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FISCAL IMPACT STATEMENT

LS 6614

BILL NUMBER: SB 347

NOTE PREPARED: Jan 1, 2008

BILL AMENDED:

SUBJECT: Dangerous Communicable Diseases.

FIRST AUTHOR: Sen. Delph

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: Local

Summary of Legislation: This bill authorizes a court to order a defendant to be tested for a dangerous communicable disease if there is probable cause to believe that the defendant could have exposed a victim to a dangerous communicable disease.

Effective Date: July 1, 2008.

Explanation of State Expenditures:

Explanation of State Revenues:

Explanation of Local Expenditures: This bill establishes a procedure to require a person who may have transmitted a dangerous communicable disease to submit to a test to determine whether the person has a dangerous communicable disease. Depending on the frequency of the requests made by victims and how often hearings are granted, this bill should have minimal administrative burdens on the courts and the office of the prosecuting attorney.

This bill would require four steps prior to the court ordering that this test be administered:

1. An alleged victim may request in writing that a prosecuting attorney petition the court for a hearing.
2. The prosecuting attorney will file an action in court requesting a probable cause hearing.
3. The court is not required to find probable cause that the defendant is a carrier of the disease. The court may then conduct a hearing to determine the material facts of the case.
4. If the court determines that probable cause exists, then the court shall order the accused person to undergo the tests.

The alleged victim would be responsible for paying for any tests. Presumably, if the tests confirm that the accused person transmitted the dangerous communicable disease to the victim, the victim may recover the costs of the test from the accused person.

Background: Dangerous communicable diseases include the following: acquired immunodeficiency syndrome, animal bites, anthrax, babesiosis, botulism, brucellosis, campylobacteriosis, chancroid, chlamydia trachomatis, genital infection, cholera, cryptosporidiosis, cyclospora, diphtheria, ehrlichiosis, encephalitis, arboviral, Calif, EEE, WEE, SLE, west nile, escherichia coli, infection (including e. coli 0157:h7 and other enterohemorrhagic types), gonorrhea, granuloma inguinale, haemophilus influenzae invasive disease, hansen's disease (leprosy), hantavirus pulmonary syndrome, hemolytic uremic syndrome, postdiarrheal, hepatitis, viral, type a, hepatitis, viral, type b, hepatitis, viral, type b, pregnant woman (acute and chronic), or perinatally exposed infant, hepatitis, viral, type c (acute), hepatitis, viral, type delta, hepatitis, viral, unspecified, histoplasmosis, HIV infection/disease, HIV infection/disease, pregnant woman, or perinatally exposed infant, legionellosis, leptospirosis, listeriosis, lyme disease, lymphogranuloma venereum, malaria, measles (rubeola), meningitis, aseptic, meningococcal disease, invasive, mumps, pertussis, plague, poliomyelitis, psittacosis, q fever, rabies in humans or animals (confirmed and suspect animal with human exposure), rabies, postexposure treatment, rocky mountain spotted fever, rubella (german measles), rubella congenital syndrome, salmonellosis, other than typhoid fever, shigellosis, smallpox (variola infection), adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination. This includes accidental implantation at sites other than the vaccination site, secondary bacterial infections at vaccination site, vaccinia keratitis, eczema vaccinatum, generalized vaccinia, congenital vaccinia, progressive vaccinia, vaccinia encephalitis, death due to vaccinia complications, and other complications requiring significant medical intervention., staphylococcus aureus, vancomycin resistance level of mic 8 µg/ml, streptococcus pneumoniae, invasive disease, and antimicrobial resistance pattern, streptococcus, group a, invasive disease, streptococcus, group b, invasive disease, syphilis, tetanus, toxic shock syndrome (streptococcal or staphylococcal), trichinosis, tuberculosis, cases and suspects, tularemia, typhoid fever, cases and carriers, typhus, endemic (flea borne), varicella, resulting in hospitalization or death, yellow fever, and yersiniosis.

Explanation of Local Revenues:

State Agencies Affected:

Local Agencies Affected: Prosecuting attorneys and trial courts.

Information Sources: 410 IAC 1-2.3-47, Reporting requirements for physicians and hospital administrators.

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