



Reprinted
February 24, 2006

ENGROSSED
SENATE BILL No. 18

DIGEST OF SB 18 (Updated February 23, 2006 4:50 pm - DI 77)

Citations Affected: IC 11-10; IC 12-24; IC 16-33; IC 16-39.

Synopsis: Mental health and health records. Provides for the maintenance and transfer of a criminal offender's mental health records. Changes the way charges are set at state mental health institutions. Repeals provisions concerning the per capita cost of treatment at state mental health institutions and the per capita cost of outpatient services. Requires the Silvercrest children's development center to remain open and funded. Specifies that a provider, including a previous or subsequent provider, may use a health record for certain business purposes.

Effective: Upon passage; July 1, 2006.

Miller, Sipes

(HOUSE SPONSORS — BROWN T, BROWN C)

January 9, 2006, read first time and referred to Committee on Rules and Legislative Procedure.

January 19, 2006, amended; reassigned to Committee on Health and Provider Services.

January 26, 2006, reported favorably — Do Pass.

January 30, 2006, read second time, ordered engrossed. Engrossed.

January 31, 2006, read third time, passed. Yeas 50, nays 0.

HOUSE ACTION

February 7, 2006, read first time and referred to Committee on Public Health.

February 16, 2006, reported — Do Pass.

February 23, 2006, read second time, amended, ordered engrossed.

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Second Regular Session 114th General Assembly (2006)

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 2005 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 18

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 11-10-4-9 IS ADDED TO THE INDIANA CODE
2 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2006]: **Sec. 9. (a) As used in this section, "mental health record"**
4 **has the meaning set forth in IC 16-18-2-226.**
5 **(b) A psychiatrist or a mental health facility may, with or**
6 **without the offender's consent, provide a copy of an offender's**
7 **mental health record to a facility or an agency responsible for the**
8 **incarceration of an offender. Any mental health records provided**
9 **under this subsection shall become part of the offender's health**
10 **record maintained by the facility or agency responsible for the**
11 **incarceration of an offender.**
12 **(c) If an offender is transferred to a different facility, the**
13 **offender's mental health records must be provided to the facility**
14 **that is used to:**
15 **(1) house; or**
16 **(2) provide mental health treatment to;**
17 **the offender, including a county jail or a community mental health**

ES 18—LS 6078/DI 13+



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center.

(d) The department shall maintain health records for each offender incarcerated by the department. After an offender is released from incarceration, the department shall provide the offender's mental health records, if any, to a mental health facility or mental health provider who is providing mental health treatment to the offender.

SECTION 2. IC 12-24-13-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. (a) Each patient in a state institution and the responsible parties of the patient, individually or collectively, shall pay for the ensuing fiscal year an amount not to exceed the per capita cost at that state institution: **establish a charge structure for institutional services and treatment. The charge structure must be approved by the director of the division before July 1 of each year and, once approved, the charge structure must be effective for the following state fiscal year.**

(b) Except as provided in section 5 of this chapter, each patient in a state institution and the responsible parties, individually or collectively, are liable for the payment of the ~~cost of charges for the~~ treatment and maintenance of the patient.

SECTION 3. IC 12-24-13-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. If a patient in a state institution has insurance coverage that covers hospitalization or medical services in psychiatric hospitals, all benefits under the insurance coverage ~~in an amount not to exceed the cost of treatment and maintenance of the patient;~~ shall be assigned to the appropriate division.

SECTION 4. IC 12-24-13-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. The appropriate division shall issue to any party liable under this chapter for any type of psychiatric service statements of sums due as maintenance charges. The division shall require the liable party to pay monthly, quarterly, or otherwise as may be arranged an amount not exceeding the maximum ~~cost charge~~ as determined under this chapter.

SECTION 5. IC 12-24-13-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11. The estate of a patient who receives care, treatment, maintenance, or any other service furnished by the division at the state's expense is liable for payment ~~of the cost of the charges as determined under this chapter~~ for the service. The estate is exempt from the requirements of section 10 of this chapter or any part of this chapter directly in conflict with the

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1 intent of the chapter to hold a patient's estate liable for payment.
 2 SECTION 6. IC 12-24-14-2 IS AMENDED TO READ AS
 3 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. The billing and
 4 collection of maintenance ~~expenses~~ **charges** under this article shall be
 5 made by the division or a unit of the division designated by the
 6 director.
 7 SECTION 7. IC 16-33-3-2 IS AMENDED TO READ AS
 8 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. The Silvercrest
 9 children's development center is established as a state center. **The**
 10 **center shall:**
 11 **(1) remain open to treat students; and**
 12 **(2) continue to be funded by the state.**
 13 SECTION 8. IC 16-39-2-6 IS AMENDED TO READ AS
 14 FOLLOWS [EFFECTIVE JULY 1, 2006]: Sec. 6. (a) Without the
 15 consent of the patient, the patient's mental health record may only be
 16 disclosed as follows:
 17 (1) To individuals who meet the following conditions:
 18 (A) Are employed by:
 19 (i) the provider at the same facility or agency;
 20 (ii) a managed care provider (as defined in
 21 IC 12-7-2-127(b)); or
 22 (iii) a health care provider or mental health care provider, if
 23 the mental health records are needed to provide health care
 24 or mental health services to the patient.
 25 (B) Are involved in the planning, provision, and monitoring of
 26 services.
 27 (2) To the extent necessary to obtain payment for services
 28 rendered or other benefits to which the patient may be entitled, as
 29 provided in IC 16-39-5-3.
 30 (3) To the patient's court appointed counsel and to the Indiana
 31 protection and advocacy services commission.
 32 (4) For research conducted in accordance with IC 16-39-5-3 and
 33 the rules of the division of mental health and addiction, the rules
 34 of the division of disability, aging, and rehabilitative services, or
 35 the rules of the provider.
 36 (5) To the division of mental health and addiction for the purpose
 37 of data collection, research, and monitoring managed care
 38 providers (as defined in IC 12-7-2-127(b)) who are operating
 39 under a contract with the division of mental health and addiction.
 40 (6) To the extent necessary to make reports or give testimony
 41 required by the statutes pertaining to admissions, transfers,
 42 discharges, and guardianship proceedings.

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- 1 (7) To a law enforcement agency if any of the following
- 2 conditions are met:
- 3 (A) A patient escapes from a facility to which the patient is
- 4 committed under IC 12-26.
- 5 (B) The superintendent of the facility determines that failure
- 6 to provide the information may result in bodily harm to the
- 7 patient or another individual.
- 8 (C) A patient commits or threatens to commit a crime on
- 9 facility premises or against facility personnel.
- 10 (D) A patient is in the custody of a law enforcement officer or
- 11 agency for any reason and:
- 12 (i) the information to be released is limited to medications
- 13 currently prescribed for the patient or to the patient's history
- 14 of adverse medication reactions; and
- 15 (ii) the provider determines that the release of the
- 16 medication information will assist in protecting the health,
- 17 safety, or welfare of the patient.
- 18 Mental health records released under this clause must be
- 19 maintained in confidence by the law enforcement agency
- 20 receiving them.
- 21 (8) To a coroner or medical examiner, in the performance of the
- 22 individual's duties.
- 23 (9) To a school in which the patient is enrolled if the
- 24 superintendent of the facility determines that the information will
- 25 assist the school in meeting educational needs of a person with a
- 26 disability under 20 U.S.C. 1400 et seq.
- 27 (10) To the extent necessary to satisfy reporting requirements
- 28 under the following statutes:
- 29 (A) IC 12-10-3-10.
- 30 (B) IC 12-17-2-16.
- 31 (C) IC 12-24-17-5.
- 32 (D) IC 16-41-2-3.
- 33 (E) IC 31-33-5-4.
- 34 (F) IC 34-30-16-2.
- 35 (G) IC 35-46-1-13.
- 36 (11) To the extent necessary to satisfy release of information
- 37 requirements under the following statutes:
- 38 (A) **IC 11-10-4-9.**
- 39 ~~(A)~~ (B) IC 12-24-11-2.
- 40 ~~(B)~~ (C) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.
- 41 ~~(C)~~ (D) IC 12-26-11.
- 42 (12) To another health care provider in a health care emergency.

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- 1 (13) For legitimate business purposes as described in
- 2 IC 16-39-5-3.
- 3 (14) Under a court order under IC 16-39-3.
- 4 (15) With respect to records from a mental health or
- 5 developmental disability facility, to the United States Secret
- 6 Service if the following conditions are met:
- 7 (A) The request does not apply to alcohol or drug abuse
- 8 records described in 42 U.S.C. 290dd-2 unless authorized by
- 9 a court order under 42 U.S.C. 290dd-2(b)(2)(c).
- 10 (B) The request relates to the United States Secret Service's
- 11 protective responsibility and investigative authority under 18
- 12 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
- 13 (C) The request specifies an individual patient.
- 14 (D) The director or superintendent of the facility determines
- 15 that disclosure of the mental health record may be necessary
- 16 to protect a person under the protection of the United States
- 17 Secret Service from serious bodily injury or death.
- 18 (E) The United States Secret Service agrees to only use the
- 19 mental health record information for investigative purposes
- 20 and not disclose the information publicly.
- 21 (F) The mental health record information disclosed to the
- 22 United States Secret Service includes only:
- 23 (i) the patient's name, age, and address;
- 24 (ii) the date of the patient's admission to or discharge from
- 25 the facility; and
- 26 (iii) any information that indicates whether or not the patient
- 27 has a history of violence or presents a danger to the person
- 28 under protection.
- 29 (16) To the statewide waiver ombudsman established under
- 30 IC 12-11-13, in the performance of the ombudsman's duties.
- 31 (b) After information is disclosed under subsection (a)(15) and if the
- 32 patient is evaluated to be dangerous, the records shall be interpreted in
- 33 consultation with a licensed mental health professional on the staff of
- 34 the United States Secret Service.
- 35 (c) A person who discloses information under subsection (a)(7) or
- 36 (a)(15) in good faith is immune from civil and criminal liability.
- 37 SECTION 9. IC 16-39-5-3 IS AMENDED TO READ AS
- 38 FOLLOWS [EFFECTIVE JULY 1, 2006]: Sec. 3. (a) As used in this
- 39 section,"association" refers to an Indiana hospital trade association
- 40 founded in 1921.
- 41 (b) As used in this section, "data aggregation" means a combination
- 42 of information obtained from the health records of a provider with

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1 information obtained from the health records of one (1) or more other
2 providers to permit data analysis that relates to the health care
3 operations of the providers.

4 (c) Except as provided in IC 16-39-4-5, the original health record of
5 the patient is the property of the provider and as such may be used by
6 the provider, **including a previous or subsequent provider**, without
7 specific written authorization for legitimate business purposes,
8 including the following:

- 9 (1) Submission of claims for payment from third parties.
- 10 (2) Collection of accounts.
- 11 (3) Litigation defense.
- 12 (4) Quality assurance.
- 13 (5) Peer review.
- 14 (6) Scientific, statistical, and educational purposes.

15 (d) In use under subsection (c), the provider shall at all times protect
16 the confidentiality of the health record and may disclose the identity of
17 the patient only when disclosure is essential to the provider's business
18 use or to quality assurance and peer review.

19 (e) A provider may disclose a health record to another provider or
20 to a nonprofit medical research organization to be used in connection
21 with a joint scientific, statistical, or educational project. Each party that
22 receives information from a health record in connection with the joint
23 project shall protect the confidentiality of the health record and may not
24 disclose the patient's identity except as allowed under this article.

25 (f) A provider may disclose a health record or information obtained
26 from a health record to the association for use in connection with a data
27 aggregation project undertaken by the association. However, the
28 provider may disclose the identity of a patient to the association only
29 when the disclosure is essential to the project. The association may
30 disclose the information it receives from a provider under this
31 subsection to the state department to be used in connection with a
32 public health activity or data aggregation of inpatient and outpatient
33 discharge information submitted under IC 16-21-6-6. The information
34 disclosed by:

- 35 (1) a provider to the association; or
 - 36 (2) the association to the state department;
- 37 under this subsection is confidential.

38 (g) Information contained in final results obtained by the state
39 department for a public health activity that:

- 40 (1) is based on information disclosed under subsection (f); and
- 41 (2) identifies or could be used to determine the identity of a
42 patient;

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1 is confidential. All other information contained in the final results is
2 not confidential.

3 (h) Information that is:
4 (1) advisory or deliberative material of a speculative nature; or
5 (2) an expression of opinion;
6 including preliminary reports produced in connection with a public
7 health activity using information disclosed under subsection (f), is
8 confidential and may only be disclosed by the state department to the
9 association and to the provider who disclosed the information to the
10 association.

11 (i) The association shall, upon the request of a provider that
12 contracts with the association to perform data aggregation, make
13 available information contained in the final results of data aggregation
14 activities performed by the association in compliance with subsection
15 (f).

16 (j) A person who recklessly violates or fails to comply with
17 subsections (e) through (h) commits a Class C infraction. Each day a
18 violation continues constitutes a separate offense.

19 (k) This chapter does not do any of the following:
20 (1) Repeal, modify, or amend any statute requiring or authorizing
21 the disclosure of information about any person.
22 (2) Prevent disclosure or confirmation of information about
23 patients involved in incidents that are reported or required to be
24 reported to governmental agencies and not required to be kept
25 confidential by the governmental agencies.

26 SECTION 10. THE FOLLOWING ARE REPEALED [EFFECTIVE
27 UPON PASSAGE]: IC 12-24-13-3; IC 12-24-13-8; IC 12-24-13-9.

28 SECTION 11. **An emergency is declared for this act.**

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SENATE MOTION

Madam President: I move that Senator Garton be removed as author of Senate Bill 18 and that Senator Miller be substituted therefor.

GARTON

COMMITTEE REPORT

Madam President: The Senate Committee on Rules and Legislative Procedure, to which was referred Senate Bill No. 18, 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:

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill be reassigned to the Senate Committee on Health and Provider Services.

(Reference is to SB 18 as introduced.)

GARTON, Chairperson

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 18, 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 Senate Bill 18 as printed January 20, 2006.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

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SENATE MOTION

Madam President: I move that Senator Sipes be added as second author of Engrossed Senate Bill 18.

MILLER

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 18, 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 T, Chair

Committee Vote: yeas 8, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 18 be amended to read as follows:

Delete the title and insert the following:

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

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 11-10-4-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2006]: **Sec. 9. (a) As used in this section, "mental health record" has the meaning set forth in IC 16-18-2-226.**

(b) A psychiatrist or a mental health facility may, with or without the offender's consent, provide a copy of an offender's mental health record to a facility or an agency responsible for the incarceration of an offender. Any mental health records provided under this subsection shall become part of the offender's health record maintained by the facility or agency responsible for the incarceration of an offender.

(c) If an offender is transferred to a different facility, the offender's mental health records must be provided to the facility that is used to:



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(1) house; or
(2) provide mental health treatment to;
the offender, including a county jail or a community mental health center.

(d) The department shall maintain health records for each offender incarcerated by the department. After an offender is released from incarceration, the department shall provide the offender's mental health records, if any, to a mental health facility or mental health provider who is providing mental health treatment to the offender."

Page 2, between lines 24 and 25, begin a new paragraph and insert:
"SECTION 7. IC 16-39-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2006]: Sec. 6. (a) Without the consent of the patient, the patient's mental health record may only be disclosed as follows:

- (1) To individuals who meet the following conditions:
 - (A) Are employed by:
 - (i) the provider at the same facility or agency;
 - (ii) a managed care provider (as defined in IC 12-7-2-127(b)); or
 - (iii) a health care provider or mental health care provider, if the mental health records are needed to provide health care or mental health services to the patient.
 - (B) Are involved in the planning, provision, and monitoring of services.
- (2) To the extent necessary to obtain payment for services rendered or other benefits to which the patient may be entitled, as provided in IC 16-39-5-3.
- (3) To the patient's court appointed counsel and to the Indiana protection and advocacy services commission.
- (4) For research conducted in accordance with IC 16-39-5-3 and the rules of the division of mental health and addiction, the rules of the division of disability, aging, and rehabilitative services, or the rules of the provider.
- (5) To the division of mental health and addiction for the purpose of data collection, research, and monitoring managed care providers (as defined in IC 12-7-2-127(b)) who are operating under a contract with the division of mental health and addiction.
- (6) To the extent necessary to make reports or give testimony required by the statutes pertaining to admissions, transfers, discharges, and guardianship proceedings.
- (7) To a law enforcement agency if any of the following

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conditions are met:

- (A) A patient escapes from a facility to which the patient is committed under IC 12-26.
- (B) The superintendent of the facility determines that failure to provide the information may result in bodily harm to the patient or another individual.
- (C) A patient commits or threatens to commit a crime on facility premises or against facility personnel.
- (D) A patient is in the custody of a law enforcement officer or agency for any reason and:
 - (i) the information to be released is limited to medications currently prescribed for the patient or to the patient's history of adverse medication reactions; and
 - (ii) the provider determines that the release of the medication information will assist in protecting the health, safety, or welfare of the patient.

Mental health records released under this clause must be maintained in confidence by the law enforcement agency receiving them.

- (8) To a coroner or medical examiner, in the performance of the individual's duties.
- (9) To a school in which the patient is enrolled if the superintendent of the facility determines that the information will assist the school in meeting educational needs of a person with a disability under 20 U.S.C. 1400 et seq.
- (10) To the extent necessary to satisfy reporting requirements under the following statutes:
 - (A) IC 12-10-3-10.
 - (B) IC 12-17-2-16.
 - (C) IC 12-24-17-5.
 - (D) IC 16-41-2-3.
 - (E) IC 31-33-5-4.
 - (F) IC 34-30-16-2.
 - (G) IC 35-46-1-13.
- (11) To the extent necessary to satisfy release of information requirements under the following statutes:
 - (A) IC 11-10-4-9.**
 - ~~(A)~~ **(B)** IC 12-24-11-2.
 - ~~(B)~~ **(C)** IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.
 - ~~(C)~~ **(D)** IC 12-26-11.
- (12) To another health care provider in a health care emergency.
- (13) For legitimate business purposes as described in

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IC 16-39-5-3.

(14) Under a court order under IC 16-39-3.

(15) With respect to records from a mental health or developmental disability facility, to the United States Secret Service if the following conditions are met:

(A) The request does not apply to alcohol or drug abuse records described in 42 U.S.C. 290dd-2 unless authorized by a court order under 42 U.S.C. 290dd-2(b)(2)(c).

(B) The request relates to the United States Secret Service's protective responsibility and investigative authority under 18 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.

(C) The request specifies an individual patient.

(D) The director or superintendent of the facility determines that disclosure of the mental health record may be necessary to protect a person under the protection of the United States Secret Service from serious bodily injury or death.

(E) The United States Secret Service agrees to only use the mental health record information for investigative purposes and not disclose the information publicly.

(F) The mental health record information disclosed to the United States Secret Service includes only:

- (i) the patient's name, age, and address;
- (ii) the date of the patient's admission to or discharge from the facility; and
- (iii) any information that indicates whether or not the patient has a history of violence or presents a danger to the person under protection.

(16) To the statewide waiver ombudsman established under IC 12-11-13, in the performance of the ombudsman's duties.

(b) After information is disclosed under subsection (a)(15) and if the patient is evaluated to be dangerous, the records shall be interpreted in consultation with a licensed mental health professional on the staff of the United States Secret Service.

(c) A person who discloses information under subsection (a)(7) or (a)(15) in good faith is immune from civil and criminal liability.

SECTION 8. IC 16-39-5-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2006]: Sec. 3. (a) As used in this section, "association" refers to an Indiana hospital trade association founded in 1921.

(b) As used in this section, "data aggregation" means a combination of information obtained from the health records of a provider with information obtained from the health records of one (1) or more other

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providers to permit data analysis that relates to the health care operations of the providers.

(c) Except as provided in IC 16-39-4-5, the original health record of the patient is the property of the provider and as such may be used by the provider, **including a previous or subsequent provider**, without specific written authorization for legitimate business purposes, including the following:

- (1) Submission of claims for payment from third parties.
- (2) Collection of accounts.
- (3) Litigation defense.
- (4) Quality assurance.
- (5) Peer review.
- (6) Scientific, statistical, and educational purposes.

(d) In use under subsection (c), the provider shall at all times protect the confidentiality of the health record and may disclose the identity of the patient only when disclosure is essential to the provider's business use or to quality assurance and peer review.

(e) A provider may disclose a health record to another provider or to a nonprofit medical research organization to be used in connection with a joint scientific, statistical, or educational project. Each party that receives information from a health record in connection with the joint project shall protect the confidentiality of the health record and may not disclose the patient's identity except as allowed under this article.

(f) A provider may disclose a health record or information obtained from a health record to the association for use in connection with a data aggregation project undertaken by the association. However, the provider may disclose the identity of a patient to the association only when the disclosure is essential to the project. The association may disclose the information it receives from a provider under this subsection to the state department to be used in connection with a public health activity or data aggregation of inpatient and outpatient discharge information submitted under IC 16-21-6-6. The information disclosed by:

- (1) a provider to the association; or
- (2) the association to the state department;

under this subsection is confidential.

(g) Information contained in final results obtained by the state department for a public health activity that:

- (1) is based on information disclosed under subsection (f); and
- (2) identifies or could be used to determine the identity of a patient;

is confidential. All other information contained in the final results is

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not confidential.

(h) Information that is:

- (1) advisory or deliberative material of a speculative nature; or
- (2) an expression of opinion;

including preliminary reports produced in connection with a public health activity using information disclosed under subsection (f), is confidential and may only be disclosed by the state department to the association and to the provider who disclosed the information to the association.

(i) The association shall, upon the request of a provider that contracts with the association to perform data aggregation, make available information contained in the final results of data aggregation activities performed by the association in compliance with subsection (f).

(j) A person who recklessly violates or fails to comply with subsections (e) through (h) commits a Class C infraction. Each day a violation continues constitutes a separate offense.

(k) This chapter does not do any of the following:

- (1) Repeal, modify, or amend any statute requiring or authorizing the disclosure of information about any person.
- (2) Prevent disclosure or confirmation of information about patients involved in incidents that are reported or required to be reported to governmental agencies and not required to be kept confidential by the governmental agencies."

Renumber all SECTIONS consecutively.

(Reference is to ESB 18 as printed February 17, 2006.)

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HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 18 be amended to read as follows:

Page 2, between lines 24 and 25, begin a new paragraph and insert:

"SECTION 6. IC 16-33-3-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. The Silvercrest children's development center is established as a state center. **The center shall:**

- (1) remain open to treat students; and**
- (2) continue to be funded by the state."**



Renumber all SECTIONS consecutively.

(Reference is to ESB 18 as printed February 17, 2006.)

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