



February 13, 2019

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## SENATE BILL No. 229

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DIGEST OF SB 229 (Updated February 11, 2019 1:49 pm - DI 104)

**Citations Affected:** IC 12-15; IC 31-9; IC 31-27.

**Synopsis:** Psychotropic medication in foster care. Requires Medicaid restrictions on mental health drugs if: (1) federal financial participation is not available for reimbursement for the prescription; or (2) the child is under the care and supervision of the department of child services (department). Beginning January 1, 2020, requires the department to employ or contract with consultants who are licensed child and adolescent psychiatrists to review and provide written determinations and recommendations for each request to administer psychotropic medication to a child under the care and supervision of the department. Requires the department to: (1) approve a request for consent of a psychotropic medication if the consultant determines the requested psychotropic medication is appropriate and recommends approval of the request; and (2) deny a request for consent of a psychotropic medication if the consultant recommends denial of consent for the psychotropic medication. Sets forth time frames for review of the  
(Continued next page)

**Effective:** January 1, 2020.

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**Grooms, Ford Jon, Houchin,  
Breaux, Ford J.D.**

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

February 12, 2019, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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SB 229—LS 6510/DI 125



## Digest Continued

request for consent concerning psychotropic medication. Requires the department to develop a report to quarterly monitor prescriptions of psychotropic medication for children under the care and supervision of the department and provide the report to the mental health Medicaid quality advisory committee. 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. Allows for psychotropic medication to be administered without consent of the department in an emergency under specified circumstances and requires consent to be requested within 24 hours of the administration of the initial dose of medication.



February 13, 2019

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

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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 12-15-35.5-8, AS ADDED BY P.L.11-2010,  
2 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JANUARY 1, 2020]: Sec. 8. In addition to the limits described in  
4 section 7 of this chapter, the office ~~may~~ **shall** restrict a mental health  
5 drug described in section 3 of this chapter that is prescribed for an  
6 individual who is less than eighteen (18) years of age if:  
7 (1) federal financial participation is not available for  
8 reimbursement for the prescription under IC 12-15-5-2; **or**  
9 (2) **the child is under the care and supervision of the**  
10 **department of child services and placed in an out-of-home**  
11 **placement.**  
12 SECTION 2. IC 31-9-2-95.2 IS ADDED TO THE INDIANA CODE  
13 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE  
14 JANUARY 1, 2020]: **Sec. 95.2. "Prescriber", for purposes of**  
15 **IC 31-27, means any of the following:**  
16 (1) **A physician licensed under IC 25-22.5.**  
17 (2) **A physician assistant licensed under IC 25-27.5 and**

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1 granted the authority to prescribe by the physician assistant's  
 2 supervisory physician and in accordance with IC 25-27.5-5-4.

3 (3) An advanced practice registered nurse licensed and  
 4 granted the authority to prescribe drugs under IC 25-23.

5 SECTION 3. IC 31-9-2-99.5 IS ADDED TO THE INDIANA CODE  
 6 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE  
 7 JANUARY 1, 2020]: Sec. 99.5. "Psychotropic medication", for  
 8 purposes of IC 31-27, means a drug or substance that may alter  
 9 brain chemistry and is used for psychiatric and related conditions.

10 SECTION 4. IC 31-27-2-13 IS ADDED TO THE INDIANA CODE  
 11 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE  
 12 JANUARY 1, 2020]: Sec. 13. (a) The department shall employ, or  
 13 may contract with, consultants who are licensed child and  
 14 adolescent psychiatrists to:

15 (1) review;

16 (2) provide a written determination of the appropriateness of  
 17 the requested psychotropic medication related to; and

18 (3) provide a written recommendation to the department to  
 19 approve or deny;

20 each request for consent to administer psychotropic medication to  
 21 a child who is under the care and supervision of the department,  
 22 and in an out-of-home placement, that is received from a licensee  
 23 under IC 31-27-3, IC 31-27-4, IC 31-27-5, and IC 31-27-6. A  
 24 consultant who is a licensed child and adolescent psychiatrist  
 25 described in this section must have expertise in evidence based  
 26 child and adolescent mental health care.

27 (b) Except as provided in:

28 (1) IC 31-27-3-18.2(e);

29 (2) IC 31-27-4-21.5(e);

30 (3) IC 31-27-5-18.5(e); and

31 (4) IC 31-27-6-15.5(e);

32 the department may not provide consent for the administration of  
 33 a psychotropic medication to a child under the care and  
 34 supervision of the department unless a consultant who is a licensed  
 35 child and adolescent psychiatrist described in subsection (a) has  
 36 reviewed the request for consent and determined in writing that  
 37 the requested psychotropic medication is appropriate.

38 (c) A consultant who is a licensed child and adolescent  
 39 psychiatrist may recommend denial of consent after a review  
 40 described in this section of any request for consent if the consultant  
 41 determines a denial is appropriate. If a consultant who is a licensed  
 42 child and adolescent psychiatrist recommends denial, the specific



1 reasons for the denial must be provided in writing, and the  
 2 department shall deny the request for consent based on the  
 3 recommendation.

4 (d) If a consultant who is a licensed child and adolescent  
 5 psychiatrist determines that the requested psychotropic medication  
 6 is appropriate and recommends approval of the request for consent  
 7 after a review described in this section, the department shall, after  
 8 receiving consent for administration of the medication from the  
 9 child's parent, guardian, or custodian, if consent from the child's  
 10 parent, guardian, or custodian is also required, approve the  
 11 request for consent based on the determination and  
 12 recommendation.

13 (e) A consent issued by the department is valid for one hundred  
 14 eighty (180) days. After the one hundred eighty (180) day period,  
 15 a new consent must be requested from the department and may be  
 16 issued by the department after a review described in this section.

17 (f) Except as provided in:

- 18 (1) IC 31-27-3-18.2(e);
- 19 (2) IC 31-27-4-21.5(e);
- 20 (3) IC 31-27-5-18.5(e); and
- 21 (4) IC 31-27-6-15.5(e);

22 the department shall request a review, determination, and  
 23 recommendation under this section concerning a request for  
 24 consent from a consultant who is a licensed child and adolescent  
 25 psychiatrist not later than twenty-four (24) hours after receipt of  
 26 the request for consent.

27 (g) Except as provided in subsection (h), the consultant who is  
 28 a licensed child and adolescent psychiatrist shall complete the  
 29 review and provide the determination and recommendation under  
 30 this section not later than:

- 31 (1) twenty-four (24) hours after receipt of the department's  
 32 request if the request for consent comes from an acute care  
 33 setting; or
- 34 (2) forty-eight (48) hours after receipt of the department's  
 35 request if the request for consent comes from an outpatient  
 36 setting.

37 (h) If, due to an extenuating circumstance, a consultant who is  
 38 a licensed child and adolescent psychiatrist cannot meet the  
 39 deadline for review, determination, and recommendation under  
 40 subsection (g), the consultant shall:

- 41 (1) provide a written explanation of the extenuating  
 42 circumstances to the department not later than forty-eight



1 (48) hours; and

2 (2) complete the review and provide the determination and  
3 recommendation not later than ninety-six (96) hours;  
4 after receipt of the request under subsection (g).

5 (i) The department shall notify the prescriber of whether a  
6 request for consent is approved or denied not later than  
7 twenty-four (24) hours after receipt by the department of the:

8 (1) consultant's written determination and recommendation,  
9 if consent for administration of the medication from the  
10 child's parent, guardian or custodian is not required; or

11 (2) consent for administration of the medication from the  
12 child's parent, guardian, or custodian, if consent from the  
13 child's parent, guardian, or custodian is required.

14 SECTION 5. IC 31-27-2-14 IS ADDED TO THE INDIANA CODE  
15 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE  
16 JANUARY 1, 2020]: Sec. 14. (a) The department, after consultation  
17 with local offices and the office of the secretary of family and social  
18 services, shall develop a report describing each child who is:

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

21 (2) under the care and supervision of the department and is  
22 placed:

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

25 (B) through a child placing agency;

26 licensed by the department under this article.

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

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

31 (A) the name of the prescriber;

32 (B) the date prescribed;

33 (C) the dosage prescribed;

34 (D) the frequency of administration prescribed; and

35 (E) the method of administration prescribed;

36 for each psychotropic medication;

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

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

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



1 quarterly.

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

5 (e) The department shall provide the report described in  
6 subsection (a) to the mental health Medicaid quality advisory  
7 committee established by IC 12-15-35-51 on a quarterly basis.

8 SECTION 6. IC 31-27-3-18.2 IS ADDED TO THE INDIANA  
9 CODE AS A NEW SECTION TO READ AS FOLLOWS  
10 [EFFECTIVE JANUARY 1, 2020]: Sec. 18.2. (a) Except as provided  
11 in subsection (e), a licensee may not provide psychotropic  
12 medication to a child unless:

13 (1) the medication is prescribed by a prescriber; and

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

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

18 (1) written instructions from the prescriber on the  
19 administration of the psychotropic medication, including  
20 dosage, frequency of administration, and method of  
21 administration;

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

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

26 (c) The licensee shall monitor and maintain a written record of  
27 psychotropic medication administered to a child and the child's  
28 responses to the psychotropic medication. The written record must  
29 be updated as changes occur and must be updated at least every  
30 thirty (30) days. The written record must be provided to the  
31 department and the prescriber to ensure that any psychotropic  
32 medication being administered is safe, being administered as  
33 prescribed, and having the intended effect. The written record  
34 must include:

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

37 (A) the name of the prescriber;

38 (B) the date prescribed;

39 (C) the dosage prescribed;

40 (D) the frequency of administration prescribed; and

41 (E) the method of administration prescribed;

42 (2) each dose of psychotropic medication administered to a



- 1 child, including the date and time of each dose;  
 2 (3) any changes made to the prescription of a psychotropic  
 3 medication, including all information described in subdivision  
 4 (1);  
 5 (4) any side effects or other changes in the child, with  
 6 notification also provided to the prescriber; and  
 7 (5) information received from regular appointments with the  
 8 prescriber, including:  
 9 (A) clinical observations of side effects;  
 10 (B) vital sign information, including blood pressure, pulse,  
 11 height, and weight; and  
 12 (C) results of blood tests that are recommended in the  
 13 Psychotropic Medication Guidelines for Youth in Care  
 14 with the Indiana Department of Child Services by the  
 15 Indiana Psychotropic Medication Advisory Committee  
 16 that assess the effect of the psychotropic medication on the  
 17 child.
- 18 (d) The licensee shall store in a safe location all psychotropic  
 19 medication in the original container labeled with the child's name,  
 20 the administration instructions, and the name of the prescriber.
- 21 (e) Psychotropic medication may be administered without prior  
 22 consent from the department if the prescriber determines that:  
 23 (1) the psychotropic medication is necessary to address an  
 24 emergency condition in which the child is a danger to the  
 25 child or to others; and  
 26 (2) no other form of intervention will mitigate the danger.  
 27 Consent must be requested not later than twenty-four (24) hours  
 28 after administration of an initial dose of medication for an  
 29 emergency condition described in this subsection.
- 30 SECTION 7. IC 31-27-4-21.5 IS ADDED TO THE INDIANA  
 31 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 32 [EFFECTIVE JANUARY 1, 2020]: Sec. 21.5. (a) A licensee may not  
 33 provide psychotropic medication to a child unless:  
 34 (1) the medication is prescribed by a prescriber; and  
 35 (2) a consent has been provided by the department as  
 36 described in IC 31-27-2-13.
- 37 (b) Before providing psychotropic medication to a child, the  
 38 licensee must have received:  
 39 (1) written instructions from the prescriber on the  
 40 administration of the psychotropic medication, including  
 41 dosage, frequency of administration, and method of  
 42 administration;





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

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

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

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

16                (A) the name of the prescriber;

17                (B) the date prescribed;

18                (C) the dosage prescribed;

19                (D) the frequency of administration prescribed; and

20                (E) the method of administration prescribed;

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

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

25          (1);

26          (4) any side effects or other changes in the child, with  
27          notification also provided to the prescriber; and

28          (5) information received from regular appointments with the  
29          prescriber, including:

30                (A) clinical observations of side effects;

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

33                (C) results of blood tests that are recommended in the  
34                Psychotropic Medication Guidelines for Youth in Care  
35                with the Indiana Department of Child Services by the  
36                Indiana Psychotropic Medication Advisory Committee  
37                that assess the effect of the psychotropic medication on the  
38                child.

39          (d) The licensee shall store in a safe location all psychotropic  
40          medication in the original container labeled with the child's name,  
41          the administration instructions, and the name of the prescriber.

42          (e) Psychotropic medication may be administered without prior



1 consent from the department if the prescriber determines that:

2 (1) the psychotropic medication is necessary to address an  
3 emergency condition in which the child is a danger to the  
4 child or to others; and

5 (2) no other form of intervention will mitigate the danger.

6 Consent must be requested not later than twenty-four (24) hours  
7 after administration of an initial dose of medication for an  
8 emergency condition described in this subsection.

9 SECTION 8. IC 31-27-5-18.5 IS ADDED TO THE INDIANA  
10 CODE AS A NEW SECTION TO READ AS FOLLOWS  
11 [EFFECTIVE JANUARY 1, 2020]: **Sec. 18.5. (a) A licensee may not  
12 provide psychotropic medication to a child unless:**

13 (1) the medication is prescribed by a prescriber; and

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

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

18 (1) written instructions from the prescriber on the  
19 administration of the psychotropic medication, including  
20 dosage, frequency of administration, and method of  
21 administration;

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

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

26 (c) The licensee shall monitor and maintain a written record of  
27 psychotropic medication administered to a child and the child's  
28 responses to the psychotropic medication. The written record must  
29 be updated as changes occur and must be updated at least every  
30 thirty (30) days. The written record must be provided to the  
31 department and the prescriber to ensure that any psychotropic  
32 medication being administered is safe, being administered as  
33 prescribed, and having the intended effect. The written record  
34 must include:

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

37 (A) the name of the prescriber;

38 (B) the date prescribed;

39 (C) the dosage prescribed;

40 (D) the frequency of administration prescribed; and

41 (E) the method of administration prescribed;

42 (2) each dose of psychotropic medication administered to a



1 child, including the date and time of each dose;  
 2 (3) any changes made to the prescription of a psychotropic  
 3 medication, including all information described in subdivision  
 4 (1);  
 5 (4) any side effects or other changes in the child, with  
 6 notification also provided to the prescriber; and  
 7 (5) information received from regular appointments with the  
 8 prescriber, including:  
 9 (A) clinical observations of side effects;  
 10 (B) vital sign information, including blood pressure, pulse,  
 11 height, and weight; and  
 12 (C) results of blood tests that are recommended in the  
 13 Psychotropic Medication Guidelines for Youth in Care  
 14 with the Indiana Department of Child Services by the  
 15 Indiana Psychotropic Medication Advisory Committee  
 16 that assess the effect of the psychotropic medication on the  
 17 child.

18 (d) The licensee shall store in a safe location all psychotropic  
 19 medication in the original container labeled with the child's name,  
 20 the administration instructions, and the name of the prescriber.

21 (e) Psychotropic medication may be administered without prior  
 22 consent from the department if the prescriber determines that:

23 (1) the psychotropic medication is necessary to address an  
 24 emergency condition in which the child is a danger to the  
 25 child or to others; and

26 (2) no other form of intervention will mitigate the danger.

27 Consent must be requested not later than twenty-four (24) hours  
 28 after administration of an initial dose of medication for an  
 29 emergency condition described in this subsection.

30 SECTION 9. IC 31-27-6-15.5 IS ADDED TO THE INDIANA  
 31 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 32 [EFFECTIVE JANUARY 1, 2020]: Sec. 15.5. (a) A licensee may not  
 33 provide psychotropic medication to a child under the care and  
 34 supervision of the department unless:

35 (1) the medication is prescribed by a prescriber; and

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

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

40 (1) written instructions from the prescriber on the  
 41 administration of the psychotropic medication, including  
 42 dosage, frequency of administration, and method of



- 1 administration;
- 2 (2) written information on possible side effects of the
- 3 psychotropic medication; and
- 4 (3) any consents required by the department, including a
- 5 consent described in IC 31-27-2-13.
- 6 (c) The licensee shall monitor and maintain a written record of
- 7 psychotropic medication administered to a child and the child's
- 8 responses to the psychotropic medication. The written record must
- 9 be updated as changes occur and must be updated at least every
- 10 thirty (30) days. The written record must be provided to the
- 11 department and the prescriber to ensure that any psychotropic
- 12 medication being administered is safe, being administered as
- 13 prescribed, and having the intended effect. The written record
- 14 must include:
- 15 (1) each psychotropic medication prescribed to a child,
- 16 including:
- 17 (A) the name of the prescriber;
- 18 (B) the date prescribed;
- 19 (C) the dosage prescribed;
- 20 (D) the frequency of administration prescribed; and
- 21 (E) the method of administration prescribed;
- 22 (2) each dose of psychotropic medication administered to a
- 23 child, including the date and time of each dose;
- 24 (3) any changes made to the prescription of a psychotropic
- 25 medication, including all information described in subdivision
- 26 (1);
- 27 (4) any side effects or other changes in the child, with
- 28 notification also provided to the prescriber; and
- 29 (5) information received from regular appointments with the
- 30 prescriber, including:
- 31 (A) clinical observations of side effects;
- 32 (B) vital sign information, including blood pressure, pulse,
- 33 height, and weight; and
- 34 (C) results of blood tests that are recommended in the
- 35 Psychotropic Medication Guidelines for Youth in Care
- 36 with the Indiana Department of Child Services by the
- 37 Indiana Psychotropic Medication Advisory Committee
- 38 that assess the effect of the psychotropic medication on the
- 39 child.
- 40 (d) The licensee shall store in a safe location all psychotropic
- 41 medication in the original container labeled with the child's name,
- 42 the administration instructions, and the name of the prescriber.



1           **(e) Psychotropic medication may be administered without prior**  
2 **consent from the department if the prescriber determines that:**  
3           **(1) the psychotropic medication is necessary to address an**  
4 **emergency condition in which the child is a danger to the**  
5 **child or to others; and**  
6           **(2) no other form of intervention will mitigate the danger.**  
7 **Consent must be requested not later than twenty-four (24) hours**  
8 **after administration of an initial dose of medication for an**  
9 **emergency condition described in this subsection.**



## COMMITTEE REPORT

Madam President: The Senate Committee on Family and Children Services, to which was referred Senate Bill No. 229, 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:

Replace the effective dates in SECTIONS 1 through 8 with "[EFFECTIVE JANUARY 1, 2020]".

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 12-15-35.5-8, AS ADDED BY P.L.11-2010, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2020]: Sec. 8. In addition to the limits described in section 7 of this chapter, the office ~~may~~ **shall** restrict a mental health drug described in section 3 of this chapter that is prescribed for an individual who is less than eighteen (18) years of age if:

- (1) federal financial participation is not available for reimbursement for the prescription under IC 12-15-5-2; **or**
- (2) **the child is under the care and supervision of the department of child services and placed in an out-of-home placement.**

SECTION 2. IC 31-9-2-95.2 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2020]: Sec. 95.2. "Prescriber", for purposes of IC 31-27, means any of the following:**

- (1) **A physician licensed under IC 25-22.5.**
- (2) **A physician assistant licensed under IC 25-27.5 and granted the authority to prescribe by the physician assistant's supervisory physician and in accordance with IC 25-27.5-5-4.**
- (3) **An advanced practice registered nurse licensed and granted the authority to prescribe drugs under IC 25-23."**

Page 1, line 5, delete "affect behavior." and insert "**is used for psychiatric and related conditions.**".

Page 1, line 9, after "with," insert "**consultants who are**".

Page 1, line 9, delete "psychiatric consultants" and insert "**psychiatrists**".

Page 1, line 10, delete "and".

Page 1, delete line 11, begin a new line block indented and insert:

- "(2) provide a written determination of the appropriateness of the requested psychotropic medication related to; and**
- (3) provide a written recommendation to the department to**



**approve or deny;"**.

Page 1, line 16, delete "licensed child and adolescent psychiatric consultant" and insert "**consultant who is a licensed child and adolescent psychiatrist**".

Page 2, line 2, delete "The department" and insert "**Except as provided in:**

- (1) IC 31-27-3-18.2(e);
- (2) IC 31-27-4-21.5(e);
- (3) IC 31-27-5-18.5(e); and
- (4) IC 31-27-6-15.5(e);

**the department**".

Page 2, line 4, after "unless a" insert "**consultant who is a**".

Page 2, line 5, delete "psychiatric consultant" and insert "**psychiatrist**".

Page 2, line 8, after "A" insert "**consultant who is a**".

Page 2, line 8, delete "psychiatric consultant" and insert "**psychiatrist**".

Page 2, line 10, delete "licensed child and".

Page 2, line 11, delete "adolescent psychiatric".

Page 2, line 12, after "If a" insert "**consultant who is a**".

Page 2, line 12, delete "psychiatric" and insert "**psychiatrist**".

Page 2, line 13, delete "consultant".

Page 2, line 14, delete "may" and insert "**shall**".

Page 2, between lines 15 and 16, begin a new paragraph and insert:

**"(d) If a consultant who is a licensed child and adolescent psychiatrist determines that the requested psychotropic medication is appropriate and recommends approval of the request for consent after a review described in this section, the department shall, after receiving consent for administration of the medication from the child's parent, guardian, or custodian, if consent from the child's parent, guardian, or custodian is also required, approve the request for consent based on the determination and recommendation."**

Page 2, line 16, delete "(d)" and insert "(e)".

Page 2, line 19, delete "subsection (b)." and insert "**this section.**".

Page 2, between lines 19 and 20, begin a new paragraph and insert:

**"(f) Except as provided in:**

- (1) IC 31-27-3-18.2(e);
- (2) IC 31-27-4-21.5(e);
- (3) IC 31-27-5-18.5(e); and
- (4) IC 31-27-6-15.5(e);

**the department shall request a review, determination, and**



recommendation under this section concerning a request for consent from a consultant who is a licensed child and adolescent psychiatrist not later than twenty-four (24) hours after receipt of the request for consent.

(g) Except as provided in subsection (h), the consultant who is a licensed child and adolescent psychiatrist shall complete the review and provide the determination and recommendation under this section not later than:

(1) twenty-four (24) hours after receipt of the department's request if the request for consent comes from an acute care setting; or

(2) forty-eight (48) hours after receipt of the department's request if the request for consent comes from an outpatient setting.

(h) If, due to an extenuating circumstance, a consultant who is a licensed child and adolescent psychiatrist cannot meet the deadline for review, determination, and recommendation under subsection (g), the consultant shall:

(1) provide a written explanation of the extenuating circumstances to the department not later than forty-eight (48) hours; and

(2) complete the review and provide the determination and recommendation not later than ninety-six (96) hours;

after receipt of the request under subsection (g).

(i) The department shall notify the prescriber of whether a request for consent is approved or denied not later than twenty-four (24) hours after receipt by the department of the:

(1) consultant's written determination and recommendation, if consent for administration of the medication from the child's parent, guardian or custodian is not required; or

(2) consent for administration of the medication from the child's parent, guardian, or custodian, if consent from the child's parent, guardian, or custodian is required."

Page 2, delete lines 20 through 23.

Page 2, line 31, after "(2)" insert "**under the care and supervision of the department and is**".

Page 2, line 40, delete "prescribing physician or psychiatrist;" and insert "**prescriber;**".

Page 3, line 10, delete "monthly." and insert "**quarterly.**".

Page 3, between lines 13 and 14, begin a new paragraph and insert:

**"(e) The department shall provide the report described in subsection (a) to the mental health Medicaid quality advisory**





**committee established by IC 12-15-35-51 on a quarterly basis."**

Page 3, delete lines 14 through 21.

Page 3, line 24, delete "A licensee" and insert **"Except as provided in subsection (e), a licensee"**.

Page 3, line 26, delete "licensed physician or" and insert **"prescriber; and"**.

Page 3, delete line 27.

Page 3, line 32, delete "prescribing physician or" and insert **"prescriber"**.

Page 3, line 33, delete "psychiatrist".

Page 4, line 3, delete "prescribing physician or psychiatrist" and insert **"prescriber"**.

Page 4, line 9, delete "prescribing physician or psychiatrist;" and insert **"prescriber;"**.

Page 4, line 20, delete "prescribing physician or" and insert **"prescriber; and"**.

Page 4, delete line 21.

Page 4, line 23, delete "prescribing physician or psychiatrist," and insert **"prescriber,"**.

Page 4, line 26, after "weight;" insert **"and"**.

Page 4, delete line 27.

Page 4, line 28, delete "(D) results of blood tests" and insert **"(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee"**.

Page 4, line 29, delete "child, which may include:" and insert **"child."**

Page 4, delete lines 30 through 34.

Page 4, line 37, delete "prescribing" and insert **"prescriber."**

Page 4, delete line 38, begin a new paragraph and insert:

**(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:**

**(1) the psychotropic medication is necessary to address an emergency condition in which the child is a danger to the child or to others; and**

**(2) no other form of intervention will mitigate the danger.**

**Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."**

Page 5, line 1, delete "licensed physician or" and insert **"prescriber; and"**.



Page 5, delete line 2.

Page 5, line 7, delete "prescribing physician or" and insert **"prescriber"**.

Page 5, line 8, delete "psychiatrist".

Page 5, line 20, delete "prescribing physician or psychiatrist" and insert **"prescriber"**.

Page 5, line 26, delete "prescribing physician or psychiatrist;" and insert **"prescriber;"**.

Page 5, line 37, delete "prescribing physician or" and insert **"prescriber; and"**.

Page 5, delete line 38.

Page 5, line 40, delete "prescribing physician or psychiatrist," and insert **"prescriber,"**.

Page 6, line 1, after "weight;" insert **"and"**.

Page 6, delete line 2.

Page 6, line 3, delete "(D) results of blood tests" and insert **"(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee"**.

Page 6, line 4, delete "child, which may include:" and insert **"child."**

Page 6, delete lines 5 through 9.

Page 6, line 12, delete "prescribing" and insert **"prescriber."**

Page 6, delete line 13, begin a new paragraph and insert:

**"(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:**

**(1) the psychotropic medication is necessary to address an emergency condition in which the child is a danger to the child or to others; and**

**(2) no other form of intervention will mitigate the danger.**

**Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."**

Page 6, line 18, delete "licensed physician or" and insert **"prescriber; and"**.

Page 6, delete line 19.

Page 6, line 24, delete "prescribing physician or" and insert **"prescriber"**.

Page 6, line 25, delete "psychiatrist".

Page 6, line 37, delete "prescribing physician or psychiatrist" and insert **"prescriber"**.



Page 7, line 1, delete "prescribing physician or psychiatrist;" and insert "**prescriber;**".

Page 7, line 12, delete "prescribing physician or" and insert "**prescriber; and**".

Page 7, delete line 13.

Page 7, line 15, delete "prescribing physician or psychiatrist," and insert "**prescriber,**".

Page 7, line 18, after "weight;" insert "**and**".

Page 7, delete line 19.

Page 7, line 20, delete "(D) results of blood tests" and insert "**(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee**".

Page 7, line 21, delete "child, which may include:" and insert "**child.**".

Page 7, delete lines 22 through 26.

Page 7, line 29, delete "prescribing" and insert "**prescriber.**".

Page 7, delete line 30, begin a new paragraph and insert:

**"(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:**

**(1) the psychotropic medication is necessary to address an emergency condition in which the child is a danger to the child or to others; and**

**(2) no other form of intervention will mitigate the danger.**

**Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."**

Page 7, line 33, delete "Psychotropic" and insert "**A licensee may not provide psychotropic**".

Page 7, line 34, delete "may not be provided to a child in the control and care" and insert "**to a child under the care and supervision**".

Page 7, line 35, delete "licensee" and insert "**department**".

Page 7, line 36, delete "licensed physician or" and insert "**prescriber; and**".

Page 7, delete line 37.

Page 7, line 42, delete "prescribing physician or" and insert "**prescriber**".

Page 8, line 1, delete "psychiatrist".

Page 8, line 13, delete "prescribing physician or psychiatrist" and insert "**prescriber**".

Page 8, line 19, delete "prescribing physician or psychiatrist;" and



insert "**prescriber;**".

Page 8, line 30, delete "prescribing physician or" and insert "**prescriber; and**".

Page 8, delete line 31.

Page 8, line 33, delete "prescribing physician or psychiatrist," and insert "**prescriber,**".

Page 8, line 36, after "weight;" insert "**and**".

Page 8, delete line 37.

Page 8, line 38, delete "(D) results of blood tests" and insert "**(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee**".

Page 8, line 39, delete "child, which may include:" and insert "**child.**".

Page 8, delete lines 40 through 42.

Page 9, delete lines 1 through 2.

Page 9, line 5, delete "prescribing" and insert "**prescriber.**".

Page 9, delete line 6, begin a new paragraph and insert:

**"(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:**

**(1) the psychotropic medication is necessary to address an emergency condition in which the child is a danger to the child or to others; and**

**(2) no other form of intervention will mitigate the danger.**

**Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."**

Renumber all SECTIONS consecutively.

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

(Reference is to SB 229 as introduced.)

GROOMS, Chairperson

Committee Vote: Yeas 9, Nays 0.

