



February 18, 2005

SENATE BILL No. 205

DIGEST OF SB 205 (Updated February 16, 2005 2:31 pm - DI 104)

Citations Affected: IC 16-18; IC 16-40.

Synopsis: Health information. Requires the state department of health to develop and implement a health care quality indicator data program. Requires compliance with data collection requirements. Provides for confidentiality of certain information.

Effective: July 1, 2005.

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January 4, 2005, read first time and referred to Committee on Health and Provider Services.
February 17, 2005, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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February 18, 2005

First Regular Session 114th General Assembly (2005)

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 2004 Regular Session of the General Assembly.

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SENATE BILL No. 205

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 16-18-2-163 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 163. (a) "Health care
3 provider", for purposes of IC 16-21 and IC 16-41, means any of the
4 following:

5 (1) An individual, a partnership, a corporation, a professional
6 corporation, a facility, or an institution licensed or legally
7 authorized by this state to provide health care or professional
8 services as a licensed physician, a psychiatric hospital, a hospital,
9 a health facility, an emergency ambulance service (IC 16-31-3),
10 a dentist, a registered or licensed practical nurse, a midwife, an
11 optometrist, a pharmacist, a podiatrist, a chiropractor, a physical
12 therapist, a respiratory care practitioner, an occupational therapist,
13 a psychologist, a paramedic, an emergency medical technician, an
14 emergency medical technician-basic advanced, an emergency
15 medical technician-intermediate, or a person who is an officer,
16 employee, or agent of the individual, partnership, corporation,
17 professional corporation, facility, or institution acting in the

SB 205—LS 6611/DI 77+



1 course and scope of the person's employment.
 2 (2) A college, university, or junior college that provides health
 3 care to a student, a faculty member, or an employee, and the
 4 governing board or a person who is an officer, employee, or agent
 5 of the college, university, or junior college acting in the course
 6 and scope of the person's employment.
 7 (3) A blood bank, community mental health center, community
 8 mental retardation center, community health center, or migrant
 9 health center.
 10 (4) A home health agency (as defined in IC 16-27-1-2).
 11 (5) A health maintenance organization (as defined in
 12 IC 27-13-1-19).
 13 (6) A health care organization whose members, shareholders, or
 14 partners are health care providers under subdivision (1).
 15 (7) A corporation, partnership, or professional corporation not
 16 otherwise qualified under this subsection that:
 17 (A) provides health care as one (1) of the corporation's,
 18 partnership's, or professional corporation's functions;
 19 (B) is organized or registered under state law; and
 20 (C) is determined to be eligible for coverage as a health care
 21 provider under IC 34-18 for the corporation's, partnership's, or
 22 professional corporation's health care function.
 23 Coverage for a health care provider qualified under this subdivision is
 24 limited to the health care provider's health care functions and does not
 25 extend to other causes of action.
 26 (b) "Health care provider", for purposes of IC 16-35, has the
 27 meaning set forth in subsection (a). However, for purposes of IC 16-35,
 28 the term also includes a health facility (as defined in section 167 of this
 29 chapter).
 30 (c) "Health care provider", for purposes of IC 16-36-5, means an
 31 individual licensed or authorized by this state to provide health care or
 32 professional services as:
 33 (1) a licensed physician;
 34 (2) a registered nurse;
 35 (3) a licensed practical nurse;
 36 (4) an advanced practice nurse;
 37 (5) a licensed nurse midwife;
 38 (6) a paramedic;
 39 (7) an emergency medical technician;
 40 (8) an emergency medical technician-basic advanced;
 41 (9) an emergency medical technician-intermediate; or
 42 (10) a first responder, as defined under IC 16-18-2-131.

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1 The term includes an individual who is an employee or agent of a
2 health care provider acting in the course and scope of the individual's
3 employment.

4 (d) "Health care provider", for purposes of IC 16-40-3, means
5 any of the following:

6 (1) An individual, a partnership, a corporation, a professional
7 corporation, a facility, or an institution licensed or authorized
8 by the state to provide health care or professional services as
9 a licensed physician, a psychiatric hospital, a hospital, a
10 health facility, an emergency ambulance service (IC 16-31-3),
11 an ambulatory outpatient surgical center, a dentist, an
12 optometrist, a pharmacist, a podiatrist, a chiropractor, a
13 psychologist, or a person who is an officer, employee, or agent
14 of the individual, partnership, corporation, professional
15 corporation, facility, or institution acting in the course and
16 scope of the person's employment.

17 (2) A blood bank, laboratory, community mental health
18 center, community mental retardation center, community
19 health center, or migrant health center.

20 (3) A home health agency (as defined in IC 16-27-1-2).

21 (4) A health maintenance organization (as defined in
22 IC 27-13-1-19).

23 (5) A health care organization whose members, shareholders,
24 or partners are health care providers under subdivision (1).

25 (6) A corporation, partnership, or professional corporation
26 not otherwise specified in this subsection that:

27 (A) provides health care as one (1) of the corporation's,
28 partnership's, or professional corporation's functions;

29 (B) is organized or registered under state law; and

30 (C) is determined to be eligible for coverage as a health
31 care provider under IC 34-18 for the corporation's,
32 partnership's, or professional corporation's health care
33 function.

34 (7) A person that is designated to maintain the records of a
35 person described in subdivisions (1) through (6).

36 SECTION 2. IC 16-18-2-163.3 IS ADDED TO THE INDIANA
37 CODE AS A NEW SECTION TO READ AS FOLLOWS
38 [EFFECTIVE JULY 1, 2005]: Sec. 163.3. "Health care quality
39 indicator data", for purposes of IC 16-40-3, has the meaning set
40 forth in IC 16-40-3-1.

41 SECTION 3. IC 16-18-2-164.6 IS ADDED TO THE INDIANA
42 CODE AS A NEW SECTION TO READ AS FOLLOWS

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1 [EFFECTIVE JULY 1, 2005]: **Sec. 164.6. "Health coverage**
2 **provider", for purposes of IC 16-40-3, has the meaning set forth in**
3 **IC 16-40-3-2.**

4 SECTION 4. IC 16-18-2-294.5 IS AMENDED TO READ AS
5 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 294.5. **(a) "Program",**
6 **for purposes of IC 16-40-3, has the meaning set forth in**
7 **IC 16-40-3-3.**

8 **(b) "Program", for purposes of IC 16-47-1, has the meaning set forth**
9 **in IC 16-47-1-3.**

10 SECTION 5. IC 16-40-3 IS ADDED TO THE INDIANA CODE AS
11 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
12 1, 2005]:

13 **Chapter 3. Health Care Quality Indicator Data Program**

14 **Sec. 1. As used in this chapter, "health care quality indicator**
15 **data" means information concerning the provision of health care**
16 **services that may be collected and used to measure and compare**
17 **quality of health care services.**

18 **Sec. 2. As used in this chapter, "health coverage provider"**
19 **means any of the following:**

- 20 (1) **An insurer (as defined in IC 27-1-2-3) that issues or**
21 **delivers a policy of accident and sickness insurance (as**
22 **defined in IC 27-8-5-1).**
- 23 (2) **A health maintenance organization (as defined in**
24 **IC 27-13-1-19).**
- 25 (3) **The administrator of a program of self-insurance**
26 **established, implemented, or maintained to provide coverage**
27 **for health care services to the extent allowed by the federal**
28 **Employee Retirement Income Security Act of 1974 (29 U.S.C.**
29 **1001 et seq.).**
- 30 (4) **The state Medicaid program (IC 12-15).**
- 31 (5) **The children's health insurance program (IC 12-17.6).**
- 32 (6) **The Indiana comprehensive health insurance association**
33 **(IC 27-8-10).**
- 34 (7) **A person that is designated to maintain the records of a**
35 **person described in subdivisions (1) through (6).**

36 **Sec. 3. As used in this chapter, "program" refers to the health**
37 **care quality indicator data program developed and implemented**
38 **under section 4 of this chapter.**

39 **Sec. 4. (a) The state department shall, in compliance with state**
40 **and federal law, develop and implement a health care quality**
41 **indicator data program, including the following:**

- 42 (1) **A list of health care quality indicators for which data will**

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be collected concerning health care services provided to individuals who reside or receive health care services in Indiana. The state department shall seek the assistance of health coverage providers and health care providers in developing the list under this subdivision.

(2) A methodology for health care quality indicator data collection, analysis, distribution, and use.

(3) The inclusion of data concerning ethnicity and minority status, as allowed by the individuals about whom health care quality indicator data is collected.

(4) A methodology to provide for a case mix system or other scientific criteria to develop and adjust health quality indicators, including infection rates, that may be affected by risks and variables.

(b) Health care quality indicator data collected from a health coverage provider or health care provider under this chapter must be obtainable from electronic records developed and maintained in the health coverage provider's or health care provider's ordinary course of business.

(c) Health coverage providers and health care providers are not required to establish or amend medical record systems or other systems to conform to the program.

Sec. 5. The following shall comply with the data collection requirements of the program:

- (1) A health coverage provider.
- (2) A health care provider.
- (3) An out-of-state health coverage provider that:
 - (A) provides health coverage;
 - (B) administers health coverage provided; or
 - (C) maintains records concerning health coverage provided;
 to an individual who resides or receives health care services in Indiana.

- (4) An out-of-state health care provider that:
 - (A) provides health care services; or
 - (B) maintains records concerning health care services provided;
 to an individual who resides or receives health care services in Indiana.

Sec. 6. Health care quality indicator data and other information collected under this chapter, or resulting from the program, from which the identity of a person, including:

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1 (1) an individual;
2 (2) a health coverage provider; or
3 (3) a health care provider;
4 **may be ascertained is confidential and, unless otherwise specified**
5 **under state or federal law, may not be released to any person**
6 **without the written consent of the identified person.**
7 **Sec. 7. Financial information that:**
8 (1) is collected under this chapter; or
9 (2) results from the program;
10 **is confidential.**
11 **Sec. 8. The state department shall adopt rules under IC 4-22-2**
12 **to implement this chapter.**

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 205, 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 5, between lines 10 and 11, begin a new line block indented and insert:

"(4) A methodology to provide for a case mix system or other scientific criteria to develop and adjust health quality indicators, including infection rates, that may be affected by risks and variables."

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 205 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

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