

1                                   A bill to be entitled  
2       An act relating to electronic health records; amending s.  
3       395.3025, F.S.; expanding access to a patient's medical  
4       records to facilitate electronic exchange of data between  
5       certain health care facilities, practitioners, and  
6       providers and attending physicians; revising terminology  
7       regarding disclosure of patient records to conform to  
8       changes made by the act; amending s. 408.05, F.S.;  
9       removing responsibility of the Agency for Health Care  
10      Administration for monitoring certain grants and health  
11      care data; creating s. 408.051, F.S.; creating the  
12      "Florida eHealth Initiative Act"; providing legislative  
13      intent; providing definitions; requiring the agency to  
14      award and monitor grants to certain health information  
15      organizations; providing rulemaking authority regarding  
16      establishment of eligibility criteria; authorizing the  
17      agency to operate an Electronic Medical Records System  
18      Adoption Loan Program, subject to a specific  
19      appropriation; providing eligibility criteria; providing  
20      rulemaking authority regarding terms and conditions for  
21      the granting of loans; creating the Florida Health  
22      Information Exchange Advisory Council; providing for  
23      purpose, membership, terms of office, and duties of the  
24      council; requiring the Florida Center for Health  
25      Information and Policy Analysis to provide staff support;  
26      requiring reports to the Governor and Legislature;  
27      providing for future repeal of s. 408.051, F.S., and  
28      abolition of the council; providing duties of the agency

29 with regard to availability of specified information on  
 30 the agency's Internet website; requiring the agency to  
 31 develop and implement a plan to promote participation in  
 32 regional and statewide health information exchanges;  
 33 requiring the Office of Program Policy Analysis and  
 34 Government Accountability to complete an independent  
 35 evaluation of the grants program administered by the  
 36 agency and submit the report to the Governor and  
 37 Legislature; amending s. 408.062, F.S.; removing  
 38 responsibility of the agency for developing an electronic  
 39 health information network; amending s. 483.181, F.S.;  
 40 expanding access to laboratory reports to facilitate  
 41 exchange of data between certain health care practitioners  
 42 and providers; providing an effective date.

43

44 Be It Enacted by the Legislature of the State of Florida:

45

46 Section 1. Subsection (4) of section 395.3025, Florida  
 47 Statutes, is amended to read:

48 395.3025 Patient and personnel records; copies;  
 49 examination.--

50 (4) Patient records are confidential and must not be  
 51 disclosed without the consent of the patient or his or her legal  
 52 representative ~~person to whom they pertain~~, but appropriate  
 53 disclosure may be made without such consent to:

54 (a) Licensed facility personnel, ~~and~~ attending physicians,  
 55 or other health care practitioners and providers currently

56 involved in the care or treatment of the patient for use only in  
57 connection with the treatment of the patient.

58 (b) Licensed facility personnel only for administrative  
59 purposes or risk management and quality assurance functions.

60 (c) The agency, for purposes of health care cost  
61 containment.

62 (d) In any civil or criminal action, unless otherwise  
63 prohibited by law, upon the issuance of a subpoena from a court  
64 of competent jurisdiction and proper notice by the party seeking  
65 such records to the patient or his or her legal representative.

66 (e) The department ~~agency~~ upon subpoena issued pursuant to  
67 s. 456.071, but the records obtained thereby must be used solely  
68 for the purpose of the department ~~agency~~ and the appropriate  
69 professional board in its investigation, prosecution, and appeal  
70 of disciplinary proceedings. If the department ~~agency~~ requests  
71 copies of the records, the facility shall charge no more than  
72 its actual copying costs, including reasonable staff time. The  
73 records must be sealed and must not be available to the public  
74 pursuant to s. 119.07(1) or any other statute providing access  
75 to records, nor may they be available to the public as part of  
76 the record of investigation for and prosecution in disciplinary  
77 proceedings made available to the public by the department  
78 ~~agency~~ or the appropriate regulatory board. However, the  
79 department ~~agency~~ must make available, upon written request by a  
80 practitioner against whom probable cause has been found, any  
81 such records that form the basis of the determination of  
82 probable cause.

83 (f) The department ~~of Health~~ or its agent, for the purpose  
84 of establishing and maintaining a trauma registry and for the  
85 purpose of ensuring that hospitals and trauma centers are in  
86 compliance with the standards and rules established under ss.  
87 395.401, 395.4015, 395.4025, 395.404, 395.4045, and 395.405, and  
88 for the purpose of monitoring patient outcome at hospitals and  
89 trauma centers that provide trauma care services.

90 (g) The Department of Children and Family Services or its  
91 agent, for the purpose of investigations of cases of abuse,  
92 neglect, or exploitation of children or vulnerable adults.

93 (h) The State Long-Term Care Ombudsman Council and the  
94 local long-term care ombudsman councils, with respect to the  
95 records of a patient who has been admitted from a nursing home  
96 or long-term care facility, when the councils are conducting an  
97 investigation involving the patient as authorized under part II  
98 of chapter 400, upon presentation of identification as a council  
99 member by the person making the request. Disclosure under this  
100 paragraph shall only be made after a competent patient or the  
101 patient's representative has been advised that disclosure may be  
102 made and the patient has not objected.

103 (i) A local trauma agency or a regional trauma agency that  
104 performs quality assurance activities, or a panel or committee  
105 assembled to assist a local trauma agency or a regional trauma  
106 agency in performing quality assurance activities. Patient  
107 records obtained under this paragraph are confidential and  
108 exempt from s. 119.07(1) and s. 24(a), Art. I of the State  
109 Constitution.

110 (j) Organ procurement organizations, tissue banks, and eye  
 111 banks required to conduct death records reviews pursuant to s.  
 112 395.2050.

113 (k) The Medicaid Fraud Control Unit in the Department of  
 114 Legal Affairs pursuant to s. 409.920.

115 (l) The Department of Financial Services, or an agent,  
 116 employee, or independent contractor of the department who is  
 117 auditing for unclaimed property pursuant to chapter 717.

118 (m) A regional poison control center for purposes of  
 119 treating a poison episode under evaluation, case management of  
 120 poison cases, or compliance with data collection and reporting  
 121 requirements of s. 395.1027 and the professional organization  
 122 that certifies poison control centers in accordance with federal  
 123 law.

124 Section 2. Subsection (4) of section 408.05, Florida  
 125 Statutes, is amended to read:

126 408.05 Florida Center for Health Information and Policy  
 127 Analysis.--

128 (4) TECHNICAL ASSISTANCE.--

129 (a) The center shall provide technical assistance to  
 130 persons or organizations engaged in health planning activities  
 131 in the effective use of statistics collected and compiled by the  
 132 center. The center shall also provide the following additional  
 133 technical assistance services:

134 1. Establish procedures identifying the circumstances  
 135 under which, the places at which, the persons from whom, and the  
 136 methods by which a person may secure data from the center,  
 137 including procedures governing requests, the ordering of

138 requests, timeframes for handling requests, and other procedures  
 139 necessary to facilitate the use of the center's data. To the  
 140 extent possible, the center should provide current data timely  
 141 in response to requests from public or private agencies.

142 2. Provide assistance to data sources and users in the  
 143 areas of database design, survey design, sampling procedures,  
 144 statistical interpretation, and data access to promote improved  
 145 health-care-related data sets.

146 3. Identify health care data gaps and provide technical  
 147 assistance to other public or private organizations for meeting  
 148 documented health care data needs.

149 4. Assist other organizations in developing statistical  
 150 abstracts of their data sets that could be used by the center.

151 5. Provide statistical support to state agencies with  
 152 regard to the use of databases maintained by the center.

153 6. To the extent possible, respond to multiple requests  
 154 for information not currently collected by the center or  
 155 available from other sources by initiating data collection.

156 7. Maintain detailed information on data maintained by  
 157 other local, state, federal, and private agencies in order to  
 158 advise those who use the center of potential sources of data  
 159 which are requested but which are not available from the center.

160 8. Respond to requests for data which are not available in  
 161 published form by initiating special computer runs on data sets  
 162 available to the center.

163 9. Monitor innovations in health information technology,  
 164 informatics, and the exchange of health information and maintain

165 a repository of technical resources to support the development  
 166 of a statewide health information exchange network.

167 ~~(b) The agency shall administer, manage, and monitor~~  
 168 ~~grants to not for profit organizations, regional health~~  
 169 ~~information organizations, public health departments, or state~~  
 170 ~~agencies that submit proposals for planning, implementation, or~~  
 171 ~~training projects to advance the development of a health~~  
 172 ~~information network. Any grant contract shall be evaluated to~~  
 173 ~~ensure the effective outcome of the health information project.~~

174 (b)(e) The agency shall initiate, oversee, manage, and  
 175 evaluate the integration of health care data from each state  
 176 agency that collects, stores, and reports on health care issues  
 177 and make that data available to any health care practitioner  
 178 through a statewide state health information exchange network.

179 Section 3. Section 408.051, Florida Statutes, is created  
 180 to read:

181 408.051 Florida eHealth Initiative Act.--

182 (1) SHORT TITLE.--This section may be cited as the  
 183 "Florida eHealth Initiative Act."

184 (2) LEGISLATIVE INTENT.--The Legislature recognizes that  
 185 the exchange of electronic medical records will benefit  
 186 consumers by increasing the quality and efficiency of health  
 187 care throughout the state. It is the intent of the Legislature  
 188 that the state promote and coordinate the establishment of a  
 189 secure, privacy-protected, and interconnected statewide health  
 190 information exchange.

191 (3) DEFINITIONS.--As used in this section, the term:

192        (a) "Electronic medical record" means a record of a  
193 person's medical treatment created by a licensed health care  
194 provider and stored in an interoperable and accessible digital  
195 format.

196        (b) "Electronic medical records system" means an  
197 application environment composed of at least two of the  
198 following systems: a clinical data repository; clinical decision  
199 support; controlled medical vocabulary; computerized provider  
200 order entry; pharmacy; or clinical documentation. The  
201 application must be used by health care practitioners to  
202 document, monitor, and manage health care delivery within a  
203 health care delivery system and must be capable of  
204 interoperability within a health information exchange.

205        (c) "Health information exchange" means an electronic  
206 system used to acquire, process, and transmit electronic medical  
207 records that can be shared in real time among authorized health  
208 care providers, health care facilities, health insurers, and  
209 other recipients, as authorized by law, to facilitate the  
210 provision of health care services.

211        (d) "Health information organization" means an entity with  
212 a formal structure and established policies and procedures that  
213 serves as a neutral convener of local stakeholders to enable the  
214 secure and reliable exchange of electronic medical records among  
215 authorized health care stakeholders within a defined geographic  
216 region to facilitate improvements in health care quality,  
217 safety, and coordination of care.

218        (4) MATCHING GRANTS.--



219        (a) Subject to a specific appropriation, the agency shall  
220 award and monitor matching grants to health information  
221 organizations that submit proposals that advance the development  
222 of a statewide health information exchange. Funds awarded under  
223 this subsection shall be awarded on the basis of matching each  
224 \$1 of state funds with \$1 of local or private funds. Local or  
225 private funds may be provided in the form of cash or in-kind  
226 support or services. Grants may be awarded within the following  
227 categories: development, operation, and collaboration.

228        (b) The agency shall, by rule, establish specific  
229 eligibility criteria for a health information organization to  
230 qualify for a grant under this subsection. These criteria shall  
231 include, at a minimum, documentation of the following:

232            1. For development grants, the proposed organizational  
233 structure, the level of community support, including a list of  
234 key participants, a demonstration of available local or private  
235 matching funds, a timeline for development of the health  
236 information exchange, and proposed goals and metrics.

237            2. For operation grants, a demonstration of available  
238 local or private matching funds and a detailed business plan,  
239 which shall include a timeline for implementation of the health  
240 information exchange, policies and procedures to protect the  
241 privacy and security of electronic medical records, and proposed  
242 goals and metrics.

243            3. For collaboration grants, a demonstration of available  
244 local or private matching funds, memoranda of understanding  
245 between at least two health information organizations for the  
246 exchange of electronic medical records, a demonstration of

247 consistent utilization of the health information exchange by  
 248 members within each participating health information  
 249 organization, and a detailed business plan, which shall include  
 250 a timeline for the implementation of the exchange of electronic  
 251 medical records between participating health information  
 252 organizations, policies and procedures to protect the privacy  
 253 and security of electronic medical records, and proposed goals  
 254 and metrics.

255 (c) Beginning July 1, 2008, the agency shall not award a  
 256 health information organization more than 6 aggregate years of  
 257 funding.

258 (d) The agency shall award grants in consultation with the  
 259 Florida Health Information Exchange Advisory Council.

260 (5) ELECTRONIC MEDICAL RECORDS SYSTEM ADOPTION LOAN  
 261 PROGRAM.--

262 (a) Subject to a specific appropriation, the agency shall  
 263 operate an Electronic Medical Records System Adoption Loan  
 264 Program for the purpose of providing a one-time, no-interest  
 265 loan to eligible physicians licensed under chapter 458 or  
 266 chapter 459 or to an eligible business entity whose shareholders  
 267 are licensed under chapter 458 or chapter 459 for the initial  
 268 costs of implementing an electronic medical records system.

269 (b) In order to be eligible for a loan under this  
 270 subsection, each physician must demonstrate that he or she has  
 271 practiced continuously within the state for the previous 3  
 272 years.

273 (c) The agency shall not provide a loan to a physician who  
 274 has or a business entity whose physician has:

275 1. Been found guilty of violating s. 456.072(1) or been  
276 disciplined under the applicable licensing chapter in the  
277 previous 5 years.

278 2. Been found guilty of or entered a plea of guilty or  
279 nolo contendere to a violation of s. 409.920 or s. 409.9201.

280 3. Been sanctioned pursuant to s. 409.913 for fraud or  
281 abuse.

282 (d) A loan may be provided to an eligible physician or  
283 business entity in a lump-sum amount to pay for the costs of  
284 purchasing hardware and software, subscription services,  
285 professional consultation, and staff training. The agency shall  
286 provide guidance to loan recipients by providing, at a minimum,  
287 a list of electronic medical records systems recognized or  
288 certified by national standards-setting entities as capable of  
289 being used to communicate with a health information exchange.

290 (e) The agency shall distribute a minimum of 25 percent of  
291 funds appropriated to this program to physicians or business  
292 entities operating within a rural county as defined in s.  
293 288.106(1)(r).

294 (f) The agency shall, by rule, develop standard terms and  
295 conditions for use in this program. At a minimum, these terms  
296 and conditions shall require:

297 1. Loan repayment by the physician or business entity  
298 within a reasonable period of time, which may not be longer than  
299 72 months after the funding of the loan.

300 2. Equal periodic payments that commence within 3 months  
301 after the funding of the loan.

302 3. The eligible physician or business entity to execute a

303 promissory note and a security agreement in favor of the state.  
304 The security agreement shall be a purchase-money security  
305 interest pledging as collateral for the loan the specific  
306 hardware and software purchased with the loan proceeds. The  
307 agency shall prepare and record a financing statement under  
308 chapter 679. The physician or business entity shall be  
309 responsible for paying the cost of recording the financing  
310 statement. The security agreement shall further require that the  
311 physician or business entity pay all collection costs, including  
312 attorney's fees.

313 (g) The agency shall further require the physician or  
314 business entity to provide additional security under one of the  
315 following subparagraphs:

316 1. An irrevocable letter of credit, as defined in chapter  
317 675, in an amount equal to the amount of the loan.

318 2. An escrow account consisting of cash or assets eligible  
319 for deposit in accordance with s. 625.52 in an amount equal to  
320 the amount of the loan. If the escrow agent is responsible for  
321 making the periodic payments on the loan, the required escrow  
322 balance may be diminished as payments are made.

323 3. A pledge of the accounts receivables of the physician  
324 or business entity. This pledge shall be reflected on the  
325 financing statement.

326 (h) All payments received from or on behalf of a physician  
327 or business entity under this program shall be deposited into  
328 the agency's Administrative Trust Fund to be used to fund new  
329 loans.

330        (i) If a physician or business entity that has received a  
331 loan under this section ceases to provide care or services to  
332 patients, or if the physician or business entity defaults in any  
333 payment and the default continues for 30 days, the entire loan  
334 balance shall be immediately due and payable and shall bear  
335 interest from that point forward at the rate of 18 percent  
336 annually. Upon default, the agency may offset any moneys owed to  
337 the physician or business entity from the state and apply the  
338 offset against the outstanding balance.

339        (j) If a physician defaults in any payment and if the  
340 default continues for 30 days, the default shall constitute  
341 grounds for disciplinary action under chapter 458 or chapter 459  
342 and s. 456.072(1)(k).

343        (6) FLORIDA HEALTH INFORMATION EXCHANGE ADVISORY  
344 COUNCIL.--

345        (a) The Florida Health Information Exchange Advisory  
346 Council is created as an adjunct to the agency. The council is  
347 subject to the requirements of s. 20.052, except that only state  
348 officers and employees shall be reimbursed for per diem and  
349 travel expenses pursuant to s. 112.061.

350        (b) The purpose of the council is to:

351        1. Promote participation in regional and statewide health  
352 information exchanges and adoption of health information  
353 technology to support the infrastructure capacity for regional  
354 and statewide health information exchanges.

355        2. Conduct outreach and convene forums to educate  
356 stakeholders regarding the benefits of utilizing a health  
357 information exchange.

358        3. Provide guidance to stakeholders regarding the  
359 effective use of health information exchanges and standards for  
360 protecting the privacy and security of electronic medical  
361 records.

362        (c) The council shall consist of the following members:

363        1. The Secretary of Health Care Administration, or his or  
364 her designee.

365        2. The State Surgeon General, or his or her designee.

366        3. Two members appointed by and serving at the pleasure of  
367 the Governor, of which:

368        a. One member must be from the health insurance industry.

369        b. One member must be a consumer who is a resident of the  
370 state.

371        4. Four members appointed by and serving at the pleasure  
372 of the President of the Senate, of which:

373        a. One member must be from a hospital utilizing an  
374 electronic medical records system.

375        b. One member must be a physician utilizing an electronic  
376 medical records system in his or her practice.

377        c. One member must be a representative of an operating  
378 health information organization in the state.

379        d. One member must be from a federally qualified health  
380 center or other rural health organization utilizing an  
381 electronic medical records system.

382        5. Four members appointed by and serving at the pleasure  
383 of the Speaker of the House of Representatives, of which:

384        a. One member must be from a hospital utilizing an  
385 electronic medical records system.

386 b. One member must be a physician utilizing an electronic  
387 medical records system in his or her practice.

388 c. One member must be a representative of an operating  
389 health information organization in the state.

390 d. One member must be from a federally qualified health  
391 center or other rural health organization utilizing an  
392 electronic medical records system.

393 (d) A member who is a representative of an operating  
394 health information organization in the state must recuse himself  
395 or herself during discussion, evaluation, or recommendation of a  
396 grant application.

397 (e) Each member of the council subject to appointment  
398 shall be appointed to serve for a term of 4 years following the  
399 date of appointment. A vacancy shall be filled by appointment  
400 for the remainder of the term. Appointments shall be made within  
401 45 days after the effective date of this section.

402 (f) The council may meet at the call of the chair or at  
403 the request of a majority of its membership, but the council  
404 must meet at least quarterly. Meetings of the council may be  
405 held via teleconference or other electronic means.

406 (g) Members shall elect a chair and vice chair annually.

407 (h) A majority of the members constitutes a quorum and the  
408 affirmative vote of a majority of a quorum is necessary to take  
409 action.

410 (i) The council's duties and responsibilities include, but  
411 are not limited to, developing recommendations to:

412 1. Establish standards for all state-funded health  
413 information exchange efforts. Such standards shall include, but

414 are not limited to, policies and procedures to protect the  
 415 privacy and security of electronic medical records.

416 2. Remove barriers, including, but not limited to,  
 417 technological, regulatory, and financial barriers, that limit  
 418 participation by health care providers, health care facilities,  
 419 and health insurers in a health information exchange.

420 3. Remove barriers that prevent consumers from having  
 421 access to their electronic medical records.

422 4. Provide incentives to promote participation by health  
 423 care providers, health care facilities, and health insurers in  
 424 health information exchanges.

425 5. Identify health care data held by state agencies and  
 426 remove barriers to making that data available to authorized  
 427 recipients through health information exchanges in a private and  
 428 secure manner.

429 6. Increase state agency participation in health  
 430 information exchanges.

431 7. Partner with other state, regional, and federal  
 432 entities to promote and coordinate health information exchange  
 433 efforts.

434 8. Create a long-term plan for an interoperable statewide  
 435 network of health information organizations.

436  
 437 The council shall establish ad hoc issue-oriented technical  
 438 workgroups on an as-needed basis to make recommendations to the  
 439 council.

440 (j) The Florida Center for Health Information and Policy  
 441 Analysis within the agency shall provide, within existing



442 resources, staff support to enable the council to carry out its  
 443 responsibilities under this section.

444 (k) Beginning July 1, 2009, the council shall annually  
 445 provide a report to the Governor, the President of the Senate,  
 446 the Speaker of the House of Representatives, and the chairs of  
 447 the appropriate substantive committees of the Senate and the  
 448 House of Representatives that includes, but is not limited to,  
 449 the recommendations regarding the council's duties and  
 450 responsibilities. In addition, by July 1, 2010, the council  
 451 shall recommend a long-term plan to create an interoperable  
 452 statewide network of health information organizations to the  
 453 Governor, the President of the Senate, the Speaker of the House  
 454 of Representatives, and the chairs of the appropriate  
 455 substantive committees of the Senate and the House of  
 456 Representatives.

457 (l) This section is repealed and the council shall stand  
 458 abolished July 1, 2012, unless reviewed and saved from repeal  
 459 through reenactment by the Legislature.

460 (7) AGENCY FOR HEALTH CARE ADMINISTRATION; DUTIES.--

461 (a) The agency shall develop and maintain on its Internet  
 462 website the following information:

463 1. Federal and private sector health information exchange  
 464 funding programs, including analyses of successful local and  
 465 state recipients of the programs, as well as unsuccessful local  
 466 and state applicants of the programs.

467 2. A clearinghouse of state and national legislative,  
 468 regulatory, and public awareness activities related to health  
 469 information exchanges.

470        (b) The agency shall develop and implement a plan that  
471 promotes, at a minimum, participation in regional and statewide  
472 health information exchanges and the adoption of electronic  
473 medical records systems by physicians through the Electronic  
474 Medical Records System Adoption Loan Program, in consultation  
475 with the Florida Health Information Exchange Advisory Council,  
476 organizations representing allopathic and osteopathic practicing  
477 physicians, the Board of Medicine, and the Board of Osteopathic  
478 Medicine.

479        (8) PROGRAM EVALUATION; REPORT.--The Office of Program  
480 Policy Analysis and Government Accountability shall complete an  
481 independent evaluation of the grants program administered by the  
482 agency. The evaluation must include, at a minimum, assessments  
483 of the grant evaluation and distribution process; the way in  
484 which grant dollars are spent; the level of participation by  
485 entities within each grantee's project; the extent of clinical  
486 data exchange among entities within each grantee's project; the  
487 sources of funding for each grantee; and the feasibility of each  
488 grantee achieving long-term sustainability without state grant  
489 funding. The evaluation must assess the level at which the  
490 current grants program is advancing the development of a  
491 statewide health information exchange and recommend other  
492 programs that may accomplish the same goal. The report shall be  
493 submitted to the Governor, the President of the Senate, the  
494 Speaker of the House of Representatives, and the chairs of the  
495 relevant committees in the Senate and the House of  
496 Representatives no later than July 1, 2009.

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497 Section 4. Subsection (5) of section 408.062, Florida  
498 Statutes, is amended to read:

499 408.062 Research, analyses, studies, and reports.--

500 ~~(5) The agency shall develop and implement a strategy for~~  
501 ~~the adoption and use of electronic health records, including the~~  
502 ~~development of an electronic health information network for the~~  
503 ~~sharing of electronic health records among health care~~  
504 ~~facilities, health care providers, and health insurers. The~~  
505 ~~agency may develop rules to facilitate the functionality and~~  
506 ~~protect the confidentiality of electronic health records. The~~  
507 ~~agency shall report to the Governor, the Speaker of the House of~~  
508 ~~Representatives, and the President of the Senate on legislative~~  
509 ~~recommendations to protect the confidentiality of electronic~~  
510 ~~health records.~~

511 Section 5. Subsection (2) of section 483.181, Florida  
512 Statutes, is amended to read:

513 483.181 Acceptance, collection, identification, and  
514 examination of specimens.--

515 (2) The results of a test must be reported directly to the  
516 licensed practitioner or other authorized person who requested  
517 it, and appropriate disclosure may be made by the clinical  
518 laboratory without a patient's consent to other health care  
519 practitioners and providers involved in the care or treatment of  
520 the patient for use in connection with the treatment of the  
521 patient. The report must include the name and address of the  
522 clinical laboratory in which the test was actually performed,  
523 unless the test was performed in a hospital laboratory and the  
524 report becomes an integral part of the hospital record.

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Section 6. This act shall take effect upon becoming a law.