

Readoption Review

Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals 410 IAC 1-2.4

IC 4-22-2.5-3.1(c) requires an agency to conduct a review to consider whether there are alternative methods of achieving the purpose of the rule that are less costly or less intrusive, or that would minimize the economic impact of the proposed rule on small business.

Description of Rule:

The Indiana State Department of Health (ISDH) has the responsibility of responding to and investigating communicable diseases. The Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals (410 IAC 1-2.4) requires ISDH to adopt rules that include procedures mining and reviewing emergency department chief complaint data from all emergency departments within Indiana. Emergency department data submitted to the department may be used for epidemiological investigation or other disease intervention activities of the department or local health department. Investigation shall include obtaining laboratory and clinical data necessary for case ascertainment. Findings of the investigation shall be used to institute control measures to minimize or reduce the risk of disease spread or to reduce exposures in an emergency event. On October 11, 2005, the ISDH readopted 410 IAC 1-2.4 to establish the Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals. In accordance with IC 4-22-2.5-3.1(c), 410 IAC 1-2.4 must be readopted to remain in effect.

Readoption Analysis:

1) Is there a continued need for this rule?

410 IAC 1-2.4 requires hospitals with emergency departments to report all of the emergency department visits at that hospital to ISDH or the department's designated agent. It outlines standards for electronic information transfer and the information that shall be provided to ISDH or to the department's designated agent. This rule remains in effect; therefore, there remains a need for 410 IAC 1-2.4 to maintain surveillance activities within the state

2) What is the nature of any complaints or comments received from the public, including small business, concerning the rule or the implementation of the rule by the agency?

Since the effective date, the ISDH Surveillance and Investigation Division has not received any complaints or comments from the public, including small business, concerning the rule or the implementation of the rule by the agency.

3) Examine the complexity of the rule, including difficulties encountered by the agency in administering the rule and small businesses in complying with the rule.

No complaints or comments have been received from the regulated entities about this rule or the implementation of it, and ISDH is not aware of any difficulties in administration of or compliance with this rule.

4) To what extent does the rule overlap, duplicate, or conflict with other federal, state, or local laws, rules, regulations, or ordinances?

This rule does not overlap, duplicate, or conflict with any other federal, state, or local laws, rules, regulations, or ordinances.

5) When was the last time the rule was reviewed under this section or otherwise evaluated by the agency, and the degree to which technology, economic conditions, or other factors have changed in the area affected by this rule since that time?

The rule was readopted on October 11, 2005. ISDH is no longer paying the one time connection fee for the hospitals, but ISDH does continue to fund the maintenance agreements.