

**CONFERENCE COMMITTEE REPORT
DIGEST FOR ESB 366**

Citations Affected: IC 4-4-33-1; IC 6-1.1-10; IC 11-10-3-4; IC 11-11-6-2; IC 16-18-2; IC 16-19; IC 16-21; IC 16-25-3-2.5; IC 16-27-0.5; IC 16-28; IC 16-29; IC 16-35-2-3; IC 16-37; IC 16-41-39.8-7; IC 25-19-1-5; IC 31-26-4-14.

Synopsis: State department of health matters. Transfers responsibilities from administering specified federal food and nutrition program funds from the office of the lieutenant governor to the state department of health (state department). Requires the state department to annually inspect certain department of corrections facilities only if the facility is not accredited by a national accrediting organization. Creates the health care facility advisory council within the state department. Requires, beginning October 1, 2013, hospitals to record external cause-of-injury code for each individual who receives care in the emergency department of the hospital. Requires certain certified nurse aides to be certified by the state department, and requires the state department to: (1) establish a program; (2) prescribe education and training programs; (3) determine specified standards; and (4) establish annual certification fees; for certified nurse aides who work in health facilities. Requires the state department to maintain a registry for certified nurse aides and registered home health aides. Removes the requirements that a candidate must meet to be appointed director of the program for children with special health care needs. Authorizes a physician last in attendance of a deceased to initiate the document process for the death record and defines physician to include individuals with specified physician permits. Specifies that certain licensed professionals are subject to discipline under the person's license instead of committing a Class B misdemeanor for violating the statutes concerning vital statistics and specifies that the state department may not start sanctioning providers for certain violations until January 1, 2012. Requires the health finance commission to study whether hospitals should be required to report hospital employee influenza immunization rates to the state department. Repeals: (1) provisions establishing the hospital council, the home health care services and hospice services council, and the Indiana health facilities council; and (2) the requirement that the state department design, promote, and sell heirloom birth certificates. **(This conference committee report removes a hospital immunization reporting requirement and requires the health finance commission to study the issue during the 2011 interim.)**

Effective: Upon passage; December 31, 2010 (retroactive); July 1, 2011.

Adopted

Rejected

CONFERENCE COMMITTEE REPORT

MR. SPEAKER:

Your Conference Committee appointed to confer with a like committee from the Senate upon Engrossed House Amendments to Engrossed Senate Bill No. 366 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the Senate recede from its dissent from all House amendments and that the Senate now concur in all House amendments to the bill and that the bill be further amended as follows:

- 1 Delete everything after the enacting clause and insert the following:
- 2 SECTION 1. IC 4-4-33-1, AS ADDED BY P.L.181-2006,
- 3 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 4 JULY 1, 2011]: Sec. 1. The lieutenant governor shall administer the
- 5 following:
- 6 (1) The Housing Assistance Act of 1937 (42 U.S.C. 1437).
- 7 (2) Community services programs, including the Community
- 8 Services Block Grant under 42 U.S.C. 9901 et seq.
- 9 (3) Home energy assistance programs, including the Low Income
- 10 Home Energy Assistance Block Grant under 42 U.S.C. 8621 et
- 11 seq.
- 12 (4) Weatherization programs, including weatherization programs
- 13 and money received under 42 U.S.C. 6851 et seq.
- 14 ~~(5) Food and nutrition programs, including food and nutrition~~
- 15 ~~programs and money received under 7 U.S.C. 612, 7 U.S.C. 7501~~
- 16 ~~et seq., and 42 U.S.C. 9922 et seq.~~
- 17 ~~(6)~~ (5) Migrant and farm worker programs and money under 20
- 18 U.S.C. 6391 et seq., 29 U.S.C. 49 et seq., and 42 U.S.C. 1397 et
- 19 seq.
- 20 ~~(7)~~ (6) Emergency shelter grant programs and money under 42
- 21 U.S.C. 11371 et seq.
- 22 ~~(8)~~ (7) Shelter plus care programs and money under 42 U.S.C.

1 11403 et seq.

2 SECTION 2. IC 6-1.1-10-16, AS AMENDED BY P.L.196-2007,
3 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2011]: Sec. 16. (a) All or part of a building is exempt from
5 property taxation if it is owned, occupied, and used by a person for
6 educational, literary, scientific, religious, or charitable purposes.

7 (b) A building is exempt from property taxation if it is owned,
8 occupied, and used by a town, city, township, or county for educational,
9 literary, scientific, fraternal, or charitable purposes.

10 (c) A tract of land, including the campus and athletic grounds of an
11 educational institution, is exempt from property taxation if:

12 (1) a building that is exempt under subsection (a) or (b) is situated
13 on it;

14 (2) a parking lot or structure that serves a building referred to in
15 subdivision (1) is situated on it; or

16 (3) the tract:

17 (A) is owned by a nonprofit entity established for the purpose
18 of retaining and preserving land and water for their natural
19 characteristics;

20 (B) does not exceed five hundred (500) acres; and

21 (C) is not used by the nonprofit entity to make a profit.

22 (d) A tract of land is exempt from property taxation if:

23 (1) it is purchased for the purpose of erecting a building that is to
24 be owned, occupied, and used in such a manner that the building
25 will be exempt under subsection (a) or (b); and

26 (2) not more than four (4) years after the property is purchased,
27 and for each year after the four (4) year period, the owner
28 demonstrates substantial progress and active pursuit towards the
29 erection of the intended building and use of the tract for the
30 exempt purpose. To establish substantial progress and active
31 pursuit under this subdivision, the owner must prove the existence
32 of factors such as the following:

33 (A) Organization of and activity by a building committee or
34 other oversight group.

35 (B) Completion and filing of building plans with the
36 appropriate local government authority.

37 (C) Cash reserves dedicated to the project of a sufficient
38 amount to lead a reasonable individual to believe the actual
39 construction can and will begin within four (4) years.

40 (D) The breaking of ground and the beginning of actual
41 construction.

42 (E) Any other factor that would lead a reasonable individual to
43 believe that construction of the building is an active plan and
44 that the building is capable of being completed within eight (8)
45 years considering the circumstances of the owner.

46 If the owner of the property sells, leases, or otherwise transfers a tract
47 of land that is exempt under this subsection, the owner is liable for the
48 property taxes that were not imposed upon the tract of land during the
49 period beginning January 1 of the fourth year following the purchase
50 of the property and ending on December 31 of the year of the sale,
51 lease, or transfer. The county auditor of the county in which the tract

1 of land is located may establish an installment plan for the repayment
 2 of taxes due under this subsection. The plan established by the county
 3 auditor may allow the repayment of the taxes over a period of years
 4 equal to the number of years for which property taxes must be repaid
 5 under this subsection.

6 (e) Personal property is exempt from property taxation if it is owned
 7 and used in such a manner that it would be exempt under subsection (a)
 8 or (b) if it were a building.

9 (f) A hospital's property that is exempt from property taxation under
 10 subsection (a), (b), or (e) shall remain exempt from property taxation
 11 even if the property is used in part to furnish goods or services to
 12 another hospital whose property qualifies for exemption under this
 13 section.

14 (g) Property owned by a shared hospital services organization that
 15 is exempt from federal income taxation under Section 501(c)(3) or
 16 501(e) of the Internal Revenue Code is exempt from property taxation
 17 if it is owned, occupied, and used exclusively to furnish goods or
 18 services to a hospital whose property is exempt from property taxation
 19 under subsection (a), (b), or (e).

20 (h) This section does not exempt from property tax an office or a
 21 practice of a physician or group of physicians that is owned by a
 22 hospital licensed under ~~IC 16-21-1~~ **IC 16-21-2** or other property that
 23 is not substantially related to or supportive of the inpatient facility of
 24 the hospital unless the office, practice, or other property:

- 25 (1) provides or supports the provision of charity care (as defined
 26 in IC 16-18-2-52.5), including providing funds or other financial
 27 support for health care services for individuals who are indigent
 28 (as defined in IC 16-18-2-52.5(b) and IC 16-18-2-52.5(c)); or
- 29 (2) provides or supports the provision of community benefits (as
 30 defined in IC 16-21-9-1), including research, education, or
 31 government sponsored indigent health care (as defined in
 32 IC 16-21-9-2).

33 However, participation in the Medicaid or Medicare program alone
 34 does not entitle an office, practice, or other property described in this
 35 subsection to an exemption under this section.

36 (i) A tract of land or a tract of land plus all or part of a structure on
 37 the land is exempt from property taxation if:

- 38 (1) the tract is acquired for the purpose of erecting, renovating, or
 39 improving a single family residential structure that is to be given
 40 away or sold:
 - 41 (A) in a charitable manner;
 - 42 (B) by a nonprofit organization; and
 - 43 (C) to low income individuals who will:
 - 44 (i) use the land as a family residence; and
 - 45 (ii) not have an exemption for the land under this section;
- 46 (2) the tract does not exceed three (3) acres;
- 47 (3) the tract of land or the tract of land plus all or part of a
 48 structure on the land is not used for profit while exempt under this
 49 section; and
- 50 (4) not more than four (4) years after the property is acquired for
 51 the purpose described in subdivision (1), and for each year after

1 the four (4) year period, the owner demonstrates substantial
 2 progress and active pursuit towards the erection, renovation, or
 3 improvement of the intended structure. To establish substantial
 4 progress and active pursuit under this subdivision, the owner must
 5 prove the existence of factors such as the following:

6 (A) Organization of and activity by a building committee or
 7 other oversight group.

8 (B) Completion and filing of building plans with the
 9 appropriate local government authority.

10 (C) Cash reserves dedicated to the project of a sufficient
 11 amount to lead a reasonable individual to believe the actual
 12 construction can and will begin within five (5) years of the
 13 initial exemption received under this subsection.

14 (D) The breaking of ground and the beginning of actual
 15 construction.

16 (E) Any other factor that would lead a reasonable individual to
 17 believe that construction of the structure is an active plan and
 18 that the structure is capable of being:

19 (i) completed; and

20 (ii) transferred to a low income individual who does not
 21 receive an exemption under this section;

22 within eight (8) years considering the circumstances of the
 23 owner.

24 (j) An exemption under subsection (i) terminates when the property
 25 is conveyed by the nonprofit organization to another owner. When the
 26 property is conveyed to another owner, the nonprofit organization
 27 receiving the exemption must file a certified statement with the auditor
 28 of the county, notifying the auditor of the change not later than sixty
 29 (60) days after the date of the conveyance. The county auditor shall
 30 immediately forward a copy of the certified statement to the county
 31 assessor. A nonprofit organization that fails to file the statement
 32 required by this subsection is liable for the amount of property taxes
 33 due on the property conveyed if it were not for the exemption allowed
 34 under this chapter.

35 (k) If property is granted an exemption in any year under subsection
 36 (i) and the owner:

37 (1) ceases to be eligible for the exemption under subsection (i)(4);

38 (2) fails to transfer the tangible property within eight (8) years
 39 after the assessment date for which the exemption is initially
 40 granted; or

41 (3) transfers the tangible property to a person who:

42 (A) is not a low income individual; or

43 (B) does not use the transferred property as a residence for at
 44 least one (1) year after the property is transferred;

45 the person receiving the exemption shall notify the county recorder and
 46 the county auditor of the county in which the property is located not
 47 later than sixty (60) days after the event described in subdivision (1),
 48 (2), or (3) occurs. The county auditor shall immediately inform the
 49 county assessor of a notification received under this subsection.

50 (l) If subsection (k)(1), (k)(2), or (k)(3) applies, the owner shall pay,
 51 not later than the date that the next installment of property taxes is due,

1 an amount equal to the sum of the following:

2 (1) The total property taxes that, if it were not for the exemption
3 under subsection (i), would have been levied on the property in
4 each year in which an exemption was allowed.

5 (2) Interest on the property taxes at the rate of ten percent (10%)
6 per year.

7 (m) The liability imposed by subsection (l) is a lien upon the
8 property receiving the exemption under subsection (i). An amount
9 collected under subsection (l) shall be collected as an excess levy. If
10 the amount is not paid, it shall be collected in the same manner that
11 delinquent taxes on real property are collected.

12 (n) Property referred to in this section shall be assessed to the extent
13 required under IC 6-1.1-11-9.

14 SECTION 3. IC 6-1.1-10-18.5 IS AMENDED TO READ AS
15 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 18.5. (a) This section
16 does not exempt from property tax an office or a practice of a physician
17 or group of physicians that is owned by a hospital licensed under
18 ~~IC 16-21-1~~ IC 16-21-2 or other property that is not substantially related
19 to or supportive of the inpatient facility of the hospital unless the office,
20 practice, or other property:

21 (1) provides or supports the provision of charity care (as defined
22 in IC 16-18-2-52.5), including funds or other financial support for
23 health care services for individuals who are indigent (as defined
24 in IC 16-18-2-52.5(b) and IC 16-18-2-52.5(c)); or

25 (2) provides or supports the provision of community benefits (as
26 defined in IC 16-21-9-1), including research, education, or
27 government sponsored indigent health care (as defined in
28 IC 16-21-9-2).

29 However, participation in the Medicaid or Medicare program, alone,
30 does not entitle an office, a practice, or other property described in this
31 subsection to an exemption under this section.

32 (b) Tangible property is exempt from property taxation if it is:

33 (1) owned by an Indiana nonprofit corporation; and

34 (2) used by that corporation in the operation of a hospital licensed
35 under IC 16-21, a health facility licensed under IC 16-28, or in the
36 operation of a residential facility for the aged and licensed under
37 IC 16-28, or in the operation of a Christian Science home or
38 sanatorium.

39 (c) Property referred to in this section shall be assessed to the extent
40 required under IC 6-1.1-11-9.

41 SECTION 4. IC 11-10-3-4, AS AMENDED BY HEA 1017-2011,
42 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
43 JULY 1, 2011]: Sec. 4. (a) The department shall establish directives
44 governing:

45 (1) medical care to be provided to committed individuals,
46 including treatment for mental retardation, alcoholism, and drug
47 addiction;

48 (2) administration of medical facilities and health centers
49 operated by the department;

50 (3) medical equipment, supplies, and devices to be available for
51 medical care;

- 1 (4) provision of special diets to committed individuals;
 2 (5) acquisition, storage, handling, distribution, and dispensing of
 3 all medication and drugs;
 4 (6) the return of unused medications that meet the requirements
 5 of IC 25-26-13-25(j)(1) through IC 25-26-13-25(j)(6) to the
 6 pharmacy that dispensed the medication;
 7 (7) training programs and first aid emergency care for committed
 8 individuals and department personnel;
 9 (8) medical records of committed individuals; and
 10 (9) professional staffing requirements for medical care.

11 (b) The state department of health shall make an annual inspection
 12 of every health facility, health center, or hospital:

- 13 (1) operated by the department; **and**
 14 (2) **not accredited by a nationally recognized accrediting**
 15 **organization;**

16 and report to the commissioner whether that facility, center, or hospital
 17 meets the requirements established by the state department of health.
 18 Any noncompliance with those requirements must be stated in writing
 19 to the commissioner, with a copy to the governor.

20 (c) For purposes of IC 4-22-2, the term "directive" as used in this
 21 section relates solely to internal policy and procedure not having the
 22 force of law.

23 (d) For purposes of subsection (a)(6), the department:

- 24 (1) shall return medication that belonged to a Medicaid recipient;
 25 and
 26 (2) may return other unused medication;

27 to the pharmacy that dispensed the medication if the unused medication
 28 meets the requirements of IC 25-26-13-25(j)(1) through
 29 IC 25-26-13-25(j)(6).

30 (e) The department may establish directives concerning the return
 31 of unused medical devices or medical supplies that are used for
 32 prescription drug therapy and that meet the requirements of
 33 IC 25-26-13-25(k).

34 (f) A pharmacist or pharmacy that enters into an agreement with the
 35 department to accept the return of:

- 36 (1) unused medications that meet the requirements of
 37 IC 25-26-13-25(j)(1) through IC 25-26-13-25(j)(6); or
 38 (2) unused medical devices or medical supplies that are used for
 39 prescription drug therapy and that meet the requirements of
 40 IC 25-26-13-25(k);

41 may negotiate with the department a fee for processing the returns.

42 SECTION 5. IC 11-11-6-2 IS AMENDED TO READ AS
 43 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. (a) The facilities of
 44 the department must comply with federal and state health, sanitation,
 45 safety, and fire laws applicable to dwellings, food establishments,
 46 eating facilities, and public buildings.

47 (b) Each department facility shall be inspected at least annually by:

- 48 (1) the state department of health **if the facility is not accredited**
 49 **by a nationally recognized accrediting organization;** and
 50 (2) the state fire marshal;

51 who shall, within fifteen (15) days of the inspection, file a written

1 report with the commissioner listing all unsafe, unsanitary, or
 2 unhealthy conditions within a facility that constitute a menace to the
 3 health, safety, and welfare of committed persons or department
 4 employees. In determining whether conditions are unsafe, unsanitary,
 5 or unhealthy, the state department of health and the state fire marshal
 6 shall consider the degree of overcrowding, the light, air, and space
 7 available to offenders within a facility, the size and arrangement of
 8 rooms and cells, the sanitary facilities, and the extent to which
 9 conditions in a facility endanger life or property.

10 (c) The commissioner shall correct all unsafe, unsanitary, or
 11 unhealthy conditions reported by the state department of health or the
 12 state fire marshal with reasonable promptness. Failure by the
 13 department to initiate and continue action to correct unsafe, unsanitary,
 14 or unhealthy conditions within thirty (30) days of receiving a report of
 15 those conditions from the state department of health or the state fire
 16 marshal constitutes noncompliance with this subsection. Upon such
 17 noncompliance, the commissioner shall submit to the reporting agency
 18 and the governor a written statement explaining:

- 19 (1) why the reported condition or conditions have not been
 20 remedied;
- 21 (2) what the estimated cost of remedying the reported condition
 22 or conditions would be in terms of construction, renovation,
 23 manpower, space, and equipment;
- 24 (3) whether the reported condition or conditions can be corrected
 25 by using facilities of other governmental entities;
- 26 (4) whether additional state financing is required and, if so, the
 27 estimated amount needed; and
- 28 (5) the probable consequences of not remedying each reported
 29 unsafe, unsanitary, or unhealthy condition.

30 (d) Notwithstanding other provisions of this section, the state
 31 department of health and state fire marshal retain authority to correct
 32 unhealthy, unsanitary, or unsafe conditions within a facility as provided
 33 by law.

34 SECTION 6. IC 16-18-2-84 IS AMENDED TO READ AS
 35 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 84. "Council" refers to
 36 the following:

- 37 (1) For purposes of IC 16-21, **IC 16-25, IC 16-27, IC 16-28, and**
 38 **IC 16-29**, the ~~hospital health care facility~~ **advisory council**.
- 39 (2) For purposes of ~~IC 16-25 and IC 16-27~~, the ~~home health care~~
 40 ~~services and hospice services~~ **council**.
- 41 (3) For purposes of ~~IC 16-28 and IC 16-29~~, the ~~Indiana health~~
 42 ~~facilities~~ **council**.
- 43 (4) ~~(2)~~ **(2)** For purposes of IC 16-46-6, the interagency state council
 44 on black and minority health.

45 SECTION 7. IC 16-18-2-150, AS AMENDED BY P.L.152-2005,
 46 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 47 JULY 1, 2011]: Sec. 150. (a) "Governing body", for purposes of
 48 IC 16-22-7, has the meaning set forth in IC 16-22-7-2.

49 (b) ~~"Governing body"~~, for purposes of ~~IC 16-27-0.5~~, has the
 50 meaning set forth in ~~IC 16-27-0.5-0.5~~:

- 51 (c) ~~(b)~~ **(b)** "Governing body", for purposes of IC 16-41-22, has the

1 meaning set forth in IC 16-41-22-3.

2 SECTION 8. IC 16-18-2-282 IS AMENDED TO READ AS
3 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 282. (a) "Physician",
4 except as provided in ~~subsection~~ **subsections (b) and (c)**, means a
5 licensed physician (as defined in section 202 of this chapter).

6 (b) "Physician", for purposes of IC 16-41-12, has the meaning set
7 forth in IC 16-41-12-7.

8 (c) "Physician", for purposes of IC 16-37-1-3.1 and
9 IC 16-37-3-5, means an individual who:

10 (1) was the physician last in attendance (as defined in section
11 282.2 of this chapter); or

12 (2) is licensed under IC 25-22.5.

13 SECTION 9. IC 16-18-2-282.2 IS ADDED TO THE INDIANA
14 CODE AS A NEW SECTION TO READ AS FOLLOWS
15 [EFFECTIVE JULY 1, 2011]: Sec. 282.2. (a) "Physician last in
16 attendance" means the individual who pronounced the time of
17 death for a deceased individual.

18 (b) For purposes of IC 16-37-3, the term includes an individual
19 who holds any medical license issued under IC 25-22.5.

20 SECTION 10. IC 16-19-3-24.5 IS ADDED TO THE INDIANA
21 CODE AS A NEW SECTION TO READ AS FOLLOWS
22 [EFFECTIVE JULY 1, 2011]: Sec. 24.5. The state department shall
23 administer food and nutrition programs and money received under
24 7 U.S.C. 612, 7 U.S.C. 7501 et seq., and 42 U.S.C. 9922 et seq.

25 SECTION 11. IC 16-19-15 IS ADDED TO THE INDIANA CODE
26 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2011]:

28 **Chapter 15. Health Care Facility Advisory Council**

29 **Sec. 1. The health care facility advisory council is created.**

30 **Sec. 2. (a) The council consists of twenty (20) members as
31 follows:**

32 (1) The commissioner or the commissioner's designee.

33 (2) The secretary of family and social services or the
34 secretary's designee.

35 (3) The following members appointed by the governor:

36 (A) One (1) physician licensed under IC 25-22.5 who
37 primarily practices in acute care.

38 (B) One (1) physician licensed under IC 25-22.5 who
39 primarily practices in long term care.

40 (C) One (1) registered nurse licensed under IC 25-23 who
41 is employed in an acute care facility.

42 (D) One (1) registered nurse licensed under IC 25-23 who
43 is employed in a long term care facility.

44 (E) One (1) registered nurse licensed under IC 25-23 who
45 is employed by a home health agency.

46 (F) One (1) residential care administrator.

47 (G) Two (2) individuals who are employed as hospital
48 administrators.

49 (H) One (1) individual who is employed as an
50 administrator of a freestanding ambulatory outpatient
51 surgical center.

- 1 **(I) Two (2) individuals who are employed as long term care**
 2 **facility administrators, as follows:**
 3 **(i) One (1) individual who is employed at a for-profit**
 4 **facility.**
 5 **(ii) One (1) individual who is employed at a nonprofit**
 6 **facility.**
 7 **(J) One (1) individual who is employed by a home health**
 8 **agency as:**
 9 **(i) an administrator; or**
 10 **(ii) a director of nursing.**
 11 **(K) One (1) individual who:**
 12 **(i) represents the interests of senior citizens; and**
 13 **(ii) has experience as a health care advocate for senior**
 14 **citizens and may represent a statewide organization.**
 15 **(L) One (1) individual who:**
 16 **(i) represents the interests of people with disabilities; and**
 17 **(ii) has experience as a health care advocate for people**
 18 **with disabilities and may represent a statewide**
 19 **organization.**
 20 **(M) One (1) individual who:**
 21 **(i) represents the interests of people with chronic or**
 22 **acute health care needs; and**
 23 **(ii) has experience as a health care advocate for people**
 24 **with chronic or acute health care needs and may**
 25 **represent a statewide organization.**
 26 **(N) Two (2) individuals employed by any one (1) of the**
 27 **following:**
 28 **(i) A school of public health.**
 29 **(ii) A school of nursing.**
 30 **(iii) A school of medicine.**
 31 **(iv) A school of allied health.**
 32 **(v) A health care research organization.**
 33 **(vi) A quality improvement organization.**
 34 **(O) One (1) individual who is employed by a hospice**
 35 **agency as:**
 36 **(i) an administrator; or**
 37 **(ii) a director of nursing.**
 38 **The governor shall appoint one (1) member under this subsection**
 39 **as chairperson and one (1) member as vice chairperson of the**
 40 **council.**
 41 **(b) The commissioner or the commissioner's designee shall serve**
 42 **as secretary of the council.**
 43 **(c) Except for an individual appointed under subsection**
 44 **(a)(3)(C) through (a)(3)(J), a member of the council may not:**
 45 **(1) have a pecuniary interest in the operation of;**
 46 **(2) have an ownership interest in;**
 47 **(3) serve as a voting member of the governing body of; or**
 48 **(4) provide professional services through employment or**
 49 **under contract to;**
 50 **an institution, facility, or agency licensed by the state department.**
 51 **(d) The governor shall make the initial appointments under**

1 subsection (a)(3) to the council with the terms of office beginning
2 July 1, 2011, and serving terms as follows:

3 (1) Eight (8) members shall be appointed for a term of four (4)
4 years.

5 (2) Eight (8) members shall be appointed for a term of two (2)
6 years.

7 After the initial term of office for the council, a member shall be
8 appointed for a term of four (4) years.

9 (e) Any vacancy on the council shall be filled by the governor for
10 the remainder of the unexpired term in the same manner as the
11 original appointment.

12 Sec. 3. (a) A member of the council who is not a state employee
13 is entitled to the minimum salary per diem provided by
14 IC 4-10-11-2.1(b).

15 (b) A member of the council is entitled to reimbursement for
16 traveling expenses as provided in IC 4-13-1-4 and other expenses
17 actually incurred in connection with the member's duties, as
18 provided in the state policies and procedures established by the
19 Indiana department of administration and approved by the budget
20 agency.

21 Sec. 4. (a) The chairperson shall call the first meeting of the
22 council not more than sixty (60) days after the appointment of all
23 the members to the council. The council shall meet at least three (3)
24 times each year on dates fixed by the council.

25 (b) The chairperson may call a special meeting of the council at
26 the commissioner's request or upon the written request of at least
27 four (4) members of the council.

28 (c) Ten (10) members of the council constitute a quorum for the
29 transaction of business. The affirmative votes of a majority of the
30 members are required for the council to take action on any
31 measure.

32 (d) The chairperson may approve the creation of a
33 subcommittee at the request of a majority of the council members.
34 A subcommittee member:

35 (1) serves at the pleasure of the council; and

36 (2) does not receive travel reimbursement or per diem.

37 Sec. 5. (a) The council shall serve as an advisory body to the
38 state department regarding facilities and entities licensed under the
39 following:

40 (1) IC 16-21.

41 (2) IC 16-25.

42 (3) IC 16-27.

43 (4) IC 16-28.

44 (b) The council may do the following:

45 (1) Propose rules to the executive board.

46 (2) Recommend issuance of interpretative guidelines when
47 necessary to assist a facility or entity in meeting the
48 requirements of a rule adopted under:

49 (A) IC 16-21-1;

50 (B) IC 16-27-0.5; or

51 (C) IC 16-28-1.

- 1 **An interpretative guideline is not a rule and may not be used**
- 2 **to contravene a rule.**
- 3 **(c) The council shall do the following:**
- 4 **(1) Propose rules as set forth in the following:**
- 5 **(A) IC 16-21-1-7.**
- 6 **(B) IC 16-21-2-14.**
- 7 **(C) IC 16-27-0.5-9.**
- 8 **(D) IC 16-28-1-7.**
- 9 **(E) IC 16-28-1-11.**
- 10 **(F) IC 16-28-6-2.**
- 11 **(2) Advise the state department as set forth in the following:**
- 12 **(A) IC 16-27-0.5.**
- 13 **(B) IC 16-28-1-7(4).**
- 14 **(3) Make recommendations to the fire prevention and**
- 15 **building safety commission as set forth in IC 16-28-1-7(2).**
- 16 **(4) Classify health facilities in health care categories as**
- 17 **required in IC 16-28-1-7.**

18 **Sec. 6. Beginning July 1, 2011, the liabilities, property, records,**
 19 **and other assets that belonged to the following councils are**
 20 **transferred to the health care facility advisory council:**

- 21 **(1) The hospital council established by IC 16-21-1-1, before its**
 22 **repeal.**
- 23 **(2) The home health care services and hospice services council**
 24 **established by IC 16-27-0.5-1, before its repeal.**
- 25 **(3) The health facilities council (established by IC 16-28-1-1,**
 26 **before its repeal).**

27 SECTION 12. IC 16-21-1-9 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 9. (a) ~~Except as~~
 29 ~~provided in IC 16-29-1-11,~~ **The executive board state health**
 30 **commissioner may, upon recommendation by the state health**
 31 **commissioner and for good cause shown, waive a rule:**

- 32 (1) adopted under this chapter; or
- 33 (2) that may be waived under IC 16-28 for a specified time for a
- 34 hospital based health facility or a hospital licensed under this
- 35 article.

36 ~~(b) Disapproval of waiver requests requires executive board action.~~
 37 **(c) (b) A waiver may not adversely affect the health, safety, and**
 38 **welfare of the residents or patients.**

39 SECTION 13. IC 16-21-2-3 IS AMENDED TO READ AS
 40 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. ~~The council~~ **state**
 41 **department** may determine if an institution or agency is covered by
 42 this chapter. A decision of the ~~council~~ **state department** under this
 43 section is subject to review under IC 4-21.5.

44 SECTION 14. IC 16-21-2-12 IS AMENDED TO READ AS
 45 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 12. An application
 46 must be accompanied by a licensing fee at the rate adopted by the
 47 ~~council~~ **state department** under IC 4-22-2.

48 SECTION 15. IC 16-21-2-14, AS AMENDED BY P.L.96-2005,
 49 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 50 JULY 1, 2011]: Sec. 14. A license to operate a hospital, an ambulatory
 51 outpatient surgical center, an abortion clinic, or a birthing center:

- 1 (1) expires one (1) year after the date of issuance;
 2 (2) is not assignable or transferable;
 3 (3) is issued only for the premises named in the application;
 4 (4) must be posted in a conspicuous place in the facility; and
 5 (5) may be renewed each year upon the payment of a renewal fee
 6 at the rate adopted by the **council state department** under
 7 IC 4-22-2.

8 SECTION 16. IC 16-21-3-2 IS AMENDED TO READ AS
 9 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. The state health
 10 commissioner may take action under section 1 of this chapter on any of
 11 the following grounds:

- 12 (1) Violation of any of the provisions of this chapter or of the
 13 rules adopted under this chapter.
 14 (2) Permitting, aiding, or abetting the commission of any illegal
 15 act in an institution.
 16 (3) Knowingly collecting or attempting to collect from a
 17 subscriber (as defined in IC 27-13-1-32) or an enrollee (as defined
 18 in IC 27-13-1-12) of a health maintenance organization (as
 19 defined in IC 27-13-1-19) any amounts that are owed by the
 20 health maintenance organization.
 21 (4) Conduct or practice found by the **council state department** to
 22 be detrimental to the welfare of the patients of an institution.

23 SECTION 17. IC 16-21-6-6 IS AMENDED TO READ AS
 24 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 6. In addition to the
 25 report filed under section 3 of this chapter, each hospital shall, not
 26 more than one hundred twenty (120) days after the end of each
 27 calendar quarter, file with the state department, or the state
 28 department's designated contractor, inpatient and outpatient discharge
 29 information at the patient level, in a format prescribed by the state
 30 health commissioner, including the following:

- 31 (1) The patient's:
 32 (A) length of stay;
 33 (B) diagnoses and surgical procedures performed during the
 34 patient's stay;
 35 (C) date of:
 36 (i) admission;
 37 (ii) discharge; and
 38 (iii) birth;
 39 (D) type of admission;
 40 (E) admission source;
 41 (F) gender;
 42 (G) race;
 43 (H) discharge disposition; and
 44 (I) payor, including:
 45 (i) Medicare;
 46 (ii) Medicaid;
 47 (iii) a local government program;
 48 (iv) commercial insurance;
 49 (v) self-pay; and
 50 (vi) charity care.
 51 (2) The total charge for the patient's stay.

1 (3) The ZIP code of the patient's residence.

2 **(4) Beginning October 1, 2013, all diagnosed external causes**
3 **of injury codes.**

4 SECTION 18. IC 16-21-9-7 IS AMENDED TO READ AS
5 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 7. (a) Each nonprofit
6 hospital shall prepare an annual report of the community benefits plan.
7 The report must include, in addition to the community benefits plan
8 itself, the following background information:

9 (1) The hospital's mission statement.

10 (2) A disclosure of the health care needs of the community that
11 were considered in developing the hospital's community benefits
12 plan.

13 (3) A disclosure of the amount and types of community benefits
14 actually provided, including charity care. Charity care must be
15 reported as a separate item from other community benefits.

16 (b) Each nonprofit hospital shall annually file a report of the
17 community benefits plan with the state department. **For a hospital's**
18 **fiscal year that ends before July 1, 2011,** the report must be filed not
19 later than one hundred twenty (120) days after the close of the
20 hospital's fiscal year. **For a hospital's fiscal year that ends after June**
21 **30, 2011, the report must be filed at the same time the nonprofit**
22 **hospital files its annual return described under Section 6033 of the**
23 **Internal Revenue Code that is timely filed under Section 6072(e) of**
24 **the Internal Revenue, including any applicable extension**
25 **authorized under Section 6081 of the Internal Revenue Code.**

26 (c) Each nonprofit hospital shall prepare a statement that notifies the
27 public that the annual report of the community benefits plan is:

28 (1) public information;

29 (2) filed with the state department; and

30 (3) available to the public on request from the state department.

31 This statement shall be posted in prominent places throughout the
32 hospital, including the emergency room waiting area and the
33 admissions office waiting area. The statement shall also be printed in
34 the hospital patient guide or other material that provides the patient
35 with information about the admissions criteria of the hospital.

36 (d) Each nonprofit hospital shall develop a written notice about any
37 charity care program operated by the hospital and how to apply for
38 charity care. The notice must be in appropriate languages if possible.
39 The notice must also be conspicuously posted in the following areas:

40 (1) The general waiting area.

41 (2) The waiting area for emergency services.

42 (3) The business office.

43 (4) Any other area that the hospital considers an appropriate area
44 in which to provide notice of a charity care program.

45 SECTION 19. IC 16-25-3-2.5 IS AMENDED TO READ AS
46 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2.5. The state
47 department shall administer this chapter with the advice of the ~~home~~
48 ~~health care services and hospice services~~ **health care facility advisory**
49 **council established by IC 16-27-0.5-1. IC 16-19-15-1.**

50 SECTION 20. IC 16-27-0.5-9 IS AMENDED TO READ AS
51 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 9. (a) The state

1 department may request the council to propose a new rule or an
 2 amendment to a rule necessary to protect the health, safety, rights, and
 3 welfare of the home health care patients and hospice patients. If the
 4 council does not propose a rule within ninety (90) days after the state
 5 department's request, the state department may propose the rule.

6 (b) The executive board shall consider rules proposed by the council
 7 under this section. ~~and section 7 of this chapter.~~ The executive board
 8 may adopt, modify, remand, or reject specific rules or parts of rules
 9 proposed by the council.

10 (c) To become effective, all rules proposed by the council under this
 11 chapter must be adopted by the executive board in accordance with
 12 IC 4-22-2.

13 SECTION 21. IC 16-28-1-7, AS AMENDED BY P.L.145-2006,
 14 SECTION 135, IS AMENDED TO READ AS FOLLOWS
 15 [EFFECTIVE JULY 1, 2011]: Sec. 7. The council shall do the
 16 following:

17 (1) Propose the adoption of rules by the department under
 18 IC 4-22-2 governing the following:

19 (A) Health and sanitation standards necessary to protect the
 20 health, safety, security, rights, and welfare of patients.

21 (B) Qualifications of applicants for licenses issued under this
 22 article to assure the proper care of patients.

23 (C) Operation, maintenance, management, equipment, and
 24 construction of facilities required to be licensed under this
 25 article if jurisdiction is not vested in any other state agency.

26 (D) Manner, form, and content of the license, including rules
 27 governing disclosure of ownership interests.

28 (E) Levels of medical staffing and medical services in
 29 cooperation with the office of Medicaid policy and planning,
 30 division of family resources, and other agencies authorized to
 31 pay for the services.

32 (2) Recommend to the fire prevention and building safety
 33 commission fire safety rules necessary to protect the health,
 34 safety, security, rights, and welfare of patients.

35 (3) Classify health facilities in health care categories.

36 ~~(4) Encourage the development of social and rehabilitative~~
 37 ~~programs in health facilities; as recommended by the community~~
 38 ~~residential facilities council.~~

39 ~~(5) (4) Act as an advisory body for the division, commissioner,~~
 40 ~~and state department.~~

41 ~~(6) Adopt rules under IC 4-22-2.~~

42 SECTION 22. IC 16-28-1-10 IS AMENDED TO READ AS
 43 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 10. (a) ~~Except as~~
 44 ~~specifically provided; the executive board~~ **The state health**
 45 **commissioner** may, ~~upon recommendation by the commissioner and~~
 46 for good cause shown, waive for a specified time any rule that may be
 47 waived under the following for a health facility:

48 (1) This article.

49 (2) IC 16-29.

50 (3) IC 16-30.

51 (b) ~~Disapproval of a waiver request requires executive board action.~~

1 ~~However,~~ The granting of a waiver may not adversely affect the health,
2 safety, and welfare of the patients or residents.

3 SECTION 23. IC 16-28-1-11 IS AMENDED TO READ AS
4 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 11. (a) Unless an
5 individual is certified under this section:

6 (1) the individual may not practice as a qualified medication aide
7 **or a certified nurse aide;** and

8 (2) a facility may not employ the individual as a qualified
9 medication aide **or a certified nurse aide.**

10 (b) The ~~council~~ **state department** shall do the following:

11 (1) Establish a program for the certification of qualified
12 medication aides **and certified nurse aides** who work in facilities
13 licensed under this article.

14 (2) Prescribe education and training programs for qualified
15 medication aides **and certified nurse aides**, including course and
16 inservice requirements. The training program must include a
17 competency test that the individual must pass before being
18 granted an initial certification.

19 (3) Determine the standards concerning the functions that may be
20 performed by a qualified medication aide **and a certified nurse**
21 **aide.**

22 (4) Establish annual certification fees for qualified medication
23 aides.

24 (5) Adopt rules under IC 4-22-2 necessary to implement and
25 enforce this section.

26 (c) The **state** department shall maintain a registry of each individual
27 who is:

28 (1) certified as a:

29 (A) qualified medication aide; **or**

30 (B) **certified nurse aide; or**

31 (2) **registered as a home health aide under rules adopted**
32 **under IC 16-27-1-7.**

33 (d) The department may conduct hearings for violations of this
34 section under IC 4-21.5.

35 SECTION 24. IC 16-28-1-12 IS AMENDED TO READ AS
36 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 12. (a) The department
37 may request the council to propose a new rule or an amendment to a
38 rule necessary to protect the health, safety, rights, and welfare of
39 patients. If the council does not propose a rule not more than ninety
40 (90) days after the department's request, the department may propose
41 its own rule.

42 ~~The executive board shall consider rules proposed by the council~~
43 ~~under this section and section † of this chapter.~~ The executive board
44 may adopt, modify, remand, or reject specific rules or parts of rules
45 proposed by the council.

46 (c) To become effective, all rules adopted under this chapter must
47 be adopted by the executive board in accordance with IC 4-22-2. The
48 rules adopted under this chapter are the only rules governing the
49 licensing and operation of health facilities.

50 SECTION 25. IC 16-28-4-3 IS AMENDED TO READ AS
51 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. The ~~council~~ **state**

1 **department** shall refer an allegation of breach received about licensed
 2 personnel at a health facility to the appropriate licensing board for
 3 review and possible disciplinary action.

4 SECTION 26. IC 16-28-6-2 IS AMENDED TO READ AS
 5 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 2. The ~~council~~ **state**
 6 **department** shall adopt rules governing the emergency relocation of
 7 patients that provide for the following:

8 (1) Notice to the patient, the patient's next of kin, guardian, and
 9 physician of the emergency transfer and the reasons for the
 10 relocation.

11 (2) Protections designed to ensure the welfare and desires of the
 12 patient.

13 SECTION 27. IC 16-28-8-1 IS AMENDED TO READ AS
 14 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 1. The director may,
 15 after consultation with the commissioner, ~~and the chairman of the~~
 16 ~~council~~; request the attorney general to petition the circuit or superior
 17 court of the county in which a health facility is located to place the
 18 facility in receivership to protect the patients in the facility.

19 SECTION 28. IC 16-29-2-8 IS AMENDED TO READ AS
 20 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 8. (a) The state
 21 department shall adopt rules under IC 4-22-2 to implement this chapter
 22 and to establish a reasonable fee for filing and review of an application
 23 under this chapter. Notwithstanding ~~IC 16-21-1-8~~, IC 16-21-1-9 or
 24 IC 16-21-1-10, a rule adopted under this chapter may not be waived.

25 (b) Fees imposed in connection with the certificate of need review
 26 under this article are payable to the state department for use in
 27 administration of the certificate of need program created by this
 28 chapter.

29 SECTION 29. IC 16-29-3-3 IS AMENDED TO READ AS
 30 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. A decision of the
 31 ~~council~~ **state department** under this chapter is subject to review under
 32 IC 4-21.5. IC 16-28-10 applies to review hearings and appeals.

33 SECTION 30. IC 16-29-4-3 IS AMENDED TO READ AS
 34 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. The ~~Indiana health~~
 35 ~~facilities~~ **health care facility advisory** council may recommend,
 36 before the conversion of existing health facility beds to ICF/MR beds
 37 or the construction of a new ICF/MR facility, that the state department
 38 issue a preliminary approval of the proposed project, but only if the
 39 council determines that there is an insufficient number of available
 40 beds to care for all the persons who are determined under IC 12-11-2.1
 41 to be appropriate for placement in an ICF/MR facility.

42 SECTION 31. IC 16-29-4-4 IS AMENDED TO READ AS
 43 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. A proposed project
 44 that receives preliminary approval under this chapter may not add more
 45 beds than the number determined by the ~~Indiana health facilities~~ **health**
 46 **care facility advisory** council to be necessary to provide an available
 47 bed for each person determined under IC 12-11-2.1 to be appropriate
 48 for placement in an ICF/MR facility. Upon completion of the proposed
 49 project and compliance with the other requirements for licensure under
 50 IC 16-28, the state department shall issue a license to the facility.

51 SECTION 32. IC 16-35-2-3 IS AMENDED TO READ AS

1 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 3. The state health
 2 commissioner shall appoint ~~as a~~ director of the program for children
 3 with special health care needs.

4 ~~(1) a physician; or~~

5 ~~(2) a person with a graduate degree;~~

6 ~~who has expertise in the health care system as the system relates to the~~
 7 ~~needs of a child with special health care needs and the child's family.~~

8 SECTION 33. IC 16-37-1-3.1, AS ADDED BY P.L.61-2009,
 9 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 DECEMBER 31, 2010 (RETROACTIVE)]: Sec. 3.1. (a) Beginning
 11 January 1, 2011, the state department shall establish the Indiana birth
 12 registration system (IBRS) for recording in an electronic format live
 13 births in Indiana.

14 (b) Beginning January 1, 2011, the state department shall establish
 15 the Indiana death registration system (IDRS) for recording in an
 16 electronic format deaths in Indiana.

17 (c) Submission of records on births and deaths shall be entered by:

18 (1) funeral directors;

19 (2) physicians;

20 (3) coroners;

21 (4) medical examiners;

22 (5) persons in attendance at birth; and

23 (6) local health departments;

24 using the electronic system created by the state department under this
 25 section.

26 (d) A person in attendance at a live birth shall report a birth to the
 27 local health officer in accordance with IC 16-37-2-2.

28 (e) Death records shall be submitted as follows, using the Indiana
 29 death registration system:

30 (1) The:

31 **(A) physician last in attendance upon the deceased; or**

32 **(B) person in charge of interment;**

33 shall initiate the document process. ~~and~~ **If the person in charge**
 34 **of interment initiates the process, the person in charge of**
 35 **interment shall** electronically submit the certificate required
 36 under IC 16-37-3-5 to the physician last in attendance upon the
 37 deceased not later than five (5) days after the death.

38 (2) The physician last in attendance upon the deceased shall
 39 electronically certify to the local health department the cause of
 40 death on the certificate of death not later than five (5) days after:

41 **(A) initiating the document process; or**

42 **(B) receiving under IC 16-37-3-5 the electronic notification**
 43 **from the person in charge of interment.**

44 (3) The local health officer shall submit the reports required under
 45 IC 16-37-1-5 to the state department not later than five (5) days
 46 after electronically receiving under IC 16-37-3-5 the completed
 47 certificate of death from the physician last in attendance.

48 SECTION 34. IC 16-37-1-13 IS AMENDED TO READ AS
 49 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 13. (a) Except as
 50 **provided in subsection (c) or (d) or as** otherwise provided, a person
 51 who recklessly violates or fails to comply with this chapter commits a

1 Class B misdemeanor.

2 (b) Each day a violation continues constitutes a separate offense.

3 (c) **A person who:**

4 (1) **is licensed under IC 25 in a profession listed in section**
5 **3.1(c) of this chapter; and**

6 (2) **recklessly violates or fails to comply with this chapter;**
7 **is subject only to sanctions under IC 25-1-9-4(a)(3).**

8 (d) **The state department may not begin sanctioning a person for**
9 **failing to submit a document in electronic format as required in**
10 **section 3.1 of this chapter until January 1, 2012.**

11 SECTION 35. IC 16-37-3-3, AS AMENDED BY P.L.61-2009,
12 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2011]: Sec. 3. (a) The **physician last in attendance upon the**
14 **deceased or the person in charge of interment** shall file a certificate of
15 death or of stillbirth with the local health officer of the jurisdiction in
16 which the death or stillbirth occurred.

17 (b) Notwithstanding subsection (a), beginning January 1, 2011, **the**
18 **physician last in attendance upon the deceased or the person in**
19 **charge of interment** shall use the Indiana death registration system
20 established under IC 16-37-1-3.1 to file a certificate of death with the
21 local health officer of the jurisdiction in which the death occurred. The
22 local health officer shall retain a copy of the certificate of death.

23 SECTION 36. IC 16-37-3-4 IS AMENDED TO READ AS
24 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 4. The **physician last**
25 **in attendance upon the deceased or the person in charge of interment**
26 shall secure the personal data required by the state department by rules
27 adopted under IC 4-22-2 for preparation of the certificate of death or
28 of stillbirth from the persons best qualified to give the information.

29 SECTION 37. IC 16-37-3-5, AS AMENDED BY P.L.61-2009,
30 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2011]: Sec. 5. (a) **If the person in charge of interment initiates**
32 **the process, the person in charge of interment** shall present a
33 certificate of death to the physician last in attendance upon the
34 deceased, who shall certify the cause of death upon the certificate of
35 death or of stillbirth.

36 (b) Notwithstanding subsection (a), beginning January 1, 2011,
37 using the Indiana death registration system established under
38 IC 16-37-1-3.1, **if the person in charge of interment initiates the**
39 **process, the person in charge of interment** shall electronically
40 provide a certificate of death to the physician last in attendance upon
41 the deceased. The physician last in attendance upon the deceased shall
42 electronically certify to the local health department the cause of death
43 on the certificate of death, using the Indiana death registration system.

44 SECTION 38. IC 16-41-39.8-7, AS ADDED BY P.L.57-2009,
45 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
46 JULY 1, 2011]: Sec. 7. (a) The lead trust fund established by
47 IC 13-17-14-6 (repealed) is reestablished to provide a source of money
48 for the purposes set forth in subsection (f).

49 (b) The expenses of administering the fund shall be paid from the
50 money in the fund.

51 (c) The treasurer of state shall invest the money in the fund not

1 currently needed to meet the obligations of the fund in the same
 2 manner as other public money may be invested. Interest that accrues
 3 from these investments shall be deposited in the fund.

4 (d) Money in the fund at the end of a state fiscal year does not revert
 5 to the state general fund.

6 (e) The sources of money for the fund are the following:

7 (1) License fees established under section 6 of this chapter.

8 (2) Appropriations made by the general assembly, gifts, and
 9 donations intended for deposit in the fund.

10 (3) Penalties imposed under sections 14 and 15 of this chapter for
 11 violations of this chapter and rules adopted under this chapter
 12 concerning lead-based paint activities.

13 **(4) Any gifts and grants to the fund.**

14 (f) The state department may use money in the fund to do the
 15 following:

16 (1) Pay the expenses of administering this chapter.

17 (2) Cover other costs related to implementation of 40 CFR 745 for
 18 lead-based paint activities in target housing and child occupied
 19 facilities.

20 SECTION 39. IC 25-19-1-5, AS AMENDED BY P.L.54-2007,
 21 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2011]: Sec. 5. (a) The ~~Indiana health facilities council, state~~
 23 **department of health**, pursuant to authority provided by IC 16-28, has,
 24 by rule duly promulgated, classified health facilities into
 25 comprehensive health facilities and residential health facilities. The fee
 26 for a health facility administrator's license in either classification shall
 27 be set by the board under section 8 of this chapter.

28 (b) ~~Such~~ **The** fee and application shall be submitted to the board,
 29 and the board shall transmit all ~~such the~~ funds ~~so~~ received to the
 30 treasurer of state to be deposited by ~~him~~ **the treasurer** in the general
 31 fund of the state. All expenses incurred in the administration of this
 32 chapter shall be paid from the general fund upon appropriation being
 33 made ~~therefor~~ in the manner provided by law for making ~~such~~
 34 appropriations.

35 (c) The administrator of a comprehensive care facility must have a
 36 comprehensive care facility administrator license issued by the board
 37 in accordance with rules adopted under section 8 of this chapter.

38 (d) The administrator of a residential care facility must have one (1)
 39 of the following licenses issued by the board under rules adopted under
 40 section 8 of this chapter:

41 (1) A comprehensive care facility administrator license.

42 (2) A residential care facility administrator license.

43 SECTION 40. IC 31-26-4-14, AS ADDED BY P.L.145-2006,
 44 SECTION 272, IS AMENDED TO READ AS FOLLOWS
 45 [EFFECTIVE JULY 1, 2011]: Sec. 14. (a) The infant mortality account
 46 is established within the fund for the purpose of providing money for
 47 education and programs approved by the board under section 5(b) of
 48 this chapter to reduce infant mortality in Indiana. The account shall be
 49 administered by the treasurer of state.

50 (b) Expenses of administering the account shall be paid from money
 51 in the account. The account consists of the following:

1 ~~(1) Fees from certificates of birth issued under IC 16-37-1-11.7.~~

2 ~~(2) (1) Appropriations to the account.~~

3 ~~(3) (2) Money donated to the account.~~

4 (c) The treasurer of state shall invest the money in the account not
5 currently needed to meet the obligations of the account in the same
6 manner as other public money may be invested. Interest that accrues
7 from these investments shall be deposited in the account.

8 (d) Money in the account at the end of a state fiscal year does not
9 revert to the state general fund.

10 SECTION 41. THE FOLLOWING ARE REPEALED [EFFECTIVE
11 JULY 1, 2011]: IC 16-18-2-298; IC 16-18-2-318.1; IC 16-18-2-332;
12 IC 16-21-1-1; IC 16-21-1-2; IC 16-21-1-3; IC 16-21-1-4; IC 16-21-1-5;
13 IC 16-21-1-6; IC 16-21-1-8; IC 16-27-0.5-0.5; IC 16-27-0.5-1;
14 IC 16-27-0.5-2; IC 16-27-0.5-3; IC 16-27-0.5-4; IC 16-27-0.5-5;
15 IC 16-27-0.5-6; IC 16-27-0.5-7; IC 16-27-0.5-8; IC 16-28-1-1;
16 IC 16-28-1-2; IC 16-28-1-3; IC 16-28-1-4; IC 16-28-1-5; IC 16-28-1-6;
17 IC 16-28-1-8; IC 16-37-1-11.7.

18 SECTION 42. [EFFECTIVE JULY 1, 2011] **(a) During the 2011**
19 **interim, the health finance commission established by IC 2-5-23-3**
20 **shall study whether to require a hospital to report to the state**
21 **department of health the immunization rate for influenza for the**
22 **individuals who work in the hospital, including employees, staff,**
23 **and contractors and the manner and format for the report.**

24 **(b) This section expires December 31, 2011.**

25 SECTION 43. **An emergency is declared for this act.**

(Reference is to ESB 366 as reprinted April 19, 2011.)

Conference Committee Report
on
Engrossed Senate Bill 366

Signed by:

Senator Miller
Chairperson

Representative Brown T

Senator Simpson

Representative Brown C

Senate Conferees

House Conferees