



February 20, 2015

HOUSE BILL No. 1269

DIGEST OF HB 1269 (Updated February 19, 2015 10:56 am - DI 77)

Citations Affected: IC 10-21; IC 11-10; IC 11-12; IC 12-15; IC 12-21; IC 12-29; IC 16-31; IC 20-28; IC 20-34; IC 27-8; IC 27-13; IC 35-33.

Synopsis: Mental health matters. Makes the department of correction (DOC) or a health navigator an inmate's authorized representative for applying for Medicaid for inmates who are potentially eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Makes the county or a health navigator where an offender is in the county jail an offender's authorized representative for applying for Medicaid for offenders held in county jails who are eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Provides that the DOC or a health navigator shall assist a committed offender in applying for Medicaid and securing treatment upon discharge from the DOC. Provides that a county or a health navigator shall assist an offender in applying for Medicaid and securing treatment upon discharge from a county jail. Provides that a community mental health center may be used in assisting with DOC inmates and county jail offenders applying for Medicaid. Requires that after a person is arrested and taken into custody, a mental health or addiction professional shall assess the person and report the recommended treatment plan to the person and to the law enforcement agency that arrested the person if the person is determined to have a mental health issue or substance abuse addiction. Requires the office of Medicaid policy and planning (office) to prepare an annual report concerning the use of qualified providers to provide presumptive eligibility services. Requires the office to apply, to the United States Department of Health and Human Services for the following Medicaid
(Continued next page)

Effective: July 1, 2015; January 1, 2016.

Clere, Steuerwald, Brown C, Pierce

January 13, 2015, read first time and referred to Committee on Public Health.
February 19, 2015, amended, reported — Do Pass.

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Digest Continued

plan amendments or demonstration waivers for the provision of behavioral health homes within the Medicaid program. Allows a community mental health center to use the center's provider identification number to file any Medicaid claim, including primary care health service, if certain conditions are met. Prohibits the office from limiting the filing by a community mental health center of primary care health services and mental health services for a recipient if the services are covered services and necessary to ensure coordinated care for the recipient. Requires the division of mental health and addiction to develop a mental health first aid training program. Includes a mental health first aid training program in the: (1) continuing education programs promoted by the emergency medical services commission; (2) basic or inservice course of education and training for teaching professionals; and (3) requirements for an initial teaching license. Authorizes the division of mental health and addiction to award matching grants to a school corporation necessary for a school counselor to obtain a mental health counselor license. Provides that the funding for the grants shall be provided by the Indiana secured school fund. Requires a school corporation to enter into a memorandum of understanding with a mental health care provider or a community mental health center to establish conditions or terms for referring students of the school corporation for services. Provides for coverage of telemedicine services under a policy of accident and sickness insurance and a health maintenance contract. Provides that subject to funding that a person who is arrested and taken into custody must be assessed by a qualified mental health provider.

HB 1269—LS 6877/DI 104



February 20, 2015

First Regular Session of the 119th General Assembly (2015)

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 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

HOUSE BILL No. 1269

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

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

1 SECTION 1. IC 10-21-1-2, AS ADDED BY P.L.172-2013,
2 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2015]: Sec. 2. (a) The Indiana secured school fund is
4 established to provide **matching grants under subsection (b) and**
5 **matching grants** to enable school corporations and charter schools to
6 establish programs under which a school corporation or charter school
7 (or a coalition of schools) may:
8 (1) employ a school resource officer or enter into a contract or a
9 memorandum of understanding with a:
10 (A) local law enforcement agency;
11 (B) private entity; or
12 (C) nonprofit corporation;
13 to employ a school resource officer;
14 (2) conduct a threat assessment of the buildings within a school

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1 corporation or operated by a charter school; or

2 (3) purchase equipment and technology to:

3 (A) restrict access to school property; or

4 (B) expedite notification of first responders.

5 **(b) Subject to the availability of funding, a matching grant**
 6 **program under this subsection shall be used to obtain training**
 7 **necessary for school counselors to receive a mental health**
 8 **counselor license under IC 25-23.6-8.5.**

9 ~~(b)~~ **(c)** The fund shall be administered by the department of
 10 homeland security.

11 ~~(c)~~ **(d)** The fund consists of:

12 (1) appropriations from the general assembly;

13 (2) grants from the Indiana safe schools fund established by
 14 IC 5-2-10.1-2;

15 (3) federal grants; and

16 (4) amounts deposited from any other public or private source.

17 ~~(d)~~ **(e)** The expenses of administering the fund shall be paid from
 18 money in the fund.

19 ~~(e)~~ **(f)** The treasurer of state shall invest the money in the fund not
 20 currently needed to meet the obligations of the fund in the same
 21 manner as other public money may be invested. Interest that accrues
 22 from these investments shall be deposited in the fund.

23 ~~(f)~~ **(g)** Money in the fund at the end of a state fiscal year does not
 24 revert to the state general fund.

25 SECTION 2. IC 11-10-3-7, AS ADDED BY P.L.205-2013,
 26 SECTION 170, IS AMENDED TO READ AS FOLLOWS
 27 [EFFECTIVE JULY 1, 2015]: Sec. 7. **(a)** If the department or a county
 28 incurs medical care expenses in providing medical care to an inmate
 29 who is committed to the department and the medical care expenses are
 30 not reimbursed, the department or the county shall attempt to determine
 31 the amount, if any, of the medical care expenses that may be paid:

32 (1) by a policy of insurance that is maintained by the inmate and
 33 that covers medical care, dental care, eye care, or any other health
 34 care related service; or

35 (2) by Medicaid.

36 **(b) For an inmate who:**

37 **(1) is committed to the department; and**

38 **(2) is potentially eligible for Medicaid (IC 12-15);**

39 **the department shall act as the inmate's Medicaid authorized**
 40 **representative or health navigator under the requirements of**
 41 **IC 27-19-2-12 and shall apply for Medicaid on behalf of the inmate**
 42 **or assist the inmate in securing Medicaid eligibility as a health**



- 1 navigator.
- 2 (c) For an offender who:
- 3 (1) is committed to a county jail; and
- 4 (2) is potentially eligible for Medicaid (IC 12-15);
- 5 the county where the offender has been incarcerated shall act as
- 6 the offender's Medicaid authorized representative or a health
- 7 navigator under the requirements of IC 27-19-2-12 and shall apply
- 8 for Medicaid on behalf of the offender or assist the offender in
- 9 securing Medicaid eligibility as a health navigator.
- 10 (d) For an inmate who:
- 11 (1) is committed to the department;
- 12 (2) is housed in a county jail; and
- 13 (3) is potentially eligible for Medicaid (IC 12-15);
- 14 the department is the inmate's Medicaid authorized representative
- 15 and shall apply for Medicaid on behalf of the inmate. If the inmate
- 16 does not require immediate medical attention, the department shall
- 17 establish Medicaid eligibility using a health navigator established
- 18 under IC 27-19-2-12.
- 19 SECTION 3. IC 11-10-12-5.3 IS ADDED TO THE INDIANA
- 20 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 21 [EFFECTIVE JULY 1, 2015]: Sec. 5.3. (a) The department shall
- 22 assist a committed offender in applying for Medicaid, as the
- 23 authorized representative as described in IC 11-10-3-7 or as a
- 24 health navigator under the requirements of IC 27-19-2-12, so that
- 25 the committed offender might be eligible for assistance when the
- 26 offender is subsequently:
- 27 (1) released on parole;
- 28 (2) assigned to a community transition program; or
- 29 (3) discharged from the department.
- 30 (b) The department shall provide the assistance described in
- 31 subsection (a) in sufficient time to ensure that the committed
- 32 offender will be able to receive assistance at the time the committed
- 33 offender is:
- 34 (1) released on parole;
- 35 (2) assigned to a community transition program; or
- 36 (3) discharged from the department.
- 37 (c) The department shall implement the requirements under this
- 38 section to establish an inmate's Medicaid coverage regardless of
- 39 the inmate's medical need. Upon a determination that the inmate
- 40 qualifies for Medicaid coverage, the office of the secretary of
- 41 family and social services, division of family resources, shall
- 42 authorize and then immediately suspend Medicaid coverage for



1 **those inmates not requiring immediate medical attention.**

2 SECTION 4. IC 11-10-12-5.7 IS ADDED TO THE INDIANA
3 CODE AS A NEW SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2015]: **Sec. 5.7. (a) The department shall**
5 **assist a committed offender who has a mental illness or addictive**
6 **disorder in securing treatment through an approved Medicaid**
7 **program, as the authorized representative as described in**
8 **IC 11-10-3-7 or as a health navigator under the requirements of**
9 **IC 27-19-2-12, so that the committed offender might be eligible for**
10 **treatment when the offender is:**

- 11 (1) released on parole;
12 (2) assigned to a community transition program;
13 (3) discharged from the department; or
14 (4) required to receive inpatient psychiatric services while
15 incarcerated to the extent authorized under federal law.

16 (b) The department shall provide the assistance described in
17 subsection (a) in sufficient time to ensure that the committed
18 offender will be able to receive treatment at the time the committed
19 offender is:

- 20 (1) released on parole;
21 (2) assigned to a community transition program; or
22 (3) discharged from the department.

23 (c) Subject to federal approval, an inmate placed in a work
24 release program or other department program involving
25 alternative sentencing programs is eligible for Medicaid covered
26 services.

27 (d) The department may use a community mental health center
28 (as defined in IC 12-7-2-38), hospital, mental health professional,
29 or other provider certified or licensed by the division of mental
30 health and addiction to provide Medicaid based treatment for a
31 mental illness or addictive disorder through the Medicaid
32 program.

33 SECTION 5. IC 11-12-3.8-1, AS ADDED BY P.L.184-2014,
34 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 JULY 1, 2015]: Sec. 1. As used in this chapter, "mental health and
36 addiction forensic treatment services" means evidence based treatment
37 and recovery wraparound support services provided to individuals who
38 have entered the criminal justice system as a felon or with a prior
39 felony conviction. The term includes:

- 40 (1) mental health and substance abuse treatment;
41 (2) vocational services;
42 (3) housing assistance;



- 1 (4) community support services;
 2 (5) care coordination; ~~and~~
 3 (6) transportation assistance; **and**
 4 (7) **mental health and substance use assessments for**
 5 **incarcerated individuals.**

6 SECTION 6. IC 11-12-5-9 IS ADDED TO THE INDIANA CODE
 7 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 8 1, 2015]: **Sec. 9. (a) Before discharge or release of an offender from**
 9 **a county jail, the county in which the incarcerated person is located**
 10 **shall assist the offender in applying for Medicaid, if eligible, as the**
 11 **authorized representative as described in IC 11-10-3-7 or as a**
 12 **health navigator under the requirements of IC 27-19-2-12, so that**
 13 **the offender might be eligible for assistance when the offender is**
 14 **subsequently released from the county jail.**

15 (b) The county shall provide the assistance described in
 16 subsection (a) in sufficient time to ensure that the offender will be
 17 able to receive assistance at the time the offender is released from
 18 the county jail.

19 (c) A county may contract with any entity who complies with
 20 IC 27-19-2-12, including a hospital or outreach eligibility worker,
 21 to assist with Medicaid applications under this section. A county
 22 may develop intergovernmental agreements with other counties to
 23 provide both authorized representative and health navigator
 24 services required under this section. Upon a determination that an
 25 incarcerated individual qualifies for Medicaid coverage, the office
 26 of the secretary of family and social services, division of family
 27 resources, shall authorize and then immediately suspend Medicaid
 28 coverage for those inmates not requiring immediate medical
 29 attention.

30 SECTION 7. IC 11-12-5-10 IS ADDED TO THE INDIANA CODE
 31 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 32 1, 2015]: **Sec. 10. (a) Upon discharge or release of an inmate from**
 33 **the county jail, the county shall assist an offender who has a mental**
 34 **illness or addictive disorder in securing treatment through an**
 35 **approved Medicaid program for substance abuse addiction, as the**
 36 **authorized representative as described in IC 11-10-3-7 or as a**
 37 **health navigator under the requirements of IC 27-19-2-12, so that**
 38 **the offender might be eligible for treatment when the offender is**
 39 **subsequently released from the county jail.**

40 (b) The county shall provide the assistance described in
 41 subsection (a) in sufficient time to ensure that the offender will be
 42 able to receive treatment at the time the committed offender is



1 released from the county jail.

2 (c) A county shall use a community mental health center (as
3 defined in IC 12-7-2-38) or a provider certified or licensed by the
4 division of mental health and addiction, including a hospital or
5 outreach eligibility worker, to assist with securing treatment for a
6 mental illness or addictive disorder through the Medicaid program
7 under this section.

8 SECTION 8. IC 12-15-1-20.4, AS AMENDED BY P.L.1-2010,
9 SECTION 57, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
10 JULY 1, 2015]: Sec. 20.4. (a) If a Medicaid recipient is:

11 ~~(1) less than eighteen (18) years of age;~~

12 ~~(2) (1) adjudicated to be a delinquent child and placed in:~~

13 (A) a community based correctional facility for children;

14 (B) a juvenile detention facility; or

15 (C) a secure facility, not including a facility licensed as a child
16 caring institution under IC 31-27; or

17 **(2) incarcerated in a prison or jail; and**

18 ~~(3) ineligible to participate in the Medicaid program during the~~
19 ~~placement described in subdivision (1) or (2) because of federal~~
20 ~~Medicaid law, the division of family resources, upon notice that a child~~
21 ~~has been adjudicated to be a delinquent child and placed in a facility~~
22 ~~described in subdivision (2) (1) or upon notice that a person is~~
23 ~~incarcerated in a prison or jail and placed in a facility described in~~
24 ~~subdivision (2), shall suspend the child's person's participation in the~~
25 ~~Medicaid program for up to six (6) months three (3) years before~~
26 ~~terminating the child's person's eligibility.~~

27 (b) If the division of family resources receives:

28 (1) a dispositional decree under IC 31-37-19-28; or

29 (2) a modified disposition order under IC 31-37-22-9;

30 and the department of correction gives the division at least forty (40)
31 days notice that a ~~child person~~ will be released from a facility
32 described in subsection ~~(a)(2)(C); (a)(1)(C) or (a)(2)~~, the division of
33 family resources shall take action necessary to ensure that a ~~child~~
34 **person** described in subsection (a) is eligible to participate in the
35 Medicaid program upon the ~~child's person's~~ release, if the ~~child~~
36 **person** is eligible to participate.

37 SECTION 9. IC 12-15-1.3-13.5 IS ADDED TO THE INDIANA
38 CODE AS A NEW SECTION TO READ AS FOLLOWS
39 [EFFECTIVE JULY 1, 2015]: **Sec. 13.5. (a) As used in this section,**
40 **"qualified provider" refers to a health provider authorized by the**
41 **office to provide Medicaid presumptive eligibility services.**

42 (b) The office shall present a report to the interim study



1 committee on public health, behavioral health, and human services
 2 not later than September 30 of each year, regarding the use of
 3 qualified providers to undertake presumptive eligibility services
 4 under the Medicaid program.

5 (c) The study must include the following:

6 (1) The number of presumptive eligibility qualified providers
 7 and their location and distribution in the state.

8 (2) The number of presumptive eligibility applications
 9 submitted and in a per provider format.

10 (3) The number and percent of presumptive eligibility
 11 applications submitted that were approved or denied and the
 12 information in a per provider and by county format.

13 (4) The number and percent of presumptive eligibility
 14 applications that resulted in a Medicaid application
 15 submission and the information in a per provider and by
 16 county format.

17 (5) The number and percent of presumptive eligibility
 18 applications that were subsequently approved or denied for
 19 full coverage and the information in a per provider and by
 20 county format.

21 (6) The method the office used to communicate presumptive
 22 eligibility opportunities to qualified providers and health
 23 consumers.

24 (7) The error rate of qualified providers in accepting
 25 presumptive eligibility applications that were subsequently
 26 determined to be ineligible.

27 (8) The education and technical assistance and availability
 28 provided by the office for ongoing training and retention of
 29 qualified providers.

30 (9) Any other information the office considers relevant on the
 31 use of qualified providers in carrying out presumptive
 32 eligibility services under the Medicaid program.

33 (d) This section expires January 1, 2018.

34 SECTION 10. IC 12-15-1.3-18 IS ADDED TO THE INDIANA
 35 CODE AS A NEW SECTION TO READ AS FOLLOWS
 36 [EFFECTIVE JULY 1, 2015]: Sec. 18. (a) Before July 1, 2016, the
 37 office shall apply to the United States Department of Health and
 38 Human Services for any amendment to the state Medicaid plan or
 39 demonstration waiver that is needed to provide behavioral health
 40 homes using care coordination teams in the delivery of behavioral
 41 health and primary health services as allowable under Section 2703
 42 of the federal Patient Protection and Affordable Care Act.



1 **(b) The office may not implement the amendment or waiver**
 2 **until the office files an affidavit with the governor attesting that the**
 3 **amendment or waiver applied for under this section is in effect.**
 4 **The office shall file the affidavit under this subsection not more**
 5 **than five (5) days after the office is notified that the amendment or**
 6 **waiver is approved.**

7 **(c) If the office receives approval for the amendment or waiver**
 8 **under this section from the United States Department of Health**
 9 **and Human Services and the governor receives the affidavit filed**
 10 **under subsection (b), the office shall implement the amendment or**
 11 **waiver not more than sixty (60) days after the governor receives**
 12 **the affidavit.**

13 **(d) The office may adopt rules under IC 4-22-2 to implement**
 14 **this section.**

15 SECTION 11. IC 12-15-4-2.5 IS ADDED TO THE INDIANA
 16 CODE AS A NEW SECTION TO READ AS FOLLOWS
 17 [EFFECTIVE JULY 1, 2015]: **Sec. 2.5. (a) The department of**
 18 **correction is, for an inmate described in IC 11-10-3-7(b), the**
 19 **inmate's Medicaid authorized representative.**

20 **(b) The county in which an offender is imprisoned in is, for an**
 21 **offender described in IC 11-10-3-7(c), the offender's Medicaid**
 22 **authorized representative.**

23 SECTION 12. IC 12-15-11-8 IS ADDED TO THE INDIANA
 24 CODE AS A NEW SECTION TO READ AS FOLLOWS
 25 [EFFECTIVE JANUARY 1, 2016]: **Sec. 8. (a) A community mental**
 26 **health center may use the center's provider identification number**
 27 **to file any Medicaid claim, including primary care health services,**
 28 **if the community mental health center:**

29 **(1) is otherwise treating the individual for a mental health**
 30 **condition or an addictive disorder; and**

31 **(2) meets the requirements to provide the services rendered.**

32 **(b) The office may not require a community health center to**
 33 **obtain a separate provider identification number to provide**
 34 **services that the community health center meets the requirements**
 35 **to provide.**

36 **(c) The office may not limit the filing of a Medicaid claim by a**
 37 **community mental health center for primary care services, mental**
 38 **health conditions, and addictive disorders on the same day as long**
 39 **as the services are covered services and necessary to ensure**
 40 **coordinated care for the recipient.**

41 SECTION 13. IC 12-21-5-2, AS AMENDED BY P.L.93-2011,
 42 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2015]: Sec. 2. The division is responsible for the following:

2 (1) The planning, research, and development of programs and
3 methods for the education and treatment of children with an
4 emotional disturbance.

5 (2) The coordination of governmental services, activities, and
6 programs in Indiana relating to such children.

7 (3) The administration of the state supported services concerned
8 with such children.

9 (4) The preparation of the annual report required by IC 7.1-6-2-5.

10 (5) The provision of **a mental health first aid training program**
11 **developed under section 4 of this chapter, including providing**
12 information and guidance to local school corporations on the
13 development of evidence based programs for basic or inservice
14 courses for teachers and training for teachers on the following:

15 (A) Prevention of child suicide.

16 (B) Recognition of signs that a student may be considering
17 suicide.

18 SECTION 14. IC 12-21-5-4 IS ADDED TO THE INDIANA CODE
19 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
20 1, 2015]: Sec. 4. (a) **To the extent that funds are made available, the**
21 **division, in consultation with:**

22 (1) **the department of education;**

23 (2) **the law enforcement training board;**

24 (3) **the Indiana Council of Community Mental Health**
25 **Centers;**

26 (4) **Mental Health America-Indiana;**

27 (5) **the Indiana emergency medical services commission; and**

28 (6) **a private foundation dedicated to the prevention of youth**
29 **suicide through education and awareness;**

30 **shall develop and administer a mental health first aid training**
31 **program.**

32 (b) **The mental health first aid training program developed**
33 **under section (a) must do the following:**

34 (1) **Train individuals attending the training program to**
35 **recognize the risk factors and signs of mental health problems**
36 **or crises in children and young adults, including signs that a**
37 **child or young adult may be considering suicide.**

38 (2) **Train individuals attending the training program to guide**
39 **children and young adults who exhibit signs of a mental**
40 **health problem or crisis to appropriate behavioral health**
41 **services.**

42 (c) **The division shall provide training for individuals who will**



1 **be instructors in the mental health first aid training program.**

2 **(d) The division shall make the mental health first aid training**
 3 **program available to licensed teachers, school counselors,**
 4 **emergency medical service providers, law enforcement officers,**
 5 **leaders of community faith organizations, and other persons**
 6 **interested in receiving training under the program.**

7 **(e) The division, the department of education, and the Indiana**
 8 **emergency medical services commission may seek federal and state**
 9 **funding and may accept private contributions to administer and**
 10 **provide mental health first aid training programs.**

11 **(f) Notwithstanding any other law, the division is not required**
 12 **to implement the mental health first aid training program until**
 13 **after June 30, 2016.**

14 SECTION 15. IC 12-29-5 IS ADDED TO THE INDIANA CODE
 15 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 16 JULY 1, 2015]:

17 **Chapter 5. Grants for Mental Health Counselor Licenses for**
 18 **School Counselors**

19 **Sec. 1. (a) The division may award matching grants to school**
 20 **corporations to provide training necessary for school counselors in**
 21 **elementary schools (as defined in IC 20-18-2-4) or high schools (as**
 22 **defined in IC 20-18-2-7) to meet the requirements necessary to**
 23 **obtain a mental health counselor license under IC 25-23.6-8.5.**

24 **(b) The division may not award grants to more than one**
 25 **hundred (100) school counselors annually.**

26 **(c) Grants shall be funded from the Indiana secured school fund**
 27 **established by IC 10-21-1-2.**

28 **Sec. 2. A school counselor or school corporation may apply for**
 29 **a grant under this chapter in a manner prescribed by the division.**
 30 **The division shall establish the amount of and the terms of a grant.**

31 **Sec. 3. The division may adopt rules under IC 4-22-2 necessary**
 32 **to administer this chapter.**

33 SECTION 16. IC 16-31-2-7, AS AMENDED BY P.L.77-2012,
 34 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 35 JULY 1, 2015]: Sec. 7. (a) The commission shall do the following:

36 (1) Develop and promote, in cooperation with state, regional, and
 37 local public and private organizations, agencies, and persons, a
 38 statewide program for the provision of emergency medical
 39 services that must include the following:

40 (A) Preparation of state, regional, and local emergency
 41 ambulance service plans.

42 (B) Provision of consultative services to state, regional, and



1 local organizations and agencies in developing and
 2 implementing emergency ambulance service programs.
 3 (C) Promotion of a statewide system of emergency medical
 4 service facilities by developing minimum standards,
 5 procedures, and guidelines in regard to personnel, equipment,
 6 supplies, communications, facilities, and location of such
 7 centers.
 8 (D) Promotion of programs for the training of personnel
 9 providing emergency medical services and programs for the
 10 education of the general public in first aid techniques and
 11 procedures. The training shall be held in various local
 12 communities of the state and shall be conducted by agreement
 13 with publicly and privately supported educational institutions
 14 or hospitals licensed under IC 16-21, wherever appropriate.
 15 (E) Promotion of coordination of emergency communications,
 16 resources, and procedures throughout Indiana and, in
 17 cooperation with interested state, regional, and local public
 18 and private agencies, organizations, and persons, the
 19 development of an effective state, regional, and local
 20 emergency communications system.
 21 (F) Organizing and sponsoring a statewide emergency medical
 22 services conference to provide continuing education for
 23 persons providing emergency medical services.
 24 (2) Regulate, inspect, and certify or license services, facilities,
 25 and personnel engaged in providing emergency medical services
 26 as provided in this article.
 27 (3) Adopt rules required to implement an approved system of
 28 emergency medical services.
 29 (4) Adopt rules concerning triage and transportation protocols for
 30 the transportation of trauma patients consistent with the field
 31 triage decision scheme of the American College of Surgeons
 32 Committee on Trauma.
 33 (5) Apply for, receive, and accept gifts, bequests, grants-in-aid,
 34 state, federal, and local aid, and other forms of financial
 35 assistance for the support of emergency medical services.
 36 (6) Employ necessary administrative staff.
 37 **(b) The commission shall include the provision of the mental**
 38 **health first aid training program developed under IC 12-21-5-4 in**
 39 **the promotion of continuing education programs under subsection**
 40 **(a)(1)(D).**
 41 SECTION 17. IC 20-28-3-4, AS AMENDED BY P.L.93-2011,
 42 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2015]: Sec. 4. A governing body may adjourn the governing
 2 body's schools for not more than three (3) days in a school year to allow
 3 teachers, school administrators, and paraprofessionals to participate in:

- 4 (1) a session concerning agricultural instruction conducted in the
 5 county;
 6 (2) a meeting of a teachers' association;
 7 (3) a visitation of model schools under a governing body's
 8 direction;
 9 (4) a basic or inservice course of education and training on autism
 10 that is certified by the state board in conjunction with the state
 11 health commissioner and any other appropriate entity determined
 12 by the state board; or
 13 (5) a basic or inservice course of education and training on:
 14 **(A) mental health first aid (IC 12-21-5-4); and**
 15 **(B) the prevention of child suicide and the recognition of signs**
 16 **that a student may be considering suicide.**

17 A governing body shall pay a teacher the teacher's per diem salary for
 18 the teacher's participation.

19 SECTION 18. IC 20-28-5-3, AS AMENDED BY P.L.6-2012,
 20 SECTION 135, IS AMENDED TO READ AS FOLLOWS
 21 [EFFECTIVE JULY 1, 2015]: Sec. 3. (a) The department shall
 22 designate the grade point average required for each type of license.

23 (b) The department shall determine details of licensing not provided
 24 in this chapter, including requirements regarding the following:

- 25 (1) The conversion of one (1) type of license into another.
 26 (2) The accreditation of teacher education schools and
 27 departments.
 28 (3) The exchange and renewal of licenses.
 29 (4) The endorsement of another state's license.
 30 (5) The acceptance of credentials from teacher education
 31 institutions of another state.
 32 (6) The academic and professional preparation for each type of
 33 license.
 34 (7) The granting of permission to teach a high school subject area
 35 related to the subject area for which the teacher holds a license.
 36 (8) The issuance of licenses on credentials.
 37 (9) The type of license required for each school position.
 38 (10) The size requirements for an elementary school requiring a
 39 licensed principal.
 40 (11) Any other related matters.

41 The department shall establish at least one (1) system for renewing a
 42 teaching license that does not require a graduate degree.



1 (c) This subsection does not apply to an applicant for a substitute
 2 teacher license. After June 30, 2011, the department may not issue an
 3 initial practitioner license at any grade level to an applicant for an
 4 initial practitioner license unless the applicant shows evidence that the
 5 applicant:

6 (1) has successfully completed training approved by the
 7 department in:

8 (A) cardiopulmonary resuscitation that includes a test
 9 demonstration on a mannequin;

10 (B) removing a foreign body causing an obstruction in an
 11 airway;

12 (C) the Heimlich maneuver; and

13 (D) the use of an automated external defibrillator;

14 (2) holds a valid certification in each of the procedures described
 15 in subdivision (1) issued by:

16 (A) the American Red Cross;

17 (B) the American Heart Association; or

18 (C) a comparable organization or institution approved by the
 19 advisory board; or

20 (3) has physical limitations that make it impracticable for the
 21 applicant to complete a course or certification described in
 22 subdivision (1) or (2).

23 The training in this subsection applies to a teacher (as defined in
 24 IC 20-18-2-22(b)).

25 (d) This subsection does not apply to an applicant for a substitute
 26 teacher license. After June 30, 2013, the department may not issue an
 27 initial teaching license at any grade level to an applicant for an initial
 28 teaching license unless the applicant shows evidence that the applicant
 29 has successfully completed education and training on:

30 **(1) mental health first aid (IC 12-21-5-4); and**

31 **(2) the prevention of child suicide and the recognition of signs**
 32 **that a student may be considering suicide.**

33 (e) This subsection does not apply to an applicant for a substitute
 34 teacher license. After June 30, 2012, the department may not issue a
 35 teaching license renewal at any grade level to an applicant unless the
 36 applicant shows evidence that the applicant:

37 (1) has successfully completed training approved by the
 38 department in:

39 (A) cardiopulmonary resuscitation that includes a test
 40 demonstration on a mannequin;

41 (B) removing a foreign body causing an obstruction in an
 42 airway;



- 1 (C) the Heimlich maneuver; and
- 2 (D) the use of an automated external defibrillator;
- 3 (2) holds a valid certification in each of the procedures described
- 4 in subdivision (1) issued by:
- 5 (A) the American Red Cross;
- 6 (B) the American Heart Association; or
- 7 (C) a comparable organization or institution approved by the
- 8 advisory board; or
- 9 (3) has physical limitations that make it impracticable for the
- 10 applicant to complete a course or certification described in
- 11 subdivision (1) or (2).
- 12 (f) The department shall periodically publish bulletins regarding:
- 13 (1) the details described in subsection (b);
- 14 (2) information on the types of licenses issued;
- 15 (3) the rules governing the issuance of each type of license; and
- 16 (4) other similar matters.

17 SECTION 19. IC 20-34-3-21 IS ADDED TO THE INDIANA
 18 CODE AS A NEW SECTION TO READ AS FOLLOWS
 19 [EFFECTIVE JULY 1, 2015]: **Sec. 21. Before July 1, 2016, each**
 20 **school corporation shall enter into a memorandum of**
 21 **understanding with a community mental health center established**
 22 **under IC 12-29-2 or a provider certified or licensed by the division**
 23 **of mental health and addiction to establish conditions or terms for**
 24 **referring students of the school corporation to the mental health**
 25 **care provider or community mental health center for services.**

26 SECTION 20. IC 27-8-34 IS ADDED TO THE INDIANA CODE
 27 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2015]:

29 **Chapter 34. Coverage for Telemedicine Services**

30 **Sec. 1. As used in this chapter, "covered individual" means an**
 31 **individual who is entitled to coverage under a policy of accident**
 32 **and sickness insurance.**

33 **Sec. 2. As used in this chapter, "health care services" has the**
 34 **meaning set forth in IC 27-8-11-1.**

35 **Sec. 3. As used in this chapter, "policy" means a policy of**
 36 **accident and sickness insurance (as defined in IC 27-8-5-1).**

37 **Sec. 4. As used in this chapter, "provider" has the meaning set**
 38 **forth in IC 27-8-11-1.**

39 **Sec. 5. (a) As used in this chapter, "telemedicine services"**
 40 **means health care services delivered by use of interactive audio,**
 41 **video, or other electronic media, including the following:**

- 42 (1) Medical exams and consultations.



- 1 **(2) Behavioral health, including substance abuse evaluations**
- 2 **and treatment.**
- 3 **(b) The term does not include the delivery of health care**
- 4 **services by use of the following:**
- 5 **(1) A telephone transmitter for transtelephonic monitoring.**
- 6 **(2) A telephone or any other means of communication for the**
- 7 **consultation from one (1) provider to another provider.**
- 8 **Sec. 6. (a) A policy of accident and sickness insurance must**
- 9 **provide coverage for telemedicine services in accordance with the**
- 10 **same clinical criteria as the policy provides coverage for the same**
- 11 **health care services delivered in person.**
- 12 **(b) Coverage for telemedicine services required by subsection**
- 13 **(a) may not be subject to a dollar limit, deductible, or coinsurance**
- 14 **requirement that is less favorable to a covered individual than the**
- 15 **dollar limit, deductible, or coinsurance requirement that applies to**
- 16 **the same health care services delivered to a covered individual in**
- 17 **person.**
- 18 **(c) Any annual or lifetime dollar limit that applies to**
- 19 **telemedicine services must be the same annual or lifetime dollar**
- 20 **limit that applies in the aggregate to all items and services covered**
- 21 **under the policy.**
- 22 **(d) A separate consent for telemedicine services and health care**
- 23 **services delivered in person may not be required.**
- 24 **Sec. 7. This chapter does not do any of the following:**
- 25 **(1) Require a policy to provide coverage for a telemedicine**
- 26 **service that is not a covered health care service under the**
- 27 **policy.**
- 28 **(2) Require the use of telemedicine services when the treating**
- 29 **provider has determined that telemedicine services are**
- 30 **inappropriate.**
- 31 **(3) Prevent the use of utilization review concerning coverage**
- 32 **for telemedicine services in the same manner as utilization**
- 33 **review is used concerning coverage for the same health care**
- 34 **services delivered to a covered individual in person.**
- 35 **SECTION 21. IC 27-13-1-34 IS ADDED TO THE INDIANA**
- 36 **CODE AS A NEW SECTION TO READ AS FOLLOWS**
- 37 **[EFFECTIVE JULY 1, 2015]: Sec. 34. (a) "Telemedicine services"**
- 38 **means health care services delivered by use of interactive audio,**
- 39 **video, or other electronic media, including the following:**
- 40 **(1) Medical exams and consultations.**
- 41 **(2) Behavioral health, including substance abuse evaluations**
- 42 **and treatment.**



1 (b) The term does not include the delivery of health care
2 services by use of the following:

- 3 (1) A telephone transmitter for transtelephonic monitoring.
- 4 (2) A telephone or any other means of communication for the
5 consultation from one (1) provider to another provider.

6 SECTION 22. IC 27-13-7-22 IS ADDED TO THE INDIANA
7 CODE AS A NEW SECTION TO READ AS FOLLOWS
8 [EFFECTIVE JULY 1, 2015]: **Sec. 22. (a) An individual contract or
9 a group contract must provide coverage for telemedicine services
10 in accordance with the same clinical criteria as the individual
11 contract or the group contract provides coverage for the same
12 health care services delivered to an enrollee in person.**

13 (b) Coverage for telemedicine services required by subsection
14 (a) may not be subject to a dollar limit, copayment, or coinsurance
15 requirement that is less favorable to an enrollee than the dollar
16 limit, copayment, or coinsurance requirement that applies to the
17 same health care services delivered to an enrollee in person.

18 (c) Any annual or lifetime dollar limit that applies to
19 telemedicine services must be the same annual or lifetime dollar
20 limit that applies in the aggregate to all items and services covered
21 under the individual contract or the group contract.

22 (d) This section does not do any of the following:

- 23 (1) Require an individual contract or a group contract to
24 provide coverage for a telemedicine service that is not a
25 covered health care service under the individual contract or
26 group contract.
- 27 (2) Require the use of telemedicine services when the treating
28 provider has determined that telemedicine services are
29 inappropriate.
- 30 (3) Prevent the use of utilization review concerning coverage
31 for telemedicine services in the same manner as utilization
32 review is used concerning coverage for the same health care
33 services delivered to an enrollee in person.

34 (e) A separate consent for telemedicine services and health care
35 services delivered in person may not be required.

36 SECTION 23. IC 35-33-1-7 IS ADDED TO THE INDIANA CODE
37 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
38 1, 2015]: **Sec. 7. (a) Subject to the availability of funding and an
39 agreement with the sheriff, a person who is arrested and taken into
40 custody shall be assessed by a qualified and licensed mental health
41 or addiction professional or a provider certified or licensed by the
42 division of mental health and addiction to determine if the person**



1 has any mental health issues or substance abuse addictions.
2 Additional assessments must occur every six (6) months while the
3 person remains in jail. However, an individual may not be assessed
4 more than once every six (6) months, unless the mental health
5 status of the individual indicates that a mental health assessment
6 is needed.

7 (b) If the mental health or addiction professional determines a
8 person described in subsection (a) has a mental health issue or a
9 substance abuse addiction, the mental health or addiction
10 professional shall report each mental health issue or substance
11 abuse addiction with a recommended treatment plan to:

- 12 (1) the person;
13 (2) the law enforcement agency that arrested the person;
14 (3) the prosecuting attorney; and
15 (4) the court system having jurisdiction over the matter.

16 (c) A community mental health provider or other provider
17 certified or licensed by the division of mental health and addiction
18 is not required to provide any services under this section for which
19 funding is not made available to fully support the cost of a mental
20 health or substance abuse assessment.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1269, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete the title and insert the following:

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

Page 2, line 5, delete "The department of homeland security shall authorize the".

Page 2, delete lines 6 through 8.

Page 2, line 9, delete "matching grants under IC 12-29-5-1. A" and insert "**Subject to the availability of funding, a**".

Page 2, line 9, delete "funded" and insert "**program**".

Page 2, line 41, after "department;" insert "**and**".

Page 2, delete line 42.

Page 3, delete line 1.

Page 3, line 2, delete "(3)" and insert "(2)".

Page 3, line 3, delete "is" and insert "**shall act as**".

Page 3, line 3, after "representative" insert "**or health navigator under the requirements of IC 27-19-2-12**".

Page 3, line 4, delete "." and insert "**or assist the inmate in securing Medicaid eligibility as a health navigator.**".

Page 3, line 6, after "jail;" insert "**and**".

Page 3, delete lines 7 through 8.

Page 3, line 9, delete "(3)" and insert "(2)".

Page 3, delete lines 10 through 13 and insert "**the county where the offender has been incarcerated shall act as the offender's Medicaid authorized representative or a health navigator under the requirements of IC 27-19-2-12 and shall apply for Medicaid on behalf of the offender or assist the offender in securing Medicaid eligibility as a health navigator.**".

Page 3, line 16, after "jail;" insert "**and**".

Page 3, delete lines 17 through 18.

Page 3, line 19, delete "(4)" and insert "(3)".

Page 3, line 21, after "inmate." insert "**If the inmate does not require immediate medical attention, the department shall establish Medicaid eligibility using a health navigator established under IC 27-19-2-12.**".

Page 3, line 26, delete "," and insert "**or as a health navigator under the requirements of IC 27-19-2-12,**".



Page 3, line 39, delete "may use a community mental health center" and insert "**shall implement the requirements under this section to establish an inmate's Medicaid coverage regardless of the inmate's medical need. Upon a determination that the inmate qualifies for Medicaid coverage, the office of the secretary of family and social services, division of family resources, shall authorize and then immediately suspend Medicaid coverage for those inmates not requiring immediate medical attention.**".

Page 3, delete lines 40 through 41.

Page 4, line 6, delete "," and insert "**or as a health navigator under the requirements of IC 27-19-2-12,**".

Page 4, line 7, delete "subsequently:" and insert ":".

Page 4, line 9, delete "or".

Page 4, line 10, after "department" delete "." and insert "; **or**".

Page 4, between lines 10 and 11, begin a new line block indented and insert:

"(4) required to receive inpatient psychiatric services while incarcerated to the extent authorized under federal law."

Page 4, between lines 17 and 18, begin a new paragraph and insert:

"(c) Subject to federal approval, an inmate placed in a work release program or other department program involving alternative sentencing programs is eligible for Medicaid covered services."

Page 4, line 18, delete "(c)" and insert "(d)".

Page 4, line 19, after "IC 12-7-2-38)" insert ", **hospital, mental health professional, or other provider certified or licensed by the division of mental health and addiction**".

Page 4, line 19, delete "assist with securing" and insert "**provide Medicaid based**".

Page 4, line 20, after "program" insert ".".

Page 4, delete lines 21 through 42.

Page 5, delete lines 1 through 10, begin a new paragraph and insert:
"SECTION 5. IC 11-12-3.8-1, AS ADDED BY P.L.184-2014, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. As used in this chapter, "mental health and addiction forensic treatment services" means evidence based treatment and recovery wraparound support services provided to individuals who have entered the criminal justice system as a felon or with a prior felony conviction. The term includes:

- (1) mental health and substance abuse treatment;
- (2) vocational services;
- (3) housing assistance;



- (4) community support services;
- (5) care coordination; ~~and~~
- (6) transportation assistance; **and**
- (7) mental health and substance use assessments for incarcerated individuals."**

Page 5, line 13, delete "Upon" and insert "**Before**".

Page 5, line 14, delete "sheriff" and insert "**county in which the incarcerated person is located**".

Page 5, line 16, delete "," and insert "**or as a health navigator under the requirements of IC 27-19-2-12,**".

Page 5, line 18, delete "sheriff" and insert "**county**".

Page 5, line 22, delete "sheriff may use a community mental health center (as".

Page 5, line 23, delete "defined in IC 12-7-2-38)" and insert "**county may contract with any entity who complies with IC 27-19-2-12, including a hospital or outreach eligibility worker,**".

Page 5, line 24, after "section." insert "**A county may develop intergovernmental agreements with other counties to provide both authorized representative and health navigator services required under this section. Upon a determination that an incarcerated individual qualifies for Medicaid coverage, the office of the secretary of family and social services, division of family resources, shall authorize and then immediately suspend Medicaid coverage for those inmates not requiring immediate medical attention.**".

Page 5, line 28, delete "sheriff" and insert "**county**".

Page 5, line 31, delete "," and insert "**or as a health navigator under the requirements of IC 27-19-2-12,**".

Page 5, line 34, delete "sheriff" and insert "**county**".

Page 5, line 38, delete "sheriff may" and insert "**county shall**".

Page 5, line 39, after "IC 12-7-2-38)" insert "**or a provider certified or licensed by the division of mental health and addiction, including a hospital or outreach eligibility worker,**".

Page 6, line 17, delete "twelve (12)".

Page 6, line 17, strike "months" and insert "**three (3) years**".

Page 6, line 31, delete "Before January 1, 2016," and insert "**As used in this section, "qualified provider" refers to a health provider authorized by the office to provide Medicaid presumptive eligibility services.**

(b) The office shall present a report to the interim study committee on public health, behavioral health, and human services not later than September 30 of each year, regarding the use of qualified providers to undertake presumptive eligibility services



under the Medicaid program.

(c) The study must include the following:

- (1) The number of presumptive eligibility qualified providers and their location and distribution in the state.
- (2) The number of presumptive eligibility applications submitted and in a per provider format.
- (3) The number and percent of presumptive eligibility applications submitted that were approved or denied and the information in a per provider and by county format.
- (4) The number and percent of presumptive eligibility applications that resulted in a Medicaid application submission and the information in a per provider and by county format.
- (5) The number and percent of presumptive eligibility applications that were subsequently approved or denied for full coverage and the information in a per provider and by county format.
- (6) The method the office used to communicate presumptive eligibility opportunities to qualified providers and health consumers.
- (7) The error rate of qualified providers in accepting presumptive eligibility applications that were subsequently determined to be ineligible.
- (8) The education and technical assistance and availability provided by the office for ongoing training and retention of qualified providers.
- (9) Any other information the office considers relevant on the use of qualified providers in carrying out presumptive eligibility services under the Medicaid program.

(d) This section expires January 1, 2018."

Page 6, delete lines 32 through 42.

Page 7, delete lines 1 through 9.

Page 7, line 12, delete "January" and insert "**July**".

Page 7, line 39, delete "sheriff responsible for the operation of a county jail that" and insert "**county in which**".

Page 8, line 2, delete "JULY 1, 2015]" and insert "JANUARY 1, 2016]".

Page 9, line 3, delete "and".

Page 9, line 4, after "commission;" insert "**and**".

Page 9, between lines 4 and 5, begin a new line block indented and insert:

"(6) a private foundation dedicated to the prevention of youth



suicide through education and awareness;".

Page 10, line 2, delete "The department of homeland security".

Page 10, delete lines 3 through 5.

Page 13, line 41, delete "a mental health care provider or".

Page 13, line 42, after "IC 12-29-2" insert "**or a provider certified or licensed by the division of mental health and addiction**".

Page 14, between lines 3 and 4, begin a new paragraph and insert:
"SECTION 20. IC 27-8-34 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 34. Coverage for Telemedicine Services

Sec. 1. As used in this chapter, "covered individual" means an individual who is entitled to coverage under a policy of accident and sickness insurance.

Sec. 2. As used in this chapter, "health care services" has the meaning set forth in IC 27-8-11-1.

Sec. 3. As used in this chapter, "policy" means a policy of accident and sickness insurance (as defined in IC 27-8-5-1).

Sec. 4. As used in this chapter, "provider" has the meaning set forth in IC 27-8-11-1.

Sec. 5. (a) As used in this chapter, "telemedicine services" means health care services delivered by use of interactive audio, video, or other electronic media, including the following:

- (1) Medical exams and consultations.**
- (2) Behavioral health, including substance abuse evaluations and treatment.**

(b) The term does not include the delivery of health care services by use of the following:

- (1) A telephone transmitter for transtelephonic monitoring.**
- (2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.**

Sec. 6. (a) A policy of accident and sickness insurance must provide coverage for telemedicine services in accordance with the same clinical criteria as the policy provides coverage for the same health care services delivered in person.

(b) Coverage for telemedicine services required by subsection (a) may not be subject to a dollar limit, deductible, or coinsurance requirement that is less favorable to a covered individual than the dollar limit, deductible, or coinsurance requirement that applies to the same health care services delivered to a covered individual in person.

(c) Any annual or lifetime dollar limit that applies to



telemedicine services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the policy.

(d) A separate consent for telemedicine services and health care services delivered in person may not be required.

Sec. 7. This chapter does not do any of the following:

- (1) Require a policy to provide coverage for a telemedicine service that is not a covered health care service under the policy.
- (2) Require the use of telemedicine services when the treating provider has determined that telemedicine services are inappropriate.
- (3) Prevent the use of utilization review concerning coverage for telemedicine services in the same manner as utilization review is used concerning coverage for the same health care services delivered to a covered individual in person.

SECTION 21. IC 27-13-1-34 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 34. (a) "Telemedicine services" means health care services delivered by use of interactive audio, video, or other electronic media, including the following:**

- (1) Medical exams and consultations.
- (2) Behavioral health, including substance abuse evaluations and treatment.

(b) The term does not include the delivery of health care services by use of the following:

- (1) A telephone transmitter for transtelephonic monitoring.
- (2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.

SECTION 22. IC 27-13-7-22 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 22. (a) An individual contract or a group contract must provide coverage for telemedicine services in accordance with the same clinical criteria as the individual contract or the group contract provides coverage for the same health care services delivered to an enrollee in person.**

(b) Coverage for telemedicine services required by subsection (a) may not be subject to a dollar limit, copayment, or coinsurance requirement that is less favorable to an enrollee than the dollar limit, copayment, or coinsurance requirement that applies to the same health care services delivered to an enrollee in person.

(c) Any annual or lifetime dollar limit that applies to



telemedicine services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the individual contract or the group contract.

(d) This section does not do any of the following:

(1) Require an individual contract or a group contract to provide coverage for a telemedicine service that is not a covered health care service under the individual contract or group contract.

(2) Require the use of telemedicine services when the treating provider has determined that telemedicine services are inappropriate.

(3) Prevent the use of utilization review concerning coverage for telemedicine services in the same manner as utilization review is used concerning coverage for the same health care services delivered to an enrollee in person.

(e) A separate consent for telemedicine services and health care services delivered in person may not be required."

Page 14, line 6, delete "A" and insert "**Subject to the availability of funding and an agreement with the sheriff, a**".

Page 14, line 8, delete "who is associated with a community mental".

Page 14, line 9, delete "health center certified under IC 12-21-2-3(5)(C)" and insert "**or a provider certified or licensed by the division of mental health and addiction**".

Page 14, line 12, after "jail." insert "**However, an individual may not be assessed more than once every six (6) months, unless the mental health status of the individual indicates that a mental health assessment is needed.**".

Page 14, line 18, delete "and".

Page 14, line 19, delete "." and insert ";".

Page 14, after line 19, begin a new line block indented and insert:

"(3) the prosecuting attorney; and

(4) the court system having jurisdiction over the matter.

(c) A community mental health provider or other provider certified or licensed by the division of mental health and addiction is not required to provide any services under this section for which



funding is not made available to fully support the cost of a mental health or substance abuse assessment."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1269 as introduced.)

CLERE

Committee Vote: yeas 12, nays 0.

