# SENATE BILL No. 538

DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 12-15-12-20; IC 16-41.

**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; and (3) a performance incentive program. 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.

**Effective:** July 1, 2005.

**Gard**

January 20, 2005, read first time and referred to Committee on Health and Provider Services.

C o p y

Introduced

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.

C o p y

# SENATE BILL

A BILL FOR AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

SECTION 1. IC 12-15-12-20 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: **Sec. 20. The office shall develop the following:**

**(1) A measure to evaluate the performance of a Medicaid managed care organization in screening a child who is less than six (6) years of age for lead poisoning.**

**(2) A system to maintain the results of an evaluation under subdivision (1) in written form.**

**(3) A performance incentive program for Medicaid managed care organizations evaluated under subdivision (1).**

SECTION 2. IC 16-41-8-1 IS AMENDED TO READ AS 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.**

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

(1) Determine the magnitude of lead poisoning in Indiana's residents.

C o p y

(2) Provide consultation and education to a medical provider network that screens for lead poisoning throughout Indiana.

(3) Receive and analyze blood samples or assist regional lab sites to receive and analyze blood samples for lead poisoning.

(4) Develop and maintain a data base of unduplicated children with lead poisoning.

(5) Provide consultation to local health departments regarding medical case follow-up and environmental inspections connected to reducing the incidence of lead poisoning.

(6) Coordinate lead exposure detection activities with local health departments.

(7) Coordinate with ~~the Indiana Minority Health Coalition~~ **social service organizations** for outreach programs regarding lead poisoning.

(8) Notify and update pediatricians and family practice physicians of lead hazards in a timely fashion.

(9) Provide consumer alerts and consumer education regarding lead hazards. ~~including those associated with mini-blinds.~~

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

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

(1) With respect to the individual whose blood is examined:

(A) the name;

(B) the date of birth;

(C) the gender;

(D) the race; and

(E) any other information that is required to be included to qualify to receive federal funding.

(2) With respect to the examination:

(A) the date;

(B) the type of blood test performed;

(C) the person's normal limits for the test;

(D) the results of the test; and

(E) the person's interpretation of the results of the test.

(3) The names, addresses, and telephone numbers of:

(A) the person; and

(B) the attending physician, hospital, clinic, or other specimen

C o p y

submitter.

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

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

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

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

C o p y