



COMMITTEE REPORT

MADAM PRESIDENT:

The Senate Committee on Appropriations, to which was referred Senate Bill No. 4, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

- 1 Page 2, line 33, delete "IC 12-15-44.5-7." and insert "**IC**
2 **12-15-44.5-7 (before its expiration).**"
- 3 Page 15, after line 42, begin a new paragraph and insert:
4 "SECTION 15. IC 12-15-44.5-6, AS AMENDED BY P.L.108-2019,
5 SECTION 198, IS AMENDED TO READ AS FOLLOWS
6 [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) For a state fiscal year
7 beginning July 1, 2018, ~~or thereafter,~~ **and before July 1, 2024**, the
8 office, after review by the state budget committee, may determine that
9 no incremental fees collected under IC 16-21-10-13.3 are required to
10 be deposited into the phase out trust fund established under section 7
11 of this chapter. **This subsection expires July 1, 2024.**
- 12 (b) If the plan is to be terminated for any reason, the office shall:
13 (1) if required, provide notice of termination of the plan to the
14 United States Department of Health and Human Services and
15 begin the process of phasing out the plan; or
16 (2) if notice and a phase out plan is not required under federal
17 law, notify the hospital assessment fee committee (IC 16-21-10)
18 of the office's intent to terminate the plan and the plan shall be
19 phased out under a procedure approved by the hospital
20 assessment fee committee.

1 The office may not submit any phase out plan to the United States
 2 Department of Health and Human Services or accept any phase out
 3 plan proposed by the Department of Health and Human Services
 4 without the prior approval of the hospital assessment fee committee.

5 (c) Before submitting:

6 (1) an extension of; or

7 (2) a material amendment to;

8 the plan to the United States Department of Health and Human
 9 Services, the office shall inform the Indiana Hospital Association of the
 10 extension or material amendment to the plan."

11 Page 16, between lines 36 and 37, begin a new paragraph and insert:

12 **"(i) This section expires July 1, 2024."**

13 Page 18, between lines 16 and 17, begin a new paragraph and insert:

14 "SECTION 19. IC 16-21-10-13.3, AS AMENDED BY
 15 P.L.201-2023, SECTION 147, IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 13.3. (a) This section
 17 is effective beginning February 1, 2015. As used in this section, "plan"
 18 refers to the healthy Indiana plan established in IC 12-15-44.5.

19 (b) Subject to subsections (c) through (e), the incremental fee under
 20 this section may be used to fund the state share of the expenses
 21 specified in this subsection if, after January 31, 2015, but before the
 22 collection of the fee under this section, the following occur:

23 (1) The committee establishes a fee formula to be used to fund the
 24 state share of the following expenses described in this
 25 subdivision:

26 (A) The state share of the capitated payments made to a
 27 managed care organization that contracts with the office to
 28 provide health coverage under the plan to plan enrollees other
 29 than plan enrollees who are eligible for the plan under Section
 30 1931 of the federal Social Security Act.

31 (B) The state share of capitated payments described in clause
 32 (A) for plan enrollees who are eligible for the plan under
 33 Section 1931 of the federal Social Security Act that are limited
 34 to the difference between:

35 (i) the capitation rates effective September 1, 2014,
 36 developed using Medicaid reimbursement rates; and

37 (ii) the capitation rates applicable for the plan developed
 38 using the plan's Medicare reimbursement rates described in
 39 IC 12-15-44.5-5(a)(2).

40 (C) The state share of the state's contributions to plan enrollee
 41 accounts.

42 (D) The state share of amounts used to pay premiums for a

1 premium assistance plan implemented under
2 IC 12-15-44.2-20.

3 (E) The state share of the costs of increasing reimbursement
4 rates for physician services provided to individuals enrolled in
5 Medicaid programs other than the plan, but not to exceed the
6 difference between the Medicaid fee schedule for a physician
7 service that was in effect before the implementation of the plan
8 and the amount equal to seventy-five percent (75%) of the
9 previous year federal Medicare reimbursement rate for a
10 physician service. The incremental fee may not be used for the
11 amount that exceeds seventy-five percent (75%) of the federal
12 Medicare reimbursement rate for a physician service.

13 (F) The state share of the state's administrative costs that, for
14 purposes of this clause, may not exceed one hundred seventy
15 dollars (\$170) per person per plan enrollee per year, and
16 adjusted annually by the Consumer Price Index.

17 ~~(G) The money described in IC 12-15-44.5-6(a) for the phase~~
18 ~~out period of the plan.~~

19 (2) The committee approves a process to be used for reconciling:
20 (A) the state share of the costs of the plan;
21 (B) the amounts used to fund the state share of the costs of the
22 plan; and
23 (C) the amount of fees assessed for funding the state share of
24 the costs of the plan.

25 For purposes of this subdivision, "costs of the plan" includes the
26 costs of the expenses listed in subdivision (1)(A) through ~~(1)(G)~~;
27 **(1)(F)**.

28 The fees collected under subdivision (1)(A) through (1)(F) shall be
29 deposited into the incremental hospital fee fund established by section
30 13.5 of this chapter. ~~Fees described in subdivision (1)(G) shall be~~
31 ~~deposited into the phase out trust fund described in IC 12-15-44.5-7.~~
32 The fees used for purposes of funding the state share of expenses listed
33 in subdivision (1)(A) through (1)(F) may not be used to fund expenses
34 incurred on or after the commencement of a phase out period of the
35 plan.

36 (c) For each state fiscal year for which the fee authorized by this
37 section is used to fund the state share of the expenses described in
38 subsection (b)(1), the amount of fees shall be reduced by:

39 (1) the amount of funds annually designated by the general
40 assembly to be deposited in the healthy Indiana plan trust fund
41 established by IC 12-15-44.2-17; less

42 (2) the annual cigarette tax funds annually appropriated by the

- 1 general assembly for childhood immunization programs under
2 IC 12-15-44.2-17(a)(3).
3 (d) The incremental fee described in this section may not:
4 (1) be assessed before July 1, 2016; and
5 (2) be assessed or collected on or after the beginning of a phase
6 out period of the plan.
7 (e) This section is not intended to and may not be construed to
8 change or affect any component of the programs established under
9 section 8 of this chapter."
10 Renumber all SECTIONS consecutively.
 (Reference is to SB 4 as introduced.)

and when so amended that said bill do pass .

Committee Vote: Yeas 13, Nays 0.

Senator Mishler, Chairperson