

ENGROSSED SENATE BILL No. 436

DIGEST OF SB 436 (Updated April 3, 2019 5:08 pm - DI 92)

Citations Affected: IC 9-21; IC 12-7; IC 12-15; IC 25-23; IC 25-42; IC 34-30; IC 36-7; IC 36-12; noncode.

Synopsis: State and local administration. Changes the terminology used in the statute governing the posting of signs to promote attractions and services for the traveling public. Provides that the office of the secretary of family and social services may apply for: (1) a Medicaid state plan amendment to provide Medicaid reimbursement for health care services and school based services to specified individuals provided by a school based health center; and (2) supplemental Medicaid reimbursement payments to qualified school based health (Continued next page)

Effective: Upon passage; July 1, 2019.

Zay, Charbonneau, Merritt, Mrvan, Melton, Niezgodski, Stoops, Randolph Lonnie M, Bohacek, Garten, Kruse

(HOUSE SPONSORS — CLERE, BACON, ZENT, FLEMING)

January 14, 2019, read first time and referred to Committee on Health and Provider

vices.
January 17, 2019, amended, reported favorably — Do Pass.
January 22, 2019, read second time, ordered engrossed. Engrossed.
January 24, 2019, reassigned to Committee on Appropriations pursuant to Rule 68(b).
February 18, 2019, amended, reported favorably — Do Pass.
February 21, 2019, re-read second time, re-ordered engrossed. Re-engrossed.
February 25, 2019, read third time, passed. Yeas 48, nays 1.

HOUSE ACTION

March 5, 2019, read first time and referred to Statutory Committee on Interstate and International Cooperation.

April 4, 2019, amended, reported — Do Pass. Referred to Committee on Ways and Means

pursuant to Rule 127.



Digest Continued

centers under the fee for service Medicaid program and an alternate fee schedule for the Medicaid risk based managed care program. Establishes criteria and qualifications concerning school based health centers. Provides that state expenditures and local school expenditures for funding for Medicaid covered school based services and other health care services provided to a Medicaid recipient by a school based health center may be made only if: (1) the state plan amendment is approved; and (2) intergovernmental transfer funding for the nonfederal share of supplemental Medicaid payments for Medicaid fee for services program is continuously made. Allows the office of the secretary of family and social services (office) to apply for a state plan amendment that would require Medicaid reimbursement for eligible Medicaid rehabilitation option services provided in a school setting to a Medicaid recipient. Requires the office to review the Medicaid rehabilitation option services provided under Medicaid, determine whether additional services are appropriate, and submit the office's findings to the general assembly. Specifies requirements for participation by the state in a multistate nurse licensure compact, including provisions concerning: (1) nurse qualifications, practice, and participation; (2) a compact commission; (3) interstate commission and state board of nursing authority and rulemaking; (4) a coordinated licensure information system; (5) oversight and enforcement; and (6) termination or withdrawal from the compact. Provides that an additional fee of \$25 must be paid at the time of application and renewal of a license from the Indiana state board of nursing if the license is a multistate license. Authorizes Muncie to designate a facility used as a training institute and teaching hotel as a workforce investment and training area after June 30, 2021. Allows the capture of state income taxes, local income taxes, food and beverage taxes, and innkeeper's taxes earned or collected in the area. Provides that the captured taxes must be used for the financing or refinancing of the facility. Requires a public library to adopt a criminal history check policy for employees and volunteers. Requires the board of veterinary medical examiners to study the regulation of veterinary technicians.



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.

ENGROSSED SENATE BILL No. 436

A BILL FOR AN ACT to amend the Indiana Code concerning state and local administration.

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

SECTION 1. IC 9-21-4-5, AS AMENDED BY HEA 1115-2019,
SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2019]: Sec. 5. (a) Except as provided in subsection (b), a
person may not place or maintain upon a highway a traffic sign or
signal bearing commercial advertising. A public authority may not
permit the placement of a traffic sign or signal that bears a commercial
message.
(b) Under section 1 of this chapter and criteria to be jointly

- established by the Indiana department of transportation and the office of tourism development (before July 1, 2020) or the Indiana destination development corporation (after June 30, 2020), the Indiana department of transportation may authorize the posting of any of the following:
 - (1) Limited tourist attraction signage. Tourist oriented directional signs.
 - (2) Business signs on specific information panels Specific service or logo signs on the interstate system of highways, and other freeways, and expressway interchanges.



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1	All costs of manufacturing, installation, and maintenance to the Indiana
2	department of transportation for a business sign posted under this
3	subsection shall be paid by the business.
4	(c) Criteria established under subsection (b) for tourist attraction
5	signage oriented directional signs must include a category for a
6	tourist attraction that:
7	(1) is a trademarked destination brand; and
8	(2) encompasses buildings, structures, sites, or other facilities that
9	are:
10	(A) listed on the National Register of Historic Places
11	established under 16 U.S.C. 470 et seq.; or
12	(B) listed on the register of Indiana historic sites and historic
13	structures established under IC 14-21-1;
14	regardless of the distance of the tourist attraction from the highway on
15	which the tourist attraction signage oriented directional sign is
16	placed.
17	(d) Criteria established under subsection (b) for tourist attraction
18	signage oriented directional signs must include a category for a
19	tourist attraction that is an establishment issued a brewer's permit under
20	IC 7.1-3-2-2(b).
21	(e) A person may not place, maintain, or display a flashing, a
22	rotating, or an alternating light, beacon, or other lighted device that:
23	(1) is visible from a highway; and
24	(2) may be mistaken for or confused with a traffic control device
25	or for an authorized warning device on an emergency vehicle.
26	(f) This section does not prohibit the erection, upon private property
27	adjacent to highways, of signs giving useful directional information and
28	of a type that cannot be mistaken for official signs.
29	SECTION 2. IC 12-7-2-170.5 IS ADDED TO THE INDIANA
30	CODE AS A NEW SECTION TO READ AS FOLLOWS
31	[EFFECTIVE JULY 1, 2019]: Sec. 170.5. "School based health
32	center", for purposes of IC 12-15, means a clinic operated on
33	behalf of a public school (as defined in IC 20-18-2-15(1)), including
34	a charter school, that provides health care services either:
35	(1) by qualified health care providers employed by the school;
36	or
37	(2) through a contract with a health care provider, including
38	any of the following:
39	(A) A hospital licensed under IC 16-21.
40	(B) A physician group practice.
41	(C) A federally qualified health center (as defined in 42
42	U.S.C. 1396d(l)(2)(B)).



1	(D) A rural health clinic (as defined in 42 U.S.C.
2	1396d(l)(1)).
3	(E) A community mental health center.
4	SECTION 3. IC 12-7-2-170.7 IS ADDED TO THE INDIANA
5	CODE AS A NEW SECTION TO READ AS FOLLOWS
6	[EFFECTIVE JULY 1, 2019]: Sec. 170.7. "School based services",
7	for purposes of IC 12-15, means any covered Medicaid service
8	provided to any Medicaid recipient at a school based health center.
9	SECTION 4. IC 12-15-1.3-20 IS ADDED TO THE INDIANA
10	CODE AS A NEW SECTION TO READ AS FOLLOWS
11	[EFFECTIVE JULY 1, 2019]: Sec. 20. (a) This section applies to a
12	Medicaid recipient who:
13	(1) is less than eighteen (18) years of age;
14	(2) is the parent of a recipient described in subdivision (1); or
15	(3) is a teacher or staff member of the public school for which
16	the school based health center is operated.
17	(b) The office may apply to the United States Department of
18	Health and Human Services for a state plan amendment to require
19	Medicaid reimbursement by:
20	(1) the office;
21	(2) a managed care organization that has contracted with the
22	office; or
23	(3) a contractor of the office;
24	for Medicaid covered school based services and other health care
25	services provided to a Medicaid recipient described in subsection
26	(a) by a school based health center.
27	(c) The office may apply to the United States Department of
28	Health and Human Services for a state plan amendment to provide
29	supplemental Medicaid reimbursement under the Medicaid fee for
30	service program and an alternate fee schedule for the Medicaid
31	risk based managed care program as set forth in subsections (d)
32	and (e) to a school based health center that:
33	(1) is qualified to make; and
34	(2) has entered into an agreement with the office to make, or
35	has made on the school based health center's behalf;
36	an intergovernmental transfer to cover the nonfederal share of
37	supplemental Medicaid payments for Medicaid fee for service
38	program claims and alternate fee schedule payments under the
39	Medicaid risk based managed care program.
40	(d) For purposes of the fee for service program, a supplemental
41	Medicaid payment to a qualified school based health center under



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this section by the office must be equal to either:

1	(1) the difference between the Medicaid fee for service rate
2	and the rate that Medicare pays for the same service; or
3	(2) if there is not a Medicare rate for the service, an amount
4	determined by the office.
5	(e) For purposes of the risk based managed care program, ar
6	alternate fee schedule to a qualified school based health center
7	under this section by the office must be equal to either:
8	(1) the Medicare rate for the same service; or
9	(2) an amount determined by the office if there is not a
10	Medicare rate for the service.
l 1	(f) A school based health center must obtain consent under
12	IC 16-36-1 for each health care service provided at a school based
13	health center to an individual who is less than eighteen (18) years
14	of age, including reproductive health services or referral for any
15	services.
16	(g) An employee or volunteer of a school based health center or
17	school Medicaid provider may not dispense abortifacients or refer
18	an individual to any entity that:
19	(1) performs abortions; or
20	(2) maintains or operates a facility where abortions are
21	performed.
22	(h) Any individual employed at the school based health center
23	must have had a national criminal history background check in
24 25	accordance with IC 20-26-5-10 and IC 20-26-5-11.
25	(i) State expenditures and local school expenditures for funding
26	for Medicaid covered school based services and other health card
27	services provided to a Medicaid recipient by a school based health
28	center under this section may be made only if:
29	(1) the state plan amendment authorized in subsection (c) is
30	approved by the United States Department of Health and
31	Human Services; and
32	(2) intergovernmental transfer funding for the nonfedera
33	share of supplemental Medicaid payments for the Medicaid
34	fee for services program and the nonfederal share of the
35	difference between Medicaid fee for service payments and
36	alternate fee schedule payments under the risk based
37	managed care program is continuously made.
38	School based services shall not be provided under this article i
39	intergovernmental transfer funding for the nonfederal share of
10	supplemental Medicaid payments for the Medicaid fee for services
11	nrogram or intergovernmental transfer funding for the nonfedera

share of the difference between Medicaid fee for service payments



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1	and alternate fee schedule payments under the risk based managed
2	care program ceases to be made.
3	SECTION 5. IC 12-15-1.3-21 IS ADDED TO THE INDIANA
4	CODE AS A NEW SECTION TO READ AS FOLLOWS
5	[EFFECTIVE JULY 1, 2019]: Sec. 21. (a) As used in this section,
6	"Medicaid rehabilitation option services" means clinical
7	behavioral health services provided to recipients and families of
8	recipients living in the community who need aid intermittently for
9	emotional disturbances, mental illness, and addiction as part of the
10	Medicaid rehabilitation option program.
11	(b) Before December 1, 2019, the office may apply to the United
12	States Department of Health and Human Services for a state plan
13	amendment that would require Medicaid reimbursement by:
14	(1) the office;
15	(2) a managed care organization that has contracted with the
16	office; or
17	(3) a contractor of the office:

(3) a contractor of the office;

for eligible Medicaid rehabilitation option services in a school setting for any Medicaid recipient who qualifies for Medicaid rehabilitation option services by meeting specific diagnosis and level of need criteria under an assessment tool approved by the division of mental health and addiction or who submits prior authorization for Medicaid rehabilitation option services.

(c) If the office receives approval for the state plan amendment applied for under this section, the office shall comply with IC 12-15-5-19.

SECTION 6. IC 12-15-5-1, AS AMENDED BY P.L.210-2015, SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. Except as provided in IC 12-15-2-12, IC 12-15-6, and IC 12-15-21, the following services and supplies are provided under Medicaid:

- (1) Inpatient hospital services.
- (2) Nursing facility services.
- (3) Physician's services, including services provided under IC 25-10-1 and IC 25-22.5-1.
- (4) Outpatient hospital or clinic services.
- (5) Home health care services.
 - (6) Private duty nursing services.
- (7) Physical therapy and related services.
- 40 (8) Dental services.
 - (9) Prescribed laboratory and x-ray services.
- (10) Prescribed drugs and pharmacist services. 42



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1	(11) Eyeglasses and prosthetic devices.
2	(12) Optometric services.
3	(13) Diagnostic, screening, preventive, and rehabilitative services.
4	(14) Podiatric medicine services.
5	(15) Hospice services.
6	(16) Services or supplies recognized under Indiana law and
7	specified under rules adopted by the office.
8	(17) Family planning services except the performance of
9	abortions.
10	(18) Nonmedical nursing care given in accordance with the tenets
11	and practices of a recognized church or religious denomination to
12	an individual qualified for Medicaid who depends upon healing
13	by prayer and spiritual means alone in accordance with the tenets
14	and practices of the individual's church or religious denomination.
15	(19) Services provided to individuals described in IC 12-15-2-8.
16	(20) Services provided under IC 12-15-34 and IC 12-15-32.
17	(21) Case management services provided to individuals described
18	in IC 12-15-2-11 and IC 12-15-2-13.
19	(22) Any other type of remedial care recognized under Indiana
20	law and specified by the United States Secretary of Health and
21	Human Services.
22	(23) Examinations required under IC 16-41-17-2(a)(10).
23	(24) Inpatient substance abuse detoxification services.
24	(25) Subject to approval of the state plan amendment applied
25	for under IC 12-15-1.3-20, school based services.
26	SECTION 7. IC 12-15-5-19 IS ADDED TO THE INDIANA CODE
27	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
28	1, 2019]: Sec. 19. (a) Not later than one (1) year from the date the
29	office receives approval for the state plan amendment described in
30	IC 12-15-1.3-21 concerning Medicaid rehabilitation option
31	services, the office shall do the following:
32	(1) Review the current services included in the Medicaid
33	rehabilitation option services program in the school setting.
34	(2) Determine whether additional appropriate services,
35	including:
36	(A) family engagement services; and
37	(B) additional comprehensive behavioral health services,
38	including addiction services;
39	should be included as part of the program.
40	(3) Report the office's findings under this subsection to the
41	general assembly in an electronic format under IC 5-14-6.
42	(b) Not later than three (3) months from the date the office



1	receives approval for the state plan amendment described in
2	IC 12-15-1.3-21 concerning Medicaid rehabilitation option
3	services, the office shall notify each school corporation that the
4	United States Department of Health and Human Services has
5	approved the state plan amendment applied for under
6	IC 12-15-1.3-21.
7	(c) Each school corporation shall, not later than one (1) year
8	from the date the office receives approval for the state plan
9	amendment described in IC 12-15-1.3-21 concerning Medicaid
10	rehabilitation option services, contract with a community mental
l 1	health center to provide Medicaid rehabilitation option services
12	for:
13	(1) a student of the school corporation who is a Medicaid
14	recipient; and
15	(2) the student's family.
16	SECTION 8. IC 25-23-1-7, AS AMENDED BY P.L.129-2018,
17	SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18	JULY 1, 2019]: Sec. 7. (a) The board shall do the following:
19	(1) Adopt under IC 4-22-2 rules necessary to enable it to carry
20	into effect this chapter.
21	(2) Prescribe standards and approve curricula for nursing
22	education programs preparing persons for licensure under this
23	chapter.
24	(3) Provide for surveys of such programs at such times as it
25	considers necessary.
26	(4) Accredit such programs as meet the requirements of this
27	chapter and of the board.
28	(5) Deny or withdraw accreditation from nursing education
29	programs for failure to meet prescribed curricula or other
30	standards.
31	(6) Examine, license, and renew the license of qualified
32	applicants.
33	(7) Issue subpoenas, compel the attendance of witnesses, and
34	administer oaths to persons giving testimony at hearings.
35	(8) Cause the prosecution of all persons violating this chapter and
36	have power to incur necessary expenses for these prosecutions.
37	(9) Adopt rules under IC 4-22-2 that do the following:
38	(A) Prescribe standards for the competent practice of
39	registered, practical, and advanced practice registered nursing.
10	(B) Establish with the approval of the medical licensing board

created by IC 25-22.5-2-1 requirements that advanced practice

registered nurses must meet to be granted authority to



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1	prescribe legend drugs and to retain that authority.
2	(C) Establish, with the approval of the medical licensing board
3	created by IC 25-22.5-2-1, requirements for the renewal of a
4	practice agreement under section 19.4 of this chapter, which
5	shall expire on October 31 in each odd-numbered year.
6	(10) Keep a record of all its proceedings.
7	(11) Collect and distribute annually demographic information on
8	the number and type of registered nurses and licensed practical
9	nurses employed in Indiana.
10	(12) Adopt rules and administer the interstate nurse licensure
11	compact under IC 25-42.
12	(b) The board may do the following:
13	(1) Create ad hoc subcommittees representing the various nursing
14	specialties and interests of the profession of nursing. Persons
15	appointed to a subcommittee serve for terms as determined by the
16	board.
17	(2) Utilize the appropriate subcommittees so as to assist the board
18	with its responsibilities. The assistance provided by the
19	subcommittees may include the following:
20	(A) Recommendation of rules necessary to carry out the duties
21	of the board.
22	(B) Recommendations concerning educational programs and
23	requirements.
24	(C) Recommendations regarding examinations and licensure
25	of applicants.
26	(3) Appoint nurses to serve on each of the ad hoc subcommittees.
27	(4) Withdraw from the interstate nurse licensure compact under
28	IC 25-23.2 (repealed).
29	(c) Nurses appointed under subsection (b) must:
30	(1) be committed to advancing and safeguarding the nursing
31	profession as a whole; and
32	(2) represent nurses who practice in the field directly affected by
33	a subcommittee's actions.
34	SECTION 9. IC 25-23-1-11, AS AMENDED BY P.L.134-2008,
35	SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36	JULY 1, 2019]: Sec. 11. (a) Any person who applies to the board for a
37	license to practice as a registered nurse must:
38	(1) not have:
39	(A) been convicted of a crime that has a direct bearing on the
40	person's ability to practice competently; or
41	(B) committed an act that would constitute a ground for a
42	disciplinary sanction under IC 25-1-9;



1	(2) have completed:
2	(A) the prescribed curriculum and met the graduation
3	requirements of a state accredited program of registered
4	nursing that only accepts students who have a high school
5	diploma or its equivalent as determined by the board; or
6	(B) the prescribed curriculum and graduation requirements of
7	a nursing education program in a foreign country that is
8	substantially equivalent to a board approved program as
9	determined by the board. The board may by rule adopted under
10	IC 4-22-2 require an applicant under this subsection to
11	successfully complete an examination approved by the board
12	to measure the applicant's qualifications and background in the
13	practice of nursing and proficiency in the English language;
14	and
15	(3) be physically and mentally capable of and professionally
16	competent to safely engage in the practice of nursing as
17	determined by the board.
18	The board may not require a person to have a baccalaureate degree in
19	nursing as a prerequisite for licensure.
20	(b) The applicant must pass an examination in such subjects as the
21	board may determine.
22	(c) The board may issue by endorsement a license to practice as a
23	registered nurse to an applicant who has been licensed as a registered
24	nurse, by examination, under the laws of another state if the applicant
25	presents proof satisfactory to the board that, at the time that the
26	applicant applies for an Indiana license by endorsement, the applicant
27	holds a current license in another state and possesses credentials and
28	qualifications that are substantially equivalent to requirements in
29	Indiana for licensure by examination. The board may specify by rule
30	what constitutes substantial equivalence under this subsection.
31	(d) The board may issue by endorsement a license to practice as a
32	registered nurse to an applicant who:
33	(1) has completed the English version of the:
34	(A) Canadian Nurse Association Testing Service Examination
35	(CNAT); or
36	(B) Canadian Registered Nurse Examination (CRNE);
37	(2) achieved the passing score required on the examination at the
38	time the examination was taken;
39	(3) is currently licensed in a Canadian province or in another
40	state; and
41	(4) meets the other requirements under this section.

(e) Each applicant for examination and registration to practice as a



1	registered nurse shall pay:
2	(1) a fee set by the board; and
3	(2) if the applicant is applying for a multistate license (as
4	defined in IC 25-42-1-11) under IC 25-42 (Nurse Licensure
5	Compact), a fee of twenty-five dollars (\$25) in addition to the
6	fee under subdivision (1);
7	a part of which must be used for the rehabilitation of impaired
8	registered nurses and impaired licensed practical nurses. Payment of
9	the fee or fees shall be made by the applicant prior to the date of
10	examination. The lesser of the following amounts from fees collected
11	under this subsection shall be deposited in the impaired nurses account
12	of the state general fund established by section 34 of this chapter:
13	(1) Twenty-five percent (25%) of the license application fee per
14	license applied for under this section.
15	(2) The cost per license to operate the impaired nurses program,
16	as determined by the Indiana professional licensing agency.
17	(f) Any person who holds a license to practice as a registered nurse
18	in:
19	(1) Indiana; or
20	(2) a party state (as defined in IC 25-23.3-2-11);
21	may use the title "Registered Nurse" and the abbreviation "R.N.". No
22	other person shall practice or advertise as or assume the title of
23	registered nurse or use the abbreviation of "R.N." or any other words,
24	letters, signs, or figures to indicate that the person using same is a
25	registered nurse.
26	SECTION 10. IC 25-23-1-12, AS AMENDED BY P.L.134-2008,
27	SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
28	JULY 1, 2019]: Sec. 12. (a) A person who applies to the board for a
29	license to practice as a licensed practical nurse must:
30	(1) not have been convicted of:
31	(A) an act which would constitute a ground for disciplinary
32	sanction under IC 25-1-9; or
33	(B) a crime that has a direct bearing on the person's ability to
34	practice competently;
35	(2) have completed:
36	(A) the prescribed curriculum and met the graduation
37	requirements of a state accredited program of practical nursing
38	that only accepts students who have a high school diploma or
39	its equivalent, as determined by the board; or
40	(B) the prescribed curriculum and graduation requirements of
41	a nursing education program in a foreign country that is
42	substantially equivalent to a board approved program as



1	determined by the board. The board may by rule adopted under
2	IC 4-22-2 require an applicant under this subsection to
3	successfully complete an examination approved by the board
4	to measure the applicant's qualifications and background in the
5	practice of nursing and proficiency in the English language;
6	and
7	(3) be physically and mentally capable of, and professionally
8	competent to, safely engage in the practice of practical nursing as
9	determined by the board.
10	(b) The applicant must pass an examination in such subjects as the
11	board may determine.
12	(c) The board may issue by endorsement a license to practice as a
13	licensed practical nurse to an applicant who has been licensed as a
14	licensed practical nurse, by examination, under the laws of another
15	state if the applicant presents proof satisfactory to the board that, at the
16	time of application for an Indiana license by endorsement, the applicant
17	possesses credentials and qualifications that are substantially
18	equivalent to requirements in Indiana for licensure by examination. The
19	board may specify by rule what shall constitute substantial equivalence
20	under this subsection.
21	(d) Each applicant for examination and registration to practice as a
22	practical nurse shall pay:
23	(1) a fee set by the board; and
24	(2) if the applicant is applying for a multistate license (as
25	defined in IC 25-42-1-11) under IC 25-42 (Nurse Licensure
26	Compact), a fee of twenty-five dollars (\$25) in addition to the
27	fee under subdivision (1);
28	a part of which must be used for the rehabilitation of impaired
29	registered nurses and impaired licensed practical nurses. Payment of
30	the fees shall be made by the applicant before the date of examination.
31	The lesser of the following amounts from fees collected under this
32	subsection shall be deposited in the impaired nurses account of the
33	state general fund established by section 34 of this chapter:
34	(1) Twenty-five percent (25%) of the license application fee per
35	license applied for under this section.
36	(2) The cost per license to operate the impaired nurses program,
37	as determined by the Indiana professional licensing agency.
38	(e) Any person who holds a license to practice as a licensed
39	practical nurse in:
40	(1) Indiana; or
41	(2) a party state (as defined in IC 25-23.3-2-11);
42	may use the title "Licensed Practical Nurse" and the abbreviation



"L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.

SECTION 11. IC 25-23-1-16.1, AS AMENDED BY P.L.177-2015, SECTION 49, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 16.1. (a) Subject to IC 25-1-2-6(e), a license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

- (b) Subject to IC 25-1-2-6(e), a license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
- (c) The procedures and fee for renewal shall be set by the board. If the license being renewed is a multistate license (as defined in IC 25-42-1-11) under IC 25-42 (Nurse Licensure Compact), a fee of twenty-five dollars (\$25) must be paid in addition to the fee for renewal set by the board.
- (d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay a renewal fee, a portion of which shall be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:
 - (1) Twenty-five percent (25%) of the license renewal fee per license renewed under this section.
 - (2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.

SECTION 12. IC 25-42 IS ADDED TO THE INDIANA CODE AS A **NEW** ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

ARTICLE 42. NURSE LICENSURE COMPACT

Chapter 1. Definitions

- Sec. 1. The definitions in this chapter apply throughout this article.
- Sec. 2. "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws that is imposed by a licensing board or other authority against a nurse,



1	including any of the following actions against the nurse's license or
2	multistate licensure privilege:
3	(1) Revocation.
4	(2) Suspension.
5	(3) Probation.
6	(4) Monitoring of the nurse.
7	(5) Limitation on the nurse's practice.
8	(6) Another encumbrance on licensure affecting the nurse's
9	authorization to practice, including a cease and desist order.
10	Sec. 3. "Alternative program" means a nondisciplinary
11	monitoring program approved by a licensing board.
12	Sec. 4. "Commission" refers to the interstate commission of
13	nurse licensure compact administrators established by
14	IC 25-42-7-1.
15	Sec. 5. "Coordinated licensure information system" means:
16	(1) an integrated process for collecting, storing, and sharing
17	information concerning nurse licensure and enforcement
18	activities related to nurse licensure laws; and
19	(2) a system that is administered by a nonprofit organization
20	composed of and controlled by licensing boards.
21	Sec. 6. "Current significant investigative information" means
22	either of the following:
23	(1) Investigative information that, following a preliminary
24	inquiry that includes notice to the nurse and an opportunity
25	for the nurse to respond as required by state law:
26	(A) a licensing board has reason to believe is not
27	groundless; and
28	(B) if proved true, would indicate more than a minor
29	infraction.
30	(2) Investigative information that, regardless of whether the
31	nurse has received notice and has had an opportunity to
32	respond, indicates that the nurse represents an immediate
33	threat to public health and safety.
34	Sec. 7. "Encumbrance" means:
35	(1) a revocation or suspension of; or
36	(2) a limitation on;
37	the full and unrestricted practice of nursing imposed by a licensing
38	board.
39	Sec. 8. "Home state" means the party state that is a nurse's
40	primary state of residence.
41	Sec. 9. "Licensed nurse" means a:
42	(1) registered nurse;



1	(2) licensed practical nurse; or
2	(3) licensed vocational nurse;
3	as those terms are defined by each party state's practice laws.
4	Sec. 10. "Licensing board" means a party state's regulatory
5	body responsible for issuing nurse licenses.
6	Sec. 11. "Multistate license" means a license to practice as a
7	licensed nurse that:
8	(1) is issued by a home state licensing board; and
9	(2) authorizes the nurse to practice in all party states under a
10	multistate licensure privilege.
11	Sec. 12. "Multistate licensure privilege" means a legal
12	authorization associated with a multistate license permitting the
13	practice of nursing as a licensed nurse in a remote state.
14	Sec. 13. "NCLEX" refers to the National Council Licensure
15	Examination.
16	Sec. 14. "Nurse license" refers to any of the following issued by
17	a state's regulatory body responsible for issuing nurse licenses:
18	(1) A registered nurse license.
19	(2) A licensed practical nurse license.
20	(3) A licensed vocational nurse license.
21	Sec. 15. "Party state" means a state that has adopted this
22	compact.
23	Sec. 16. "Remote state" means a party state other than the home
24	state.
25	Sec. 17. "Single state license" means a nurse license issued by a
26	party state that:
27	(1) authorizes practice only within the issuing state; and
28	(2) does not include a multistate licensure privilege to practice
29	in another party state.
30	Sec. 18. "State" means a state, territory, or possession of the
31	United States, and the District of Columbia.
32	Sec. 19. "State board of nursing" refers to the Indiana state
33	board of nursing established by IC 25-23-1-2.
34	Sec. 20. (a) "State practice laws" means a party state's laws.
35	rules, and regulations that:
36	(1) govern the practice of nursing;
37	(2) define the scope of nursing practice; and
38	(3) create the methods and grounds for imposing discipline on
39	licensed nurses.
40	(b) "State practice laws" does not include requirements
41	necessary to obtain and retain a license, other than qualifications
42	or requirements of a home state.



1	Chartes 2 Fig. For and Downson
1	Chapter 2. Findings and Purpose
2 3	Sec. 1. The nurse licensure compact is enacted and entered into
	with all other jurisdictions that legally join the compact, which is,
4	in form, substantially the same as this article.
5	Sec. 2. The party states find the following:
6	(1) The health and safety of the public are affected by the
7	degree of compliance with and the effectiveness of
8	enforcement activities related to state nurse licensure laws.
9	(2) Violations of nurse licensure and other laws regulating the
10	practice of nursing may result in injury or harm to the public.
11	(3) The expanded mobility of nurses and the use of advanced
12	communication technologies as part of our nation's health
13	care delivery system require greater coordination and
14	cooperation among states in the areas of nurse licensure and
15	regulation.
16	(4) New practice modalities and technologies make
17	compliance with individual state nurse licensure laws difficult
18	and complex.
19	(5) The current system of duplicative licensure for nurses
20	practicing in multiple states is cumbersome and redundant for
21	nurses and states.
22	(6) Uniformity of nurse licensure requirements throughout
23	the states promotes public safety and public health benefits.
24	Sec. 3. The general purposes of this compact are to do the
25	following:
26	(1) Facilitate the states' responsibility to protect the public's
27	health and safety.
28	(2) Ensure and encourage the cooperation of party states in
29	the areas of nurse licensure and regulation.
30	(3) Facilitate the exchange of information between party
31	states in the areas of nurse regulation, investigation, and
32	adverse actions.
33	(4) Promote compliance with laws governing the practice of
34	nursing in each jurisdiction.
35	(5) Invest all party states with the authority to hold a nurse
36	accountable for meeting all state practice laws in the state in
37	which the patient is located at the time care is rendered
38	through the mutual recognition of party state licenses.
39	(6) Decrease redundancies in the consideration and issuance
40	of nurse licenses.
41	(7) Provide opportunities for interstate practice by nurses
42	who meet uniform licensure requirements.



1	Chapter 3. General Provisions and Jurisdiction
2	Sec. 1. A multistate license issued by a home state to a resident
3	in that state will be recognized by each party state as authorizing
4	the resident to practice as a nurse under a multistate licensure
5	privilege in each party state.
6	Sec. 2. A state must implement procedures for considering the
7	criminal history records of applicants for initial multistate
8	licensure or licensure by endorsement, including the submission of
9	fingerprints or other biometric based information by applicants for
10	the purpose of obtaining an applicant's criminal history record
11	information from the Federal Bureau of Investigation and the
12	agency responsible for retaining that state's criminal records.
13	Sec. 3. Each party state shall require the following for an
14	applicant to obtain or retain a multistate license in the home state:
15	(1) The applicant meets the home state's qualifications for
16	licensure or renewal of licensure, as well as all other
17	applicable state laws.
18	(2) The applicant has either:
19	(A) graduated or is eligible to graduate from a licensing
20	board approved licensed nurse prelicensure education
21	program; or
22	(B) graduated from a foreign licensed nurse prelicensure
23	education program that has been:
24	(i) approved by the authorized accrediting body in the
25	applicable country; and
26	(ii) verified by an independent credentials review agency
27	to be comparable to a licensing board approved
28	prelicensure education program.
29	(3) If:
30	(A) English is not the applicant's native language; or
31	(B) the applicant graduated from a foreign prelicensure
32	education program that was not taught in English;
33	the applicant has successfully passed an English proficiency
34	examination that includes the components of reading,
35	speaking, writing, and listening.
36	(4) The applicant has successfully passed an NCLEX for
37	registered nurses or NCLEX for practical nurses or
38	recognized predecessor examination, as applicable.
39	(5) The applicant is eligible for or holds an active license
40	without encumbrance.
41	(6) The applicant has submitted, in connection with an
42	application for initial licensure or licensure by endorsement,



1	fingerprints or other biometric data for the purpose of
2	obtaining criminal history record information from the
3	Federal Bureau of Investigation and the agency responsible
4	for retaining that state's criminal records.
5	(7) The applicant has:
6	(A) not been convicted or found guilty; or
7	(B) entered into an agreed disposition;
8	of a felony offense under applicable state or federal criminal
9	law.
10	(8) The applicant has:
11	(A) not been convicted or found guilty; or
12	(B) entered into an agreed disposition;
13	of a misdemeanor offense related to the practice of nursing, as
14	determined on a case by case basis.
15	(9) The applicant is not currently enrolled in an alternative
16	program.
17	(10) The applicant is subject to self-disclosure requirements
18	regarding current participation in an alternative program.
19	(11) The applicant has a valid Social Security number.
20	Sec. 4. (a) All party states are authorized, in accordance with
21	existing state due process law, to take adverse action against a
22	nurse's multistate licensure privilege.
23	(b) If a party state takes an adverse action under subsection (a):
24	(1) the party state shall promptly notify the administrator of
25	the coordinated licensure information system; and
26	(2) the administrator of the coordinated licensure information
27	system shall promptly notify the home state of any adverse
28	actions taken by remote states.
29	Sec. 5. (a) A nurse practicing in a party state shall comply with
30	the state practice laws of the state in which the client is located at
31	the time service is provided.
32	(b) The practice of nursing is not limited to patient care, but
33	includes all nursing practices as defined by the state practice laws
34	of the party state in which the client is located.
35	(c) The practice of nursing in a party state under a multistate
36	licensure privilege subjects a nurse to the jurisdiction of the
37	licensing board, the courts, and the laws of the party state in which
38	the client is located at the time service is provided.
39	Sec. 6. (a) Individuals not residing in a party state may apply for
40	a party state's single state license as provided under the laws of
41	each party state. However, a single state license granted to the

individual will not be recognized as granting the privilege to



1	practice nursing in any other party state.
2	(b) This compact does not affect the requirements established by
3	a party state for the issuance of a single state license.
4	Sec. 7. A nurse who holds a home state multistate license on the
5	effective date of this compact may retain and renew the multistate
6	license issued by the nurse's current home state. However, the
7	following apply:
8	(1) A nurse who changes primary state of residence after the
9	effective date of this compact shall meet all applicable
10	requirements of section 3 of this chapter to obtain a multistate
11	license from a new home state.
12	(2) If the nurse fails to satisfy the multistate licensure
13	requirements of section 3 of this chapter due to a
14	disqualifying event occurring after the effective date of this
15	compact:
16	(A) the nurse is ineligible to retain or renew a multistate
17	license; and
18	(B) the nurse's multistate license must be revoked or
19	deactivated in accordance with applicable rules adopted by
20	the commission.
21	Chapter 4. Application for Nurse Licensure in a Party State
22	Sec. 1. Upon receipt of an application for a multistate license,
23	the licensing board in the issuing party state shall ascertain,
24	through the coordinated licensure information system, whether:
25	(1) the applicant has ever held, or is the holder of, a license
26	issued by any other state;
27	(2) there are any encumbrances on any license or multistate
28	licensure privilege held by the applicant;
29	(3) any adverse action has been taken against any license or
30	multistate licensure privilege held by the applicant; and
31	(4) the applicant is currently participating in an alternative
32	program.
33	Sec. 2. A nurse may hold a multistate license, issued by the home
34	state, in only one (1) party state at a time.
35	Sec. 3. If a nurse changes primary state of residence by moving
36	between two (2) party states, the nurse must apply for licensure in
37	the new home state, and the multistate license issued by the prior
38	home state will be deactivated in accordance with applicable rules
39	adopted by the commission, including the following:
40	(1) The nurse may apply for licensure in advance of a change
41	in primary state of residence.

(2) A multistate license must not be issued by the new home



1	state until the nurse:
2	(A) provides satisfactory evidence of a change in primary
3	state of residence to the new home state; and
4	(B) satisfies all applicable requirements to obtain a
5	multistate license from the new home state.
6	Sec. 4. If a nurse changes primary state of residence by moving
7	from a party state to a nonparty state, the multistate license issued
8	by the prior home state will convert to a single state license, valid
9	only in the former home state.
0	Chapter 5. Additional Authorities Invested in Party State
11	Licensing Boards
12	Sec. 1. (a) In addition to the other powers conferred by state
13	law, a licensing board may do any of the following:
14	(1) Take adverse action against a nurse's multistate licensure
15	privilege to practice within that party state, as follows:
16	(A) Only the home state may take adverse action against a
17	nurse's license issued by the home state.
18	(B) For purposes of taking adverse action, the home state
19	licensing board shall:
20	(i) give the same priority and effect to reported conduct
21	received from a remote state as it would if the conduct
22	had occurred within the home state; and
23 24	(ii) apply the home state's laws to determine appropriate
24	action.
25	(2) Issue cease and desist orders or impose other
26	encumbrances on a nurse's authority to practice within that
27	party state.
28	(3) With respect to pending investigations of a nurse who
29	changes primary state of residence during the course of the
30	investigations, the following:
31	(A) Complete the investigations.
32	(B) Take appropriate action.
33	(4) Issue subpoenas for hearings and investigations that
34	require the attendance and testimony of witnesses and for the
35	production of evidence.
36	(5) For each nurse licensure applicant:
37	(A) obtain and submit fingerprints or other biometric
38	based information to the Federal Bureau of Investigation
39	for criminal background checks;
10	(B) receive the results of the Federal Bureau of
11	Investigation record search on criminal background
12	chacks, and



1	(C) use the results in making licensure decisions.
2	(6) If otherwise permitted by state law, recover from the
3	affected nurse the costs of investigations and disposition of
4	cases resulting from any adverse action taken against the
5	nurse.
6	(7) Take adverse action based on the factual findings of a
7	remote state, according to the licensing board's own
8	procedures for the adverse action.
9	(b) With respect to investigations described in subsection (a)(3):
10	(1) the licensing board shall promptly report the conclusions
11	of the investigations to the administrator of the coordinated
12	licensure information system; and
13	(2) the administrator of the coordinated licensure information
14	system shall promptly notify the new home state of any
15	actions taken under subsection (a)(3).
16	(c) Subpoenas issued by a licensing board in a party state for the
17	attendance and testimony of witnesses or the production of
18	evidence from another party state as described in subsection (a)(4)
19	must be enforced in the other party state:
20	(1) by a court of competent jurisdiction; and
21	(2) according to the practice and procedure of the court
22	applicable to subpoenas issued in proceedings pending before
23	the court.
24	The issuing authority shall pay any witness fees, travel expenses,
25	mileage, and other fees required by the service statutes of the state
26	in which the witnesses or evidence are located.
27	Sec. 2. (a) If adverse action is taken by the home state against a
28	nurse's multistate license, the nurse's multistate licensure privilege
29	to practice in all other party states must be deactivated until all
30	encumbrances have been removed from the multistate license.
31	(b) All home state disciplinary orders that impose adverse
32	action against a nurse's multistate license must include a statement
33	that the nurse's multistate licensure privilege is deactivated in all
34	party states during the pendency of the order.
35	Sec. 3. (a) This compact does not override a party state's
36	decision that participation in an alternative program may be used
37	in lieu of adverse action.
38	(b) In the case of a party state decision described in subsection
39	(a), the home state licensing board shall deactivate the multistate
40	licensure privilege under the multistate license of the nurse for the
41	duration of the nurse's participation in the alternative program.

Chapter 6. Coordinated Licensure Information System and



1	Exchange of Information
2	Sec. 1. (a) All party states shall participate in a coordinated
3	licensure information system of all licensed nurses.
4	(b) The coordinated licensure information system must include
5	information submitted by party states:
6	(1) concerning the licensure and disciplinary history of each
7	nurse; and
8	(2) to assist in the coordination of nurse licensure and
9	enforcement.
10	Sec. 2. The commission, in consultation with the administrator
11	of the coordinated licensure information system, shall formulate
12	necessary and proper procedures for the identification, collection,
13	and exchange of information under this compact.
14	Sec. 3. All licensing boards shall promptly report to the
15	coordinated licensure information system any:
16	(1) adverse action;
17	(2) current significant investigative information;
18	(3) denials of applications and reasons for the denials; and
19	(4) nurse participation in alternative programs known to the
20	licensing board, regardless of whether the participation is
21	considered to be nonpublic or confidential under state law.
22	Sec. 4. Current significant investigative information and
23	participation in nonpublic or confidential alternative programs
24	must be transmitted through the coordinated licensure information
25	system only to party state licensing boards.
26	Sec. 5. Notwithstanding any other law, all party state licensing
27	boards contributing information to the coordinated licensure
28	information system may designate information that may not be
29	shared with nonparty states or disclosed to other entities or
30	individuals without the express permission of the contributing
31	state.
32	Sec. 6. Any personally identifiable information obtained from
33	the coordinated licensure information system by a party state
34	licensing board must not be shared with nonparty states or
35	disclosed to other entities or individuals except to the extent
36	permitted by the laws of the party state contributing the
37	information.
38	Sec. 7. Information contributed to the coordinated licensure
39	information system that is subsequently required to be expunged
40	by the laws of the party state contributing that information must
41	also be expunged from the coordinated licensure information



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system.

furnish a uniform data set to the compact administrator of each

other party state, which must include, at a minimum, the following:

Sec. 8. The compact administrator of each party state shall

4	(1) Identifying information.
5	(2) Licensure data.
6	(3) Information related to alternative program participation
7	(4) Other information that may facilitate the administration
8	of this compact, as determined by commission rules.
9	Sec. 9. The compact administrator of a party state shall provide
10	all investigative documents and information requested by another
11	party state.
12	Chapter 7. Establishment of the Interstate Commission of Nurse
13	Licensure Compact Administrators
14	Sec. 1. (a) The party states create and establish a joint public
15	entity known as the interstate commission of nurse licensure
16	compact administrators.
17	(b) The commission is an instrumentality of the party states.
18	(c) Venue is proper, and judicial proceedings by or against the
19	commission must be brought solely and exclusively in a court of
20	competent jurisdiction where the principal office of the commission
21	is located.
22	(d) The commission may waive venue and jurisdictiona
23	defenses to the extent the commission adopts or consents to
24	participate in alternative dispute resolution proceedings.
25	Sec. 2. This compact does not waive sovereign immunity.
26	Sec. 3. (a) Each party state has and is limited to one (1)
27	administrator. The head of the state licensing board of each party
28	state, or designee, is the administrator of this compact for each
29	party state. An administrator may be removed or suspended from
30	office as provided by the law of the state from which the
31	administrator is appointed.
32	(b) A vacancy occurring in the commission must be filled in
33	accordance with the laws of the party state in which the vacancy
34	exists.
35	(c) Each administrator is entitled to one (1) vote with regard to
36	the promulgation of rules and creation of bylaws and shal
37	otherwise have an opportunity to participate in the business and
38	affairs of the commission. An administrator shall vote in person or
39	by other means provided in the bylaws. The bylaws may provide
40	for an administrator's participation in meetings by telephone or
41	other means of communication.

Sec. 4. The commission shall meet at least one (1) time during



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1	each calendar year. Additional meetings must be held as set forth
2	in the bylaws or rules of the commission.
3	Sec. 5. All meetings must be open to the public, and public notice
4	of meetings must be given in the same manner as required under
5	the rulemaking provisions in IC 25-42-8.
6	Sec. 6. The commission may convene in a closed, nonpublic
7	meeting if the commission must discuss any of the following:
8	(1) Noncompliance of a party state with the party state's
9	obligations under this compact.
10	(2) The employment, compensation, discipline, or other
11	personnel matters, practices, or procedures related to specific
12	employees or other matters related to the commission's
13	internal personnel practices and procedures.
14	(3) Current, threatened, or reasonably anticipated litigation.
15	(4) Negotiation of contracts for the purchase or sale of goods,
16	services, or real estate.
17	(5) Accusing a person of a crime or formally censuring a
18	person.
19	(6) Disclosure of trade secrets or commercial or financial
20	information that is privileged or confidential.
21	(7) Disclosure of information of a personal nature where
22	disclosure would constitute a clearly unwarranted invasion of
23	personal privacy.
24	(8) Disclosure of investigatory records compiled for law
25	enforcement purposes.
26	(9) Disclosure of information related to reports prepared by
27	or on behalf of the commission for the purpose of
28	investigation of compliance with this compact.
29	(10) Matters specifically exempted from disclosure by federal
30	or state statute.
31	Sec. 7. (a) If a meeting or part of a meeting is closed under
32	section 6 of this chapter, the commission's legal counsel or designee
33	shall certify that the meeting may be closed and shall reference
34	each relevant exempting provision.
35	(b) The commission shall keep minutes that fully and clearly
36	describe all matters discussed in a meeting and shall provide a full
37	and accurate summary of actions taken, and the reasons for the
38	actions, including a description of the views expressed.
39	(c) All documents considered in connection with an action must
40	be identified in the minutes of the meeting.

(d) All minutes and documents of a closed meeting must remain

under seal, subject to release by a majority vote of the commission



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1	or order of a court of competent jurisdiction.
2	Sec. 8. (a) The commission shall, by a majority vote of the
3	administrators, prescribe bylaws or rules to govern the
4	commission's conduct to carry out the purposes and exercise the
5	powers of this compact, including the following:
6	(1) Establishing the fiscal year of the commission.
7	(2) Providing reasonable standards and procedures:
8	(A) for the establishment and meetings of other
9	committees; and
10	(B) governing general or specific delegation of any
11	authority or function of the commission.
12	(3) Providing reasonable procedures for calling and
13	conducting meetings of the commission, ensuring reasonable
14	advance notice of all meetings and providing an opportunity
15	for attendance of the meetings by interested parties, including
16	the following:
17	(A) Enumerated exceptions designed to protect the public's
18	interest, the privacy of individuals, and proprietary
19	information, including trade secrets.
20	(B) A provision:
21	(i) allowing the commission to meet in closed session only
22	after a majority of the administrators vote with no proxy
23	voting to close a meeting in whole or in part; and
24	(ii) if the commission meets in closed session as described
25	in item (i), requiring the commission to, as soon as
26	practicable, make public a copy of the vote to close the
27	meeting and revealing the vote of each administrator.
28	(4) Establishing the titles, duties, and authority and
29	reasonable procedures for the election of the officers of the
30	commission.
31	(5) Providing reasonable standards and procedures for the
32	establishment of the personnel policies and programs of the
33	commission.
34	(6) Providing a mechanism for winding up the operations of
35	the commission and the equitable disposition of any surplus
36	funds that may exist after the termination of this compact
37	after the payment or reserving of all of the commission's debts
38	and obligations.
39	(b) Notwithstanding any civil service or other similar laws of
40	any party state, the bylaws prescribed under this section
41	exclusively govern the personnel policies and programs of the
42	commission.



I	Sec. 9. The commission shall do all of the following:
2	(1) Publish the commission's bylaws and rules and any
3	amendments to the bylaws and rules in a convenient form on
4	the Internet web site of the commission.
5	(2) Maintain the commission's financial records in accordance
6	with the bylaws.
7	(3) Meet and take actions consistent with the provisions of this
8	compact and the bylaws.
9	Sec. 10. The commission has the following powers:
10	(1) To promulgate uniform rules:
11	(A) having the force and effect of law; and
12	(B) binding in all party states;
13	to facilitate and coordinate implementation and
14	administration of this compact.
15	(2) To bring and prosecute legal proceedings or actions in the
16	name of the commission, provided that the standing of any
17	licensing board to sue or be sued under applicable law shall
18	not be affected.
19	(3) To purchase and maintain insurance and bonds.
20	(4) To borrow, accept, or contract for services of personnel,
21	including employees of a party state or nonprofit
22	organizations.
23	(5) To cooperate with other organizations that administer
24	state compacts related to the regulation of nursing, including
25	sharing administrative or staff expenses, office space, or other
26	resources.
27	(6) To hire employees, elect or appoint officers, fix
28	compensation, define duties, grant the employees and officers
29	appropriate authority to carry out the purposes of this
30	compact, and to establish the commission's personnel policies
31	and programs relating to conflicts of interest, qualifications
32	of personnel, and related personnel matters.
33	(7) To accept, receive, use, and dispose of appropriate
34	donations, grants, and gifts of money, equipment, supplies,
35	materials, and services while avoiding any appearance of
36	impropriety or conflict of interest.
37	(8) To lease, purchase, and accept appropriate gifts or
38	donations of, or otherwise to own, hold, improve, or use, any
39	real, personal, or mixed property while avoiding any
40	appearance of impropriety.
41	(9) To sell, convey, mortgage, pledge, lease, exchange,
42	abandon, or otherwise dispose of real, personal, or mixed



1	property.
2	(10) To establish a budget and make expenditures.
3	(11) To borrow money.
4	(12) To appoint committees, including advisory committees
5	comprised of administrators, state nursing regulators, state
6	legislators or their representatives, consumer representatives,
7	and other interested persons.
8	(13) To provide and receive information from, and to
9	cooperate with, law enforcement agencies.
10	(14) To adopt and use an official seal.
11	(15) To perform other necessary or appropriate functions to
12	achieve the purposes of this compact consistent with the state
13	regulation of nurse licensure and practice.
14	Sec. 11. (a) The commission shall pay, or provide for the
15	payment of, the reasonable expenses of the commission's
16	establishment, organization, and ongoing activities.
17	(b) The commission may also levy on and collect an annual
18	assessment from each party state to cover the cost of the
19	commission's operations, activities, and staff in the commission's
20	annual budget as approved each year. The aggregate annual
21	assessment amount, if any, must be allocated based on a formula
22	determined by the commission by promulgation of a rule that is
23	binding on all party states.
24	(c) The commission shall not:
25	(1) incur an obligation of any kind before securing funds
26	adequate to meet the obligation; or
27	(2) pledge the credit of any party state, except by and with the
28	authority of, the party state.
29	(d) The commission shall keep accurate accounts of all receipts
30	and disbursements. The receipts and disbursements of the
31	commission are subject to the audit and accounting procedures
32	established under the commission's bylaws. However, all receipts
33	and disbursements of funds handled by the commission must be
34	audited annually by a certified or licensed public accountant, and
35	the report of the audit must be included in and be part of the
36	annual report of the commission.
37	Sec. 12. (a) The administrators, officers, executive director,
38	employees, and representatives of the commission are immune
39	from suit and liability, either personally or in their official
40	capacity, for any claim for damage to or loss of property, personal
41	injury, or another civil liability caused by or arising out of an

actual or alleged act, error, or omission that occurred, or that the



- person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities.
- (b) Subsection (a) does not protect an administrator, officer, executive director, employee, or representative of the commission from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.
- (c) The commission shall defend an administrator, officer, executive director, employee, or representative of the commission in a civil action seeking to impose liability arising out of an actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities.
 - (d) Subsection (c) does not do the following:
 - (1) Prohibit the administrator, officer, executive director, employee, or representative of the commission from retaining that person's own counsel.
 - (2) Require the commission to defend the administrator, officer, executive director, employee, or representative of the commission if the actual or alleged act, error, or omission resulted from that person's intentional, willful, or wanton misconduct.
- (e) The commission shall indemnify and hold harmless an administrator, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of an actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities.
- (f) Subsection (e) does not require the commission to indemnify or hold harmless an administrator, officer, executive director, employee, or representative of the commission if the actual or alleged act, error, or omission resulted from the intentional, willful, or wanton misconduct of that person.

Chapter 8. Rulemaking

Sec. 1. The commission shall exercise the commission's rulemaking powers according to the criteria set forth in, and the rules adopted under, this chapter. Rules and amendments are



1	binding as of the date specified in each rule or amendment and
2	have the same force and effect as provisions of this compact.
3	Sec. 2. Rules or amendments to the rules must be adopted at a
4	regular or special meeting of the commission.
5	Sec. 3. Before promulgation and adoption of a final rule by the
6	commission, and at least sixty (60) days before the meeting at
7	which the rule will be considered and voted on is held, the
8	commission shall file a notice of proposed rulemaking:
9	(1) on the Internet web site of the commission; and
10	(2) on the Internet web site of each licensing board or in the
11	publication in which each state would otherwise publish
12	proposed administrative rules.
13	Sec. 4. The notice of proposed rulemaking must include all of
14	the following:
15	(1) The proposed time, date, and location of the meeting at
16	which the rule will be considered and voted on.
17	(2) The text of the proposed rule or amendment and the
18	reason for the proposed rule.
19	(3) A request for comments on the proposed rule from any
20	interested person.
21	(4) The manner in which an interested person may submit:
22	(A) notice to the commission of the interested person's
23	intention to attend the public hearing; and
24	(B) written comments.
25	Sec. 5. (a) Before adoption of a proposed rule, the commission
26	shall allow persons to submit written data, facts, opinions, and
27	arguments.
28	(b) Submitted information and documents described in
29	subsection (a) must be made available to the public.
30	Sec. 6. (a) The commission shall grant an opportunity for a
31	public hearing before the commission adopts a rule or amendment.
32	(b) The commission shall publish the place, time, and date of the
33	scheduled public hearing.
34	(c) A public hearing must be conducted in a manner providing
35	each person who wishes to comment a fair and reasonable
36	opportunity to comment orally or in writing. All hearings must be
37	recorded and a copy of the record must be made available to the
38	public upon request.
39	(d) This section does not require a separate hearing on each
40	rule. Rules may be grouped for the convenience of the commission
41	at hearings required by this section.
42	(e) If no one appears at a public hearing, the commission may



1	proceed with promulgation of the proposed rule.
2	Sec. 7. (a) Following the scheduled hearing date, or by the close
3	of business on the scheduled hearing date if the hearing was not
4	held, the commission shall consider all written and oral comments
5	received.
6	(b) The commission shall, by majority vote of all administrators,
7	take final action on the proposed rule and determine the effective
8	date of the rule, if any, based on the rulemaking record and the full
9	text of the rule.
10	Sec. 8. (a) For purposes of this section, an emergency rule is a

- Sec. 8. (a) For purposes of this section, an emergency rule is a rule that must be adopted immediately to do at least one (1) of the following:
 - (1) Meet an imminent threat to public health, safety, or welfare.
 - (2) Prevent a loss of commission or party state funds.
 - (3) Meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.
- (b) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing. However, the usual rulemaking procedures provided in this compact and in this chapter must be retroactively applied to the rule as soon as reasonably possible, and in no event later than ninety (90) days after the effective date of the rule.
- Sec. 9. (a) The commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors.
- (b) Public notice of any revisions must be posted on the Internet web site of the commission. A revision is subject to challenge by any person for thirty (30) days after posting. A revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge must be made in writing and delivered to the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.
 - Chapter 9. Oversight, Dispute Resolution, and Enforcement
- Sec. 1. Each party state shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent.
 - Sec. 2. The commission:



(1) is entitled to receive service of process in a proceeding that

2	may affect the powers, responsibilities, or actions of the
3	commission; and
4	(2) has standing to intervene in a proceeding described in
5	subdivision (1) for all purposes.
6	Failure to provide service of process in a proceeding to the
7	commission renders a judgment or order void as to the
8	commission, this compact, or promulgated rules.
9	Sec. 3. If the commission determines that a party state has
10	defaulted in the performance of the party state's obligations or
11	responsibilities under this compact or the promulgated rules, the
12	commission shall:
13	(1) provide written notice to the defaulting state and other
14	party states of the nature of the default, the proposed means
15	of curing the default, or another action to be taken by the
16	commission; and
17	(2) provide remedial training and specific technical assistance
18	regarding the default.
19	Sec. 4. (a) If a state in default fails to cure the default, the
20	defaulting state's membership in this compact may be terminated
21	upon an affirmative vote of a majority of the administrators, and
22	all rights, privileges, and benefits conferred by this compact may
23	be terminated on the effective date of termination.
24	(b) A cure of the default does not relieve the offending state of
25	obligations or liabilities incurred during the period of default.
26	Sec. 5. Termination of membership in this compact must be
27	imposed only after all other means of securing compliance have
28	been exhausted. Notice of intent to suspend or terminate must be
29	given by the commission to the governor of the defaulting state and
30	to the executive officer of the defaulting state's licensing board and
31	each of the party states.
32	Sec. 6. A state whose membership in this compact has been
33	terminated is responsible for all assessments, obligations, and
34	liabilities incurred through the effective date of termination,
35	including obligations that extend beyond the effective date of
36	termination.
37	Sec. 7. The commission does not bear any costs related to a state
38	that is found to be in default or whose membership in this compact

has been terminated, unless agreed upon in writing between the

commission by petitioning the United States District Court for the

Sec. 8. The defaulting state may appeal the action of the



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commission and the defaulting state.

District	of	Col	lumbia	or	th	e fed	era	l di	strict	in	which	the
commis	ssion	has	the com	ımis	sio	n's pri	nci	pal o	ffices	. The	preva	iling
party 1	must	be	award	ed :	all	costs	\mathbf{of}	the	litiga	tion	, inclu	ding
reasona	able a	attor	ney's fo	ees.								

- Sec. 9. (a) Upon request by a party state, the commission shall attempt to resolve disputes related to this compact that arise among party states and between party and nonparty states.
- (b) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.
- (c) If the commission cannot resolve disputes among party states arising under this compact:
 - (1) the party states may submit the issues in dispute to an arbitration panel, which must be comprised of individuals appointed by the compact administrator in each of the affected party states and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute; and
 - (2) the decision of a majority of the arbitrators is final and binding.
- Sec. 10. (a) The commission, in the reasonable exercise of the commission's discretion, shall enforce the provisions and rules of this compact.
- (b) By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district in which the commission has the commission's principal offices against a party state that is in default to enforce compliance with the provisions of this compact and the commission's promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party must be awarded all costs of the litigation, including reasonable attorney's fees.
- (c) The remedies described in this section are not the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.
 - Chapter 10. Withdrawal and Amendment
- Sec. 1. (a) Any party state may withdraw from this compact by enacting a statute repealing the compact. A party state's withdrawal does not take effect until six (6) months after enactment of the repealing statute.
- (b) A party state's withdrawal or termination does not affect the continuing requirement of the withdrawing or terminated state's



licensing	board	to	report	adverse	actions	and	significant
investigat	ions occi	urri	ng befor	e the effec	tive date	of the	withdrawal
or termin	ation.		Ü				
(c) Thi	is comp	act	does no	t invalida	ate or pr	event	any nurse
licensure	agreeme	ent o	r other	cooperati	ve arrang	emen	it between a

the other provisions of this compact.

(d) This compact may be amended by the party states. An amendment to this compact is not effective and binding on the party states until the amendment is enacted into the laws of all

party state and a nonparty state that is made in accordance with

(e) Representatives of nonparty states to this compact must be invited to participate in the activities of the commission, on a nonvoting basis, before the adoption of this compact by all states.

Chapter 11. Construction and Severability

- Sec. 1. This compact must be liberally construed so as to effectuate the purposes of the compact. The provisions of this compact are severable, and if any phrase, clause, sentence, or provision of the compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability of the compact to any government, agency, person, or circumstance is held invalid, the validity of the remainder of the compact and the applicability of the compact to any government, agency, person, or circumstance is not affected.
- Sec. 2. If this compact is held to be contrary to the constitution of any party state, the compact remains in full force and effect as to the:
 - (1) remaining party states; and
 - (2) party state affected;

as to all severable matters.

Sec. 3. This compact takes effect on July 1, 2019.

SECTION 13. IC 34-30-2-101.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 101.6. IC 25-42-7-12 (Concerning acts and omissions under the interstate nurse licensure compact).**

SECTION 14. IC 36-7-39 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

Chapter 39. Workforce Investment Training Area

- Sec. 1. This chapter applies only to Muncie.
- Sec. 2. As used in this chapter, "budget agency" means the budget agency established by IC 4-12-1.



party states.

1	Sec. 3. As used in this chapter, "budget committee" has the
2	meaning set forth in IC 4-12-1-3.
3	Sec. 4. As used in this chapter, "covered taxes" means the part
4	of the following taxes attributable to the operation of a facility
5	designated as part of a tax area under section 8 of this chapter:
6	(1) The state gross retail tax imposed under IC 6-2.5-2-1 or
7	use tax imposed under IC 6-2.5-3-2.
8	(2) An adjusted gross income tax imposed under IC 6-3-2-1 on
9	an individual.
10	(3) The local income tax imposed under IC 6-3.6.
11	(4) A food and beverage tax imposed under IC 6-9.
12	(5) An innkeeper's tax imposed under IC 6-9.
13	Sec. 5. As used in this chapter, "department" refers to the
14	department of state revenue.
15	Sec. 6. As used in this chapter, "tax area" means a geographic
16	area established as a workforce investment training area under
17	section 10 of this chapter.
18	Sec. 7. As used in this chapter, "taxpayer" means a person that
19	is liable for a covered tax.
20	Sec. 8. (a) After June 30, 2021, the city fiscal body may designate
21	as a workforce investment training area any facility that is:
22	(1) located within the city;
23	(2) owned by a nonprofit corporation; and
24	(3) used as a training institute and teaching hotel.
25	(b) Only one (1) tax area may be created in the city.
26	Sec. 9. (a) A tax area must be initially established:
27	(1) by resolution after June 30, 2021, and before July 1, 2023;
28	and
29	(2) according to the procedures set forth for the establishment
30	of an economic development area under IC 36-7-14.
31	(b) In establishing the tax area, the designating body must make
32	the following findings instead of the findings required for the
33	establishment of economic development areas:
34	(1) That the use of covered taxes under this chapter will
35	benefit the public health and welfare and will be of public
36	utility and benefit.
37	(2) That the use of covered taxes under this chapter will
38	protect or increase state and local tax bases and tax revenues.
39	(c) The tax area established under this chapter is a special
40	taxing district authorized by the general assembly to enable the
41	designating body to provide special benefits to taxpayers in the tax

area by promoting workforce investment and training that is of



1	public use and benefit.
2 3	Sec. 10. (a) A tax area must be established by resolution. A
3	resolution establishing a tax area must provide for the allocation
4	of covered taxes earned or collected in the tax area to the
5	workforce investment training area fund established for the city
6	The allocation provision must apply to the entire tax area.
7	(b) The resolution establishing the tax area must designate the
8	facility and the facility site for which the tax area is established.
9	(c) The department may adopt rules under IC 4-22-2 and
10	guidelines to govern the allocation of covered taxes to a tax area.
11	Sec. 11. (a) Upon adoption of a resolution establishing a tax area
12	under section 10 of this chapter, the city fiscal officer shall submi
13	the resolution to the budget committee for review and
14	recommendation to the budget agency.
15	(b) The budget committee shall meet not later than sixty (60)
16	days after receipt of a resolution and shall make a recommendation
17	on the resolution to the budget agency.
18	Sec. 12. (a) The budget agency must approve the resolution
19	before covered taxes may be allocated under section 10 of this
20	chapter.
21	(b) When considering a resolution, the budget committee and
22	the budget agency must find that the use of covered taxes from the
23	tax area designated under the resolution is economically sound and
24	will benefit the people of Indiana by protecting or increasing state
25	and local tax bases and tax revenues for at least the duration of the
26	tax area established under this chapter.
27	Sec. 13. (a) When the city fiscal body adopts an allocation
28	provision, the city fiscal officer shall notify the department by
29	certified mail of the adoption of the provision and shall include
30	with the notification a complete list of the following:
31	(1) Employers in the tax area.
32	(2) Street names and the range of street numbers of each
33	street in the tax area.
34	The city fiscal officer shall update the list before July 1 of each
35	year.
36	(b) Each taxpayer operating in the tax area shall report
37	annually, in the manner and in the form prescribed by the
38	department, information that the department determines necessary

to calculate the salary, wages, bonuses, and other compensation

tax return with the department also shall file annually an

(c) A taxpayer operating in the tax area that files a consolidated



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that are earned in the tax area.

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1	informational return with the department for each business
2	location of the taxpayer within the tax area.
3	(d) If a taxpayer fails to report the information required by this
4	section or file an informational return required by this section, the
5	department shall use the best information available in calculating
6	the amount of covered taxes attributable to a taxable event in a tax
7	area or covered taxes from income earned in a tax area.
8	Sec. 14. If a tax area is established under section 10 of this
9	chapter, a state fund known as the workforce investment training
10	area fund is established for that tax area. The fund shall be
11	administered by the department. Money in the fund does not revert
12	to the state general fund at the end of a state fiscal year.
13	Sec. 15. The department shall deposit covered taxes attributable
14	to a taxing area under section 10 of this chapter in the workforce
15	investment training area fund.
16	Sec. 16. On or before the twentieth day of each month, all
17	amounts held in the workforce investment training area fund shall
18	be distributed to the city fiscal officer.
19	Sec. 17. The department shall notify the county auditor of the
20	amount of taxes to be distributed to the city fiscal officer. The
21	notice must specify the distribution and uses of covered taxes to be
22	allocated under this chapter.
23	Sec. 18. All distributions from the workforce investment
24	training area fund for the city must be made by warrants issued by

- Sec. 18. All distributions from the workforce investment training area fund for the city must be made by warrants issued by the auditor of state to the treasurer of state ordering those payments to the city fiscal officer.
- Sec. 19. The resolution establishing the tax area must designate the use of the funds. The funds may be used only for the financing or refinancing of a facility described in section 8(a) of this chapter.
- Sec. 20. The city fiscal body shall repay to the workforce investment training area fund any amount that is distributed to the designating body and used for:
 - (1) a purpose that is not described in this chapter; or
 - (2) a facility or facility site other than the facility and facility site to which covered taxes are designated under the resolution described in section 10 of this chapter.
- The department shall distribute the covered taxes repaid to the workforce investment training area fund under this section proportionately to the funds and the political subdivisions that would have received the covered taxes if the covered taxes had not been allocated to the tax area under this chapter.
 - Sec. 21. This chapter expires June 30, 2033.



1	SECTION 15. IC 36-12-3-19 IS ADDED TO THE INDIANA
2	CODE AS A NEW SECTION TO READ AS FOLLOWS
3	[EFFECTIVE JULY 1, 2019]: Sec. 19. A public library shall adopt
4	a criminal history check policy for employees and volunteers.
5	SECTION 16. [EFFECTIVE UPON PASSAGE] (a) The Indiana
6	board of veterinary medical examiners shall study the regulation
7	of veterinary technicians and submit a report to the legislative
8	council in an electronic format under IC 5-14-6 before November
9	1, 2019.
10	(b) This SECTION expires January 1, 2020.
1	SECTION 17. An amargancy is declared for this act

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 436, 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 6, line 17, delete "Each party" and insert "A".

Page 6, line 20, delete "data" and insert "based information".

Page 10, line 6, delete "data" and insert "based information".

and when so amended that said bill do pass.

(Reference is to SB 436 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0.

REPORT OF THE PRESIDENT PRO TEMPORE

Madam President: Pursuant to Senate Rule 68(b), I hereby report that, Engrossed Senate Bill 436 which was ordered to engrossment on January 22, 2019 has been returned from engrossment and reassigned to the Committee on Appropriations.

BRAY

COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, to which was referred Senate Bill No. 436, 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 3, between lines 1 and 2, begin a new paragraph and insert: "SECTION 2. IC 25-23-1-11, AS AMENDED BY P.L.134-2008, SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 11. (a) Any person who applies to the board for a license to practice as a registered nurse must:

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- (1) not have:
 - (A) been convicted of a crime that has a direct bearing on the person's ability to practice competently; or
 - (B) committed an act that would constitute a ground for a disciplinary sanction under IC 25-1-9;
- (2) have completed:
 - (A) the prescribed curriculum and met the graduation requirements of a state accredited program of registered nursing that only accepts students who have a high school diploma or its equivalent as determined by the board; or
 - (B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
- (3) be physically and mentally capable of and professionally competent to safely engage in the practice of nursing as determined by the board.

The board may not require a person to have a baccalaureate degree in nursing as a prerequisite for licensure.

- (b) The applicant must pass an examination in such subjects as the board may determine.
- (c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.
- (d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:
 - (1) has completed the English version of the:
 - (A) Canadian Nurse Association Testing Service Examination (CNAT); or
 - (B) Canadian Registered Nurse Examination (CRNE);
 - (2) achieved the passing score required on the examination at the



time the examination was taken;

- (3) is currently licensed in a Canadian province or in another state; and
- (4) meets the other requirements under this section.
- (e) Each applicant for examination and registration to practice as a registered nurse shall pay:
 - (1) a fee set by the board; and
 - (2) if the applicant is applying for a multistate license (as defined in IC 25-42-1-11) under IC 25-42 (Nurse Licensure Compact), a fee of twenty-five dollars (\$25) in addition to the fee under subdivision (1);

a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fee or fees shall be made by the applicant prior to the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

- (1) Twenty-five percent (25%) of the license application fee per license applied for under this section.
- (2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.
- (f) Any person who holds a license to practice as a registered nurse in:
 - (1) Indiana; or
 - (2) a party state (as defined in IC 25-23.3-2-11);

may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.

SECTION 3. IC 25-23-1-12, AS AMENDED BY P.L.134-2008, SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 12. (a) A person who applies to the board for a license to practice as a licensed practical nurse must:

- (1) not have been convicted of:
 - (A) an act which would constitute a ground for disciplinary sanction under IC 25-1-9; or
 - (B) a crime that has a direct bearing on the person's ability to practice competently;
- (2) have completed:
 - (A) the prescribed curriculum and met the graduation requirements of a state accredited program of practical nursing



that only accepts students who have a high school diploma or its equivalent, as determined by the board; or

- (B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
- (3) be physically and mentally capable of, and professionally competent to, safely engage in the practice of practical nursing as determined by the board.
- (b) The applicant must pass an examination in such subjects as the board may determine.
- (c) The board may issue by endorsement a license to practice as a licensed practical nurse to an applicant who has been licensed as a licensed practical nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time of application for an Indiana license by endorsement, the applicant possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what shall constitute substantial equivalence under this subsection.
- (d) Each applicant for examination and registration to practice as a practical nurse shall pay:
 - (1) a fee set by the board; and
 - (2) if the applicant is applying for a multistate license (as defined in IC 25-42-1-11) under IC 25-42 (Nurse Licensure Compact), a fee of twenty-five dollars (\$25) in addition to the fee under subdivision (1);

a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fees shall be made by the applicant before the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

- (1) Twenty-five percent (25%) of the license application fee per license applied for under this section.
- (2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.



- (e) Any person who holds a license to practice as a licensed practical nurse in:
 - (1) Indiana; or
 - (2) a party state (as defined in IC 25-23.3-2-11);

may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.

SECTION 4. IC 25-23-1-16.1, AS AMENDED BY P.L.177-2015, SECTION 49, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 16.1. (a) Subject to IC 25-1-2-6(e), a license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

- (b) Subject to IC 25-1-2-6(e), a license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
- (c) The procedures and fee for renewal shall be set by the board. If the license being renewed is a multistate license (as defined in IC 25-42-1-11) under IC 25-42 (Nurse Licensure Compact), a fee of twenty-five dollars (\$25) must be paid in addition to the fee for renewal set by the board.
- (d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay a renewal fee, a portion of which shall be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:
 - (1) Twenty-five percent (25%) of the license renewal fee per license renewed under this section.



(2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.". Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 436 as printed January 18, 2019.)

MISHLER, Chairperson

Committee Vote: Yeas 13, Nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Statutory Committee on Interstate and International Cooperation, to which was referred Senate Bill 436, 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:

Delete the title and insert the following:

A BILL FOR AN ACT to amend the Indiana Code concerning state and local administration.

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

"SECTION 1. IC 9-21-4-5, AS AMENDED BY HEA 1115-2019, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) Except as provided in subsection (b), a person may not place or maintain upon a highway a traffic sign or signal bearing commercial advertising. A public authority may not permit the placement of a traffic sign or signal that bears a commercial message.

- (b) Under **section 1 of this chapter and** criteria to be jointly established by the Indiana department of transportation and the office of tourism development (before July 1, 2020) or the Indiana destination development corporation (after June 30, 2020), the Indiana department of transportation may authorize the posting of any of the following:
 - (1) Limited tourist attraction signage. Tourist oriented directional signs.
 - (2) Business signs on specific information panels Specific service or logo signs on the interstate system of highways, and other freeways, and expressway interchanges.



All costs of manufacturing, installation, and maintenance to the Indiana department of transportation for a business sign posted under this subsection shall be paid by the business.

- (c) Criteria established under subsection (b) for tourist attraction signage oriented directional signs must include a category for a tourist attraction that:
 - (1) is a trademarked destination brand; and
 - (2) encompasses buildings, structures, sites, or other facilities that are:
 - (A) listed on the National Register of Historic Places established under 16 U.S.C. 470 et seq.; or
 - (B) listed on the register of Indiana historic sites and historic structures established under IC 14-21-1;

regardless of the distance of the tourist attraction from the highway on which the tourist attraction signage oriented directional sign is placed.

- (d) Criteria established under subsection (b) for tourist attraction signage oriented directional signs must include a category for a tourist attraction that is an establishment issued a brewer's permit under IC 7.1-3-2-2(b).
- (e) A person may not place, maintain, or display a flashing, a rotating, or an alternating light, beacon, or other lighted device that:
 - (1) is visible from a highway; and
 - (2) may be mistaken for or confused with a traffic control device or for an authorized warning device on an emergency vehicle.
- (f) This section does not prohibit the erection, upon private property adjacent to highways, of signs giving useful directional information and of a type that cannot be mistaken for official signs.

SECTION 2. IC 12-7-2-170.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 170.5. "School based health center", for purposes of IC 12-15, means a clinic operated on behalf of a public school (as defined in IC 20-18-2-15(1)), including a charter school, that provides health care services either:

- (1) by qualified health care providers employed by the school; or
- (2) through a contract with a health care provider, including any of the following:
 - (A) A hospital licensed under IC 16-21.
 - (B) A physician group practice.
 - (C) A federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)).



- (D) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).
- (E) A community mental health center.

SECTION 3. IC 12-7-2-170.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 170.7.** "School based services", for purposes of IC 12-15, means any covered Medicaid service provided to any Medicaid recipient at a school based health center.

SECTION 4. IC 12-15-1.3-20 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 20. (a) This section applies to a Medicaid recipient who:**

- (1) is less than eighteen (18) years of age;
- (2) is the parent of a recipient described in subdivision (1); or
- (3) is a teacher or staff member of the public school for which the school based health center is operated.
- (b) The office may apply to the United States Department of Health and Human Services for a state plan amendment to require Medicaid reimbursement by:
 - (1) the office;
 - (2) a managed care organization that has contracted with the office; or
 - (3) a contractor of the office;

for Medicaid covered school based services and other health care services provided to a Medicaid recipient described in subsection (a) by a school based health center.

- (c) The office may apply to the United States Department of Health and Human Services for a state plan amendment to provide supplemental Medicaid reimbursement under the Medicaid fee for service program and an alternate fee schedule for the Medicaid risk based managed care program as set forth in subsections (d) and (e) to a school based health center that:
 - (1) is qualified to make; and
 - (2) has entered into an agreement with the office to make, or has made on the school based health center's behalf;

an intergovernmental transfer to cover the nonfederal share of supplemental Medicaid payments for Medicaid fee for service program claims and alternate fee schedule payments under the Medicaid risk based managed care program.

(d) For purposes of the fee for service program, a supplemental Medicaid payment to a qualified school based health center under this section by the office must be equal to either:



- (1) the difference between the Medicaid fee for service rate and the rate that Medicare pays for the same service; or
- (2) if there is not a Medicare rate for the service, an amount determined by the office.
- (e) For purposes of the risk based managed care program, an alternate fee schedule to a qualified school based health center under this section by the office must be equal to either:
 - (1) the Medicare rate for the same service; or
 - (2) an amount determined by the office if there is not a Medicare rate for the service.
- (f) A school based health center must obtain consent under IC 16-36-1 for each health care service provided at a school based health center to an individual who is less than eighteen (18) years of age, including reproductive health services or referral for any services.
- (g) An employee or volunteer of a school based health center or school Medicaid provider may not dispense abortifacients or refer an individual to any entity that:
 - (1) performs abortions; or
 - (2) maintains or operates a facility where abortions are performed.
- (h) Any individual employed at the school based health center must have had a national criminal history background check in accordance with IC 20-26-5-10 and IC 20-26-5-11.
- (i) State expenditures and local school expenditures for funding for Medicaid covered school based services and other health care services provided to a Medicaid recipient by a school based health center under this section may be made only if:
 - (1) the state plan amendment authorized in subsection (c) is approved by the United States Department of Health and Human Services; and
 - (2) intergovernmental transfer funding for the nonfederal share of supplemental Medicaid payments for the Medicaid fee for services program and the nonfederal share of the difference between Medicaid fee for service payments and alternate fee schedule payments under the risk based managed care program is continuously made.

School based services shall not be provided under this article if intergovernmental transfer funding for the nonfederal share of supplemental Medicaid payments for the Medicaid fee for services program or intergovernmental transfer funding for the nonfederal share of the difference between Medicaid fee for service payments



and alternate fee schedule payments under the risk based managed care program ceases to be made.

SECTION 5. IC 12-15-1.3-21 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 21. (a) As used in this section, "Medicaid rehabilitation option services" means clinical behavioral health services provided to recipients and families of recipients living in the community who need aid intermittently for emotional disturbances, mental illness, and addiction as part of the Medicaid rehabilitation option program.

- (b) Before December 1, 2019, the office may apply to the United States Department of Health and Human Services for a state plan amendment that would require Medicaid reimbursement by:
 - (1) the office;
 - (2) a managed care organization that has contracted with the office; or
 - (3) a contractor of the office;

for eligible Medicaid rehabilitation option services in a school setting for any Medicaid recipient who qualifies for Medicaid rehabilitation option services by meeting specific diagnosis and level of need criteria under an assessment tool approved by the division of mental health and addiction or who submits prior authorization for Medicaid rehabilitation option services.

(c) If the office receives approval for the state plan amendment applied for under this section, the office shall comply with IC 12-15-5-19.

SECTION 6. IC 12-15-5-1, AS AMENDED BY P.L.210-2015, SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. Except as provided in IC 12-15-2-12, IC 12-15-6, and IC 12-15-21, the following services and supplies are provided under Medicaid:

- (1) Inpatient hospital services.
- (2) Nursing facility services.
- (3) Physician's services, including services provided under IC 25-10-1 and IC 25-22.5-1.
- (4) Outpatient hospital or clinic services.
- (5) Home health care services.
- (6) Private duty nursing services.
- (7) Physical therapy and related services.
- (8) Dental services.
- (9) Prescribed laboratory and x-ray services.
- (10) Prescribed drugs and pharmacist services.



- (11) Eyeglasses and prosthetic devices.
- (12) Optometric services.
- (13) Diagnostic, screening, preventive, and rehabilitative services.
- (14) Podiatric medicine services.
- (15) Hospice services.
- (16) Services or supplies recognized under Indiana law and specified under rules adopted by the office.
- (17) Family planning services except the performance of abortions.
- (18) Nonmedical nursing care given in accordance with the tenets and practices of a recognized church or religious denomination to an individual qualified for Medicaid who depends upon healing by prayer and spiritual means alone in accordance with the tenets and practices of the individual's church or religious denomination.
- (19) Services provided to individuals described in IC 12-15-2-8.
- (20) Services provided under IC 12-15-34 and IC 12-15-32.
- (21) Case management services provided to individuals described in IC 12-15-2-11 and IC 12-15-2-13.
- (22) Any other type of remedial care recognized under Indiana law and specified by the United States Secretary of Health and Human Services.
- (23) Examinations required under IC 16-41-17-2(a)(10).
- (24) Inpatient substance abuse detoxification services.
- (25) Subject to approval of the state plan amendment applied for under IC 12-15-1.3-20, school based services.

SECTION 7. IC 12-15-5-19 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 19. (a) Not later than one (1) year from the date the office receives approval for the state plan amendment described in IC 12-15-1.3-21 concerning Medicaid rehabilitation option services, the office shall do the following:

- (1) Review the current services included in the Medicaid rehabilitation option services program in the school setting.
- (2) Determine whether additional appropriate services, including:
 - (A) family engagement services; and
 - (B) additional comprehensive behavioral health services, including addiction services;

should be included as part of the program.

- (3) Report the office's findings under this subsection to the general assembly in an electronic format under IC 5-14-6.
- (b) Not later than three (3) months from the date the office



receives approval for the state plan amendment described in IC 12-15-1.3-21 concerning Medicaid rehabilitation option services, the office shall notify each school corporation that the United States Department of Health and Human Services has approved the state plan amendment applied for under IC 12-15-1.3-21.

- (c) Each school corporation shall, not later than one (1) year from the date the office receives approval for the state plan amendment described in IC 12-15-1.3-21 concerning Medicaid rehabilitation option services, contract with a community mental health center to provide Medicaid rehabilitation option services for:
 - (1) a student of the school corporation who is a Medicaid recipient; and
 - (2) the student's family.".

Page 27, after line 3, begin a new paragraph and insert:

"SECTION 14. IC 36-7-39 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

Chapter 39. Workforce Investment Training Area

- Sec. 1. This chapter applies only to Muncie.
- Sec. 2. As used in this chapter, "budget agency" means the budget agency established by IC 4-12-1.
- Sec. 3. As used in this chapter, "budget committee" has the meaning set forth in IC 4-12-1-3.
- Sec. 4. As used in this chapter, "covered taxes" means the part of the following taxes attributable to the operation of a facility designated as part of a tax area under section 8 of this chapter:
 - (1) The state gross retail tax imposed under IC 6-2.5-2-1 or use tax imposed under IC 6-2.5-3-2.
 - (2) An adjusted gross income tax imposed under IC 6-3-2-1 on an individual.
 - (3) The local income tax imposed under IC 6-3.6.
 - (4) A food and beverage tax imposed under IC 6-9.
 - (5) An innkeeper's tax imposed under IC 6-9.
- Sec. 5. As used in this chapter, "department" refers to the department of state revenue.
- Sec. 6. As used in this chapter, "tax area" means a geographic area established as a workforce investment training area under section 10 of this chapter.
- Sec. 7. As used in this chapter, "taxpayer" means a person that is liable for a covered tax.



- Sec. 8. (a) After June 30, 2021, the city fiscal body may designate as a workforce investment training area any facility that is:
 - (1) located within the city;
 - (2) owned by a nonprofit corporation; and
 - (3) used as a training institute and teaching hotel.
 - (b) Only one (1) tax area may be created in the city.
 - Sec. 9. (a) A tax area must be initially established:
 - (1) by resolution after June 30, 2021, and before July 1, 2023; and
 - (2) according to the procedures set forth for the establishment of an economic development area under IC 36-7-14.
- (b) In establishing the tax area, the designating body must make the following findings instead of the findings required for the establishment of economic development areas:
 - (1) That the use of covered taxes under this chapter will benefit the public health and welfare and will be of public utility and benefit.
 - (2) That the use of covered taxes under this chapter will protect or increase state and local tax bases and tax revenues.
- (c) The tax area established under this chapter is a special taxing district authorized by the general assembly to enable the designating body to provide special benefits to taxpayers in the tax area by promoting workforce investment and training that is of public use and benefit.
- Sec. 10. (a) A tax area must be established by resolution. A resolution establishing a tax area must provide for the allocation of covered taxes earned or collected in the tax area to the workforce investment training area fund established for the city. The allocation provision must apply to the entire tax area.
- (b) The resolution establishing the tax area must designate the facility and the facility site for which the tax area is established.
- (c) The department may adopt rules under IC 4-22-2 and guidelines to govern the allocation of covered taxes to a tax area.
- Sec. 11. (a) Upon adoption of a resolution establishing a tax area under section 10 of this chapter, the city fiscal officer shall submit the resolution to the budget committee for review and recommendation to the budget agency.
- (b) The budget committee shall meet not later than sixty (60) days after receipt of a resolution and shall make a recommendation on the resolution to the budget agency.
- Sec. 12. (a) The budget agency must approve the resolution before covered taxes may be allocated under section 10 of this



chapter.

- (b) When considering a resolution, the budget committee and the budget agency must find that the use of covered taxes from the tax area designated under the resolution is economically sound and will benefit the people of Indiana by protecting or increasing state and local tax bases and tax revenues for at least the duration of the tax area established under this chapter.
- Sec. 13. (a) When the city fiscal body adopts an allocation provision, the city fiscal officer shall notify the department by certified mail of the adoption of the provision and shall include with the notification a complete list of the following:
 - (1) Employers in the tax area.
 - (2) Street names and the range of street numbers of each street in the tax area.

The city fiscal officer shall update the list before July 1 of each year.

- (b) Each taxpayer operating in the tax area shall report annually, in the manner and in the form prescribed by the department, information that the department determines necessary to calculate the salary, wages, bonuses, and other compensation that are earned in the tax area.
- (c) A taxpayer operating in the tax area that files a consolidated tax return with the department also shall file annually an informational return with the department for each business location of the taxpayer within the tax area.
- (d) If a taxpayer fails to report the information required by this section or file an informational return required by this section, the department shall use the best information available in calculating the amount of covered taxes attributable to a taxable event in a tax area or covered taxes from income earned in a tax area.
- Sec. 14. If a tax area is established under section 10 of this chapter, a state fund known as the workforce investment training area fund is established for that tax area. The fund shall be administered by the department. Money in the fund does not revert to the state general fund at the end of a state fiscal year.
- Sec. 15. The department shall deposit covered taxes attributable to a taxing area under section 10 of this chapter in the workforce investment training area fund.
- Sec. 16. On or before the twentieth day of each month, all amounts held in the workforce investment training area fund shall be distributed to the city fiscal officer.
 - Sec. 17. The department shall notify the county auditor of the



amount of taxes to be distributed to the city fiscal officer. The notice must specify the distribution and uses of covered taxes to be allocated under this chapter.

Sec. 18. All distributions from the workforce investment training area fund for the city must be made by warrants issued by the auditor of state to the treasurer of state ordering those payments to the city fiscal officer.

Sec. 19. The resolution establishing the tax area must designate the use of the funds. The funds may be used only for the financing or refinancing of a facility described in section 8(a) of this chapter.

Sec. 20. The city fiscal body shall repay to the workforce investment training area fund any amount that is distributed to the designating body and used for:

- (1) a purpose that is not described in this chapter; or
- (2) a facility or facility site other than the facility and facility site to which covered taxes are designated under the resolution described in section 10 of this chapter.

The department shall distribute the covered taxes repaid to the workforce investment training area fund under this section proportionately to the funds and the political subdivisions that would have received the covered taxes if the covered taxes had not been allocated to the tax area under this chapter.

Sec. 21. This chapter expires June 30, 2033.

SECTION 15. IC 36-12-3-19 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 19. A public library shall adopt a criminal history check policy for employees and volunteers.**

SECTION 16. [EFFECTIVE UPON PASSAGE] (a) The Indiana board of veterinary medical examiners shall study the regulation of veterinary technicians and submit a report to the legislative council in an electronic format under IC 5-14-6 before November 1, 2019.

(b) This SECTION expires January 1, 2020.

SECTION 17. An emergency is declared for this act.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 436 as printed February 19, 2019.)

BACON

Committee Vote: yeas 7, nays 2.

