FISCAL IMPACT STATEMENT

LS 7135
BILL NUMBER: HB 1182

NOTE PREPARED: Jan 23, 2020
BILL AMENDED: Jan 23, 2020

SUBJECT: HIV and Fatality Reviews.

FIRST AUTHOR: Rep. Clere
FIRST SPONSOR:
BILL STATUS: CR Adopted - 1st House

FUNDS AFFECTED: X GENERAL
DEDICATED
FEDERAL

IMPACT: State & Local

Summary of Legislation: (Amended) Definitions: The bill removes acquired immune deficiency syndrome (AIDS) from the statutory definition of "exposure risk disease". It replaces the term "AIDS" with the term "human immunodeficiency virus (HIV)" where appropriate. It also replaces the term "carrier" with the term "individual with a communicable disease" where appropriate. The bill replaces the term "danger" with the term "risk" where appropriate. It replaces the term "spread" with the term "transmission" where appropriate. The bill also replaces the term "HIV antibody" with "human immunodeficiency virus (HIV)" where appropriate.

HIV Prevention: The bill requires the Indiana State Department of Health (ISDH) to specify, in any literature provided to children and young adults concerning HIV, that abstinence is one way to prevent the transmission of HIV. (Current law states that abstinence is the best way to prevent the transmission of HIV).

It specifies that the use of antiretroviral drugs and other medical interventions may lessen the likelihood of transmitting HIV to a child during childbirth. (Current law states that birth by caesarean section may lessen the likelihood of transmitting HIV to a child during childbirth).

Physicians: The bill provides that a physician or the authorized representative of a physician may not order an HIV test unless the physician or the authorized representative of a physician: (1) informs the patient of the test orally or in writing; (2) provides the patient with an explanation of the test orally, in writing, by video, or by a combination of these methods; and (3) informs the patient orally or in writing of the patient's right to ask questions and to refuse the test.

The bill requires the information to be communicated to the patient in a language or manner that the patient
understands. The bill also requires a physician or an authorized representative of the physician to inform a patient of the counseling services and treatment options available to the patient if an HIV test indicates that the patient is HIV positive.

This bill requires a patient to be notified of their right to a: (1) hearing; and (2) counsel; in certain situations involving a court ordered HIV test. The bill provides that the requirement to dispose of semen that contains the HIV antibody does not apply if the semen is used according to safer conception practices endorsed by the federal Centers for Disease Control and Prevention or other generally accepted medical experts.

*Suicide and Overdose Fatality Review Committee:* The bill requires a suicide and overdose fatality review team (SOFR team) to review certain suicide and overdose fatalities. It allows a SOFR team to make recommendations concerning the prevention of suicide and overdose fatalities. It specifies membership, record keeping, and data entry requirements for SOFR teams.

The bill defines certain terms and it makes conforming amendments.

**Effective Date:** July 1, 2020.

**Explanation of State Expenditures:** (Revised) *Definitions and HIV Prevention:* The bill will impact workload and expenditures at the ISDH to update information on communicable diseases and to publish new documents. It may also increase workload for the Professional Licensing Agency and Medical Licensing Board to review physicians or physician’s assistants who fail to follow the notification and procedures under the bill. Any increased costs or workload for these agencies should be able to be implemented with no additional appropriations, assuming near customary agency staffing and resource levels.

(Revised) *Suicide and Overdose Fatality Review Committee:* The ISDH will have a minimal workload increase when a SOFR team is initiated to receive information on its formation, develop confidentiality agreements for the members to sign, and to approve persons or entities to establish SOFR teams. Additionally, state agencies are required to comply with records requests of SOFR teams, but may charge reasonable fees for duplicating records. These requirements are within the ISDH’s and other state agencies’ routine administrative functions and should be able to be implemented with no additional appropriations, assuming near customary agency staffing and resource levels.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:** (Revised) *Suicide and Overdose Fatality Review Committee:* The bill will have increased workload and potentially increased administrative costs for a county or a region where a SOFR team is established by the county health officer or a person or entity approved by the ISDH. The SOFR team elects a chairperson who provides or designates a person to provide administrative services. The SOFR is to meet at least quarterly. There are no specific membership requirements and the bill does not provide for compensations for the members of the team.

**Explanation of Local Revenues:**

**State Agencies Affected:** ISDH; Professional Licensing Agency; Medical Licensing Board.

**Local Agencies Affected:** Counties and regions with SOFR teams.
Information Sources: