CONFERENCE COMMITTEE REPORT
DIGEST FOR ESB 223

Citations Affected: IC 16-20-1; IC 16-37-3; IC 16-38-5; IC 16-46-5.

Synopsis: Department of health matters. Conference committee report for SB 223. Requires a local health officer to show identification and receive consent before entering a premises to inspect or perform other tasks to determine compliance with public health laws and rules and to prevent and suppress disease. Sets forth circumstances in which consent is not required. Sets forth multiple actions that a court may take to enforce a local board of health order, citation, or administrative notice. (Current law allows the court to enforce an order by injunction.) Specifies that the entries into the Indiana death registration system are required only for deaths that occurred after December 31, 2010. Allows the state department of health (department) to adopt rules concerning who may input and retrieve data from the immunization data registry (registry). Allows an individual to file a registry exemption with the department. Allows the release of registry information to specified persons without the consent of the person. Removes language that requires the department to convene a panel concerning expanding access to the registry. Removes a requirement that a health care professional work at least one year in a shortage area or at other specified health centers in order to be eligible for the loan repayment program. Requires that the health care professional agree to practice in the shortage area for at least one year. Allows the Indiana health care professional recruitment and retention fund to be used to encourage delivery of health care in shortage areas on a full-time or less than full-time basis. **(This conference committee report: (1) resets language concerning when the county health officer must inspect a premises when there is a conflict of interest with the property and the local health officer; (2) clarifies that copies of death certificates must be retained by the local health department; (3) removes language that allowed the state health commissioner to approve persons to whom information from the registry may be released; and (4) adds language that allows the release of immunization registry information without the consent of the person to specified individuals.)**

Effective: July 1, 2012.

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. 223 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:

Delete everything after the enacting clause and insert the following:

SECTION 1. IC 16-20-1-23 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 23. (a) ~~Except as provided in subsection (b),~~ **Upon:**

(1) showing official identification; and

(2) except as provided in subsection (b), receiving consent of the owner or occupant of the premises;

~~the~~ **a** local health officer or the officer's designee may enter ~~upon~~ **any premises at any reasonable time** and inspect, ~~private property, at proper times after due notice, in regard to the possible presence, source, and cause of disease. The local health officer or designee may order what is reasonable and necessary for prevention and suppression of disease and in all reasonable and necessary ways protect the public health.~~ **investigate, evaluate, conduct tests, or take specimens or samples for testing that may be reasonably necessary to determine compliance with public health laws and rules and for the prevention and suppression of disease.**

(b) A local health officer or the officer's designee shall obtain the consent of the owner or the occupant of the premises under subsection (a), except as provided in any of the following circumstances:

(1) Subject to subsection (c), the local health officer or the

officer's designee obtains an order from a circuit or superior court in the jurisdiction where the premises is located to authorize the inspection, investigation, evaluation, testing, or taking of specimens or samples for testing.

(2) An emergency condition that poses an imminent and serious threat to the health of an individual or the public and the local health officer or the officer's designee believes that a delay could result in a greater health risk.

(3) Entry by a local health officer or the officer's designee to a public place or an area in plain and open view to determine compliance with public health laws and rules.

(4) Entry under the terms and conditions of a license issued by the local health department at any reasonable time if reasonably necessary to determine compliance with public health laws and rules and the terms and conditions of the license.

(c) A court described in subsection (b)(1) may issue an order to inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing if the court finds that the local health officer or the officer's designee, by oath or affirmation, provided reliable information establishing the violation of a public health law or rule at the premises.

~~(b)~~ **(d)** However, a local health officer, or ~~a person acting under~~ the ~~local health officer,~~ **officer's designee,** shall not inspect property in which the local health officer has any interest, whether real, equitable, or otherwise. Any such inspection or any attempt to make such inspection is grounds for removal as provided for in this article.

~~(c)~~ **(e)** This section does not prevent inspection of premises in which a local health officer has an interest if the premises cannot otherwise be inspected. If the premises cannot otherwise be inspected, the county health officer shall inspect the premises personally.

SECTION 2. IC 16-20-1-26 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 26. (a) A local board of health or local health officer may enforce the board's or officer's orders, **citations, and administrative notices** by an action in the circuit or superior court. ~~In the action,~~ The court may ~~enforce the order by injunction.~~ **take any appropriate action in a proceeding under this section, including any of the following:**

(1) Issuing an injunction.

(2) Entering a judgment.

(3) Issuing an order and conditions under IC 16-41-9.

(4) Ordering the suspension or revocation of a license.

(5) Ordering an inspection.

(6) Ordering that a property be vacated.

(7) Ordering that a structure be demolished.

(8) Imposing a penalty not to exceed an amount set forth in IC 36-1-3-8(a)(10).

(9) Imposing court costs and fees under IC 33-37-4-2 and IC 33-37-5.

(10) Ordering the respondent to take appropriate action in a specified time to comply with the order of the local board of

health or local health officer.

(11) Ordering a local board of health or local health officer to take appropriate action to enforce an order within a specified time.

(b) The county attorney in which a local board of health or local health officer has jurisdiction shall represent the local health board and local health officer in the action unless the county executive, **local board of health, or health and hospital corporation** employs other legal counsel or the matter has been referred through law enforcement authorities to the prosecuting attorney.

SECTION 3. IC 16-37-3-3, AS AMENDED BY P.L.156-2011, SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 3. (a) The physician last in attendance upon the deceased or the person in charge of interment shall file a certificate of death or of stillbirth with the local health officer of the jurisdiction in which the death or stillbirth occurred. **The local health officer shall retain a copy of the certificate of death.**

(b) Notwithstanding subsection (a), beginning January 1, 2011, **for a death occurring after December 31, 2010,** the physician last in attendance upon the deceased or the person in charge of interment shall use the Indiana death registration system established under IC 16-37-1-3.1 to file a certificate of death with the local health officer of the jurisdiction in which the death occurred. ~~The local health officer shall retain a copy of the certificate of death.~~

SECTION 4. IC 16-37-3-5, AS AMENDED BY P.L.156-2011, SECTION 37, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 5. (a) If the person in charge of interment initiates the process, the person in charge of interment shall present a certificate of death to the physician last in attendance upon the deceased, who shall certify the cause of death upon the certificate of death or of stillbirth.

(b) Notwithstanding subsection (a), beginning January 1, 2011, **for a death occurring after December 31, 2010,** using the Indiana death registration system established under IC 16-37-1-3.1, if the person in charge of interment initiates the process, the person in charge of interment shall electronically provide a certificate of death to the physician last in attendance upon the deceased. The physician last in attendance upon the deceased shall electronically certify to the local health department the cause of death on the certificate of death, using the Indiana death registration system.

SECTION 5. IC 16-38-5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 1. (a) The state department may develop and maintain an immunization data registry to collect, store, analyze, release, and report immunization data.

(b) Data in the immunization **data** registry may be used only for the following purposes:

(1) To assure that necessary immunizations are provided and overimmunization is avoided.

(2) To assess immunization coverage rates.

(3) To determine areas of underimmunization and other

epidemiological research for disease control purposes.

(4) To document that required immunizations have been provided as required for school or child care admission.

(5) To accomplish other public health purposes as determined by the state department.

(c) The state department may adopt rules under IC 4-22-2 concerning who may input and retrieve information from the immunization data registry.

SECTION 6. IC 16-38-5-2, AS AMENDED BY P.L.161-2009, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 2. (a) A provider, a physician's designee, ~~or~~ a pharmacist's designee, **or a person approved by the state department** may provide immunization data to the immunization data registry in a manner prescribed by the state department and for the purposes allowed under this chapter. ~~unless:~~

(b) An exemption from the immunization data registry shall be granted if:

(1) the patient; or

(2) the patient's parent or guardian, if the patient is less than eighteen (18) years of age;

has completed and filed ~~with the provider, physician's designee, or pharmacist's designee~~ a written immunization data exemption form **with either the person who provides the immunization or the state department.**

~~(b)~~ **(c)** The state department shall create and provide copies of immunization data exemption forms to:

(1) providers who are:

(A) licensed under IC 25; and

(B) authorized within the provider's scope of practice to administer immunizations; and

(2) individuals;

who request the form.

~~(c)~~ **(d)** The state department shall distribute, ~~to providers,~~ upon request, written information to be disseminated to patients that describes the immunization data registry. The written information must include the following:

(1) That the provider may report immunization data to the immunization data registry.

(2) That the patient or the patient's parent or guardian, if the patient is less than eighteen (18) years of age, has a right to exempt disclosure of immunization data to the registry and may prevent disclosure by signing an immunization data exemption form.

(3) That the patient or the patient's parent or guardian, if the patient is less than eighteen (18) years of age, may have the individual's information removed from the immunization data registry.

(4) Instructions on how to have the information removed.

SECTION 7. IC 16-38-5-3, AS AMENDED BY P.L.161-2009, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 3. (a) Records maintained as part of the

immunization data registry are confidential.

(b) The state department may release ~~an individual's confidential~~ information **from the immunization data registry** to the individual or to the individual's parent or guardian if the individual is less than eighteen (18) years of age.

(c) Subject to subsection (d), the state department may release information in the immunization data registry concerning an individual to the following **persons or** entities:

(1) The immunization data registry of another state.

(2) A provider or a provider's designee.

(3) A local health department.

(4) An elementary or secondary school that is attended by the individual.

(5) A child care center that is licensed under IC 12-17.2-4 in which the individual is enrolled.

(6) The office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning.

(7) A child placing agency licensed under IC 31-27.

(8) A college or university (as defined in IC 21-7-13-10) that is attended by the individual.

(d) Before immunization data may be released to **a person or** an entity, the **person or** entity must enter into ~~an~~ **a data use** agreement with the state department that provides that information that identifies a patient will not be released to any other person **or entity** without the written consent of the patient **unless the release is to a person or entity described in subsection (c).**

(e) The state department may release summary statistics regarding information in the immunization data registry ~~if the summary statistics do not reveal the identity of an individual.~~ **to a person or entity that has entered into a data use agreement with the state department.**

~~(f) The state department shall convene a panel to discuss expanding access to the immunization data registry. The panel must include at least one (1) representative of an insurance organization and at least one (1) member of a health maintenance organization. The state department shall submit the recommendations of the panel to the legislative council by October 1, 2009, in an electronic format under IC 5-14-6.~~

SECTION 8. IC 16-46-5-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 8. (a) The Indiana health care professional recruitment and retention fund is established. The purpose of the fund is to provide loan repayment for student loans incurred by health care professionals to encourage the ~~full-time~~ delivery of health care in shortage areas. The state department shall administer the fund.

(b) The fund consists of the following:

(1) Appropriations by the general assembly.

(2) Repayments by loan recipients from the Indiana medical and nursing distribution loan fund under IC 25-22.5-9 (repealed July 1, 1987).

(3) Gifts to the fund.

(4) Grants from public or private sources.

(c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund.

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

(e) The fund shall be used to do the following:

(1) Provide loan repayment under this chapter.

(2) Pay the costs incurred by the state department in administering this chapter.

The administrative costs paid from the fund under subdivision (2) may not exceed thirty thousand dollars ($30,000) per year.

SECTION 9. IC 16-46-5-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 9. In order to be eligible for loan repayment for student loans, a health care professional must meet all of the following conditions:

(1) Hold an unlimited license to practice a health care profession in Indiana that has been declared by the state department to be eligible for loan repayment in a specified fiscal year.

~~(2) Have either:~~

~~(A) completed at least one (1) year of health care professional practice in a shortage area; or~~

~~(B) worked at least one (1) year at a community or migrant health center or maternal and child health clinic in a shortage area.~~

~~(3)~~ **(2)** Practice **in a shortage area** in a health care profession that has been declared eligible by the state department for loan repayment in a specified fiscal year.

(3) Either:

(A) enter into an agreement with the state department; or

(B) provide the state department with a copy of an agreement that the health professional has entered into with a provider in a shortage area;

to practice in the shortage area for at least one (1) year.

SECTION 10. IC 16-46-5-19 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2012]: Sec. 19. **(a)** The state department shall adopt rules under IC 4-22-2 necessary to carry out this chapter.

(b) The state department shall adopt rules under IC 4-22-2 to ensure that a loan repayment provided under this chapter complies with federal law and regulations.

(Reference is to ESB 223 as reprinted February 29, 2012.)

Conference Committee Report
on
Engrossed Senate Bill 223

Signed by:

Senator Miller Chairperson	Representative Brown T
Senator Breaux	Representative Fry C
Senate Conferees	**House Conferees**