

First Regular Session of the 122nd General Assembly (2021)

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 2020 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1007

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 16-18-2-153.7 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2021]: **Sec. 153.7. "Grant program", for purposes of IC 16-46-16.5, has the meaning set forth in IC 16-46-16.5-1.**

SECTION 2. IC 16-18-2-274 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 274. (a) "Person" means, except as provided in subsections (b), (c), ~~and~~ (d), **and (e)**, an individual, a firm, a partnership, an association, a fiduciary, an executor or administrator, a governmental entity, or a corporation.

(b) "Person", for purposes of IC 16-25, has the meaning set forth in IC 16-25-1.1-8.

(c) "Person", for purposes of IC 16-31, means an individual, a partnership, a corporation, an association, a joint stock association, or a governmental entity other than an agency or instrumentality of the United States.

(d) "Person", for purposes of IC 16-42-10, has the meaning set forth in IC 16-42-10-3.

(e) "Person", for purposes of IC 16-46-16.5, has the meaning set forth in IC 16-46-16.5-2.

SECTION 3. IC 16-30-3-2 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY

HEA 1007 — Concur



1, 2021]: **Sec. 2. (a) The state department, in consultation with the office of the secretary of family and social services, shall study and prepare a plan to prevent or reduce the prevalence of health issues, or improve the health and behavioral health of Indiana residents based on metrics for measuring, and goals to improve, the following:**

- (1) Training concerning mental health.**
- (2) Tobacco or nicotine use and the pulmonary and cardiac effects from the use.**
- (3) Food insecurities.**
- (4) Adverse behavioral and mental health outcomes.**
- (5) Lead exposure.**
- (6) Obesity.**
- (7) Diabetes.**
- (8) Cardiovascular diseases, including hypertension and hyperlipidemia.**
- (9) Hepatitis C.**
- (10) The frequency of cancer screening.**
- (11) Other critical health issues for a specific:**
 - (A) region;**
 - (B) county;**
 - (C) sex; or**
 - (D) ethnicity;****that ranks in the bottom quintile for that specific health issue metric.**

(b) Before July 1, 2022, the state department shall submit and present the written plan prepared under this section to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4.

(c) Before July 1, 2022, the state department shall establish and maintain on the department's Internet web site a web page that indicates the performance and progress of the metrics and goals identified in the plan prepared under subsection (a).

(d) Before July 1, 2023, and before July 1 of each year thereafter, the state department shall prepare, submit, and present to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 a report on the grants awarded under IC 16-46-16.5-6 and the progress made in meeting the metrics and goals identified in the plan submitted under this section.

SECTION 4. IC 16-46-16.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE

HEA 1007 — Concur



JULY 1, 2021]:

Chapter 16.5. Health Issues and Challenges Grant Program

Sec. 1. As used in this chapter, "grant program" refers to the prevention and addressing of health issues and challenges grant program established by section 3 of this chapter.

Sec. 2. As used in this chapter, "person" means an individual, employer, employer association, nonprofit organization, for-profit organization, municipality (as defined in IC 36-1-2-11), school corporation, charter school, accredited nonpublic school, research institution, health insurance plan, health insurance ministry, or any combination of these.

Sec. 3. The prevention and addressing of health issues and challenges grant program is established to provide grants to eligible entities across the state. The state department shall administer the program.

Sec. 4. (a) The prevention and addressing of health issues and challenges grant fund is established for the purpose of distributing money for the grant program. The fund shall be administered by the state department.

(b) The fund consists of:

(1) money appropriated for the program or to the fund by the general assembly;

(2) money received from state or federal grants or programs; and

(3) gifts, money, and donations received from any other source, including transfers from other funds or accounts.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from the investments shall be deposited in the fund.

(e) Money in the fund at the end of the state fiscal year does not revert to the state general fund or to any other fund in the case of an appropriation made to the program from a fund other than the state general fund. In addition, if there is an appropriation for the program for a state fiscal year, the money appropriated shall be transferred to the fund at the beginning of the state fiscal year for which the appropriation is made.

Sec. 5. (a) A person seeking a grant under this chapter must submit a proposal to the state department.

(b) A proposal for a grant under this chapter must include the



following:

- (1) Proposed measurable and specific improvement in one (1) or more critical health metrics within a defined cohort. The cohort may be defined by any health, demographic, or geographic criteria, or any combination of these. However, a cohort defined using demographic criteria may include criteria based on employment in a particular industry or having particular job duties.
- (2) The time frame in which to achieve the proposed measurable improvement or improvements described in subdivision (1). However, the time frame in which an initial proposed measurable improvement is achieved may not be more than two (2) years.

Sec. 6. The state department shall award grants under this chapter primarily for the purpose of increasing health outcomes by, and preventing or reducing the prevalence of, the following:

- (1) Training concerning mental health.
- (2) Tobacco or nicotine use and the pulmonary and cardiac effects from the use.
- (3) Food insecurities.
- (4) Adverse behavioral and mental health outcomes.
- (5) Lead exposure.
- (6) Obesity.
- (7) Diabetes.
- (8) Cardiovascular diseases, including hypertension and hyperlipidemia.
- (9) Hepatitis C.
- (10) Cancer.
- (11) Other critical health issues for a specific:
 - (A) region;
 - (B) county;
 - (C) sex; or
 - (D) ethnicity;

that ranks in the bottom quintile for that specific health issue metric.

In awarding the grants, the state department may give priority to proposals that will address health disparities and organizations representing people of color.

Sec. 7. (a) The state department shall determine whether to award a grant under this chapter.

(b) Subject to subsection (c), if the state department approves a proposal:



(1) the initial grant amount awarded shall not exceed eighty-five percent (85%); or

(2) if the proposal approved by the state department will supplement a health initiative that currently receives partial funding from another source, including a Medicaid provider, the initial grant amount awarded shall not exceed seventy-five percent (75%);

of the total grant amount approved for the proposal. The state department shall distribute the remaining amount of the approved grant to the grantee when the state department determines that the grantee has achieved the outcome or outcomes in the grant proposal.

(c) The state department of health may distribute the initial award amounts described in subsection (b)(1) and (b)(2) over the course of the project that is the subject of the proposal based on achieved objectives.

Sec. 8. The management performance hub established by IC 4-3-26-8 shall develop and publish on an Internet web site a web page that tracks Indiana's metrics on the most significant areas of health and behavioral health impacting Indiana residents, as identified by the state department, and demonstrate any progress made in these metrics. The web page must include specific progress reported by organizations awarded a grant under the grant program.

Sec. 9. The state department may adopt necessary rules under IC 4-22-2 to implement this chapter.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

HEA 1007 — Concur

