SENATE BILL No. 229

DIGEST OF INTRODUCED BILL

Citations Affected: IC 31-9-2-99.5; IC 31-27.

Synopsis: Psychotropic medication in foster care. Requires the department of child services (department) to consult with a licensed child and adolescent psychiatric consultant before consenting to a request to administer psychotropic medication to a child under the care and supervision of the department. Requires the department to develop: (1) a report to monitor prescriptions of psychotropic medication for children under the care and supervision of the department; and (2) educational materials regarding psychotropic medication that may be prescribed to children under the care and supervision of the department. Requires residential child care entities licensed by the department to: (1) obtain written instructions and consents before providing psychotropic medication to a child; and (2) maintain a record of information regarding the administration of psychotropic medication to a child.

Effective: July 1, 2019.

Grooms

January 3, 2019, read first time and referred to Committee on Family and Children Services.

Introduced

First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

SENATE BILL No. 229

A BILL FOR AN ACT to amend the Indiana Code concerning family law and juvenile law.

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

SECTION 1. IC 31-9-2-99.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 99.5. "Psychotropic medication", for purposes of IC 31-27, means a drug or substance that may alter brain chemistry and affect behavior.**

SECTION 2. IC 31-27-2-13 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 13. (a) The department shall employ, or may contract with, licensed child and adolescent psychiatric consultants to:**

(1) review; and

(2) provide a recommendation to the department concerning; each request for consent to administer psychotropic medication to a child who is under the care and supervision of the department, and in an out-of-home placement, that is received from a licensee under IC 31-27-3, IC 31-27-4, IC 31-27-5, and IC 31-27-6. A licensed child and adolescent psychiatric consultant described in this section must have expertise in evidence based child and

adolescent mental health care.

(b) The department may not provide consent for the administration of a psychotropic medication to a child under the care and supervision of the department unless a licensed child and adolescent psychiatric consultant described in subsection (a) has reviewed the request for consent and determined in writing that the requested psychotropic medication is appropriate.

(c) A licensed child and adolescent psychiatric consultant may recommend denial of consent after a review described in this section of any request for consent if the licensed child and adolescent psychiatric consultant determines a denial is appropriate. If a licensed child and adolescent psychiatric consultant recommends denial, the specific reasons for the denial must be provided in writing, and the department may deny the request for consent based on the recommendation.

(d) A consent issued by the department is valid for one hundred eighty (180) days. After the one hundred eighty (180) day period, a new consent must be requested from the department and may be issued by the department after a review described in subsection (b).

(e) A consent issued by the department that has not expired as described in subsection (d) remains in effect only with respect to a prescription that is identical to the prescription provided with the request for consent and reviewed under subsection (b).

SECTION 3. IC 31-27-2-14 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 14. (a) The department, after consultation with local offices and the office of the secretary of family and social services, shall develop a report describing each child who is:**

(1) receiving psychotropic medication paid for by the state Medicaid program; and

(2) placed:

(A) in a child caring institution, foster family home, or group home; or

(B) through a child placing agency;

licensed by the department under this article.

(b) The report described in subsection (a) must be organized by county and include for each child:

(1) each psychotropic medication prescribed to the child, including:

(A) the name of the prescribing physician or psychiatrist;

(B) the date prescribed;

(C) the dosage prescribed;

(D) the frequency of administration prescribed; and

(E) the method of administration prescribed;

for each psychotropic medication;

(2) any changes that have been made to the child's prescription for a psychotropic medication, including the information described in subdivision (1); and

(3) the child's age and current number of prescribed psychotropic medications.

(c) The report described in subsection (a) must be updated monthly.

(d) The department shall review the report described in subsection (a) to monitor the use of psychotropic medication for children under the care and supervision of the department.

SECTION 4. IC 31-27-2-15 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 15. The department, after consultation with the state department of health and the office of the secretary of family and social services, shall develop and make available educational materials regarding how to administer and monitor psychotropic medication that may be prescribed to a child under the care and supervision of the department.**

SECTION 5. IC 31-27-3-18.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 18.2. (a) A licensee may not provide psychotropic medication to a child unless:**

(1) the medication is prescribed by a licensed physician or licensed psychiatrist; and

(2) a consent has been provided by the department as described in IC 31-27-2-13.

(b) Before providing psychotropic medication to a child, the licensee must have received:

(1) written instructions from the prescribing physician or psychiatrist on the administration of the psychotropic medication, including dosage, frequency of administration, and method of administration;

(2) written information on possible side effects of the psychotropic medication; and

(3) any consents required by the department, including a consent described in IC 31-27-2-13.

(c) The licensee shall monitor and maintain a written record of psychotropic medication administered to a child and the child's responses to the psychotropic medication. The written record must

be updated as changes occur and must be updated at least every thirty (30) days. The written record must be provided to the department and the prescribing physician or psychiatrist to ensure that any psychotropic medication being administered is safe, being administered as prescribed, and having the intended effect. The written record must include:

(1) each psychotropic medication prescribed to a child, including:

(A) the name of the prescribing physician or psychiatrist;

(B) the date prescribed;

(C) the dosage prescribed;

(D) the frequency of administration prescribed; and

(E) the method of administration prescribed;

(2) each dose of psychotropic medication administered to a child, including the date and time of each dose;

(3) any changes made to the prescription of a psychotropic medication, including all information described in subdivision (1);

(4) any side effects or other changes in the child, with notification also provided to the prescribing physician or psychiatrist; and

(5) information received from regular appointments with the prescribing physician or psychiatrist, including:

(A) clinical observations of side effects;

(B) vital sign information, including blood pressure, pulse, height, and weight;

(C) symptom severity scales and adverse effects scales;

(D) results of blood tests that assess the effect of the psychotropic medication on the child, which may include:

(i) a complete blood count;

(ii) a metabolic panel; and

(iii) thyroid function tests; and

(E) results of blood tests that reveal levels of medications in the blood, including lithium and mood stabilizers.

(d) The licensee shall store in a safe location all psychotropic medication in the original container labeled with the child's name, the administration instructions, and the name of the prescribing physician or psychiatrist.

SECTION 6. IC 31-27-4-21.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 21.5. (a) A licensee may not provide psychotropic medication to a child unless:**

(1) the medication is prescribed by a licensed physician or licensed psychiatrist; and

(2) a consent has been provided by the department as described in IC 31-27-2-13.

(b) Before providing psychotropic medication to a child, the licensee must have received:

(1) written instructions from the prescribing physician or psychiatrist on the administration of the psychotropic medication, including dosage, frequency of administration, and method of administration;

(2) written information on possible side effects of the psychotropic medication; and

(3) any consents required by the department, including a consent described in IC 31-27-2-13.

(c) The licensee shall monitor and maintain a written record of psychotropic medication administered to a child and the child's responses to the psychotropic medication. The written record must be updated as changes occur and must be updated at least every thirty (30) days. The written record must be provided to the department and the prescribing physician or psychiatrist to ensure that any psychotropic medication being administered is safe, being administered as prescribed, and having the intended effect. The written record must include:

(1) each psychotropic medication prescribed to a child, including:

(A) the name of the prescribing physician or psychiatrist;

(B) the date prescribed;

(C) the dosage prescribed;

(D) the frequency of administration prescribed; and

(E) the method of administration prescribed;

(2) each dose of psychotropic medication administered to a child, including the date and time of each dose;

(3) any changes made to the prescription of a psychotropic medication, including all information described in subdivision (1);

(4) any side effects or other changes in the child, with notification also provided to the prescribing physician or psychiatrist; and

(5) information received from regular appointments with the prescribing physician or psychiatrist, including:

(A) clinical observations of side effects;

(B) vital sign information, including blood pressure, pulse,

height, and weight;

(C) symptom severity scales and adverse effects scales;

(D) results of blood tests that assess the effect of the psychotropic medication on the child, which may include:

(i) a complete blood count;

(ii) a metabolic panel; and

(iii) thyroid function tests; and

(E) results of blood tests that reveal levels of medications in the blood, including lithium and mood stabilizers.

(d) The licensee shall store in a safe location all psychotropic medication in the original container labeled with the child's name, the administration instructions, and the name of the prescribing physician or psychiatrist.

SECTION 7. IC 31-27-5-18.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 18.5. (a) A licensee may not provide psychotropic medication to a child unless:**

(1) the medication is prescribed by a licensed physician or licensed psychiatrist; and

(2) a consent has been provided by the department as described in IC 31-27-2-13.

(b) Before providing psychotropic medication to a child, the licensee must have received:

(1) written instructions from the prescribing physician or psychiatrist on the administration of the psychotropic medication, including dosage, frequency of administration, and method of administration;

(2) written information on possible side effects of the psychotropic medication; and

(3) any consents required by the department, including a consent described in IC 31-27-2-13.

(c) The licensee shall monitor and maintain a written record of psychotropic medication administered to a child and the child's responses to the psychotropic medication. The written record must be updated as changes occur and must be updated at least every thirty (30) days. The written record must be provided to the department and the prescribing physician or psychiatrist to ensure that any psychotropic medication being administered is safe, being administered as prescribed, and having the intended effect. The written record must include:

(1) each psychotropic medication prescribed to a child, including:

(A) the name of the prescribing physician or psychiatrist;
(B) the date prescribed;
(C) the dosage prescribed;
(D) the frequency of administration prescribed; and
(E) the method of administration prescribed;

(2) each dose of psychotropic medication administered to a child, including the date and time of each dose;

(3) any changes made to the prescription of a psychotropic medication, including all information described in subdivision (1);

(4) any side effects or other changes in the child, with notification also provided to the prescribing physician or psychiatrist; and

(5) information received from regular appointments with the prescribing physician or psychiatrist, including:

(A) clinical observations of side effects;
(B) vital sign information, including blood pressure, pulse, height, and weight;
(C) symptom severity scales and adverse effects scales;
(D) results of blood tests that assess the effect of the psychotropic medication on the child, which may include:
(i) a complete blood count;
(ii) a metabolic panel; and
(iii) thyroid function tests; and
(E) results of blood tests that reveal levels of medications in the blood, including lithium and mood stabilizers.

(d) The licensee shall store in a safe location all psychotropic medication in the original container labeled with the child's name, the administration instructions, and the name of the prescribing physician or psychiatrist.

SECTION 8. IC 31-27-6-15.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 15.5. (a) Psychotropic medication may not be provided to a child in the control and care of the licensee unless:**

(1) the medication is prescribed by a licensed physician or licensed psychiatrist; and

(2) a consent has been provided by the department as described in IC 31-27-2-13.

(b) Before providing psychotropic medication to a child, the licensee must have received:

(1) written instructions from the prescribing physician or

psychiatrist on the administration of the psychotropic medication, including dosage, frequency of administration, and method of administration;

(2) written information on possible side effects of the psychotropic medication; and

(3) any consents required by the department, including a consent described in IC 31-27-2-13.

(c) The licensee shall monitor and maintain a written record of psychotropic medication administered to a child and the child's responses to the psychotropic medication. The written record must be updated as changes occur and must be updated at least every thirty (30) days. The written record must be provided to the department and the prescribing physician or psychiatrist to ensure that any psychotropic medication being administered is safe, being administered as prescribed, and having the intended effect. The written record must include:

(1) each psychotropic medication prescribed to a child, including:

(A) the name of the prescribing physician or psychiatrist;

(B) the date prescribed;

(C) the dosage prescribed;

(D) the frequency of administration prescribed; and

(E) the method of administration prescribed;

(2) each dose of psychotropic medication administered to a child, including the date and time of each dose;

(3) any changes made to the prescription of a psychotropic medication, including all information described in subdivision (1);

(4) any side effects or other changes in the child, with notification also provided to the prescribing physician or psychiatrist; and

(5) information received from regular appointments with the prescribing physician or psychiatrist, including:

(A) clinical observations of side effects;

(B) vital sign information, including blood pressure, pulse, height, and weight;

(C) symptom severity scales and adverse effects scales;

(D) results of blood tests that assess the effect of the psychotropic medication on the child, which may include:

(i) a complete blood count;

(ii) a metabolic panel; and

(iii) thyroid function tests; and

(E) results of blood tests that reveal levels of medications in the blood, including lithium and mood stabilizers.

(d) The licensee shall store in a safe location all psychotropic medication in the original container labeled with the child's name, the administration instructions, and the name of the prescribing physician or psychiatrist.