,000)~~: **(\$5,000,000)**.

9 (ii) For hospitals of more than one hundred (100) beds, ~~three~~
 10 **seven million five hundred thousand** dollars ~~(\$3,000,000)~~:
 11 **(\$7,500,000)**.

12 (B) If the health care provider is a health maintenance
 13 organization (as defined in IC 27-13-1-19) or a limited service
 14 health maintenance organization (as defined in
 15 IC 27-13-34-4), the minimum annual aggregate insurance
 16 amount is seven hundred thousand dollars (\$700,000).

17 (C) If the health care provider is a health facility, the minimum
 18 annual aggregate insurance amount is as follows:

19 (i) For health facilities with not more than one hundred
 20 (100) beds, three hundred thousand dollars (\$300,000).

21 (ii) For health facilities with more than one hundred (100)
 22 beds, five hundred thousand dollars (\$500,000).

23 (2) By filing and maintaining with the commissioner cash or
 24 surety bond approved by the commissioner in the amounts set
 25 forth in subdivision (1).

26 (3) If the health care provider is a hospital or a psychiatric
 27 hospital, by submitting annually a verified financial statement
 28 that, in the discretion of the commissioner, adequately
 29 demonstrates that the current and future financial responsibility
 30 of the health care provider is sufficient to satisfy all potential
 31 malpractice claims incurred by the provider or the provider's
 32 officers, agents, and employees while acting in the course and
 33 scope of their employment up to a total of ~~one two~~ hundred **fifty**
 34 thousand dollars ~~(\$100,000)~~ **(\$250,000)** per occurrence and
 35 annual aggregates as follows:

36 (A) For hospitals of not more than one hundred (100) beds,
 37 ~~two five~~ million dollars ~~(\$2,000,000)~~: **(\$5,000,000)**.

38 (B) For hospitals of more than one hundred (100) beds, ~~three~~
 39 **seven million five hundred thousand** dollars ~~(\$3,000,000)~~:
 40 **(\$7,500,000)**.

41 The commissioner may require the deposit of security to assure
 42 continued financial responsibility.



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1 SECTION 3. IC 27-12-5-2 IS AMENDED TO READ AS
 2 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. (a) As used in
 3 this section, "actuarial program" means a commercially available
 4 program used by the department to determine the actuarial risk
 5 posed to the patient compensation fund under IC 27-12-6 by a
 6 hospital. The program must be:

- 7 (1) developed to calculate actuarial risk;
 8 (2) widely recognized as being an efficient and accurate means
 9 of calculating a hospital's malpractice actuarial risk; and
 10 (3) publicly identified by the department by July 1 of each
 11 year.

12 (b) The amount of the annual surcharge shall be set by a rule
 13 adopted by the commissioner under IC 4-22-2.

14 ~~(b)~~ (c) The amount of the surcharge shall be determined based upon
 15 actuarial principles and actuarial studies and must be adequate for the
 16 payment of claims and expenses from the patient's compensation fund.

17 ~~(c)~~ (d) The surcharge may not exceed two hundred percent (200%)
 18 of the cost to each health care provider, **except for a physician**
 19 **licensed under IC 25-22.5 and a hospital licensed under IC 16-21**
 20 for maintenance of financial responsibility.

21 ~~(d)~~ (e) There is imposed a minimum annual surcharge of ~~twenty-five~~
 22 **one hundred** dollars ~~(\$25): (\$100).~~

23 (f) **Notwithstanding subsections (b), (c), and (e), beginning July**
 24 **1, 1999, the surcharge for a qualified provider who is licensed**
 25 **under IC 25-22.5 is calculated as follows:**

26 (1) **The commissioner shall contract with an actuary that has**
 27 **experience in calculating the actuarial risks posed by**
 28 **physicians. Not later than July 1 of each year, the actuary**
 29 **shall calculate the median of the premiums paid for**
 30 **malpractice liability policies to the three (3) malpractice**
 31 **insurance carriers in the state that have underwritten the**
 32 **most malpractice insurance policies for all physicians**
 33 **practicing in the same specialty class or discipline in Indiana**
 34 **during the previous twelve (12) month period. In calculating**
 35 **the median, the actuary shall consider the:**

36 (A) **manual rates of the three (3) leading malpractice**
 37 **insurance carriers in the state; and**

38 (B) **aggregate credits or debits to the manual rates given**
 39 **during the previous twelve (12) month period.**

40 (2) **After making the calculation described in subdivision (1),**
 41 **the actuary shall establish a uniform surcharge for all**
 42 **licensed physicians practicing in the same medical specialty or**

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1 discipline. This surcharge must be based on a percentage of
 2 the median calculated in subdivision (1) for all licensed
 3 physicians practicing in the same medical specialty or
 4 discipline under rules adopted by the commissioner under
 5 IC 4-22-2. The surcharge:

6 (A) must be sufficient to cover; and

7 (B) may not exceed;

8 the actuarial risk posed to the patient compensation fund
 9 under IC 27-12-6 by physicians practicing in the medical
 10 specialty or discipline.

11 (g) Beginning July 1, 1999, the surcharge for a hospital licensed
 12 under IC 16-21 that establishes financial responsibility under
 13 IC 27-12-4 after June 30, 1999, is established by the department
 14 through the use of an actuarial program. The surcharge
 15 determined for a hospital as provided in this subsection shall be
 16 based on the most recent information submitted for the hospital to
 17 the department under subsection (h). At the time financial
 18 responsibility is established for the hospital, the hospital shall pay
 19 the surcharge amount established for the hospital under this
 20 section. The surcharge:

21 (1) must be sufficient to cover; and

22 (2) may not exceed;

23 the actuarial risk posed to the patient compensation fund under
 24 IC 27-12-6 by the hospital.

25 (h) Beginning July 1, 1998, an insurance carrier issuing a policy
 26 covering malpractice liability claims for a hospital licensed under
 27 IC 16-21 shall collect and submit to the department hospital
 28 specific information for use by the actuarial program. A hospital
 29 licensed under IC 16-21 that establishes financial responsibility
 30 under IC 27-12-4-1(3) shall collect and submit to the department
 31 hospital specific information for use by the actuarial program.

32 (i) The commissioner shall adopt rules under IC 4-22-2 to carry
 33 out this section, including the following:

34 (1) Specifying information that a hospital or an insurance
 35 carrier must submit under subsection (g) for use by the
 36 actuarial program.

37 (2) Determining a timetable for the submission of a hospital's
 38 information under subsection (g) so that a hospital's
 39 surcharge may be calculated and paid before the hospital's
 40 financial responsibility lapses.

41 (3) Establishing a procedure that coordinates the collection
 42 and submission of information described under subsection (h)

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1 with the process by which a hospital licensed under IC 16-21:

2 (A) submits the hospital's application for malpractice
3 liability insurance coverage to the insurance carrier
4 issuing the hospital's malpractice liability insurance policy;
5 and

6 (B) that establishes financial responsibility under
7 IC 27-12-4-1(3) submits the hospital's information for
8 establishing financial responsibility.

9 (4) Determining a timetable for the submission of a hospital's
10 information under subsection (h), and the calculation of the
11 hospital's surcharge, so that a hospital is notified in writing of
12 the hospital's surcharge not less than six (6) months before the
13 date the hospital's surcharge is due under subsection (g).

14 (j) A hospital may appeal the determination of the hospital's
15 surcharge under this section on the grounds that the surcharge was
16 improperly calculated. An appeal under this subsection is governed
17 by IC 4-21.5. At the discretion of the department, the department
18 may compel a hospital appealing the calculation of the hospital's
19 surcharge to pay the surcharge under protest so that the appeal
20 takes place after the surcharge is paid. A hospital that successfully
21 appeals the calculation of the hospital's surcharge is entitled to:

22 (1) a refund of any surcharge amounts improperly paid by the
23 hospital; and

24 (2) interest on the payment under subdivision (1) that is
25 calculated from the date of the improper payment.

26 SECTION 4. IC 27-12-6-2 IS AMENDED TO READ AS
27 FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. (a) The
28 commissioner, using money from the fund, as considered necessary,
29 appropriate, or desirable, may purchase the services of persons, firms,
30 and corporations to aid in protecting shall pay an attorney who is
31 licensed to practice law in Indiana to protect the fund against claims
32 made against a health care provider. The attorney must also meet
33 the following qualifications:

34 (1) Must have spent a majority of working time during five (5)
35 years of the most recent seven (7) year period defending
36 actions brought under this article.

37 (2) Must be recommended by at least one (1) of the five (5)
38 malpractice insurance carriers that underwrite the most
39 malpractice insurance policies in Indiana for the type of
40 provider against whom the current action is brought, to the
41 greatest extent possible.

42 The commissioner shall pay the attorney an amount equal to the

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1 hourly rate paid by the health care provider's malpractice
2 insurance company.

3 (b) The commissioner has sole authority for the following:

4 (1) Making a decision regarding the settlement of a claim
5 against the patient compensation fund.

6 (2) Determining the reasonableness of any fee submitted to the
7 department of insurance by an attorney who defends the
8 patient compensation fund under this section.

9 (c) All expenses of collecting, protecting, and administering the
10 fund shall be paid from the fund.

11 SECTION 5. IC 27-12-8-7 IS ADDED TO THE INDIANA CODE
12 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
13 1, 1998]: **Sec. 7. Notwithstanding section 4 of this chapter,**
14 **beginning July 1, 1999, a claimant may commence an action in**
15 **court for malpractice at the same time the claimant's proposed**
16 **complaint is being considered by a medical review panel. In order**
17 **to comply with this section, the:**

18 (1) complaint filed in court may not contain any information
19 that would allow a third party to identify the defendant;

20 (2) claimant is prohibited from pursuing the action; and

21 (3) court is prohibited from taking any action except an action
22 under IC 27-12-11;

23 until section 4 of this chapter has been satisfied.

24 SECTION 6. IC 27-12-8-8 IS ADDED TO THE INDIANA CODE
25 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
26 1, 1998]: **Sec. 8. (a) Beginning July 1, 1999, if action has not been**
27 **taken in a case before the department of insurance for a period of**
28 **at least two (2) years, the commissioner, on the:**

29 (1) motion of a party; or

30 (2) commissioner's own initiative;

31 shall order a hearing for the purpose of dismissing the case for lack
32 of prosecution.

33 (b) After a hearing held under subsection (a), the commissioner
34 may dismiss the case.

35 SECTION 7. IC 27-12-10-4 IS AMENDED TO READ AS
36 FOLLOWS [EFFECTIVE JANUARY 1, 1999]: **Sec. 4. A medical**
37 **review panel shall be selected in the following manner:**

38 (1) Within fifteen (15) days after the filing of a request for
39 formation of a medical review panel under section 2 of this
40 chapter, the parties shall select a panel chairman by agreement. If
41 no agreement on a panel chairman can be reached, either party
42 may request the clerk of the supreme court to draw at random a

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1 list of five (5) names of attorneys who:

2 (A) are qualified to practice;

3 (B) are presently on the rolls of the supreme court; and

4 (C) ~~maintain offices in the county of venue designated in the~~
 5 ~~proposed complaint or in a contiguous county.~~ **satisfy the**
 6 **requirements for certification as a medical review**
 7 **chairman that are prescribed by section 4.5 of this chapter.**

8 (2) Before selecting the random list, the clerk shall collect a
 9 twenty-five dollar (\$25) medical review panel selection fee from
 10 the party making the request for the formation of the random list.

11 (3) The clerk shall notify the parties, and the parties shall then
 12 strike names alternately with the plaintiff striking first until one
 13 (1) name remains. The remaining attorney shall be the chairman
 14 of the panel.

15 (4) After the striking, the plaintiff shall notify the chairman and
 16 all other parties of the name of the chairman.

17 (5) If a party does not strike a name within five (5) days after
 18 receiving notice from the clerk:

19 (A) the opposing party shall, in writing, request the clerk to
 20 strike for the party; and

21 (B) the clerk shall strike for that party.

22 (6) When one (1) name remains, the clerk shall within five (5)
 23 days notify the chairman and all other parties of the name of the
 24 chairman.

25 (7) Within fifteen (15) days after being notified by the clerk of
 26 being selected as chairman, the chairman shall:

27 (A) send a written acknowledgment of appointment to the
 28 clerk; or

29 (B) show good cause for relief from serving as provided in
 30 section 12 of this chapter.

31 SECTION 8. IC 27-12-10-4.5 IS ADDED TO THE INDIANA
 32 CODE AS A NEW SECTION TO READ AS FOLLOWS
 33 [EFFECTIVE JANUARY 1, 1999]: **Sec. 4.5. (a) In order to serve as**
 34 **a medical review panel chairman under section 4(1)(C) of this**
 35 **chapter, an attorney must complete at least twelve (12) hours of**
 36 **continuing legal education certified by the Indiana Commission for**
 37 **Continuing Legal Education that includes the following:**

38 (1) **An examination of instructions and materials designed to**
 39 **assist in the selection of appropriate health care provider**
 40 **medical review panel members.**

41 (2) **A review of case law pertaining to the responsibilities and**
 42 **authority of a medical review panel chairman and the medical**

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- 1 review panel.
- 2 (3) A review of the entire Indiana medical malpractice law.
- 3 (4) An examination of the forms and instructions commonly
- 4 used by a medical review panel chairman.
- 5 (5) A review of the legal ethics involved in serving as a
- 6 medical review panel chairman.
- 7 (b) An attorney who:
- 8 (1) completes the continuing legal education hours required
- 9 by subsection (a); and
- 10 (2) satisfies the requirements of section 4(1) of this chapter;
- 11 may submit to the clerk of the supreme court verification from the
- 12 Indiana Commission on Continuing Legal Education that the
- 13 attorney has completed the continuing legal education
- 14 requirements described in subsection (a). Upon receiving this
- 15 verification, the clerk of the supreme court shall place the
- 16 attorney's name on the list of certified medical review panel
- 17 chairmen.
- 18 (c) An attorney who knowingly or intentionally:
- 19 (1) claims to be certified under this section; and
- 20 (2) does not satisfy the requirements of subsection (b);
- 21 commits a Class C misdemeanor.
- 22 SECTION 9. IC 27-12-10-25 IS AMENDED TO READ AS
- 23 FOLLOWS [EFFECTIVE JANUARY 1, 1999]: Sec. 25. (a) Each
- 24 health care provider member of the medical review panel is entitled to
- 25 be paid:
- 26 (1) up to three hundred fifty dollars (\$350) for all work performed
- 27 as a member of the panel, exclusive of time involved if called as
- 28 a witness to testify in court; and
- 29 (2) reasonable travel expense.
- 30 (b) The chairman of the panel is entitled to be paid:
- 31 (1) at the rate of two hundred fifty dollars (\$250) per diem, not to
- 32 exceed ~~one two thousand two hundred fifty~~ dollars (~~\$1,250~~);
- 33 **(\$2,000)**; and
- 34 (2) reasonable travel expenses.
- 35 (c) The chairman shall keep an accurate record of the time and
- 36 expenses of all the members of the panel. The record shall be submitted
- 37 to the parties for payment with the panel's report.
- 38 (d) Fees of the panel, including travel expenses and other expenses
- 39 of the review, shall be paid by the side in whose favor the majority
- 40 opinion is written. If there is no majority opinion, each side shall pay
- 41 ~~one-half (1/2)~~ **fifty percent (50%)** of the cost.
- 42 SECTION 10. IC 27-12-14-3 IS AMENDED TO READ AS

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1 FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 3. (a) The total amount
 2 recoverable for an injury or death of a patient may not exceed **the**
 3 **following:**

4 (1) Five hundred thousand dollars (\$500,000) ~~except that, as to~~
 5 **for an act of malpractice that occurs on or after before** January 1,
 6 1990. ~~the total amount recovered for an injury or death may not~~
 7 ~~exceed~~

8 (2) Seven hundred fifty thousand dollars (\$750,000) **for an act of**
 9 **malpractice that occurs:**

10 (A) **after December 31, 1989; and**

11 (B) **before July 1, 1999.**

12 (3) **One million two hundred fifty thousand dollars**
 13 **(\$1,250,000) for an act of malpractice that occurs after June**
 14 **30, 1999.**

15 (b) A health care provider qualified under this article is not liable
 16 for an amount in excess of ~~one two hundred fifty~~ thousand dollars
 17 ~~(\$100,000)~~ **(\$250,000)** for an occurrence of malpractice.

18 (c) Any amount due from a judgment or settlement that is in excess
 19 of the total liability of all liable health care providers, subject to
 20 subsections (a), (b), and (d), shall be paid from the patient's
 21 compensation fund under IC 27-12-15.

22 (d) If a health care provider qualified under this article admits
 23 liability or is adjudicated liable solely by reason of the conduct of
 24 another health care provider who is an officer, agent, or employee of
 25 the health care provider acting in the course and scope of employment
 26 and qualified under this article, the total amount that shall be paid to
 27 the claimant on behalf of the officer, agent, or employee and the health
 28 care provider by the health care provider or its insurer is ~~one two~~
 29 ~~hundred fifty~~ thousand dollars ~~(\$100,000);~~ **(\$250,000)**. The balance of
 30 an adjudicated amount to which the claimant is entitled shall be paid
 31 by other liable health care providers or the patient's compensation fund,
 32 or both.

33 SECTION 11. IC 27-12-14-4 IS AMENDED TO READ AS
 34 FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. (a) If the possible
 35 liability of the health care provider to the patient is discharged solely
 36 through an immediate payment, the limitations on recovery from a
 37 health care provider stated in section 3(b) and 3(d) of this chapter apply
 38 without adjustment.

39 (b) If the health care provider agrees to discharge its possible
 40 liability to the patient through a periodic payments agreement, the
 41 amount of the patient's recovery from a health care provider in a case
 42 under this subsection is the amount of any immediate payment made by

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1 the health care provider or the health care provider's insurer to the
 2 patient, plus the cost of the periodic payments agreement to the health
 3 care provider or the health care provider's insurer. For the purpose of
 4 determining the limitations on recovery stated in section 3(b) and 3(d)
 5 of this chapter and for the purpose of determining the question under
 6 IC 27-12-15-3 of whether the health care provider or the health care
 7 provider's insurer has agreed to settle its liability by payment of its
 8 policy limits, the sum of:

9 (1) the present payment of money to the patient (or the patient's
 10 estate) by the health care provider (or the health care provider's
 11 insurer); plus

12 (2) the cost of the periodic payments agreement expended by the
 13 health care provider (or the health care provider's insurer);

14 must exceed ~~seventy-five~~ **one hundred eighty-seven** thousand dollars
 15 (~~\$75,000~~). **(\$187,000)**.

16 (c) More than one (1) health care provider may contribute to the cost
 17 of a periodic payments agreement, and in such an instance the sum of
 18 the amounts expended by each health care provider for immediate
 19 payments and for the cost of the periodic payments agreement shall be
 20 used to determine whether the ~~seventy-five~~ **one hundred eighty-seven**
 21 thousand dollar (~~\$75,000~~) **(\$187,000)** requirement in subsection (b) has
 22 been satisfied. However, one (1) health care provider or its insurer
 23 must be liable for at least fifty thousand dollars (\$50,000).

24 SECTION 12. IC 27-12-6-3 IS REPEALED [EFFECTIVE
 25 JANUARY 1, 1999].

26 SECTION 13. [EFFECTIVE UPON PASSAGE] (a) **Before**
 27 **December 31, 1998, the commissioner of the Indiana department**
 28 **of insurance shall adopt rules under IC 4-22-2 to implement**
 29 **IC 27-12-5-2, as amended by this act.**

30 (b) **This SECTION expires January 1, 2000.**

31 SECTION 14. [EFFECTIVE UPON PASSAGE] (a) **The actuary**
 32 **that establishes the annual surcharge for physicians under**
 33 **IC 27-12-5-2, as amended by this act, shall provide an estimated**
 34 **surcharge for all physicians practicing in the same medical**
 35 **specialty or discipline to the department of insurance not later than**
 36 **February 1, 1999.**

37 (b) **The department of insurance shall mail the estimated**
 38 **surcharges under subsection (a) to each licensed physician not later**
 39 **than March 1, 1999.**

40 (c) **This SECTION expires January 1, 2000.**

41 SECTION 15. **An emergency is declared for this act.**



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SENATE MOTION

Mr. President: I move that Senator Lewis be added as coauthor of
Senate Bill 390.

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COMMITTEE REPORT

Mr. President: The Senate Committee on Insurance and Interstate Cooperation, to which was referred Senate Bill 390, 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 made to Senate Bill 390 as introduced.)

WORMAN, Chairperson

Committee Vote: Yeas 6, Nays 1.

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