



March 30, 2005

**ENGROSSED  
SENATE BILL No. 538**

DIGEST OF SB 538 (Updated March 29, 2005 2:33 pm - DI 77)

**Citations Affected:** IC 12-15; IC 16-41; noncode.

**Synopsis:** Lead poisoning. Requires the office of Medicaid policy and planning to develop: (1) measures to evaluate Medicaid managed care organizations in screening children for lead poisoning; (2) a system to maintain the results of the evaluation in written form; (3) a performance incentive program; and (4) partially reimburse the state department of health and local health departments for case management and investigation services. Removes a reference to the lead poisoning program from a communicable disease law. Requires the state department of health to adopt rules for case management of children with lead poisoning. Allows the state department of health to coordinate lead poisoning outreach programs with social service organizations. Requires reporting, monitoring, and preventive procedures to protect children from lead poisoning. Requires certain persons to submit lead testing reports to the state department of health in an electronic format. Allows certain governmental agencies to share lead testing information with each other. Requires the state department to issue an annual report.

**Effective:** July 1, 2005.

**Gard, Sipes, Lawson C, Simpson,  
Breux, Skinner**  
(HOUSE SPONSOR — BECKER)

January 20, 2005, read first time and referred to Committee on Health and Provider Services.  
February 3, 2005, reported favorably — Do Pass.  
February 14, 2005, read second time, amended, ordered engrossed.  
February 15, 2005, engrossed. Read third time, passed. Yeas 48, nays 0.  
HOUSE ACTION  
March 14, 2005, read first time and referred to Committee on Public Health.  
March 29, 2005, amended, reported — Do Pass.

ES 538—LS 7302/DI 77+



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March 30, 2005

First Regular Session 114th General Assembly (2005)

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 2004 Regular Session of the General Assembly.

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## ENGROSSED SENATE BILL No. 538

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 12-15-12-20 IS ADDED TO THE INDIANA
- 2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 3 [EFFECTIVE JULY 1, 2005]: **Sec. 20. The office shall develop the**
- 4 **following:**
- 5 (1) **A measure to evaluate the performance of a Medicaid**
- 6 **managed care organization in screening a child who is less**
- 7 **than six (6) years of age for lead poisoning.**
- 8 (2) **A system to maintain the results of an evaluation under**
- 9 **subdivision (1) in written form.**
- 10 (3) **A performance incentive program for Medicaid managed**
- 11 **care organizations evaluated under subdivision (1).**
- 12 (4) **Not later than July 15, 2005, a program consistent with**
- 13 **federal guidelines to partially reimburse the state department**
- 14 **of health and the local health departments that provide case**
- 15 **management and environmental investigation services for**
- 16 **lead poisoned children who are on Medicaid.**
- 17 SECTION 2. IC 16-41-8-1 IS AMENDED TO READ AS

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FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 1. (a) Except as provided in subsections (d) and (e), ~~and IC 16-41-39.4-4~~, a person may not disclose or be compelled to disclose medical or epidemiological information involving a communicable disease or other disease that is a danger to health (as defined under rules adopted under IC 16-41-2-1). This information may not be released or made public upon subpoena or otherwise, except under the following circumstances:

(1) Release may be made of medical or epidemiologic information for statistical purposes if done in a manner that does not identify an individual.

(2) Release may be made of medical or epidemiologic information with the written consent of all individuals identified in the information released.

(3) Release may be made of medical or epidemiologic information to the extent necessary to enforce public health laws, laws described in IC 31-37-19-4 through IC 31-37-19-6, IC 31-37-19-9 through IC 31-37-19-10, IC 31-37-19-12 through IC 31-37-19-23, IC 35-38-1-7.1, and IC 35-42-1-7, or to protect the health or life of a named party.

(b) Except as provided in subsection (a), a person responsible for recording, reporting, or maintaining information required to be reported under IC 16-41-2 who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiologic information classified as confidential under this section commits a Class A misdemeanor.

(c) In addition to subsection (b), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employs the employee.

(d) Release shall be made of the medical records concerning an individual to:

- (1) the individual;
- (2) a person authorized in writing by the individual to receive the medical records; or
- (3) a coroner under IC 36-2-14-21.

(e) An individual may voluntarily disclose information about the individual's communicable disease.

(f) The provisions of this section regarding confidentiality apply to information obtained under IC 16-41-1 through IC 16-41-16.

SECTION 3. IC 16-41-39.4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 1. (a) The state department may adopt rules under IC 4-22-2 to implement this chapter.

**(b) The state department shall adopt rules under IC 4-22-2 for the case management of a child with lead poisoning.**

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1 SECTION 4. IC 16-41-39.4-2 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 2. (a) The state  
3 department may do the following:

- 4 (1) Determine the magnitude of lead poisoning in Indiana's  
5 residents.
- 6 (2) Provide consultation and education to a medical provider  
7 network that screens for lead poisoning throughout Indiana.
- 8 (3) Receive and analyze blood samples or assist regional lab sites  
9 to receive and analyze blood samples for lead poisoning.
- 10 (4) Develop and maintain a data base of unduplicated children  
11 with lead poisoning.
- 12 (5) Provide consultation to local health departments regarding  
13 medical case follow-up and environmental inspections connected  
14 to reducing the incidence of lead poisoning.
- 15 (6) Coordinate lead exposure detection activities with local health  
16 departments.
- 17 (7) Coordinate with ~~the Indiana Minority Health Coalition~~ **social**  
18 **service organizations** for outreach programs regarding lead  
19 poisoning.
- 20 (8) Notify and update pediatricians and family practice physicians  
21 of lead hazards in a timely fashion.
- 22 (9) Provide consumer alerts and consumer education regarding  
23 lead hazards. ~~including those associated with mini-blinds.~~

24 **(b) The state department shall establish reporting, monitoring,**  
25 **and preventive procedures to protect from lead poisoning.**

26 SECTION 5. IC 16-41-39.4-3 IS AMENDED TO READ AS  
27 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 3. (a) A person that  
28 examines the blood of an individual described in section 2 of this  
29 chapter for the presence of lead must report to the state department the  
30 results of the examination not later than one (1) week after completing  
31 the examination. The report must include at least the following:

- 32 (1) With respect to the individual whose blood is examined:
  - 33 (A) the name;
  - 34 (B) the date of birth;
  - 35 (C) the gender;
  - 36 (D) the race; and
  - 37 (E) any other information that is required to be included to  
38 qualify to receive federal funding.
- 39 (2) With respect to the examination:
  - 40 (A) the date;
  - 41 (B) the type of blood test performed;
  - 42 (C) the person's normal limits for the test;

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- 1 (D) the results of the test; and
- 2 (E) the person's interpretation of the results of the test.
- 3 (3) The names, addresses, and telephone numbers of:
- 4 (A) the person; and
- 5 (B) the attending physician, hospital, clinic, or other specimen
- 6 submitter.

7 **(b) If a person required to report under subsection (a) has**  
 8 **submitted more than fifty (50) results in the previous calendar**  
 9 **year, the person must submit subsequent reports in an electronic**  
 10 **format determined by the state department.**

11 SECTION 6. IC 16-41-39.4-4 IS AMENDED TO READ AS  
 12 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 4. (a) ~~Notwithstanding~~  
 13 ~~IC 16-41-8-1~~, The state department, the office of the secretary of family  
 14 and social services, and local health departments shall share among  
 15 themselves and with the United States Department of Health and  
 16 Human Services **and the United States Department of Housing and**  
 17 **Urban Development** information, including a child's name, address,  
 18 and demographic information, that is gathered after January 1, 1990,  
 19 concerning the concentration of lead in the blood of a child less than  
 20 seven (7) years of age **to the extent necessary** to determine the  
 21 prevalence and distribution of lead poisoning in children less than  
 22 seven (7) years of age.

23 (b) ~~Notwithstanding IC 16-41-8-1~~, The state department, the office  
 24 of the secretary of family and social services, and local health  
 25 departments shall share information described in subsection (a) that is  
 26 gathered after July 1, 2002, **among themselves and** with organizations  
 27 that administer **federal**, state, and local programs covered by the  
 28 United States Department of Housing and Urban Development  
 29 regulations concerning lead-based paint poisoning prevention in certain  
 30 residential structures under 24 CFR Subpart A, Part 35 **to the extent**  
 31 **necessary** to ensure that children potentially affected by lead-based  
 32 paint and lead hazards are adequately protected from lead poisoning.

33 (c) A person who shares data under this section is not liable for any  
 34 damages caused by compliance with this section.

35 SECTION 7. IC 16-41-39.4-5 IS ADDED TO THE INDIANA  
 36 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 37 [EFFECTIVE JULY 1, 2005]: **Sec. 5. (a) The state department shall,**  
 38 **in cooperation with other state agencies, collect data under this**  
 39 **chapter and, before March 15 of each year, report the results to the**  
 40 **general assembly for the previous calender year. A copy of the**  
 41 **report shall be transmitted in an electronic format under IC 5-14-6**  
 42 **to the executive director of the legislative services agency for**

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distribution to the members of the general assembly.

(b) The report transmitted under subsection (a) must include for each county the following information concerning children who are less than seven (7) years of age:

- (1) The number of children who received a blood lead test.
- (2) The number of children who had a blood test result of at least ten (10) micrograms of lead per deciliter of blood.
- (3) The number of children identified under subdivision (2) who received a blood test to confirm that they had lead poisoning.
- (4) The number of children identified under subdivision (3) who had lead poisoning.
- (5) The number of children identified under subdivision (4) who had a blood test result of less than ten (10) micrograms of lead per deciliter of blood.
- (6) The average number of days taken to confirm a blood lead test.
- (7) The number of risk assessments performed for children identified under subdivision (4) and the average number of days taken to perform the risk assessment.
- (8) The number of housing units in which risk assessments performed under subdivision (7) documented lead hazards as defined by 40 CFR 745.
- (9) The number of housing units identified under subdivision (8) that were covered by orders issued under IC 13-14-10-2 or by another governmental authority to eliminate lead hazards.
- (10) The number of housing units identified under subdivision (9) for which lead hazards have been eliminated within thirty (30) days, three (3) months, and six (6) months.

SECTION 8. [EFFECTIVE JULY 1, 2005] (a) If a Medicaid waiver is required to implement IC 12-15-12-20(4), the office of Medicaid policy and planning shall apply to the United States Department of Health and Human Services for approval of a waiver not later than July 15, 2005.

(b) This SECTION expires August 1, 2005.

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SENATE MOTION

Madam President: I move that Senator Sipes be added as second author and Senators Lawson C and Simpson be added as coauthors of Senate Bill 538.

GARD

SENATE MOTION

Madam President: I move that Senator Breaux be added as coauthor of Senate Bill 538.

GARD

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 538, 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 538 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 10, Nays 0.

SENATE MOTION

Madam President: I move that Senator Skinner be added as coauthor of Senate Bill 538.

GARD

SENATE MOTION

Madam President: I move that Senate Bill 538 be amended to read as follows:

Page 4, line 8, delete "the department of environmental".

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Page 4, line 9, delete "management,".  
Page 4, line 19, after "department," delete "the".  
Page 4, line 20, delete "department of environmental management,".  
(Reference is to SB 538 as printed February 4, 2005.)

GARD

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 538, 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, between lines 11 and 12, begin a new line block indented and insert:

**"(4) Not later than July 15, 2005, a program consistent with federal guidelines to partially reimburse the state department of health and the local health departments that provide case management and environmental investigation services for lead poisoned children who are on Medicaid."**

Page 4, after line 29, begin a new paragraph and insert:

**"SECTION 7. IC 16-41-39.4-5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 5. (a) The state department shall, in cooperation with other state agencies, collect data under this chapter and, before March 15 of each year, report the results to the general assembly for the previous calender year. A copy of the report shall be transmitted in an electronic format under IC 5-14-6 to the executive director of the legislative services agency for distribution to the members of the general assembly.**

**(b) The report transmitted under subsection (a) must include for each county the following information concerning children who are less than seven (7) years of age:**

- (1) The number of children who received a blood lead test.**
- (2) The number of children who had a blood test result of at least ten (10) micrograms of lead per deciliter of blood.**
- (3) The number of children identified under subdivision (2) who received a blood test to confirm that they had lead poisoning.**
- (4) The number of children identified under subdivision (3) who had lead poisoning.**



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**(5) The number of children identified under subdivision (4) who had a blood test result of less than ten (10) micrograms of lead per deciliter of blood.**

**(6) The average number of days taken to confirm a blood lead test.**

**(7) The number of risk assessments performed for children identified under subdivision (4) and the average number of days taken to perform the risk assessment.**

**(8) The number of housing units in which risk assessments performed under subdivision (7) documented lead hazards as defined by 40 CFR 745.**

**(9) The number of housing units identified under subdivision (8) that were covered by orders issued under IC 13-14-10-2 or by another governmental authority to eliminate lead hazards.**

**(10) The number of housing units identified under subdivision (9) for which lead hazards have been eliminated within thirty (30) days, three (3) months, and six (6) months.**

**SECTION 8. [EFFECTIVE JULY 1, 2005] (a) If a Medicaid waiver is required to implement IC 12-15-12-20(4), the office of Medicaid policy and planning shall apply to the United States Department of Health and Human Services for approval of a waiver not later than July 15, 2005.**

**(b) This SECTION expires August 1, 2005."**

and when so amended that said bill do pass.

(Reference is to SB 538 as reprinted February 15, 2005.)

BECKER, Chair

Committee Vote: yeas 9, nays 0.

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