

Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 238

AN ACT to amend the Indiana Code concerning human services.

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

SECTION 1. IC 8-15.5-1-2, AS AMENDED BY P.L.189-2018, SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 2. (a) This article contains full and complete authority for public-private agreements between the authority, a private entity, and, where applicable, a governmental entity. Except as provided in this article, no law, procedure, proceeding, publication, notice, consent, approval, order, or act by the authority or any other officer, department, agency, or instrumentality of the state or any political subdivision is required for the authority to enter into a public-private agreement with a private entity under this article, or for a project that is the subject of a public-private agreement to be constructed, acquired, maintained, repaired, operated, financed, transferred, or conveyed.

(b) Before the authority or the department may issue a request for proposals for or enter into a public-private agreement under this article that would authorize an operator to impose tolls for the operation of motor vehicles on all or part of a toll road project, the general assembly must adopt a statute authorizing the imposition of tolls. However, during the period beginning July 1, 2011, and ending June 30, 2021, and notwithstanding subsection (c), the general assembly is not required to enact a statute authorizing the authority or the department to issue a request for proposals or enter into a public-private agreement

SEA 238



to authorize an operator to impose tolls for the operation of motor vehicles on all or part of the following projects:

- (1) A project on which construction begins after June 30, 2011, not including any part of Interstate Highway 69 other than a part described in subdivision (4).
- (2) The addition of toll lanes, including high occupancy toll lanes, to a highway, roadway, or other facility in existence on July 1, 2011, if the number of nontolled lanes on the highway, roadway, or facility as of July 1, 2011, does not decrease due to the addition of the toll lanes.
- (3) The Illiana Expressway, a limited access facility connecting Interstate Highway 65 in northwestern Indiana with an interstate highway in Illinois.
- (4) A project that is located within a metropolitan planning area (as defined by 23 U.S.C. 134) and that connects the state of Indiana with the commonwealth of Kentucky.

However, neither the authority nor the department may issue a request for proposals for a public-private agreement under this article that would authorize an operator to impose tolls unless the budget committee has reviewed the request for proposals.

(c) Before the authority or an operator may carry out any of the following activities under this article, the general assembly must enact a statute authorizing that activity:

- (1) Imposing tolls on motor vehicles for use of Interstate Highway 69.
- (2) Imposing tolls on motor vehicles for use of a nontolled highway, roadway, or other facility in existence or under construction on July 1, 2011, including nontolled interstate highways, U.S. routes, and state routes.

(d) The general assembly is not required to enact a statute authorizing the authority or the department to issue a request for proposals or enter into a public-private agreement for a freeway project.

(e) The authority may enter into a public-private agreement for a facility project if the general assembly, by statute, authorizes the authority to enter into a public-private agreement for the facility project.

(f) As permitted by subsection (e), the general assembly authorizes the authority to enter into public-private agreements for ~~the following facility projects:~~

- (+) a state park inn and related improvements in an existing state park located in a county with a population of more than two

SEA 238



hundred thousand (200,000) and less than three hundred thousand (300,000).

~~(2) Larue D: Carter Memorial Hospital in Indianapolis:~~

SECTION 2. IC 8-15.5-2-3.2, AS AMENDED BY P.L.189-2018, SECTION 86, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3.2. "Facility project" means a project to plan, design, acquire, construct, reconstruct, equip, improve, extend, expand, lease, operate, repair, manage, maintain, or finance ~~any of the following~~ **a state park inn and related improvements in an existing state park located in a county with a population of more than two hundred thousand (200,000) and less than three hundred thousand (300,000)** that ~~are~~ **is** or will be owned by or leased in the name of the state or the authority and ~~are~~ **is** the subject of a public-private agreement under this article.

~~(1) A state park inn and related improvements in an existing state park located in a county with a population of more than two hundred thousand (200,000) and less than three hundred thousand (300,000):~~

~~(2) Larue D: Carter Memorial Hospital in Indianapolis:~~

SECTION 3. IC 12-7-2-184, AS AMENDED BY P.L.19-2017, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 184. (a) "State institution" means an institution:

- (1) owned or operated by the state;
- (2) for the observation, care, treatment, or detention of an individual; and
- (3) under the administrative control of a division.

(b) The term includes the following:

- (1) Evansville State Hospital.
- (2) Evansville State Psychiatric Treatment Center for Children.

~~(3) Larue D: Carter Memorial Hospital:~~

- ~~(4)~~ **(3)** Logansport State Hospital.
- ~~(5)~~ **(4)** Madison State Hospital.
- ~~(6)~~ **(5)** Richmond State Hospital.
- ~~(7)~~ **(6)** The Neurodiagnostic Institute and Advanced Treatment Center.

SECTION 4. IC 12-12.7-2-3, AS AMENDED BY P.L.210-2015, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) As used in this chapter, "early intervention services" means developmental services that meet the following conditions:

- (1) Are provided under public supervision.
- (2) Are selected in collaboration with the parents.**

SEA 238



(3) Are provided at no cost, except when federal or state law provides for a system of payments by the families, including a sliding fee schedule.

~~(2)~~ **(4) Are designed to meet the:**

(A) developmental needs of infants and toddlers with disabilities in at least one (1) of the areas specified in section 4(a)(1) of this chapter; and

(B) needs of the family to assist appropriately the development of the infant or toddler as identified by the individualized family service plan adopted in accordance with 20 U.S.C. 1436.

~~(3)~~ **(5) Meet all required state and federal standards.**

~~(4)~~ **(6) Are provided by qualified personnel, including the following:**

(A) Early childhood special educators, early childhood educators, and special educators, including teachers of children with:

(i) hearing impairments, including deafness; and

(ii) vision impairments, including blindness.

(B) Speech and language pathologists and audiologists.

(C) Occupational therapists.

(D) Physical therapists.

(E) Psychologists.

(F) Social workers.

(G) Nurses.

(H) Nutritionists.

(I) Family therapists.

(J) Orientation and mobility specialists.

(K) Pediatricians and other physicians for diagnostic and evaluation purposes.

(L) Registered dietitians.

(M) Vision specialists, including ophthalmologists and optometrists.

~~(5)~~ **(7) To the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate.**

~~(6)~~ **(8) Are provided in conformity with an individualized family service plan adopted in accordance with 20 U.S.C. 1436.**

(b) The term includes the following services:

(1) Family training, counseling, and home visits.

(2) Special instruction.

(3) Speech and language pathology, audiology, and sign language



and cued language services.

(4) Occupational therapy.

(5) Physical therapy.

(6) Psychological services.

(7) Service coordination services.

(8) Medical services only for diagnostic, evaluation, or consultation purposes.

(9) Early identification, screening, and assessment services.

(10) Other health services necessary for an infant or a toddler to benefit from the services.

(11) Vision services.

(12) Supportive technology services.

(13) Transportation and related costs that are necessary to enable an infant or a toddler and the infant's or toddler's family to receive early intervention services.

(14) Assistive technology devices and services.

(15) Nursing services.

(16) Nutrition services.

(17) Social work services.

(c) This section does not provide an exhaustive list of the services that may constitute early intervention services or the qualified personnel that may provide early intervention services. Nothing in this section prohibits an individualized family service plan from including another type of:

(1) service as an early intervention service if the service meets the criteria set forth in subsection (a); or

(2) personnel that may provide early intervention services as long as the personnel meet the requirements of 34 CFR 303.31.

SECTION 5. IC 12-17.2-6-7.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 7.5. (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care ministry shall be present at all times when a child is in the care of a child care ministry.**

(b) An individual who:

(1) is employed; or

(2) volunteers;

as a caregiver at a child care ministry shall maintain current certification in first aid applicable to all age groups of children cared for by the child care ministry.

SEA 238



SECTION 6. IC 12-24-1-3, AS AMENDED BY P.L.168-2018, SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) The director of the division of mental health and addiction has administrative control of and responsibility for the state institution network operating as an integrated mental health system, including the following:

- (1) Evansville State Hospital.
- (2) Evansville State Psychiatric Treatment Center for Children.
- ~~(3) Larue D. Carter Memorial Hospital.~~
- ~~(4)~~ (3) Logansport State Hospital.
- ~~(5)~~ (4) Madison State Hospital.
- ~~(6)~~ (5) Richmond State Hospital.
- ~~(7)~~ (6) The Neurodiagnostic Institute and Advanced Treatment Center.
- ~~(8)~~ (7) Any other state owned or operated mental health institution, including a freestanding facility or satellite facility.

(b) Subject to the approval of the director of the budget agency and the governor, the director of the division of mental health and addiction may contract for the management and clinical operation of any state institution, including contracting with a nonstate entity for services.

SECTION 7. IC 12-26-6-8, AS AMENDED BY P.L.161-2018, SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) If, upon the completion of the hearing and consideration of the record, the court finds that the individual is mentally ill and either dangerous or gravely disabled, the court may order the individual to:

- (1) be committed to an appropriate facility; or
- (2) enter an outpatient treatment program under IC 12-26-14 for a period of not more than ninety (90) days.

(b) The court's order must require that the superintendent of the facility or the attending physician file a treatment plan with the court within fifteen (15) days of the individual's admission to the facility under a commitment order.

(c) If the commitment ordered under subsection (a) is to a state institution administered by the division of mental health and addiction, the record of commitment proceedings must include a report from a community mental health center stating both of the following:

- (1) That the community mental health center has evaluated the individual.
- (2) That commitment to a state institution administered by the division of mental health and addiction under this chapter is appropriate.



(d) The physician who makes the statement required by section 2(c) of this chapter may be affiliated with the community mental health center that submits to the court the report required by subsection (c).

~~(e) If the commitment is of an adult to a research bed at Earle D. Carter Memorial Hospital as set forth in IC 12-21-2-3, the report from a community mental health center is not required.~~

~~(f)~~ (e) If a commitment ordered under subsection (a) is to a state institution administered by the division of disability and rehabilitative services, the record of commitment proceedings must include a report from a service coordinator employed by the division of disability and rehabilitative services stating that, based on a diagnostic assessment of the individual, commitment to a state institution administered by the division of disability and rehabilitative services under this chapter is appropriate.

~~(g)~~ (f) If the court makes a finding under subsection (a) (including a finding in reference to a child under IC 31-37-18-3), the court shall transmit any information required by the office of judicial administration to the office of judicial administration for transmission to the NICS (as defined in IC 35-47-2.5-2.5) in accordance with IC 33-24-6-3.

SECTION 8. IC 12-26-7-3, AS AMENDED BY P.L.141-2006, SECTION 68, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) A petition filed under section 2 of this chapter must include a physician's written statement that states both of the following:

- (1) The physician has examined the individual within the past thirty (30) days.
- (2) The physician believes that the individual is:
 - (A) mentally ill and either dangerous or gravely disabled; and
 - (B) in need of custody, care, or treatment in a facility for a period expected to be more than ninety (90) days.

(b) ~~Except as provided in subsection (d),~~ If the commitment is to a state institution administered by the division of mental health and addiction, the record of the proceedings must include a report from a community mental health center stating both of the following:

- (1) The community mental health center has evaluated the individual.
- (2) Commitment to a state institution administered by the division of mental health and addiction under this chapter is appropriate.

(c) The physician who makes the statement required by subsection (a) may be affiliated with the community mental health center that makes the report required by subsection (b).



(d) If the commitment is of an adult to a research bed at Larue D. Carter Memorial Hospital, as set forth in IC 12-21-2-3, the report from a community mental health center is not required.

(e) (d) If a commitment ordered under subsection (a) is to a state institution administered by the division of disability and rehabilitative services, the record of commitment proceedings must include a report from a service coordinator employed by the division of disability and rehabilitative services stating that, based on a diagnostic assessment of the individual, commitment to a state institution administered by the division of disability and rehabilitative services under this chapter is appropriate.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

SEA 238

