MR. SPEAKER:

Your Committee on __Public Health__, to which was referred __House Bill 1182__, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

1. Page 7, line 35, delete "(a) A physician or the physician's authorized".
2. Page 7, delete lines 36 through 38.
3. Page 7, line 39, reset in roman "(a)".
4. Page 7, line 39, delete "(b)".
5. Page 7, run in lines 35 through 39.
6. Page 8, line 4, reset in roman "(b)".
7. Page 8, line 4, delete "(c)".
8. Page 8, line 10, delete "test." and insert "test, orally or in writing.".
9. Page 8, line 11, delete ":".
10. Page 8, line 12, delete "(A)".
11. Page 8, line 12, delete "that includes information" and insert
"orally, in writing, by video, or by a combination of these methods.".

Page 8, delete line 13.

Page 8, line 14, delete "statutory requirements concerning disclosure;".

Page 8, line 14, strike "and".

Page 8, run in lines 11 through 14.

Page 8, delete line 15.

Page 8, between lines 20 and 21, begin a new paragraph and insert:
"(c) Unless it is clearly not feasible, the information delivered to the patient who is to be tested under subsection (b) must be provided in the native language or other communication used by the patient. If the patient is unable to read written materials, the materials must be translated or read to the patient in a language the patient understands.".

Page 8, line 30, delete "in person and orally".

Page 34, line 24, delete "A" and insert "(a) Except as provided in subsection (b), a".

Page 34, line 26, reset in roman "HIV antibody."

Page 34, line 26, delete "human immunodeficiency virus".

Page 34, line 27, delete "(HIV).".

Page 34, between lines 28 and 29, begin a new paragraph and insert:
"(b) Subsection (a) does not apply to a donation of semen that:
(1) indicates the presence of the HIV antibody; and
(2) is used according to safer conception practices endorsed by the federal Centers for Disease Control and Prevention or other generally accepted medical experts.".

Page 35, delete lines 7 through 42, begin a new paragraph and insert:
"SECTION 48. IC 16-51 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

ARTICLE 51. SUICIDE AND OVERDOSE FATALITY REVIEW TEAMS

Chapter 1. Definitions
Sec. 1. The definitions in this chapter apply throughout this article.

Sec. 2. As used in this chapter, "SOFR team" refers to:
(1) a county SOFR team; or
(2) a regional SOFR team formed by multiple counties;
established under IC 16-51-2-1.
Sec. 3. As used in this chapter, "SOFR" means suicide and
overdose fatality review.
Chapter 2. Suicide and Overdose Fatality Review Teams
Sec. 1. (a) A:
(1) local health department; or
(2) person or entity approved by the state department;
may establish through a written agreement a SOFR team to review
suicides and overdose fatalities for the purpose of gathering
information concerning suicides and overdose fatalities and to use
the information gathered to improve community resources and
systems of care to reduce suicides and overdose fatalities.
(b) A SOFR team may be established in a county or multiple
counties in Indiana.
(c) Upon the establishment of a SOFR team under this section,
the SOFR team shall notify the state department of the
establishment of the SOFR team.
Sec. 2. (a) A SOFR team shall do the following:
(1) Identify similarities, trends, and factual patterns
concerning suicides and overdose fatalities in the area served
by the SOFR team.
(2) Identify reasons for any higher minority suicide and
overdose fatality rate in the area served by the SOFR team.
(3) Create strategies and make recommendations for the
prevention and reduction of suicides and overdose fatalities,
including minority suicides and overdose fatalities, in the area
served by the SOFR team.
(b) A SOFR team may do any of the following:
(1) Determine factors contributing to suicides and overdose
fatalities.
(2) Identify public health and clinical interventions to improve
systems of care and enhance coordination.
(3) Develop strategies for the prevention of suicides and
overdose fatalities.
Sec. 3. (a) A SOFR team must be multidisciplinary and
culturally diverse. The SOFR team should include professionals

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and representatives of agencies that provide services or community resources for families in the community.

(b) Members of a SOFR team must be appointed by the county health officer or another entity approved by the state department and may include representatives from the following disciplines:

1. Primary health care.
2. Mental health.
3. Law enforcement.
5. Parole or probation.
6. Addiction medicine.
7. Emergency medical services.
8. Social work.

(c) Members may also include any of the following:

1. A coroner or deputy coroner.
2. An epidemiologist.
3. A pathologist.

(d) The SOFR team shall meet at least quarterly.

Sec. 4. (a) The first SOFR team meeting shall convene at the call of the county health officer, the county health administrator, or their designees, as applicable.

(b) The SOFR team members shall elect a chairperson at the first SOFR team meeting and whenever there is a chairperson vacancy.

(c) After the election of a team chairperson, the SOFR team shall meet upon the call of the elected chairperson or upon the call of the county health officer in the event that there is a chairperson vacancy.

Sec. 5. (a) Before a member of the SOFR team may participate in the review of a suicide or overdose fatality, the member must:

1. sign a confidentiality form prepared by the state department;
2. review the purpose and goal of the SOFR team; and
3. review, for accuracy and comprehensiveness, any data collection form developed by the state department, if applicable.

(b) Individuals who are invited by the SOFR team chairperson to attend a SOFR team meeting must sign a confidentiality form
before attending or participating in a SOFR team meeting.

(c) The state department shall create and make available a
standardized confidentiality form to be used by members of all
SOFR teams.

(d) The chairperson of a SOFR team is responsible for the
safekeeping of all confidentiality agreements signed under this
section.

Sec. 6. (a) The SOFR team shall review the death of each person
whose death occurred in the area served by the SOFR team if one
(1) or more of the following conditions are met:

(1) The person's cause of death is listed as one (1) or more of
the following:

(A) Poisoning.
(B) Intoxication.
(C) Toxicity.
(D) Inhalation.
(E) Ingestion.
(F) Overdose.
(G) Exposure.
(H) Chemical use.
(I) Neonatal abstinence syndrome (NAS) effects.

(2) The person's manner of death is classified as one (1) of the
following:

(A) Accident.
(B) Suicide.
(C) Undetermined.

(3) The person's manner of death is classified as natural but
drug intoxication or exposure is listed as a contributing
factor.

(b) When conducting a SOFR fatality review under subsection
(a), the SOFR team may review the following records if the records
pertain to a person or incident within the scope of the SOFR team's
review:

(1) Records held by the:

(A) local or state health department;
(B) INSPECT program (as described under IC 25-26-24);
or
(C) department of child services.
(2) Medical records.
(3) Law enforcement records.
(4) Autopsy reports.
(5) Coroner records.
(6) Mental health reports.
(7) Emergency medical services provider records.
(8) Fire department run reports.
(9) Disciplinary or health records generated by a local school system.
(10) Any other record concerning the assessment, care, fatality, diagnosis, near fatality, if applicable, or treatment of the person subject to a SOFR team review.
(c) Except as otherwise provided, information and records acquired by a SOFR team during the execution of the SOFR team's duties are confidential and exempt from disclosure.
(d) Subject to subsection (e), records, information, documents, and reports acquired or produced by a SOFR team are not:
(1) subject to subpoena or discovery; or
(2) admissible as evidence;
in any administrative or judicial proceeding.
(e) Records, information, documents, and reports that are admissible and otherwise discoverable from alternate sources do not become immune from discovery or use in any administrative or judicial proceeding because of their use by a SOFR team.
Sec. 7. A SOFR team shall review the death certificate of a decedent received from the county health officer in order to determine whether the fatality qualifies for a SOFR team review under section 6 of this chapter.
Sec. 8. (a) Subject to IC 34-30-15, the following persons or entities shall comply with a records request by a SOFR team:
(1) A coroner.
(2) An emergency medical services provider.
(3) A fire department.
(4) A health system.
(5) A hospital.
(6) A law enforcement officer.
(7) A local or state governmental agency, including the department of child services.
(8) A mental health professional.
(9) A physician.
(10) A school.
(11) A social services provider.
(b) A person or entity that complies, in good faith, with a record
request issued under subsection (a) may not be:
(1) disciplined;
(2) criminally prosecuted; or
(3) held administratively or civilly liable;
for any disclosure related to the person's or entity's compliance
with subsection (a).
(c) A person or entity subject to a records request by a SOFR
team under subsection (a) may charge a reasonable fee for the
service of duplicating any records requested by the SOFR team.
Sec. 9. If a fatality qualifies for a SOFR team review, the SOFR
team shall:
(1) identify the factors that contributed to the fatality of the
decedent;
(2) determine whether similar fatalities may be prevented in
the future;
(3) if applicable, identify other:
   (A) agencies or entities; and
   (B) resources;
that may be used to assist in the prevention of a similar
fatality; and
(4) if applicable, identify solutions to:
   (A) improve practice and policy; and
   (B) enhance coordination;
   between the agencies, entities, and resources described in
   subdivision (3).
Sec. 10. (a) Except as provided in subsection (b), SOFR team
meetings are open to the public.
(b) A SOFR team meeting that requires the use or discussion of
confidential records or confidential identifying information must
be closed to the public for the portion of the team meeting that uses
or discusses confidential information.
Sec. 11. (a) Members of a SOFR team and individuals who
attend a SOFR team meeting as invitees of the team chairperson:
(1) may discuss, among themselves, confidential matters that are before the SOFR team;
(2) are bound by all applicable laws concerning the confidentiality of the matters reviewed by the SOFR team; and
(3) except as provided in subsection (b), may not be:
   (A) disciplined;
   (B) criminally prosecuted; or
   (C) held administratively or civilly liable;
for the sharing or discussion of any confidential matter before the SOFR team during a SOFR team meeting.

(b) The immunity described in subsection (a)(3) does not apply to a SOFR team member or a SOFR team invitee who discloses confidential information:
   (1) with malice;
   (2) in bad faith; or
   (3) negligently.

Sec. 12. The chairperson of a SOFR team or the chairperson's designee shall do the following for each SOFR team meeting:
(1) Prepare the agenda for the scheduled SOFR team meeting.
(2) Provide meeting notices to all members of the SOFR team.
(3) Ensure that all:
   (A) members of the SOFR team; and
   (B) SOFR team invitees;
sign confidentiality forms as required under this chapter.
(4) Maintain all confidentiality forms signed under this chapter.
(5) Enter and record all data reviewed by the SOFR team by using:
   (A) data collection tools provided to the SOFR team by the state department, if applicable; and
   (B) any other appropriate data collection system.
(6) Attend pertinent training concerning the use of the data collection tools employed by the SOFR team.
(7) Serve as a liaison for the SOFR team as necessary.
(8) Destroy all records, information, and documents obtained by the SOFR team under section 6 of this chapter upon the conclusion of the SOFR team's review of a specific suicide or
Sec. 13. Records held or maintained by a SOFR team are subject to the confidentiality provisions of IC 31-33-18.

Sec. 14. (a) Before July 1 of each year, a SOFR team shall submit a report to the state department that includes the following information:

(1) A summary of the data collected concerning the reviews conducted by the SOFR team for the previous calendar year.

(2) Actions recommended by the SOFR team to improve systems of care and community resources to reduce suicides and overdose fatalities in the area served by the SOFR team.

(3) Solutions proposed for any system inadequacies.

(b) The report described in subsection (a) may not contain identifying information relating to the deaths reviewed by the SOFR team.

(c) Review data concerning a suicide or overdose fatality is confidential and may not be released.

(d) The SOFR team may provide the state department with data concerning the reviews of a death under this chapter.

Sec. 15. Nothing in this chapter shall preclude any death, illness, or injury investigation or review to the extent authorized by other laws."

Delete pages 36 through 49.
Page 50, delete lines 1 through 4.
Page 54, between lines 28 and 29, begin a new paragraph and insert:

"SECTION 54. IC 31-33-18-2, AS AMENDED BY P.L.31-2019, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. The reports and other material described in section 1(a) of this chapter and the unredacted reports and other material described in section 1(b) of this chapter shall be made available only to the following:

(1) Persons authorized by this article.

(2) A legally mandated public or private child protective agency investigating a report of child abuse or neglect or treating a child or family that is the subject of a report or record.

(3) Any of the following who are investigating a report of a child who may be a victim of child abuse or neglect:

   (A) A police officer or other law enforcement agency.
(B) A prosecuting attorney.

(C) A coroner, in the case of the death of a child.

(4) A physician who has before the physician a child whom the physician reasonably suspects may be a victim of child abuse or neglect.

(5) An individual legally authorized to place a child in protective custody if:

(A) the individual has before the individual a child whom the individual reasonably suspects may be a victim of abuse or neglect; and

(B) the individual requires the information in the report or record to determine whether to place the child in protective custody.

(6) An agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record or a parent, guardian, custodian, or other person who is responsible for the child's welfare.

(7) An individual named in the report or record who is alleged to be abused or neglected or, if the individual named in the report is a child or is otherwise incompetent, the individual's guardian ad litem or the individual's court appointed special advocate, or both.

(8) Each parent, guardian, custodian, or other person responsible for the welfare of a child named in a report or record and an attorney of the person described under this subdivision, with protection for the identity of reporters and other appropriate individuals.

(9) A court, for redaction of the record in accordance with section 1.5 of this chapter, or upon the court's finding that access to the records may be necessary for determination of an issue before the court. However, except for disclosure of a redacted record in accordance with section 1.5 of this chapter, access is limited to in camera inspection unless the court determines that public disclosure of the information contained in the records is necessary for the resolution of an issue then pending before the court.

(10) A grand jury upon the grand jury's determination that access to the records is necessary in the conduct of the grand jury's official business.

(11) An appropriate state or local official responsible for child
protection services or legislation carrying out the official's official functions.

(12) The community child protection team appointed under IC 31-33-3 (or IC 31-6-11-14 before its repeal), upon request, to enable the team to carry out the team's purpose under IC 31-33-3.

(13) A person about whom a report has been made, with protection for the identity of:
   (A) any person reporting known or suspected child abuse or neglect; and
   (B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.

(14) An employee of the department, a caseworker, or a juvenile probation officer conducting a criminal history check under IC 31-26-5, IC 31-34, or IC 31-37 to determine the appropriateness of an out-of-home placement for a:
   (A) child at imminent risk of placement;
   (B) child in need of services; or
   (C) delinquent child.

The results of a criminal history check conducted under this subdivision must be disclosed to a court determining the placement of a child described in clauses (A) through (C).

(15) A local child fatality review team established under IC 16-49-2.

(16) The statewide child fatality review committee established by IC 16-49-4.

(17) The department.

(18) The division of family resources, if the investigation report:
   (A) is classified as substantiated; and
   (B) concerns:
      (i) an applicant for a license to operate;
      (ii) a person licensed to operate;
      (iii) an employee of; or
      (iv) a volunteer providing services at;

   a child care center licensed under IC 12-17.2-4 or a child care home licensed under IC 12-17.2-5.

(19) A citizen review panel established under IC 31-25-2-20.4.

(20) The department of child services ombudsman established by
IC 4-13-19-3.

(21) The state superintendent of public instruction with protection for the identity of:

(A) any person reporting known or suspected child abuse or neglect; and

(B) any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.

(22) The state child fatality review coordinator employed by the state department of health under IC 16-49-5-1.

(23) A person who operates a child caring institution, group home, or secure private facility if all the following apply:

(A) The child caring institution, group home, or secure private facility is licensed under IC 31-27.

(B) The report or other materials concern:

(i) an employee of;

(ii) a volunteer providing services at; or

(iii) a child placed at;

the child caring institution, group home, or secure private facility.

(C) The allegation in the report occurred at the child caring institution, group home, or secure private facility.

(24) A person who operates a child placing agency if all the following apply:

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

(B) The report or other materials concern:

(i) a child placed in a foster home licensed by the child placing agency;

(ii) a person licensed by the child placing agency to operate a foster family home;

(iii) an employee of the child placing agency or a foster family home licensed by the child placing agency; or

(iv) a volunteer providing services at the child placing agency or a foster family home licensed by the child placing agency.

(C) The allegations in the report occurred in the foster family home or in the course of employment or volunteering at the child placing agency or foster family home.

(26) A local domestic violence fatality review team established under IC 12-18-8, as determined by the department to be relevant to the death or near fatality that the local domestic violence fatality review team is reviewing.

(27) The statewide domestic violence fatality review committee established under IC 12-18-9-3, as determined by the department to be relevant to the death or near fatality that the statewide domestic violence fatality review committee is reviewing.

(28) The statewide maternal mortality review committee established under IC 16-50-1-3, as determined by the department to be relevant to the case of maternal morbidity or maternal mortality that the statewide maternal mortality review committee is reviewing.

(29) A local fetal-infant mortality review team established under IC 16-49-6, as determined by the department to be relevant to the case of fetal or infant fatality that the local fetal-infant mortality review team is reviewing.

(30) A suicide and overdose fatality review team established under IC 16-51-2, as determined by the department to be relevant to the case of a suicide or overdose fatality that the suicide and overdose fatality review team is reviewing.

Page 55, delete lines 5 through 16, begin a new paragraph and insert:

"SECTION 58. IC 34-30-2-83.9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 83.9. (a) IC 16-51-2-8 (Concerning certain persons and entities complying with a records request related to a suicide or overdose fatality review)."
1. (b) IC 16-51-2-11 (Concerning the substance of a suicide or
2. overdose fatality review team meeting)."
3. Renumber all SECTIONS consecutively.
   (Reference is to HB 1182 as introduced.)

and when so amended that said bill do pass.

Representative Kirchhofer