

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.



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:

1 SECTION 1. IC 31-9-2-99.5 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2019]: **Sec. 99.5. "Psychotropic medication", for purposes of**
4 **IC 31-27, means a drug or substance that may alter brain**
5 **chemistry and affect behavior.**

6 SECTION 2. IC 31-27-2-13 IS ADDED TO THE INDIANA CODE
7 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
8 1, 2019]: **Sec. 13. (a) The department shall employ, or may contract**
9 **with, licensed child and adolescent psychiatric consultants to:**

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



1 adolescent mental health care.

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

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

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

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

24 SECTION 3. IC 31-27-2-14 IS ADDED TO THE INDIANA CODE
25 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
26 1, 2019]: Sec. 14. (a) The department, after consultation with local
27 offices and the office of the secretary of family and social services,
28 shall develop a report describing each child who is:

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

31 (2) placed:

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

34 (B) through a child placing agency;

35 licensed by the department under this article.

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

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

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

41 (B) the date prescribed;

42 (C) the dosage prescribed;



- 1 (D) the frequency of administration prescribed; and
 2 (E) the method of administration prescribed;
 3 for each psychotropic medication;
 4 (2) any changes that have been made to the child's
 5 prescription for a psychotropic medication, including the
 6 information described in subdivision (1); and
 7 (3) the child's age and current number of prescribed
 8 psychotropic medications.
 9 (c) The report described in subsection (a) must be updated
 10 monthly.
 11 (d) The department shall review the report described in
 12 subsection (a) to monitor the use of psychotropic medication for
 13 children under the care and supervision of the department.
 14 SECTION 4. IC 31-27-2-15 IS ADDED TO THE INDIANA CODE
 15 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 16 1, 2019]: **Sec. 15.** The department, after consultation with the state
 17 department of health and the office of the secretary of family and
 18 social services, shall develop and make available educational
 19 materials regarding how to administer and monitor psychotropic
 20 medication that may be prescribed to a child under the care and
 21 supervision of the department.
 22 SECTION 5. IC 31-27-3-18.2 IS ADDED TO THE INDIANA
 23 CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 18.2.** (a) A licensee may not
 24 provide psychotropic medication to a child unless:
 25 (1) the medication is prescribed by a licensed physician or
 26 licensed psychiatrist; and
 27 (2) a consent has been provided by the department as
 28 described in IC 31-27-2-13.
 29 (b) Before providing psychotropic medication to a child, the
 30 licensee must have received:
 31 (1) written instructions from the prescribing physician or
 32 psychiatrist on the administration of the psychotropic
 33 medication, including dosage, frequency of administration,
 34 and method of administration;
 35 (2) written information on possible side effects of the
 36 psychotropic medication; and
 37 (3) any consents required by the department, including a
 38 consent described in IC 31-27-2-13.
 39 (c) The licensee shall monitor and maintain a written record of
 40 psychotropic medication administered to a child and the child's
 41 responses to the psychotropic medication. The written record must
 42



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

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

- 9 (A) the name of the prescribing physician or psychiatrist;
 10 (B) the date prescribed;
 11 (C) the dosage prescribed;
 12 (D) the frequency of administration prescribed; and
 13 (E) the method of administration prescribed;

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

16 (3) any changes made to the prescription of a psychotropic
 17 medication, including all information described in subdivision
 18 (1);

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

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

- 24 (A) clinical observations of side effects;
 25 (B) vital sign information, including blood pressure, pulse,
 26 height, and weight;
 27 (C) symptom severity scales and adverse effects scales;
 28 (D) results of blood tests that assess the effect of the
 29 psychotropic medication on the child, which may include:
 30 (i) a complete blood count;
 31 (ii) a metabolic panel; and
 32 (iii) thyroid function tests; and

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

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

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



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

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

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

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

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

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

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

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

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

27 (B) the date prescribed;

28 (C) the dosage prescribed;

29 (D) the frequency of administration prescribed; and

30 (E) the method of administration prescribed;

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

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

35 (1);

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

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

41 (A) clinical observations of side effects;

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



- 1 height, and weight;
- 2 (C) symptom severity scales and adverse effects scales;
- 3 (D) results of blood tests that assess the effect of the
- 4 psychotropic medication on the child, which may include:
- 5 (i) a complete blood count;
- 6 (ii) a metabolic panel; and
- 7 (iii) thyroid function tests; and
- 8 (E) results of blood tests that reveal levels of medications
- 9 in the blood, including lithium and mood stabilizers.
- 10 (d) The licensee shall store in a safe location all psychotropic
- 11 medication in the original container labeled with the child's name,
- 12 the administration instructions, and the name of the prescribing
- 13 physician or psychiatrist.
- 14 SECTION 7. IC 31-27-5-18.5 IS ADDED TO THE INDIANA
- 15 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 16 [EFFECTIVE JULY 1, 2019]: Sec. 18.5. (a) A licensee may not
- 17 provide psychotropic medication to a child unless:
- 18 (1) the medication is prescribed by a licensed physician or
- 19 licensed psychiatrist; and
- 20 (2) a consent has been provided by the department as
- 21 described in IC 31-27-2-13.
- 22 (b) Before providing psychotropic medication to a child, the
- 23 licensee must have received:
- 24 (1) written instructions from the prescribing physician or
- 25 psychiatrist on the administration of the psychotropic
- 26 medication, including dosage, frequency of administration,
- 27 and method of administration;
- 28 (2) written information on possible side effects of the
- 29 psychotropic medication; and
- 30 (3) any consents required by the department, including a
- 31 consent described in IC 31-27-2-13.
- 32 (c) The licensee shall monitor and maintain a written record of
- 33 psychotropic medication administered to a child and the child's
- 34 responses to the psychotropic medication. The written record must
- 35 be updated as changes occur and must be updated at least every
- 36 thirty (30) days. The written record must be provided to the
- 37 department and the prescribing physician or psychiatrist to ensure
- 38 that any psychotropic medication being administered is safe, being
- 39 administered as prescribed, and having the intended effect. The
- 40 written record must include:
- 41 (1) each psychotropic medication prescribed to a child,
- 42 including:



- 1 (A) the name of the prescribing physician or psychiatrist;
 2 (B) the date prescribed;
 3 (C) the dosage prescribed;
 4 (D) the frequency of administration prescribed; and
 5 (E) the method of administration prescribed;
 6 (2) each dose of psychotropic medication administered to a
 7 child, including the date and time of each dose;
 8 (3) any changes made to the prescription of a psychotropic
 9 medication, including all information described in subdivision
 10 (1);
 11 (4) any side effects or other changes in the child, with
 12 notification also provided to the prescribing physician or
 13 psychiatrist; and
 14 (5) information received from regular appointments with the
 15 prescribing physician or psychiatrist, including:
 16 (A) clinical observations of side effects;
 17 (B) vital sign information, including blood pressure, pulse,
 18 height, and weight;
 19 (C) symptom severity scales and adverse effects scales;
 20 (D) results of blood tests that assess the effect of the
 21 psychotropic medication on the child, which may include:
 22 (i) a complete blood count;
 23 (ii) a metabolic panel; and
 24 (iii) thyroid function tests; and
 25 (E) results of blood tests that reveal levels of medications
 26 in the blood, including lithium and mood stabilizers.
 27 (d) The licensee shall store in a safe location all psychotropic
 28 medication in the original container labeled with the child's name,
 29 the administration instructions, and the name of the prescribing
 30 physician or psychiatrist.
 31 SECTION 8. IC 31-27-6-15.5 IS ADDED TO THE INDIANA
 32 CODE AS A NEW SECTION TO READ AS FOLLOWS
 33 [EFFECTIVE JULY 1, 2019]: **Sec. 15.5. (a) Psychotropic medication**
 34 **may not be provided to a child in the control and care of the**
 35 **licensee unless:**
 36 (1) the medication is prescribed by a licensed physician or
 37 licensed psychiatrist; and
 38 (2) a consent has been provided by the department as
 39 described in IC 31-27-2-13.
 40 (b) Before providing psychotropic medication to a child, the
 41 licensee must have received:
 42 (1) written instructions from the prescribing physician or



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

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

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

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

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

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

20 (B) the date prescribed;

21 (C) the dosage prescribed;

22 (D) the frequency of administration prescribed; and

23 (E) the method of administration prescribed;

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

26 (3) any changes made to the prescription of a psychotropic
27 medication, including all information described in subdivision
28 (1);

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

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

34 (A) clinical observations of side effects;

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

37 (C) symptom severity scales and adverse effects scales;

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

40 (i) a complete blood count;

41 (ii) a metabolic panel; and

42 (iii) thyroid function tests; and



- 1 **(E) results of blood tests that reveal levels of medications**
- 2 **in the blood, including lithium and mood stabilizers.**
- 3 **(d) The licensee shall store in a safe location all psychotropic**
- 4 **medication in the original container labeled with the child's name,**
- 5 **the administration instructions, and the name of the prescribing**
- 6 **physician or psychiatrist.**

