



Reprinted
February 27, 2014

ENGROSSED SENATE BILL No. 408

DIGEST OF SB 408 (Updated February 26, 2014 4:44 pm - DI 92)

Citations Affected: IC 2-5; IC 12-15; IC 16-18; IC 16-19; IC 16-35; IC 16-41; noncode.

Synopsis: Neonatal abstinence syndrome. Defines "neonatal abstinence syndrome" (NAS). Requires the state department of health to: (1) meet with representatives of certain associations to study and make recommendations on issues concerning NAS; and (2) report, before November 1, 2014, on certain issues concerning NAS to the legislative council for distribution to the appropriate interim study committee. Allows the state department of health to establish, before June 1, 2015, one or more pilot programs with hospitals that consent to participate in the programs to implement appropriate and effective models for NAS identification, data collection, and reporting.
(Continued next page)

Effective: Upon passage; April 1, 2014.

Becker, Miller Patricia, Breaux, Leising

(HOUSE SPONSORS — KUBACKI, RIECKEN, BACON, FRIZZELL,
MACER)

January 14, 2014, read first time and referred to Committee on Health and Provider Services.

January 30, 2014, amended, reported favorably — Do Pass.

February 3, 2014, read second time, ordered engrossed. Engrossed.

February 4, 2014, read third time, passed. Yeas 47, nays 0.

HOUSE ACTION

February 10, 2014, read first time and referred to Committee on Family, Children and Human Affairs.

February 24, 2014, amended, reported — Do Pass.

February 26, 2014, read second time, amended, ordered engrossed.

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Digest Continued

Establishes the infant mortality reduction grant fund. Requires investment proceeds accrued after March 31, 2014 by the Indiana check-up plan trust fund to be transferred to the infant mortality reduction grant fund. Requires the commission on improving the status of children in Indiana and the state department of health to develop and administer a grant program to fund community based efforts to reduce infant mortality in Indiana.



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February 27, 2014

Second Regular Session 118th General Assembly (2014)

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 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

ENGROSSED SENATE BILL No. 408

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

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

- 1 SECTION 1. IC 2-5-36-9, AS ADDED BY P.L.119-2013,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 APRIL 1, 2014]: Sec. 9. The commission shall do the following:
4 (1) Study and evaluate the following:
5 (A) Access to services for vulnerable youth.
6 (B) Availability of services for vulnerable youth.
7 (C) Duplication of services for vulnerable youth.
8 (D) Funding of services available for vulnerable youth.
9 (E) Barriers to service for vulnerable youth.
10 (F) Communication and cooperation by agencies concerning
11 vulnerable youth.
12 (G) Implementation of programs or laws concerning
13 vulnerable youth.
14 (H) The consolidation of existing entities that serve vulnerable
15 youth.
16 (I) Data from state agencies relevant to evaluating progress,

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- 1 targeting efforts, and demonstrating outcomes.
- 2 (2) Review and make recommendations concerning pending
3 legislation.
- 4 (3) Promote information sharing concerning vulnerable youth
5 across the state.
- 6 (4) Promote best practices, policies, and programs.
- 7 (5) Cooperate with:
- 8 (A) other child focused commissions;
- 9 (B) the judicial branch of government;
- 10 (C) the executive branch of government;
- 11 (D) stakeholders; and
- 12 (E) members of the community.
- 13 (6) Submit a report not later than July 1 of each year regarding the
14 commission's work during the previous year. The report shall be
15 submitted to the legislative council, the governor, and the chief
16 justice of Indiana. The report to the legislative council must be in
17 an electronic format under IC 5-14-6.
- 18 **(7) Assist the state department of health in the development
19 and administration of a grant program for funding
20 community based efforts to reduce infant mortality in
21 Indiana.**
- 22 SECTION 2. IC 12-15-44.2-17, AS ADDED BY P.L.3-2008,
23 SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 APRIL 1, 2014]: Sec. 17. (a) The Indiana check-up plan trust fund is
25 established for the following purposes:
- 26 (1) Administering a plan created by the general assembly to
27 provide health insurance coverage for low income residents of
28 Indiana under this chapter.
- 29 (2) Providing copayments, preventative care services, and
30 premiums for individuals enrolled in the plan.
- 31 (3) Funding tobacco use prevention and cessation programs,
32 childhood immunization programs, and other health care
33 initiatives designed to promote the general health and well being
34 of Indiana residents.
- 35 The fund is separate from the state general fund.
- 36 (b) The fund shall be administered by the office of the secretary of
37 family and social services.
- 38 (c) The expenses of administering the fund shall be paid from
39 money in the fund.
- 40 (d) The fund shall consist of the following:
- 41 (1) Cigarette tax revenues designated by the general assembly to
42 be part of the fund.



- 1 (2) Other funds designated by the general assembly to be part of
 2 the fund.
 3 (3) Federal funds available for the purposes of the fund.
 4 (4) Gifts or donations to the fund.
 5 (e) The treasurer of state shall invest the money in the fund not
 6 currently needed to meet the obligations of the fund in the same
 7 manner as other public money may be invested.
 8 (f) Money must be appropriated before funds are available for use.
 9 (g) Money in the fund does not revert to the state general fund at the
 10 end of any fiscal year.
 11 (h) The fund is considered a trust fund for purposes of IC 4-9.1-1-7.
 12 **Except as provided in subsection (i),** money may not be transferred,
 13 assigned, or otherwise removed from the fund by the state board of
 14 finance, the budget agency, or any other state agency.
 15 **(i) Beginning with investment proceeds accrued after March 31,**
 16 **2014, all investment proceeds accrued on the money in the fund**
 17 **shall, not later than April 1 of each year, be transferred to the**
 18 **infant mortality reduction grant fund established by IC 16-35-9-3.**
 19 SECTION 3. IC 16-18-2-244.8 IS ADDED TO THE INDIANA
 20 CODE AS A NEW SECTION TO READ AS FOLLOWS
 21 [EFFECTIVE UPON PASSAGE]: **Sec. 244.8. "Neonatal abstinence**
 22 **syndrome" and "NAS", for purposes of IC 16-19-16, refer to the**
 23 **various adverse effects that occur in a newborn infant who was**
 24 **exposed to addictive illegal or prescription drugs while in the**
 25 **mother's womb.**
 26 SECTION 4. IC 16-19-16 IS ADDED TO THE INDIANA CODE
 27 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 28 UPON PASSAGE]:
 29 **Chapter 16. Neonatal Abstinence Syndrome (NAS)**
 30 **Sec. 1. The state department shall meet with representatives of**
 31 **at least the following associations to study and make**
 32 **recommendations on issues concerning Neonatal Abstinence**
 33 **Syndrome (NAS):**
 34 **(1) The Indiana Hospital Association.**
 35 **(2) The Indiana Perinatal Network.**
 36 **(3) The Indiana State Medical Association.**
 37 **(4) The Indiana Chapter of the American Academy of**
 38 **Pediatrics.**
 39 **(5) The Indiana Section of the American Congress of**
 40 **Obstetricians and Gynecologists.**
 41 **(6) The Indiana Chapter of the March of Dimes.**
 42 **Sec. 2. (a) Before November 1, 2014, the state department, in**



1 consultation with the persons described in section 1 of this chapter,
 2 shall report the following to the legislative council in an electronic
 3 format under IC 5-14-6 for distribution to the appropriate interim
 4 study committee:

5 (1) The appropriate standard clinical definition of "Neonatal
 6 Abstinence Syndrome".

7 (2) The development of a uniform process of identifying
 8 Neonatal Abstinence Syndrome.

9 (3) The estimated time and resources needed to educate
 10 hospital personnel in implementing an appropriate and
 11 uniform process for identifying Neonatal Abstinence
 12 Syndrome.

13 (4) The identification and review of appropriate data
 14 reporting options available for the reporting of Neonatal
 15 Abstinence Syndrome data to the state department, including
 16 recommendations for reporting of Neonatal Abstinence
 17 Syndrome using existing data reporting options or new data
 18 reporting options.

19 (5) The identification of whether payment methodologies for
 20 identifying Neonatal Abstinence Syndrome and the reporting
 21 of Neonatal Abstinence Syndrome data are currently
 22 available or needed.

23 (b) Before June 1, 2015, the state department may establish one
 24 (1) or more pilot programs with hospitals that consent to
 25 participate in the pilot programs to implement appropriate and
 26 effective models for Neonatal Abstinence Syndrome identification,
 27 data collection, and reporting determined under this chapter.

28 SECTION 5. IC 16-35-9 IS ADDED TO THE INDIANA CODE AS
 29 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE APRIL
 30 1, 2014]:

31 **Chapter 9. Infant Mortality Reduction Grant Fund**

32 **Sec. 1.** As used in this chapter, "commission" refers to the
 33 commission on improving the status of children in Indiana
 34 established by IC 2-5-36-3.

35 **Sec. 2.** As used in this chapter, "fund" refers to the infant
 36 mortality reduction grant fund established by section 3 of this
 37 chapter.

38 **Sec. 3. (a)** The infant mortality reduction grant fund is
 39 established for the purpose of funding community based efforts to
 40 reduce infant mortality in Indiana through a grant program
 41 developed and administered by the state department and the
 42 commission.



1 **(b) The fund shall be administered by the state department and**
 2 **must be used for the purposes of this chapter.**

3 **Sec. 4. The fund consists of the following:**

4 **(1) Money transferred from the Indiana check-up plan trust**
 5 **fund, or any successor trust fund, under IC 12-15-44.2-17.**

6 **(2) Appropriations from the general assembly.**

7 **(3) Funds obtained from other sources.**

8 **Sec. 5. The expenses of administering the fund shall be paid**
 9 **from money in the fund.**

10 **Sec. 6. The treasurer of state shall invest the money in the fund**
 11 **not currently needed to meet the obligations of the fund in the same**
 12 **manner as other public money may be invested. Interest that**
 13 **accrues from these investments shall be deposited in the fund.**

14 **Sec. 7. Money in the fund at the end of a state fiscal year does**
 15 **not revert to the state general fund and may not be transferred,**
 16 **assigned, or otherwise removed from the fund by the state board**
 17 **of finance, the budget agency, or any other state agency.**

18 SECTION 6. IC 16-41-17-11 IS AMENDED TO READ AS
 19 FOLLOWS [EFFECTIVE APRIL 1, 2014]: Sec. 11. (a) The newborn
 20 screening fund is established for the purpose of carrying out this
 21 chapter. The state department shall administer the fund.

22 (b) The expenses of the newborn screening program shall be paid
 23 from money in the fund.

24 (c) Money in the fund at the end of a state fiscal year does not revert
 25 to the state general fund **and may not be transferred, assigned, or**
 26 **otherwise removed from the fund by the state board of finance, the**
 27 **budget agency, or any other state agency.**

28 SECTION 7. An emergency is declared for this act.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 408, 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:

Page 1, line 12, delete "Before November 1, 2014, the executive board shall adopt" and insert "**A hospital licensed under IC 16-21 shall:**

- (1) use appropriate International Classification of Diseases, Clinical Modification (ICD-CM) codes published by the National Center for Health Statistics for diagnosing NAS; and (2) file and report the ICD-CM codes referred to in subdivision (1) in accordance with IC 16-21-6-6 and IC 16-21-6-7."**

Page 1, delete lines 13 through 16.

Page 2, delete line 1.

Page 2, line 2, after "shall" insert "**, in consultation with representatives of hospitals licensed under IC 16-21,"**

Page 2, line 4, delete "first year of reporting under the emergency rules" and insert "**NAS data reported under IC 16-21-6-6 and IC 16-21-6-7."**

Page 2, line 5, delete "required by subsection (b)."

Page 2, line 7, delete "hospitals." and insert "**the state department."**

Page 2, delete lines 8 through 9.

Page 2, line 10, delete "(3)" and insert "**(2)"**."

Page 2, line 13, delete "(4)" and insert "**(3)"**."

Page 2, delete lines 15 through 42.

Page 3, delete lines 1 through 11.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 408 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 12, Nays 0.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Family, Children and Human Affairs, to which was referred Senate Bill 408, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 3, delete "[EFFECTIVE JULY 1, 2014]:" and insert "[EFFECTIVE UPON PASSAGE]:".

Page 1, line 4, delete "IC 16-19-3-4.5, have the" and insert "**IC 16-19-16, refer to the various adverse effects that occur in a newborn infant who was exposed to addictive illegal or prescription drugs while in the mother's womb.**".

Page 1, delete lines 5 through 16, begin a new paragraph and insert: "SECTION 2. IC 16-19-16 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 16. Neonatal Abstinence Syndrome (NAS)

Sec. 1. The state department shall meet with representatives of at least the following associations to study and make recommendations on issues concerning Neonatal Abstinence Syndrome (NAS):

- (1) The Indiana Hospital Association.**
- (2) The Indiana Perinatal Network.**
- (3) The Indiana State Medical Association.**
- (4) The Indiana Chapter of the American Academy of Pediatrics.**
- (5) The Indiana Section of the American Congress of Obstetricians and Gynecologists.**
- (6) The Indiana Chapter of the March of Dimes.**

Sec. 2. (a) Before November 1, 2014, the state department, in consultation with the persons described in section 1 of this chapter, shall report the following to the legislative council in an electronic format under IC 5-14-6 for distribution to the appropriate interim study committee:

- (1) The appropriate standard clinical definition of "Neonatal Abstinence Syndrome".**
- (2) The development of a uniform process of identifying Neonatal Abstinence Syndrome.**
- (3) The estimated time and resources needed to educate hospital personnel in implementing an appropriate and uniform process for identifying Neonatal Abstinence Syndrome.**
- (4) The identification and review of appropriate data**



reporting options available for the reporting of Neonatal Abstinence Syndrome data to the state department, including recommendations for reporting of Neonatal Abstinence Syndrome using existing data reporting options or new data reporting options.

(5) The identification of whether payment methodologies for identifying Neonatal Abstinence Syndrome and the reporting of Neonatal Abstinence Syndrome data are currently available or needed.

(b) Before June 1, 2015, the state department may establish one (1) or more pilot programs with hospitals that consent to participate in the pilot programs to implement appropriate and effective models for Neonatal Abstinence Syndrome identification, data collection, and reporting determined under this chapter.

SECTION 3. An emergency is declared for this act."

Delete page 2.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 408 as printed January 31, 2014.)

KUBACKI, Chair

Committee Vote: yeas 11, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 408 be amended to read as follows:

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

"SECTION 1. IC 2-5-36-9, AS ADDED BY P.L.119-2013, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE APRIL 1, 2014]: Sec. 9. The commission shall do the following:

- (1) Study and evaluate the following:
 - (A) Access to services for vulnerable youth.
 - (B) Availability of services for vulnerable youth.
 - (C) Duplication of services for vulnerable youth.
 - (D) Funding of services available for vulnerable youth.
 - (E) Barriers to service for vulnerable youth.
 - (F) Communication and cooperation by agencies concerning vulnerable youth.

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- (G) Implementation of programs or laws concerning vulnerable youth.
- (H) The consolidation of existing entities that serve vulnerable youth.
- (I) Data from state agencies relevant to evaluating progress, targeting efforts, and demonstrating outcomes.
- (2) Review and make recommendations concerning pending legislation.
- (3) Promote information sharing concerning vulnerable youth across the state.
- (4) Promote best practices, policies, and programs.
- (5) Cooperate with:
 - (A) other child focused commissions;
 - (B) the judicial branch of government;
 - (C) the executive branch of government;
 - (D) stakeholders; and
 - (E) members of the community.
- (6) Submit a report not later than July 1 of each year regarding the commission's work during the previous year. The report shall be submitted to the legislative council, the governor, and the chief justice of Indiana. The report to the legislative council must be in an electronic format under IC 5-14-6.
- (7) Assist the state department of health in the development and administration of a grant program for funding community based efforts to reduce infant mortality in Indiana.**

SECTION 2. IC 12-15-44.2-17, AS ADDED BY P.L.3-2008, SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE APRIL 1, 2014]: Sec. 17. (a) The Indiana check-up plan trust fund is established for the following purposes:

- (1) Administering a plan created by the general assembly to provide health insurance coverage for low income residents of Indiana under this chapter.
- (2) Providing copayments, preventative care services, and premiums for individuals enrolled in the plan.
- (3) Funding tobacco use prevention and cessation programs, childhood immunization programs, and other health care initiatives designed to promote the general health and well being of Indiana residents.

The fund is separate from the state general fund.

(b) The fund shall be administered by the office of the secretary of family and social services.

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(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The fund shall consist of the following:

- (1) Cigarette tax revenues designated by the general assembly to be part of the fund.
- (2) Other funds designated by the general assembly to be part of the fund.
- (3) Federal funds available for the purposes of the fund.
- (4) Gifts or donations to the fund.

(e) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested.

(f) Money must be appropriated before funds are available for use.

(g) Money in the fund does not revert to the state general fund at the end of any fiscal year.

(h) The fund is considered a trust fund for purposes of IC 4-9.1-1-7.

Except as provided in subsection (i), money may not be transferred, assigned, or otherwise removed from the fund by the state board of finance, the budget agency, or any other state agency.

(i) Beginning with investment proceeds accrued after March 31, 2014, all investment proceeds accrued on the money in the fund shall, not later than April 1 of each year, be transferred to the infant mortality reduction grant fund established by IC 16-35-9-3."

Page 2, between lines 35 and 36, begin a new paragraph and insert:

"SECTION 5. IC 16-35-9 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE APRIL 1, 2014]:

Chapter 9. Infant Mortality Reduction Grant Fund

Sec. 1. As used in this chapter, "commission" refers to the commission on improving the status of children in Indiana established by IC 2-5-36-3.

Sec. 2. As used in this chapter, "fund" refers to the infant mortality reduction grant fund established by section 3 of this chapter.

Sec. 3. (a) The infant mortality reduction grant fund is established for the purpose of funding community based efforts to reduce infant mortality in Indiana through a grant program developed and administered by the state department and the commission.

(b) The fund shall be administered by the state department and must be used for the purposes of this chapter.



Sec. 4. The fund consists of the following:

- (1) Money transferred from the Indiana check-up plan trust fund, or any successor trust fund, under IC 12-15-44.2-17.**
- (2) Appropriations from the general assembly.**
- (3) Funds obtained from other sources.**

Sec. 5. The expenses of administering the fund shall be paid from money in the fund.

Sec. 6. The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

Sec. 7. Money in the fund at the end of a state fiscal year does not revert to the state general fund and may not be transferred, assigned, or otherwise removed from the fund by the state board of finance, the budget agency, or any other state agency.

SECTION 6. IC 16-41-17-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE APRIL 1, 2014]: Sec. 11. (a) The newborn screening fund is established for the purpose of carrying out this chapter. The state department shall administer the fund.

(b) The expenses of the newborn screening program shall be paid from money in the fund.

(c) Money in the fund at the end of a state fiscal year does not revert to the state general fund **and may not be transferred, assigned, or otherwise removed from the fund by the state board of finance, the budget agency, or any other state agency."**

Renumber all SECTIONS consecutively.

(Reference is to ESB 408 as printed February 24, 2014.)

RIECKEN

