



# Journal of the Senate

State of Indiana

119th General Assembly

Second Regular Session

Fifth Meeting Day

Monday Afternoon

January 11, 2016

The Senate convened at 1:31 p.m., with the President of the Senate, Sue Ellspermann, in the Chair.

Prayer was offered by Chaplin Russell- Capitol Commission.

The Pledge of Allegiance to the Flag was led by Senator James W. Merritt, Jr.

The Chair ordered the roll of the Senate to be called. Those present were:

Alting	Leising
Arnold	Long
Banks	Merritt
Bassler	Messmer
Becker	Miller, Patricia
Boots	Miller, Pete
Bray	Mishler
Breaux	Mrvan
Broden	Niemeyer
Brown	Perfect
Buck	Raatz
Charbonneau	Randolph
Crider	Rogers
Delph	Schneider
Eckerty	Smith
Ford	Steele
Glick	Stoops
Grooms	Tallian
Head	Taylor
Hershman	Tomes
Holdman	Walker
Houchin	Waltz
Kenley	Yoder
Kruse	Young, M.
Lanane	Zakas

Roll Call 6: present 50; excused 0. [Note: A  indicates those who were excused.] The Chair announced a quorum present. Pursuant to Senate Rule 5(d), no motion having been heard, the Journal of the previous day was considered read.

## INTRODUCTION OF BILLS

The following bills and resolutions were read a first time by title and referred to the respective committees:

**SB 293** — Withdrawn

**SB 353** — Head (Civil Law)

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

**SB 354** — Head (Corrections & Criminal Law)

A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

**SB 355** — Niemeyer (Local Government)

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

**SB 356** — Niemeyer (Elections)

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

**SB 357** — Yoder (Judiciary)

A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

**SB 358** — Yoder (Commerce & Technology)

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

**SB 359** — Raatz (Education & Career Development)

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

**SB 360** — Raatz (Education & Career Development)

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

**SB 361** — Becker, Patricia Miller (Health & Provider Services)

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

**SB 362** — Banks (Veterans Affairs & The Military)

A BILL FOR AN ACT to amend the Indiana Code concerning military and veterans.

**SB 363** — Rogers (Education & Career Development)

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

**SB 364** — Bassler (Health & Provider Services)

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

**SB 365** — Bassler (Natural Resources)

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

**SB 366** — Brown (Environmental Affairs)

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

**SB 367** — Brown (Local Government)

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

- SB 368** — Mrvan (Education & Career Development)  
A BILL FOR AN ACT to amend the Indiana Code concerning education.
- SB 369** — Mrvan (Pensions & Labor)  
A BILL FOR AN ACT to amend the Indiana Code concerning labor and safety.
- SB 370** — Grooms (Health & Provider Services)  
A BILL FOR AN ACT to amend the Indiana Code concerning insurance.
- SB 371** — Bray (Civil Law)  
A BILL FOR AN ACT to amend the Indiana Code concerning probate.
- SB 372** — Bray (Civil Law)  
A BILL FOR AN ACT to amend the Indiana Code concerning trade regulation.
- SB 373** — Waltz (Homeland Security & Transportation)  
A BILL FOR AN ACT to amend the Indiana Code concerning motor vehicles.
- SB 374** — Waltz (Health & Provider Services)  
A BILL FOR AN ACT to amend the Indiana Code concerning health.
- SB 375** — Hershman (Local Government)  
A BILL FOR AN ACT to amend the Indiana Code concerning state and local administration.
- SB 376** — Arnold, Broden (Appropriations)  
A BILL FOR AN ACT to amend the Indiana Code concerning taxation.
- SB 377** — Becker (Family & Children Services)  
A BILL FOR AN ACT to amend the Indiana Code concerning human services.
- SB 378** — Yoder (Commerce & Technology)  
A BILL FOR AN ACT to amend the Indiana Code concerning state offices and administration.
- SB 379** — Pete Miller (Education & Career Development)  
A BILL FOR AN ACT to amend the Indiana Code concerning education.
- SB 380** — Mishler (Local Government)  
A BILL FOR AN ACT to amend the Indiana Code concerning local government.
- SB 381** — Mishler (Tax & Fiscal Policy)  
A BILL FOR AN ACT to amend the Indiana Code concerning taxation.
- SB 382** — Kruse (Education & Career Development)  
A BILL FOR AN ACT to amend the Indiana Code concerning education.

**REPORT OF THE PRESIDENT  
PRO TEMPORE**

Madam President: Pursuant to Senate Rule 68(b), I hereby report that Senate Bill 237, currently assigned to the Committee on Family & Children Services, be reassigned to the Committee on Corrections & Criminal Law.

LONG

Report adopted.

**REPORTS FROM COMMITTEES  
COMMITTEE REPORT**

Madam President: The Senate Committee on Commerce & Technology, to which was referred Senate Bill 15, 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:

Delete the title and insert the following:

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

Page 2, delete lines 33 through 36, begin a new paragraph and insert:

**"Sec. 2. (a) As used in this chapter, "food desert" means an underserved geographic area where affordable fresh and healthy foods are difficult to obtain, as determined by the state department.**

**(b) The term includes:**

- (1) an urban neighborhood or rural town in which:**
  - (A) at least twenty-five percent (25%) of the households are below the federal income poverty level (as defined in IC 12-15-2-1); or**
  - (B) the median family income of residents is not more than eighty percent (80%) of the median family income of the state;**
- (2) an urban neighborhood, rural town, or metropolitan census tract in which at least five hundred (500) residents or at least thirty-three percent (33%) of the population resides more than one (1) mile from a supermarket or large grocery store; or**
- (3) a nonmetropolitan census tract in which at least five hundred (500) residents or at least thirty-three percent (33%) of the population resides more than ten (10) miles from a supermarket or large grocery store."**

Page 2, line 39, after "grant" insert "**and loan**".

Page 2, line 41, delete "and".

Page 2, line 42, after "businesses;" insert "**or**

**(3) any legal entity;"**.

Page 3, delete lines 2 through 10, begin a new paragraph and insert:

**"(b) The division shall establish:**

- (1) criteria for awarding grants and making loans; and**
- (2) terms and conditions for recipients of grants and loans;**

**under the program established by this chapter.**

**(c) A recipient of a grant or loan must abide by:**

- (1) this chapter; and**

(2) the terms and conditions established under subsection (b)(2).

(d) The recipient of a grant or loan:

(1) may use the proceeds of the grant or loan only to acquire, repair, or renovate property or equipment to be used in the recipient's business or other entity in offering fresh and unprocessed foods within a food desert; and

(2) may not use the proceeds of the grant or loan to acquire food to be sold by the recipient's business or other entity.

(e) A recipient of a grant or loan under the program shall allow the division to conduct an annual audit of the recipient's business or other entity to ensure compliance with this chapter and the terms and conditions established under subsection (b)(2).

(f) A recipient of a grant under the program must agree to repay the grant to the division if the recipient does not comply with this chapter and the terms and conditions established under subsection (b)(2).

Sec. 5. (a) The food deserts fund is established for the purpose of awarding grants and making loans under the food desert grant and loan program established by section 4 of this chapter."

Page 3, delete lines 20 through 21, begin a new paragraph and insert:

"Sec. 6. (a) The division shall:

(1) establish criteria for the evaluation of the health impact of the program; and

(2) evaluate the grants and loans awarded under the program according to the criteria established under subdivision (1)."

Page 3, line 22, delete "Sec. 6." and insert "(b)".

Page 3, line 22, after "division" insert ", at the direction of the state health commissioner,".

Page 3, line 22, delete "of the".

Page 3, line 23, delete "activities" and insert "documenting the effectiveness".

Page 3, delete lines 25 through 31.

(Reference is to SB 15 as introduced.)

and when so amended that said bill do pass.

Committee Vote: Yeas 9, Nays 0.

BUCK, Chair

Report adopted.

COMMITTEE REPORT

Madam President: The Senate Committee on Civil Law, to which was referred Senate Bill 21, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill do pass.

Committee Vote: Yeas 7, Nays 0.

BRAY, Chair

Report adopted.

COMMITTEE REPORT

Madam President: The Senate Committee on Civil Law, to

which was referred Senate Bill 31, 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, delete lines 24 through 42.

Page 4, delete lines 1 through 2.

Page 4, line 3, delete "Sec. 12." and insert "Sec. 7.".

Page 4, line 6, delete "Sec. 13." and insert "Sec. 8.".

Page 4, line 14, delete "Sec. 14." and insert "Sec. 9.".

(Reference is to SB 31 as introduced.)

and when so amended that said bill do pass.

Committee Vote: Yeas 7, Nays 1.

BRAY, Chair

Report adopted.

COMMITTEE REPORT

Madam President: The Senate Committee on Rules & Legislative Procedure, to which was referred Senate Bill 41, 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:

Delete the title and insert the following:

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

Delete everything after the enacting clause and insert the following:

SECTION 1. IC 5-10-8-17 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 17. (a) As used in this section, "clinical practice guidelines" means systematically developed recommendations intended for use by health care providers in determining the appropriate care for a clinical condition.

(b) As used in this section, "covered individual" means an individual entitled to coverage under a state employee health plan.

(c) As used in this section, "department" refers to the department of insurance created by IC 27-1-1-1.

(d) As used in this section, "medical necessity" or "medically necessary" means appropriateness, or appropriate, under the standard of care that applies to a covered individual's condition:

(1) to improve, preserve, or slow the deterioration of the covered individual's health, life, or function; or

(2) for the early screening, prevention, evaluation, diagnosis, or treatment of the covered individual's condition or injury.

(e) As used in this section, "preceding prescription drug" means a prescription drug that, according to a step therapy protocol, must be:

(1) first used to treat a covered individual's condition; and

(2) as a result of the treatment under subdivision (1), determined to be inappropriate to treat the covered individual's condition;

as a condition of coverage under a state employee health plan for succeeding treatment with another prescription drug.

(f) As used in this section, "protocol exception" means a determination by a state employee health plan that, based on a review of a request for the determination and any supporting documentation:

- (1) a step therapy protocol is not medically appropriate for treatment of a particular covered individual's condition; and
- (2) the state employee health plan will:
  - (A) not require the covered individual's use of a preceding prescription drug under the step therapy protocol; and
  - (B) provide immediate coverage for another prescription drug that is prescribed for the covered individual.

(g) As used in this section, "state employee health plan" refers to the following that provide coverage for prescription drugs:

- (1) A self-insurance program established under section 7(b) of this chapter.
- (2) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

The term includes a person that administers prescription drug benefits on behalf of a state employee health plan.

(h) As used in this section, "step therapy protocol" means a protocol that specifies, as a condition of coverage under a state employee health plan, the order in which certain prescription drugs must be used to treat a covered individual's condition.

(i) A state employee health plan shall base a step therapy protocol on clinical practice guidelines to which the following apply:

- (1) The clinical practice guidelines recommend that the prescription drugs be taken in the specific order required by the step therapy protocol.
- (2) The clinical practice guidelines are developed and endorsed by a multidisciplinary panel of experts that manages conflicts of interest among the members of the clinical practice guideline writing and review groups by:
  - (A) requiring each member to:
    - (i) disclose any potential conflicts of interest involving other persons, including insurers, other third party payers, and pharmaceutical manufacturers; and
    - (ii) recuse the member from voting if the member has a conflict of interest;
  - (B) using a methodologist to work with clinical practice guideline writing groups to provide objectivity in:
    - (i) data analysis;
    - (ii) evidence ranking through preparation of evidence tables; and
    - (iii) consensus facilitation; and
  - (C) offering opportunities for public review of and comment on proposed clinical practice guidelines.
- (3) The clinical practice guidelines are based on high quality studies, research, and medical practice.

(4) The clinical practice guidelines are created by an explicit and publicly available process that:

- (A) minimizes bias and conflict of interest;
- (B) explains the relationship between treatment options and outcomes;
- (C) rates the quality of the evidence supporting recommendations; and
- (D) considers relevant patient subgroups and preferences.

(5) The clinical practice guidelines are continually updated through a review of new evidence, research, and newly developed treatments.

However, in the absence of clinical practice guidelines that meet the requirements of this subsection, a state employee health plan may base a step therapy protocol on applicable peer reviewed publications.

(j) A state employee health plan shall:

- (1) annually certify to the department that the state employee health plan has complied with this chapter; and
- (2) before using a step therapy protocol:
  - (A) file the step therapy protocol and supporting documentation with the department; and
  - (B) obtain approval of the step therapy protocol by the department.

(k) A state employee health plan shall publish on the state employee health plan's Internet web site, and provide to a covered individual in writing, a procedure for the covered individual's use in requesting a protocol exception. The procedure must include the following provisions:

- (1) A description of the manner in which a covered individual may request a protocol exception.
- (2) That the state employee health plan shall make a determination concerning a protocol exception request, or an appeal of a denial of a protocol exception request, not more than:
  - (A) in the case of an emergency, twenty-four (24) hours after receiving the request or appeal; or
  - (B) in the case of a nonemergency, seventy-two (72) hours after receiving the request or appeal.
- (3) That if the state employee health plan does not notify the covered individual of the state employee health plan's determination within the required time specified in subdivision (2), the request or appeal is considered to have been decided in favor of the covered individual.
- (4) That a protocol exception will be granted if any of the following apply:
  - (A) Following the step therapy protocol is contraindicated or will likely cause an adverse reaction or physical or mental harm to the covered individual.
  - (B) A preceding prescription drug is expected to be ineffective based on the known clinical characteristics of the covered individual and the known characteristics of the prescription drug regimen.
  - (C) The covered individual has previously received:

(i) a preceding prescription drug; or  
 (ii) another prescription drug that is in the same pharmacologic class or has the same mechanism of action as a preceding prescription drug; and the prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.

(D) Based on medical necessity, a preceding prescription drug is not in the best interest of the covered individual.

(E) The covered individual's condition is currently stable on a prescription drug prescribed by the covered individual's health care provider before implementation or applicability of the step therapy protocol.

(5) That when a protocol exception is granted, the state employee health plan shall notify the covered individual and the covered individual's health care provider of the authorization for coverage of the prescription drug that is the subject of the protocol exception.

(I) This section does not do the following:

(1) Prevent a state employee health plan from requiring a covered individual to use a generic prescription drug that has been classified by the federal Food and Drug Administration and published in its Approved Drug Products with Therapeutic Equivalence Evaluations list as having a therapeutic equivalence evaluation of "AB" with the prescribed brand name prescription drug before providing coverage for the prescribed brand name prescription drug.

(2) Prevent a health care provider from prescribing a prescription drug that is determined to be medically necessary.

(m) The department may adopt rules under IC 4-22-2 to implement this section.

SECTION 2. IC 27-8-5-30 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 30. (a) As used in this section, "clinical practice guidelines" means systematically developed recommendations intended for use by health care providers in determining the appropriate care for a clinical condition.

(b) As used in this section, "department" refers to the department of insurance created by IC 27-1-1-1.

(c) As used in this section, "insured" means an individual who is entitled to coverage under a policy of accident and sickness insurance.

(d) As used in this section, "insurer" refers to an insurer that issues a policy of accident and sickness insurance. The term includes a person that administers prescription drug benefits on behalf of an insurer.

(e) As used in this section, "medical necessity" or "medically necessary" means appropriateness, or appropriate, under the standard of care that applies to an insured's condition:

(1) to improve, preserve, or slow the deterioration of the insured's health, life, or function; or

(2) for the early screening, prevention, evaluation,

diagnosis, or treatment of the insured's condition or injury.

(f) As used in this section, "policy of accident and sickness insurance" means a policy of accident and sickness insurance that provides coverage for prescription drugs.

(g) As used in this section, "preceding prescription drug" means a prescription drug that, according to a step therapy protocol, must be:

(1) first used to treat an insured's condition; and

(2) as a result of the treatment under subdivision (1), determined to be inappropriate to treat the insured's condition;

as a condition of coverage under a policy of accident and sickness insurance for succeeding treatment with another prescription drug.

(h) As used in this section, "protocol exception" means a determination by an insurer that, based on a review of a request for the determination and any supporting documentation:

(1) a step therapy protocol is not medically appropriate for treatment of a particular insured's condition; and

(2) the insurer will:

(A) not require the insured's use of a preceding prescription drug under the step therapy protocol; and

(B) provide immediate coverage for another prescription drug that is prescribed for the insured.

(i) As used in this section, "step therapy protocol" means a protocol that specifies, as a condition of coverage under a policy of accident and sickness insurance, the order in which certain prescription drugs must be used to treat an insured's condition.

(j) An insurer shall base a step therapy protocol on clinical practice guidelines to which the following apply:

(1) The clinical practice guidelines recommend that the prescription drugs be taken in the specific order required by the step therapy protocol.

(2) The clinical practice guidelines are developed and endorsed by a multidisciplinary panel of experts that manages conflicts of interest among the members of the clinical practice guideline writing and review groups by:

(A) requiring each member to:

(i) disclose any potential conflicts of interest involving other persons, including insurers, other third party payers, and pharmaceutical manufacturers; and

(ii) recuse the member from voting if the member has a conflict of interest;

(B) using a methodologist to work with clinical practice guideline writing groups to provide objectivity in:

(i) data analysis;

(ii) evidence ranking through preparation of evidence tables; and

(iii) consensus facilitation; and

(C) offering opportunities for public review of and comment on proposed clinical practice guidelines.

- (3) The clinical practice guidelines are based on high quality studies, research, and medical practice.
- (4) The clinical practice guidelines are created by an explicit and publicly available process that:
  - (A) minimizes bias and conflict of interest;
  - (B) explains the relationship between treatment options and outcomes;
  - (C) rates the quality of the evidence supporting recommendations; and
  - (D) considers relevant patient subgroups and preferences.
- (5) The clinical practice guidelines are continually updated through a review of new evidence, research, and newly developed treatments.

However, in the absence of clinical practice guidelines that meet the requirements of this subsection, an insurer may base a step therapy protocol on applicable peer reviewed publications.

(k) An insurer shall:

- (1) annually certify to the department that the insurer has complied with this chapter; and
- (2) before using a step therapy protocol:
  - (A) file the step therapy protocol and supporting documentation with the department; and
  - (B) obtain approval of the step therapy protocol by the department.

(l) An insurer shall publish on the insurer's Internet web site, and provide to an insured in writing, a procedure for the insured's use in requesting a protocol exception. The procedure must include the following provisions:

- (1) A description of the manner in which an insured may request a protocol exception.
- (2) That the insurer shall make a determination concerning a protocol exception request, or an appeal of a denial of a protocol exception request, not more than:
  - (A) in the case of an emergency, twenty-four (24) hours after receiving the request or appeal; or
  - (B) in the case of a nonemergency, seventy-two (72) hours after receiving the request or appeal.
- (3) That if the insurer does not notify the insured of the insurer's determination within the required time specified in subdivision (2), the request or appeal is considered to have been decided in favor of the insured.
- (4) That a protocol exception will be granted if any of the following apply:
  - (A) Following the step therapy protocol is contraindicated or will likely cause an adverse reaction or physical or mental harm to the insured.
  - (B) A preceding prescription drug is expected to be ineffective based on the known clinical characteristics of the insured and the known characteristics of the prescription drug regimen.
  - (C) The insured has previously received:
    - (i) a preceding prescription drug; or
    - (ii) another prescription drug that is in the same pharmacologic class or has the same mechanism of action as a preceding prescription drug;

and the prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.

(D) Based on medical necessity, a preceding prescription drug is not in the best interest of the insured.

(E) The insured's condition is currently stable on a prescription drug prescribed by the insured's health care provider before implementation or applicability of the step therapy protocol.

(5) That when a protocol exception is granted, the insurer shall notify the insured and the insured's health care provider of the authorization for coverage of the prescription drug that is the subject of the protocol exception.

(m) This section does not do the following:

(1) Prevent an insurer from requiring an insured to use a generic prescription drug that has been classified by the federal Food and Drug Administration and published in its Approved Drug Products with Therapeutic Equivalence Evaluations list as having a therapeutic equivalence evaluation of "AB" with the prescribed brand name prescription drug before providing coverage for the prescribed brand name prescription drug.

(2) Prevent a health care provider from prescribing a prescription drug that is determined to be medically necessary.

(o) The department may adopt rules under IC 4-22-2 to implement this section.

SECTION 3. IC 27-13-7-23 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 23. (a) As used in this section, "clinical practice guidelines" means systematically developed recommendations intended for use by health care providers in determining the appropriate care for a clinical condition.

(b) As used in this section, "group contract" refers to a group contract that provides coverage for prescription drugs.

(c) As used in this section, "health maintenance organization" refers to a health maintenance organization that provides coverage for prescription drugs. The term includes the following:

- (1) A limited service health maintenance organization.
- (2) A person that administers prescription drug benefits on behalf of a health maintenance organization or a limited service health maintenance organization.

(d) As used in this section, "individual contract" refers to an individual contract that provides coverage for prescription drugs.

(e) As used in this section, "medical necessity" or "medically necessary" means appropriateness, or appropriate, under the standard of care that applies to an enrollee's condition:

- (1) to improve, preserve, or slow the deterioration of the enrollee's health, life, or function; or

(2) for the early screening, prevention, evaluation, diagnosis, or treatment of the enrollee's condition or injury.

(f) As used in this section, "preceding prescription drug" means a prescription drug that, according to a step therapy protocol, must be:

- (1) first used to treat an enrollee's condition; and
- (2) as a result of the treatment under subdivision (1), determined to be inappropriate to treat the enrollee's condition;

as a condition of coverage under an individual contract or a group contract for succeeding treatment with another prescription drug.

(g) As used in this section, "protocol exception" means a determination by a health maintenance organization that, based on a review of a request for the determination and any supporting documentation:

- (1) a step therapy protocol is not medically appropriate for treatment of a particular enrollee's condition; and
- (2) the health maintenance organization will:
  - (A) not require the enrollee's use of a preceding prescription drug under the step therapy protocol; and
  - (B) provide immediate coverage for another prescription drug that is prescribed for the enrollee.

(h) As used in this section, "step therapy protocol" means a protocol that specifies, as a condition of coverage under an individual contract or a group contract, the order in which certain prescription drugs must be used to treat an enrollee's condition.

(i) A health maintenance organization shall base a step therapy protocol on clinical practice guidelines to which the following apply:

- (1) The clinical practice guidelines recommend that the prescription drugs be taken in the specific order required by the step therapy protocol.
- (2) The clinical practice guidelines are developed and endorsed by a multidisciplinary panel of experts that manages conflicts of interest among the members of the clinical practice guideline writing and review groups by:

- (A) requiring each member to:
  - (i) disclose any potential conflicts of interest involving other persons, including insurers, other third party payers, and pharmaceutical manufacturers; and
  - (ii) recuse the member from voting if the member has a conflict of interest;
- (B) using a methodologist to work with clinical practice guideline writing groups to provide objectivity in:
  - (i) data analysis;
  - (ii) evidence ranking through preparation of evidence tables; and
  - (iii) consensus facilitation; and
- (C) offering opportunities for public review of and comment on proposed clinical practice guidelines.

- (3) The clinical practice guidelines are based on high

quality studies, research, and medical practice.

(4) The clinical practice guidelines are created by an explicit and publicly available process that:

- (A) minimizes bias and conflict of interest;
- (B) explains the relationship between treatment options and outcomes;
- (C) rates the quality of the evidence supporting recommendations; and
- (D) considers relevant patient subgroups and preferences.

(5) The clinical practice guidelines are continually updated through a review of new evidence, research, and newly developed treatments.

However, in the absence of clinical practice guidelines that meet the requirements of this subsection, a health maintenance organization may base a step therapy protocol on applicable peer reviewed publications.

(j) A health maintenance organization shall:

- (1) annually certify to the department that the health maintenance organization has complied with this chapter; and
- (2) before using a step therapy protocol:
  - (A) file the step therapy protocol and supporting documentation with the department; and
  - (B) obtain approval of the step therapy protocol by the department.

(k) A health maintenance organization shall publish on the health maintenance organization's Internet web site, and provide to an enrollee in writing, a procedure for the enrollee's use in requesting a protocol exception. The procedure must include the following provisions:

- (1) A description of the manner in which an enrollee may request a protocol exception.
- (2) That the health maintenance organization shall make a determination concerning a protocol exception request, or an appeal of a denial of a protocol exception request, not more than:
  - (A) in the case of an emergency, twenty-four (24) hours after receiving the request or appeal; or
  - (B) in the case of a nonemergency, seventy-two (72) hours after receiving the request or appeal.
- (3) That if the health maintenance organization does not notify the enrollee of the health maintenance organization's determination within the required time specified in subdivision (2), the request or appeal is considered to have been decided in favor of the enrollee.
- (4) That a protocol exception will be granted if any of the following apply:
  - (A) Following the step therapy protocol is contraindicated or will likely cause an adverse reaction or physical or mental harm to the enrollee.
  - (B) A preceding prescription drug is expected to be ineffective based on the known clinical characteristics of the enrollee and the known characteristics of the prescription drug regimen.
  - (C) The enrollee has previously received:
    - (i) a preceding prescription drug; or

(ii) another prescription drug that is in the same pharmacologic class or has the same mechanism of action as a preceding prescription drug; and the prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.

(D) Based on medical necessity, a preceding prescription drug is not in the best interest of the enrollee.

(E) The enrollee's condition is currently stable on a prescription drug prescribed by the enrollee's health care provider before implementation or applicability of the step therapy protocol.

(5) That when a protocol exception is granted, the health maintenance organization shall notify the enrollee and the enrollee's health care provider of the authorization for coverage of the prescription drug that is the subject of the protocol exception.

(m) This section does not do the following:

(1) Prevent a health maintenance organization from requiring an enrollee to use a generic prescription drug that has been classified by the federal Food and Drug Administration and published in its Approved Drug Products with Therapeutic Equivalence Evaluations list as having a therapeutic equivalence evaluation of "AB" with the prescribed brand name prescription drug before providing coverage for the prescribed brand name prescription drug.

(2) Prevent a health care provider from prescribing a prescription drug that is determined to be medically necessary.

(n) The department may adopt rules under IC 4-22-2 to implement this section.

(Reference is to SB 41 as introduced.)

and when so amended that said bill be reassigned to the Senate Committee on Health & Provider Services.

LONG, Chair

Report adopted.

COMMITTEE REPORT

Madam President: The Senate Committee on Rules & Legislative Procedure, to which was referred Senate Bill 42, 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:

Delete the title and insert the following:

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

Delete everything after the enacting clause and insert the following:

SECTION 1. IC 12-13-5-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11. ~~Except as provided in IC 31-37-7-3; IC 12-13 through IC 12-19 does not authorize a state or county official, agent, or representative, in carrying out IC 12-13 through IC 12-19, to take charge of a child over the objection of either parent of the child or of the person~~

~~standing in loco parentis to the child, except under a court order.~~

SECTION 2. IC 31-37-7-1, AS AMENDED BY P.L.146-2008, SECTION 625, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. ~~Except as provided in section 2 of this chapter,~~ a child alleged to be a delinquent child under IC 31-37-2 ~~except as provided in section 3 of this chapter,~~ may not be held in:

- (1) a secure facility; ~~or~~
- (2) a shelter care facility, a forestry camp, or a training school that houses persons charged with, imprisoned for, or incarcerated for crimes;
- (3) a juvenile detention facility;**
- (4) a secure private facility;**
- (5) foster home placement; or**
- (6) a group home.**

SECTION 3. IC 31-37-7-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. A child alleged to be a delinquent child under IC 31-37-1 may be held in either of the following:

- ~~(1)~~ a secure facility for not more than six (6) hours upon arrest for the limited purposes of:
  - ~~(A)~~ (1) identification;
  - ~~(B)~~ (2) processing;
  - ~~(C)~~ (3) interrogation; **or**
  - ~~(D)~~ transfer to a juvenile detention facility; **or**
  - ~~(E)~~ (4) release to parents.

If the child is detained in a secure facility, the child shall be restricted to an area of the facility in which the child has not more than haphazard or incidental sight or sound contact with persons charged with, imprisoned for, or incarcerated for crimes.

~~(2) A juvenile detention facility.~~

SECTION 4. IC 31-37-7-3 IS REPEALED [EFFECTIVE UPON PASSAGE]. ~~Sec. 3: A child alleged to be a delinquent child because of an act under IC 31-37-2-2 may be held in a juvenile detention facility for:~~

- ~~(1) not more than twenty-four (24) hours before; and~~
- ~~(2) not more than twenty-four (24) hours immediately after;~~

~~the initial court appearance, not including Saturdays, Sundays, and nonjudicial days.~~

SECTION 5. IC 31-37-19-1, AS AMENDED BY P.L.104-2015, SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) **Except as provided in subsection (b) and** subject to section 6.5 of this chapter, if a child is a delinquent child under IC 31-37-2, the juvenile court may enter one (1) or more of the following dispositional decrees:

- (1) Order supervision of the child by the probation department.
- (2) Order the child to receive outpatient treatment:
  - (A) at a social service agency or a psychological, a psychiatric, a medical, or an educational facility; or
  - (B) from an individual practitioner.
- (3) Remove the child from the child's home and place the child in another home or a shelter care facility. ~~child caring institution, group home, or secure private facility.~~ Placement under this subdivision includes authorization to control and discipline the child.

- (4) Award wardship to a:
  - (A) person, other than the department; or
  - (B) shelter care facility.
- (5) Partially or completely emancipate the child under section 27 of this chapter.
- (6) Order:
  - (A) the child; or
  - (B) the child's parent, guardian, or custodian; to receive family services.
- (7) Order a person who is a party to refrain from direct or indirect contact with the child.

**(b) A juvenile court may not place a child who is a delinquent child under IC 31-37-2 in:**

- (1) a child caring institution;**
- (2) a group home;**
- (3) a juvenile detention facility;**
- (4) a secure detention facility;**
- (5) a forestry camp; or**
- (6) a training school that houses persons charged with, imprisoned for, or incarcerated for crimes.**

~~(b)~~ **(c)** If the child is removed from the child's home and or placed in a foster family home or another shelter care facility, the juvenile court shall:

- ~~(A)~~ **(1)** approve a permanency plan for the child;
- ~~(B)~~ **(2)** find whether or not reasonable efforts were made to prevent or eliminate the need for the removal;
- ~~(C)~~ **(3)** designate responsibility for the placement and care of the child with the probation department; and
- ~~(D)~~ **(4)** find whether it:
  - ~~(i)~~ **(A)** serves the best interests of the child to be removed; and
  - ~~(ii)~~ **(B)** would be contrary to the health and welfare of the child for the child to remain in the home.

~~(c)~~ **(d)** If a dispositional decree under this section:

- (1) orders or approves removal of a child from the child's home or awards wardship of the child to a:
  - (A) person other than the department; or
  - (B) shelter care facility; and
- (2) is the first court order in the delinquent child proceeding that authorizes or approves removal of the child from the child's parent, guardian, or custodian;

the court shall include in the decree the appropriate findings and conclusions described in IC 31-37-6-6(f) and IC 31-37-6-6(g).

~~(d)~~ **(e)** If the juvenile court orders supervision of the child by the probation department under subsection (a)(1), the child or the child's parent, guardian, or custodian is responsible for any costs resulting from the participation in a rehabilitative service or educational class provided by the probation department. Any costs collected for services provided by the probation department shall be deposited in the county supplemental juvenile probation services fund.

**(f) Before September 1 of each year, the department of correction division of youth services shall submit a report to the general assembly in an electronic format under IC 5-14-6 comparing the annual population effects and cost savings that result from the implementation of changes to subsections (a) and (b) made after January 1, 2016, to the population and cost in previous years.**

SECTION 6. IC 31-37-19-3, AS AMENDED BY P.L.146-2008, SECTION 649, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. (a) A juvenile court may not place a child who is a delinquent child under IC 31-37-2 in a shelter care facility that is located outside the child's county of residence unless:

- (1) placement of the child in a shelter care facility with adequate services located in the child's county of residence is unavailable; or
- (2) the child's county of residence does not have an appropriate shelter care facility with adequate services.

(b) A juvenile court may not place a child in a home or facility that is not a secure detention facility and that is located outside Indiana, unless:

- ~~(1)~~ the placement is recommended or approved by the director of the department or the director's designee; or
- ~~(2)~~ the court makes written findings based on clear and convincing evidence that:

- ~~(A)~~ the out-of-state placement is appropriate because there is not a comparable facility with adequate services located in Indiana; or
- ~~(B)~~ the location of the home or facility is within a distance not more than fifty (50) miles from the county of residence of the child.

SECTION 7. IC 31-37-19-5, AS AMENDED BY P.L.147-2012, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. (a) This section applies if a child is a delinquent child under IC 31-37-1.

(b) The juvenile court may, in addition to an order under section 6 of this chapter, enter at least one (1) of the following dispositional decrees:

- (1) Order supervision of the child by the probation department as a condition of probation under this subdivision. The juvenile court shall after a determination under IC 11-8-8-5 require a child who is adjudicated a delinquent child for an act that would be an offense described in IC 11-8-8-5 if committed by an adult to register with the local law enforcement authority under IC 11-8-8.
- (2) Order the child to receive outpatient treatment:
  - (A) at a social service agency or a psychological, a psychiatric, a medical, or an educational facility; or
  - (B) from an individual practitioner.
- (3) Order the child to surrender the child's driver's license to the court for a specified period of time.
- (4) Order the child to pay restitution if the victim provides reasonable evidence of the victim's loss, which the child may challenge at the dispositional hearing.
- (5) Partially or completely emancipate the child under section 27 of this chapter.
- (6) Order the child to attend an alcohol and drug services program established under IC 12-23-14.
- (7) Order the child to perform community restitution or service for a specified period of time.
- (8) Order wardship of the child as provided in section 9 of this chapter.

(c) If the juvenile court orders supervision of the child by the probation department under subsection (b)(1), the child or the child's parent, guardian, or custodian is responsible for any costs resulting from the participation in a rehabilitative service or educational class provided by the probation department. Any costs collected for services or classes provided by the probation department shall be deposited in the county supplemental juvenile probation services fund.

**(d) If the juvenile court orders supervision of the child by the probation department under subsection (b)(1) and the child is found by the court to be in violation of probation, the juvenile court may order the child be placed in a juvenile detention center for not more than thirty (30) days, in addition to any other treatment or rehabilitation.**

**(e) Before September 1 of each year, the department of correction division of youth services shall submit a report to the general assembly in an electronic format under IC 5-14-6 comparing the annual population effects and cost savings that result from the implementation of subsection (d) to the population and cost in previous years.**

SECTION 8. IC 31-37-19-6, AS AMENDED BY P.L.146-2008, SECTION 651, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) This section applies if a child is a delinquent child under IC 31-37-1.

(b) Except as provided in **subsection (d) and** section 10 of this chapter, and subject to section 6.5 of this chapter, the juvenile court may:

- (1) enter any dispositional decree specified in section 5 of this chapter; and
- (2) take any of the following actions:
  - (A) Award wardship to:
    - (i) the department of correction for housing in a correctional facility for children; or
    - (ii) a community based correctional facility for children.

Wardship under this subdivision does not include the right to consent to the child's adoption.

(B) If the child is less than seventeen (17) years of age, order confinement in a juvenile detention facility for not more than the lesser of:

- (i) ninety (90) days; or
- (ii) the maximum term of imprisonment that could have been imposed on the child if the child had been convicted as an adult offender for the act that the child committed under IC 31-37-1 (or IC 31-6-4-1(b)(1) before its repeal).

(C) If the child is at least seventeen (17) years of age, order confinement in a juvenile detention facility for not more than the lesser of:

- (i) one hundred twenty (120) days; or
- (ii) the maximum term of imprisonment that could have been imposed on the child if the child had been convicted as an adult offender for the act that the child committed under IC 31-37-1 (or IC 31-6-4-1(b)(1) before its repeal).

(D) Remove the child from the child's home and place the child in another home or shelter care facility. Placement under this subdivision includes authorization

to control and discipline the child.

- (E) Award wardship to a:
  - (i) person, other than the department; or
  - (ii) shelter care facility.

Wardship under this subdivision does not include the right to consent to the child's adoption.

(F) Place the child in a secure private facility for children licensed under the laws of a state. Placement under this subdivision includes authorization to control and discipline the child.

(G) Order a person who is a respondent in a proceeding under IC 31-37-16 (before its repeal) or IC 34-26-5 to refrain from direct or indirect contact with the child.

(c) If a dispositional decree under this section:

- (1) orders or approves removal of a child from the child's home, or awards wardship of the child to a:
  - (A) person, other than the department; or
  - (B) shelter care facility; and
- (2) is the first court order in the delinquent child proceeding that authorizes or approves removal of the child from the child's parent, guardian, or custodian;

the juvenile court shall include in the decree the appropriate findings and conclusions described in IC 31-37-6-6(f) and IC 31-37-6-6(g).

**(d) If a child is adjudicated a delinquent child under IC 31-37-1 for an act that would be a misdemeanor if committed by an adult, the juvenile court may not take any action under subsection (b)(2) unless:**

- (1) the child has at least three (3) prior unrelated adjudications as a delinquent child for acts that would be crimes if committed by an adult; and**
- (2) at least one (1) of the three (3) prior unrelated adjudications was for an act that would be a felony if committed by an adult.**

**(e) Before September 1 of each year, the department of correction division of youth services shall submit a report to the general assembly in an electronic format under IC 5-14-6 comparing the annual population effects and cost savings that result from the implementation of subsection (d) to the population and cost in previous years.**

SECTION 9. **An emergency is declared for this act.**

(Reference is to SB 42 as introduced.)

and when so amended that said bill be reassigned to the Senate Committee on Judiciary.

LONG, Chair

Report adopted.

COMMITTEE REPORT

Madam President: The Senate Committee on Civil Law, to which was referred Senate Bill 221, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill do pass and be reassigned to the Senate Committee on Appropriations.

Committee Vote: Yeas 7, Nays 0.

BRAY, Chair

Report adopted.

## COMMITTEE REPORT

Madam President: The Senate Committee on Family & Children Services, to which was referred Senate Resolution 8, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said resolution do pass.

Committee Vote: Yeas 5, Nays 0.

GROOMS, Chair

Report adopted.

## RESOLUTIONS ON FIRST READING

## Senate Resolution 11

Senate Resolution 11, introduced by Senator Randolph:

A SENATE RESOLUTION congratulating Whiting High School for their outstanding academic achievements.

*Whereas, Science Olympiad is a nationally-based team competition where 15 students from a school work together on 23 different science events against other schools. The events cover many different science disciplines, some based on study and books, others based on hands-on engineering and building;*

*Whereas, Competitions last all day and end with an Olympic-style awards ceremony, complete with medals and trophies. Teams qualify at their regional tournaments for state competition and qualify at state competition for a chance to go to national competition;*

*Whereas, During the 2013-2014 school year and state tournament Whiting High School placed 2<sup>nd</sup> and qualified for their first-ever National Tournament in Florida, competing against 60 of the best teams in the nation;*

*Whereas, During the 2014-2015 school year Whiting High School competed at 4 invitational competitions, a regional tournament at Indiana University Northwest in Gary, and the state tournament. The students earned countless medals throughout the year, and most notably they were the state champions in four events: Mission Possible, Experimental Design, Scrambler, and Wright Stuff. Therefore,*

*Be it resolved by the Senate of the General Assembly of the State of Indiana:*

SECTION 1. That the Indiana Senate congratulates the efforts of the Whiting High School's Science Olympiad Team and wishes its team members continued success in all future endeavors.

SECTION 2. That the Secretary of the Senate is hereby directed to transmit copies of this Resolution to the team members and coaches: Coach Dan Nichols, Coach Jeremy Long, Jacob Brooks, Mark Casanova, Hector Cossyleon, Oscar Figueroa, Cecilia Gomez, Tristan Gutierrez, Rodrigo Hernandez,

Jake Jacobson, Alivia Jakubowski, Kelly Kertis, Michale Kolavo, Shelby Kolavo, Kelsey Kovacic, Timothy Lowe, Leonardo Melchor, Nolan Michniewicz, Margaret Mills-Groninger, Pablo Moore, Samantha Ramirez, Will Ramos, Lilliana Ruiz, Sergio Salazar, Julianna Scivinsky, Alejandro Torres, Lizbeth Villasenor, Samanta Zapien, and Jacqueline Zarate.

The resolution was read in full and adopted by voice vote.

## SENATE BILLS ON SECOND READING

## Senate Bill 14

Senator Head called up Senate Bill 14 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

## Senate Bill 142

Senator M. Young called up Senate Bill 142 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

## Senate Bill 200

Senator Kruse called up Senate Bill 200 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

## SENATE MOTION

Madam President: I move that Senator Patricia Miller be added as coauthor of Senate Concurrent Resolution 3.

TOMES

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Patricia Miller be added as coauthor of Senate Bill 14.

HEAD

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Ford be added as third author of Senate Bill 159.

BANKS

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senators Hershman and Yoder be added as coauthors of Senate Bill 200.

KRUSE

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Patricia Miller be added as second author and Senator Holdman be added as third author of Senate Resolution 8.

MERRITT

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Merritt be added as second author of Senate Bill 213.

HERSHMAN

Motion prevailed.

SENATE MOTION

Madam President: I move that Senators Becker, Buck, and Eckerty be added as coauthors of Senate Bill 294.

ALTING

Motion prevailed.

SENATE MOTION

Madam President: I move that Senators Bassler and Brown be added as coauthors of Senate Bill 14.

HEAD

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Holdman be added as second author of Senate Bill 23.

HERSHMAN

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Perfect be added as coauthor of Senate Bill 308.

HERSHMAN

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Charbonneau be added as coauthor of Senate Bill 67.

HERSHMAN

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Bassler be added as

second author and Senators Charbonneau and Leising be added as coauthors of Senate Bill 308.

HERSHMAN

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Yoder be added as second author and Senator Arnold be added as third author of Senate Bill 324.

MESSMER

Motion prevailed.

SENATE MOTION

Madam President: I move that Senators Breaux, Ford, and Holdman be added as coauthors of Senate Bill 15.

HEAD

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Long be removed as author of Senate Bill 41 and Senator Crider be substituted therefor.

LONG

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Long be removed as author of Senate Bill 42 and Senator Buck be substituted therefor.

LONG

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Arnold be added as third author of Senate Bill 162.

PATRICIA MILLER

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Buck be added as third author of Senate Bill 295.

BANKS

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Brown be added as second author of Senate Bill 313.

HOLDMAN

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Kruse be added as second author of Senate Bill 325.

MESSMER

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Ford be added as second author of Senate Bill 365.

BASSLER

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Tomes be added as second author of Senate Bill 226.

ECKERTY

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Houchin be added as second author of Senate Bill 362.

BANKS

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Houchin be added as third author and Senator Arnold be added as coauthor of Senate Bill 145.

BANKS

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Charbonneau be added as second author and Senator Holdman be added as coauthor of Senate Bill 302.

KENLEY

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Brown be added as coauthor of Senate Concurrent Resolution 3.

TOMES

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Kruse be removed as coauthor of Senate Bill 10.

KRUSE

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Kruse be added as second author of Senate Bill 10.

RAATZ

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Kruse be removed as coauthor of Senate Bill 9.

KRUSE

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Kruse be added as second author of Senate Bill 9.

RAATZ

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Ford be added as second author of Senate Bill 311.

NIEMEYER

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Lanane be added as coauthor of Senate Bill 169.

ALTING

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Stoops be added as coauthor of Senate Bill 272.

LANANE

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Steele be added as second author and Senator Hershman be added as coauthor of Senate Bill 25.

ARNOLD

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Lanane be added as coauthor of Senate Bill 305.

HEAD

Motion prevailed.

RESOLUTIONS ON FIRST READING

House Concurrent Resolution 3

House Concurrent Resolution 3, sponsored by Senator Kenley:

A CONCURRENT RESOLUTION recognizing the "Chair of Honor" in the State House honoring all Prisoners of War and those Missing in Action.

*Whereas, In recent years, commemorative chairs honoring American Prisoners of War and those Missing in Action have been placed in prominent locations across the United States;*

*Whereas, Indiana has 1,529 Missing In Action from World War II, 183 from the Korean War, and 51 from the Vietnam War;*

*Whereas, These Hoosier heroes who went off to war and have not yet returned home — they may be lying on the battlefield or they may be in the hands of our enemies — and they are unaccounted for;*

*Whereas, The Indiana State House is an appropriate location to place a "Chair of Honor" in honor of American Prisoners of War and Missing in Action;*

*Whereas, The "Chair of Honor" will serve as a beacon to remind all those who enter the State House that freedom isn't free and to never forget the sacrifices and hardships that our Prisoners of War (POW) and Missing In Action (MIA) have endured in the defense of our freedom and the sacrifices and hardships that our military service members endure every day in defense of our great nation;*

*Whereas, To the families of our POWs and MIAs, the "Chair of Honor" is sacred;*

*Whereas, This chair represents our recognition and respect for all these brave men and women have sacrificed for our country and our state;*

*Whereas, The "Chair of Honor" stands as a physical reminder that these POWs and MIAs will not be forgotten; and*

*Whereas, A "Chair of Honor" placed in the Indiana State House will honor those who answered the call to duty and have yet to return to family and home: Therefore,*

*Be it resolved by the House of Representatives of the General Assembly of the State of Indiana, the Senate concurring:*

SECTION 1. That the Indiana General Assembly honors our POWs and MIAs by displaying a "Chair of Honor" in the Indiana State House as a reminder of the sacrifices these brave Hoosiers and their families have made in the name of freedom.

SECTION 2. That the Principal Clerk of the House of Representatives transmit a copy of this resolution to Mike Clark of the Indiana Chapter of Rolling Thunder.

The resolution was read in full and adopted by voice vote. The Chair instructed the Secretary to inform the House of the passage of the resolution.

SENATE MOTION

Madam President: I move that Senator Broden be added as coauthor of Senate Bill 306.

HEAD

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Delph be added as coauthor of Senate Bill 352.

M. YOUNG

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Schneider be added as coauthor of Senate Bill 352.

M. YOUNG

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Grooms be added as second author of Senate Bill 251.

KRUSE

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senators Alting, Arnold, Banks, Bassler, Becker, Boots, Bray, Breaux, Broden, Brown, Buck, Charbonneau, Crider, Delph, Eckerty, Ford, Glick, Grooms, Head, Hershman, Holdman, Houchin, Kenley, Kruse, Lanane, Leising, Long, Merritt, Messmer, Patricia Miller, Pete Miller, Mishler, Mrvan, Niemeyer, Perfect, Raatz, Rogers, Schneider, Smith, Steele, Stoops, Tallian, Taylor, Tomes, Walker, Waltz, Yoder, M. Young, and Zakas be added as coauthors of Senate Resolution 11.

RANDOLPH

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senators Broden and Hershman be added as coauthors of Senate Bill 343.

BECKER

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Kenley be added as second author, Senator Yoder be added as third author, and Senators Bassler, Becker, Boots, Crider, Eckerty, Grooms, Head, Holdman, Houchin, Kruse, Leising, Merritt, Messmer, Patricia Miller, Mishler, Raatz, Smith, Steele, Walker, M. Young, and Zakas be added as coauthors of Senate Bill 67.

HERSHMAN

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Pete Miller be added as coauthor of Senate Bill 144.

BANKS

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Bray be added as second author of Senate Bill 253.

WALTZ

Motion prevailed.

## SENATE MOTION

Madam President: I move that Senator Patricia Miller be added as second author of Senate Bill 142.

M. YOUNG

Motion prevailed.

## RESOLUTIONS ON FIRST READING

## House Concurrent Resolution 2

House Concurrent Resolution 2, sponsored by Senator Banks:

A CONCURRENT RESOLUTION honoring the inductees and the Indiana Military Veterans Hall of Fame.

*Whereas, The Indiana Military Veterans Hall of Fame (IMVHOF) was founded in 2013;*

*Whereas, The mission of the IMVHOF is to "publically emphasize the honor brought to our state and nation by the sacrifice of Indiana military veterans and their families";*

*Whereas, The first Hoosiers were inducted into the IMVHOF on November 7, 2014;*

*Whereas, The 2015 inductees are Charles B. Hall, Charles W. Green, Claude M. Spilman Jr., Craig L. Rongey, Donald R. Rigney, Edgar D. Whitcomb, Farrell Utterback, George W. Boffo, Harry W. Brooks Jr., Jeffrey E. Mittman, John A. Topper, John N. Owens, Joseph D. Ryan, Joseph E. Kernan, Ronald E. Smith, Shirley M. Ohta, Stephen P. Moore, and Clyde C. Wright;*

*Whereas, Nominations came from all over the state and represented military veterans from World War II through the current engagements in the Middle East and elsewhere;*

*Whereas, Each inductee receives a medallion representing the IMVHOF and its relationship to Indiana;*

*Whereas, The medallion's front side depicts Indiana and the name of the organization while the back side displays the state flag and the engraved name of the inductee encircled by the names of the five branches of the United States Armed Forces;*

*Whereas, Throughout the history of our great nation, hundreds of thousands of men and women have served their country with honor and pride in time of war and peace; and*

*Whereas, The Indiana Military Veterans Hall of Fame honors these brave Hoosier veterans for their service and shares their stories of sacrifice with the people of our state: Therefore,*

*Be it resolved by the House of Representatives of the General Assembly of the State of Indiana, the Senate concurring:*

SECTION 1. That the Indiana General Assembly recognizes the inductees into the Indiana Military Veterans Hall of Fame for their great bravery and dedication to duty. Without brave men and women like these, our state and nation could not exist.

SECTION 2. That the Principal Clerk of the House of Representatives transmit a copy of this resolution to the Board of

Directors of the Indiana Military Veterans Hall of Fame.

The resolution was read in full and adopted by voice vote. The Chair instructed the Secretary to inform the House of the passage of the resolution.

SENATE MOTION

Madam President: I move that the following resolutions be adopted:

HCR 4 Long

A Concurrent Resolution to convene a Joint Session of the One Hundred Nineteenth General Assembly of the State of Indiana.

HCR 5 Long

A Concurrent Resolution to convene a Joint Session of the One Hundred Nineteenth General Assembly of the State of Indiana.

LONG

Motion prevailed.

**RESOLUTIONS ON FIRST READING**

**House Concurrent Resolution 4**

House Concurrent Resolution 4, sponsored by Senator Long:

A CONCURRENT RESOLUTION to convene a Joint Session of the One Hundred Nineteenth General Assembly of the State of Indiana.

*Be it resolved by the House of Representatives of the General Assembly of the State of Indiana, the Senate concurring:*

SECTION 1. That a joint convention of the Senate and House of Representatives be convened, to meet in the Chamber of the House of Representatives at 2:00 p.m. on Wednesday, January 13, 2016, to receive the Chief Justice's message which will be given in compliance with Article 7, Section 3 of the Constitution of the State of Indiana and the Speaker is directed to appoint a committee of four members of this House to transmit this resolution to the Senate and report to this House such action as the Senate may take.

The resolution was read in full and adopted by voice vote. The Chair instructed the Secretary to inform the House of the passage of the resolution.

**House Concurrent Resolution 5**

House Concurrent Resolution 5, sponsored by Senator Long:

A CONCURRENT RESOLUTION to convene a Joint Session of the One Hundred Nineteenth General Assembly of the State of Indiana.

*Be it resolved by the House of Representatives of the General Assembly of the State of Indiana, the Senate concurring:*

SECTION 1. That a joint convention of the Senate and House of Representatives be convened, to meet in the Chamber of the House of Representatives at 7:00 p.m. on Tuesday, January 12, 2016, to receive the Governor's message that will be given in compliance with Article 5, Section 13 of the Constitution of the State of Indiana and the Speaker is directed to appoint a committee of four members of this House to transmit this resolution to the Senate and report to this House such actions as the Senate may take.

The resolution was read in full and adopted by voice vote. The Chair instructed the Secretary to inform the House of the passage of the resolution.

SENATE MOTION

Madam President: I move that Senators Alting, Arnold, Banks, Bassler, Becker, Boots, Bray, Breaux, Broden, Brown, Buck, Charbonneau, Crider, Delph, Eckerty, Ford, Glick, Grooms, Head, Hershman, Holdman, Houchin, Kruse, Lanane, Leising, Long, Merritt, Messmer, Patricia Miller, Pete Miller, Mishler, Mrvan, Niemeyer, Perfect, Raatz, Randolph, Rogers, Schneider, Smith, Steele, Stoops, Tallian, Taylor, Tomes, Walker, Waltz, Yoder, M. Young, and Zakas be added as cosponsors of House Concurrent Resolution 3.

KENLEY

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Mishler be added as second author of Senate Bill 307.

KENLEY

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Randolph be added as coauthor of Senate Bill 200.

KRUSE

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Banks be added as second author of Senate Bill 240.

WALKER

Motion prevailed.

SENATE MOTION

Madam President: I move that Senators Alting, Arnold, Bassler, Becker, Boots, Bray, Breaux, Broden, Brown, Buck, Charbonneau, Crider, Delph, Eckerty, Ford, Glick, Grooms, Head, Hershman, Holdman, Houchin, Kenley, Kruse, Lanane, Leising, Long, Merritt, Messmer, Patricia Miller, Pete Miller, Mishler, Mrvan, Niemeyer, Perfect, Raatz, Randolph, Rogers, Schneider, Smith, Steele, Stoops, Tallian, Taylor, Tomes, Walker, Waltz, Yoder, M. Young, and Zakas be added as cosponsors of House Concurrent Resolution 2.

BANKS

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Broden be removed as second author of Senate Bill 376.

BRODEN

Motion prevailed.

SENATE MOTION

Madam President: I move that Senator Arnold be removed as author of Senate Bill 376 and Senator Broden be substituted therefor.

ARNOLD

Motion prevailed.

SENATE MOTION

Madam President: I move we adjourn until 1:30 p.m., Tuesday, January 12, 2016.

LONG

Motion prevailed.

The Senate adjourned at 2:13 p.m.

JENNIFER L. MERTZ  
Secretary of the Senate

SUE ELLSPERMANN  
President of the Senate