



April 4, 2003

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# ENGROSSED HOUSE BILL No. 1137

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DIGEST OF HB 1137 (Updated April 2, 2003 12:24 PM - DI 104)

**Citations Affected:** Noncode.

**Synopsis:** Health care excellence commission. Changes the final report date of the commission on excellence in health care.

**Effective:** July 1, 2003.

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## Brown C, Becker, Budak

(SENATE SPONSORS — LAWSON C, ROGERS, MILLER, CRAYCRAFT)

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January 7, 2003, read first time and referred to Committee on Public Health.  
January 16, 2003, reported — Do Pass.  
January 21, 2003, read second time, ordered engrossed. Engrossed.  
January 27, 2003, read third time, passed. Yeas 89, nays 6.

SENATE ACTION

February 11, 2003, read first time and referred to Committee on Health and Provider Services.  
April 3, 2003, reported favorably — Do Pass.

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EH 1137—LS 6440/DI 77+



April 4, 2003

First Regular Session 113th General Assembly (2003)

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 2002 Regular or Special Session of the General Assembly.

## ENGROSSED HOUSE BILL No. 1137

A BILL FOR AN ACT concerning health.

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

- 1 SECTION 1. P.L. 137-2002, SECTION 5, IS AMENDED TO READ  
2 AS FOLLOWS [EFFECTIVE JULY 1, 2003]: SECTION 5. (a) As used  
3 in this SECTION, "commission" refers to the Indiana commission on  
4 excellence in health care established by subsection (d).  
5 (b) As used in this SECTION, "health care professional" has the  
6 meaning set forth in IC 16-27-1-1.  
7 (c) As used in this SECTION, "health care provider" includes the  
8 following:  
9 (1) A hospital or an ambulatory outpatient surgical center licensed  
10 under IC 16-21.  
11 (2) A hospice program (as defined in IC 16-25-1.1-4).  
12 (3) A home health agency licensed under IC 16-27-1.  
13 (4) A health facility licensed under IC 16-28.  
14 (d) There is established the Indiana commission on excellence in  
15 health care.  
16 (e) The commission consists of the following members:  
17 (1) Four (4) members appointed from the house of representatives  
18 by the speaker of the house of representatives. Not more than two

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- 1 (2) of the members appointed under this subdivision may be  
 2 members of the same political party.
- 3 (2) Four (4) members appointed from the senate by the president  
 4 pro tempore of the senate. Not more than two (2) of the members  
 5 appointed under this subdivision may be members of the same  
 6 political party.
- 7 (3) The governor or the governor's designee.
- 8 (4) The state health commissioner appointed under IC 16-19-4-2  
 9 or the commissioner's designee.
- 10 (5) One (1) member appointed by the governor who is a former  
 11 dean or former faculty member of the Indiana University School  
 12 of Medicine.
- 13 (6) One (1) member appointed by the governor who is a former  
 14 dean or former faculty member of an Indiana school of nursing.
- 15 (7) One (1) member appointed by the governor who is a health  
 16 care provider or a representative for individuals who have both a  
 17 mental illness and a developmental disability.
- 18 (f) The commission shall operate under the rules of the legislative  
 19 council. The commission shall meet upon the call of the chairperson.
- 20 (g) The affirmative votes of at least seven (7) voting members of the  
 21 commission are required for the commission to take any action,  
 22 including the approval of a final report.
- 23 (h) The speaker of the house of representatives shall appoint the  
 24 chairperson of the commission during odd-numbered years beginning  
 25 January 1. The president pro tempore of the senate shall appoint the  
 26 chairperson of the commission during even-numbered years beginning  
 27 January 1.
- 28 (i) Each member of the commission who is not a state employee is  
 29 entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b).  
 30 The member is also entitled to reimbursement for traveling expenses  
 31 as provided under IC 4-13-1-4 and other expenses actually incurred in  
 32 connection with the member's duties as provided in the state policies  
 33 and procedures established by the Indiana department of administration  
 34 and approved by the budget agency.
- 35 (j) Each member of the commission who is a state employee but  
 36 who is not a member of the general assembly is entitled to  
 37 reimbursement for traveling expenses as provided under IC 4-13-1-4  
 38 and other expenses actually incurred in connection with the member's  
 39 duties as provided in the state policies and procedures established by  
 40 the Indiana department of administration and approved by the budget  
 41 agency.
- 42 (k) Each member of the commission who is a member of the general

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1 assembly is entitled to receive the same per diem, mileage, and travel  
2 allowances paid to members of the general assembly serving on interim  
3 study committees established by the legislative council.

4 (l) The legislative services agency shall provide staff to support the  
5 commission. The legislative services agency is not required to provide  
6 staff assistance to the subcommittees of the commission except to the  
7 extent the subcommittees require copying services.

8 (m) The expenses of the commission shall be paid from funds  
9 appropriated to the legislative services agency.

10 (n) The commission shall study the quality of health care, including  
11 mental health, and develop a comprehensive statewide strategy for  
12 improving the health care delivery system. The commission shall do  
13 the following:

14 (1) Identify existing data sources that evaluate quality of health  
15 care in Indiana and collect, analyze, and evaluate this data.

16 (2) Establish guidelines for data sharing and coordination.

17 (3) Identify core sets of quality measures for standardized  
18 reporting by appropriate components of the health care  
19 continuum.

20 (4) Recommend a framework for quality measurement and  
21 outcome reporting.

22 (5) Develop quality measures that enhance and improve the  
23 ability to evaluate and improve care.

24 (6) Make recommendations regarding research and development  
25 needed to advance quality measurement and reporting.

26 (7) Evaluate regulatory issues relating to the pharmacy profession  
27 and recommend changes necessary to optimize patient safety.

28 (8) Facilitate open discussion of a process to ensure that  
29 comparative information on health care quality is valid, reliable,  
30 comprehensive, understandable, and widely available in the  
31 public domain.

32 (9) Sponsor public hearings to share information and expertise,  
33 identify best practices, and recommend methods to promote their  
34 acceptance.

35 (10) Evaluate current regulatory programs to determine what  
36 changes, if any, need to be made to facilitate patient safety.

37 (11) Review public and private health care purchasing systems to  
38 determine if there are sufficient mandates and incentives to  
39 facilitate continuous improvement in patient safety.

40 (12) Analyze how effective existing regulatory systems are in  
41 ensuring continuous competence and knowledge of effective  
42 safety practices.

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- 1 (13) Develop a framework for organizations that license, accredit,  
2 or credential health care professionals and health care providers  
3 to more quickly and effectively identify unsafe providers and  
4 professionals and to take action necessary to remove an unsafe  
5 provider or professional from practice or operation until the  
6 professional or provider has proven safe to practice or operate.  
7 (14) Recommend procedures for development of a curriculum on  
8 patient safety and methods of incorporating the curriculum into  
9 training, licensure, and certification requirements.  
10 (15) Develop a framework for regulatory bodies to disseminate  
11 information on patient safety to health care professionals, health  
12 care providers, and consumers through conferences, journal  
13 articles and editorials, newsletters, publications, and Internet  
14 websites.  
15 (16) Recommend procedures to incorporate recognized patient  
16 safety considerations into practice guidelines and into standards  
17 related to the introduction and diffusion of new technologies,  
18 therapies, and drugs.  
19 (17) Recommend a framework for development of community  
20 based collaborative initiatives for error reporting and analysis and  
21 implementation of patient safety improvements.  
22 (18) Evaluate the role of advertising in promoting or adversely  
23 affecting patient safety.  
24 (19) Evaluate and make recommendations regarding the need for  
25 licensure of additional persons who participate in the delivery of  
26 health care to Indiana residents.  
27 (20) Evaluate the benefits and problems of the current  
28 disciplinary systems and make recommendations regarding  
29 alternatives and improvements.  
30 (21) Study and make recommendations concerning the long term  
31 care system, including self-directed care plans and the regulation  
32 and reimbursement of public and private facilities that provide  
33 long term care.  
34 (22) Study and make recommendations concerning increasing the  
35 number of:  
36 (1) nurses;  
37 (2) respiratory care practitioners;  
38 (3) speech pathologists; and  
39 (4) dental hygienists.  
40 (23) Study any other topic required by the chairperson.  
41 (o) The commission may create subcommittees to study topics,  
42 receive testimony, and prepare reports on topics assigned by the

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1 commission. The chairperson shall select from the topics listed under  
 2 subsection (n) the topics to be studied by the commission and  
 3 subcommittees each year. The chairperson shall appoint persons to act  
 4 as chairperson and secretary of each subcommittee. The commission  
 5 shall by majority vote appoint initial members to each subcommittee.  
 6 Each subcommittee may by a majority vote of the members appointed  
 7 to the subcommittee make a recommendation to the commission to  
 8 appoint additional members to the subcommittee. The commission may  
 9 by a majority vote of the members appointed to the commission appoint  
 10 or remove members of a subcommittee. A member of a subcommittee,  
 11 including a commission member while serving on a subcommittee, is  
 12 not entitled to per diem, mileage, or travel allowances.

13 (p) The commission shall submit:

14 (1) interim reports not later than October 1, 2001, and October 1,  
 15 2002; and

16 (2) a final report not later than October ~~1, 2003~~; **31, 2004**;  
 17 to the governor, members of the health finance commission, and the  
 18 legislative council. With the consent of the chairperson of the  
 19 commission and the chairperson of the health finance commission, the  
 20 commission and the health finance commission may conduct joint  
 21 meetings.

22 (q) This SECTION expires ~~July~~ **November** 1, 2004.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1137, 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.

BROWN C, Chair

Committee Vote: yeas 12, nays 0.

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COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1137, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to House Bill 1137 as printed January 17, 2003.)

MILLER, Chairperson

Committee Vote: Yeas 10, Nays 0.

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