HOUSE BILL No. 1334

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-39-1-1.

Synopsis: Provider diagnostic information release. Requires a health care provider, upon the request of a patient or the patient's designee, to provide the diagnostic billing code and procedural billing code for each diagnosis and health care procedure rendered to the patient.

Effective: July 1, 2019.

Speedy

January 14, 2019, read first time and referred to Committee on Public Health.

First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

HOUSE BILL No. 1334

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

1 SECTION 1. IC 16-39-1-1, AS AMENDED BY P.L.157-2006,
2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2019]: Sec. 1. (a) This section applies to all health records
4 except mental health records, which are governed by IC 16-39-2,
5 IC 16-39-3, and IC 16-39-4.
6 (b) This article applies to all health records, except:
7 (1) records regarding communicable diseases, which are governed
8 by IC 16-41-8-1; or
9 (2) records regarding alcohol and other drug abuse patient
10 records, which are governed by 42 CFR Part 2.
11 (c) On written request and reasonable notice, a provider shall supply
12 to a patient the health records possessed by the provider concerning the
13 patient. Subject to 15 U.S.C. 7601 et seq. and 16 CFR Part 315,
14 information regarding contact lenses must be given using the following
15 guidelines:
16 (1) After the release of a patient from an initial fitting and
17 follow-up period of not more than six (6) months, the contact lens

1   prescription must be released to the patient at the patient's
2   request.
3   (2) A prescription released under subdivision (1) must contain all
4   information required to properly duplicate the contact lenses.
5   (3) A contact lens prescription must include the following:
6   (A) An expiration date of one (1) year.
7   (B) The number of refills permitted.
8   (4) Instructions for use must be consistent with:
9   (A) recommendations of the contact lens manufacturer;
10   (B) clinical practice guidelines; and
11   (C) the professional judgment of the prescribing optometrist
12   or physician licensed under IC 25-22.5.
13 After the release of a contact lens prescription under this subsection,
14 liability for future fittings or dispensing of contact lenses under the
15 original prescription lies with the dispensing company or practitioner.
16   (d) On a patient's written request and reasonable notice, a provider
17 shall furnish to the patient or the patient's designee the following:
18   (1) A copy of the patient's health record used in assessing the
19   patient's health condition.
20   (2) At the option of the patient, the pertinent part of the patient's
21   health record relating to a specific condition, as requested by the
22   patient.
23   **(3) At the option of the patient or the patient's designee, the**
24   **diagnostic billing code and procedural billing code for each**
25   **diagnosis and health care service rendered to the patient.**
26   (e) A request made under this section is valid for sixty (60) days
27 after the date the request is made.