# **SENATE BILL No. 166**

### DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-41-42.2.

**Synopsis:** Spinal cord and brain injury fund. Allows the spinal cord and brain injury fund to be used to fund facilities, treatment, and services for spinal cord and brain injuries. Requires the spinal cord and brain injury research board to consider applications and make grants to nonprofit health care clinics that employ physical therapists and provide activity-based therapy services to individuals with traumatic spinal cord and brain injuries that require extended post acute care.

Effective: July 1, 2015.

# Miller Patricia

January 6, 2015, read first time and referred to Committee on Health & Provider Services.



### First Regular Session 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.

# **SENATE BILL No. 166**

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

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

SECT	TON 1. IO	J 16-41-4	2.2-0.5	IS AD	DED TO	) TH	E INDIAN	۱A
CODE	AS A N	NEW SE	ECTION	TO	READ	AS	FOLLOV	VS
[EFFECT	TIVE JUL	Y 1, 201	5]: <b>Sec.</b>	0.5.	As used	in t	his chapt	er
"activity	y-based	therapy	servic	es"	refers	to	specializ	ed
interven	tions that	t activate	the neu	ıromu	ıscular s	yste	m below t	he
level of	the lesion	, involvi	ng inten	se, re	petitive	phys	sical activ	ity
perform	ed with	the goal	of retra	aining	the ne	rvou	s system	to
recover	specific n	otor tasl	KS.					
SECT	TON 2. I	C 16-41-	42.2-3,	AS A	DDED	BY	P.L.97-200	)8
SECTIO	N 5, IS AN	<b>MENDED</b>	TOREA	DAS	FOLLO'	WS[	EFFECTIV	VΕ
JULY 1,	2015]: Se	ec. 3. (a)	The spin	al cor	d and br	ain i	njury fund	is
establish	ed to fund	research	on spina	l cord	and brai	n inj	uries.	
(b) Th	ne fund sh	all be adn	ninistere	d by th	ne state d	epar	tment.	
(c) Th	e fund co	nsists of:						
(1)	appropriat	tions;						
(2)	gifts and b	equests;						



(4) grants received from the federal government or private

(3) fees deposited in the fund by law; and

3	sources.
4	(d) The expenses of administering the fund shall be paid from
5	money in the fund.
6	(e) The treasurer of state shall invest the money in the fund not
7	currently needed to meet the obligations of the fund in the same
8	manner as other public money may be invested.
9	(f) Money in the fund at the end of a state fiscal year does not revert
0	to the state general fund.
l 1	(g) The money in the fund is continually appropriated to the state
12	department to fund spinal cord and brain injury research programs. the
13	purposes specified in section 4 of this chapter.
14	SECTION 3. IC 16-41-42.2-4, AS AMENDED BY P.L.141-2014,
15	SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16	JULY 1, 2015]: Sec. 4. The fund is to be used for the following
17	purposes:
18	(1) Establishing and maintaining a state medical surveillance
19	registry for traumatic spinal cord and brain injuries.
20	(2) Fulfilling the duties of the board established by section 5 of
21	this chapter.
22	(3) Funding research related to the treatment and cure of spinal
23	cord and brain injuries, including acute management, medical
24	complications, rehabilitative techniques, and neuronal recovery.
25	Research must be conducted in compliance with all state and
26	federal laws.
27	(4) Funding:
28	(A) post acute extended treatment and services for
29	individuals with spinal cord and brain injuries; and
30	(B) facilities that offer long term activity-based therapy
31	services at affordable rates to individuals with traumatic
32 33	spinal cord and brain injuries that require extended post acute care.
34	(4) (5) Develop a statewide trauma system.
35	However, not more than fifty percent (50%) of money in the fund may
36	be used for purposes of developing a statewide trauma system.
37	SECTION 4. IC 16-41-42.2-5, AS ADDED BY P.L.3-2008,
38	SECTION 113, IS AMENDED TO READ AS FOLLOWS
39	[EFFECTIVE JULY 1, 2015]: Sec. 5. (a) The spinal cord and brain
10	injury research board is established for the purpose of administering
11	the fund. The board is composed of nine (9) members.
12	(b) The following four (4) members of the board shall be appointed
_	(1) 11 11 11 11 11 11 11 11 11 11 11 11 1



2015

1	by the governor:
2	(1) One (1) member who has a spinal cord or head injury or who
3	has a family member with a spinal cord or head injury.
4	(2) One (1) member who is a physician licensed under IC 25-22.5
5	who has specialty training in neuroscience and surgery.
6	(3) One (1) member who is a physiatrist holding a board
7	certification from the American Board of Physical Medicine and
8	Rehabilitation.
9	(4) One (1) member representing the technical life sciences
10	industry.
11	(c) Five (5) members of the board shall be appointed as follows:
12	(1) One (1) member representing Indiana University to be
13	appointed by Indiana University.
14	(2) One (1) member representing Purdue University to be
15	appointed by Purdue University.
16	(3) One (1) member representing the National Spinal Cord Injury
17	Association to be appointed by the National Spinal Cord Injury
18	Association.
19	(4) One (1) member representing the largest freestanding
20	rehabilitation hospital for brain and spinal cord injuries in Indiana
21	to be appointed by the Rehabilitation Hospital of Indiana located
22	in Indianapolis.
23	(5) One (1) member representing the American Brain Injury
24	Association to be appointed by the Brain Injury Association of
25	Indiana.
26	(d) The term of a member is four (4) years. A member serves until
27	a successor is appointed and qualified. If a vacancy occurs on the board
28	before the end of a member's term, the appointing authority appointing
29	the vacating member shall appoint an individual to serve the remainder
30	of the vacating member's term.
31	(e) A majority of the members appointed to the board constitutes a
32	quorum. The affirmative votes of a majority of the members are
33	required for the board to take action on any measure.
34	(f) Each member of the board is entitled to the minimum salary per
35	diem provided by IC 4-10-11-2.1(b). The member is also entitled to
36	reimbursement for traveling expenses as provided under IC 4-13-1-4
37	and other expenses actually incurred in connection with the member's
38	duties as provided in the state policies and procedures established by
39	the Indiana department of administration and approved by the budget
40	agency.
41	(g) The board shall annually elect a chairperson who shall be the

presiding officer of the board. The board may establish other officers



42

1	and procedures as the board determines necessary.
2	(h) The board shall meet at least two (2) times each year. The
3	chairperson may call additional meetings.
4	(i) The state department shall provide staff for the board. The state
5	department shall maintain a registry of the members of the board. An
6	appointing authority shall provide written confirmation of an
7	appointment to the board to the state department in the form and
8	manner specified by the state department.
9	(j) The board shall do the following:
0	(1) Consider policy matters relating to spinal cord and brain
. 1	injury research projects and programs under this chapter.
2	(2) Consider research applications and make grants for approved
3	research projects under this chapter.
4	(3) Consider applications and make grants to health care
.5	clinics that:
.6	(A) are exempt from federal income taxation under Section
7	501 of the Internal Revenue Code;
8	(B) employ physical therapists licensed under IC 25-27;
9	and
20	(C) provide long term activity-based therapy services at
21	affordable rates to individuals with traumatic spinal cord
22	and brain injuries that require extended post acute care.
23	(3) (4) Formulate policies and procedures concerning the
24	operation of the board.
25	(4) (5) Review and authorize spinal cord and brain injury research
26	projects and programs to be financed under this chapter. For
27	purposes of this subdivision, the board may establish an
28	independent scientific advisory panel composed of scientists and
)()	independent scientific advisory panel composed of scientists and
29	clinicians who are not members of the board to review proposals
30	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board.
30 31	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based
30 31 32	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana,
30 31 32 33	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.
30 31 32 33 34	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on
30 31 32 33 34 35	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on projects authorized under this chapter.
30 31 32 33 34 35 36	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on projects authorized under this chapter.  (6) (7) Review and make recommendations concerning the
30 31 32 33 34 35 36	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on projects authorized under this chapter.  (6) (7) Review and make recommendations concerning the expenditure of money from the fund.
30 31 32 33 34 35 36 37	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on projects authorized under this chapter.  (6) (7) Review and make recommendations concerning the expenditure of money from the fund.  (7) (8) Take other action necessary for the purpose stated in
30 31 32 33 34 35 36 37 38	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on projects authorized under this chapter.  (6) (7) Review and make recommendations concerning the expenditure of money from the fund.  (7) (8) Take other action necessary for the purpose stated in subsection (a).
30 31 32 33 34 35 36 37 38 39	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on projects authorized under this chapter.  (6) (7) Review and make recommendations concerning the expenditure of money from the fund.  (7) (8) Take other action necessary for the purpose stated in subsection (a).  (8) (9) Provide to the governor, the general assembly, and the
30 31 32 33 34 35 36 37 38	clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.  (5) (6) Review and approve progress and final research reports on projects authorized under this chapter.  (6) (7) Review and make recommendations concerning the expenditure of money from the fund.  (7) (8) Take other action necessary for the purpose stated in subsection (a).



1	chapter. The report to the general assembly and the legislative
2	council must be in an electronic format under IC 5-14-6.
3	(k) A member of the board is exempt from civil liability arising or
4	thought to arise from an action taken in good faith as a member of the
5	board.
6	

