



January 27, 2012

SENATE BILL No. 230

DIGEST OF SB 230 (Updated January 25, 2012 10:56 am - DI 102)

Citations Affected: IC 22-3.

Synopsis: Worker's compensation. Authorizes the worker's compensation board (board) to certify one or more data bases to be used to determine pecuniary liability of an employer or an employer's insurance carrier for a specific service or product covered under worker's compensation or occupational diseases compensation. Establishes a proof of coverage filing fee of two dollars, and specifies that the fee be deposited in the worker's compensation supplemental administrative fund to pay the board's expenses related to health provider claim dispute resolution. Allows an insurance carrier filing proof of coverage on behalf of an employer to update the board's records and pay the filing fee on the last business day of each quarter or at another time the board specifies by rule.

Effective: July 1, 2012.

Smith J, Boots

January 4, 2012, read first time and referred to Committee on Pensions and Labor.
January 26, 2012, amended, reported favorably — Do Pass.

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SB 230—LS 6181/DI 97+



January 27, 2012

Second Regular Session 117th General Assembly (2012)

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 2011 Regular Session of the General Assembly.

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SENATE BILL No. 230

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 22-3-3-5, AS AMENDED BY P.L.168-2011,
2 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2012]: Sec. 5. (a) The pecuniary liability of the employer for
4 medical, surgical, hospital and nurse service herein required ~~shall be~~
5 **limited to such charges as prevail is determined** as provided under
6 ~~IC 22-3-6-1(j)~~, **IC 22-3-6-1(k)**, in the same community ~~(as defined in~~
7 ~~IC 22-3-6-1(h))~~ for a like service or product to injured persons.
8 (b) The employee and the employee's estate do not have liability to
9 a health care provider for payment for services obtained under
10 IC 22-3-3-4.
11 (c) The right to order payment for all services provided under
12 IC 22-3-2 through IC 22-3-6 is solely with the board.
13 (d) All claims by a health care provider for payment for services are
14 against the employer and the employer's insurance carrier, if any, and
15 must be made with the board under IC 22-3-2 through IC 22-3-6. After
16 June 30, 2011, a health care provider must file an application for
17 adjustment of a claim for a health care provider's fee with the board not

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

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

21 (e) The worker's compensation board may withhold the approval of
 22 the fees of the attending physician in a case until the attending
 23 physician files a report with the worker's compensation board on the
 24 form prescribed by the board.

25 SECTION 2. IC 22-3-3-5.2 IS AMENDED TO READ AS
 26 FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 5.2. **(a) The worker's**
 27 **compensation board may adopt rules under IC 4-22-2 to certify**
 28 **one (1) or more data bases to be used to determine the pecuniary**
 29 **liability of an employer or an employer's insurance carrier for a**
 30 **specific service or product covered under worker's compensation.**

31 ~~(a)~~ **(b)** A billing review service shall adhere to the following
 32 requirements to determine the pecuniary liability of an employer or an
 33 employer's insurance carrier for a specific service or product covered
 34 under worker's compensation:

- 35 (1) The formation of a billing review standard, and any
 36 subsequent analysis or revision of the standard, must use data that
 37 is based on the medical service provider billing charges as
 38 submitted to the employer and the employer's insurance carrier
 39 from the same community. This subdivision does not apply when
 40 a unique or specialized service or product does not have sufficient
 41 comparative data to allow for a reasonable comparison.
- 42 (2) Data used to determine pecuniary liability must be compiled

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1 on or before June 30 and December 31 of each year.
 2 (3) Billing review standards must be revised for prospective
 3 future payments of medical service provider bills to provide for
 4 payment of the charges at a rate not more than the charges made
 5 by eighty percent (80%) of the medical service providers during
 6 the prior six (6) months within the same community. The data
 7 used to perform the analysis and revision of the billing review
 8 standards may not be more than two (2) years old and must be
 9 periodically updated by a representative inflationary or
 10 deflationary factor. Reimbursement for these charges may not
 11 exceed the actual charge invoiced by the medical service
 12 provider.

13 ~~(4) The billing review standard shall include the billing charges~~
 14 ~~of all hospitals in the applicable community for the service or~~
 15 ~~product.~~

16 ~~(b)~~ (c) A medical service provider may request an explanation from
 17 a billing review service if the medical service provider's bill has been
 18 reduced as a result of application of the eightieth percentile or of a
 19 Current Procedural Terminology (CPT) coding change. The request
 20 must be made not later than sixty (60) days after receipt of the notice
 21 of the reduction. If a request is made, the billing review service must
 22 provide:

- 23 (1) the name of the billing review service used to make the
- 24 reduction;
- 25 (2) the dollar amount of the reduction;
- 26 (3) the dollar amount of the medical service at the eightieth
- 27 percentile; and
- 28 (4) in the case of a CPT coding change, the basis upon which the
- 29 change was made;

30 not later than thirty (30) days after the date of the request.

31 ~~(c)~~ (d) If after a hearing the worker's compensation board finds that
 32 a billing review service used a billing review standard that did not
 33 comply with subsection ~~(a)(1)~~ (b)(1) through ~~(a)(4)~~ (b)(3) or rules
 34 adopted under subsection (a) in determining the pecuniary liability
 35 of an employer or an employer's insurance carrier for a health care
 36 provider's charge for services or products covered under worker's
 37 compensation, the worker's compensation board may assess a civil
 38 penalty against the billing review service in an amount not less than
 39 one hundred dollars (\$100) and not more than one thousand dollars
 40 (\$1,000).

41 SECTION 3. IC 22-3-5-2 IS AMENDED TO READ AS FOLLOWS
 42 [EFFECTIVE JULY 1, 2012]: Sec. 2. (a) An employer required to

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1 carry insurance under IC 22-3-2-5 and section 1 of this chapter shall
 2 file with the worker's compensation board, in the form prescribed by it;
 3 ~~within the board, not later than~~ ten (10) days after the termination of
 4 the employer's insurance by expiration or cancellation, evidence of the
 5 employer's compliance with section 1 of this chapter and other
 6 provisions relating to the insurance under IC 22-3-2 through IC 22-3-6.
 7 and

8 **(b) An employer making a filing under this section after June**
 9 **30, 2012, shall pay a filing fee in the amount of ten two dollars (\$10)**
 10 **before July 1, 1992; and five dollars (\$5) on and after July 1, 1992 and**
 11 **before July 1, 1995: (\$2). The filing fee must be:**

12 **(1) deposited in the worker's compensation supplemental**
 13 **administrative fund established by section 6 of this chapter;**
 14 **and**

15 **(2) used to offset a part of the board's expenses related to the**
 16 **administration of health care provider reimbursement**
 17 **disputes.**

18 **(c) Proof of renewal of an existing insurance policy may be filed**
 19 **every three (3) years, but the filing fee specified in subsection (b) for**
 20 **the policy shall be paid annually.**

21 **(d) An insurance carrier filing evidence of an employer's**
 22 **compliance under this section on behalf of an employer may update**
 23 **the board's records and pay the fee required by this section on the**
 24 **last business day of each quarter or at another time the board**
 25 **specifies by rule.**

26 **(e) An employer coming under the compensation provisions of**
 27 **IC 22-3-2 through IC 22-3-6 shall in a like manner file like evidence of**
 28 **compliance on the employer's part with those provisions as specified**
 29 **in this section.**

30 SECTION 4. IC 22-3-6-1, AS AMENDED BY P.L.168-2011,
 31 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 32 JULY 1, 2012]: Sec. 1. In IC 22-3-2 through IC 22-3-6, unless the
 33 context otherwise requires:

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



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

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

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

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



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1 in effect, and during this period, the executive officers thus
 2 brought within the coverage of the insurance contract are
 3 employees of the corporation under IC 22-3-2 through IC 22-3-6.

4 (3) Any reference to an employee who has been injured, when the
 5 employee is dead, also includes the employee's legal
 6 representatives, dependents, and other persons to whom
 7 compensation may be payable.

8 (4) An owner of a sole proprietorship may elect to include the
 9 owner as an employee under IC 22-3-2 through IC 22-3-6 if the
 10 owner is actually engaged in the proprietorship business. If the
 11 owner makes this election, the owner must serve upon the owner's
 12 insurance carrier and upon the board written notice of the
 13 election. No owner of a sole proprietorship may be considered an
 14 employee under IC 22-3-2 through IC 22-3-6 until the notice has
 15 been received. If the owner of a sole proprietorship:

16 (A) is an independent contractor in the construction trades and
 17 does not make the election provided under this subdivision,
 18 the owner must obtain a certificate of exemption under
 19 IC 22-3-2-14.5; or

20 (B) is an independent contractor and does not make the
 21 election provided under this subdivision, the owner may obtain
 22 a certificate of exemption under IC 22-3-2-14.5.

23 (5) A partner in a partnership may elect to include the partner as
 24 an employee under IC 22-3-2 through IC 22-3-6 if the partner is
 25 actually engaged in the partnership business. If a partner makes
 26 this election, the partner must serve upon the partner's insurance
 27 carrier and upon the board written notice of the election. No
 28 partner may be considered an employee under IC 22-3-2 through
 29 IC 22-3-6 until the notice has been received. If a partner in a
 30 partnership:

31 (A) is an independent contractor in the construction trades and
 32 does not make the election provided under this subdivision,
 33 the partner must obtain a certificate of exemption under
 34 IC 22-3-2-14.5; or

35 (B) is an independent contractor and does not make the
 36 election provided under this subdivision, the partner may
 37 obtain a certificate of exemption under IC 22-3-2-14.5.

38 (6) Real estate professionals are not employees under IC 22-3-2
 39 through IC 22-3-6 if:

40 (A) they are licensed real estate agents;

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

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- 1 (C) they have written agreements with real estate brokers
 2 stating that they are not to be treated as employees for tax
 3 purposes.
- 4 (7) A person is an independent contractor ~~in the construction~~
 5 ~~trades~~ and not an employee under IC 22-3-2 through IC 22-3-6 if
 6 the person is an independent contractor under the guidelines of
 7 the United States Internal Revenue Service.
- 8 (8) An owner-operator that provides a motor vehicle and the
 9 services of a driver under a written contract that is subject to
 10 IC 8-2.1-24-23, 45 IAC 16-1-13, or 49 CFR 376 to a motor carrier
 11 is not an employee of the motor carrier for purposes of IC 22-3-2
 12 through IC 22-3-6. The owner-operator may elect to be covered
 13 and have the owner-operator's drivers covered under a worker's
 14 compensation insurance policy or authorized self-insurance that
 15 insures the motor carrier if the owner-operator pays the premiums
 16 as requested by the motor carrier. An election by an
 17 owner-operator under this subdivision does not terminate the
 18 independent contractor status of the owner-operator for any
 19 purpose other than the purpose of this subdivision.
- 20 (9) A member or manager in a limited liability company may elect
 21 to include the member or manager as an employee under
 22 IC 22-3-2 through IC 22-3-6 if the member or manager is actually
 23 engaged in the limited liability company business. If a member or
 24 manager makes this election, the member or manager must serve
 25 upon the member's or manager's insurance carrier and upon the
 26 board written notice of the election. A member or manager may
 27 not be considered an employee under IC 22-3-2 through IC 22-3-6
 28 until the notice has been received.
- 29 (10) An unpaid participant under the federal School to Work
 30 Opportunities Act (20 U.S.C. 6101 et seq.) is an employee to the
 31 extent set forth in IC 22-3-2-2.5.
- 32 (11) A person who enters into an independent contractor
 33 agreement with a nonprofit corporation that is recognized as tax
 34 exempt under Section 501(c)(3) of the Internal Revenue Code (as
 35 defined in IC 6-3-1-11(a)) to perform youth coaching services on
 36 a part-time basis is not an employee for purposes of IC 22-3-2
 37 through IC 22-3-6.
- 38 (c) "Minor" means an individual who has not reached seventeen
 39 (17) years of age.
- 40 (1) Unless otherwise provided in this subsection, a minor
 41 employee shall be considered as being of full age for all purposes
 42 of IC 22-3-2 through IC 22-3-6.

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1 (2) If the employee is a minor who, at the time of the accident, is
 2 employed, required, suffered, or permitted to work in violation of
 3 IC 20-33-3-35, the amount of compensation and death benefits,
 4 as provided in IC 22-3-2 through IC 22-3-6, shall be double the
 5 amount which would otherwise be recoverable. The insurance
 6 carrier shall be liable on its policy for one-half (1/2) of the
 7 compensation or benefits that may be payable on account of the
 8 injury or death of the minor, and the employer shall be liable for
 9 the other one-half (1/2) of the compensation or benefits. If the
 10 employee is a minor who is not less than sixteen (16) years of age
 11 and who has not reached seventeen (17) years of age and who at
 12 the time of the accident is employed, suffered, or permitted to
 13 work at any occupation which is not prohibited by law, this
 14 subdivision does not apply.

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

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

30 (d) "Average weekly wages" means the earnings of the injured
 31 employee in the employment in which the employee was working at the
 32 time of the injury during the period of fifty-two (52) weeks
 33 immediately preceding the date of injury, divided by fifty-two (52),
 34 except as follows:

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

40 (2) Where the employment prior to the injury extended over a
 41 period of less than fifty-two (52) weeks, the method of dividing
 42 the earnings during that period by the number of weeks and parts

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1 thereof during which the employee earned wages shall be
 2 followed, if results just and fair to both parties will be obtained.
 3 Where by reason of the shortness of the time during which the
 4 employee has been in the employment of the employee's employer
 5 or of the casual nature or terms of the employment it is
 6 impracticable to compute the average weekly wages, as defined
 7 in this subsection, regard shall be had to the average weekly
 8 amount which during the fifty-two (52) weeks previous to the
 9 injury was being earned by a person in the same grade employed
 10 at the same work by the same employer or, if there is no person so
 11 employed, by a person in the same grade employed in the same
 12 class of employment in the same district.

13 (3) Wherever allowances of any character made to an employee
 14 in lieu of wages are a specified part of the wage contract, they
 15 shall be deemed a part of the employee's earnings.

16 (4) In computing the average weekly wages to be used in
 17 calculating an award for permanent impairment under
 18 IC 22-3-3-10 for a student employee in an approved training
 19 program under IC 20-37-2-7, the following formula shall be used.
 20 Calculate the product of:

- 21 (A) the student employee's hourly wage rate; multiplied by
- 22 (B) forty (40) hours.

23 The result obtained is the amount of the average weekly wages for
 24 the student employee.

25 (e) "Injury" and "personal injury" mean only injury by accident
 26 arising out of and in the course of the employment and do not include
 27 a disease in any form except as it results from the injury.

28 (f) "Billing review service" refers to a person or an entity that
 29 reviews a medical service provider's bills or statements for the purpose
 30 of determining pecuniary liability. The term includes an employer's
 31 worker's compensation insurance carrier if the insurance carrier
 32 performs such a review.

33 (g) "Billing review standard" means the data used by a billing
 34 review service to determine pecuniary liability.

35 (h) "Community" means a geographic service area based on ZIP
 36 code districts defined by the United States Postal Service according to
 37 the following groupings:

- 38 (1) The geographic service area served by ZIP codes with the first
 39 three (3) digits 463 and 464.
- 40 (2) The geographic service area served by ZIP codes with the first
 41 three (3) digits 465 and 466.
- 42 (3) The geographic service area served by ZIP codes with the first

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- 1 three (3) digits 467 and 468.
- 2 (4) The geographic service area served by ZIP codes with the first
- 3 three (3) digits 469 and 479.
- 4 (5) The geographic service area served by ZIP codes with the first
- 5 three (3) digits 460, 461 (except 46107), and 473.
- 6 (6) The geographic service area served by the 46107 ZIP code and
- 7 ZIP codes with the first three (3) digits 462.
- 8 (7) The geographic service area served by ZIP codes with the first
- 9 three (3) digits 470, 471, 472, 474, and 478.
- 10 (8) The geographic service area served by ZIP codes with the first
- 11 three (3) digits 475, 476, and 477.
- 12 (i) "Medical service provider" refers to a person or an entity that
- 13 provides medical services, treatment, or supplies to an employee under
- 14 IC 22-3-2 through IC 22-3-6.
- 15 (j) **"Medical services facility" means a hospital, clinic, surgery**
- 16 **center, nursing home, rehabilitation center, or other health care**
- 17 **facility that provides services, treatment, or supplies to an**
- 18 **employee under IC 22-3-2 through IC 22-3-6.**
- 19 (j) (k) "Pecuniary liability" means the responsibility of an employer
- 20 or the employer's insurance carrier for the payment of the charges for
- 21 each specific service or product for human medical treatment provided
- 22 under IC 22-3-2 through IC 22-3-6 in a defined community, equal to or
- 23 less than the charges made by medical service providers at the eightieth
- 24 percentile in the same community for like services or products.
- 25 SECTION 5. IC 22-3-7-9, AS AMENDED BY P.L.168-2011,
- 26 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 27 JULY 1, 2012]: Sec. 9. (a) As used in this chapter, "employer" includes
- 28 the state and any political subdivision, any municipal corporation
- 29 within the state, any individual or the legal representative of a deceased
- 30 individual, firm, association, limited liability company, or corporation
- 31 or the receiver or trustee of the same, using the services of another for
- 32 pay. A parent corporation and its subsidiaries shall each be considered
- 33 joint employers of the corporation's, the parent's, or the subsidiaries'
- 34 employees for purposes of sections 6 and 33 of this chapter. Both a
- 35 lessor and a lessee of employees shall each be considered joint
- 36 employers of the employees provided by the lessor to the lessee for
- 37 purposes of sections 6 and 33 of this chapter. The term also includes an
- 38 employer that provides on-the-job training under the federal School to
- 39 Work Opportunities Act (20 U.S.C. 6101 et seq.) to the extent set forth
- 40 under section 2.5 of this chapter. If the employer is insured, the term
- 41 includes the employer's insurer so far as applicable. However, the
- 42 inclusion of an employer's insurer within this definition does not allow

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1 an employer's insurer to avoid payment for services rendered to an
2 employee with the approval of the employer. The term does not include
3 a nonprofit corporation that is recognized as tax exempt under Section
4 501(c)(3) of the Internal Revenue Code (as defined in IC 6-3-1-11(a))
5 to the extent the corporation enters into an independent contractor
6 agreement with a person for the performance of youth coaching
7 services on a part-time basis.

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

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

18 (2) An owner of a sole proprietorship may elect to include the
19 owner as an employee under this chapter if the owner is actually
20 engaged in the proprietorship business. If the owner makes this
21 election, the owner must serve upon the owner's insurance carrier
22 and upon the board written notice of the election. No owner of a
23 sole proprietorship may be considered an employee under this
24 chapter unless the notice has been received. If the owner of a sole
25 proprietorship:

26 (A) is an independent contractor in the construction trades and
27 does not make the election provided under this subdivision,
28 the owner must obtain a certificate of exemption under section
29 34.5 of this chapter; or

30 (B) is an independent contractor and does not make the
31 election provided under this subdivision, the owner may obtain
32 a certificate of exemption under ~~IC 22-3-2-14.5~~ **section 34.5**
33 **of this chapter.**

34 (3) A partner in a partnership may elect to include the partner as
35 an employee under this chapter if the partner is actually engaged
36 in the partnership business. If a partner makes this election, the
37 partner must serve upon the partner's insurance carrier and upon
38 the board written notice of the election. No partner may be
39 considered an employee under this chapter until the notice has
40 been received. If a partner in a partnership:

41 (A) is an independent contractor in the construction trades and
42 does not make the election provided under this subdivision,

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- 1 the partner must obtain a certificate of exemption under
- 2 section 34.5 of this chapter; or
- 3 (B) is an independent contractor and does not make the
- 4 election provided under this subdivision, the partner may
- 5 obtain a certificate of exemption under ~~IC 22-3-2-14.5~~ **section**
- 6 **34.5 of this chapter.**
- 7 (4) Real estate professionals are not employees under this chapter
- 8 if:
- 9 (A) they are licensed real estate agents;
- 10 (B) substantially all their remuneration is directly related to
- 11 sales volume and not the number of hours worked; and
- 12 (C) they have written agreements with real estate brokers
- 13 stating that they are not to be treated as employees for tax
- 14 purposes.
- 15 (5) A person is an independent contractor ~~in the construction~~
- 16 ~~trades~~ and not an employee under this chapter if the person is an
- 17 independent contractor under the guidelines of the United States
- 18 Internal Revenue Service.
- 19 (6) An owner-operator that provides a motor vehicle and the
- 20 services of a driver under a written contract that is subject to
- 21 IC 8-2.1-24-23, 45 IAC 16-1-13, or 49 CFR 376, to a motor
- 22 carrier is not an employee of the motor carrier for purposes of this
- 23 chapter. The owner-operator may elect to be covered and have the
- 24 owner-operator's drivers covered under a worker's compensation
- 25 insurance policy or authorized self-insurance that insures the
- 26 motor carrier if the owner-operator pays the premiums as
- 27 requested by the motor carrier. An election by an owner-operator
- 28 under this subdivision does not terminate the independent
- 29 contractor status of the owner-operator for any purpose other than
- 30 the purpose of this subdivision.
- 31 (7) An unpaid participant under the federal School to Work
- 32 Opportunities Act (20 U.S.C. 6101 et seq.) is an employee to the
- 33 extent set forth under section 2.5 of this chapter.
- 34 (8) A person who enters into an independent contractor agreement
- 35 with a nonprofit corporation that is recognized as tax exempt
- 36 under Section 501(c)(3) of the Internal Revenue Code (as defined
- 37 in IC 6-3-1-11(a)) to perform youth coaching services on a
- 38 part-time basis is not an employee for purposes of this chapter.
- 39 (9) An officer of a corporation who is the sole officer of the
- 40 corporation is an employee of the corporation under this chapter.
- 41 An officer of a corporation who is the sole officer of the
- 42 corporation may elect not to be an employee of the corporation

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

7 (c) As used in this chapter, "minor" means an individual who has
 8 not reached seventeen (17) years of age. A minor employee shall be
 9 considered as being of full age for all purposes of this chapter.
 10 However, if the employee is a minor who, at the time of the last
 11 exposure, is employed, required, suffered, or permitted to work in
 12 violation of the child labor laws of this state, the amount of
 13 compensation and death benefits, as provided in this chapter, shall be
 14 double the amount which would otherwise be recoverable. The
 15 insurance carrier shall be liable on its policy for one-half (1/2) of the
 16 compensation or benefits that may be payable on account of the
 17 disability or death of the minor, and the employer shall be wholly liable
 18 for the other one-half (1/2) of the compensation or benefits. If the
 19 employee is a minor who is not less than sixteen (16) years of age and
 20 who has not reached seventeen (17) years of age, and who at the time
 21 of the last exposure is employed, suffered, or permitted to work at any
 22 occupation which is not prohibited by law, the provisions of this
 23 subsection prescribing double the amount otherwise recoverable do not
 24 apply. The rights and remedies granted to a minor under this chapter on
 25 account of disease shall exclude all rights and remedies of the minor,
 26 the minor's parents, the minor's personal representatives, dependents,
 27 or next of kin at common law, statutory or otherwise, on account of any
 28 disease.

29 (d) This chapter does not apply to casual laborers as defined in
 30 subsection (b), nor to farm or agricultural employees, nor to household
 31 employees, nor to railroad employees engaged in train service as
 32 engineers, firemen, conductors, brakemen, flagmen, baggagemen, or
 33 foremen in charge of yard engines and helpers assigned thereto, nor to
 34 their employers with respect to these employees. Also, this chapter
 35 does not apply to employees or their employers with respect to
 36 employments in which the laws of the United States provide for
 37 compensation or liability for injury to the health, disability, or death by
 38 reason of diseases suffered by these employees.

39 (e) As used in this chapter, "disablement" means the event of
 40 becoming disabled from earning full wages at the work in which the
 41 employee was engaged when last exposed to the hazards of the
 42 occupational disease by the employer from whom the employee claims

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1 compensation or equal wages in other suitable employment, and
2 "disability" means the state of being so incapacitated.

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

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

13 (2) In all cases of occupational disease caused by the exposure to
14 radiation, no compensation shall be payable unless disablement,
15 as defined in subsection (e), occurs within two (2) years from the
16 date on which the employee had knowledge of the nature of the
17 employee's occupational disease or, by exercise of reasonable
18 diligence, should have known of the existence of such disease and
19 its causal relationship to the employee's employment.

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

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

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

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

41 (1) where death occurs during the pendency of a claim filed by an
42 employee within two (2) years after the date of disablement and

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1 which claim has not resulted in a decision or has resulted in a
2 decision which is in process of review or appeal; or

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

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

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

15 (j) As used in this chapter, "community" means a geographic service
16 area based on ZIP code districts defined by the United States Postal
17 Service according to the following groupings:

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

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

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

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

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

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

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

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

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

37 (l) As used in this chapter, "medical services facility" means a
38 hospital, clinic, surgery center, nursing home, rehabilitation center,
39 or other health care facility that provides services, treatment, or
40 supplies to an employee under this chapter.

41 (m) As used in this chapter, "pecuniary liability" means the
42 responsibility of an employer or the employer's insurance carrier for the

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1 payment of the charges for each specific service or product for human
2 medical treatment provided under this chapter in a defined community,
3 equal to or less than the charges made by medical service providers at
4 the eightieth percentile in the same community for like services or
5 products.

6 SECTION 6. IC 22-3-7-17, AS AMENDED BY P.L.168-2011,
7 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2012]: Sec. 17. (a) During the period of disablement, the
9 employer shall furnish or cause to be furnished, free of charge to the
10 employee, an attending physician for the treatment of the employee's
11 occupational disease, and in addition thereto such surgical, hospital,
12 and nursing services and supplies as the attending physician or the
13 worker's compensation board may deem necessary. If the employee is
14 requested or required by the employer to submit to treatment outside
15 the county of employment, the employer shall also pay the reasonable
16 expense of travel, food, and lodging necessary during the travel, but not
17 to exceed the amount paid at the time of the travel by the state of
18 Indiana to its employees. If the treatment or travel to or from the place
19 of treatment causes a loss of working time to the employee, the
20 employer shall reimburse the employee for the loss of wages using the
21 basis of the employee's average daily wage.

22 (b) During the period of disablement resulting from the occupational
23 disease, the employer shall furnish such physician, services, and
24 supplies, and the worker's compensation board may, on proper
25 application of either party, require that treatment by such physician and
26 such services and supplies be furnished by or on behalf of the employer
27 as the board may deem reasonably necessary. After an employee's
28 occupational disease has been adjudicated by agreement or award on
29 the basis of permanent partial impairment and within the statutory
30 period for review in such case as provided in section 27(i) of this
31 chapter, the employer may continue to furnish a physician or a surgeon
32 and other medical services and supplies, and the board may, within
33 such statutory period for review as provided in section 27(i) of this
34 chapter, on a proper application of either party, require that treatment
35 by such physician or surgeon and such services and supplies be
36 furnished by and on behalf of the employer as the board may deem
37 necessary to limit or reduce the amount and extent of such impairment.
38 The refusal of the employee to accept such services and supplies when
39 so provided by or on behalf of the employer, shall bar the employee
40 from all compensation otherwise payable during the period of such
41 refusal and the employee's right to prosecute any proceeding under this
42 chapter shall be suspended and abated until such refusal ceases. The

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1 employee must be served with a notice setting forth the consequences
 2 of the refusal under this section. The notice must be in a form
 3 prescribed by the worker's compensation board. No compensation for
 4 permanent total impairment, permanent partial impairment, permanent
 5 disfigurement, or death shall be paid or payable for that part or portion
 6 of such impairment, disfigurement, or death which is the result of the
 7 failure of such employee to accept such treatment, services, and
 8 supplies, provided that an employer may at any time permit an
 9 employee to have treatment for the employee's disease or injury by
 10 spiritual means or prayer in lieu of such physician, services, and
 11 supplies.

12 (c) Regardless of when it occurs, where a compensable occupational
 13 disease results in the amputation of a body part, the enucleation of an
 14 eye, or the loss of natural teeth, the employer shall furnish an
 15 appropriate artificial member, braces, and prosthodontics. The cost of
 16 repairs to or replacements for the artificial members, braces, or
 17 prosthodontics that result from a compensable occupational disease
 18 pursuant to a prior award and are required due to either medical
 19 necessity or normal wear and tear, determined according to the
 20 employee's individual use, but not abuse, of the artificial member,
 21 braces, or prosthodontics, shall be paid from the second injury fund
 22 upon order or award of the worker's compensation board. The
 23 employee is not required to meet any other requirement for admission
 24 to the second injury fund.

25 (d) If an emergency or because of the employer's failure to provide
 26 such attending physician or such surgical, hospital, or nurse's services
 27 and supplies or such treatment by spiritual means or prayer as specified
 28 in this section, or for other good reason, a physician other than that
 29 provided by the employer treats the diseased employee within the
 30 period of disability, or necessary and proper surgical, hospital, or
 31 nurse's services and supplies are procured within the period, the
 32 reasonable cost of such services and supplies shall, subject to approval
 33 of the worker's compensation board, be paid by the employer.

34 (e) An employer or employer's insurance carrier may not delay the
 35 provision of emergency medical care whenever emergency medical
 36 care is considered necessary in the professional judgment of the
 37 attending health care facility physician.

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

- 41 (1) binds the parties to medical care furnished by providers
 42 selected by agreement before or after disablement; or

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

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

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

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

31 SECTION 7. IC 22-3-7-17.2 IS AMENDED TO READ AS
 32 FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 17.2. **(a) The worker's**
 33 **compensation board may adopt rules under IC 4-22-2 to certify**
 34 **one (1) or more data bases to be used to determine the pecuniary**
 35 **liability of an employer or an employer's insurance carrier for a**
 36 **specific service or product covered under this chapter.**

37 (a) **(b)** A billing review service shall adhere to the following
 38 requirements to determine the pecuniary liability of an employer or an
 39 employer's insurance carrier for a specific service or product covered
 40 under this chapter:

41 (1) The formation of a billing review standard, and any
 42 subsequent analysis or revision of the standard, must use data that

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1 is based on the medical service provider billing charges as
2 submitted to the employer and the employer's insurance carrier
3 from the same community. This subdivision does not apply when
4 a unique or specialized service or product does not have sufficient
5 comparative data to allow for a reasonable comparison.

6 (2) Data used to determine pecuniary liability must be compiled
7 on or before June 30 and December 31 of each year.

8 (3) Billing review standards must be revised for prospective
9 future payments of medical service provider bills to provide for
10 payment of the charges at a rate not more than the charges made
11 by eighty percent (80%) of the medical service providers during
12 the prior six (6) months within the same community. The data
13 used to perform the analysis and revision of the billing review
14 standards may not be more than two (2) years old and must be
15 periodically updated by a representative inflationary or
16 deflationary factor. Reimbursement for these charges may not
17 exceed the actual charge invoiced by the medical service
18 provider.

19 ~~(4) The billing review standard shall include the billing charges~~
20 ~~of all hospitals in the applicable community for the service or~~
21 ~~product.~~

22 ~~(b)~~ (c) A medical service provider may request an explanation from
23 a billing review service if the medical service provider's bill has been
24 reduced as a result of application of the eightieth percentile or of a
25 Current Procedural Terminology (CPT) coding change. The request
26 must be made not later than sixty (60) days after receipt of the notice
27 of the reduction. If a request is made, the billing review service must
28 provide:

- 29 (1) the name of the billing review service used to make the
30 reduction;
- 31 (2) the dollar amount of the reduction;
- 32 (3) the dollar amount of the medical service at the eightieth
33 percentile; and
- 34 (4) in the case of a CPT coding change, the basis upon which the
35 change was made;

36 not later than thirty (30) days after the date of the request.

37 ~~(c)~~ (d) If after a hearing the worker's compensation board finds that
38 a billing review service used a billing review standard that did not
39 comply with subsection ~~(a)(1)~~ **(b)(1)** through ~~(a)(4)~~ **(b)(3)** or **rules**
40 **adopted under subsection (a)** in determining the pecuniary liability
41 of an employer or an employer's insurance carrier for a health care
42 provider's charge for services or products covered under occupational

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1 disease compensation, the worker's compensation board may assess a
2 civil penalty against the billing review service in an amount not less
3 than one hundred dollars (\$100) and not more than one thousand
4 dollars (\$1,000).

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COMMITTEE REPORT

Madam President: The Senate Committee on Pensions and Labor, to which was referred Senate Bill No. 230, 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 1, delete lines 1 through 13.

Page 2, line 2, delete "IC 22-3-6-4," and insert "**IC 22-3-6-1(k)**".

Page 2, line 19, strike "hospital or facility that is a medical service".

Page 2, line 20, strike "provider" and insert "**medical services facility**".

Page 2, line 24, strike "hospital or facility".

Page 2, line 25, strike "that is a medical service provider," and insert "**medical services facility**".

Page 2, delete lines 37 through 39.

Page 2, line 41, after "Sec. 5.2." insert "**(a) The worker's compensation board may adopt rules under IC 4-22-2 to certify one (1) or more data bases to be used to determine the pecuniary liability of an employer or an employer's insurance carrier for a specific service or product covered under worker's compensation.**".

Page 2, line 41, beginning with "(a)" begin a new paragraph.

Page 2, line 41, strike "(a)" and insert "**(b)**".

Page 3, line 15, reset in roman "at a rate not more than the charges made".

Page 3, line 16, reset in roman "by eighty percent (80%) of the medical service providers".

Page 3, line 16, delete "as".

Page 3, line 17, delete "determined under IC 22-3-6-4".

Page 3, strike lines 24 through 26.

Page 3, line 27, strike "(b)" and insert "**(c)**".

Page 3, line 42, strike "(c)" and insert "**(d)**".

Page 4, line 2, strike "(a)(1)" and insert "**(b)(1)**".

Page 4, line 2, strike "(a)(4)" and insert "**(b)(3) or rules adopted under subsection (a)**".

Page 4, between lines 8 and 9, begin a new paragraph and insert:

"SECTION 4. IC 22-3-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 2. **(a)** An employer required to carry insurance under IC 22-3-2-5 and section 1 of this chapter shall file with the worker's compensation board, in the form prescribed by it, ~~within the board~~, **not later than** ten (10) days after the termination of the employer's insurance by expiration or cancellation, evidence of the employer's compliance with section 1 of

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this chapter and other provisions relating to the insurance under IC 22-3-2 through IC 22-3-6. ~~and~~

(b) An employer making a filing under this section after June 30, 2012, shall pay a filing fee in the amount of ~~ten two~~ two dollars (\$10) before July 1, 1992; and five dollars (\$5) on and after July 1, 1992 and before July 1, 1995: (\$2). The filing fee must be:

(1) deposited in the worker's compensation supplemental administrative fund established by section 6 of this chapter; and

(2) used to offset a part of the board's expenses related to the administration of health care provider reimbursement disputes.

(c) Proof of renewal of an existing insurance policy may be filed every three (3) years, but the filing fee specified in subsection (b) for the policy shall be paid annually.

(d) An insurance carrier filing evidence of an employer's compliance under this section on behalf of an employer may update the board's records and pay the fee required by this section on the last business day of each quarter or at another time the board specifies by rule.

(e) An employer coming under the compensation provisions of IC 22-3-2 through IC 22-3-6 shall in a like manner file like evidence of compliance on the employer's part: with those provisions as specified in this section."

Page 6, line 25, strike "in the construction".

Page 6, line 26, strike "trades".

Page 9, between lines 35 and 36, begin a new paragraph and insert:

"(j) "Medical services facility" means a hospital, clinic, surgery center, nursing home, rehabilitation center, or other health care facility that provides services, treatment, or supplies to an employee under IC 22-3-2 through IC 22-3-6."

Page 9, line 36, strike "(j)" and insert "(k)".

Page 9, line 39, after "community" delete "." and insert ",".

Page 9, line 39, reset in roman "equal to or".

Page 9, reset in roman lines 40 through 41.

Page 9, delete line 42.

Page 10, delete lines 1 through 20.

Page 11, line 28, strike "IC 22-3-2-14.5." and insert **"section 34.5 of this chapter."**

Page 11, line 42, strike "IC 22-3-2-14.5." and insert **"section 34.5 of this chapter."**

Page 12, line 9, strike "in the construction".

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Page 12, line 10, strike "trades".

Page 15, between lines 30 and 31, begin a new paragraph and insert:

"(l) As used in this chapter, "medical services facility" means a hospital, clinic, surgery center, nursing home, rehabilitation center, or other health care facility that provides services, treatment, or supplies to an employee under this chapter."

Page 15, line 31, strike "(l)" and insert "(m)".

Page 15, line 34, after "community" delete "." and insert ",".

Page 15, reset in roman lines 35 through 37.

Page 15, delete lines 38 through 42.

Page 16, delete lines 1 through 16.

Page 18, delete lines 14 through 23.

Page 18, line 24, reset in roman "(g)".

Page 18, line 24, delete "(i)".

Page 18, line 37, strike "hospital or facility that is a medical service".

Page 18, line 38, strike "provider" and insert **"medical services facility"**.

Page 18, line 42, strike "hospital or facility".

Page 19, line 1, strike "that is a medical service provider," and insert **"medical services facility,"**.

Page 19, delete lines 9 through 11.

Page 19, line 13, after "Sec. 17.2." insert **"(a) The worker's compensation board may adopt rules under IC 4-22-2 to certify one (1) or more data bases to be used to determine the pecuniary liability of an employer or an employer's insurance carrier for a specific service or product covered under this chapter."**

Page 19, line 13, beginning with "(a)" begin a new paragraph.

Page 19, line 13, strike "(a)" and insert **"(b)"**.

Page 19, line 28, reset in roman "at a rate not more than the charges made".

Page 19, line 29, reset in roman "by eighty percent (80%) of the medical service providers".

Page 19, line 29, delete "as".

Page 19, line 30, delete "determined under IC 22-3-7-9.1".

Page 19, strike lines 37 through 39.

Page 19, line 40, strike "(b)" and insert **"(c)"**.

Page 20, line 13, strike "(c)" and insert **"(d)"**.

Page 20, line 15, strike "(a)(1)" and insert **"(b)(1)"**.

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Page 20, line 15, strike "(a)(4)" and insert "**(b)(3) or rules adopted under subsection (a)**".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 230 as introduced.)

BOOTS, Chairperson

Committee Vote: Yeas 8, Nays 0.

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