



# COMMITTEE REPORT

## MR. PRESIDENT:

The Senate Committee on Rules and Legislative Procedure, to which was referred Senate Bill No. 261, 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 the title and insert the following:
- "A BILL FOR AN ACT to amend the Indiana Code concerning health."
- Delete everything after the enacting clause and insert the following:
- "SECTION 1. IC 16-41-2-3 IS AMENDED TO READ AS FOLLOWS[EFFECTIVE JULY 1, 1998]: Sec. 3. (a) Each:
  - (1) licensed physician;
  - (2) hospital licensed under IC 16-21; and
  - (3) medical laboratory;
 shall report to the state department each case of human immunodeficiency virus (HIV) infection, including each confirmed case of acquired immune deficiency syndrome (AIDS). The report must comply with rules adopted by the state department.
  - (b) The records of the state department must indicate, if known:
    - (1) whether the individual had undergone any blood transfusions before being diagnosed as having AIDS or HIV infection;
    - (2) the place the transfusions took place;
    - (3) the blood center that furnished the blood; and
    - (4) any other known risk factors.
  - (c) A case report concerning HIV infection that does not involve a confirmed case of AIDS submitted to the state department under this section that involves an individual:
    - (1) enrolled in a formal research project for which a written study protocol has been filed with the state department; **or**
    - (2) who is tested:
      - (A)** anonymously at a designated counseling or testing site; **or**
      - ~~(B) who is tested~~ **(B)** by a health care provider permitted by rule by the state department to use a number identifier code; **or**
      - (C) under IC 16-41-17-2(a)(8);**
 may not include the name or other identifying characteristics of the individual tested.
- SECTION 2. IC 16-41-6-1 IS AMENDED TO READ AS

FOLLOWS[EFFECTIVE JULY 1, 1998]: Sec. 1. (a) Except as provided in subsection (b), a person may not perform a screening or confirmatory test for the antibody or antigen to the human immunodeficiency virus (HIV) without the consent of the individual to be tested or a representative as authorized under IC 16-36-1. A physician ordering the test or the physician's authorized representative shall document whether or not the individual has consented.

(b) The test for the antibody or antigen to HIV may be performed if one (1) of the following conditions exists:

(1) If ordered by a physician who has obtained a health care consent under IC 16-36-1 or an implied consent under emergency circumstances and the test is medically necessary to diagnose or treat the patient's condition.

(2) Under a court order based on clear and convincing evidence of a serious and present health threat to others posed by an individual. A hearing held under this subsection shall be held in camera at the request of the individual.

(3) If the test is done on blood collected or tested anonymously as part of an epidemiologic survey under IC 16-41-2-3 or IC 16-41-17-10(a)(5).

**(4) Subject to IC 16-41-17-2(b), each newborn must be tested as provided in IC 16-41-17-2(a).**

(c) A court may order a person to undergo testing for HIV under IC 35-38-1-10.5(a) or IC 35-38-2-2.3(a)(16).

SECTION 3. IC 16-41-17-2 IS AMENDED TO READ AS FOLLOWS[EFFECTIVE JULY 1, 1998]: Sec. 2. (a) Subject to subsection (b), every infant shall be given examinations at the earliest feasible time for the detection of the following disorders:

(1) Phenylketonuria.

(2) Hypothyroidism.

(3) Hemoglobinopathies, including sickle cell anemia.

(4) Galactosemia.

(5) Maple Syrup urine disease.

(6) Homocystinuria.

(7) Inborn errors of metabolism that result in mental retardation and that are designated by the state department.

**(8) Human immunodeficiency virus (HIV) or the antibody or antigen to HIV.**

(b) If a parent of an infant objects in writing, for reasons pertaining to religious beliefs only, the infant is exempt from the examinations required by this chapter.

SECTION 4. IC 16-41-17-6 IS AMENDED TO READ AS FOLLOWS[EFFECTIVE JULY 1, 1998]: Sec. 6. (a) The state department shall provide forms on which the results of tests performed on each child for the disorders listed in section 2 of this chapter shall be reported to the state department by physicians and hospitals. **The confidentiality provisions of IC 16-41-2-3 apply to this section.**

(b) The state department shall ascertain at least quarterly the extent of such testing and the findings shall be reported to all hospitals, physicians, and other groups interested in child welfare.

SECTION 5. IC 16-41-17-9 IS AMENDED TO READ AS FOLLOWS[EFFECTIVE JULY 1, 1998]: Sec. 9. The state department shall adopt rules under IC 4-22-2 to carry out this chapter, including rules to ensure the following:

- ▮ (1) Proper and timely sample collection and transportation under section 8 of this chapter.
- ▮ (2) Quality testing procedures at the laboratories designated under section 7 of this chapter.
- ▮ (3) Uniform reporting procedures.
- ▮ (4) Centralized coordination, tracking, and follow-up.
- ▮ (5) Appropriate diagnosis and management of affected newborns and counseling and support programs for newborns' families.
- ▮ (6) **Release of the results of tests conducted under section 2 of this chapter to the family of a newborn who is tested."**
- ▮ (Reference is to SB 261 as introduced.)

**and when so amended that said bill be reassigned to the Senate Committee on Health and Environmental Affairs.**

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Garton                      Chairperson