



SENATE BILL No. 96

DIGEST OF SB 96 (Updated February 5, 2018 2:47 pm - DI 109)

Citations Affected: IC 10-17; IC 34-13.

Synopsis: Veterans pilot program. Extends to 2020 the veterans pilot program that provides assistance for certain providers to provide diagnostic testing and hyperbaric oxygen treatment to veterans. (Under current law, the program expires June 30, 2019.) Allows the state department of health to select and approve up to five providers to provide diagnostic testing and hyperbaric oxygen treatment to veterans receiving treatment under the program. (Under current law, only one provider may be selected and approved.) Requires providers to perform services at cost out of the grant amount awarded to the provider. (Continued next page)

Effective: July 1, 2018.

Delph, Sandlin, Charbonneau, Ford, Niezgodski, Randolph Lonnie M, Kruse, Zakas, Alting

January 3, 2018, read first time and referred to Committee on Health and Provider

January 25, 2018, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.
February 1, 2018, reported favorably — Do Pass.
February 5, 2018, read second time, amended, ordered engrossed.



Digest Continued

Removes the restriction on when a veteran's injury occurred in order for the veteran to receive treatment under the program. Requires providers to quarterly file a status report concerning the services provided by the provider with the state department of health, the department of veterans' affairs (department), the chairperson of the house committee on veterans affairs and public safety, and the chairperson of the senate committee on veterans affairs and the military. Requires the department, in collaboration with the state department of health, to prepare a final report at the conclusion of the pilot program and transmit the report to the governor, the leadership of the legislative council, the chairperson of the house committee on veterans affairs and public safety, and the chairperson of the senate committee on veterans affairs and the military. Requires the final report to be made available on the department's Internet website. Provides immunity for providers of services under the program.



Second Regular Session 120th General Assembly (2018)

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 2017 Regular Session of the General Assembly.

SENATE BILL No. 96

A BILL FOR AN ACT to amend the Indiana Code concerning military and veterans.

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

1	SECTION 1. IC 10-17-13.5-4, AS ADDED BY P.L.217-2017,
2	SECTION 76, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2018]: Sec. 4. (a) The department may make grants to
4	qualified entities to be used for the purpose of providing services to
5	veterans, including the following:
6	(1) Programs focused on eliminating homelessness, preventing
7	near term homelessness, and providing safe and secure living
8	conditions.
9	(2) Assisting veterans in moving from public housing assistance
10	programs to:
11	(A) home ownership; or
12	(B) stable, long term rental status.
13	A grant under this chapter for the purpose specified in clause (B)
14	may include up to nine (9) months of rental assistance.
15	(3) Assisting veterans in finding and using available federal and
16	state resources.
17	(4) Providing therapeutic services.



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- (5) Providing job training and job search assistance.
- (b) The department may make grants to the provider chosen by the state department of health under section 6 of this chapter to be used for the purpose of providing assistance to the provider to provide diagnostic testing and hyperbaric oxygen treatment to veterans receiving treatment under the pilot program established under section 6 of this chapter. However, a grant under this chapter may not be awarded for the purposes specified in this subsection unless the state department of health has adopted the rules required by section $\frac{5}{6}$ 6(g) of this chapter. In addition, a grant may not be awarded for the purposes specified in this subsection after the expiration of the pilot program established under section 6 of this chapter.
- SECTION 2. IC 10-17-13.5-6, AS ADDED BY P.L.217-2017, SECTION 76, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 6. (a) As used in this section, "hyperbaric oxygen treatment" means treatment for traumatic brain injury or posttraumatic stress disorder that is ordered by a health care provider and delivered in a hyperbaric chamber.
- (b) The department shall establish a pilot program for the purpose of providing assistance for the each provider that has been approved by the state department of health to provide diagnostic testing and hyperbaric oxygen treatment to veterans receiving treatment under section 4(b) of this chapter.
- (c) The state department of health shall issue a request for proposals to select one (1) provider that is eligible up to five (5) providers that collectively represent the north, south, east, west, and central geographic areas of Indiana to offer the treatment described in section 4(b) of this chapter.
- (d) An individual veteran is eligible to begin treatment if the service related event that caused the traumatic brain injury or posttraumatic stress disorder happened within the past twelve (12) months. is documented by a licensed physician.
- (e) An individual veteran must pay a co-pay equal to ten percent (10%) of the cost of treatment billed to the department or the state department of health.
- (f) A grant under the pilot program established under subsection (b) may be provided only to the provider chosen by the state department of health to provide diagnostic testing and hyperbaric oxygen treatment to veterans.
- (g) The state department of health, after consulting with the department, shall adopt rules under IC 4-22-2 to implement section 4(b) of this chapter, including standards for the following:



1	(1) Determination by the a provider that an individual is a veteran
2	eligible for participation in the program.
3	(2) Determination by the state department of health that the a
4	provider is eligible to participate in the program, including:
5	(A) a requirement that the provider must maintain compliance
6	with applicable fire codes, treatment protocols, and state
7	department of health oversight; and
8	(B) other facility standards determined by the state department
9	of health.
0	(3) Treatment plan requirements, including the following:
1	(A) A provider's submission to the state department of health,
2	before providing hyperbaric oxygen treatment to a veteran, of
3	a treatment plan that includes:
4	(i) a health care provider's prescription for hyperbaric
5	oxygen treatment;
6	(ii) verification by the provider that the veteran is eligible
7	for participation in the program and voluntarily accepts
8	treatment through the program;
9	(iii) an estimate of the cost of the veteran's treatment; and
20	(iv) any other information required by the state department
21	of health.
	(B) A reasonable time frame for:
22 23 24 25 26	(i) approval or disapproval by the state department of health
.4	of a treatment plan described in clause (A); and
25	(ii) notice to the provider of approval or disapproval of the
26	treatment plan.
.7	(C) Contingent on sufficient funding available in the fund,
28	approval of each treatment plan that meets the requirements
.9	established by the state department of health under this
0	section.
1	(D) The sources of funding for the estimated treatment cost for
2	each veteran whose treatment plan is approved under this
3	section.
4	(4) Criteria for approval of payment for treatment that has been
5	verified by the state department of health to have been provided
6	under a treatment plan approved under subdivision (3), including:
7	(A) whether a drug or device used in the treatment plan has
8	been approved for any purpose by the federal Food and Drug
9	Administration;
-0	(B) health improvement of the veteran receiving the treatment,
-1	as demonstrated through:
-2	(i) standardized, independent pretreatment and



1	posttreatment neuropsychological testing;
2	(ii) nationally accepted survey instruments;
3	(iii) neurological imaging; or
4	(iv) clinical examination; and
5	(C) receipt by the state department of health of pretreatmen
6	and posttreatment evaluation documentation.
7	(5) Confidentiality of all individually identifiable patien
8	information of a veteran. However, subject to the requirements of
9	the federal Health Insurance Portability and Accountability Ac
10	and any other applicable medical record laws, all data and
11	information from which the identity of an individual veterar
12	cannot be reasonably ascertained must be available to the general
13	assembly, participating institutional review boards, participating
14	health care providers, medical researchers, and other
15	governmental agencies.
16	(h) A provider, including a physician who supervises treatment
17	under the program shall bill the program and be paid at cost ou
18	of the grant amount awarded to the provider. No providers may
19	profit from services provided under the program. Services offered
20	under the program are provided as a service to veterans.
21	(i) Each provider shall quarterly file a status report concerning
22	the services provided by the provider under the program with the
23	following:
24	(1) The department.
25	(2) The state department of health.
26	(3) The chairperson of the house committee on veterans
27	affairs and public safety.
28	(4)The chairperson of the senate committee on veterans
29	affairs and the military.
30	(j) At the conclusion of the pilot program, the department, in
31	collaboration with the state department of health, shall prepare a
32	written final report and transmit it to the following:
33	(1) The governor.
34	(2) The leadership of the legislative council in electronic
35	format under IC 5-14-6.
36	(3) The chairperson of the house committee on veterans
37	affairs and public safety.
38	(4) The chairperson of the senate committee on veterans
39	affairs and the military.
40	The report required under this subsection must be made available
41	on the department's Internet web site.
42	(k) This section expires June 30, 2019. 2020.



1	SECTION 3. IC 34-13-3-2, AS AMENDED BY P.L.198-2016.
2	SECTION 666, IS AMENDED TO READ AS FOLLOWS
3	[EFFECTIVE JULY 1, 2018]: Sec. 2. This chapter applies to a claim
4	or suit in tort against any of the following:
5	(1) A member of the bureau of motor vehicles commission board
6	established under IC 9-14-9-2.
7	(2) An employee of the bureau of motor vehicles commission.
8	(3) A member of the driver education advisory board established
9	by IC 9-27-6-5.
10	(4) An approved postsecondary educational institution (as defined
11	in IC 21-7-13-6(a)(1)), or an association acting on behalf of an
12	approved postsecondary educational institution, that:
13	(A) shares data with the commission for higher education
14	under IC 21-12-12-1; and
15	(B) is named as a defendant in a claim or suit in tort based on
16	any breach of the confidentiality of the data that occurs after
17	the institution has transmitted the data in compliance with
18	IC 21-12-12-1.
19	(5) A healthcare provider, with respect to any damages
20	resulting from the health care provider's use of hyperbaric
21	oxygen treatment to treat a veteran under the Indiana veteran
22	recovery nilot program under IC 10-17-13.5.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 96, 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:

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 96 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 7, Nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, to which was referred Senate Bill No. 96, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is to SB 96 as printed January 26, 2018.)

MISHLER, Chairperson

Committee Vote: Yeas 10, Nays 0

SENATE MOTION

Madam President: I move that Senate Bill 96 be amended to read as follows:

Page 2, line 20, after "for" strike "the" and insert "each".

Page 2, line 25, strike "one (1) provider that is eligible" and insert "up to five (5) providers that collectively represent the north, south, east, west, and central geographic areas of Indiana".

Page 2, line 29, strike "happened within the past twelve (12)



months." and insert "is documented by a licensed physician.".

- Page 2, line 40, strike "the" and insert "a".
- Page 2, line 42, after "that" strike "the" and insert "a".
- Page 4, between lines 12 and 13, begin a new paragraph and insert:"
- (h) A provider, including a physician who supervises treatment, under the program shall bill the program and be paid at cost out of the grant amount awarded to the provider. No providers may profit from services provided under the program. Services offered under the program are provided as a service to veterans.
- (i) Each provider shall quarterly file a status report concerning the services provided by the provider under the program with the following:
 - (1) The department.
 - (2) The state department of health.
 - (3) The chairperson of the house committee on veterans affairs and public safety.
 - (4) The chairperson of the senate committee on veterans affairs and the military.
- (j) At the conclusion of the pilot program, the department, in collaboration with the state department of health, shall prepare a written final report and transmit it to the following:
 - (1) The governor.
 - (2) The leadership of the legislative council in electronic format under IC 5-14-6.
 - (3) The chairperson of the house committee on veterans affairs and public safety.
 - (4) The chairperson of the senate committee on veterans affairs and the military.

The report required under this subsection must be made available on the department's Internet web site.".

Page 4, line 13, delete "(h)" and insert "(k)".

Page 4, after line 13, begin a new paragraph and insert:

"SECTION 3. IC 34-13-3-2, AS AMENDED BY P.L.198-2016, SECTION 666, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 2. This chapter applies to a claim or suit in tort against any of the following:

- (1) A member of the bureau of motor vehicles commission board established under IC 9-14-9-2.
- (2) An employee of the bureau of motor vehicles commission.
- (3) A member of the driver education advisory board established by IC 9-27-6-5.
- (4) An approved postsecondary educational institution (as defined



in IC 21-7-13-6(a)(1)), or an association acting on behalf of an approved postsecondary educational institution, that:

- (A) shares data with the commission for higher education under IC 21-12-12-1; and
- (B) is named as a defendant in a claim or suit in tort based on any breach of the confidentiality of the data that occurs after the institution has transmitted the data in compliance with IC 21-12-12-1.
- (5) A healthcare provider, with respect to any damages resulting from the health care provider's use of hyperbaric oxygen treatment to treat a veteran under the Indiana veteran recovery pilot program under IC 10-17-13.5.".

Renumber all SECTIONS consecutively.

(Reference is to SB 96 as printed February 2, 2018.)

DELPH

