



February 17, 2017

SENATE BILL No. 496

DIGEST OF SB 496 (Updated February 16, 2017 12:22 pm - DI 73)

Citations Affected: IC 4-3; IC 12-15; IC 31-9; IC 31-27.

Synopsis: Psychotropic medication and the commission to combat drug abuse. Provides that the chairperson of the Indiana commission to combat drug abuse (commission) is a member appointed by the governor who is either the executive director for drug prevention, treatment, and enforcement or a member of the governor's staff. (Current law provides that the chairperson is a member of the governor's staff.) Specifies that the commission: (1) shall meet at the call of the chairperson, but at least four times in a calendar year; and (2) shall approve requests for substance abuse treatment and prevention programs. Allows limitations to be placed on medication under the Medicaid program for children under the care and supervision of the department of child services (department). Does the following beginning January 1, 2018, subject to the approval of the commission: (1) Requires the department to: (A) determine the psychotropic medications for which the department's consent is required before administration to a child who is under the care and supervision of the department and in an out-of-home placement; and (B) if consent is required, consult with a licensed and board certified child and adolescent psychiatric consultant before consenting to a request to administer psychotropic medication to such a child. (2) Specifies goals for the review and recommendations regarding consent for administration of psychotropic medication. (3) Requires the department
(Continued next page)

Effective: July 1, 2017.

**Grooms, Head, Stoops, Walker,
Niezgodski**

January 17, 2017, read first time and referred to Committee on Family and Children Services.
February 6, 2017, amended, reported favorably — Do Pass. Reassigned to Committee on Appropriations pursuant to Rule 68(b).
February 16, 2017, amended, reported favorably — Do Pass, ordered engrossed.

SB 496—LS 6979/DI 125



Digest Continued

to develop a report to monitor prescriptions of psychotropic medication for children who are under the care and supervision of the department and in an out-of-home placement and to develop educational materials regarding psychotropic medication that may be prescribed to such children. (4) Requires residential child care entities licensed by the department to obtain, if consent is required, written instructions and consents before providing psychotropic medication to a child who is under the care and supervision of the department and in an out-of-home placement, and to maintain a record of information regarding the administration of psychotropic medication to such a child. Provides that a contract to review and provide recommendations concerning the request for a consent to administer psychotropic medication may not be for a total amount that exceeds \$2,500,000 for any two year period.

SB 496—LS 6979/DI 125



February 17, 2017

First Regular Session 120th General Assembly (2017)

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 2016 Regular Session of the General Assembly.

SENATE BILL No. 496

A BILL FOR AN ACT to amend the Indiana Code concerning family law and juvenile law.

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

- 1 SECTION 1. IC 4-3-25-4, AS ADDED BY P.L.7-2016, SECTION
2 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1,
3 2017]: Sec. 4. The commission consists of the following eighteen (18)
4 members:
- 5 (1) **A member appointed by the governor who is either the**
6 **executive director for drug prevention, treatment, and**
7 **enforcement or** a member of the governor's staff. ~~appointed by~~
8 ~~the governor.~~
 - 9 (2) An appellate or trial court judge appointed by the chief justice
10 of the supreme court to serve on the commission for a term of four
11 (4) years.
 - 12 (3) One (1) legislative member appointed by the president pro
13 tempore of the senate.
 - 14 (4) One (1) legislative member appointed by the minority leader
15 of the senate.
 - 16 (5) One (1) legislative member appointed by the speaker of the
17 house of representatives.

SB 496—LS 6979/DI 125



- 1 (6) One (1) legislative member appointed by the minority leader
 2 of the house of representatives.
 3 (7) The superintendent of public instruction.
 4 (8) The director of the department of child services.
 5 (9) The executive director of the Indiana prosecuting attorneys
 6 council.
 7 (10) The executive director of the public defender council of
 8 Indiana.
 9 (11) The secretary of family and social services.
 10 (12) The state health commissioner.
 11 (13) The commissioner of the department of correction.
 12 (14) The superintendent of the state police department.
 13 (15) The director of the office of management and budget or the
 14 budget director, as selected by the governor.
 15 (16) The executive director of the Indiana criminal justice
 16 institute.
 17 (17) The executive director of the professional licensing agency.
 18 (18) The attorney general, who shall serve as a nonvoting
 19 member.

20 SECTION 2. IC 4-3-25-5, AS ADDED BY P.L.7-2016, SECTION
 21 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1,
 22 2017]: Sec. 5. **The executive director for drug prevention,**
 23 **treatment, and enforcement or the other** member of the governor's
 24 staff appointed under section 4(1) of this chapter shall serve as the
 25 chairperson of the commission. The chairperson shall determine the
 26 agenda for the commission.

27 SECTION 3. IC 4-3-25-9, AS ADDED BY P.L.7-2016, SECTION
 28 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1,
 29 2017]: Sec. 9. The commission shall **meet at the call of the**
 30 **commission's chairperson. However, the commission shall** meet at
 31 least four (4) times in a calendar year.

32 SECTION 4. IC 4-3-25-12, AS ADDED BY P.L.7-2016, SECTION
 33 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1,
 34 2017]: Sec. 12. The commission shall do the following:

- 35 (1) Identify ways for state agencies to coordinate with each other
 36 on substance abuse prevention, treatment, and enforcement
 37 programming and funding.
 38 (2) Promote information sharing throughout Indiana concerning
 39 substance abuse prevention, treatment, and enforcement.
 40 (3) Promote best practices concerning substance abuse
 41 prevention, treatment, and enforcement.
 42 (4) Cooperate with other commissions, governmental entities, and



- 1 stakeholders engaged in substance abuse prevention, treatment,
2 and enforcement.
- 3 (5) Study local programs that have been proven to be effective in
4 addressing substance abuse.
- 5 (6) Seek guidance from local coordinating councils to identify
6 substance abuse issues in local communities and evaluate the
7 resources available to address local needs.
- 8 (7) Study and evaluate the following concerning substance abuse
9 treatment and prevention services in Indiana:
- 10 (A) The availability of and access to the services.
11 (B) The duplication of services, if any.
12 (C) Funding of the services.
13 (D) Barriers to obtaining the services.
- 14 (8) Coordinate the collection of data concerning substance abuse
15 and the needs, programming, and effectiveness of state supported
16 substance abuse treatment and prevention services.
- 17 (9) Recommend to the executive director of the Indiana criminal
18 justice institute roles, responsibilities, and performance standards
19 for local coordinating councils.
- 20 **(10) Approve requests for substance abuse treatment and**
21 **prevention programs.**
- 22 SECTION 5. IC 12-15-35.5-8, AS ADDED BY P.L.11-2010,
23 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JULY 1, 2017]: Sec. 8. In addition to the limits described in section 7
25 of this chapter, the office may restrict a mental health drug described
26 in section 3 of this chapter that is prescribed for an individual who is
27 less than eighteen (18) years of age if:
- 28 (1) federal financial participation is not available for
29 reimbursement for the prescription under IC 12-15-5-2; **or**
30 **(2) beginning January 1, 2018, the child is under the care and**
31 **supervision of the department of child services and in an**
32 **out-of-home placement under IC 31-27-3, IC 31-27-4,**
33 **IC 31-27-5, or IC 31-27-6.**
- 34 SECTION 6. IC 31-9-2-95.2 IS ADDED TO THE INDIANA CODE
35 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
36 1, 2017]: Sec. 95.2. "Prescriber", for purposes of IC 31-27, means
37 **any of the following:**
- 38 (1) A physician licensed under IC 25-22.5.
39 (2) A physician assistant licensed under IC 25-27.5 and
40 granted the authority to prescribe by the physician assistant's
41 supervisory physician in accordance with IC 25-27.5-5-4.
42 (3) An advanced practice nurse licensed and granted the



1 **authority to prescribe drugs under IC 25-23.**

2 SECTION 7. IC 31-9-2-99.5 IS ADDED TO THE INDIANA CODE
3 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
4 1, 2017]: **Sec. 99.5. "Psychotropic medication", for purposes of**
5 **IC 31-27, means a drug or substance that may alter brain**
6 **chemistry and psychiatric and related conditions.**

7 SECTION 8. IC 31-27-2-12 IS ADDED TO THE INDIANA CODE
8 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
9 1, 2017]: **Sec. 12. (a) This section is effective beginning January 1,**
10 **2018. However, this section applies to the department only if the**
11 **Indiana commission to combat drug abuse has approved the**
12 **requirements and procedures of this section.**

13 **(b) The department shall determine the psychotropic**
14 **medications for which the department's consent is required before**
15 **administration to a child who is under the care and supervision of**
16 **the department and in an out-of-home placement. Subject to**
17 **subsection (i), the department shall employ, or may contract with,**
18 **licensed and board certified child and adolescent psychiatric**
19 **consultants to:**

20 **(1) review; and**

21 **(2) provide a recommendation to the department;**

22 **concerning each request for consent, if consent is required, to**
23 **administer psychotropic medication to a child who is under the**
24 **care and supervision of the department, and in an out-of-home**
25 **placement, that is received from a licensee under IC 31-27-3,**
26 **IC 31-27-4, IC 31-27-5, and IC 31-27-6. A licensed and board**
27 **certified child and adolescent psychiatric consultant described in**
28 **this section must have expertise in evidence based child and**
29 **adolescent mental health care. Subject to available funds, the goal**
30 **of the department is to provide for review and recommendations**
31 **regarding consent for administration of psychotropic medication**
32 **in at least twenty-five percent (25%) of cases in which children are**
33 **under the care and supervision of the department, are in an**
34 **out-of-home placement, and receive or will need psychotropic**
35 **medications.**

36 **(c) The department may not provide consent for the**
37 **administration of a psychotropic medication to a child under the**
38 **care and supervision of the department unless the child and**
39 **adolescent psychiatric consultant described in subsection (b) has**
40 **reviewed the request for consent and determined in writing that**
41 **the requested psychotropic medication is appropriate.**

42 **(d) The child and adolescent psychiatric consultant shall**



1 recommend denial of treatment after a review described in this
2 section of any request for consent if the child and adolescent
3 psychiatric consultant determines a denial is appropriate. If a
4 licensed child and adolescent psychiatric consultant recommends
5 denial, the specific reasons for the denial must be provided in
6 writing, and the department shall deny the request for consent
7 based on the recommendation.

8 (e) A consent issued by the department is valid for one hundred
9 eighty (180) days. After the one hundred eighty (180) day period,
10 a new consent must be requested from the department and may be
11 issued by the department after a review described in subsection (c).

12 (f) A consent issued by the department that has not expired as
13 described in subsection (e) remains in effect only with respect to a
14 prescription that is identical to the prescription provided with the
15 request for consent and reviewed under subsection (c) unless the
16 child and adolescent psychiatric consultant approves a range of
17 doses of the medication.

18 (g) The department shall notify the child and adolescent
19 psychiatric consultant of each request for consent not later than
20 twenty-four (24) hours after receipt of the request. The child and
21 adolescent psychiatric consultant shall provide a clinical
22 recommendation to the department not later than:

23 (1) twenty-four (24) hours after the department's request
24 when the request for consent is from an acute care setting; or

25 (2) forty-eight (48) hours after the department's request when
26 the request for consent is from an outpatient setting;

27 unless extenuating circumstances prevent the consultant from
28 meeting the specified time frame. If the child and adolescent
29 psychiatric consultant claims extenuating circumstances, the
30 consultant shall provide the department, in writing, a description
31 of the extenuating circumstances not later than forty-eight (48)
32 hours after receipt of the initial request.

33 (h) The department shall notify each prescriber whether the
34 prescriber's request for consent was approved or denied not later
35 than twenty-four (24) hours after the child and adolescent
36 psychiatric consultant's determination.

37 (i) The total amount for contracts described in subsection (b)
38 may not exceed two million five hundred thousand dollars
39 (\$2,500,000) during any period of two (2) years.

40 SECTION 9. IC 31-27-2-13 IS ADDED TO THE INDIANA CODE
41 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
42 1, 2017]: Sec. 13. (a) This section is effective beginning January 1,



1 2018. However, this section applies to the department only if the
 2 Indiana commission to combat drug abuse has approved the
 3 requirements and procedures of this section.

4 (b) The department, in consultation with local offices, the child
 5 and adolescent psychiatric consultant, and the family and social
 6 services administration, shall develop a report describing each
 7 child who is:

8 (1) receiving psychotropic medication paid for by the state
 9 Medicaid program; and

10 (2) under the care and supervision of the department and is
 11 placed:

12 (A) in a child caring institution, foster family home, or
 13 group home; or

14 (B) through a child placing agency;
 15 licensed by the department under this article.

16 (c) The report described in subsection (b) must be organized by
 17 county and include for each child:

18 (1) each psychotropic medication prescribed to the child,
 19 including:

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

21 (B) the date prescribed;

22 (C) the dosage prescribed; and

23 (D) the frequency of administration prescribed;

24 for each psychotropic medication;

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

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

30 (d) The report described in subsection (b) must be updated
 31 monthly.

32 (e) The department shall review the report described in
 33 subsection (b) to monitor the use of psychotropic medication for
 34 children under the care and supervision of the department.

35 (f) The department shall provide the report described in
 36 subsection (b) to the mental health Medicaid quality advisory
 37 committee established by IC 12-15-35-51 on a quarterly basis.

38 SECTION 10. IC 31-27-2-14 IS ADDED TO THE INDIANA
 39 CODE AS A NEW SECTION TO READ AS FOLLOWS
 40 [EFFECTIVE JULY 1, 2017]: Sec. 14. (a) This section is effective
 41 beginning January 1, 2018. However, this section applies to the
 42 department only if the Indiana commission to combat drug abuse



1 has approved the requirements and procedures of this section.

2 (b) The department, in consultation with the state department
3 of health, the child and adolescent psychiatric consultant, and the
4 family and social services administration, shall develop and make
5 available educational materials regarding how to administer and
6 monitor psychotropic medication that may be prescribed to a child
7 under the care and supervision of the department.

8 SECTION 11. IC 31-27-3-18.2 IS ADDED TO THE INDIANA
9 CODE AS A NEW SECTION TO READ AS FOLLOWS
10 [EFFECTIVE JULY 1, 2017]: Sec. 18.2. (a) This section is effective
11 January 1, 2018. However, this section applies to a licensee and to
12 the department only if the Indiana commission to combat drug
13 abuse has approved the requirements and procedures of this
14 section.

15 (b) Except as provided in subsection (f), a licensee may not
16 provide psychotropic medication to a child who is under the care
17 and supervision of the department and for whom consent is
18 required under IC 31-27-2-12 unless:

- 19 (1) the medication is prescribed by a licensed prescriber; and
20 (2) a consent has been provided by the department as
21 described in IC 31-27-2-12.

22 (c) Before providing psychotropic medication to a child, the
23 licensee must have received from the prescriber:

- 24 (1) written instructions from the prescriber on the
25 administration of the psychotropic medication, including
26 dosage, frequency of administration, and method of
27 administration;
28 (2) written information on possible side effects of the
29 psychotropic medication; and
30 (3) any consents required by the department, including a
31 consent described in IC 31-27-2-12.

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

- 41 (1) each psychotropic medication prescribed to a child,
42 including:



- 1 (A) the name of the prescriber;
 2 (B) the date prescribed;
 3 (C) the dosage prescribed;
 4 (D) the frequency of administration prescribed; and
 5 (E) the method of administration prescribed;
 6 (2) each dose of psychotropic medication administered to a
 7 child, including date and time of each dose;
 8 (3) any changes made to the prescription of a psychotropic
 9 medication, including all information described in subdivision
 10 (1);
 11 (4) any side effects or other changes in the child, with
 12 notification also provided to the prescriber; and
 13 (5) information received from regular appointments with the
 14 prescriber that is documented and provided to the
 15 department and the licensee, including:
 16 (A) clinical observations of side effects;
 17 (B) vital sign information, including blood pressure, pulse,
 18 height, and weight;
 19 (C) results of blood tests that assess the effect of the
 20 psychotropic medication on the child; and
 21 (D) results of blood tests that reveal levels of medications
 22 in the blood, including lithium and mood stabilizers.
 23 (e) The licensee shall store in a safe location all psychotropic
 24 medication in the original container labeled with the child's name,
 25 the administration instructions, and the name of the prescriber.
 26 (f) Psychotropic medication may be administered without prior
 27 consent, if consent is required under IC 31-27-2-12, from the
 28 department if:
 29 (1) the medication is needed to address an emergency
 30 condition in which the child is a danger to the child or others;
 31 and
 32 (2) no other form of intervention can mitigate the danger.
 33 Consent shall be obtained not later than twenty-four (24) hours of
 34 the administering the initial dose of medication in an emergency
 35 condition under this subsection.
 36 SECTION 12. IC 31-27-4-21.5 IS ADDED TO THE INDIANA
 37 CODE AS A NEW SECTION TO READ AS FOLLOWS
 38 [EFFECTIVE JULY 1, 2017]: Sec. 21.5. (a) This section is effective
 39 beginning January 1, 2018. However, this section applies to a
 40 licensee and to the department only if the Indiana commission to
 41 combat drug abuse has approved the requirements and procedures
 42 of this section.



1 **(b) A licensee may not provide psychotropic medication to a**
2 **child who is under the care and supervision of the department and**
3 **for whom consent is required under IC 31-27-2-12 unless:**

- 4 **(1) the medication is prescribed by a licensed prescriber; and**
5 **(2) a consent has been provided by the department as**
6 **described in IC 31-27-2-12.**

7 **(c) Before providing psychotropic medication to a child, the**
8 **licensee must have received:**

- 9 **(1) written instructions from the prescriber on the**
10 **administration of the psychotropic medication, including**
11 **dosage, frequency of administration, and method of**
12 **administration;**
13 **(2) written information on possible side effects of the**
14 **psychotropic medication; and**
15 **(3) any consents required by the department, including a**
16 **consent described in IC 31-27-2-12.**

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

- 26 **(1) each psychotropic medication prescribed to a child,**
27 **including:**
28 **(A) the name of the prescriber;**
29 **(B) the date prescribed;**
30 **(C) the dosage prescribed;**
31 **(D) the frequency of administration prescribed; and**
32 **(E) the method of administration prescribed;**
33 **(2) each dose of psychotropic medication administered to a**
34 **child, including date and time of each dose;**
35 **(3) any changes made to the prescription of a psychotropic**
36 **medication, including all information described in subdivision**
37 **(1);**
38 **(4) any side effects or other changes in the child, with**
39 **notification also provided to the prescriber; and**
40 **(5) information received from regular appointments with the**
41 **prescriber that is documented and provided to the**
42 **department and the licensee, including:**



- 1 (A) clinical observations of side effects;
- 2 (B) vital sign information, including blood pressure, pulse,
- 3 height, and weight;
- 4 (C) results of blood tests that assess the effect of the
- 5 psychotropic medication on the child; and
- 6 (D) results of blood tests that reveal levels of medications
- 7 in the blood, including lithium and mood stabilizers.
- 8 (e) The licensee shall store in a safe location all psychotropic
- 9 medication in the original container labeled with the child's name,
- 10 the administration instructions, and the name of the prescriber.
- 11 SECTION 13. IC 31-27-5-18.5 IS ADDED TO THE INDIANA
- 12 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 13 [EFFECTIVE JULY 1, 2017]: **Sec. 18.5. (a) This section is effective**
- 14 **beginning January 1, 2018. However, this section applies to a**
- 15 **licensee and to the department only if the Indiana commission to**
- 16 **combat drug abuse has approved the requirements and procedures**
- 17 **of this section.**
- 18 (b) A licensee may not provide psychotropic medication to a
- 19 child who is under the care and supervision of the department and
- 20 for whom consent is required under IC 31-27-2-12 unless:
- 21 (1) the medication is prescribed by a licensed prescriber; and
- 22 (2) a consent has been provided by the department as
- 23 described in IC 31-27-2-12.
- 24 (c) Before providing psychotropic medication to a child, the
- 25 licensee must have received from the prescriber:
- 26 (1) written instructions from the prescriber on the
- 27 administration of the psychotropic medication, including
- 28 dosage, frequency of administration, and method of
- 29 administration;
- 30 (2) written information on possible side effects of the
- 31 psychotropic medication; and
- 32 (3) any consents required by the department, including a
- 33 consent described in IC 31-27-2-12.
- 34 (d) The licensee shall monitor and maintain a written record of
- 35 psychotropic medication administered to a child and the child's
- 36 responses to the psychotropic medication. The written record must
- 37 be updated as changes occur and must be updated at least every
- 38 thirty (30) days. The written record must be provided to the
- 39 department and the prescriber to ensure that any psychotropic
- 40 medication being administered is safe, being administered as
- 41 prescribed, and having the intended effect. The written record
- 42 must include:



- 1 **(1) each psychotropic medication prescribed to a child,**
- 2 **including:**
- 3 **(A) the name of the prescriber;**
- 4 **(B) the date prescribed;**
- 5 **(C) the dosage prescribed;**
- 6 **(D) the frequency of administration prescribed; and**
- 7 **(E) the method of administration prescribed;**
- 8 **(2) each dose of psychotropic medication administered to a**
- 9 **child, including date and time of each dose;**
- 10 **(3) any changes made to the prescription of a psychotropic**
- 11 **medication, including all information described in subdivision**
- 12 **(1);**
- 13 **(4) any side effects or other changes in the child, with**
- 14 **notification also provided to the prescriber; and**
- 15 **(5) information received from regular appointments with the**
- 16 **prescriber that is documented and provided to the**
- 17 **department and the licensee, including:**
- 18 **(A) clinical observations of side effects;**
- 19 **(B) vital sign information, including blood pressure, pulse,**
- 20 **height, and weight;**
- 21 **(C) results of blood tests that assess the effect of the**
- 22 **psychotropic medication on the child; and**
- 23 **(D) results of blood tests that reveal levels of medications**
- 24 **in the blood, including lithium and mood stabilizers.**
- 25 **(e) The licensee shall store in a safe location all psychotropic**
- 26 **medication in the original container labeled with the child's name,**
- 27 **the administration instructions, and the name of the prescriber.**
- 28 SECTION 14. IC 31-27-6-15.5 IS ADDED TO THE INDIANA
- 29 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 30 [EFFECTIVE JULY 1, 2017]: **Sec. 15.5. (a) This section is effective**
- 31 **beginning January 1, 2018. However, this section applies to a**
- 32 **licensee and to the department only if the Indiana commission to**
- 33 **combat drug abuse has approved the requirements and procedures**
- 34 **of this section.**
- 35 **(b) A licensee may not provide psychotropic medication to a**
- 36 **child who is under the care and supervision of the department and**
- 37 **for whom consent is required under IC 31-27-2-12 unless:**
- 38 **(1) the medication is prescribed by a licensed prescriber; and**
- 39 **(2) a consent has been provided by the department as**
- 40 **described in IC 31-27-2-12.**
- 41 **(c) Before providing psychotropic medication to a child, the**
- 42 **licensee must have received from the prescriber:**



1 (1) written instructions from the prescriber on the
2 administration of the psychotropic medication, including
3 dosage, frequency of administration, and method of
4 administration;

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

7 (3) any consents required by the department, including a
8 consent described in IC 31-27-2-12.

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

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

20 (A) the name of the prescriber;

21 (B) the date prescribed;

22 (C) the dosage prescribed;

23 (D) the frequency of administration prescribed; and

24 (E) the method of administration prescribed;

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

27 (3) any changes made to the prescription of a psychotropic
28 medication, including all information described in subdivision
29 (1);

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

32 (5) information received from regular appointments with the
33 prescriber that is documented and provided to the
34 department and the licensee, including:

35 (A) clinical observations of side effects;

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

38 (C) results of blood tests that assess the effect of the
39 psychotropic medication on the child; and

40 (D) results of blood tests that reveal levels of medications
41 in the blood, including lithium and mood stabilizers.

42 (e) The licensee shall store in a safe location all psychotropic



- 1 medication in the original container labeled with the child's name,
- 2 the administration instructions, and the name of the prescriber.



COMMITTEE REPORT

Madam President: The Senate Committee on Family and Children Services, to which was referred Senate Bill No. 496, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

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

"SECTION 1. IC 12-15-35.5-8, AS ADDED BY P.L.11-2010, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 8. In addition to the limits described in section 7 of this chapter, the office may restrict a mental health drug described in section 3 of this chapter that is prescribed for an individual who is less than eighteen (18) years of age if:

- (1) federal financial participation is not available for reimbursement for the prescription under IC 12-15-5-2; **or**
- (2) beginning January 1, 2018, the child is under the care and supervision of the department of child services and in an out-of-home placement under IC 31-27-3, IC 31-27-4, IC 31-27-5, or IC 31-27-6.**

SECTION 2. IC 31-9-2-95.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 95.2. "Prescriber", for purposes of IC 31-27 means any of the following:

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

Page 1, line 5, delete "affect behavior." and insert "psychiatric and related conditions."

Page 1, line 8, after "(a)" insert "This section is effective beginning January 1, 2018.

(b)".

Page 1, line 9, after "licensed" insert "and board certified".

Page 1, line 16, after "licensed" insert "and board certified".

Page 2, line 2, delete "(b)" and insert "(c)".

Page 2, line 4, delete "a licensed" and insert "the".

Page 2, line 5, delete "(a)" and insert "(b)".

Page 2, line 8, delete "(c) A licensed" and insert "(d) The".



Page 2, line 8, delete "may" and insert "**shall**".

Page 2, line 9, delete "consent" and insert "**treatment**".

Page 2, line 10, delete "licensed".

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

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

Page 2, line 19, delete "(b)." and insert "(c)."

Page 2, line 20, delete "(e)" and insert "(f)".

Page 2, line 21, delete "(d)" and insert "(e)".

Page 2, line 23, delete "(b)." and insert "(c) **unless the consultant approves a range of doses of the medication.**

(g) **The department shall notify the child and adolescent psychiatric consultant of each request for consent not later than twenty-four (24) hours after receipt of the request. The child and adolescent psychiatric consultant shall provide a clinical recommendation to the department not later than:**

(1) **twenty-four (24) hours after the department's request**

when the request for consent is from an acute care setting; or

(2) **forty-eight (48) hours after the department's request when the request for consent is from an outpatient setting;**

unless extenuating circumstances prevent the consultant from meeting the specified time frame. If the child and adolescent psychiatric consultant claims extenuating circumstances, the consultant shall provide the department, in writing, a description of the extenuating circumstances not later than forty-eight (48) hours after receipt of the initial request.

(h) **The department shall notify each prescriber whether the prescriber's request for consent was approved or denied not later than twenty-four (24) hours after the child and adolescent psychiatric consultant's determination."**

Page 2, line 26, after "(a)" insert "**This section is effective beginning January 1, 2018.**

(b)".

Page 2, line 26, delete "after" and insert "**in**".

Page 2, line 27, delete "offices" and insert "**offices, the child and adolescent psychiatric consultant,**".

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

Page 2, line 36, delete "(b)" and insert "(c)".

Page 2, line 36, delete "(a)" and insert "(b)".

Page 3, line 8, delete "(c)" and insert "(d)".

Page 3, line 8, delete "(a)" and insert "(b)".

Page 3, line 10, delete "(d)" and insert "(e)".



Page 3, line 11, delete "(a)" and insert "(b)".

Page 3, between lines 12 and 13, begin a new paragraph and insert:

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

Page 3, line 15, after "14." insert **"(a) This section is effective beginning January 1, 2018.**

(b)".

Page 3, line 15, delete "after" and insert **"in"**.

Page 3, line 16, after "health" insert **", the child and adolescent psychiatric consultant,"**.

Page 3, line 23, delete "A" and insert **"This section is effective January 1, 2018.**

(b) Except as provided in subsection (f), a".

Page 3, line 24, after "child" insert **"under the care and supervision of the department"**.

Page 3, line 25, delete "physician or" and insert **"prescriber; and"**.

Page 3, delete line 26.

Page 3, line 29, delete "(b)" and insert **"(c)"**.

Page 3, line 30, delete ":" and insert **"from the prescriber:"**.

Page 3, line 31, delete "prescribing physician or" and insert **"prescriber"**.

Page 3, line 32, delete "psychiatrist".

Page 3, line 39, delete "(c)" and insert **"(d)"**.

Page 4, line 2, delete "prescribing physician or psychiatrist" and insert **"prescriber"**.

Page 4, line 8, delete "prescribing physician or psychiatrist;" and insert **"prescriber;"**.

Page 4, line 19, delete "prescribing physician or" and insert **"prescriber; and"**.

Page 4, delete line 20.

Page 4, line 22, delete "prescribing physician or psychiatrist," and insert **"prescriber that is documented and provided to the department and the licensee,"**.

Page 4, delete line 26.

Page 4, line 27, delete "(D)" and insert **"(C)"**.

Page 4, line 28, delete "child, which may include:" and insert **"child; and"**.

Page 4, delete lines 29 through 31.

Page 4, line 32, delete "(E)" and insert **"(D)"**.

Page 4, line 34, delete "(d)" and insert **"(e)"**.

Page 4, line 36, delete "prescribing" and insert **"prescriber."**



Page 4, delete line 37, begin a new paragraph and insert:

"(f) Psychotropic medication may be administered without prior consent from the department if:

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

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

Consent shall be obtained not later than twenty-four (24) hours of the administering the initial dose of medication in an emergency condition under this subsection."

Page 4, line 40, after "(a)" insert **"This section is effective beginning January 1, 2018.**

(b)".

Page 4, line 41, after "child" insert **"under the care and supervision of the department"**.

Page 4, line 42, delete "physician or" and insert **"prescriber; and"**.

Page 5, delete line 1.

Page 5, line 4, delete "(b)" and insert **"(c)"**.

Page 5, line 6, delete "prescribing physician or" and insert **"prescriber"**.

Page 5, line 7, delete "psychiatrist".

Page 5, line 14, delete "(c)" and insert **"(d)"**.

Page 5, line 19, delete "prescribing physician or psychiatrist" and insert **"prescriber"**.

Page 5, line 25, delete "prescribing physician or psychiatrist;" and insert **"prescriber;"**.

Page 5, line 36, delete "prescribing physician or" and insert **"prescriber; and"**.

Page 5, delete line 37.

Page 5, line 39, delete "prescribing physician or psychiatrist," and insert **"prescriber that is documented and provided to the department and the licensee,"**.

Page 6, delete line 1.

Page 6, line 2, delete "(D)" and insert **"(C)"**.

Page 6, line 3, delete ", which may include:" and insert **"; and"**.

Page 6, delete lines 4 through 6.

Page 6, line 7, delete "(E)" and insert **"(D)"**.

Page 6, line 9, delete "(d)" and insert **"(e)"**.

Page 6, line 11, delete "prescribing" and insert **"prescriber."**

Page 6, delete line 12.

Page 6, line 15, after "(a)" insert **"This section is effective beginning January 1, 2018.**



(b)".

Page 6, line 16, after "child" insert "**under the care and supervision of the department**".

Page 6, line 17, delete "physician or" and insert "**prescriber; and**".

Page 6, delete line 18.

Page 6, line 21, delete "(b)" and insert "(c)".

Page 6, line 22, delete ":" and insert "**from the prescriber:**".

Page 6, line 23, delete "prescribing physician or" and insert "**prescriber**".

Page 6, line 24, delete "psychiatrist".

Page 6, line 31, delete "(c)" and insert "(d)".

Page 6, line 36, delete "prescribing physician or psychiatrist" and insert "**prescriber**".

Page 6, line 42, delete "prescribing physician or psychiatrist;" and insert "**prescriber;**".

Page 7, line 11, delete "prescribing physician or" and insert "**prescriber; and**".

Page 7, delete line 12.

Page 7, line 14, delete "prescribing physician or psychiatrist," and insert "**prescriber that is documented and provided to the department and the licensee,**".

Page 7, delete line 18.

Page 7, line 19, delete "(D)" and insert "(C)".

Page 7, line 20, delete ", which may include:" and insert "**; and**".

Page 7, delete lines 21 through 23.

Page 7, line 24, delete "(E)" and insert "(D)".

Page 7, line 26, delete "(d)" and insert "(e)".

Page 7, line 28, delete "prescribing" and insert "**prescriber.**".

Page 7, delete line 29.

Page 7, line 32, delete "Psychotropic medication" and insert "**This section is effective beginning January 1, 2018.**

(b) A licensee may not provide psychotropic medication to a child under the care and supervision of the department unless:".

Page 7, delete lines 33 through 34.

Page 7, line 35, delete "physician or" and insert "**prescriber; and**".

Page 7, delete line 36.

Page 7, line 39, delete "(b)" and insert "(c)".

Page 7, line 40, delete ":" and insert "**from the prescriber:**".

Page 7, line 41, delete "prescribing physician or" and insert "**prescriber**".

Page 7, line 42, delete "psychiatrist".

Page 8, line 7, delete "(c)" and insert "(d)".



Page 8, line 12, delete "prescribing physician or psychiatrist" and insert "**prescriber**".

Page 8, line 18, delete "prescribing physician or psychiatrist;" and insert "**prescriber;**".

Page 8, line 29, delete "prescribing physician or" and insert "**prescriber; and**".

Page 8, delete line 30.

Page 8, line 32, delete "prescribing physician or psychiatrist," and insert "**prescriber that is documented and provided to the department and the licensee,**".

Page 8, delete line 36.

Page 8, line 37, delete "(D)" and insert "**(C)**".

Page 8, line 38, delete ", which may include:" and insert "**;** **and**".

Page 8, delete lines 39 through 41.

Page 8, line 42, delete "(E)" and insert "**(D)**".

Page 9, line 2, delete "(d)" and insert "**(e)**".

Page 9, line 4, delete "prescribing" and insert "**prescriber.**".

Page 9, delete line 5.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 496 as introduced.)

GROOMS, Chairperson

Committee Vote: Yeas 7, Nays 0.

Report of the President
Pro Tempore

Madam President: Pursuant to Senate Rule 68(b), I hereby report that Senate Bill 496, which is eligible for second reading, has been reassigned to the Committee on Appropriations.

LONG



COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, to which was referred Senate Bill No. 496, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

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

"SECTION 1. IC 4-3-25-4, AS ADDED BY P.L.7-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 4. The commission consists of the following eighteen (18) members:

- (1) **A member appointed by the governor who is either the executive director for drug prevention, treatment, and enforcement or a member of the governor's staff. appointed by the governor.**
- (2) An appellate or trial court judge appointed by the chief justice of the supreme court to serve on the commission for a term of four (4) years.
- (3) One (1) legislative member appointed by the president pro tempore of the senate.
- (4) One (1) legislative member appointed by the minority leader of the senate.
- (5) One (1) legislative member appointed by the speaker of the house of representatives.
- (6) One (1) legislative member appointed by the minority leader of the house of representatives.
- (7) The superintendent of public instruction.
- (8) The director of the department of child services.
- (9) The executive director of the Indiana prosecuting attorneys council.
- (10) The executive director of the public defender council of Indiana.
- (11) The secretary of family and social services.
- (12) The state health commissioner.
- (13) The commissioner of the department of correction.
- (14) The superintendent of the state police department.
- (15) The director of the office of management and budget or the budget director, as selected by the governor.
- (16) The executive director of the Indiana criminal justice institute.
- (17) The executive director of the professional licensing agency.



(18) The attorney general, who shall serve as a nonvoting member.

SECTION 2. IC 4-3-25-5, AS ADDED BY P.L.7-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 5. **The executive director for drug prevention, treatment, and enforcement or the other** member of the governor's staff appointed under section 4(1) of this chapter shall serve as the chairperson of the commission. The chairperson shall determine the agenda for the commission.

SECTION 3. IC 4-3-25-9, AS ADDED BY P.L.7-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 9. The commission shall **meet at the call of the commission's chairperson. However, the commission shall** meet at least four (4) times in a calendar year.

SECTION 4. IC 4-3-25-12, AS ADDED BY P.L.7-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 12. The commission shall do the following:

- (1) Identify ways for state agencies to coordinate with each other on substance abuse prevention, treatment, and enforcement programming and funding.
- (2) Promote information sharing throughout Indiana concerning substance abuse prevention, treatment, and enforcement.
- (3) Promote best practices concerning substance abuse prevention, treatment, and enforcement.
- (4) Cooperate with other commissions, governmental entities, and stakeholders engaged in substance abuse prevention, treatment, and enforcement.
- (5) Study local programs that have been proven to be effective in addressing substance abuse.
- (6) Seek guidance from local coordinating councils to identify substance abuse issues in local communities and evaluate the resources available to address local needs.
- (7) Study and evaluate the following concerning substance abuse treatment and prevention services in Indiana:
 - (A) The availability of and access to the services.
 - (B) The duplication of services, if any.
 - (C) Funding of the services.
 - (D) Barriers to obtaining the services.
- (8) Coordinate the collection of data concerning substance abuse and the needs, programming, and effectiveness of state supported substance abuse treatment and prevention services.
- (9) Recommend to the executive director of the Indiana criminal



justice institute roles, responsibilities, and performance standards for local coordinating councils.

(10) Approve requests for substance abuse treatment and prevention programs."

Page 1, line 15, after "IC 31-27" insert ",".

Page 2, line 14, after "2018." insert "**However, this section applies to the department only if the Indiana commission to combat drug abuse has approved the requirements and procedures of this section.**".

Page 2, line 15, after "The" insert "**department shall determine the psychotropic medications for which the department's consent is required before administration to a child who is under the care and supervision of the department and in an out-of-home placement. Subject to subsection (i), the**".

Page 2, line 19, after "consent" insert ", if consent is required,".

Page 2, line 25, after "care." insert "**Subject to available funds, the goal of the department is to provide for review and recommendations regarding consent for administration of psychotropic medication in at least twenty-five percent (25%) of cases in which children are under the care and supervision of the department, are in an out-of-home placement, and receive or will need psychotropic medications.**".

Page 3, line 5, after "the" insert "**child and adolescent psychiatric**".

Page 3, between lines 25 and 26, begin a new paragraph and insert:

"(i) The total amount for contracts described in subsection (b) may not exceed two million five hundred thousand dollars (\$2,500,000) during any period of two (2) years."

Page 3, line 29, after "2018." insert "**However, this section applies to the department only if the Indiana commission to combat drug abuse has approved the requirements and procedures of this section.**".

Page 4, line 25, after "2018." insert "**However, this section applies to the department only if the Indiana commission to combat drug abuse has approved the requirements and procedures of this section.**".

Page 4, line 35, after "2018." insert "**However, this section applies to a licensee and to the department only if the Indiana commission to combat drug abuse has approved the requirements and procedures of this section.**".

Page 4, line 37, after "child" insert "**who is**".

Page 4, line 38, after "department" insert "**and for whom consent is required under IC 31-27-2-12**".



Page 6, line 5, after "consent" insert "**, if consent is required under IC 31-27-2-12,**".

Page 6, line 16, after "2018." insert "**However, this section applies to a licensee and to the department only if the Indiana commission to combat drug abuse has approved the requirements and procedures of this section.**".

Page 6, line 18, after "child" insert "**who is**".

Page 6, line 18, after "department" insert "**and for whom consent is required under IC 31-27-2-12**".

Page 7, line 29, after "2018." insert "**However, this section applies to a licensee and to the department only if the Indiana commission to combat drug abuse has approved the requirements and procedures of this section.**".

Page 7, line 31, after "child" insert "**who is**".

Page 7, line 31, after "department" insert "**and for whom consent is required under IC 31-27-2-12**".

Page 8, line 42, after "2018." insert "**However, this section applies to a licensee and to the department only if the Indiana commission to combat drug abuse has approved the requirements and procedures of this section.**".

Page 9, line 2, after "child" insert "**who is**".

Page 9, line 2, after "department" insert "**and for whom consent is required under IC 31-27-2-12**".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 496 as printed February 7, 2017, Printer's Error.)

KENLEY, Chairperson

Committee Vote: Yeas 7, Nays 4.

