



April 10, 2015

ENGROSSED HOUSE BILL No. 1269

DIGEST OF HB 1269 (Updated April 8, 2015 2:46 pm - DI 104)

Citations Affected: IC 5-10; IC 11-10; IC 11-12; IC 12-15; IC 12-21; IC 16-18; IC 16-31; IC 16-36; IC 20-20; IC 20-28; IC 20-34; IC 27-8; IC 27-13; IC 36-2; noncode.

Synopsis: Mental health matters. Makes the department of correction (DOC) 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. Requires the department and the office of the secretary of family and social services to enter into an agreement in which the department pays the state share of the Medicaid costs incurred for the inmate. Makes the sheriff the individual's authorized representative for applying for Medicaid for individuals subject to lawful detention who are potentially eligible for Medicaid. Requires a sheriff to enter into an agreement with the office of the secretary of family and social services to pay the state share of the Medicaid costs incurred for the individuals. Specifies reimbursement for the services provided. Provides that the DOC or the county shall assist a committed offender in applying for Medicaid and securing certain treatment upon discharge from the DOC or a county jail. Specifies providers that may be used to provide
(Continued next page)

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

Clere, Steuerwald, Brown C, Pierce

(SENATE SPONSORS — MILLER PATRICIA, CRIDER, YOUNG R
MICHAEL, STOOPS, BECKER, ALTING)

January 13, 2015, read first time and referred to Committee on Public Health.
February 19, 2015, amended, reported — Do Pass.
February 23, 2015, read second time, ordered engrossed. Engrossed.
February 24, 2015, read third time, passed. Yeas 95, nays 0.

SENATE ACTION

March 2, 2015, read first time and referred to Committee on Health & Provider Services.
April 9, 2015, amended, reported favorably — Do Pass.

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Digest Continued

treatment for DOC inmates and county jail offenders. 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. 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. Establishes the mental health counselor licenses for school counselors grant. 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. Requires the school corporation to obtain parental consent before referring a student to mental health services and limits mental health information that may be included in the student's record. Prohibits an insurer or health maintenance organization from denying coverage for investigational or experimental treatment if the treatment has been made by the Medicare program or the Medicaid program during the three preceding years. Provides for coverage of telemedicine services under a policy of accident and sickness insurance and a health maintenance contract. Prohibits a health care provider from requiring a separate additional written health care consent for the provision of telemedicine services. Requires the department of insurance to review specified information concerning denied insurance claims and report certain information before October 1, 2015 to the legislative council and the public health, behavioral health, and human services interim study committee.

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April 10, 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.

ENGROSSED 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 5-10-8-17 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2015]: **Sec. 17. A self-insurance plan established under section**
4 **7(b) of this chapter or a contract with a prepaid health coverage**
5 **plan entered into under section 7(c) of this chapter shall not limit**
6 **or deny coverage for investigational or experimental treatment if**
7 **payment for the treatment has been made by the Medicaid**
8 **program (IC 12-15) or the Medicare program (42 U.S.C. 1395 et**
9 **seq.) during the three (3) preceding years.**
- 10 SECTION 2. IC 11-10-3-6, AS AMENDED BY P.L.205-2013,
11 SECTION 169, IS AMENDED TO READ AS FOLLOWS
12 [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) This section:
13 (1) does not apply in the case of a person who is subject to lawful
14 detention by a county sheriff and is:

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- 1 (A) covered under private health coverage for health care
 2 services; or
 3 (B) willing to pay for the person's own health care services;
 4 **and**
 5 **(2) does not apply to an inmate receiving inpatient services**
 6 **under section 7 of this chapter; and**
 7 ~~(2)~~ (3) does not affect copayments required under section 5 of this
 8 chapter.
 9 (b) The following definitions apply throughout this section:
 10 (1) "Charge description master" means a listing of the amount
 11 charged by a hospital for each service, item, and procedure:
 12 (A) provided by the hospital; and
 13 (B) for which a separate charge exists.
 14 (2) "Health care service" means the following:
 15 (A) Medical care.
 16 (B) Dental care.
 17 (C) Eye care.
 18 (D) Any other health care related service.
 19 The term includes health care items and procedures.
 20 (c) Except as provided in subsection (d), when the department or a
 21 county is responsible for payment for health care services provided to
 22 a person who is committed to the department, the department shall
 23 reimburse:
 24 (1) a physician licensed under IC 25-22.5;
 25 (2) a hospital licensed under IC 16-21-2; or
 26 (3) another health care provider;
 27 for the cost of a health care service at the federal Medicare
 28 reimbursement rate for the health care service provided plus four
 29 percent (4%).
 30 (d) If there is no federal Medicare reimbursement rate for a health
 31 care service described in subsection (c), the department shall do the
 32 following:
 33 (1) If the health care service is provided by a hospital, the
 34 department shall reimburse the hospital an amount equal to
 35 sixty-five percent (65%) of the amount charged by the hospital
 36 according to the hospital's charge description master.
 37 (2) If the health care service is provided by a physician or another
 38 health care provider, the department shall reimburse the physician
 39 or health care provider an amount equal to sixty-five percent
 40 (65%) of the amount charged by the physician or health care
 41 provider.



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

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

11 (2) by Medicaid.

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

13 **(1) is committed to the department and resides in a**
 14 **department facility or jail;**

15 **(2) incurs or will incur medical care expenses that are not**
 16 **otherwise reimbursable;**

17 **(3) is unwilling or unable to pay for the inmate's own health**
 18 **care services; and**

19 **(4) is potentially eligible for Medicaid (IC 12-15);**

20 **the department is the inmate's Medicaid authorized representative**
 21 **and may apply for Medicaid on behalf of the inmate.**

22 **(c) The department and the office of the secretary of family and**
 23 **social services shall enter into a written memorandum of**
 24 **understanding providing that the department shall reimburse the**
 25 **office of the secretary for administrative costs and the state share**
 26 **of the Medicaid costs incurred for an inmate.**

27 **(d) Reimbursement under this section for reimbursable health**
 28 **care services provided by a health care provider, including a**
 29 **hospital, to an inmate as an inpatient in a hospital must be as**
 30 **follows:**

31 **(1) For inmates eligible and participating in the Indiana**
 32 **check-up plan (IC 12-15-44.2), the reimbursement rates**
 33 **described in IC 12-15-44.2-14.**

34 **(2) For inmates other than those described in subdivision (1)**
 35 **who are eligible under the Medicaid program, the**
 36 **reimbursement rates provided under the Medicaid program,**
 37 **except that reimbursement for inpatient hospital services shall**
 38 **be reimbursed at rates equal to the fee-for-service rates**
 39 **described in IC 16-21-10-8(a)(1).**

40 **Hospital assessment fee funds collected under IC 16-21-10 or the**
 41 **Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be**
 42 **used as the state share of Medicaid costs for the reimbursement of**



1 health care services provided to the inmate as an inpatient in the
2 hospital.

3 SECTION 4. IC 11-10-12-5.3 IS ADDED TO THE INDIANA
4 CODE AS A NEW SECTION TO READ AS FOLLOWS
5 [EFFECTIVE JULY 1, 2015]: **Sec. 5.3. (a) The department shall**
6 **assist a committed offender in applying for Medicaid, as the**
7 **authorized representative as described in IC 11-10-3-7 or as a**
8 **health navigator under the requirements of IC 27-19-2-12, so that**
9 **the committed offender might be eligible for assistance when the**
10 **offender is subsequently:**

- 11 (1) released on parole;
- 12 (2) assigned to a community transition program; or
- 13 (3) discharged from the department.

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

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

21 (c) The department shall implement the requirements under this
22 section to establish an inmate's Medicaid coverage regardless of
23 the inmate's medical need. Upon a determination that the inmate
24 qualifies for Medicaid coverage, the office of the secretary of
25 family and social services, division of family resources, shall
26 authorize and then immediately suspend Medicaid coverage for
27 those inmates not requiring immediate medical attention.

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

- 37 (1) released on parole;
- 38 (2) assigned to a community transition program;
- 39 (3) discharged from the department; or
- 40 (4) required to receive inpatient psychiatric services while
- 41 incarcerated to the extent authorized under federal law.



1 **(b) The department shall provide the assistance described in**
 2 **subsection (a) in sufficient time to ensure that the committed**
 3 **offender will be able to receive treatment at the time the committed**
 4 **offender is:**

- 5 **(1) released on parole;**
 6 **(2) assigned to a community transition program; or**
 7 **(3) discharged from the department.**

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

12 **(d) The department may use a community mental health center**
 13 **(as defined in IC 12-7-2-38), hospital, mental health professional,**
 14 **or other provider certified or licensed by the division of mental**
 15 **health and addiction to provide treatment for a mental illness or**
 16 **addictive disorder through the Medicaid program.**

17 SECTION 6. IC 11-12-3.8-1, AS ADDED BY P.L.184-2014,
 18 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 19 JULY 1, 2015]: Sec. 1. As used in this chapter, "mental health and
 20 addiction forensic treatment services" means evidence based treatment
 21 and recovery wraparound support services provided to individuals who
 22 have entered the criminal justice system as a felon or with a prior
 23 felony conviction. The term includes:

- 24 (1) mental health and substance abuse treatment **assessments;**
 25 (2) vocational services;
 26 (3) housing assistance;
 27 (4) community support services;
 28 (5) care coordination; and
 29 (6) transportation assistance.

30 SECTION 7. IC 11-12-5-5.5, AS AMENDED BY P.L.205-2011,
 31 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 32 JULY 1, 2015]: Sec. 5.5. (a) As used in this section, "charge
 33 description master" means a listing of the amount charged by a hospital
 34 for each service, item, and procedure:

- 35 (1) provided by the hospital; and
 36 (2) for which a separate charge exists.

37 (b) As used in this section, "health care services" includes health
 38 care items and procedures.

39 (c) As used in this section, "lawful detention" means the following:

- 40 (1) Arrest.
 41 (2) Custody following surrender in lieu of arrest.
 42 (3) Detention in a penal facility.



1 (4) Detention for extradition or deportation.

2 (5) Custody for purposes incident to any of the above, including
3 transportation, medical diagnosis or treatment, court appearances,
4 work, or recreation.

5 The term does not include supervision of a person on probation or
6 parole or constraint incidental to release with or without bail.

7 (d) This section:

8 (1) does not apply in the case of a person who is subject to lawful
9 detention by a county sheriff and is:

10 (A) covered under private health coverage for health care
11 services; or

12 (B) willing to pay for the person's own health care services;

13 **and**

14 **(2) does not apply to an inmate receiving inpatient services**
15 **under IC 36-2-13-19; and**

16 ~~(3)~~ (3) does not affect copayments required under section 5 of this
17 chapter.

18 (e) Except as provided in subsections (f) and (g), a county that is
19 responsible for payment for health care services provided to a person
20 who is subject to lawful detention by the county's sheriff shall
21 reimburse:

22 (1) a physician licensed under IC 25-22.5;

23 (2) a hospital licensed under IC 16-21-2; or

24 (3) another health care provider;

25 for the cost of a health care service at the federal Medicare
26 reimbursement rate for the health care service provided plus four
27 percent (4%).

28 (f) Except as provided in subsection (g), if there is no federal
29 Medicare reimbursement rate for a health care service described in
30 subsection (e), the county shall do the following:

31 (1) If the health care service is provided by a hospital, the county
32 shall reimburse the hospital an amount equal to sixty-five percent
33 (65%) of the amount charged by the hospital according to the
34 hospital's charge description master.

35 (2) If the health care service is provided by a physician or another
36 health care provider, the county shall reimburse the physician or
37 health care provider an amount equal to sixty-five percent (65%)
38 of the amount charged by the physician or health care provider.

39 (g) A county described in subsection (e) or (f) may reimburse a
40 health care provider described in subsection (e)(1), (e)(2), or (e)(3) at
41 a lower reimbursement rate than the rate required by subsection (e) or
42 (f) if the county enters into an agreement with a health care provider



1 described in subsection (e)(1), (e)(2), or (e)(3) to reimburse the health
2 care provider for a health care service at the lower reimbursement rate.

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

12 **(b) The county shall provide the assistance described in
13 subsection (a) in sufficient time to ensure that the offender will be
14 able to receive coverage at the time the offender is released from
15 the county jail.**

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

27 SECTION 9. IC 11-12-5-10 IS ADDED TO THE INDIANA CODE
28 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
29 1, 2015]: **Sec. 10. (a) Upon discharge or release of an inmate from
30 the county jail, the county shall assist an offender who has a mental
31 illness or addictive disorder in securing treatment for the mental
32 illness or for substance abuse addiction, as the authorized
33 representative as described in IC 11-10-3-7 or as a health navigator
34 under the requirements of IC 27-19-2-12, so that the offender
35 might be eligible for treatment when the offender is subsequently
36 released from the county jail.**

37 **(b) The county shall provide the assistance described in
38 subsection (a) in sufficient time to ensure that the offender will be
39 able to receive treatment at the time the committed offender is
40 released from the county jail.**

41 **(c) A county shall use a community mental health center (as
42 defined in IC 12-7-2-38) or a provider certified or licensed by the**



1 **division of mental health and addiction, including a hospital or**
 2 **outreach eligibility worker, to assist with securing treatment for a**
 3 **mental illness or addictive disorder through the Medicaid program**
 4 **under this section.**

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

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

9 ~~(2)~~ **(1) adjudicated to be a delinquent child and placed in:**

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

11 (B) a juvenile detention facility; or

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

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

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

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

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

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

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

34 SECTION 11. IC 12-15-1.3-13.5 IS ADDED TO THE INDIANA
 35 CODE AS A **NEW SECTION TO READ AS FOLLOWS**
 36 **[EFFECTIVE JULY 1, 2015]: Sec. 13.5. (a) As used in this section,**
 37 **"qualified provider" refers to a health provider authorized by the**
 38 **office to provide Medicaid presumptive eligibility services.**

39 **(b) The office shall present a report to the interim study**
 40 **committee on public health, behavioral health, and human services**
 41 **not later than September 30 of each year, regarding the use of**



1 qualified providers to undertake presumptive eligibility services
2 under the Medicaid program.

3 (c) The study must include the following:

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

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

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

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

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

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

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

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

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

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

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

37 (b) A sheriff who:

38 (1) agrees to the requirements set forth in IC 36-2-13-19; and

39 (2) applies for Medicaid for a person who:

40 (A) is subject to lawful detention; and

41 (B) is described in IC 36-2-13-19;

42 is the inmate's Medicaid authorized representative.



1 SECTION 13. IC 12-15-11-8 IS ADDED TO THE INDIANA
 2 CODE AS A NEW SECTION TO READ AS FOLLOWS
 3 [EFFECTIVE JANUARY 1, 2016]: **Sec. 8. (a) A community mental**
 4 **health center may use the center's provider identification number**
 5 **to file any Medicaid claim, including primary care health services,**
 6 **if the community mental health center:**

7 (1) is otherwise treating the individual for a mental health
 8 condition or an addictive disorder; and

9 (2) meets the requirements to provide the services rendered.

10 (b) The office may not require a community mental health
 11 center to obtain a separate provider identification number to
 12 provide services that the community mental health center meets
 13 the requirements to provide.

14 (c) The office may not limit the filing of a Medicaid claim by a
 15 community mental health center for primary care services, mental
 16 health conditions, and addictive disorders on the same day as long
 17 as the claim is filed in accordance with the rules set forth by the
 18 office and the services are covered services and necessary to ensure
 19 coordinated care for the recipient.

20 SECTION 14. IC 12-21-5-2, AS AMENDED BY P.L.93-2011,
 21 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2015]: Sec. 2. The division is responsible for the following:

23 (1) The planning, research, and development of programs and
 24 methods for the education and treatment of children with an
 25 emotional disturbance.

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

28 (3) The administration of the state supported services concerned
 29 with such children.

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

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

36 (A) Prevention of child suicide.

37 (B) Recognition of signs that a student may be considering
 38 suicide.

39 SECTION 15. IC 12-21-5-4 IS ADDED TO THE INDIANA CODE
 40 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 41 1, 2015]: **Sec. 4. (a) To the extent that funds are made available, the**
 42 **division, in consultation with:**



- 1 (1) the department of education;
- 2 (2) the law enforcement training board;
- 3 (3) the Indiana Council of Community Mental Health
- 4 Centers;
- 5 (4) Mental Health America-Indiana;
- 6 (5) the Indiana emergency medical services commission; and
- 7 (6) a private foundation dedicated to the prevention of youth
- 8 suicide through education and awareness;

9 shall develop and administer a mental health first aid training
10 program.

11 (b) The mental health first aid training program developed
12 under subsection (a) must do the following:

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

17 (2) Train individuals attending the training program to guide
18 children and young adults who exhibit signs of a mental
19 health problem or crisis to appropriate behavioral health
20 services.

21 (3) Train individuals attending the training program to not
22 label children who are at risk or show signs of mental health
23 problems in a manner that would stigmatize the child.

24 (c) The division shall provide training for individuals who will
25 be instructors in the mental health first aid training program.

26 (d) The division shall make the mental health first aid training
27 program available to licensed teachers, school counselors,
28 emergency medical service providers, law enforcement officers,
29 leaders of community faith organizations, and other persons
30 interested in receiving training under the program.

31 (e) The division, the department of education, and the Indiana
32 emergency medical services commission may seek federal and state
33 funding and may accept private contributions to administer and
34 provide mental health first aid training programs.

35 (f) Notwithstanding any other law, the division is not required
36 to implement the mental health first aid training program until
37 after June 30, 2016.

38 SECTION 16. IC 16-18-2-348.5 IS ADDED TO THE INDIANA
39 CODE AS A NEW SECTION TO READ AS FOLLOWS
40 [EFFECTIVE JULY 1, 2015]: Sec. 348.5. "Telemedicine", for
41 purposes of IC 16-36-1, means a specific method of delivery of
42 services, including medical exams and consultations and behavioral



1 **health evaluations and treatment, including those for substance**
 2 **abuse, using videoconferencing equipment to allow a provider to**
 3 **render an examination or other service to a patient at a distant**
 4 **location. The term does not include the 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 SECTION 17. IC 16-31-2-7, AS AMENDED BY P.L.77-2012,
 9 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 JULY 1, 2015]: Sec. 7. **(a)** The commission shall do the following:

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

15 (A) Preparation of state, regional, and local emergency
 16 ambulance service plans.

17 (B) Provision of consultative services to state, regional, and
 18 local organizations and agencies in developing and
 19 implementing emergency ambulance service programs.

20 (C) Promotion of a statewide system of emergency medical
 21 service facilities by developing minimum standards,
 22 procedures, and guidelines in regard to personnel, equipment,
 23 supplies, communications, facilities, and location of such
 24 centers.

25 (D) Promotion of programs for the training of personnel
 26 providing emergency medical services and programs for the
 27 education of the general public in first aid techniques and
 28 procedures. The training shall be held in various local
 29 communities of the state and shall be conducted by agreement
 30 with publicly and privately supported educational institutions
 31 or hospitals licensed under IC 16-21, wherever appropriate.

32 (E) Promotion of coordination of emergency communications,
 33 resources, and procedures throughout Indiana and, in
 34 cooperation with interested state, regional, and local public
 35 and private agencies, organizations, and persons, the
 36 development of an effective state, regional, and local
 37 emergency communications system.

38 (F) Organizing and sponsoring a statewide emergency medical
 39 services conference to provide continuing education for
 40 persons providing emergency medical services.



- 1 (2) Regulate, inspect, and certify or license services, facilities,
- 2 and personnel engaged in providing emergency medical services
- 3 as provided in this article.
- 4 (3) Adopt rules required to implement an approved system of
- 5 emergency medical services.
- 6 (4) Adopt rules concerning triage and transportation protocols for
- 7 the transportation of trauma patients consistent with the field
- 8 triage decision scheme of the American College of Surgeons
- 9 Committee on Trauma.
- 10 (5) Apply for, receive, and accept gifts, bequests, grants-in-aid,
- 11 state, federal, and local aid, and other forms of financial
- 12 assistance for the support of emergency medical services.
- 13 (6) Employ necessary administrative staff.

14 **(b) The commission shall include the provision of the mental**
 15 **health first aid training program developed under IC 12-21-5-4 in**
 16 **the promotion of continuing education programs under subsection**
 17 **(a)(1)(D).**

18 SECTION 18. IC 16-36-1-15 IS ADDED TO THE INDIANA
 19 CODE AS A NEW SECTION TO READ AS FOLLOWS
 20 [EFFECTIVE JULY 1, 2015]: **Sec. 15. A health care provider (as**
 21 **defined in IC 16-18-2-163(a)) may not require a separate additional**
 22 **written health care consent for the provision of telemedicine**
 23 **services.**

24 SECTION 19. IC 20-20-18.5 IS ADDED TO THE INDIANA
 25 CODE AS A NEW CHAPTER TO READ AS FOLLOWS
 26 [EFFECTIVE JULY 1, 2015]:

27 **Chapter 18.5. Grants for Mental Health Counselor Licenses for**
 28 **School Counselors**

29 **Sec. 1. The mental health counselor licenses for school**
 30 **counselors grant is established for the purpose of awarding grants**
 31 **to provide funding for training for school counselors in elementary**
 32 **schools or high schools to obtain a mental health counselor license**
 33 **under IC 25-23.6-8.5.**

34 **Sec. 2. (a) The mental health counselor licensure for school**
 35 **counselors fund is established for purposes of funding the grant set**
 36 **forth in section 1 of this chapter.**

37 **(b) The department shall administer the fund.**

38 **(c) The fund consists of the following:**

- 39 **(1) Appropriations from the general assembly.**
- 40 **(2) Gifts to the fund.**
- 41 **(3) Grants, including grants from private entities.**



1 **(d) In awarding a grant under this chapter, the department shall**
2 **ensure that the following criteria are met:**

3 **(1) Not more than one hundred (100) school counselors may**
4 **be awarded a grant annually.**

5 **(2) An individual receiving a grant under this chapter must**
6 **have been employed as a school counselor before July 1, 2015,**
7 **and must be currently employed as a school counselor.**

8 **(e) The expenses of administering the fund shall be paid from**
9 **the fund.**

10 **(f) Money in the fund that is not needed to pay the obligations**
11 **of the fund may be invested in the manner that other public money**
12 **may be invested. Interest from the investment of money in the fund**
13 **becomes part of the fund.**

14 **(g) Money in the fund at the end of a state fiscal year does not**
15 **revert to the state general fund.**

16 **Sec. 3. (a) A school counselor or a school corporation is eligible**
17 **to apply for a grant under this chapter. A school counselor or a**
18 **school corporation applying for a grant under this chapter must**
19 **apply in the manner prescribed by the department.**

20 **(b) The department shall determine the amount and the terms**
21 **of a grant awarded under this chapter.**

22 **Sec. 4. The department may adopt rules under IC 4-22-2**
23 **necessary to administer this chapter.**

24 SECTION 20. IC 20-28-3-4, AS AMENDED BY P.L.93-2011,
25 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 JULY 1, 2015]: Sec. 4. A governing body may adjourn the governing
27 body's schools for not more than three (3) days in a school year to allow
28 teachers, school administrators, and paraprofessionals to participate in:

29 (1) a session concerning agricultural instruction conducted in the
30 county;

31 (2) a meeting of a teachers' association;

32 (3) a visitation of model schools under a governing body's
33 direction;

34 (4) a basic or inservice course of education and training on autism
35 that is certified by the state board in conjunction with the state
36 health commissioner and any other appropriate entity determined
37 by the state board; or

38 (5) a basic or inservice course of education and training on:

39 **(A) mental health first aid (IC 12-21-5-4); and**

40 **(B) the prevention of child suicide and the recognition of signs**
41 **that a student may be considering suicide.**



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

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

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

9 (1) The conversion of one (1) type of license into another.

10 (2) The accreditation of teacher education schools and
11 departments.

12 (3) The exchange and renewal of licenses.

13 (4) The endorsement of another state's license.

14 (5) The acceptance of credentials from teacher education
15 institutions of another state.

16 (6) The academic and professional preparation for each type of
17 license.

18 (7) The granting of permission to teach a high school subject area
19 related to the subject area for which the teacher holds a license.

20 (8) The issuance of licenses on credentials.

21 (9) The type of license required for each school position.

22 (10) The size requirements for an elementary school requiring a
23 licensed principal.

24 (11) Any other related matters.

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

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

32 (1) has successfully completed training approved by the
33 department in:

34 (A) cardiopulmonary resuscitation that includes a test
35 demonstration on a mannequin;

36 (B) removing a foreign body causing an obstruction in an
37 airway;

38 (C) the Heimlich maneuver; and

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

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

42 (A) the American Red Cross;



- 1 (B) the American Heart Association; or
 2 (C) a comparable organization or institution approved by the
 3 advisory board; or
 4 (3) has physical limitations that make it impracticable for the
 5 applicant to complete a course or certification described in
 6 subdivision (1) or (2).
 7 The training in this subsection applies to a teacher (as defined in
 8 IC 20-18-2-22(b)).
 9 (d) This subsection does not apply to an applicant for a substitute
 10 teacher license. After June 30, 2013, the department may not issue an
 11 initial teaching license at any grade level to an applicant for an initial
 12 teaching license unless the applicant shows evidence that the applicant
 13 has successfully completed education and training on:
 14 (1) **mental health first aid (IC 12-21-5-4); and**
 15 (2) the prevention of child suicide and the recognition of signs
 16 that a student may be considering suicide.
 17 (e) This subsection does not apply to an applicant for a substitute
 18 teacher license. After June 30, 2012, the department may not issue a
 19 teaching license renewal at any grade level to an applicant unless the
 20 applicant shows evidence that the applicant:
 21 (1) has successfully completed training approved by the
 22 department in:
 23 (A) cardiopulmonary resuscitation that includes a test
 24 demonstration on a mannequin;
 25 (B) removing a foreign body causing an obstruction in an
 26 airway;
 27 (C) the Heimlich maneuver; and
 28 (D) the use of an automated external defibrillator;
 29 (2) holds a valid certification in each of the procedures described
 30 in subdivision (1) issued by:
 31 (A) the American Red Cross;
 32 (B) the American Heart Association; or
 33 (C) a comparable organization or institution approved by the
 34 advisory board; or
 35 (3) has physical limitations that make it impracticable for the
 36 applicant to complete a course or certification described in
 37 subdivision (1) or (2).
 38 (f) The department shall periodically publish bulletins regarding:
 39 (1) the details described in subsection (b);
 40 (2) information on the types of licenses issued;
 41 (3) the rules governing the issuance of each type of license; and
 42 (4) other similar matters.



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

10 (b) A school corporation may not refer a student to a mental
 11 health care provider or a community mental health center for
 12 services unless the school corporation has received the consent of
 13 the student's parent or guardian.

14 (c) If a school corporation refers a student to a mental health
 15 care provider, the school corporation may note the referral in the
 16 student's record but may not include any possible diagnosis or
 17 information concerning the student's mental health other than any
 18 medication that the student takes for the student's mental health.

19 SECTION 23. IC 27-8-5-30 IS ADDED TO THE INDIANA CODE
 20 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 21 1, 2015]: **Sec. 30. An insurer shall not limit or deny coverage under**
 22 **a policy of accident and sickness insurance for investigational or**
 23 **experimental treatment if payment for the treatment has been**
 24 **made by the Medicaid program (IC 12-15) or the Medicare**
 25 **program (42 U.S.C. 1395 et seq.) during the three (3) preceding**
 26 **years.**

27 SECTION 24. IC 27-8-34 IS ADDED TO THE INDIANA CODE
 28 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 29 JULY 1, 2015]:

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

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

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

36 **Sec. 3. As used in this chapter, "policy" means a policy of**
 37 **accident and sickness insurance (as defined in IC 27-8-5-1). The**
 38 **term does not include dental insurance or vision insurance.**

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



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

4 **(1) Medical exams and consultations.**

5 **(2) Behavioral health, including substance abuse evaluations**
 6 **and treatment.**

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

9 **(1) A telephone transmitter for transtelephonic monitoring.**

10 **(2) A telephone or any other means of communication for the**
 11 **consultation from one (1) provider to another provider.**

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

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

22 **(c) Any annual or lifetime dollar limit that applies to**
 23 **telemedicine services must be the same annual or lifetime dollar**
 24 **limit that applies in the aggregate to all items and services covered**
 25 **under the policy.**

26 **(d) A separate consent for telemedicine services may not be**
 27 **required.**

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

29 **(1) Require a policy to provide coverage for a telemedicine**
 30 **service that is not a covered health care service under the**
 31 **policy.**

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

35 **(3) Prevent the use of utilization review concerning coverage**
 36 **for telemedicine services in the same manner as utilization**
 37 **review is used concerning coverage for the same health care**
 38 **services delivered to a covered individual in person.**

39 **SECTION 25. IC 27-13-1-34 IS ADDED TO THE INDIANA**
 40 **CODE AS A NEW SECTION TO READ AS FOLLOWS**
 41 **[EFFECTIVE JULY 1, 2015]: Sec. 34. (a) "Telemedicine services"**



1 means health care services delivered by use of interactive audio,
2 video, or other electronic media, including the following:

3 (1) Medical exams and consultations.

4 (2) Behavioral health, including substance abuse evaluations
5 and treatment.

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

8 (1) A telephone transmitter for transtelephonic monitoring.

9 (2) A telephone or any other means of communication for the
10 consultation from one (1) provider to another provider.

11 SECTION 26. IC 27-13-7-22 IS ADDED TO THE INDIANA
12 CODE AS A NEW SECTION TO READ AS FOLLOWS
13 [EFFECTIVE JULY 1, 2015]: Sec. 22. (a) An individual contract or
14 a group contract must provide coverage for telemedicine services
15 in accordance with the same clinical criteria as the individual
16 contract or the group contract provides coverage for the same
17 health care services delivered to an enrollee in person.

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

23 (c) Any annual or lifetime dollar limit that applies to
24 telemedicine services must be the same annual or lifetime dollar
25 limit that applies in the aggregate to all items and services covered
26 under the individual contract or the group contract.

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

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

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

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

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

41 SECTION 27. IC 27-13-39-2 IS AMENDED TO READ AS
42 FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. (a) A health



1 **maintenance organization shall not limit or deny coverage for**
 2 **investigational or experimental treatment if payment for the**
 3 **treatment has been made by the Medicaid program (IC 12-15) or**
 4 **the Medicare program (42 U.S.C. 1395 et seq.) during the three (3)**
 5 **preceding years.**

6 ~~(a)~~ **(b)** A health maintenance organization that limits coverage for
 7 experimental treatments, procedures, drugs, or devices must clearly
 8 state the limitations in any contract, policy, agreement, or certificate of
 9 coverage.

10 ~~(b)~~ **(c)** The disclosure required under subsection ~~(a)~~ **(b)** must
 11 include the following:

12 (1) A description of the process used to make the determination
 13 regarding a limitation under subsection ~~(a)~~ **(b)**.

14 (2) A description of the criteria the health maintenance
 15 organization uses to determine whether a treatment, procedure,
 16 drug, or device is experimental, as provided in section 1 of this
 17 chapter.

18 SECTION 28. IC 36-2-13-19 IS ADDED TO THE INDIANA
 19 CODE AS A NEW SECTION TO READ AS FOLLOWS
 20 [EFFECTIVE JULY 1, 2015]: **Sec. 19. (a) This section applies to a**
 21 **person who:**

22 **(1) is subject to lawful detention;**

23 **(2) incurs or will incur medical care expenses that are not**
 24 **otherwise reimbursable during the lawful detention;**

25 **(3) is unwilling or unable to pay for the person's own health**
 26 **care services; and**

27 **(4) is potentially eligible for Medicaid (IC 12-15).**

28 **(b) For a person described in subsection (a), the sheriff is the**
 29 **person's Medicaid authorized representative and may apply for**
 30 **Medicaid on behalf of the person.**

31 **(c) A sheriff and the office of the secretary of family and social**
 32 **services shall enter into a written memorandum of understanding**
 33 **providing that the sheriff shall reimburse the office of the secretary**
 34 **for administrative costs and the state share of the Medicaid costs**
 35 **incurred for a person described in this section.**

36 **(d) Reimbursement under this section for reimbursable health**
 37 **care services provided by a health care provider, including a**
 38 **hospital, to a person as an inpatient in a hospital must be as**
 39 **follows:**

40 **(1) For individuals eligible under the Indiana check-up plan**
 41 **(IC 12-15-44.2), the reimbursement rates described in**
 42 **IC 12-15-44.2-14.**



1 **(2) For individuals other than those described in subdivision**
 2 **(1) who are eligible under the Medicaid program, the**
 3 **reimbursement rates provided under the Medicaid program,**
 4 **except that reimbursement for inpatient hospital services shall**
 5 **be reimbursed at rates equal to the fee-for-service rates**
 6 **described in IC 16-21-10-8(a)(1).**

7 **Hospital assessment fee funds collected under IC 16-21-10 or the**
 8 **Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be**
 9 **used as the state share of Medicaid costs for the reimbursement of**
 10 **health care services provided to the person as an inpatient in the**
 11 **hospital.**

12 **(e) The state share of all claims reimbursed by Medicaid for a**
 13 **person described in subsection (a) shall be paid by the county.**

14 **SECTION 29. [EFFECTIVE JULY 1, 2015] (a) Before October 1,**
 15 **2016, the office of the secretary of family and social services shall**
 16 **report to the general assembly in an electronic format under**
 17 **IC 5-14-6 the following information:**

18 **(1) The number of individuals who received health care**
 19 **services under:**

20 **(A) IC 11-10-3-7(b), as amended by this act; and**

21 **(B) IC 36-2-13-19, as added by this act.**

22 **(2) The total reimbursement cost for these individuals.**

23 **(b) This SECTION expires December 31, 2016.**

24 **SECTION 30. [EFFECTIVE JULY 1, 2015] (a) As used in this**
 25 **SECTION, "department" refers to the department of insurance**
 26 **created by IC 27-1-1-1.**

27 **(b) As used in this SECTION, "denied claim" means a claim for**
 28 **which:**

29 **(1) a denial of coverage; or**

30 **(2) required submission of additional information;**

31 **was communicated by the insurer or administrator in response to**
 32 **the submission of the claim.**

33 **(c) The department shall review a statistically relevant sample**
 34 **of all claims denied:**

35 **(1) by an:**

36 **(A) insurer that issued a policy of accident and sickness**
 37 **insurance (as defined in IC 27-8-5-1); and**

38 **(B) administrator of health coverage described in**
 39 **IC 27-1-25; and**

40 **(2) during the period beginning July 1, 2014, and ending**
 41 **December 31, 2014;**



1 to determine whether the denial of each claim was appropriately
 2 based on the terms of the applicable policy of accident and sickness
 3 insurance or health coverage plan.

4 (d) An insurer or administrator described in subsection (c) shall
 5 provide, upon request, access to all records and information
 6 determined by the commissioner of insurance to be required for
 7 the department's review of the denied claims described in
 8 subsection (c).

9 (e) If a claim described in subsection (c) was denied for lack of
 10 medical necessity, the insurer or administrator shall disclose to the
 11 department the following:

12 (1) Whether the insurer or administrator had a physician
 13 examine the covered individual to determine medical
 14 necessity.

15 (2) If a physician described in subdivision (1) examined the
 16 covered individual, the identity and contact information of the
 17 physician.

18 (f) The department may retain expert consultants to perform
 19 the review required by subsection (c).

20 (g) An insurer or administrator subject to a review under this
 21 section shall pay all costs associated with the review.

22 (h) All records and information provided to the department
 23 under this section are confidential.

24 (i) The department shall, not later than October 1, 2015:

25 (1) perform a review required by this section;

26 (2) compile a report of the results of the review performed
 27 under subdivision (1); and

28 (3) provide the report to:

29 (A) the public health, behavioral health, and human
 30 services interim study committee established by
 31 IC 2-5-1.3-4(14); and

32 (B) the legislative council;

33 in an electronic format under IC 5-14-6.

34 (j) Information contained in a report provided under subsection
 35 (i) may not include any information from which the identity of an
 36 individual covered under the policy of accident and sickness or
 37 health coverage plan may be ascertained.

38 (k) This SECTION expires January 1, 2016.



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.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1269, 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:

Page 1, delete lines 1 through 14, begin a new paragraph and insert:

"SECTION 1. IC 5-10-8-17 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 17. A self-insurance plan established under section 7(b) of this chapter or a contract with a prepaid health coverage plan entered into under section 7(c) of this chapter shall not limit or deny coverage for investigational or experimental treatment if payment for the treatment has been made by the Medicaid program (IC 12-15) or the Medicare program (42 U.S.C. 1395 et seq.) during the three (3) preceding years.**

SECTION 2. IC 11-10-3-6, AS AMENDED BY P.L.205-2013, SECTION 169, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) This section:

(1) does not apply in the case of a person who is subject to lawful detention by a county sheriff and is:

(A) covered under private health coverage for health care services; or

(B) willing to pay for the person's own health care services;

and

(2) does not apply to an inmate receiving inpatient services under section 7 of this chapter; and

~~(2)~~ **(3) does not affect copayments required under section 5 of this chapter.**

(b) The following definitions apply throughout this section:

EH 1269—LS 6877/DI 104



(1) "Charge description master" means a listing of the amount charged by a hospital for each service, item, and procedure:

- (A) provided by the hospital; and
- (B) for which a separate charge exists.

(2) "Health care service" means the following:

- (A) Medical care.
- (B) Dental care.
- (C) Eye care.
- (D) Any other health care related service.

The term includes health care items and procedures.

(c) Except as provided in subsection (d), when the department or a county is responsible for payment for health care services provided to a person who is committed to the department, the department shall reimburse:

- (1) a physician licensed under IC 25-22.5;
- (2) a hospital licensed under IC 16-21-2; or
- (3) another health care provider;

for the cost of a health care service at the federal Medicare reimbursement rate for the health care service provided plus four percent (4%).

(d) If there is no federal Medicare reimbursement rate for a health care service described in subsection (c), the department shall do the following:

- (1) If the health care service is provided by a hospital, the department shall reimburse the hospital an amount equal to sixty-five percent (65%) of the amount charged by the hospital according to the hospital's charge description master.
- (2) If the health care service is provided by a physician or another health care provider, the department shall reimburse the physician or health care provider an amount equal to sixty-five percent (65%) of the amount charged by the physician or health care provider.

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

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



(2) by Medicaid.

(b) For an inmate who:

(1) is committed to the department and resides in a department facility or jail;

(2) incurs or will incur medical care expenses that are not otherwise reimbursable;

(3) is unwilling or unable to pay for the inmate's own health care services; and

(4) is potentially eligible for Medicaid (IC 12-15);

the department is the inmate's Medicaid authorized representative and may apply for Medicaid on behalf of the inmate.

(c) The department and the office of the secretary of family and social services shall enter into a written memorandum of understanding providing that the department shall reimburse the office of the secretary for administrative costs and the state share of the Medicaid costs incurred for an inmate.

(d) Reimbursement under this section for reimbursable health care services provided by a health care provider, including a hospital, to an inmate as an inpatient in a hospital must be as follows:

(1) For inmates eligible and participating in the Indiana check-up plan (IC 12-15-44.2), the reimbursement rates described in IC 12-15-44.2-14.

(2) For inmates other than those described in subdivision (1) who are eligible under the Medicaid program, the reimbursement rates provided under the Medicaid program, except that reimbursement for inpatient hospital services shall be reimbursed at rates equal to the fee-for-service rates described in IC 16-21-10-8(a)(1).

Hospital assessment fee funds collected under IC 16-21-10 or the Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be used as the state share of Medicaid costs for the reimbursement of health care services provided to the inmate as an inpatient in the hospital."

Delete page 2.

Page 3, delete lines 1 through 18.

Page 4, line 30, delete "Medicaid based".

Page 4, line 40, delete ";" and insert "assessments;"

Page 5, line 2, reset in roman "and".

Page 5, line 3, delete ";" and insert ".".

Page 5, delete lines 4 through 5, begin a new paragraph and insert:



"SECTION 8. IC 11-12-5-5.5, AS AMENDED BY P.L.205-2011, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5.5. (a) As used in this section, "charge description master" means a listing of the amount charged by a hospital for each service, item, and procedure:

- (1) provided by the hospital; and
- (2) for which a separate charge exists.

(b) As used in this section, "health care services" includes health care items and procedures.

(c) As used in this section, "lawful detention" means the following:

- (1) Arrest.
- (2) Custody following surrender in lieu of arrest.
- (3) Detention in a penal facility.
- (4) Detention for extradition or deportation.
- (5) Custody for purposes incident to any of the above, including transportation, medical diagnosis or treatment, court appearances, work, or recreation.

The term does not include supervision of a person on probation or parole or constraint incidental to release with or without bail.

(d) This section:

(1) does not apply in the case of a person who is subject to lawful detention by a county sheriff and is:

- (A) covered under private health coverage for health care services; or
 - (B) willing to pay for the person's own health care services;
- and

(2) does not apply to an inmate receiving inpatient services under IC 36-2-13-19; and

~~(2)~~ **(3)** does not affect copayments required under section 5 of this chapter.

(e) Except as provided in subsections (f) and (g), a county that is responsible for payment for health care services provided to a person who is subject to lawful detention by the county's sheriff shall reimburse:

- (1) a physician licensed under IC 25-22.5;
- (2) a hospital licensed under IC 16-21-2; or
- (3) another health care provider;

for the cost of a health care service at the federal Medicare reimbursement rate for the health care service provided plus four percent (4%).



(f) Except as provided in subsection (g), if there is no federal Medicare reimbursement rate for a health care service described in subsection (e), the county shall do the following:

(1) If the health care service is provided by a hospital, the county shall reimburse the hospital an amount equal to sixty-five percent (65%) of the amount charged by the hospital according to the hospital's charge description master.

(2) If the health care service is provided by a physician or another health care provider, the county shall reimburse the physician or health care provider an amount equal to sixty-five percent (65%) of the amount charged by the physician or health care provider.

(g) A county described in subsection (e) or (f) may reimburse a health care provider described in subsection (e)(1), (e)(2), or (e)(3) at a lower reimbursement rate than the rate required by subsection (e) or (f) if the county enters into an agreement with a health care provider described in subsection (e)(1), (e)(2), or (e)(3) to reimburse the health care provider for a health care service at the lower reimbursement rate."

Page 5, line 13, delete "assistance" and insert "**coverage**".

Page 5, line 17, delete "assistance" and insert "**coverage**".

Page 5, line 34, delete "through an" and insert "**for the mental illness or**".

Page 5, line 35, delete "approved Medicaid program".

Page 6, line 25, delete "three (3) years" and insert "**one (1) year**".

Page 7, delete lines 34 through 42.

Page 8, delete lines 1 through 22, begin a new paragraph and insert:
 "SECTION 10. IC 12-15-4-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 2.5. (a) The department of correction is, for an inmate described in IC 11-10-3-7(b), the inmate's Medicaid authorized representative.**

(b) A sheriff who:

(1) agrees to the requirements set forth in IC 36-2-13-19; and

(2) applies for Medicaid for a person who:

(A) is subject to lawful detention; and

(B) is described in IC 36-2-13-19;

is the inmate's Medicaid authorized representative."

Page 8, line 32, after "community" insert "**mental**".

Page 8, line 34, after "community" insert "**mental**".

Page 8, line 39, after "as" insert "**the claim is filed in accordance with the rules set forth by the office and**".

Page 9, line 33, delete "section" and insert "**subsection**".



Page 9, between lines 41 and 42, begin a new line block indented and insert:

"(3) Train individuals attending the training program to not label children who are at risk or show signs of mental health problems in a manner that would stigmatize the child."

Page 10, delete lines 14 through 32, begin a new paragraph and insert:

"SECTION 16. IC 16-18-2-348.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 348.5. "Telemedicine", for purposes of IC 16-36-1, means a specific method of delivery of services, including medical exams and consultations and behavioral health evaluations and treatment, including those for substance abuse, using videoconferencing equipment to allow a provider to render an examination or other service to a patient at a distant location. The term does not include the 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."**

Page 11, between lines 40 and 41, begin a new paragraph and insert:

"SECTION 19. IC 16-36-1-15 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 15. A health care provider (as defined in IC 16-18-2-163(a)) may not require a separate additional written health care consent for the provision of telemedicine services.**

SECTION 20. IC 20-20-18.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 18.5. Grants for Mental Health Counselor Licenses for School Counselors

Sec. 1. The mental health counselor licenses for school counselors grant is established for the purpose of awarding grants to provide funding for training for school counselors in elementary schools or high schools to obtain a mental health counselor license under IC 25-23.6-8.5.

Sec. 2. (a) The mental health counselor licensure for school counselors fund is established for purposes of funding the grant set forth in section 1 of this chapter.

(b) The department shall administer the fund.

(c) The fund consists of the following:

- (1) Appropriations from the general assembly.**



(2) Gifts to the fund.

(3) Grants, including grants from private entities.

(d) In awarding a grant under this chapter, the department shall ensure that the following criteria are met:

(1) Not more than one hundred (100) school counselors may be awarded a grant annually.

(2) An individual receiving a grant under this chapter must have been employed as a school counselor before July 1, 2015, and must be currently employed as a school counselor.

(e) The expenses of administering the fund shall be paid from the fund.

(f) Money in the fund that is not needed to pay the obligations of the fund may be invested in the manner that other public money may be invested. Interest from the investment of money in the fund becomes part of the fund.

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

Sec. 3. (a) A school counselor or a school corporation is eligible to apply for a grant under this chapter. A school counselor or a school corporation applying for a grant under this chapter must apply in the manner prescribed by the department.

(b) The department shall determine the amount and the terms of a grant awarded under this chapter.

Sec. 4. The department may adopt rules under IC 4-22-2 necessary to administer this chapter."

Page 14, line 19, after "21." insert "(a)".

Page 14, between lines 25 and 26, begin a new paragraph and insert:

"(b) A school corporation may not refer a student to a mental health care provider or a community mental health center for services unless the school corporation has received the consent of the student's parent or guardian.

(c) If a school corporation refers a student to a mental health care provider, the school corporation may note the referral in the student's record but may not include any possible diagnosis or information concerning the student's mental health other than any medication that the student takes for the student's mental health.

SECTION 21. IC 27-8-5-30 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 30. An insurer shall not limit or deny coverage under a policy of accident and sickness insurance for investigational or experimental treatment if payment for the treatment has been made by the Medicaid program (IC 12-15) or the Medicare



program (42 U.S.C. 1395 et seq.) during the three (3) preceding years."

Page 14, line 36, after "." insert "**The term does not include dental insurance or vision insurance.**".

Page 15, line 22, delete "and health care".

Page 15, line 23, delete "services delivered in person".

Page 16, delete lines 36 through 42, begin a new paragraph and insert:

"SECTION 25. IC 27-13-39-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. **(a) A health maintenance organization shall not limit or deny coverage for investigational or experimental treatment if payment for the treatment has been made by the Medicaid program (IC 12-15) or the Medicare program (42 U.S.C. 1395 et seq.) during the three (3) preceding years.**

~~(a)~~ **(b)** A health maintenance organization that limits coverage for experimental treatments, procedures, drugs, or devices must clearly state the limitations in any contract, policy, agreement, or certificate of coverage.

~~(b)~~ **(c)** The disclosure required under subsection ~~(a)~~ **(b)** must include the following:

(1) A description of the process used to make the determination regarding a limitation under subsection ~~(a)~~ **(b)**.

(2) A description of the criteria the health maintenance organization uses to determine whether a treatment, procedure, drug, or device is experimental, as provided in section 1 of this chapter.

SECTION 26. IC 36-2-13-19 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 19. (a) This section applies to a person who:**

(1) is subject to lawful detention;

(2) incurs or will incur medical care expenses that are not otherwise reimbursable during the lawful detention;

(3) is unwilling or unable to pay for the person's own health care services; and

(4) is potentially eligible for Medicaid (IC 12-15).

(b) For a person described in subsection (a), the sheriff is the person's Medicaid authorized representative and may apply for Medicaid on behalf of the person.

(c) A sheriff and the office of the secretary of family and social services shall enter into a written memorandum of understanding



providing that the sheriff shall reimburse the office of the secretary for administrative costs and the state share of the Medicaid costs incurred for a person described in this section.

(d) Reimbursement under this section for reimbursable health care services provided by a health care provider, including a hospital, to a person as an inpatient in a hospital must be as follows:

(1) For individuals eligible under the Indiana check-up plan (IC 12-15-44.2), the reimbursement rates described in IC 12-15-44.2-14.

(2) For individuals other than those described in subdivision (1) who are eligible under the Medicaid program, the reimbursement rates provided under the Medicaid program, except that reimbursement for inpatient hospital services shall be reimbursed at rates equal to the fee-for-service rates described in IC 16-21-10-8(a)(1).

Hospital assessment fee funds collected under IC 16-21-10 or the Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be used as the state share of Medicaid costs for the reimbursement of health care services provided to the person as an inpatient in the hospital.

(e) The state share of all claims reimbursed by Medicaid for a person described in subsection (a) shall be paid by the county.

SECTION 27. [EFFECTIVE JULY 1, 2015] (a) Before October 1, 2016, the office of the secretary of family and social services shall report to the general assembly in an electronic format under IC 5-14-6 the following information:

(1) The number of individuals who received health care services under:

(A) IC 11-10-3-7(b), as amended by this act; and

(B) IC 36-2-13-19, as added by this act.

(2) The total reimbursement cost for these individuals.

(b) This SECTION expires December 31, 2016.

SECTION 28. [EFFECTIVE JULY 1, 2015] (a) As used in this SECTION, "department" refers to the department of insurance created by IC 27-1-1-1.

(b) As used in this SECTION, "denied claim" means a claim for which:

(1) a denial of coverage; or

(2) required submission of additional information;

was communicated by the insurer or administrator in response to the submission of the claim.



(c) The department shall review a statistically relevant sample of all claims denied:

(1) by an:

(A) insurer that issued a policy of accident and sickness insurance (as defined in IC 27-8-5-1); and

(B) administrator of health coverage described in IC 27-1-25; and

(2) during the period beginning July 1, 2014, and ending December 31, 2014;

to determine whether the denial of each claim was appropriately based on the terms of the applicable policy of accident and sickness insurance or health coverage plan.

(d) An insurer or administrator described in subsection (c) shall provide, upon request, access to all records and information determined by the commissioner of insurance to be required for the department's review of the denied claims described in subsection (c).

(e) If a claim described in subsection (c) was denied for lack of medical necessity, the insurer or administrator shall disclose to the department the following:

(1) Whether the insurer or administrator had a physician examine the covered individual to determine medical necessity.

(2) If a physician described in subdivision (1) examined the covered individual, the identity and contact information of the physician.

(f) The department may retain expert consultants to perform the review required by subsection (c).

(g) An insurer or administrator subject to a review under this section shall pay all costs associated with the review.

(h) All records and information provided to the department under this section are confidential.

(i) The department shall, not later than October 1, 2015:

(1) perform a review required by this section;

(2) compile a report of the results of the review performed under subdivision (1); and

(3) provide the report to:

(A) the public health, behavioral health, and human services interim study committee established by IC 2-5-1.3-4(14); and

(B) the legislative council;

in an electronic format under IC 5-14-6.



(j) Information contained in a report provided under subsection (i) may not include any information from which the identity of an individual covered under the policy of accident and sickness or health coverage plan may be ascertained.

(k) This SECTION expires January 1, 2016."

Delete page 17.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1269 as printed February 20, 2015.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 8, Nays 0.

