

Second Regular Session of the 119th General Assembly (2016)

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 2015 Regular Session of the General Assembly.

## HOUSE ENROLLED ACT No. 1264

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AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 16-31-3-26 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: **Sec. 26. (a) Each provider organization shall conduct an audit and review at least quarterly to assess, monitor, and evaluate the quality of patient care as follows:**

- (1) The audit must evaluate patient care and personnel performance.**
- (2) The results of the audit must be reviewed with the emergency medical service personnel.**
- (3) Documentation for the audit and review must include the following:**
  - (A) The criteria used to select audited runs.**
  - (B) Problem identification and resolution.**
  - (C) Date of review.**
  - (D) Attendance at the review.**
  - (E) A summary of the discussion at the review.**
- (4) The audit and review must be conducted under the direction of one (1) of the following:**
  - (A) The provider organization medical director.**
  - (B) An emergency department committee that is supervised by a medical director with a provider organization representative serving as a member of the**

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**committee.**

**(C) A committee established by the provider organization and under the direction of the medical director or medical director's designee. If the medical director selects a designee, the designee must:**

- (i) be a physician licensed under IC 25-22.5;**
- (ii) have an active role in the delivery of emergency care;**
- and**
- (iii) be designated in writing by the medical director as the medical director's designee.**

**(5) The audit must provide a method for identifying the need for staff development programs, basic training, in-service training, and orientation.**

**(6) The audit must evaluate all levels of care by emergency medical service personnel.**

**(b) An audit and review proceeding under this section is confidential, and any communication at the audit and review proceeding is a privileged communication.**

**(c) This section does not prevent participation by a provider organization in a peer review committee proceeding under IC 34-30-15.**

**(d) The commission may adopt rules under IC 4-22-2 to implement this section.**

SECTION 2. IC 34-6-2-117, AS AMENDED BY P.L.29-2013, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 117. "Professional health care provider", for purposes of IC 34-30-15, means:

- (1) a physician licensed under IC 25-22.5;
- (2) a dentist licensed under IC 25-14;
- (3) a hospital licensed under IC 16-21;
- (4) a podiatrist licensed under IC 25-29;
- (5) a chiropractor licensed under IC 25-10;
- (6) an optometrist licensed under IC 25-24;
- (7) a psychologist licensed under IC 25-33;
- (8) a pharmacist licensed under IC 25-26;
- (9) a health facility licensed under IC 16-28-2;
- (10) a registered or licensed practical nurse licensed under IC 25-23;
- (11) a physical therapist licensed under IC 25-27;
- (12) a home health agency licensed under IC 16-27-1;
- (13) a community mental health center (as defined in IC 12-7-2-38);



(14) a health care organization whose members, shareholders, subsidiaries, affiliates, or partners are:

(A) professional health care providers described in subdivisions (1) through (13);

(B) professional corporations comprised of health care professionals (as defined in IC 23-1.5-1-8); or

(C) professional health care providers described in subdivisions (1) through (13) and professional corporations comprised of persons described in subdivisions (1) through (13);

(15) a private psychiatric hospital licensed under IC 12-25;

(16) a preferred provider organization (including a preferred provider arrangement or reimbursement agreement under IC 27-8-11);

(17) a health maintenance organization (as defined in IC 27-13-1-19) or a limited service health maintenance organization (as defined in IC 27-13-34-4);

(18) a respiratory care practitioner licensed under IC 25-34.5;

(19) an occupational therapist licensed under IC 25-23.5;

(20) a state institution (as defined in IC 12-7-2-184);

(21) a clinical social worker who is licensed under IC 25-23.6-5-2;

(22) a managed care provider (as defined in IC 12-7-2-127(b));

(23) a nonprofit health care organization affiliated with a hospital that is owned or operated by a religious order, whose members are members of that religious order;

(24) a nonprofit health care organization with one (1) or more hospital affiliates; or

(25) a health care organization that owns or controls, in whole or in part, one (1) or more entities described in subdivisions (1) through (24);

**(26) A provider organization (as defined in IC 16-18-2-296);**

**(27) a paramedic licensed under IC 16-31;**

**(28) an emergency medical technician certified under IC 16-31;**

**(29) an emergency medical responder certified under IC 16-31; or**

**(30) an advanced emergency medical technician certified under IC 16-31.**

SECTION 3. IC 34-30-15-8, AS AMENDED BY P.L.204-2015, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 8. (a) Communications to, the records of, and



determinations of a peer review committee may only be disclosed to:

- (1) the peer review committee of:
  - (A) a hospital;
  - (B) a nonprofit health care organization (described in IC 34-6-2-117(23));
  - (C) a preferred provider organization (including a preferred provider arrangement or reimbursement agreement under IC 27-8-11);
  - (D) a health maintenance organization (as defined in IC 27-13-1-19) or a limited service health maintenance organization (as defined in IC 27-13-34-4);
  - (E) a provider organization (as defined in IC 16-18-2-296) that is not owned by a hospital that includes the provider organization's provision of services as part of the hospital's peer review committee review;**
  - ~~(E)~~ (F) another health facility; or
  - ~~(F)~~ (G) a medical school located in Indiana of which the professional health care provider who is the subject of the peer review is a faculty member;
- (2) the disciplinary authority of the professional organization of which the professional health care provider under question is a member; or
- (3) the appropriate state board of registration and licensure that the committee considers necessary for recommended disciplinary action;

and shall otherwise be kept confidential for use only within the scope of the committee's work, unless the professional health care provider has filed a prior written waiver of confidentiality with the peer review committee.

(b) However, if a conflict exists between this section and IC 27-13-31, the provisions of IC 27-13-31 control.



\_\_\_\_\_  
Speaker of the House of Representatives

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
President Pro Tempore

\_\_\_\_\_  
Governor of the State of Indiana

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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