
SENATE BILL No. 343

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-12-19; IC 16-18-2-55.5; IC 16-38-6; IC 34-30-2-77.2.

Synopsis: Disease management and chronic disease registry. Removes: (1) HIV and AIDS; and (2) population parameters; from the state's disease management program and sets implementation dates for the statewide program. Creates a chronic disease registry administered by the state department of health.

Effective: Upon passage.

Miller

January 15, 2003, read first time and referred to Committee on Health and Provider Services.

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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.

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SENATE BILL No. 343



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

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

1 SECTION 1. IC 12-15-12-19, AS AMENDED BY P.L.66-2002,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 UPON PASSAGE]: Sec. 19. (a) This section applies to an individual
4 who:
5 (1) is a Medicaid recipient; **and**
6 (2) is not enrolled in the risk-based managed care program. ~~and~~
7 (3) ~~resides in a county having a population of more than one~~
8 ~~hundred thousand (100,000)~~;
9 (b) Subject to subsection (c), the office shall develop the following
10 programs regarding individuals described in subsection (a):
11 (1) A disease management program for recipients with any of the
12 following diseases:
13 (A) Asthma.
14 (B) Diabetes.
15 (C) Congestive heart failure or coronary heart disease.
16 (D) ~~HIV or AIDS~~.
17 (2) A case management program for recipients ~~whose per~~



1 recipient Medicaid cost is in the highest ten percent (10%) of all
 2 individuals described in subsection (a), **who are at high risk of**
 3 **disease, that is based on a combination of cost measures and**
 4 **clinical measures identified and developed by the office with**
 5 **input and guidance from the state department of health.**

6 (c) **The office shall implement:**

7 (1) **a pilot program for at least two (2) of the diseases listed in**
 8 **subsection (b) not later than July 1, 2003; and**

9 (2) **a statewide chronic disease program as soon as practicable**
 10 **after the office has done the following:**

11 (A) **Evaluated a pilot program described in subdivision (1).**

12 (B) **Made any necessary changes in the program based on**
 13 **the evaluation performed under clause (A).**

14 (d) **The office shall develop and implement a program required**
 15 **under this section in cooperation with the state department of**
 16 **health and shall use the following health care providers to the**
 17 **extent possible:**

18 (1) **Community health centers.**

19 (2) **Federally qualified health centers (as defined in 42 U.S.C.**
 20 **1396d(l)(2)(B)).**

21 (3) **Rural health clinics (as defined in 42 U.S.C. 1396d(l)(1)).**

22 (4) **Local health departments.**

23 (5) **Public hospitals.**

24 (e) ~~The office shall may~~ **contract with an outside vendor or vendors**
 25 **to assist in the develop development and implement implementation**
 26 **of the programs required under subsection (b): this section. The office**
 27 **shall begin the contract procurement process not later than October 1,**
 28 **2001. The contract required under this subsection must be effective not**
 29 **later than July 1, 2002.**

30 (d) (f) ~~The vendor or vendors with whom the office contracts under~~
 31 **subsection (e) and the state department of health shall provide the**
 32 **office and the select joint commission on Medicaid oversight**
 33 **established by IC 2-5-26-3 with an evaluation and recommendations on**
 34 **the costs, benefits, and health outcomes of the pilot programs required**
 35 **under subsection (b): this section. The evaluations required under this**
 36 **subsection must be provided not more than nine (9) twelve (12) months**
 37 **after the effective implementation date of the contract. pilot**
 38 **programs.**

39 (e) (g) ~~The office and the state department of health shall report~~
 40 **to the select joint commission on Medicaid oversight established by**
 41 **IC 2-5-26-3 not later than December 31, 2002, November 1 of each**
 42 **year regarding the programs developed under this section.**

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1 SECTION 2. IC 16-18-2-55.5 IS ADDED TO THE INDIANA
 2 CODE AS A NEW SECTION TO READ AS FOLLOWS
 3 [EFFECTIVE UPON PASSAGE]: **Sec. 55.5. "Chronic disease", for**
 4 **purposes of IC 16-38-6, has the meaning set forth in IC 16-38-6-1.**

5 SECTION 3. IC 16-38-6 IS ADDED TO THE INDIANA CODE AS
 6 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON
 7 PASSAGE]:

8 **Chapter 6. Chronic Disease Registry**

9 **Sec. 1. As used in this chapter, "chronic disease" means one (1)**
 10 **of the following conditions:**

- 11 (1) Asthma.
 12 (2) Diabetes.
 13 (3) Congestive heart failure or coronary heart disease.

14 **Sec. 2. The state department shall establish a chronic disease**
 15 **registry for the purpose of:**

- 16 (1) recording all chronic disease cases that are diagnosed or
 17 treated in Indiana; and
 18 (2) compiling necessary and appropriate information
 19 determined by the state department concerning cases
 20 described in subdivision (1) in order to do the following:
 21 (A) Conduct epidemiologic and environmental surveys of
 22 chronic disease and use appropriate preventive and control
 23 measures.
 24 (B) Inform citizens regarding programs designed to
 25 manage chronic disease.
 26 (C) Provide guidance to the office of Medicaid policy and
 27 planning to identify and develop cost and clinical measures
 28 for use in a program required by IC 12-15-12-19.

29 **Sec. 3. The state department shall use information compiled by**
 30 **a public or private entity to the greatest extent possible in the**
 31 **development of a statewide chronic disease registry under this**
 32 **chapter.**

33 **Sec. 4. (a) The following persons shall report each confirmed**
 34 **case of chronic disease to the chronic disease registry:**

- 35 (1) Physicians.
 36 (2) Hospitals.
 37 (3) Medical laboratories.

38 **(b) A person required to report information to the state chronic**
 39 **disease registry under this section may use:**

- 40 (1) information submitted to any other public or private
 41 chronic disease registry; or
 42 (2) information required to be filed with federal, state, or local

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1 agencies;
 2 when completing a report required by this chapter. However, the
 3 state department may require additional, definitive information.

4 (c) The office of Medicaid policy and planning shall provide
 5 data concerning services for chronic diseases reimbursed by the
 6 state Medicaid program to the chronic disease registry. The office
 7 shall work with the state department to identify the data available
 8 and to determine a means to transmit the information to assist the
 9 state department in data collection for the chronic disease registry.

10 Sec. 5. Except as provided in sections 6, 7, and 8 of this chapter,
 11 information obtained by the state department under this chapter
 12 concerning chronic disease patients is confidential and may be used
 13 by the state department only for the purposes of this chapter.

14 Sec. 6. The state department may grant a researcher access to
 15 confidential information obtained under this chapter concerning
 16 individual chronic disease patients if the researcher who is
 17 requesting additional information for research purposes or
 18 soliciting the patient's participation in a research project obtains
 19 the following:

- 20 (1) First, the oral or written consent of the patient's attending
 21 physician.
- 22 (2) Second, the patient's written consent by completing a
 23 confidential medical release form.

24 Sec. 7. The state department may release confidential
 25 information obtained under this chapter concerning individual
 26 chronic disease patients to the following:

- 27 (1) The chronic disease registry of another state if the
 28 following conditions are met:
 - 29 (A) The other state has entered into a reciprocal agreement
 30 with the state department.
 - 31 (B) The reciprocal agreement under clause (A) states that
 32 information that identifies a patient will not be released to
 33 any other person without the written consent of the
 34 patient.
- 35 (2) Physicians and local health officers for diagnostic and
 36 treatment purposes if the following conditions are met:
 - 37 (A) The patient's attending physician gives oral or written
 38 consent to the release of the information.
 - 39 (B) The patient gives written consent by completing a
 40 confidential medical release form.
- 41 (3) The office of Medicaid policy and planning for purposes
 42 related to administering the state Medicaid plan.

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Sec. 8. A person who reports information for the chronic disease registry under this chapter is immune from any civil or criminal liability that might otherwise be imposed because of the release of confidential information.

Sec. 9. This chapter does not prevent the release to any interested person of epidemiological information that does not identify a chronic disease patient.

Sec. 10. The state department may adopt rules under IC 4-22-2 necessary to carry out this chapter.

SECTION 4. IC 34-30-2-77.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 77.2. IC 16-38-6-8 (concerning persons who report information to the chronic disease registry).

SECTION 5. An emergency is declared for this act.

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