



February 9, 2007

HOUSE BILL No. 1127

DIGEST OF HB 1127 (Updated February 7, 2007 12:19 pm - DI 97)

Citations Affected: IC 16-18; IC 16-39.

Synopsis: Transmission of health information. Specifies requirements that must be met for health plans to transfer certain health information to a location outside the United States.

Effective: July 1, 2007.

Fry, Oxley, Stilwell

January 8, 2007, read first time and referred to Committee on Insurance.
February 8, 2007, amended, reported — Do Pass.

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HB 1127—LS 6054/DI 97+



February 9, 2007

First Regular Session 115th General Assembly (2007)

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 2006 Regular Session of the General Assembly.

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HOUSE BILL No. 1127

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 16-18-2-167.5 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2007]: **Sec. 167.5. "Health plan", for**
4 **purposes of IC 16-39-11, has the meaning set forth in**
5 **IC 16-39-11-1.**

6 SECTION 2. IC 16-18-2-188.1 IS ADDED TO THE INDIANA
7 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
8 [EFFECTIVE JULY 1, 2007]: **Sec. 188.1. "Individually identifiable**
9 **health information", for purposes of IC 16-39-11, has the meaning**
10 **set forth in IC 16-39-11-2.**

11 SECTION 3. IC 16-39-11 IS ADDED TO THE INDIANA CODE
12 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2007]:

14 **Chapter 11. Transfers of Health Information**

15 **Sec. 1. As used in this chapter, "health plan" has the meaning**
16 **set forth in 45 CFR 160.103.**

17 **Sec. 2. As used in this chapter, "individually identifiable health**

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information" has the meaning set forth in 45 CFR 160.103.

Sec. 3. Before a health plan enters into or renews a contract with a person for the person to receive individually identifiable health information from the health plan, the health plan shall obtain a disclosure from the person concerning whether the individually identifiable health information will be transmitted to a location outside the United States.

Sec. 4. (a) A health plan and a person described in section 3 of this chapter may not transmit an individual's individually identifiable health information to a location outside the United States unless all the following apply:

(1) The health plan discloses to the individual:

(A) at the time of enrollment;

(B) at the time of admission to care; or

(C) if the health plan does not enroll or admit the individual, at the time the health plan receives the individual's individually identifiable health information;

and annually thereafter, that the individual's individually identifiable health information may be transmitted to a location outside the United States.

(2) The health plan obtains an annual, written consent from the individual for the individually identifiable health information to be transmitted to a location outside the United States.

(3) The health plan annually notifies the individual that the individual may revoke the individual's consent in writing at any time.

(4) The requirements of this section are undertaken by the health plan itself and not a physician employed by or under contract with the health plan.

(b) This section does not apply to a transmission of individually identifiable health information to a location outside the United States that is requested by the individual because the individual seeks health care services at the location outside the United States.

Sec. 5. (a) A health plan shall use a consent form to obtain the consent required under section 4 of this chapter.

(b) The consent form required under subsection (a) must clearly and conspicuously disclose all the following:

(1) That by signing the form, the individual consents to the transmission of the individual's individually identifiable health information to a location outside the United States.

(2) That, unless renewed by the individual, the consent is

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1 **considered to have been revoked one (1) year after the consent**
2 **is signed.**
3 **(3) That the individual may revoke the consent in writing at**
4 **any time.**
5 **(4) The procedure by which the consent may be revoked.**
6 **(c) A consent form that meets the requirements of subsection (b)**
7 **is valid upon an individual's signing and dating the consent form.**
8 **Sec. 6. A health plan shall not discriminate against an individual**
9 **or deny an individual services due to the refusal of the individual**
10 **to provide a consent under this chapter.**

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, to which was referred House Bill 1127, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 1, delete "IC 16-18-2-88.5" and insert "IC 16-18-2-167.5".

Page 1, line 3, delete "88.5. "Covered entity"," and insert "**167.5. "Health plan",**".

Page 1, line 15, delete "'covered entity'" and insert "'**health plan**'".

Page 2, line 2, delete "covered entity" and insert "**health plan**".

Page 2, line 4, delete "covered entity, the covered entity" and insert "**health plan, the health plan**".

Page 2, line 8, delete "covered entity" and insert "**health plan**".

Page 2, line 12, delete "covered entity" and insert "**health plan**".

Page 2, line 15, delete "covered entity" and insert "**health plan**".

Page 2, line 16, delete "covered entity" and insert "**health plan**".

Page 2, line 21, delete "covered entity" and insert "**health plan**".

Page 2, line 25, delete "covered entity" and insert "**health plan**".

Page 2, line 29, delete "covered entity" and insert "**health plan**".

Page 2, line 30, delete "covered entity." and insert "**health plan.**".

Page 2, line 35, delete "covered entity" and insert "**health plan**".

Page 3, line 8, delete "covered entity" and insert "**health plan**".

and when so amended that said bill do pass.

(Reference is to HB 1127 as introduced.)

FRY, Chair

Committee Vote: yeas 6, nays 5.

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