

HOUSE BILL No. 1137

DIGEST OF INTRODUCED BILL

Citations Affected: P.L.137-2002, SECTION 5.

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

Effective: July 1, 2003.

Brown C

January 7, 2003, read first time and referred to Committee on Public Health.

C
o
p
y



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.

C
o
p
y

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



- 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

C
 o
 p
 y



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.

C
o
p
y



- 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

C
O
P
Y

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.

C
o
p
y

