



March 29, 2011

**ENGROSSED
SENATE BILL No. 576**

DIGEST OF SB 576 (Updated March 29, 2011 9:22 am - DI 96)

Citations Affected: IC 22-3; noncode.

Synopsis: Worker's compensation. Requires that all members of the worker's compensation board (board) be attorneys in good standing admitted to the practice of law in Indiana. Renames the position of executive secretary executive administrator. Requires a health care provider to file a claim for payment with the board not later than two years after the provider receives an initial written communication from an employer, the employer's insurance carrier, or an agent acting on behalf of the employer in response to the provider's submission of a bill for services. Requires a hospital or facility that is a medical service provider to pay a \$60 filing fee for each application filed in a balance billing case. Provides that a filing fee is not required for an application filed for a denied or unpaid claim. Allows a provider to combine up to 10 individual claims into one application whenever all of the individual claims involve the same employer, insurance carrier, or billing review service, and the amount of each individual claim does not exceed \$200. Allows the second injury fund to be used to pay certain fund liabilities.
(Continued next page)

Effective: Upon passage; July 1, 2011.

Boots, Buck, Tallian

(HOUSE SPONSORS — LEHMAN, TORR)

January 20, 2011, read first time and referred to Committee on Pensions and Labor.
February 17, 2011, amended, reported favorably — Do Pass.
February 21, 2011, read second time, ordered engrossed. Engrossed.
February 22, 2011, third time, passed. Yeas 46, nays 2.

HOUSE ACTION

March 28, 2011, read first time and referred to Committee on Employment, Labor and Pensions.
March 29, 2011, reported — Do Pass.

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ES 576—LS 7169/DI 102+



Authorizes the board to resolve claims using mediation. Requires an employer to provide a copy of an injury or disablement report to the board upon request. Requires an injury or disablement report within seven days after the first day of a disability arising from a work place injury or disablement by occupational disease (rather than the occurrence of the injury or disablement). Increases civil penalties for failure to: (1) post certain notices; (2) file certain records; and (3) determine liability for claims in a timely manner. Permits the board to request evidence of worker's compensation and occupational diseases compensation coverage from an employer. Establishes a civil penalty of \$50 per employee per day for an employer's failure to provide proof of coverage. Requires the board to waive a civil penalty assessed whenever an employer provides proof of coverage by the twentieth day after the board provides written notice of the employer's failure to provide evidence of the coverage. Allows the board, after notice and a hearing, to post on the board's web site the name of an employer who fails or refuses to provide proof of coverage or pay a civil penalty assessed for the failure or refusal to provide coverage. Provides that an employer's name may not be removed from the board's web site until the employer provides proof of coverage and pays the civil penalties assessed. Requires that civil penalties be deposited in the worker's compensation supplemental administrative fund, instead of the state general fund. Increases criminal penalties for an employer's failure to insure or otherwise provide adequate security for the employer's worker's compensation and occupational disease liabilities and for violating any other worker's compensation or occupational disease laws. Provides that a court may temporarily order an employer that fails or refuses to pay worker's compensation or occupational disease benefits when due to cease doing business until the employer furnishes to the board proof of insurance or other assurances to establish that the employer has the ability to meet all worker's compensation and occupational disease liabilities. Urges the legislative council to assign to the pension management oversight commission (commission) the task of studying whether to: (1) increase the benefit schedules for worker's compensation and occupational disease compensation; and (2) amend the definition of "pecuniary liability" to establish the charge for services or products provided by a medical services facility as equal to a percentage determined using the Medicare program reimbursement methodologies, models, and values or weights, including the coding, billing, and reporting payment polices in effect on the date a service or product is provided. Requires, if the commission is assigned the topics, that the commission issue a final report containing the commission's findings and recommendations, including any recommended legislation, not later than November 1, 2011. Makes conforming and technical corrections.

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March 29, 2011

First Regular Session 117th General Assembly (2011)

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 2010 Regular Session of the General Assembly.

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ENGROSSED SENATE BILL No. 576

A BILL FOR AN ACT to amend the Indiana Code concerning labor and safety.

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

1 SECTION 1. IC 22-3-1-1, AS AMENDED BY P.L.134-2006,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2011]: Sec. 1. (a) There is hereby created the worker's
4 compensation board of Indiana, which shall consist of seven (7)
5 members, not more than four (4) of whom shall belong to the same
6 political party, appointed by the governor, one (1) of whom the
7 governor shall designate as chairman. ~~The chairman of said~~ **All**
8 **members of the** board shall be ~~an attorney of recognized~~
9 ~~qualifications:~~ **attorneys in good standing admitted to the practice**
10 **of law in Indiana.**

11 (b) Each member of said board shall hold office for four (4) years
12 and until the member's successor is appointed and qualified.

13 (c) No member of the board shall hold any other position of trust or
14 profit or engage in any occupation or business interfering with or
15 inconsistent with the discharge of the member's duties.

ES 576—LS 7169/DI 102+



1 (d) Any member of said board may be removed by the governor at
 2 any time for incompetency, neglect of duty, misconduct in office, or
 3 other good cause to be stated in writing in the order of removal. In case
 4 of a vacancy in the membership of the said board, the governor shall
 5 appoint for the unexpired term.

6 (e) The budget agency, with the approval of the governor, shall
 7 approve the salaries of the members of the board and the secretary.

8 (f) The board may appoint ~~a secretary~~ **an executive administrator**
 9 and may remove ~~such secretary~~ **the executive administrator**. The
 10 ~~secretary~~ **executive administrator** shall have authority to administer
 11 oaths and issue subpoenas in connection with the administration of
 12 IC 22-3-2 through IC 22-3-7.

13 (g) The board, subject to the approval of the governor, may employ
 14 and fix the compensations of such clerical and other assistants as it may
 15 deem necessary.

16 (h) The members of the board and its assistants shall be entitled to
 17 receive from the state their actual and necessary expenses while
 18 traveling on the business of the board, but such expenses shall be
 19 approved by the chairman of the board before payment is made.

20 (i) All salaries and expenses of the board shall be audited and paid
 21 out of the state treasury in the manner prescribed for similar expenses
 22 in other departments or branches of the state service.

23 SECTION 2. IC 22-3-2-22 IS AMENDED TO READ AS
 24 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 22. (a) Each employer
 25 subject to IC 22-3-2 through IC 22-3-6 shall post a notice in the
 26 employer's place of business to inform the employees that their
 27 employment is covered by worker's compensation. The notice must also
 28 contain the name, address, and telephone number of the employer's
 29 insurance carrier or the person responsible for administering the
 30 employer's worker's compensation claims if the employer is self
 31 insured.

32 (b) The notice required under this section must be in a form
 33 approved by the board and shall be posted at a conspicuous location at
 34 the employer's place of business to provide reasonable notice to all
 35 employees. If the employer is required by federal law or regulation to
 36 post a notice for the employer's employees, the notice required under
 37 this section must be posted in the same location or locations where the
 38 notice required by federal law or regulation is posted.

39 (c) An employer who fails to comply with this section is subject to
 40 a civil penalty of fifty dollars (\$50); ~~to be assessed and collected by the~~
 41 ~~board. Civil penalties collected under this section shall be deposited in~~
 42 ~~the state general fund.~~ **under IC 22-3-4-15.**

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1 SECTION 3. IC 22-3-3-5 IS AMENDED TO READ AS FOLLOWS
2 [EFFECTIVE JULY 1, 2011]: Sec. 5. (a) The pecuniary liability of the
3 employer for medical, surgical, hospital and nurse service herein
4 required shall be limited to such charges as prevail as provided under
5 IC 22-3-6-1(j), in the same community (as defined in IC 22-3-6-1(h))
6 for a like service or product to injured persons.

7 (b) The employee and the employee's estate do not have liability to
8 a health care provider for payment for services obtained under
9 IC 22-3-3-4.

10 (c) The right to order payment for all services provided under
11 IC 22-3-2 through IC 22-3-6 is solely with the board.

12 (d) All claims by a health care provider for payment for services are
13 against the employer and the employer's insurance carrier, if any, and
14 must be made with the board under IC 22-3-2 through IC 22-3-6. **After
15 June 30, 2011, a health care provider must file an application for
16 adjustment of a claim for a health care provider's fee with the
17 board not later than two (2) years after the receipt of an initial
18 written communication from the employer, the employer's
19 insurance carrier, if any, or an agent acting on behalf of the
20 employer after the health care provider submits a bill for services.
21 To offset a part of the board's expenses related to the
22 administration of health care provider reimbursement disputes, a
23 hospital or facility that is a medical service provider (as defined in
24 IC 22-3-6-1) shall pay a filing fee of sixty dollars (\$60) in a balance
25 billing case. The filing fee must accompany each application filed
26 with the board. If an employer, an employer's insurance carrier,
27 or an agent acting on behalf of the employer denies or fails to pay
28 any amount on a claim submitted by a hospital or facility that is a
29 medical service provider, a filing fee is not required to accompany
30 an application that is filed for the denied or unpaid claim. A health
31 care provider may combine up to ten (10) individual claims into
32 one (1) application whenever:**

- 33 (1) all individual claims involve the same employer, insurance
34 carrier, or billing review service; and
- 35 (2) the amount of each individual claim does not exceed two
36 hundred dollars (\$200).

37 (e) The worker's compensation board may withhold the approval of
38 the fees of the attending physician in a case until the attending
39 physician files a report with the worker's compensation board on the
40 form prescribed by the board.

41 SECTION 4. IC 22-3-3-7 IS AMENDED TO READ AS FOLLOWS
42 [EFFECTIVE JULY 1, 2011]: Sec. 7. (a) Compensation shall be

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1 allowed on account of injuries producing only temporary total disability
 2 to work or temporary partial disability to work beginning with the
 3 eighth ~~(8th)~~ day of such disability except for medical benefits provided
 4 in section 4 of the chapter. Compensation shall be allowed for the first
 5 seven (7) calendar days only if the disability continues for longer than
 6 twenty-one (21) days.

7 (b) The first weekly installment of compensation for temporary
 8 disability is due fourteen (14) days after the disability begins. Not later
 9 than fifteen (15) days from the date that the first installment of
 10 compensation is due, the employer or the employer's insurance carrier
 11 shall tender to the employee or to the employee's dependents, with all
 12 compensation due, a properly prepared compensation agreement in a
 13 form prescribed by the board. Whenever an employer or the employer's
 14 insurance carrier denies or is not able to determine liability to pay
 15 compensation or benefits, the employer or the employer's insurance
 16 carrier shall notify the worker's compensation board and the employee
 17 in writing on a form prescribed by the worker's compensation board not
 18 later than thirty (30) days after the employer's knowledge of the
 19 claimed injury. If a determination of liability cannot be made within
 20 thirty (30) days, the worker's compensation board may approve an
 21 additional thirty (30) days upon a written request of the employer or the
 22 employer's insurance carrier that sets forth the reasons that the
 23 determination could not be made within thirty (30) days and states the
 24 facts or circumstances that are necessary to determine liability within
 25 the additional thirty (30) days. More than thirty (30) days of additional
 26 time may be approved by the worker's compensation board upon the
 27 filing of a petition by the employer or the employer's insurance carrier
 28 that sets forth:

- 29 (1) the extraordinary circumstances that have precluded a
- 30 determination of liability within the initial sixty (60) days;
- 31 (2) the status of the investigation on the date the petition is filed;
- 32 (3) the facts or circumstances that are necessary to make a
- 33 determination; and
- 34 (4) a timetable for the completion of the remaining investigation.

35 An employer who fails to comply with this section is subject to a civil
 36 penalty of fifty dollars (\$50), ~~to be assessed and collected by the board~~
 37 ~~upon notice and hearing. Civil penalties collected under this section~~
 38 ~~shall be deposited in the state general fund. under IC 22-3-4-15.~~

39 (c) Once begun, temporary total disability benefits may not be
 40 terminated by the employer unless:

- 41 (1) the employee has returned to any employment;
- 42 (2) the employee has died;



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1 (3) the employee has refused to undergo a medical examination
 2 under section 6 of this chapter or has refused to accept suitable
 3 employment under section 11 of this chapter;

4 (4) the employee has received five hundred (500) weeks of
 5 temporary total disability benefits or has been paid the maximum
 6 compensation allowed under section 22 of this chapter; or

7 (5) the employee is unable or unavailable to work for reasons
 8 unrelated to the compensable injury.

9 In all other cases the employer must notify the employee in writing of
 10 the employer's intent to terminate the payment of temporary total
 11 disability benefits and of the availability of employment, if any, on a
 12 form approved by the board. If the employee disagrees with the
 13 proposed termination, the employee must give written notice of
 14 disagreement to the board and the employer within seven (7) days after
 15 receipt of the notice of intent to terminate benefits. If the board and
 16 employer do not receive a notice of disagreement under this section,
 17 the employee's temporary total disability benefits shall be terminated.
 18 Upon receipt of the notice of disagreement, the board shall immediately
 19 contact the parties, which may be by telephone or other means, and
 20 attempt to resolve the disagreement. If the board is unable to resolve
 21 the disagreement within ten (10) days of receipt of the notice of
 22 disagreement, the board shall immediately arrange for an evaluation of
 23 the employee by an independent medical examiner. The independent
 24 medical examiner shall be selected by mutual agreement of the parties
 25 or, if the parties are unable to agree, appointed by the board under
 26 IC 22-3-4-11. If the independent medical examiner determines that the
 27 employee is no longer temporarily disabled or is still temporarily
 28 disabled but can return to employment that the employer has made
 29 available to the employee, or if the employee fails or refuses to appear
 30 for examination by the independent medical examiner, temporary total
 31 disability benefits may be terminated. If either party disagrees with the
 32 opinion of the independent medical examiner, the party shall apply to
 33 the board for a hearing under IC 22-3-4-5.

34 (d) An employer is not required to continue the payment of
 35 temporary total disability benefits for more than fourteen (14) days
 36 after the employer's proposed termination date unless the independent
 37 medical examiner determines that the employee is temporarily disabled
 38 and unable to return to any employment that the employer has made
 39 available to the employee.

40 (e) If it is determined that as a result of this section temporary total
 41 disability benefits were overpaid, the overpayment shall be deducted
 42 from any benefits due the employee under section 10 of this chapter

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1 and, if there are no benefits due the employee or the benefits due the
2 employee do not equal the amount of the overpayment, the employee
3 shall be responsible for paying any overpayment which cannot be
4 deducted from benefits due the employee.

5 SECTION 5. IC 22-3-3-13, AS AMENDED BY P.L.67-2010,
6 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
7 UPON PASSAGE]: Sec. 13. (a) As used in this section, "board" refers
8 to the worker's compensation board created under IC 22-3-1-1.

9 (b) If an employee who from any cause, had lost, or lost the use of,
10 one (1) hand, one (1) arm, one (1) foot, one (1) leg, or one (1) eye, and
11 in a subsequent industrial accident becomes permanently and totally
12 disabled by reason of the loss, or loss of use of, another such member
13 or eye, the employer shall be liable only for the compensation payable
14 for such second injury. However, in addition to such compensation and
15 after the completion of the payment therefor, the employee shall be
16 paid the remainder of the compensation that would be due for such
17 total permanent disability out of a special fund known as the second
18 injury fund, and created in the manner described in subsection (c).

19 (c) Whenever the board determines under the procedures set forth
20 in subsection (d) that an assessment is necessary to ensure that fund
21 beneficiaries, including applicants under section 4(f) of this chapter,
22 continue to receive compensation in a timely manner for a reasonable
23 prospective period, the board shall send notice not later than November
24 1 in any year to:

25 (1) all insurance carriers and other entities insuring or providing
26 coverage to employers who are or may be liable under this article
27 to pay compensation for personal injuries to or the death of their
28 employees under this article; and

29 (2) each employer carrying the employer's own risk;
30 stating that an assessment is necessary. Not later than January 31 of the
31 following year, each entity identified in subdivisions (1) and (2) shall
32 send to the board a statement of total paid losses and premiums (as
33 defined in subsection (d)(4)) paid by employers during the previous
34 calendar year. The board may conduct an assessment under this
35 subsection not more than one (1) time annually. The total amount of the
36 assessment may not exceed two and one-half percent (2.5%) of the total
37 amount of all worker's compensation paid to injured employees or their
38 beneficiaries under IC 22-3-2 through IC 22-3-6 for the calendar year
39 next preceding the due date of such payment. The board shall assess a
40 penalty in the amount of ten percent (10%) of the amount owed if
41 payment is not made under this section within thirty (30) days from the
42 date set by the board. If the amount to the credit of the second injury

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1 fund on or before November 1 of any year exceeds one hundred
 2 thirty-five percent (135%) of the previous year's disbursements, the
 3 assessment allowed under this subsection shall not be assessed or
 4 collected during the ensuing year. But when on or before November 1
 5 of any year the amount to the credit of the fund is less than one hundred
 6 thirty-five percent (135%) of the previous year's disbursements, the
 7 payments of not more than two and one-half percent (2.5%) of the total
 8 amount of all worker's compensation paid to injured employees or their
 9 beneficiaries under IC 22-3-2 through IC 22-3-6 for the calendar year
 10 next preceding that date shall be resumed and paid into the fund. The
 11 board may not use an assessment rate greater than twenty-five
 12 hundredths of one percent (0.25%) above the amount recommended by
 13 the study performed before the assessment.

14 (d) The board shall assess all employers for the liabilities, including
 15 administrative expenses, of the second injury fund. The assessment
 16 also must provide for the repayment of all loans made to the second
 17 injury fund for the purpose of paying valid claims. The following
 18 applies to assessments under this subsection:

19 (1) The portion of the total amount that must be collected from
 20 self-insured employers equals:

21 (A) the total amount of the assessment as determined by the
 22 board; multiplied by

23 (B) the quotient of:

24 (i) the total paid losses on behalf of all self-insured
 25 employers during the preceding calendar year; divided by

26 (ii) the total paid losses on behalf of all self-insured
 27 employers and insured employers during the preceding
 28 calendar year.

29 (2) The portion of the total amount that must be collected from
 30 insured employers equals:

31 (A) the total amount of the assessment as determined by the
 32 board; multiplied by

33 (B) the quotient of:

34 (i) the total paid losses on behalf of all insured employers
 35 during the preceding calendar year; divided by

36 (ii) the total paid losses on behalf of all self-insured
 37 employers and insured employers during the preceding
 38 calendar year.

39 (3) The total amount of insured employer assessments under
 40 subdivision (2) must be ~~be~~ collected by the insured employers'
 41 worker's compensation insurers. The amount of employer
 42 assessments each insurer shall collect equals:

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- 1 (A) the total amount of assessments allocated to insured
- 2 employers under subdivision (2); multiplied by
- 3 (B) the quotient of:
- 4 (i) the worker's compensation premiums paid by employers
- 5 to the carrier during the preceding calendar year; divided by
- 6 (ii) the worker's compensation premiums paid by employers
- 7 to all carriers during the preceding calendar year.
- 8 (4) For purposes of the computation made under subdivision (3),
- 9 "premium" means the direct written premium.
- 10 (5) The amount of the assessment for each self-insured employer
- 11 equals:
- 12 (A) the total amount of assessments allocated to self-insured
- 13 employers under subdivision (1); multiplied by
- 14 (B) the quotient of:
- 15 (i) the paid losses attributable to the self-insured employer
- 16 during the preceding calendar year; divided by
- 17 (ii) paid losses attributable to all self-insured employers
- 18 during the preceding calendar year.
- 19 An employer that has ceased to be a self-insurer continues to be liable
- 20 for prorated assessments based on paid losses made by the employer in
- 21 the preceding calendar year during the period that the employer was
- 22 self-insured.
- 23 (e) The board may employ a qualified employee or enter into a
- 24 contract with an actuary or another qualified firm that has experience
- 25 in calculating worker's compensation liabilities. Not later than
- 26 December 1 of each year, the actuary or other qualified firm shall
- 27 calculate the recommended funding level of the fund and inform the
- 28 board of the results of the calculation. If the amount to the credit of the
- 29 fund is less than the amount required under subsection (c), the board
- 30 may conduct an assessment under subsection (c). The board shall pay
- 31 the costs of the contract under this subsection with money in the fund.
- 32 (f) An assessment collected under subsection (c) on an employer
- 33 who is not self-insured must be assessed through a surcharge based on
- 34 the employer's premium. An assessment collected under subsection (c)
- 35 does not constitute an element of loss, but for the purpose of collection
- 36 shall be treated as a separate cost imposed upon insured employers. A
- 37 premium surcharge under this subsection must be collected at the same
- 38 time and in the same manner in which the premium for coverage is
- 39 collected, and must be shown as a separate amount on a premium
- 40 statement. A premium surcharge under this subsection must be
- 41 excluded from the definition of premium for all purposes, including the
- 42 computation of insurance producer commissions or premium taxes.

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1 However, an insurer may cancel a worker's compensation policy for
 2 nonpayment of the premium surcharge. A cancellation under this
 3 subsection must be carried out under the statutes applicable to the
 4 nonpayment of premiums.

5 (g) The sums shall be paid by the board to the treasurer of state, to
 6 be deposited in a special account known as the second injury fund. The
 7 funds are not a part of the general fund of the state. Any balance
 8 remaining in the account at the end of any fiscal year shall not revert
 9 to the general fund. The funds shall be used only for the payment of
 10 **fund liabilities described in subsection (d) and** awards of
 11 compensation ordered by the board and chargeable against the fund
 12 pursuant to this section, and shall be paid for that purpose by the
 13 treasurer of state upon award or order of the board.

14 (h) If an employee who is entitled to compensation under IC 22-3-2
 15 through IC 22-3-6 either:

16 (1) exhausts the maximum benefits under section 22 of this
 17 chapter without having received the full amount of award granted
 18 to the employee under section 10 of this chapter; or

19 (2) exhausts the employee's benefits under section 10 of this
 20 chapter;

21 then such employee may apply to the board, who may award the
 22 employee compensation from the second injury fund established by this
 23 section, as follows under subsection (i).

24 (i) An employee who has exhausted the employee's maximum
 25 benefits under section 10 of this chapter may be awarded additional
 26 compensation equal to sixty-six and two-thirds percent (66 2/3%) of the
 27 employee's average weekly wage at the time of the employee's injury,
 28 not to exceed the maximum then applicable under section 22 of this
 29 chapter, for a period of not to exceed one hundred fifty (150) weeks
 30 upon competent evidence sufficient to establish:

31 (1) that the employee is totally and permanently disabled from
 32 causes and conditions of which there are or have been objective
 33 conditions and symptoms proven that are not within the physical
 34 or mental control of the employee; and

35 (2) that the employee is unable to support the employee in any
 36 gainful employment, not associated with rehabilitative or
 37 vocational therapy.

38 (j) The additional award may be renewed during the employee's total
 39 and permanent disability after appropriate hearings by the board for
 40 successive periods not to exceed one hundred fifty (150) weeks each.
 41 The provisions of this section apply only to injuries occurring
 42 subsequent to April 1, 1950, for which awards have been or are in the

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1 future made by the board under section 10 of this chapter. Section 16
2 of this chapter does not apply to compensation awarded from the
3 second injury fund under this section.

4 (k) All insurance carriers subject to an assessment under this section
5 are required to provide to the board:

- 6 (1) not later than January 31 each calendar year; and
 - 7 (2) not later than thirty (30) days after a change occurs;
- 8 the name, address, and electronic mail address of a representative
9 authorized to receive the notice of an assessment.

10 SECTION 6. IC 22-3-4-4.5 IS ADDED TO THE INDIANA CODE
11 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
12 1, 2011]: **Sec. 4.5. (a) In addition to any other method available to
13 the board to resolve a claim for compensation under IC 22-3-2
14 through IC 22-3-7, the board may, with the consent of all parties,
15 mediate the claim using a mediator certified by the Indiana
16 Continuing Legal Education Forum. The board may not order the
17 mediation of a claim without the consent of all parties.**

18 **(b) The board shall establish by rule a schedule of fees and
19 charges for a mediation conducted to resolve a claim for
20 compensation under IC 22-3-2 through IC 22-3-7.**

21 SECTION 7. IC 22-3-4-13, AS AMENDED BY P.L.1-2010,
22 SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 JULY 1, 2011]: **Sec. 13. (a) Every employer shall keep a record of all
24 injuries, fatal or otherwise, received by or claimed to have been
25 received by the employer's employees in the course of their
26 employment and shall provide a copy of the record to the board
27 upon request. Within seven (7) days after the occurrence first day of
28 a disability that arises from a workplace injury and the employer's
29 knowledge thereof; of the disability, as provided in IC 22-3-3-1, of any
30 injury to an employee causing and that causes an employee's death
31 or absence from work for more than one (1) day, a report thereof shall
32 be made in writing and mailed to the employer's insurance carrier or,
33 if the employer is self insured, delivered to the worker's compensation
34 board in the manner provided in subsections (b) and (c). The insurance
35 carrier shall deliver the report to the worker's compensation board in
36 the manner provided in subsections (b) and (c) not later than seven (7)
37 days after receipt of the report or fourteen (14) days after the
38 employer's knowledge of the injury, whichever is later. An employer or
39 insurance carrier that fails to comply with this subsection is subject to
40 a civil penalty of fifty dollars (\$50); to be assessed and collected by the
41 board. Civil penalties collected under this section shall be deposited in
42 the state general fund. under section 15 of this chapter.**

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1 (b) All insurance carriers, companies who carry risk without
 2 insurance, and third party administrators reporting accident information
 3 to the board in compliance with subsection (a) shall
 4 (1) report the information using electronic data interchange
 5 standards prescribed by the board. ~~no later than June 30, 1999; or~~
 6 ~~(2) in the alternative, the reporting entity shall have an~~
 7 ~~implementation plan approved by the board no later than June 30,~~
 8 ~~2000, that provides for the ability to report the information using~~
 9 ~~electronic data interchange standards prescribed by the board no~~
 10 ~~later than December 31, 2000.~~
 11 ~~Prior to the June 30, 2000; and December 31, 2000; deadlines, the~~
 12 ~~reporting entity may continue to report accidents to the board by mail~~
 13 ~~in compliance with subsection (a).~~
 14 (c) The report shall contain the name, nature, and location of the
 15 business of the employer, the name, age, sex, wages, occupation of the
 16 injured employee, the date and hour of the accident causing the alleged
 17 injury, the nature and cause of the injury, and such other information
 18 as may be required by the board.
 19 (d) A person who violates any provision of this article, except
 20 IC 22-3-5-1, IC 22-3-7-34(b), or IC 22-3-7-34(c), commits a Class C
 21 ~~infraction: misdemeanor.~~ A person who violates IC 22-3-5-1,
 22 IC 22-3-7-34(b), or IC 22-3-7-34(c) commits a Class A ~~infraction:~~
 23 ~~misdemeanor.~~ The worker's compensation board in the name of the
 24 state may seek relief from any court of competent jurisdiction to enjoin
 25 any violation of this article.
 26 (e) The venue of all actions under this section lies in the county in
 27 which the employee was injured. The prosecuting attorney of the
 28 county shall prosecute all such violations upon written request of the
 29 worker's compensation board. Such violations shall be prosecuted in
 30 the name of the state.
 31 (f) In an action before the board against an employer who at the time
 32 of the injury to or occupational disease of an employee had failed to
 33 comply with IC 22-3-5-1, IC 22-3-7-34(b), or IC 22-3-7-34(c), the
 34 board may award to the employee or the dependents of a deceased
 35 employee:
 36 (1) compensation not to exceed double the compensation
 37 provided by this article;
 38 (2) medical expenses; and
 39 (3) reasonable attorney fees in addition to the compensation and
 40 medical expenses.
 41 (g) In an action under subsection (d), the court may:
 42 (1) ~~order require~~ the employer to ~~cease doing business in Indiana~~

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1 until the employer furnishes **obtain coverage and furnish** proof
2 of insurance as required by IC 22-3-5-1 and IC 22-3-7-34(b) or
3 IC 22-3-7-34(c) **every six (6) months for a period not to exceed**
4 **three (3) years;**
5 (2) require satisfactory proof of the employer's financial ability to
6 pay any compensation or medical expenses in the amount and
7 manner, and when due, as provided for in IC 22-3, for ~~any~~ **all**
8 injuries which occurred during any period of noncompliance; and
9 (3) require the employer to deposit with the worker's
10 compensation board an acceptable security, indemnity, or bond to
11 secure the payment of such compensation and medical expense
12 liabilities.

13 (h) The penalty ~~provisions~~ **provision** of subsection (d) shall apply
14 only to the employer and shall not apply for a failure to exact a
15 certificate of insurance under IC 22-3-2-14 or IC 22-3-7-34(i) or
16 IC 22-3-7-34(j).

17 (i) **In an action under subsection (d), if a compensable worker's**
18 **compensation or occupational disease claim has been filed and the**
19 **employer fails or refuses to pay benefits when due, a court may**
20 **order the employer to temporarily cease doing business in Indiana**
21 **until the employer:**
22 (1) **furnishes proof of insurance as required by IC 22-3-5-1**
23 **and IC 22-3-7-34(b) or IC 22-3-7-34(c); and**
24 (2) **provides any other assurances required by the board to**
25 **establish that the employer has the ability to meet all worker's**
26 **compensation liabilities incurred during the employer's**
27 **period of noncompliance.**

28 (j) **An appeal of the court's decision under subsection (i) to**
29 **enjoin the employer from doing business in Indiana automatically**
30 **stays the court's order.**

31 SECTION 8. IC 22-3-4-15 IS ADDED TO THE INDIANA CODE
32 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
33 1, 2011]: **Sec. 15. (a) In addition to any other remedy available to**
34 **the board under this article or at law, the board may, after notice**
35 **and a hearing, assess a civil penalty under this section for any of**
36 **the following:**
37 (1) **Failure to post a notice required by IC 22-3-2-22.**
38 (2) **Failure to determine employer liability for a claim as**
39 **required by IC 22-3-3-7 or IC 22-3-7-16.**
40 (3) **Failure to file an injury record with the board as required**
41 **by section 13 of this chapter or to file a report of a**
42 **disablement by occupational disease as required by**

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IC 22-3-7-37.

(b) For the first violation of an offense listed in subsection (a), the board may assess a civil penalty not to exceed fifty dollars (\$50).

(c) For the second unrelated violation of the same offense listed in subsection (a), the board may assess a civil penalty not to exceed one hundred fifty dollars (\$150).

(d) For the third or subsequent unrelated violation of the same offense listed in subsection (a), the board may assess a civil penalty not to exceed three hundred dollars (\$300).

(e) Civil penalties collected under this section shall be deposited in the worker's compensation supplemental administrative fund established by IC 22-3-5-6.

SECTION 9. IC 22-3-5-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2.5. (a) The worker's compensation board is entitled to request that an employer provide the board with current proof of compliance with section 2 of this chapter.

(b) If an employer fails or refuses to provide current proof of compliance by the tenth day after the employer receives the board's request under subsection (a), the board:

- (1) shall send the employer a written notice that the employer is in violation of section 2 of this chapter; and**
- (2) may assess a civil penalty against the employer of fifty dollars (\$50) per employee per day.**

(c) An employer may challenge the board's assessment of a civil penalty under subsection (b)(2) by requesting a hearing in accordance with procedures established by the board.

(d) The board shall waive a civil penalty assessed under subsection (b)(2) if the employer provides the board current proof of compliance by the twentieth day after the date the employer receives the board's notice under subsection (b)(1).

(e) If an employer fails or refuses to:

- (1) provide current proof of compliance by the twentieth day after the date the employer receives the board's notice under subsection (b)(1); or**
- (2) pay a civil penalty assessed under subsection (b)(2);**

the board may, after notice to the employer and a hearing, order that the noncompliant employer's name be listed on the board's Internet web site.

(f) A noncompliant employer's name may be removed from the board's Internet web site only after the employer does the

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following:

(1) Provides current proof of compliance with section 2 of this chapter.

(2) Pays all civil penalties assessed under subsection (b)(2).

(g) The civil penalties provided for in this section are cumulative.

(h) Civil penalties collected under this section shall be deposited in the worker's compensation supplemental administrative fund established by section 6 of this chapter.

SECTION 10. IC 22-3-5-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 6. (a) The worker's compensation supplemental administrative fund is established for the purpose of carrying out the administrative purposes and functions of the worker's compensation board.

(b) The fund consists of:

(1) fees collected from employers under sections 1 through 2 of this chapter; ~~and from~~

(2) fees collected under IC 22-3-2-14.5, IC 22-3-3-5(d), IC 22-3-7-17(g), and IC 22-3-7-34.5; and

(3) civil penalties assessed under IC 22-3-4-15, section 2.5 of this chapter, and IC 22-3-7-34.3.

(c) The fund shall be administered by the worker's compensation board. Money in the fund is annually appropriated to the worker's compensation board and shall be used for all expenses incurred by the worker's compensation board.

~~(b)~~ (d) The money in the fund is not to be used to replace funds otherwise appropriated to the board. Money in the fund at the end of the state fiscal year does not revert to the state general fund.

SECTION 11. IC 22-3-6-1, AS AMENDED BY P.L.180-2009, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 1. In IC 22-3-2 through IC 22-3-6, unless the context otherwise requires:

(a) "Employer" includes the state and any political subdivision, any municipal corporation within the state, any individual or the legal representative of a deceased individual, firm, association, limited liability company, or corporation or the receiver or trustee of the same, using the services of another for pay. A parent corporation and its subsidiaries shall each be considered joint employers of the corporation's, the parent's, or the subsidiaries' employees for purposes of IC 22-3-2-6 and IC 22-3-3-31. Both a lessor and a lessee of employees shall each be considered joint employers of the employees provided by the lessor to the lessee for purposes of IC 22-3-2-6 and

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1 IC 22-3-3-31. If the employer is insured, the term includes the
 2 employer's insurer so far as applicable. However, the inclusion of an
 3 employer's insurer within this definition does not allow an employer's
 4 insurer to avoid payment for services rendered to an employee with the
 5 approval of the employer. The term also includes an employer that
 6 provides on-the-job training under the federal School to Work
 7 Opportunities Act (20 U.S.C. 6101 et seq.) to the extent set forth in
 8 IC 22-3-2-2.5. The term does not include a nonprofit corporation that
 9 is recognized as tax exempt under Section 501(c)(3) of the Internal
 10 Revenue Code (as defined in IC 6-3-1-11(a)) to the extent the
 11 corporation enters into an independent contractor agreement with a
 12 person for the performance of youth coaching services on a part-time
 13 basis.

14 (b) "Employee" means every person, including a minor, in the
 15 service of another, under any contract of hire or apprenticeship, written
 16 or implied, except one whose employment is both casual and not in the
 17 usual course of the trade, business, occupation, or profession of the
 18 employer.

19 (1) An executive officer elected or appointed and empowered in
 20 accordance with the charter and bylaws of a corporation, other
 21 than a municipal corporation or governmental subdivision or a
 22 charitable, religious, educational, or other nonprofit corporation,
 23 is an employee of the corporation under IC 22-3-2 through
 24 IC 22-3-6. An officer of a corporation who is the sole officer of
 25 the corporation is an employee of the corporation under IC 22-3-2
 26 through IC 22-3-6, but may elect not to be an employee of the
 27 corporation under IC 22-3-2 through IC 22-3-6. If an officer
 28 makes this election, the officer must serve written notice of the
 29 election on the corporation's insurance carrier and the board. An
 30 officer of a corporation who is the sole officer of the corporation
 31 may not be considered to be excluded as an employee under
 32 IC 22-3-2 through IC 22-3-6 until the notice is received by the
 33 insurance carrier and the board.

34 (2) An executive officer of a municipal corporation or other
 35 governmental subdivision or of a charitable, religious,
 36 educational, or other nonprofit corporation may, notwithstanding
 37 any other provision of IC 22-3-2 through IC 22-3-6, be brought
 38 within the coverage of its insurance contract by the corporation by
 39 specifically including the executive officer in the contract of
 40 insurance. The election to bring the executive officer within the
 41 coverage shall continue for the period the contract of insurance is
 42 in effect, and during this period, the executive officers thus

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brought within the coverage of the insurance contract are employees of the corporation under IC 22-3-2 through IC 22-3-6.
(3) Any reference to an employee who has been injured, when the employee is dead, also includes the employee's legal representatives, dependents, and other persons to whom compensation may be payable.
(4) An owner of a sole proprietorship may elect to include the owner as an employee under IC 22-3-2 through IC 22-3-6 if the owner is actually engaged in the proprietorship business. If the owner makes this election, the owner must serve upon the owner's insurance carrier and upon the board written notice of the election. No owner of a sole proprietorship may be considered an employee under IC 22-3-2 through IC 22-3-6 until the notice has been received. If the owner of a sole proprietorship is an independent contractor in the construction trades and does not make the election provided under this subdivision, the owner must obtain an affidavit of exemption under IC 22-3-2-14.5.
(5) A partner in a partnership may elect to include the partner as an employee under IC 22-3-2 through IC 22-3-6 if the partner is actually engaged in the partnership business. If a partner makes this election, the partner must serve upon the partner's insurance carrier and upon the board written notice of the election. No partner may be considered an employee under IC 22-3-2 through IC 22-3-6 until the notice has been received. If a partner in a partnership is an independent contractor in the construction trades and does not make the election provided under this subdivision, the partner must obtain an affidavit of exemption under IC 22-3-2-14.5.
(6) Real estate professionals are not employees under IC 22-3-2 through IC 22-3-6 if:
 (A) they are licensed real estate agents;
 (B) substantially all their remuneration is directly related to sales volume and not the number of hours worked; and
 (C) they have written agreements with real estate brokers stating that they are not to be treated as employees for tax purposes.
(7) A person is an "independent contractor in the construction trades", and not an employee under IC 22-3-2 through IC 22-3-6, if the person is an independent contractor under the guidelines of the United States Internal Revenue Service.
(8) An owner-operator that provides a motor vehicle and the services of a driver under a written contract that is subject to

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1 IC 8-2.1-24-23, 45 IAC 16-1-13, or 49 CFR 376 to a motor carrier
 2 is not an employee of the motor carrier for purposes of IC 22-3-2
 3 through IC 22-3-6. The owner-operator may elect to be covered
 4 and have the owner-operator's drivers covered under a worker's
 5 compensation insurance policy or authorized self-insurance that
 6 insures the motor carrier if the owner-operator pays the premiums
 7 as requested by the motor carrier. An election by an
 8 owner-operator under this subdivision does not terminate the
 9 independent contractor status of the owner-operator for any
 10 purpose other than the purpose of this subdivision.

11 (9) A member or manager in a limited liability company may elect
 12 to include the member or manager as an employee under
 13 IC 22-3-2 through IC 22-3-6 if the member or manager is actually
 14 engaged in the limited liability company business. If a member or
 15 manager makes this election, the member or manager must serve
 16 upon the member's or manager's insurance carrier and upon the
 17 board written notice of the election. A member or manager may
 18 not be considered an employee under IC 22-3-2 through IC 22-3-6
 19 until the notice has been received.

20 (10) An unpaid participant under the federal School to Work
 21 Opportunities Act (20 U.S.C. 6101 et seq.) is an employee to the
 22 extent set forth in IC 22-3-2-2.5.

23 (11) A person who enters into an independent contractor
 24 agreement with a nonprofit corporation that is recognized as tax
 25 exempt under Section 501(c)(3) of the Internal Revenue Code (as
 26 defined in IC 6-3-1-11(a)) to perform youth coaching services on
 27 a part-time basis is not an employee for purposes of IC 22-3-2
 28 through IC 22-3-6.

29 (c) "Minor" means an individual who has not reached seventeen
 30 (17) years of age.

31 (1) Unless otherwise provided in this subsection, a minor
 32 employee shall be considered as being of full age for all purposes
 33 of IC 22-3-2 through IC 22-3-6.

34 (2) If the employee is a minor who, at the time of the accident, is
 35 employed, required, suffered, or permitted to work in violation of
 36 IC 20-33-3-35, the amount of compensation and death benefits,
 37 as provided in IC 22-3-2 through IC 22-3-6, shall be double the
 38 amount which would otherwise be recoverable. The insurance
 39 carrier shall be liable on its policy for one-half (1/2) of the
 40 compensation or benefits that may be payable on account of the
 41 injury or death of the minor, and the employer shall be liable for
 42 the other one-half (1/2) of the compensation or benefits. If the

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1 employee is a minor who is not less than sixteen (16) years of age
2 and who has not reached seventeen (17) years of age and who at
3 the time of the accident is employed, suffered, or permitted to
4 work at any occupation which is not prohibited by law, this
5 subdivision does not apply.

6 (3) A minor employee who, at the time of the accident, is a
7 student performing services for an employer as part of an
8 approved program under IC 20-37-2-7 shall be considered a
9 full-time employee for the purpose of computing compensation
10 for permanent impairment under IC 22-3-3-10. The average
11 weekly wages for such a student shall be calculated as provided
12 in subsection (d)(4).

13 (4) The rights and remedies granted in this subsection to a minor
14 under IC 22-3-2 through IC 22-3-6 on account of personal injury
15 or death by accident shall exclude all rights and remedies of the
16 minor, the minor's parents, or the minor's personal
17 representatives, dependents, or next of kin at common law,
18 statutory or otherwise, on account of the injury or death. This
19 subsection does not apply to minors who have reached seventeen
20 (17) years of age.

21 (d) "Average weekly wages" means the earnings of the injured
22 employee in the employment in which the employee was working at the
23 time of the injury during the period of fifty-two (52) weeks
24 immediately preceding the date of injury, divided by fifty-two (52),
25 except as follows:

26 (1) If the injured employee lost seven (7) or more calendar days
27 during this period, although not in the same week, then the
28 earnings for the remainder of the fifty-two (52) weeks shall be
29 divided by the number of weeks and parts thereof remaining after
30 the time lost has been deducted.

31 (2) Where the employment prior to the injury extended over a
32 period of less than fifty-two (52) weeks, the method of dividing
33 the earnings during that period by the number of weeks and parts
34 thereof during which the employee earned wages shall be
35 followed, if results just and fair to both parties will be obtained.
36 Where by reason of the shortness of the time during which the
37 employee has been in the employment of the employee's employer
38 or of the casual nature or terms of the employment it is
39 impracticable to compute the average weekly wages, as defined
40 in this subsection, regard shall be had to the average weekly
41 amount which during the fifty-two (52) weeks previous to the
42 injury was being earned by a person in the same grade employed

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1 at the same work by the same employer or, if there is no person so
 2 employed, by a person in the same grade employed in the same
 3 class of employment in the same district.
 4 (3) Wherever allowances of any character made to an employee
 5 in lieu of wages are a specified part of the wage contract, they
 6 shall be deemed a part of the employee's earnings.
 7 (4) In computing the average weekly wages to be used in
 8 calculating an award for permanent impairment under
 9 IC 22-3-3-10 for a student employee in an approved training
 10 program under IC 20-37-2-7, the following formula shall be used.
 11 Calculate the product of:
 12 (A) the student employee's hourly wage rate; multiplied by
 13 (B) forty (40) hours.
 14 The result obtained is the amount of the average weekly wages for
 15 the student employee.
 16 (e) "Injury" and "personal injury" mean only injury by accident
 17 arising out of and in the course of the employment and do not include
 18 a disease in any form except as it results from the injury.
 19 (f) "Billing review service" refers to a person or an entity that
 20 reviews a medical service provider's bills or statements for the purpose
 21 of determining pecuniary liability. The term includes an employer's
 22 worker's compensation insurance carrier if the insurance carrier
 23 performs such a review.
 24 (g) "Billing review standard" means the data used by a billing
 25 review service to determine pecuniary liability.
 26 (h) "Community" means a geographic service area based on ZIP
 27 code districts defined by the United States Postal Service according to
 28 the following groupings:
 29 (1) The geographic service area served by ZIP codes with the first
 30 three (3) digits 463 and 464.
 31 (2) The geographic service area served by ZIP codes with the first
 32 three (3) digits 465 and 466.
 33 (3) The geographic service area served by ZIP codes with the first
 34 three (3) digits 467 and 468.
 35 (4) The geographic service area served by ZIP codes with the first
 36 three (3) digits 469 and 479.
 37 (5) The geographic service area served by ZIP codes with the first
 38 three (3) digits 460, 461 (except 46107), and 473.
 39 (6) The geographic service area served by the 46107 ZIP code and
 40 ZIP codes with the first three (3) digits 462.
 41 (7) The geographic service area served by ZIP codes with the first
 42 three (3) digits 470, 471, 472, 474, and 478.

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1 (8) The geographic service area served by ZIP codes with the first
 2 three (3) digits 475, 476, and 477.

3 (i) "Medical service provider" refers to a person or an entity that
 4 provides medical services, treatment, or supplies to an employee under
 5 IC 22-3-2 through IC 22-3-6.

6 (j) "Pecuniary liability" means the responsibility of an employer or
 7 the employer's insurance carrier for the payment of the charges for each
 8 specific service or product for human medical treatment provided
 9 under IC 22-3-2 through IC 22-3-6 in a defined community, equal to or
 10 less than the charges made by medical service providers at the eightieth
 11 percentile in the same community for like services or products.

12 SECTION 12. IC 22-3-7-5 IS AMENDED TO READ AS
 13 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 5. On and after April
 14 1, 1963, the provisions of this chapter shall apply to the state, to all
 15 political divisions thereof, to all municipal corporations within the
 16 state, to persons, partnerships, limited liability companies, and
 17 corporations engaged in mining coal, and to employees thereof, without
 18 any right of exemption from the compensation provisions of this
 19 chapter, except as provided in section ~~34(i)~~ 34(o) of this chapter.

20 SECTION 13. IC 22-3-7-9, AS AMENDED BY P.L.180-2009,
 21 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2011]: Sec. 9. (a) As used in this chapter, "employer" includes
 23 the state and any political subdivision, any municipal corporation
 24 within the state, any individual or the legal representative of a deceased
 25 individual, firm, association, limited liability company, or corporation
 26 or the receiver or trustee of the same, using the services of another for
 27 pay. A parent corporation and its subsidiaries shall each be considered
 28 joint employers of the corporation's, the parent's, or the subsidiaries'
 29 employees for purposes of sections 6 and 33 of this chapter. Both a
 30 lessor and a lessee of employees shall each be considered joint
 31 employers of the employees provided by the lessor to the lessee for
 32 purposes of sections 6 and 33 of this chapter. The term also includes an
 33 employer that provides on-the-job training under the federal School to
 34 Work Opportunities Act (20 U.S.C. 6101 et seq.) to the extent set forth
 35 under section 2.5 of this chapter. If the employer is insured, the term
 36 includes the employer's insurer so far as applicable. However, the
 37 inclusion of an employer's insurer within this definition does not allow
 38 an employer's insurer to avoid payment for services rendered to an
 39 employee with the approval of the employer. The term does not include
 40 a nonprofit corporation that is recognized as tax exempt under Section
 41 501(c)(3) of the Internal Revenue Code (as defined in IC 6-3-1-11(a))
 42 to the extent the corporation enters into an independent contractor

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1 agreement with a person for the performance of youth coaching
2 services on a part-time basis.

3 (b) As used in this chapter, "employee" means every person,
4 including a minor, in the service of another, under any contract of hire
5 or apprenticeship written or implied, except one whose employment is
6 both casual and not in the usual course of the trade, business,
7 occupation, or profession of the employer. For purposes of this chapter
8 the following apply:

9 (1) Any reference to an employee who has suffered disablement,
10 when the employee is dead, also includes the employee's legal
11 representative, dependents, and other persons to whom
12 compensation may be payable.

13 (2) An owner of a sole proprietorship may elect to include the
14 owner as an employee under this chapter if the owner is actually
15 engaged in the proprietorship business. If the owner makes this
16 election, the owner must serve upon the owner's insurance carrier
17 and upon the board written notice of the election. No owner of a
18 sole proprietorship may be considered an employee under this
19 chapter unless the notice has been received. If the owner of a sole
20 proprietorship is an independent contractor in the construction
21 trades and does not make the election provided under this
22 subdivision, the owner must obtain an affidavit of exemption
23 under section 34.5 of this chapter.

24 (3) A partner in a partnership may elect to include the partner as
25 an employee under this chapter if the partner is actually engaged
26 in the partnership business. If a partner makes this election, the
27 partner must serve upon the partner's insurance carrier and upon
28 the board written notice of the election. No partner may be
29 considered an employee under this chapter until the notice has
30 been received. If a partner in a partnership is an independent
31 contractor in the construction trades and does not make the
32 election provided under this subdivision, the partner must obtain
33 an affidavit of exemption under section 34.5 of this chapter.

34 (4) Real estate professionals are not employees under this chapter
35 if:

36 (A) they are licensed real estate agents;

37 (B) substantially all their remuneration is directly related to
38 sales volume and not the number of hours worked; and

39 (C) they have written agreements with real estate brokers
40 stating that they are not to be treated as employees for tax
41 purposes.

42 (5) A person is an "independent contractor in the construction

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trades", and not an employee under this chapter, if the person is an independent contractor under the guidelines of the United States Internal Revenue Service.

(6) An owner-operator that provides a motor vehicle and the services of a driver under a written contract that is subject to IC 8-2.1-24-23, 45 IAC 16-1-13, or 49 CFR 376, to a motor carrier is not an employee of the motor carrier for purposes of this chapter. The owner-operator may elect to be covered and have the owner-operator's drivers covered under a worker's compensation insurance policy or authorized self-insurance that insures the motor carrier if the owner-operator pays the premiums as requested by the motor carrier. An election by an owner-operator under this subdivision does not terminate the independent contractor status of the owner-operator for any purpose other than the purpose of this subdivision.

(7) An unpaid participant under the federal School to Work Opportunities Act (20 U.S.C. 6101 et seq.) is an employee to the extent set forth under section 2.5 of this chapter.

(8) A person who enters into an independent contractor agreement with a nonprofit corporation that is recognized as tax exempt under Section 501(c)(3) of the Internal Revenue Code (as defined in IC 6-3-1-11(a)) to perform youth coaching services on a part-time basis is not an employee for purposes of this chapter.

(9) An officer of a corporation who is the sole officer of the corporation is an employee of the corporation under this chapter. An officer of a corporation who is the sole officer of the corporation may elect not to be an employee of the corporation under this chapter. If an officer makes this election, the officer must serve written notice of the election on the corporation's insurance carrier and the board. An officer of a corporation who is the sole officer of the corporation may not be considered to be excluded as an employee under this chapter until the notice is received by the insurance carrier and the board.

(c) As used in this chapter, "minor" means an individual who has not reached seventeen (17) years of age. A minor employee shall be considered as being of full age for all purposes of this chapter. However, if the employee is a minor who, at the time of the last exposure, is employed, required, suffered, or permitted to work in violation of the child labor laws of this state, the amount of compensation and death benefits, as provided in this chapter, shall be double the amount which would otherwise be recoverable. The insurance carrier shall be liable on its policy for one-half (1/2) of the

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1 compensation or benefits that may be payable on account of the
 2 disability or death of the minor, and the employer shall be wholly liable
 3 for the other one-half (1/2) of the compensation or benefits. If the
 4 employee is a minor who is not less than sixteen (16) years of age and
 5 who has not reached seventeen (17) years of age, and who at the time
 6 of the last exposure is employed, suffered, or permitted to work at any
 7 occupation which is not prohibited by law, the provisions of this
 8 subsection prescribing double the amount otherwise recoverable do not
 9 apply. The rights and remedies granted to a minor under this chapter on
 10 account of disease shall exclude all rights and remedies of the minor,
 11 the minor's parents, the minor's personal representatives, dependents,
 12 or next of kin at common law, statutory or otherwise, on account of any
 13 disease.

14 (d) This chapter does not apply to casual laborers as defined in
 15 subsection (b), nor to farm or agricultural employees, nor to household
 16 employees, nor to railroad employees engaged in train service as
 17 engineers, firemen, conductors, brakemen, flagmen, baggagemen, or
 18 foremen in charge of yard engines and helpers assigned thereto, nor to
 19 their employers with respect to these employees. Also, this chapter
 20 does not apply to employees or their employers with respect to
 21 employments in which the laws of the United States provide for
 22 compensation or liability for injury to the health, disability, or death by
 23 reason of diseases suffered by these employees.

24 (e) As used in this chapter, "disablement" means the event of
 25 becoming disabled from earning full wages at the work in which the
 26 employee was engaged when last exposed to the hazards of the
 27 occupational disease by the employer from whom the employee claims
 28 compensation or equal wages in other suitable employment, and
 29 "disability" means the state of being so incapacitated.

30 (f) For the purposes of this chapter, no compensation shall be
 31 payable for or on account of any occupational diseases unless
 32 disablement, as defined in subsection (e), occurs within two (2) years
 33 after the last day of the last exposure to the hazards of the disease
 34 except for the following:

35 (1) In all cases of occupational diseases caused by the inhalation
 36 of silica dust or coal dust, no compensation shall be payable
 37 unless disablement, as defined in subsection (e), occurs within
 38 three (3) years after the last day of the last exposure to the hazards
 39 of the disease.

40 (2) In all cases of occupational disease caused by the exposure to
 41 radiation, no compensation shall be payable unless disablement,
 42 as defined in subsection (e), occurs within two (2) years from the

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1 date on which the employee had knowledge of the nature of the
2 employee's occupational disease or, by exercise of reasonable
3 diligence, should have known of the existence of such disease and
4 its causal relationship to the employee's employment.

5 (3) In all cases of occupational diseases caused by the inhalation
6 of asbestos dust, no compensation shall be payable unless
7 disablement, as defined in subsection (e), occurs within three (3)
8 years after the last day of the last exposure to the hazards of the
9 disease if the last day of the last exposure was before July 1, 1985.

10 (4) In all cases of occupational disease caused by the inhalation
11 of asbestos dust in which the last date of the last exposure occurs
12 on or after July 1, 1985, and before July 1, 1988, no compensation
13 shall be payable unless disablement, as defined in subsection (e),
14 occurs within twenty (20) years after the last day of the last
15 exposure.

16 (5) In all cases of occupational disease caused by the inhalation
17 of asbestos dust in which the last date of the last exposure occurs
18 on or after July 1, 1988, no compensation shall be payable unless
19 disablement (as defined in subsection (e)) occurs within
20 thirty-five (35) years after the last day of the last exposure.

21 (g) For the purposes of this chapter, no compensation shall be
22 payable for or on account of death resulting from any occupational
23 disease unless death occurs within two (2) years after the date of
24 disablement. However, this subsection does not bar compensation for
25 death:

26 (1) where death occurs during the pendency of a claim filed by an
27 employee within two (2) years after the date of disablement and
28 which claim has not resulted in a decision or has resulted in a
29 decision which is in process of review or appeal; or

30 (2) where, by agreement filed or decision rendered, a
31 compensable period of disability has been fixed and death occurs
32 within two (2) years after the end of such fixed period, but in no
33 event later than three hundred (300) weeks after the date of
34 disablement.

35 (h) As used in this chapter, "billing review service" refers to a
36 person or an entity that reviews a medical service provider's bills or
37 statements for the purpose of determining pecuniary liability. The term
38 includes an employer's worker's compensation insurance carrier if the
39 insurance carrier performs such a review.

40 (i) As used in this chapter, "billing review standard" means the data
41 used by a billing review service to determine pecuniary liability.

42 (j) As used in this chapter, "community" means a geographic service

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1 area based on ZIP code districts defined by the United States Postal
2 Service according to the following groupings:

3 (1) The geographic service area served by ZIP codes with the first
4 three (3) digits 463 and 464.

5 (2) The geographic service area served by ZIP codes with the first
6 three (3) digits 465 and 466.

7 (3) The geographic service area served by ZIP codes with the first
8 three (3) digits 467 and 468.

9 (4) The geographic service area served by ZIP codes with the first
10 three (3) digits 469 and 479.

11 (5) The geographic service area served by ZIP codes with the first
12 three (3) digits 460, 461 (except 46107), and 473.

13 (6) The geographic service area served by the 46107 ZIP code and
14 ZIP codes with the first three (3) digits 462.

15 (7) The geographic service area served by ZIP codes with the first
16 three (3) digits 470, 471, 472, 474, and 478.

17 (8) The geographic service area served by ZIP codes with the first
18 three (3) digits 475, 476, and 477.

19 (k) As used in this chapter, "medical service provider" refers to a
20 person or an entity that provides medical services, treatment, or
21 supplies to an employee under this chapter.

22 (l) As used in this chapter, "pecuniary liability" means the
23 responsibility of an employer or the employer's insurance carrier for the
24 payment of the charges for each specific service or product for human
25 medical treatment provided under this chapter in a defined community,
26 equal to or less than the charges made by medical service providers at
27 the eightieth percentile in the same community for like services or
28 products.

29 SECTION 14. IC 22-3-7-16, AS AMENDED BY P.L.134-2006,
30 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2011]: Sec. 16. (a) Compensation shall be allowed on account
32 of disablement from occupational disease resulting in only temporary
33 total disability to work or temporary partial disability to work
34 beginning with the eighth day of such disability except for the medical
35 benefits provided for in section 17 of this chapter. Compensation shall
36 be allowed for the first seven (7) calendar days only as provided in this
37 section. The first weekly installment of compensation for temporary
38 disability is due fourteen (14) days after the disability begins. Not later
39 than fifteen (15) days from the date that the first installment of
40 compensation is due, the employer or the employer's insurance carrier
41 shall tender to the employee or to the employee's dependents, with all
42 compensation due, a properly prepared compensation agreement in a

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1 form prescribed by the board. Whenever an employer or the employer's
 2 insurance carrier denies or is not able to determine liability to pay
 3 compensation or benefits, the employer or the employer's insurance
 4 carrier shall notify the worker's compensation board and the employee
 5 in writing on a form prescribed by the worker's compensation board not
 6 later than thirty (30) days after the employer's knowledge of the
 7 claimed disablement. If a determination of liability cannot be made
 8 within thirty (30) days, the worker's compensation board may approve
 9 an additional thirty (30) days upon a written request of the employer or
 10 the employer's insurance carrier that sets forth the reasons that the
 11 determination could not be made within thirty (30) days and states the
 12 facts or circumstances that are necessary to determine liability within
 13 the additional thirty (30) days. More than thirty (30) days of additional
 14 time may be approved by the worker's compensation board upon the
 15 filing of a petition by the employer or the employer's insurance carrier
 16 that sets forth:

- 17 (1) the extraordinary circumstances that have precluded a
- 18 determination of liability within the initial sixty (60) days;
- 19 (2) the status of the investigation on the date the petition is filed;
- 20 (3) the facts or circumstances that are necessary to make a
- 21 determination; and
- 22 (4) a timetable for the completion of the remaining investigation.

23 An employer who fails to comply with this section is subject to a civil
 24 penalty of fifty dollars (\$50), to be assessed and collected by the board
 25 upon notice and hearing. Civil penalties collected under this section
 26 shall be deposited in the state general fund. **under IC 22-3-4-15.**

27 (b) Once begun, temporary total disability benefits may not be
 28 terminated by the employer unless:

- 29 (1) the employee has returned to work;
- 30 (2) the employee has died;
- 31 (3) the employee has refused to undergo a medical examination
- 32 under section 20 of this chapter;
- 33 (4) the employee has received five hundred (500) weeks of
- 34 temporary total disability benefits or has been paid the maximum
- 35 compensation allowable under section 19 of this chapter; or
- 36 (5) the employee is unable or unavailable to work for reasons
- 37 unrelated to the compensable disease.

38 In all other cases the employer must notify the employee in writing of
 39 the employer's intent to terminate the payment of temporary total
 40 disability benefits, and of the availability of employment, if any, on a
 41 form approved by the board. If the employee disagrees with the
 42 proposed termination, the employee must give written notice of

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1 disagreement to the board and the employer within seven (7) days after
 2 receipt of the notice of intent to terminate benefits. If the board and
 3 employer do not receive a notice of disagreement under this section,
 4 the employee's temporary total disability benefits shall be terminated.
 5 Upon receipt of the notice of disagreement, the board shall immediately
 6 contact the parties, which may be by telephone or other means and
 7 attempt to resolve the disagreement. If the board is unable to resolve
 8 the disagreement within ten (10) days of receipt of the notice of
 9 disagreement, the board shall immediately arrange for an evaluation of
 10 the employee by an independent medical examiner. The independent
 11 medical examiner shall be selected by mutual agreement of the parties
 12 or, if the parties are unable to agree, appointed by the board under
 13 IC 22-3-4-11. If the independent medical examiner determines that the
 14 employee is no longer temporarily disabled or is still temporarily
 15 disabled but can return to employment that the employer has made
 16 available to the employee, or if the employee fails or refuses to appear
 17 for examination by the independent medical examiner, temporary total
 18 disability benefits may be terminated. If either party disagrees with the
 19 opinion of the independent medical examiner, the party shall apply to
 20 the board for a hearing under section 27 of this chapter.

21 (c) An employer is not required to continue the payment of
 22 temporary total disability benefits for more than fourteen (14) days
 23 after the employer's proposed termination date unless the independent
 24 medical examiner determines that the employee is temporarily disabled
 25 and unable to return to any employment that the employer has made
 26 available to the employee.

27 (d) If it is determined that as a result of this section temporary total
 28 disability benefits were overpaid, the overpayment shall be deducted
 29 from any benefits due the employee under this section and, if there are
 30 no benefits due the employee or the benefits due the employee do not
 31 equal the amount of the overpayment, the employee shall be
 32 responsible for paying any overpayment which cannot be deducted
 33 from benefits due the employee.

34 (e) For disablements occurring on and after July 1, 1976, from
 35 occupational disease resulting in temporary total disability for any work
 36 there shall be paid to the disabled employee during the temporary total
 37 disability weekly compensation equal to sixty-six and two-thirds
 38 percent (66 2/3%) of the employee's average weekly wages, as defined
 39 in section 19 of this chapter, for a period not to exceed five hundred
 40 (500) weeks. Compensation shall be allowed for the first seven (7)
 41 calendar days only if the disability continues for longer than twenty-one
 42 (21) days.

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1 (f) For disablements occurring on and after July 1, 1974, from
2 occupational disease resulting in temporary partial disability for work
3 there shall be paid to the disabled employee during such disability a
4 weekly compensation equal to sixty-six and two-thirds percent (66
5 2/3%) of the difference between the employee's average weekly wages,
6 as defined in section 19 of this chapter, and the weekly wages at which
7 the employee is actually employed after the disablement, for a period
8 not to exceed three hundred (300) weeks. Compensation shall be
9 allowed for the first seven (7) calendar days only if the disability
10 continues for longer than twenty-one (21) days. In case of partial
11 disability after the period of temporary total disability, the latter period
12 shall be included as a part of the maximum period allowed for partial
13 disability.

14 (g) For disabilities occurring on and after July 1, 1979, and before
15 July 1, 1988, from occupational disease in the schedule set forth in
16 subsection (j), the employee shall receive in addition to disability
17 benefits, not exceeding fifty-two (52) weeks on account of the
18 occupational disease, a weekly compensation of sixty percent (60%) of
19 the employee's average weekly wages, not to exceed one hundred
20 twenty-five dollars (\$125) average weekly wages, for the period stated
21 for the disabilities.

22 (h) For disabilities occurring on and after July 1, 1988, and before
23 July 1, 1989, from occupational disease in the schedule set forth in
24 subsection (j), the employee shall receive in addition to disability
25 benefits, not exceeding seventy-eight (78) weeks on account of the
26 occupational disease, a weekly compensation of sixty percent (60%) of
27 the employee's average weekly wages, not to exceed one hundred
28 sixty-six dollars (\$166) average weekly wages, for the period stated for
29 the disabilities.

30 (i) For disabilities occurring on and after July 1, 1989, and before
31 July 1, 1990, from occupational disease in the schedule set forth in
32 subsection (j), the employee shall receive in addition to disability
33 benefits, not exceeding seventy-eight (78) weeks on account of the
34 occupational disease, a weekly compensation of sixty percent (60%) of
35 the employee's average weekly wages, not to exceed one hundred
36 eighty-three dollars (\$183) average weekly wages, for the period stated
37 for the disabilities.

38 (j) For disabilities occurring on and after July 1, 1990, and before
39 July 1, 1991, from occupational disease in the following schedule, the
40 employee shall receive in addition to disability benefits, not exceeding
41 seventy-eight (78) weeks on account of the occupational disease, a
42 weekly compensation of sixty percent (60%) of the employee's average

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1 weekly wages, not to exceed two hundred dollars (\$200) average
2 weekly wages, for the period stated for the disabilities.

3 (1) Amputations: For the loss by separation, of the thumb, sixty
4 (60) weeks; of the index finger, forty (40) weeks; of the second
5 finger, thirty-five (35) weeks; of the third or ring finger, thirty
6 (30) weeks; of the fourth or little finger, twenty (20) weeks; of the
7 hand by separation below the elbow, two hundred (200) weeks; of
8 the arm above the elbow joint, two hundred fifty (250) weeks; of
9 the big toe, sixty (60) weeks; of the second toe, thirty (30) weeks;
10 of the third toe, twenty (20) weeks; of the fourth toe, fifteen (15)
11 weeks; of the fifth or little toe, ten (10) weeks; of the foot below
12 the knee joint, one hundred fifty (150) weeks; and of the leg
13 above the knee joint, two hundred (200) weeks. The loss of more
14 than one (1) phalange of a thumb or toe shall be considered as the
15 loss of the entire thumb or toe. The loss of more than two (2)
16 phalanges of a finger shall be considered as the loss of the entire
17 finger. The loss of not more than one (1) phalange of a thumb or
18 toe shall be considered as the loss of one-half (1/2) of the thumb
19 or toe and compensation shall be paid for one-half (1/2) of the
20 period for the loss of the entire thumb or toe. The loss of not more
21 than two (2) phalanges of a finger shall be considered as the loss
22 of one-half (1/2) the finger and compensation shall be paid for
23 one-half (1/2) of the period for the loss of the entire finger.

24 (2) Loss of Use: The total permanent loss of the use of an arm,
25 hand, thumb, finger, leg, foot, toe, or phalange shall be considered
26 as the equivalent of the loss by separation of the arm, hand,
27 thumb, finger, leg, foot, toe, or phalange and the compensation
28 shall be paid for the same period as for the loss thereof by
29 separation.

30 (3) Partial Loss of Use: For the permanent partial loss of the use
31 of an arm, hand, thumb, finger, leg, foot, toe, or phalange,
32 compensation shall be paid for the proportionate loss of the use of
33 such arm, hand, thumb, finger, leg, foot, toe, or phalange.

34 (4) For disablements for occupational disease resulting in total
35 permanent disability, five hundred (500) weeks.

36 (5) For the loss of both hands, or both feet, or the total sight of
37 both eyes, or any two (2) of such losses resulting from the same
38 disablement by occupational disease, five hundred (500) weeks.

39 (6) For the permanent and complete loss of vision by enucleation
40 of an eye or its reduction to one-tenth (1/10) of normal vision with
41 glasses, one hundred fifty (150) weeks, and for any other
42 permanent reduction of the sight of an eye, compensation shall be

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1 paid for a period proportionate to the degree of such permanent
2 reduction without correction or glasses. However, when such
3 permanent reduction without correction or glasses would result in
4 one hundred percent (100%) loss of vision, but correction or
5 glasses would result in restoration of vision, then compensation
6 shall be paid for fifty percent (50%) of such total loss of vision
7 without glasses plus an additional amount equal to the
8 proportionate amount of such reduction with glasses, not to
9 exceed an additional fifty percent (50%).

10 (7) For the permanent and complete loss of hearing, two hundred
11 (200) weeks.

12 (8) In all other cases of permanent partial impairment,
13 compensation proportionate to the degree of such permanent
14 partial impairment, in the discretion of the worker's compensation
15 board, not exceeding five hundred (500) weeks.

16 (9) In all cases of permanent disfigurement, which may impair the
17 future usefulness or opportunities of the employee, compensation
18 in the discretion of the worker's compensation board, not
19 exceeding two hundred (200) weeks, except that no compensation
20 shall be payable under this paragraph where compensation shall
21 be payable under subdivisions (1) through (8). Where
22 compensation for temporary total disability has been paid, this
23 amount of compensation shall be deducted from any
24 compensation due for permanent disfigurement.

25 (k) With respect to disablements in the following schedule occurring
26 on and after July 1, 1991, the employee shall receive in addition to
27 temporary total disability benefits, not exceeding one hundred
28 twenty-five (125) weeks on account of the disablement, compensation
29 in an amount determined under the following schedule to be paid
30 weekly at a rate of sixty-six and two-thirds percent (66 2/3%) of the
31 employee's average weekly wages during the fifty-two (52) weeks
32 immediately preceding the week in which the disablement occurred:

33 (1) Amputation: For the loss by separation of the thumb, twelve
34 (12) degrees of permanent impairment; of the index finger, eight
35 (8) degrees of permanent impairment; of the second finger, seven
36 (7) degrees of permanent impairment; of the third or ring finger,
37 six (6) degrees of permanent impairment; of the fourth or little
38 finger, four (4) degrees of permanent impairment; of the hand by
39 separation below the elbow joint, forty (40) degrees of permanent
40 impairment; of the arm above the elbow, fifty (50) degrees of
41 permanent impairment; of the big toe, twelve (12) degrees of
42 permanent impairment; of the second toe, six (6) degrees of

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1 permanent impairment; of the third toe, four (4) degrees of
 2 permanent impairment; of the fourth toe, three (3) degrees of
 3 permanent impairment; of the fifth or little toe, two (2) degrees of
 4 permanent impairment; of separation of the foot below the knee
 5 joint, thirty-five (35) degrees of permanent impairment; and of the
 6 leg above the knee joint, forty-five (45) degrees of permanent
 7 impairment.

8 (2) Amputations occurring on or after July 1, 1997: For the loss
 9 by separation of any of the body parts described in subdivision (1)
 10 on or after July 1, 1997, the dollar values per degree applying on
 11 the date of the injury as described in subsection (1) shall be
 12 multiplied by two (2). However, the doubling provision of this
 13 subdivision does not apply to a loss of use that is not a loss by
 14 separation.

15 (3) The loss of more than one (1) phalange of a thumb or toe shall
 16 be considered as the loss of the entire thumb or toe. The loss of
 17 more than two (2) phalanges of a finger shall be considered as the
 18 loss of the entire finger. The loss of not more than one (1)
 19 phalange of a thumb or toe shall be considered as the loss of
 20 one-half (1/2) of the degrees of permanent impairment for the loss
 21 of the entire thumb or toe. The loss of not more than one (1)
 22 phalange of a finger shall be considered as the loss of one-third
 23 (1/3) of the finger and compensation shall be paid for one-third
 24 (1/3) of the degrees payable for the loss of the entire finger. The
 25 loss of more than one (1) phalange of the finger but not more than
 26 two (2) phalanges of the finger shall be considered as the loss of
 27 one-half (1/2) of the finger and compensation shall be paid for
 28 one-half (1/2) of the degrees payable for the loss of the entire
 29 finger.

30 (4) For the loss by separation of both hands or both feet or the
 31 total sight of both eyes or any two (2) such losses in the same
 32 accident, one hundred (100) degrees of permanent impairment.

33 (5) For the permanent and complete loss of vision by enucleation
 34 or its reduction to one-tenth (1/10) of normal vision with glasses,
 35 thirty-five (35) degrees of permanent impairment.

36 (6) For the permanent and complete loss of hearing in one (1) ear,
 37 fifteen (15) degrees of permanent impairment, and in both ears,
 38 forty (40) degrees of permanent impairment.

39 (7) For the loss of one (1) testicle, ten (10) degrees of permanent
 40 impairment; for the loss of both testicles, thirty (30) degrees of
 41 permanent impairment.

42 (8) Loss of use: The total permanent loss of the use of an arm, a

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1 hand, a thumb, a finger, a leg, a foot, a toe, or a phalange shall be
 2 considered as the equivalent of the loss by separation of the arm,
 3 hand, thumb, finger, leg, foot, toe, or phalange, and compensation
 4 shall be paid in the same amount as for the loss by separation.
 5 However, the doubling provision of subdivision (2) does not
 6 apply to a loss of use that is not a loss by separation.

7 (9) Partial loss of use: For the permanent partial loss of the use of
 8 an arm, a hand, a thumb, a finger, a leg, a foot, a toe, or a
 9 phalange, compensation shall be paid for the proportionate loss of
 10 the use of the arm, hand, thumb, finger, leg, foot, toe, or phalange.

11 (10) For disablements resulting in total permanent disability, the
 12 amount payable for impairment or five hundred (500) weeks of
 13 compensation, whichever is greater.

14 (11) For any permanent reduction of the sight of an eye less than
 15 a total loss as specified in subdivision (5), the compensation shall
 16 be paid in an amount proportionate to the degree of a permanent
 17 reduction without correction or glasses. However, when a
 18 permanent reduction without correction or glasses would result in
 19 one hundred percent (100%) loss of vision, then compensation
 20 shall be paid for fifty percent (50%) of the total loss of vision
 21 without glasses, plus an additional amount equal to the
 22 proportionate amount of the reduction with glasses, not to exceed
 23 an additional fifty percent (50%).

24 (12) For any permanent reduction of the hearing of one (1) or both
 25 ears, less than the total loss as specified in subdivision (6),
 26 compensation shall be paid in an amount proportionate to the
 27 degree of a permanent reduction.

28 (13) In all other cases of permanent partial impairment,
 29 compensation proportionate to the degree of a permanent partial
 30 impairment, in the discretion of the worker's compensation board,
 31 not exceeding one hundred (100) degrees of permanent
 32 impairment.

33 (14) In all cases of permanent disfigurement which may impair
 34 the future usefulness or opportunities of the employee,
 35 compensation, in the discretion of the worker's compensation
 36 board, not exceeding forty (40) degrees of permanent impairment
 37 except that no compensation shall be payable under this
 38 subdivision where compensation is payable elsewhere in this
 39 section.

40 (l) With respect to disablements occurring on and after July 1, 1991,
 41 compensation for permanent partial impairment shall be paid according
 42 to the degree of permanent impairment for the disablement determined

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1 under subsection (k) and the following:

2 (1) With respect to disablements occurring on and after July 1,

3 1991, and before July 1, 1992, for each degree of permanent

4 impairment from one (1) to thirty-five (35), five hundred dollars

5 (\$500) per degree; for each degree of permanent impairment from

6 thirty-six (36) to fifty (50), nine hundred dollars (\$900) per

7 degree; for each degree of permanent impairment above fifty (50),

8 one thousand five hundred dollars (\$1,500) per degree.

9 (2) With respect to disablements occurring on and after July 1,

10 1992, and before July 1, 1993, for each degree of permanent

11 impairment from one (1) to twenty (20), five hundred dollars

12 (\$500) per degree; for each degree of permanent impairment from

13 twenty-one (21) to thirty-five (35), eight hundred dollars (\$800)

14 per degree; for each degree of permanent impairment from

15 thirty-six (36) to fifty (50), one thousand three hundred dollars

16 (\$1,300) per degree; for each degree of permanent impairment

17 above fifty (50), one thousand seven hundred dollars (\$1,700) per

18 degree.

19 (3) With respect to disablements occurring on and after July 1,

20 1993, and before July 1, 1997, for each degree of permanent

21 impairment from one (1) to ten (10), five hundred dollars (\$500)

22 per degree; for each degree of permanent impairment from eleven

23 (11) to twenty (20), seven hundred dollars (\$700) per degree; for

24 each degree of permanent impairment from twenty-one (21) to

25 thirty-five (35), one thousand dollars (\$1,000) per degree; for

26 each degree of permanent impairment from thirty-six (36) to fifty

27 (50), one thousand four hundred dollars (\$1,400) per degree; for

28 each degree of permanent impairment above fifty (50), one

29 thousand seven hundred dollars (\$1,700) per degree.

30 (4) With respect to disablements occurring on and after July 1,

31 1997, and before July 1, 1998, for each degree of permanent

32 impairment from one (1) to ten (10), seven hundred fifty dollars

33 (\$750) per degree; for each degree of permanent impairment from

34 eleven (11) to thirty-five (35), one thousand dollars (\$1,000) per

35 degree; for each degree of permanent impairment from thirty-six

36 (36) to fifty (50), one thousand four hundred dollars (\$1,400) per

37 degree; for each degree of permanent impairment above fifty (50),

38 one thousand seven hundred dollars (\$1,700) per degree.

39 (5) With respect to disablements occurring on and after July 1,

40 1998, and before July 1, 1999, for each degree of permanent

41 impairment from one (1) to ten (10), seven hundred fifty dollars

42 (\$750) per degree; for each degree of permanent impairment from

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1 eleven (11) to thirty-five (35), one thousand dollars (\$1,000) per
 2 degree; for each degree of permanent impairment from thirty-six
 3 (36) to fifty (50), one thousand four hundred dollars (\$1,400) per
 4 degree; for each degree of permanent impairment above fifty (50),
 5 one thousand seven hundred dollars (\$1,700) per degree.
 6 (6) With respect to disablements occurring on and after July 1,
 7 1999, and before July 1, 2000, for each degree of permanent
 8 impairment from one (1) to ten (10), nine hundred dollars (\$900)
 9 per degree; for each degree of permanent impairment from eleven
 10 (11) to thirty-five (35), one thousand one hundred dollars
 11 (\$1,100) per degree; for each degree of permanent impairment
 12 from thirty-six (36) to fifty (50), one thousand six hundred dollars
 13 (\$1,600) per degree; for each degree of permanent impairment
 14 above fifty (50), two thousand dollars (\$2,000) per degree.
 15 (7) With respect to disablements occurring on and after July 1,
 16 2000, and before July 1, 2001, for each degree of permanent
 17 impairment from one (1) to ten (10), one thousand one hundred
 18 dollars (\$1,100) per degree; for each degree of permanent
 19 impairment from eleven (11) to thirty-five (35), one thousand
 20 three hundred dollars (\$1,300) per degree; for each degree of
 21 permanent impairment from thirty-six (36) to fifty (50), two
 22 thousand dollars (\$2,000) per degree; for each degree of
 23 permanent impairment above fifty (50), two thousand five
 24 hundred fifty dollars (\$2,500) per degree.
 25 (8) With respect to disablements occurring on and after July 1,
 26 2001, and before July 1, 2007, for each degree of permanent
 27 impairment from one (1) to ten (10), one thousand three hundred
 28 dollars (\$1,300) per degree; for each degree of permanent
 29 impairment from eleven (11) to thirty-five (35), one thousand five
 30 hundred dollars (\$1,500) per degree; for each degree of
 31 permanent impairment from thirty-six (36) to fifty (50), two
 32 thousand four hundred dollars (\$2,400) per degree; for each
 33 degree of permanent impairment above fifty (50), three thousand
 34 dollars (\$3,000) per degree.
 35 (9) With respect to disablements occurring on and after July 1,
 36 2007, and before July 1, 2008, for each degree of permanent
 37 impairment from one (1) to ten (10), one thousand three hundred
 38 forty dollars (\$1,340) per degree; for each degree of permanent
 39 impairment from eleven (11) to thirty-five (35), one thousand five
 40 hundred forty-five dollars (\$1,545) per degree; for each degree of
 41 permanent impairment from thirty-six (36) to fifty (50), two
 42 thousand four hundred seventy-five dollars (\$2,475) per degree;

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- 1 for each degree of permanent impairment above fifty (50), three
 2 thousand one hundred fifty dollars (\$3,150) per degree.
- 3 (10) With respect to disablements occurring on and after July 1,
 4 2008, and before July 1, 2009, for each degree of permanent
 5 impairment from one (1) to ten (10), one thousand three hundred
 6 sixty-five dollars (\$1,365) per degree; for each degree of
 7 permanent impairment from eleven (11) to thirty-five (35), one
 8 thousand five hundred seventy dollars (\$1,570) per degree; for
 9 each degree of permanent impairment from thirty-six (36) to fifty
 10 (50), two thousand five hundred twenty-five dollars (\$2,525) per
 11 degree; for each degree of permanent impairment above fifty (50),
 12 three thousand two hundred dollars (\$3,200) per degree.
- 13 (11) With respect to disablements occurring on and after July 1,
 14 2009, and before July 1, 2010, for each degree of permanent
 15 impairment from one (1) to ten (10), one thousand three hundred
 16 eighty dollars (\$1,380) per degree; for each degree of permanent
 17 impairment from eleven (11) to thirty-five (35), one thousand five
 18 hundred eighty-five dollars (\$1,585) per degree; for each degree
 19 of permanent impairment from thirty-six (36) to fifty (50), two
 20 thousand six hundred dollars (\$2,600) per degree; for each degree
 21 of permanent impairment above fifty (50), three thousand three
 22 hundred dollars (\$3,300) per degree.
- 23 (12) With respect to disablements occurring on and after July 1,
 24 2010, for each degree of permanent impairment from one (1) to
 25 ten (10), one thousand four hundred dollars (\$1,400) per degree;
 26 for each degree of permanent impairment from eleven (11) to
 27 thirty-five (35), one thousand six hundred dollars (\$1,600) per
 28 degree; for each degree of permanent impairment from thirty-six
 29 (36) to fifty (50), two thousand seven hundred dollars (\$2,700)
 30 per degree; for each degree of permanent impairment above fifty
 31 (50), three thousand five hundred dollars (\$3,500) per degree.
- 32 (m) The average weekly wages used in the determination of
 33 compensation for permanent partial impairment under subsections (k)
 34 and (l) shall not exceed the following:
- 35 (1) With respect to disablements occurring on or after July 1,
 36 1991, and before July 1, 1992, four hundred ninety-two dollars
 37 (\$492).
- 38 (2) With respect to disablements occurring on or after July 1,
 39 1992, and before July 1, 1993, five hundred forty dollars (\$540).
- 40 (3) With respect to disablements occurring on or after July 1,
 41 1993, and before July 1, 1994, five hundred ninety-one dollars
 42 (\$591).

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- 1 (4) With respect to disablements occurring on or after July 1,
- 2 1994, and before July 1, 1997, six hundred forty-two dollars
- 3 (\$642).
- 4 (5) With respect to disablements occurring on or after July 1,
- 5 1997, and before July 1, 1998, six hundred seventy-two dollars
- 6 (\$672).
- 7 (6) With respect to disablements occurring on or after July 1,
- 8 1998, and before July 1, 1999, seven hundred two dollars (\$702).
- 9 (7) With respect to disablements occurring on or after July 1,
- 10 1999, and before July 1, 2000, seven hundred thirty-two dollars
- 11 (\$732).
- 12 (8) With respect to disablements occurring on or after July 1,
- 13 2000, and before July 1, 2001, seven hundred sixty-two dollars
- 14 (\$762).
- 15 (9) With respect to injuries occurring on or after July 1, 2001, and
- 16 before July 1, 2002, eight hundred twenty-two dollars (\$822).
- 17 (10) With respect to injuries occurring on or after July 1, 2002,
- 18 and before July 1, 2006, eight hundred eighty-two dollars (\$882).
- 19 (11) With respect to injuries occurring on or after July 1, 2006,
- 20 and before July 1, 2007, nine hundred dollars (\$900).
- 21 (12) With respect to injuries occurring on or after July 1, 2007,
- 22 and before July 1, 2008, nine hundred thirty dollars (\$930).
- 23 (13) With respect to injuries occurring on or after July 1, 2008,
- 24 and before July 1, 2009, nine hundred fifty-four dollars (\$954).
- 25 (14) With respect to injuries occurring on or after July 1, 2009,
- 26 nine hundred seventy-five dollars (\$975).
- 27 (n) If any employee, only partially disabled, refuses employment
- 28 suitable to the employee's capacity procured for the employee, the
- 29 employee shall not be entitled to any compensation at any time during
- 30 the continuance of such refusal unless, in the opinion of the worker's
- 31 compensation board, such refusal was justifiable. The employee must
- 32 be served with a notice setting forth the consequences of the refusal
- 33 under this subsection. The notice must be in a form prescribed by the
- 34 worker's compensation board.
- 35 (o) If an employee has sustained a permanent impairment or
- 36 disability from an accidental injury other than an occupational disease
- 37 in another employment than that in which the employee suffered a
- 38 subsequent disability from an occupational disease, such as herein
- 39 specified, the employee shall be entitled to compensation for the
- 40 subsequent disability in the same amount as if the previous impairment
- 41 or disability had not occurred. However, if the permanent impairment
- 42 or disability resulting from an occupational disease for which

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1 compensation is claimed results only in the aggravation or increase of
2 a previously sustained permanent impairment from an occupational
3 disease or physical condition regardless of the source or cause of such
4 previously sustained impairment from an occupational disease or
5 physical condition, the board shall determine the extent of the
6 previously sustained permanent impairment from an occupational
7 disease or physical condition as well as the extent of the aggravation or
8 increase resulting from the subsequent permanent impairment or
9 disability, and shall award compensation only for that part of said
10 occupational disease or physical condition resulting from the
11 subsequent permanent impairment. An amputation of any part of the
12 body or loss of any or all of the vision of one (1) or both eyes caused by
13 an occupational disease shall be considered as a permanent impairment
14 or physical condition.

15 (p) If an employee suffers a disablement from an occupational
16 disease for which compensation is payable while the employee is still
17 receiving or entitled to compensation for a previous injury by accident
18 or disability by occupational disease in the same employment, the
19 employee shall not at the same time be entitled to compensation for
20 both, unless it be for a permanent injury, such as specified in
21 subsection (k)(1), (k)(4), (k)(5), (k)(8), or (k)(9), but the employee shall
22 be entitled to compensation for that disability and from the time of that
23 disability which will cover the longest period and the largest amount
24 payable under this chapter.

25 (q) If an employee receives a permanent disability from **an**
26 occupational disease such as specified in subsection (k)(1), (k)(4),
27 (k)(5), (k)(8), or (k)(9) after having sustained another such permanent
28 disability in the same employment the employee shall be entitled to
29 compensation for both such disabilities, but the total compensation
30 shall be paid by extending the period and not by increasing the amount
31 of weekly compensation and, when such previous and subsequent
32 permanent disabilities, in combination result in total permanent
33 disability or permanent total impairment, compensation shall be
34 payable for such permanent total disability or impairment, but
35 payments made for the previous disability or impairment shall be
36 deducted from the total payment of compensation due.

37 (r) When an employee has been awarded or is entitled to an award
38 of compensation for a definite period from an occupational disease
39 wherein disablement occurs on and after April 1, 1963, and such
40 employee dies from other causes than such occupational disease,
41 payment of the unpaid balance of such compensation not exceeding
42 three hundred fifty (350) weeks shall be paid to the employee's

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1 dependents of the second and third class as defined in sections 11
2 through 14 of this chapter and compensation, not exceeding five
3 hundred (500) weeks shall be made to the employee's dependents of the
4 first class as defined in sections 11 through 14 of this chapter.

5 (s) Any payment made by the employer to the employee during the
6 period of the employee's disability, or to the employee's dependents,
7 which, by the terms of this chapter, was not due and payable when
8 made, may, subject to the approval of the worker's compensation board,
9 be deducted from the amount to be paid as compensation, but such
10 deduction shall be made from the distal end of the period during which
11 compensation must be paid, except in cases of temporary disability.

12 (t) When so provided in the compensation agreement or in the
13 award of the worker's compensation board, compensation may be paid
14 semimonthly, or monthly, instead of weekly.

15 (u) When the aggregate payments of compensation awarded by
16 agreement or upon hearing to an employee or dependent under eighteen
17 (18) years of age do not exceed one hundred dollars (\$100), the
18 payment thereof may be made directly to such employee or dependent,
19 except when the worker's compensation board shall order otherwise.

20 (v) Whenever the aggregate payments of compensation, due to any
21 person under eighteen (18) years of age, exceed one hundred dollars
22 (\$100), the payment thereof shall be made to a trustee, appointed by the
23 circuit or superior court, or to a duly qualified guardian, or, upon the
24 order of the worker's compensation board, to a parent or to such minor
25 person. The payment of compensation, due to any person eighteen (18)
26 years of age or over, may be made directly to such person.

27 (w) If an employee, or a dependent, is mentally incompetent, or a
28 minor at the time when any right or privilege accrues to the employee
29 under this chapter, the employee's guardian or trustee may, in the
30 employee's behalf, claim and exercise such right and privilege.

31 (x) All compensation payments named and provided for in this
32 section, shall mean and be defined to be for only such occupational
33 diseases and disabilities therefrom as are proved by competent
34 evidence, of which there are or have been objective conditions or
35 symptoms proven, not within the physical or mental control of the
36 employee.

37 SECTION 15. IC 22-3-7-17, AS AMENDED BY P.L.67-2010,
38 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
39 JULY 1, 2011]: Sec. 17. (a) During the period of disablement, the
40 employer shall furnish or cause to be furnished, free of charge to the
41 employee, an attending physician for the treatment of the employee's
42 occupational disease, and in addition thereto such surgical, hospital,

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1 and nursing services and supplies as the attending physician or the
2 worker's compensation board may deem necessary. If the employee is
3 requested or required by the employer to submit to treatment outside
4 the county of employment, the employer shall also pay the reasonable
5 expense of travel, food, and lodging necessary during the travel, but not
6 to exceed the amount paid at the time of the travel by the state of
7 Indiana to its employees. If the treatment or travel to or from the place
8 of treatment causes a loss of working time to the employee, the
9 employer shall reimburse the employee for the loss of wages using the
10 basis of the employee's average daily wage.

11 (b) During the period of disablement resulting from the occupational
12 disease, the employer shall furnish such physician, services, and
13 supplies, and the worker's compensation board may, on proper
14 application of either party, require that treatment by such physician and
15 such services and supplies be furnished by or on behalf of the employer
16 as the board may deem reasonably necessary. After an employee's
17 occupational disease has been adjudicated by agreement or award on
18 the basis of permanent partial impairment and within the statutory
19 period for review in such case as provided in section 27(i) of this
20 chapter, the employer may continue to furnish a physician or a surgeon
21 and other medical services and supplies, and the board may, within
22 such statutory period for review as provided in section 27(i) of this
23 chapter, on a proper application of either party, require that treatment
24 by such physician or surgeon and such services and supplies be
25 furnished by and on behalf of the employer as the board may deem
26 necessary to limit or reduce the amount and extent of such impairment.
27 The refusal of the employee to accept such services and supplies when
28 so provided by or on behalf of the employer, shall bar the employee
29 from all compensation otherwise payable during the period of such
30 refusal and the employee's right to prosecute any proceeding under this
31 chapter shall be suspended and abated until such refusal ceases. The
32 employee must be served with a notice setting forth the consequences
33 of the refusal under this section. The notice must be in a form
34 prescribed by the worker's compensation board. No compensation for
35 permanent total impairment, permanent partial impairment, permanent
36 disfigurement, or death shall be paid or payable for that part or portion
37 of such impairment, disfigurement, or death which is the result of the
38 failure of such employee to accept such treatment, services, and
39 supplies, provided that an employer may at any time permit an
40 employee to have treatment for the employee's disease or injury by
41 spiritual means or prayer in lieu of such physician, services, and
42 supplies.

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1 (c) Regardless of when it occurs, where a compensable occupational
2 disease results in the amputation of a body part, the enucleation of an
3 eye, or the loss of natural teeth, the employer shall furnish an
4 appropriate artificial member, braces, and prosthodontics. The cost of
5 repairs to or replacements for the artificial members, braces, or
6 prosthodontics that result from a compensable occupational disease
7 pursuant to a prior award and are required due to either medical
8 necessity or normal wear and tear, determined according to the
9 employee's individual use, but not abuse, of the artificial member,
10 braces, or prosthodontics, shall be paid from the second injury fund
11 upon order or award of the worker's compensation board. The
12 employee is not required to meet any other requirement for admission
13 to the second injury fund.

14 (d) If an emergency or because of the employer's failure to provide
15 such attending physician or such surgical, hospital, or nurse's services
16 and supplies or such treatment by spiritual means or prayer as specified
17 in this section, or for other good reason, a physician other than that
18 provided by the employer treats the diseased employee within the
19 period of disability, or necessary and proper surgical, hospital, or
20 nurse's services and supplies are procured within the period, the
21 reasonable cost of such services and supplies shall, subject to approval
22 of the worker's compensation board, be paid by the employer.

23 (e) An employer or employer's insurance carrier may not delay the
24 provision of emergency medical care whenever emergency medical
25 care is considered necessary in the professional judgment of the
26 attending health care facility physician.

27 (f) This section may not be construed to prohibit an agreement
28 between an employer and employees that has the approval of the board
29 and that:

30 (1) binds the parties to medical care furnished by providers
31 selected by agreement before or after disablement; or

32 (2) makes the findings of a provider chosen in this manner
33 binding upon the parties.

34 (g) The employee and the employee's estate do not have liability to
35 a health care provider for payment for services obtained under this
36 section. The right to order payment for all services provided under this
37 chapter is solely with the board. All claims by a health care provider for
38 payment for services are against the employer and the employer's
39 insurance carrier, if any, and must be made with the board under this
40 chapter. **After June 30, 2011, a health care provider must file an**
41 **application for adjustment of a claim for a health care provider's**
42 **fee with the board not later than two (2) years after the receipt of**

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1 an initial written communication from the employer, the
 2 employer's insurance carrier, if any, or an agent acting on behalf
 3 of the employer after the health care provider submits a bill for
 4 services. To offset a part of the board's expenses related to the
 5 administration of health care provider reimbursement disputes, a
 6 hospital or facility that is a medical service provider (as defined in
 7 IC 22-3-6-1) shall pay a filing fee of sixty dollars (\$60) in a balance
 8 billing case. The filing fee must accompany each application filed
 9 with the board. If an employer, employer's insurance carrier, or an
 10 agent acting on behalf of the employer denies or fails to pay any
 11 amount on a claim submitted by a hospital or facility that is a
 12 medical service provider, a filing fee is not required to accompany
 13 an application that is filed for the denied or unpaid claim. A health
 14 care provider may combine up to ten (10) individual claims into
 15 one (1) application whenever:

- 16 (1) all individual claims involve the same employer, insurance
 17 carrier, or billing review service; and
- 18 (2) the amount of each individual claim does not exceed two
 19 hundred dollars (\$200).

20 SECTION 16. IC 22-3-7-34.3 IS ADDED TO THE INDIANA
 21 CODE AS A NEW SECTION TO READ AS FOLLOWS
 22 [EFFECTIVE JULY 1, 2011]: Sec. 34.3. (a) The worker's
 23 compensation board is entitled to request that an employer provide
 24 the board with current proof of compliance with section 34 of this
 25 chapter.

26 (b) If an employer fails or refuses to provide current proof of
 27 compliance by the tenth day after the employer receives the
 28 board's request under subsection (a), the board:

- 29 (1) shall send the employer a written notice that the employer
 30 is in violation of section 34 of this chapter; and
- 31 (2) may assess a civil penalty against the employer of fifty
 32 dollars (\$50) per employee per day.

33 (c) An employer may challenge the board's assessment of a civil
 34 penalty under subsection (b)(2) by requesting a hearing in
 35 accordance with procedures established by the board.

36 (d) The board shall waive a civil penalty assessed under
 37 subsection (b)(2) if the employer provides the board current proof
 38 of compliance by the twentieth day after the date the employer
 39 receives the board's notice under subsection (b)(1).

40 (e) If an employer fails or refuses to:

- 41 (1) provide current proof of compliance by the twentieth day
 42 after the date the employer receives the board's notice under

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1 subsection (b)(1); or
2 (2) pay a civil penalty assessed under subsection (b)(2);
3 the board may, after notice to the employer and a hearing, order
4 that the noncompliant employer's name be listed on the board's
5 Internet web site.

6 (f) A noncompliant employer's name may be removed from the
7 board's Internet web site only after the employer does the
8 following:

9 (1) Provides current proof of compliance with section 34 of
10 this chapter.

11 (2) Pays all civil penalties assessed under subsection (b)(2).

12 (g) The civil penalties provided for in this section are
13 cumulative.

14 (h) Civil penalties collected under this section shall be deposited
15 in the worker's compensation supplemental administrative fund
16 established by IC 22-3-5-6.

17 SECTION 17. IC 22-3-7-37 IS AMENDED TO READ AS
18 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 37. (a) Every employer
19 operating under the compensation provisions of this chapter shall keep
20 a record of all disablements by occupational disease, fatal or otherwise,
21 received by his the employer's employees in the course of their
22 employment and shall provide a copy of the record to the board
23 upon request. Within seven (7) days after the occurrence first day of
24 a disablement by occupational disease and the employer's
25 knowledge thereof, of the disablement, as provided in section 32 of
26 this chapter, of disablement to an employee causing his that causes the
27 employee's death or his absence from work for more than one (1) day,
28 a report thereof shall be made in writing and mailed to the employer's
29 insurance carrier or, if the employer is self insured, to the worker's
30 compensation board on blanks to be procured from the board for the
31 purpose. The insurance carrier shall mail the report to the worker's
32 compensation board not later than seven (7) days after receipt or
33 fourteen (14) days after the employer's knowledge of the occurrence,
34 whichever is later. An employer or insurance carrier that fails to
35 comply with this subsection is subject to a civil penalty of fifty dollars
36 (\$50); to be assessed and collected by the board. Civil penalties
37 collected under this section shall be deposited in the state general fund:
38 under IC 22-3-4-15.

39 (b) The report shall contain the name, nature and location of the
40 business of the employer, the name, age, sex, wages, occupation of the
41 employee, the approximate dates between which exposure occurred,
42 the nature and cause of the occupational disease, and such other

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1 information as may be required by the board.

2 (c) A person who violates this section commits a Class C ~~infraction~~.
3 **misdemeanor.**

4 (d) The venue of all criminal actions for the violation of this section
5 lies in the county in which the employee was last exposed to the
6 occupational disease causing disablement. The prosecuting attorney of
7 the county shall prosecute these violations upon written request of the
8 worker's compensation board. These shall be prosecuted in the name
9 of the state.

10 SECTION 18. [EFFECTIVE JULY 1, 2011] (a) **As used in this**
11 **SECTION, "commission" refers to the pension management**
12 **oversight commission established by IC 2-5-12-1.**

13 (b) **The general assembly urges the legislative council to assign**
14 **the commission the task of studying the issue of increases in the**
15 **benefit schedules for worker's compensation and occupational**
16 **disease compensation.**

17 (c) **If the commission is assigned the topic described in**
18 **subsection (b), the commission shall issue a final report to the**
19 **legislative council containing the commission's findings and**
20 **recommendations, including any recommended legislation**
21 **concerning the topic, not later than November 1, 2011.**

22 (d) **This SECTION expires June 30, 2012.**

23 SECTION 19. [EFFECTIVE JULY 1, 2011] (a) **As used in this**
24 **SECTION, "commission" refers to the pension management**
25 **oversight commission established by IC 2-5-12-1.**

26 (b) **The general assembly urges the legislative council to assign**
27 **the commission the task of studying whether to amend the**
28 **definition of "pecuniary liability" for purposes of worker's**
29 **compensation and occupational disease compensation to establish**
30 **the charge for services or products provided by a medical services**
31 **facility as equal to a percentage of the amount determined using**
32 **the Medicare program reimbursement methodologies, models, and**
33 **values or weights, including the coding, billing, and reporting**
34 **payment policies in effect on the date a service or product is**
35 **provided.**

36 (c) **If the commission is assigned the topic described in**
37 **subsection (b), the commission shall issue a final report to the**
38 **legislative council containing the commission's findings and**
39 **recommendations, including any recommended legislation**
40 **concerning the topic, not later than November 1, 2011.**

41 (d) **This SECTION expires June 30, 2012.**

42 SECTION 20. **An emergency is declared for this act.**

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COMMITTEE REPORT

Madam President: The Senate Committee on Pensions and Labor, to which was referred Senate Bill No. 576, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 3, line 15, delete "a claim for payment" and insert "**an application for adjustment of a claim for a health care provider's fee**".

Page 3, line 16, delete "one (1) year" and insert "**two (2) years**".

Page 3, line 16, delete "last date the" and insert "**receipt of an initial written communication from the employer, the employer's insurance carrier, if any, or an agent acting on behalf of the employer after the health care provider submits a bill for services. To offset a part of the board's expenses related to the administration of health care provider reimbursement disputes, a hospital or facility that is a medical service provider (as defined in IC 22-3-6-1) shall pay a filing fee of sixty dollars (\$60) in a balance billing case. The filing fee must accompany each application filed with the board. If an employer, an employer's insurance carrier, or an agent acting on behalf of the employer denies or fails to pay any amount on a claim submitted by a hospital or facility that is a medical service provider, a filing fee is not required to accompany an application that is filed for the denied or unpaid claim. A health care provider may combine up to ten (10) individual claims into one (1) application whenever:**

- (1) all individual claims involve the same employer, insurance carrier, or billing review service; and**
- (2) the amount of each individual claim does not exceed two hundred dollars (\$200)."**

Page 3, delete lines 17 through 20.

Page 11, reset in roman lines 3 through 4.

Page 11, line 5, after "infraction." insert "**misdemeanor.**".

Page 11 line 5, reset in roman "A person who violates IC 22-3-5-1, IC 22-3-7-34(b), or".

Page 11, line 6, reset in roman "IC 22-3-7-34(c) commits a Class A".

Page 11, line 6, after "infraction." insert "**misdemeanor.**".

Page 11, line 6, reset in roman "The worker's".

Page 11, reset in roman lines 7 through 13.

Page 11, line 14, reset in roman "(f)".

Page 11, line 14, delete "(d)".

Page 11, line 24, reset in roman "(g)".

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Page 11, line 24, delete "(e)".

Page 11, line 24, reset in roman "court".

Page 11, line 24, delete "board".

Page 11, line 38, reset in roman "(h) The penalty".

Page 11, line 38, after "provisions" insert "**provision**".

Page 11, line 38, reset in roman "of subsection (d) shall apply only to the".

Page 11, reset in roman lines 39 through 40.

Page 11, delete line 41, begin a new paragraph and insert:

"(i) In an action under subsection (d), if a compensable worker's compensation or occupational disease claim has been filed and the employer fails or refuses to pay benefits when due, a court may".

Page 11, delete line 42.

Page 12, line 1, delete "hearing,".

Page 11, run in line 41 through page 12, line 1.

Page 12, line 9, delete "(g)" and insert "(j)".

Page 12, line 9, delete "full board's" and insert "**court's**".

Page 12, line 9, delete "(f)" and insert "(i)".

Page 12, line 11, delete "full board's" and insert "**court's**".

Page 40, line 21, after "file" delete "a" and insert "**an application for adjustment of a claim for a health care provider's fee**".

Page 40, line 22, delete "claim for payment".

Page 40, line 22, delete "one (1) year" and insert "**two (2) years**".

Page 40, line 23, delete "last date the provider provides services to an employee with an" and insert "**receipt of an initial written communication from the employer, the employer's insurance carrier, if any, or an agent acting on behalf of the employer after the health care provider submits a bill for services. To offset a part of the board's expenses related to the administration of health care provider reimbursement disputes, a hospital or facility that is a medical service provider (as defined in IC 22-3-6-1) shall pay a filing fee of sixty dollars (\$60) in a balance billing case. The filing fee must accompany each application filed with the board. If an employer, employer's insurance carrier, or an agent acting on behalf of the employer denies or fails to pay any amount on a claim submitted by a hospital or facility that is a medical service provider, a filing fee is not required to accompany an application that is filed for the denied or unpaid claim. A health care provider may combine up to ten (10) individual claims into one (1) application whenever:**

- (1) all individual claims involve the same employer, insurance carrier, or billing review service; and

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(2) the amount of each individual claim does not exceed two hundred dollars (\$200)."

Page 40, delete lines 24 through 42.

Delete pages 41 through 44.

Page 45, delete lines 1 through 36.

Page 46, line 39, after "employment" delete "." and insert **"and shall provide a copy of the record to the board upon request."**

Page 46, line 39, strike "occurrence" and insert **"first day of a disablement by occupational disease"**.

Page 46, line 39, after "and" insert **"the employer's"**.

Page 46, line 40, strike "thereof," and insert **"of the disablement,"**

Page 46, line 40, after "chapter," strike "of".

Page 46, line 41, strike "disablement to an employee causing".

Page 46, line 41, after "causing his" insert **"that causes"**.

Page 47, line 16, reset in roman "(c) A person who violates this section commits a Class C".

Page 47, line 16, after "infraction." insert **"misdemeanor."**

Page 47, reset in roman lines 17 through 22.

Page 47, between lines 22 and 23, begin a new paragraph and insert:
"SECTION 19. [EFFECTIVE JULY 1, 2011] (a) As used in this SECTION, "commission" refers to the pension management oversight commission established by IC 2-5-12-1.

(b) The general assembly urges the legislative council to assign the commission the task of studying the issue of increases in the benefit schedules for worker's compensation and occupational disease compensation.

(c) If the commission is assigned the topic described in subsection (b), the commission shall issue a final report to the legislative council containing the commission's findings and recommendations, including any recommended legislation concerning the topic, not later than November 1, 2011.

(d) This SECTION expires June 30, 2012.

SECTION 20. [EFFECTIVE JULY 1, 2011] (a) As used in this SECTION, "commission" refers to the pension management oversight commission established by IC 2-5-12-1.

(b) The general assembly urges the legislative council to assign the commission the task of studying whether to amend the definition of "pecuniary liability" for purposes of worker's compensation and occupational disease compensation to establish the charge for services or products provided by a medical services facility as equal to a percentage of the amount determined using the Medicare program reimbursement methodologies, models, and

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values or weights, including the coding, billing, and reporting payment policies in effect on the date a service or product is provided.

(c) If the commission is assigned the topic described in subsection (b), the commission shall issue a final report to the legislative council containing the commission's findings and recommendations, including any recommended legislation concerning the topic, not later than November 1, 2011.

(d) This SECTION expires June 30, 2012."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 576 as introduced.)

BOOTS, Chairperson

Committee Vote: Yeas 7, Nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Employment, Labor and Pensions, to which was referred Senate Bill 576, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

GUTWEIN, Chair

Committee Vote: yeas 13, nays 0.

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