



# Journal of the House

State of Indiana

121st General Assembly

First Regular Session

Forty-Third Day

Tuesday Afternoon

April 9, 2019

The invocation was offered by Father Mick Kopil of St. Elizabeth Ann Seaton Catholic Church in Valparaiso, a guest of Representative Beck.

The House convened at 1:30 p.m. with Speaker Brian C. Bosma in the Chair.

The Pledge of Allegiance to the Flag was led by Representative Abbott.

The Speaker ordered the roll of the House to be called:

Abbott	Huston
Austin	Jackson
Aylesworth	Jordan
Bacon	Judy
Baird	Karickhoff
Barrett	Kirchhofer
Bartels	Klinker
Bartlett	Lauer
Bauer	Lehe
Beck	Lehman
Behning	Leonard
Borders	Lindauer
Boy	Lucas
T. Brown	Lyness
Burton	Macer
Campbell	Mahan
Candelaria Reardon	Manning
Carbaugh	May
Cherry	Mayfield
Chyung	McNamara
Clere	Miller
Cook	Moed
Davisson	Morris
Deal	Morrison
DeLaney	Moseley
DeVon	Negele
Dvorak	Nisly
Eberhart	Pfaff
Ellington	Pierce
Engleman	Porter
Errington	Prescott
Fleming	Pressel
Forestal <input type="checkbox"/>	Pryor
Frizzell	Saunders
Frye	Schaibley
GiaQuinta	Shackleford
Goodin	Smaltz
Goodrich	V. Smith <input type="checkbox"/>
Gutwein	Soliday
Hamilton	Speedy
Harris	Steuerwald
Hatcher <input type="checkbox"/>	Stutzman
Hatfield	Sullivan
Heaton	Summers
Heine	Thompson
Hostettler	Torr

VanNatter  
Wesco  
Wolkins   
Wright

J. Young  
Zent  
Ziemke  
Mr. Speaker

Roll Call 427: 96 present; 4 excused. The Speaker announced a quorum in attendance. [NOTE:  indicates those who were excused.]

## HOUSE MOTION

Mr. Speaker: I move that when we do adjourn, we adjourn until Wednesday, April 10, 2019, at 10:00 a.m.

LEHMAN

The motion was adopted by a constitutional majority.

## RESOLUTIONS ON FIRST READING

### House Resolution 61

Representative Borders introduced House Resolution 61:

A HOUSE RESOLUTION congratulating Bicknell, Indiana, on its 150th anniversary.

*Whereas, Bicknell, Indiana, was founded in 1869 and named in honor of John Bicknell, who purchased 240 acres of ground near the Indianapolis and Vincennes railroad;*

*Whereas, Mr. Bicknell sold ground to George Fuller, who would construct the first general store, and Mr. Bicknell later donated ground for the construction of the Baptist, Christian, and Methodist churches, all of which still stand on the original parcels;*

*Whereas, More than 20 coal mines and an equal number of local grocers provided a strong foundation for the city in the early part of the 20th century through gainful employment and business development, including a large railroad yard to transport plentiful deposits of coal and commuting miners from around the region;*

*Whereas, Significant contributions to the state and country have been made by former Bicknell residents. Attorney Curtis G. Shake was a chief justice of the Indiana Supreme Court and Joseph Barr served as secretary of the treasury under President Lyndon Johnson;*

*Whereas, Bicknell residents are also proud of their significant contributions to sports history, including a Bicknell Braves baseball team that beat the St. Louis Cardinals in 1921, and the city's tradition of producing great athletes and coaches;*

*Whereas, Rod Ballart, Garland Frazier, Robert "Bud" George, Max Kidd, Gerald Landis, Dick Martin, and Dick Meador are all members of the Indiana Football Hall of Fame;*

*Whereas, Mr. Russell J. Deal was an All-Big Ten football player at Indiana University and had signed with the Baltimore Colts before choosing to coach at Hobart High School;*

*Whereas, Mr. Bob Horst is a member of the Illinois Football Coaches Hall of Fame;*

*Whereas, Mr. Alex Yunevich was an All-Big Ten football player at Purdue University and coached football for more than 40 years at Alfred University in New York;*

*Whereas, Mr. Herdis "Dick" McCrary was an All-American at the University of Georgia and played for five years with the Green Bay Packers;*

*Whereas, Bicknell is home to the Knox County Fair, which is Indiana's oldest county fair, providing friends and family with a tradition of community and celebration of Indiana culture; and*

*Whereas, The residents of Bicknell are proud to live in a close-knit community where families can grow and thrive, and they will celebrate Bicknell's 150th anniversary on September 2, 2019: Therefore,*

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

SECTION 1. That the Indiana House of Representatives congratulates Bicknell, Indiana, on the occasion of its 150th anniversary on September 2, 2019.

SECTION 2. That the Principal Clerk of the House of Representatives shall transmit copies of this resolution to Bicknell, Indiana, Mayor Thomas Estabrook.

The resolution was read a first time and adopted by voice vote.

### House Resolution 62

Representative Chyung introduced House Resolution 62:

A HOUSE RESOLUTION congratulating the Griffith High School Robotics Team.

*Whereas, The Griffith High School Robotics Team, 9862 CTRL+ALT+DESTROY, won the 2019 FIRST Tech Challenge Indiana State Championship at Crawfordsville High School on March 16, 2019;*

*Whereas, The Griffith Robotics Team has been invited to the FTC World Championship in Detroit, Michigan, on April 24-27, 2019;*

*Whereas, The Griffith Robotics Team will be one of four teams representing Indiana; Griffith Robotics will compete with more than 150 teams from all over the world;*

*Whereas, The students of the Griffith Robotics Team finance their competitions through the support of sponsors, fundraising, and donations in order to cover the costs to compete, including parts, computers, tournament fees, and travel expenses; and*

*Whereas, Competitive robotics requires participants to combine a wide range of disciplines including mechanical and electrical engineering, computer programming, communication, and marketing skills in order to build, program, and deploy a champion robot: Therefore,*

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

SECTION 1. That the Indiana House of Representatives congratulates the Griffith High School Robotics Team, 9862 CTRL+ALT+DESTROY, for winning the 2019 FIRST Tech Challenge Indiana State Championship.

SECTION 2. That the Indiana House of Representatives wishes the Griffith High School Robotics Team and other Indiana competitors success during the FIRST Tech Challenge World Championship in Detroit, Michigan, on April 24-27, 2019.

SECTION 3. That the Principal Clerk of the House of Representatives shall transmit copies of this resolution to the members of the Griffith High School Robotics Team, 9862 CTRL+ALT+DESTROY.

The resolution was read a first time and adopted by voice vote.

### House Concurrent Resolution 50

Representatives Stutzman, Negele, Mayfield and Klinker introduced House Concurrent Resolution 50:

A CONCURRENT RESOLUTION recognizing the 125th anniversary of the Caroline Scott Harrison Chapter of the National Society Daughters of the American Revolution.

*Whereas, The Caroline Scott Harrison Chapter of the National Society Daughters of the American Revolution is the largest DAR chapter in Indiana and was named after the First Lady of the United States and first President General of the DAR;*

*Whereas, The Caroline Scott Harrison Chapter is the oldest DAR chapter in Indiana and was established on February 21, 1894, just four years after the founding of the DAR;*

*Whereas, Mrs. C. C. Foster was appointed as Indiana's First State Regent and the following officers were elected to serve a growing organization: First Chapter Regent, Mrs. M. E. Vinton; Treasurer, Mrs. U. C. Atkins; Historian, Miss Katherine Merrill; and Secretary and Registrar, Mrs. J. R. Lilly;*

*Whereas, The Caroline Scott Harrison Chapter scanned and donated the data of approximately 4,600 pages of historic DAR scrapbooks from 1894 to 1940 to the Indiana State Library database, and has volunteered more than 125 hours to digitize World War I records for the Indiana Archives;*

*Whereas, The Caroline Scott Harrison Chapter works with the Indiana State Library to improve detailed searches in data asset management for employees and visitors at the Indiana State Library;*

*Whereas, The Caroline Scott Harrison Chapter has donated thousands of dollars to support the United States armed forces locally and abroad through tangible and monetary gifts, including picnic tables at Camp Atterbury in central Indiana, books, 28,200 individual commissary coupons for families, and the proceeds from the sale of quilts, shawls, and Christmas trees;*

*Whereas, The Caroline Scott Harrison Chapter completed a full, award-winning restoration of Bell Cemetery, an Indiana pioneer cemetery in Perry Township in Marion County, including in-depth genealogy research to remember early pioneers and inform visitors about the cemetery;*

*Whereas, The Caroline Scott Harrison Chapter provides the care and restoration of historical monuments and artifacts throughout central Indiana, including a \$20,000 restoration of the Benjamin Harrison Battle Flag at the Indiana War Memorial, a 100 year old DAR National Road Monument on the Statehouse south lawn, and ongoing work at the Benjamin Harrison Presidential Site in Indianapolis;*

*Whereas, The Caroline Scott Harrison Chapter continues a legacy of historic preservation, education, and patriotism, and the DAR remains a champion of these objectives throughout the community; and*

*Whereas, The Caroline Scott Harrison Chapter celebrates its 125th anniversary on April 13, 2019: 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 125th anniversary of the Caroline Scott Harrison Chapter of the National Society Daughters of the American Revolution.

SECTION 2. That the Principal Clerk of the House of Representatives shall transmit copies of this resolution to Charlotte Blair, Regent of the Caroline Scott Harrison Chapter, NSDAR.

The resolution was read a first time and adopted by voice vote. The Clerk was directed to inform the Senate of the passage of the resolution. Senate sponsors: Senators Brown and Doriot.

### House Concurrent Resolution 54

Representative Porter introduced House Concurrent Resolution 54:

A CONCURRENT RESOLUTION recognizing Richmond, Indiana, native Debra Garcia for her work as a labor leader.

*Whereas, Debra Garcia is a native of Richmond, Indiana, and began working at the Richmond State Hospital in the mid-1980s, first in housekeeping and later in the patient canteen;*

*Whereas, Ms. Garcia was wrongfully terminated from her job at the state hospital and found support and representation in her local union, which won her case through the merit system even before their first contract was negotiated;*

*Whereas, Ms. Garcia was inspired by her union president, Mr. Bill VanMeter, and took an active role in her workers' union. She became a union steward and her involvement with the American Federation of State, County and Municipal Employees (AFSCME) grew;*

*Whereas, Ms. Garcia was inspired by future union leaders, including AFSCME Regional Director Steve Fantauzzo, and left state employment to become a staff representative organizer with what was then AFSCME Council 62 in Indianapolis;*

*Whereas, Ms. Garcia's involvement with AFSCME International over the next 38 years took her from Indiana to Kansas, Ohio, Missouri, Wisconsin, and home again to Indiana and Kentucky;*

*Whereas, Ms. Garcia has held positions ranging from Lead Organizer and Area Field Services Director to her most recent position as Executive Director of AFSCME Council 962;*

*Whereas, Ms. Garcia is a passionate representative for workers and proud of the friendships that were forged through many struggles for social and economic justice; and*

*Whereas, Ms. Garcia is proud to have AFSCME in her blood and will continue to stand shoulder to shoulder with her sisters and brothers to protect and fight for working families: 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 Ms. Debra Garcia and her work as a labor leader for Hoosiers throughout Indiana and the United States of America.

SECTION 2. That the Principal Clerk of the House of Representatives shall transmit copies of this resolution to Ms. Debra Garcia and AFSCME Council 962.

The resolution was read a first time and adopted by voice vote. The Clerk was directed to inform the Senate of the passage of the resolution. Senate sponsor: Senator Breaux.

### House Concurrent Resolution 55

Representative Klinker introduced House Concurrent Resolution 55:

A CONCURRENT RESOLUTION congratulating the 2018 West Lafayette High School football team.

*Whereas, The 2018 West Lafayette High School football team won the IHSAA Class 3A state title at Lucas Oil Stadium on November 24, 2018;*

*Whereas, The Red Devils bested the undefeated and defending state champion Tigers of Reitz Memorial High School from Evansville, Indiana;*

*Whereas, The Red Devils achieved victory in a hard-fought game, winning 47-42, and concluded a history-making season in which 29 team and individual records were broken or tied;*

*Whereas, The Red Devils went undefeated during their historic 2018 season finishing with a 15-0 record;*

*Whereas, Head coach Shane Fry led the Red Devils to their third state title win;*

*Whereas, Coach Fry and the West Lafayette football team received essential support from assistant coaches Jack Barron, Doug Caldwell, Brad DeWees, Jason Huber, Kelly Kitchel, Josh Roseman, Rick Roseman, Jon Speaker, Aaron Wood, and Nick Atkins-Harris;*

*Whereas, The Red Devils' state championship win and new records indicate the hard work, talent, skill, and commitment given by each player to high school football and their team; and*

*Whereas, This achievement will be remembered by players, coaches, staff, friends, family, and fans for years to come: 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 congratulates the West Lafayette High School football team for its 2018 state championship win.

SECTION 2. That the Principal Clerk of the House of Representatives shall transmit copies of this resolution to head coach Shane Fry of the West Lafayette High School football team.

The resolution was read a first time and adopted by voice vote. The Clerk was directed to inform the Senate of the passage of the resolution. Senate sponsor: Senator Alting.

## REPORTS FROM COMMITTEES

### COMMITTEE REPORT

Mr. Speaker: Your Committee on Family, Children and Human Affairs, to which was referred Senate Bill 1, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 7, after "least" insert "**the**".

Page 1, line 7, after "(12)" insert "**most recent**".

Page 2, between lines 5 and 6, begin a new paragraph and insert:

"SECTION 3. IC 31-19-2-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 7. (a) **Except as provided in subsection (e)**, a medical report of the health status and medical history of the child sought to be adopted and the child's birth parents must:

(1) accompany a petition for adoption; or  
(2) be filed not later than sixty (60) days after the filing of a petition for adoption.

(b) The medical report must:

(1) include neonatal, psychological, physiological, and medical care history; and  
(2) be on forms prescribed by the state registrar.

(c) A copy of the medical report shall be sent to the following persons:

(1) The state registrar.

(2) The prospective adoptive parents.

(d) This section does not authorize the release of medical information that would result in the identification of an individual.

**(e) This section does not apply to a petition for adoption under section 1 of this chapter."**

Page 3, line 20, after "finding" insert "**placement with**".

Page 3, line 20, delete "foster," and insert "**foster placement,**".

Page 4, line 21, delete "CHINS" and insert "**Child in Need of Services**".

Page 4, line 41, delete "CHINS" and insert "**child in need of services**".

Page 5, line 2, after "(1)" delete "the" and insert "**a**".

Page 5, line 2, delete "is to intervene in a proceeding".

Page 5, line 3, after "relationship" insert "**has been filed**".

Page 5, between lines 18 and 19, begin a new paragraph and insert:

"SECTION 7. IC 31-34-12-8 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 8. A court may find that a child is not a child in need of services under IC 31-34-1-1 if the court finds, based on credible evidence presented by the child's parent, guardian, or custodian, that the parent, guardian, or custodian:**

**(1) is financially unable to supply the child with necessary food, clothing, or shelter; and**

**(2) has not failed, refused, or demonstrated an inability to seek financial or other reasonable means to do so."**

Page 9, line 13, delete "and any recommendations".

Page 9, line 34, delete "out of home" and insert "**out-of-home**".

Page 12, line 10, delete "IC 31-34-21-4." and insert "**IC 31-34-21-4, as amended by this act.**".

Page 12, line 14, delete "IC 31-34-21-4." and insert "**IC 31-34-21-4, as amended by this act.**".

Renumber all SECTIONS consecutively.

(Reference is to SB 1 as reprinted February 22, 2019.)

and when so amended that said bill do pass.

Committee Vote: yeas 10, nays 1.

FRIZZELL, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Utilities, Energy and Telecommunications, to which was referred Senate Bill 460, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

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

"SECTION 1. IC 4-4-9.7-9, AS AMENDED BY P.L.177-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 9. (a) The rural economic development fund is established for the purpose of enhancing and developing rural communities. The fund shall be administered by the office.

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

(c) Notwithstanding IC 5-13, the treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund under IC 5-10.3-5. The treasurer of state may contract with investment management professionals, investment advisers, and legal counsel to assist in the management of the fund and may pay the state expenses incurred under those contracts.

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

(e) Money in the fund may be used for the following purposes:

(1) To create, assess, and assist a pilot project to enhance the economic and community development in a rural area.

(2) To establish a local revolving loan fund for:

(A) an industrial;

(B) a commercial;

(C) an agricultural; or

(D) a tourist;

venture.

(3) To provide a loan for an economic development project in a rural area.

(4) To provide technical assistance to a rural organization.

(5) To assist in the development and creation of a rural cooperative.

(6) To address rural workforce development challenges.

(7) To assist in addressing telecommunications needs in a rural area. **including the awarding of grants under IC 4-4-38.**

(8) To provide funding for rural economic development projects concerning the following issues:

(A) Infrastructure, including water, wastewater, and storm water infrastructure needs.

(B) Housing.

(C) Health care.

(D) Local planning.

(E) Land use.

(F) Other rural economic development issues, as determined by the office.

(9) To provide funding for the establishment of new regional rural development groups and the operation of existing regional rural development groups.

(f) Expenditures from the fund are subject to appropriation by the general assembly and approval by the office.

SECTION 2. IC 4-4-38-0.1 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 0.1. This chapter applies only to grants awarded from the fund before August 1, 2019.**

SECTION 3. IC 4-4-38-0.3 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 0.3. As used in this chapter, "fund" refers to the rural broadband fund established by IC 4-4-38.5-11.**

SECTION 4. IC 4-4-38-7, AS ADDED BY P.L.215-2018(ss), SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) Subject to:

(1) subsection (b); **and**

(2) section 8 of this chapter; **and**

~~(3) IC 4-4-9.7-9(f);~~

the office shall establish procedures for awarding grants from the **rural economic development fund established by IC 4-4-9.7-9** to qualified broadband providers for qualified broadband project expenses incurred in connection with qualified broadband projects.

(b) In awarding grants under this chapter, the office shall establish the following priorities:

(1) First, extending the deployment of qualified broadband service to areas in which:

(A) Internet connections are unavailable; or

(B) the only available Internet connections provide capacity for transmission at an actual speed of less than ten (10) megabits per second downstream.

(2) Second, extending the deployment of high speed Internet service to areas in which the only available Internet connections provide capacity for transmission at an actual speed of:

(A) not less than ten (10) megabits; and

(B) not more than twenty-five (25) megabits;

per second downstream.

(c) Subject to section 11 of this chapter, the office shall publish on the office's Internet web site all grant applications received by the office under this chapter. For each grant application received, the office shall establish a period of at least thirty (30) days from the date the application is published on the office's Internet web site under this subsection, during which time the office will accept comments or objections concerning the application. The office shall consider all comments or objections received under this subsection in making a determination as to whether to award a grant to an applicant under this chapter.

SECTION 5. IC 4-4-38-10, AS ADDED BY P.L.177-2018, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) Not later than August 1 of each **calendar year ending before January 1, 2021**, the office shall submit to the general assembly a report on the office's activities under this chapter during the most recent state fiscal year, including the following:

- (1) The number, amounts, and recipients of grants awarded under this chapter.
- (2) The status of any funded qualified broadband projects.
- (3) Expenses incurred and funds spent by the office in administering this chapter.
- (4) A list of the entities, if any, that the office collaborated with in administering this chapter.
- (5) An accounting of funds in the ~~rural economic development fund established by IC 4-4-9.7-9~~, including funds awarded as grants under this chapter.
- (6) The number of locations in Indiana to which broadband infrastructure has been deployed with the use of grant funds under this chapter, including address-level information for newly connected locations.
- (7) The overall progress of the deployment of broadband infrastructure for the provision of qualified broadband service in unserved areas in Indiana.

A report to the general assembly under this subsection must be in an electronic format under IC 5-14-6.

(b) ~~Every three (3) years, beginning in 2021, the state board of accounts shall conduct an audit of the awarding of grants under this chapter during the most recent three (3) state fiscal years. A report of an audit conducted under this subsection shall be submitted to the general assembly in an electronic format under IC 5-14-6 not later than December 31 of the calendar year that includes the end of the third state fiscal year covered by the audit.~~

SECTION 6. IC 4-4-38-12 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 12. **Before August 1, 2019, the office may award grants under this chapter from the fund to qualified broadband service providers for qualified broadband project expenses incurred in connection with qualified broadband projects.**

SECTION 7. IC 4-4-38.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

#### **Chapter 38.5. Broadband Grants for Rural Areas**

**Sec. 1. This chapter applies to grants awarded from the fund after July 31, 2019.**

**Sec. 2. As used in this chapter, "eligible broadband project" means a project for the deployment of broadband infrastructure for the provision of eligible broadband service, regardless of the delivery technology, in rural areas in Indiana.**

**Sec. 3. As used in this chapter, "eligible broadband service" means a terrestrial connection to the Internet that provides an actual speed of at least twenty-five (25) megabits per second downstream and at least three (3) megabits per second upstream, regardless of the technology or medium used to provide the connection.**

**Sec. 4. As used in this chapter, "eligible broadband service provider" means any company, firm, corporation, partnership, or association that:**

**(1) either:**

**(A) has been providing broadband service to at least one hundred (100) residences and businesses in Indiana for at least three (3) consecutive years; or**

**(B) is:**

**(i) a corporation organized under IC 8-1-13; or**

**(ii) a corporation organized under IC 23-17 that is an electric cooperative and that has at least one**

**(1) member that is a corporation organized under IC 8-1-13; and**

**(2) has demonstrated, to the satisfaction of the office:**

**(A) financial;**

**(B) technical; and**

**(C) operational;**

**capability in building and operating a broadband network, according to standards for determining such capability in guidelines adopted by the office under section 10 of this chapter.**

**Sec. 5. As used in this chapter, "fund" refers to the rural broadband fund established by section 11 of this chapter.**

**Sec. 6. As used in this chapter, "office" refers to the office of community and rural affairs established by IC 4-4-9.7-4.**

**Sec. 7. As used in this chapter, "rural area" means:**

**(1) an unincorporated area; or**

**(2) a small municipality, as defined by the office in guidelines adopted under section 10 of this chapter;**

**in Indiana.**

**Sec. 8. As used in this chapter, "state agency" means an authority, a board, a branch, a commission, a committee, a department, a division, or another instrumentality of the executive, including the administrative, department of state government.**

**Sec. 9. (a) The office shall establish procedures for the awarding of grants from the fund after July 31, 2019, by state agencies to eligible broadband service providers for eligible broadband projects.**

**(b) The procedures established under this section must establish the following priorities for the awarding of grants under this chapter:**

**(1) First, extending the deployment of eligible broadband service to areas in which:**

**(A) Internet connections are unavailable; or**

**(B) the only available connections to the Internet are at actual speeds of less than ten (10) megabits per second downstream.**

**(2) Second, extending the deployment of eligible broadband service to areas in which the only available connections to the Internet are at actual speeds of:**

**(A) not less than ten (10) megabits; and**

**(B) not more than twenty-five (25) megabits;**

**per second downstream.**

**(3) Projects for areas described in subdivision (2) shall not be funded before projects described in subdivision**

**(1).**

**(c) The procedures established under this section may not permit the office to award a grant from the fund for any project in a rural area for which funding has been allocated from the federal Connect America Fund or from any other similar federal funding program the express purpose of which is to provide broadband service to rural or unserved areas.**

**(d) The procedures established under this section must establish a system of priorities for awarding grants under this chapter, weighted as determined by the office in guidelines adopted under section 10 of this chapter, that gives preference to eligible broadband projects that meet the following criteria:**

**(1) Projects that will provide eligible broadband**

service to unincorporated areas in Indiana.

(2) Projects for which the applicant commits to providing more than fifty percent (50%) of the cost to deploy the proposed broadband infrastructure. When multiple applicants apply for a grant to provide eligible broadband service to the same rural area, the office may establish a preference for approving applications with a greater funding contribution by the applicant.

(3) Projects that involve an agreement between the applicant and one (1) or more other parties that would permit the applicant to use existing facilities or infrastructure owned or controlled by an unrelated third party to enable the applicant to offer eligible broadband service to locations in a rural area.

(e) The procedures established under this section must prohibit a state agency, in awarding any grant from the fund, from discriminating between different types of technology used to provide eligible broadband service in connection with proposed eligible broadband projects.

Sec. 10. (a) The office shall adopt guidelines to implement this chapter, including guidelines governing the following:

(1) The form and content of requests to provide eligible broadband service to a rural area.

(2) The form and content of applications for grants under this chapter.

(3) A competitive bidding process or a process for requests for proposals for eligible broadband projects.

(4) A process by which a broadband service provider may challenge a determination by a state agency as to the availability of eligible broadband service in a rural area.

(5) Standards for determining whether a broadband service provider has demonstrated:

- (A) financial;
- (B) technical; and
- (C) operational;

capability in building and operating a broadband network, as necessary to qualify as an eligible broadband service provider for purposes of this chapter.

(6) Standards establishing population parameters or another appropriate metric for defining a community that qualifies as a small municipality for purposes of section 7(2) of this chapter.

(7) Standards for determining the types and categories of expenses that are:

- (A) directly related to an eligible broadband project; and
- (B) eligible to receive funding under this chapter.

(8) Standards for assigning weight to the funding priorities set forth in section 9(d) of this chapter.

(b) In adopting the guidelines described in subsection (a) or in otherwise administering this chapter, the office may collaborate with other state agencies or with political subdivisions of the state.

Sec. 11. (a) The rural broadband fund is established for the purpose of awarding grants under:

- (1) this chapter after July 31, 2019; and
- (2) IC 4-4-38 before August 1, 2019.

(b) The office shall administer the fund.

(c) The fund consists of:

- (1) money appropriated by the general assembly;
- (2) money received by the office from federal grants or programs for broadband infrastructure; and
- (3) donations, gifts, and money received from any other source, including transfers from other funds or accounts.

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

invested.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund but remains in the fund to be used exclusively for the purposes of this chapter and IC 4-4-38.

Sec. 12. After July 31, 2019, a state agency may award grants under this chapter from the fund to eligible broadband service providers for eligible broadband projects, in accordance with:

(1) the procedures established by the office under section 9 of this chapter; and

(2) the guidelines adopted by the office under section 10 of this chapter.

Sec. 13. (a) Beginning in 2020, not later than August 1 of each year, the office shall submit to the general assembly a report on the awarding of grants under this chapter during the most recent state fiscal year, including the following:

(1) The number, amounts, and recipients of grants awarded under this chapter, along with the state agency awarding each grant.

(2) The status of any funded eligible broadband projects.

(3) Expenses incurred and funds spent by the office in administering this chapter.

(4) A list of the entities, if any, that the office collaborated with in administering this chapter.

(5) An accounting of money in the fund, including funds awarded as grants under this chapter.

(6) The number of locations in rural areas to which broadband infrastructure has been deployed with the use of grant funds under this chapter, including address-level information for newly connected locations.

(7) The overall progress of the deployment of broadband infrastructure for the provision of eligible broadband service in rural areas in Indiana.

A report to the general assembly under this subsection must be in an electronic format under IC 5-14-6.

(b) Every three (3) years, beginning in 2021, the state board of accounts shall conduct an audit of the awarding of grants under:

(1) IC 4-4-38; and

(2) this chapter;

as appropriate, during the most recent three (3) state fiscal years. A report of an audit conducted under this subsection shall be submitted to the general assembly in an electronic format under IC 5-14-6 not later than December 31 of the calendar year that includes the end of the third state fiscal year covered by the audit.

Sec. 14. The office, and any state agency or any political subdivision with which the office cooperates or consults in administering this chapter:

(1) shall not disclose information designated as confidential or proprietary business information by a grant applicant or recipient; and

(2) shall execute appropriate nondisclosure agreements to prevent the disclosure of confidential or proprietary business information in connection with grants awarded under this chapter."

Page 2, line 11, delete "The" and insert "Except for routine right-of-way permit fees to enter the department's rights-of-way for the maintenance of existing facilities, the".

Page 2, line 12, delete "fee, on an annual basis or otherwise," and insert "fee on an annual basis".

Page 2, line 13, delete "March 14," and insert "January 1,".

Page 2, line 21, after "IC 8-1-32.5-3)." insert "The term does not include a vertical structure.".

Page 2, line 25, delete "or".

Page 2, between lines 25 and 26, begin a new line double block indented and insert:

"(B) a portion of a U.S. route for which the

department has acquired access control rights; (C) a portion of a U.S. route that is contiguous with and within ten (10) miles of a U.S. route described in clause (B); or".

Page 2, line 26, delete "(B)" and insert "(D)".

Page 2, between lines 26 and 27, begin a new line block indented and insert:

**"The term includes Interstate 65, Interstate 69, Interstate 70, Interstate 74, Interstate 80, Interstate 90, Interstate 94, U.S. 30, and U.S. 31.**

**(3) "Vertical structure" means an above ground structure necessary for wireless communications facilities and related services. The term includes cell towers, poles, signs, posts, buildings, radio communications facilities, air conditioned equipment shelters and rooms, utility lines, transmission lines, electronic equipment, radio transmitting and receiving antennas, and supporting equipment, fixtures, and structures."**

Page 2, line 40, delete "includes intersections" and insert **"is a limited access highway under subsection (a)(2),"**.

Page 2, line 41, delete "that are above grade,".

Page 3, line 4, after "not" insert **"unreasonably"**.

Page 3, between lines 15 and 16, begin a new line blocked left and insert:

**"However, nothing in this subsection abrogates or limits the department's authority under IC 8-23 to safely and efficiently manage and operate the state highway system and associated highway rights-of-way for the benefit of the traveling public."**

Renumber all SECTIONS consecutively.

(Reference is to SB 460 as reprinted February 15, 2019.) and when so amended that said bill do pass.

Committee Vote: yeas 11, nays 0.

SOLIDAY, Chair

Report adopted.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Family, Children and Human Affairs, to which was referred Senate Bill 464, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 8, line 30, delete ""the McKinney-Vento" and insert **""McKinney-Vento"**.

Page 8, line 32, after "11431" delete ",".

Page 8, line 34, after "in" insert **"IC"**.

Page 11, line 9, delete "include:" and insert **"include the following:"**.

Page 11, line 25, delete "staff" and insert **"staff,"**.

Page 12, delete lines 13 through 30.

Page 12, line 40, delete "IC 20-50-1-1" and insert **"in 42 U.S.C. 11434a(2)(A) and 42 U.S.C. 11434(2)(B)"**.

Page 13, line 4, delete "access" and insert **"access, without charge and the consent of a parent, guardian, or custodian,"**.

Page 13, line 8, after "to" insert **"enroll the homeless youth in adult basic education services and"**.

Page 13, line 9, delete "examination;" and insert **"examination following the completion of an exit interview by the homeless youth under IC 20-33-2-9."**

Page 13, delete lines 10 through 11.

Renumber all SECTIONS consecutively.

(Reference is to SB 464 as printed February 22, 2019.) and when so amended that said bill do pass.

Committee Vote: yeas 13, nays 0.

FRIZZELL, Chair

Report adopted.

Representative Soliday, who had been present, is now excused.

Representative Wolkins, who had been excused, is now present.

**ENGROSSED SENATE BILLS  
ON THIRD READING**

**Engrossed Senate Bill 111**

Representative Karcikhoff called down Engrossed Senate Bill 111 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 428: yeas 95, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

Representative Soliday, who had been excused, is now present.

**Engrossed Senate Bill 127**

Representative Huston called down Engrossed Senate Bill 127 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 429: yeas 93, nays 3. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 131**

Representative Cherry called down Engrossed Senate Bill 131 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 430: yeas 81, nays 15. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 162**

Representative Zent called down Engrossed Senate Bill 162 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 431: yeas 94, nays 2. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 172**

Representative Frye called down Engrossed Senate Bill 172 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 432: yeas 96, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

### Engrossed Senate Bill 193

Representative Pressel called down Engrossed Senate Bill 193 for third reading:

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

The bill was read a third time by sections and placed upon its passage.

#### HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 193 be returned to the second reading calendar forthwith for the purpose of amendment.

PRESSEL

Motion prevailed.

### Engrossed Senate Bill 265

Representative Steuerwald called down Engrossed Senate Bill 265 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning trusts and fiduciaries.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 433: yeas 73, nays 23. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

## RESOLUTIONS ON FIRST READING

### House Resolution 53

Representative VanNatter introduced House Resolution 53:

A HOUSE RESOLUTION recognizing the Northwestern High School girls basketball team from Kokomo, Indiana.

*Whereas, The Northwestern High School girls basketball team won the 2018-2019 IHSAA Class 3A Girls Basketball State Championship on February 23, 2019;*

*Whereas, The Northwestern Tigers scored an average 66.06 points during the 2018-2019 season to secure a second championship win;*

*Whereas, The Tigers outscored previous opponents in the state tournament by an average of 36.60 points per game, demonstrating the consistent energy, skill, defense, and offense that the Tigers brought to each game;*

*Whereas, Tigers Kendall Bostic and Madison Layden led the Tigers by combining for 44 points during the state finals;*

*Whereas, Northwestern Tiger Allison Miller received the IHSAA Patricia Roy Mental Attitude Award in Class 3A Girls Basketball;*

*Whereas, Head coach Kathie Layden led the Tigers during a remarkable season to their second state title; with five state titles in her coaching career; Layden ranks second in state history;*

*Whereas, The state champions of the 2018-2019 Northwestern girls basketball team are Klair Merrell, Katie Neher, Ellie Boyer, Sarah Heaven, Leah Carter, Kate Miller, Jena Loer, Audrey Koetter, Stephanie Burns, Madison Layden,*

*Maddie Butler, Allison Miller, Novalei Loer, and Kendall Bostic; and*

*Whereas, The team's success is the result of the hard work, skill, talent, and devotion of each player on the team and the support of Coach Layden, Assistant Varsity Coach Jeff Layden, staff, family, and friends: Therefore,*

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

SECTION 1. That the Indiana House of Representatives recognizes the Northwestern High School girls basketball team and its 2019 state championship.

SECTION 2. That the Principal Clerk of the House of Representatives shall transmit copies of this resolution to head coach Kathie Layden and the 2018-2019 Northwestern girls basketball team.

The resolution was read a first time and adopted by voice vote.

## ENGROSSED SENATE BILLS ON THIRD READING

### Engrossed Senate Bill 276

Representative Barrett called down Engrossed Senate Bill 276 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 434: yeas 94, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

### Engrossed Senate Bill 280

Representative Davisson called down Engrossed Senate Bill 280 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 435: yeas 93, nays 1. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

### Engrossed Senate Bill 293

Representative Heine called down Engrossed Senate Bill 293 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning courts and court officers.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 436: yeas 95, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

## REPORTS FROM COMMITTEES

### COMMITTEE REPORT

Mr. Speaker: Your Committee on Financial Institutions, to which was referred Senate Bill 613, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:



Delete the title and insert the following:

A BILL FOR AN ACT to amend the Indiana Code concerning trade regulation and to make an appropriation.

Page 9, delete lines 38 through 42, begin a new paragraph and insert:

"SECTION 8. IC 24-4.5-3-201, AS AMENDED BY P.L.159-2017, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 201. Loan Finance Charge for Consumer Loans ~~other than Supervised Loans~~ — (1) Except as provided in subsections ~~(5) and (6), and (8)~~; with respect to a consumer loan, ~~other than a supervised loan (as defined in section 50+ of this chapter)~~, a lender may contract for a loan finance charge, calculated according to the actuarial method, not exceeding ~~twenty-five~~ ~~thirty-six~~ percent ~~(25%)~~ **(36%)** per year on the unpaid balances of the principal.

(2) This section does not limit or restrict the manner of contracting for the loan finance charge, whether by way of add-on, discount, or otherwise, so long as the rate of the loan finance charge does not exceed that permitted by this section. If the loan is precomputed:

(a) the loan finance charge may be calculated on the assumption that all scheduled payments will be made when due; and

(b) the effect of prepayment is governed by the provisions on rebate upon prepayment in section 210 of this chapter.

(3) For the purposes of this section, the term of a loan commences with the date the loan is made. Differences in the lengths of months are disregarded, and a day may be counted as one-thirtieth (1/30) of a month. Subject to classifications and differentiations the lender may reasonably establish, a part of a month in excess of fifteen (15) days may be treated as a full month if periods of fifteen (15) days or less are disregarded and if that procedure is not consistently used to obtain a greater yield than would otherwise be permitted. For purposes of computing average daily balances, the creditor may elect to treat all months as consisting of thirty (30) days.

(4) With respect to a consumer loan made pursuant to a revolving loan account:

(a) the loan finance charge shall be deemed not to exceed the maximum annual percentage rate if the loan finance charge contracted for and received does not exceed a charge in each monthly billing cycle which is ~~two and eighty-three thousandths~~ ~~three percent (2.083%)~~ **(3%)** of an amount not greater than:

(i) the average daily balance of the debt;

(ii) the unpaid balance of the debt on the same day of the billing cycle; or

(iii) ~~subject to subsection (5)~~; the median amount within a specified range within which the average daily balance or the unpaid balance of the debt, on the same day of the billing cycle, is included; for the purposes of this subparagraph and subparagraph (ii), a variation of not more than four (4) days from month to month is "the same day of the billing cycle";

(b) if the billing cycle is not monthly, the loan finance charge shall be deemed not to exceed the maximum annual percentage rate if the loan finance charge contracted for and received does not exceed a percentage which bears the same relation to one-twelfth (1/12) the maximum annual percentage rate as the number of days in the billing cycle bears to thirty (30); and

(c) notwithstanding subsection (1), if there is an unpaid balance on the date as of which the loan finance charge is applied, the lender may contract for and receive a charge not exceeding fifty cents (\$0.50) if the billing cycle is monthly or longer, or the pro rata part of fifty cents (\$0.50) which bears the same relation to fifty cents (\$0.50) as the number of days in the billing cycle bears to thirty (30) if the billing cycle is shorter than monthly, but no charge may be made pursuant to this paragraph if the

lender has made an annual charge for the same period as permitted by the provisions on additional charges in section 202(1)(c) of this chapter.

~~(5) Subject to classifications and differentiations the lender may reasonably establish, the lender may make the same loan finance charge on all amounts financed within a specified range. A loan finance charge does not violate subsection (1) if:~~

~~(a) when applied to the median amount within each range, it does not exceed the maximum permitted by subsection (1); and~~

~~(b) when applied to the lowest amount within each range, it does not produce a rate of loan finance charge exceeding the rate calculated according to paragraph (a) by more than eight percent (8%) of the rate calculated according to paragraph (a).~~

~~(6) (5) With respect to a consumer loan not made pursuant to a revolving loan account, the lender may contract for and receive a minimum loan finance charge of not more than thirty fifty dollars (\$30): (\$50). The minimum loan finance charge allowed under this subsection may be imposed only if the lender does not assess a nonrefundable prepaid finance charge under subsection (8) (6) and:~~

~~(a) the debtor prepays in full a consumer loan, refinancing, or consolidation, regardless of whether the loan, refinancing, or consolidation is precomputed;~~

~~(b) the loan, refinancing, or consolidation prepaid by the debtor is subject to a loan finance charge that:~~

~~(i) is contracted for by the parties; and~~

~~(ii) does not exceed the rate prescribed in subsection (1); and~~

~~(c) the loan finance charge earned at the time of prepayment is less than the minimum loan finance charge contracted for under this subsection.~~

~~(7) The amount of thirty dollars (\$30) in subsection (6) is subject to change under the provisions on adjustment of dollar amounts (IC 24-4.5-1-106). However, notwithstanding IC 24-4.5-1-106(1), the Reference Base Index to be used under this subsection is the Index for October 1992.~~

~~(8) (6) Except as provided in subsection (6): (5), in addition to the loan finance charge provided for in this section and to any other charges and fees permitted by this chapter, a lender may contract for and receive a nonrefundable prepaid finance charge of not more than the following:~~

~~(a) In the case of a consumer loan that is secured by an interest in land and that:~~

~~(i) is not made under a revolving loan account, two percent (2%) of the loan amount; or~~

~~(ii) is made under a revolving loan account, two percent (2%) of the line of credit.~~

~~(b) In the case of consumer loan that is not secured by an interest in land, fifty one hundred dollars (\$50): (\$100).~~

~~(9) (7) The nonrefundable prepaid finance charge provided for in subsection (8) (6) is not subject to refund or rebate.~~

~~(10) (8) Notwithstanding subsections (8) (6) and (9): (7), in the case of a consumer loan that is not secured by an interest in land, if a lender retains any part of a nonrefundable prepaid finance charge charged on a loan that is paid in full by a new loan from the same lender, the following apply:~~

~~(a) If the loan is paid in full by the new loan within three (3) months after the date of the prior loan, the lender may not charge a nonrefundable prepaid finance charge on the new loan, or, in the case of a revolving loan, on the increased credit line.~~

~~(b) The lender may not assess more than two (2) nonrefundable prepaid finance charges to the same debtor in any twelve (12) month period.~~

~~(11) (9) In the case of a consumer loan that is secured by an interest in land, this section does not prohibit a lender from contracting for and receiving a fee for preparing deeds, mortgages, reconveyances, and similar documents under section~~

2021(d)(ii) of this chapter, in addition to the nonrefundable prepaid finance charge provided for in subsection (8): **(6)(a)**."

Delete pages 10 through 12.

Page 13, delete lines 1 through 2.

Page 43, delete lines 27 through 42, begin a new paragraph and insert:

"SECTION 41. IC 24-4.5-7-201.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 201.5. (1) For each unsecured consumer installment loan made under this chapter, a lender may charge a monthly maintenance fee computed in advance, for each full month in the loan term, not to exceed nine dollars (\$9) per one hundred dollars (\$100) of original principal. If an unsecured consumer installment loan is prepaid before the maturity of the loan term, the lender shall refund to the borrower a prorated portion of the monthly maintenance fee based upon the ratio that the days left in the loan term before maturity bears to the total number of days in the loan term.**

**(2) A lender may charge only those charges authorized in this chapter in connection with an unsecured consumer installment loan."**

Page 44, delete lines 1 through 10.

Page 45, line 12, delete "or an unsecured consumer".

Page 45, line 13, delete "installment loan".

Page 45, line 16, delete "proceeds." and insert "proceeds.

**A borrower may rescind an unsecured consumer installment loan without cost by paying the cash amount of the principal of the loan to the lender not later than the end of the third business day after the day on which the borrower receives the loan proceeds."**

Page 46, line 2, delete "a segregated fund" and insert **"the consumer financial education fund established by section 301.5 of this chapter"**.

Page 46, line 8, after "charge" insert **"or fee"**.

Page 46, between lines 9 and 10, begin a new paragraph and insert:

"SECTION 44. IC 24-4.5-7-301.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 301.5. (1) The consumer financial education fund is established for the purpose of paying:**

**(a) expenses incurred by the department in administering section 301(5) of this chapter and IC 24-4.5-8-109(6); and**

**(b) all expenses incurred and all compensation paid by the department relating to consumer financial education.**

**The department shall administer the fund.**

**(2) The fund consists of:**

**(a) money deposited in the fund under section 301(5) of this chapter and IC 24-4.5-8-109(6); and**

**(b) donations, gifts, and money received from any other source.**

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

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

**(5) Money in the fund at the end of a state fiscal year does not revert to the state general fund.**

**(6) Money in the fund is appropriated for the purpose set forth in subsection (1)."**

Page 47, line 22, delete "seven (7)" and insert **"fifteen (15)"**.

Page 47, line 29, delete "twelve (12)" and insert **"nine (9)"**.

Page 47, line 33, delete "seven (7)" and insert **"fifteen (15)"**.

Page 47, line 38, delete "seven (7)" and insert **"fifteen (15)"**.

Page 49, line 1, delete "charges" and insert **"fees"**.

Page 49, line 24, after "of the" insert **"third"**.

Page 49, line 24, delete "immediately following" and insert **"after"**.

Page 51, line 35, delete "of loan finance charge" and insert "of:

**(a) loan finance charge under section 201 of this chapter; or**

**(b) maintenance fee under section 201.5 of this chapter;"**.

Page 51, line 35, beginning with "provided" begin a new line blocked left.

Page 52, line 31, after "charge" insert **"or fee"**.

Page 53, line 25, after "charges" insert **"or fees"**.

Page 55, line 14, after "charges" insert **"or monthly maintenance fees"**.

Page 56, delete lines 35 through 42, begin a new paragraph and insert:

"SECTION 56. IC 24-4.5-8 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

**Chapter 8. Small Dollar Loans**

**Sec. 101. This chapter shall be known and may be cited as Uniform Consumer Credit Code — Small Dollar Loans.**

**Sec. 102. As used in this chapter, "department" refers to the department of financial institutions established under IC 28-11.**

**Sec. 103. As used in this chapter, "depository institution" has the meaning set forth in the Federal Deposit Insurance Act (12 U.S.C. 1813(c)). The term includes a credit union.**

**Sec. 104. As used in this chapter, "lender" means a person, other than a financial institution, that acquires and retains a license issued by the department to:**

**(a) make small dollar loans;**

**(b) take assignments of small dollar loans; or**

**(c) undertake the direct collection of payments from or the enforcement of rights against debtors arising from small dollar loans;**

**under this chapter.**

**Sec. 105. As used in this chapter, "refinance" means the:**

**(a) satisfaction; and**

**(b) replacement;**

**of an existing small dollar loan by a new small dollar loan made to the same consumer by the same licensee or by an employee or affiliate of the licensee.**

**Sec. 106. For purposes of this chapter and notwithstanding IC 24-4.5-1-301.5, a person "regularly engages" in an activity if the person:**

**(a) performed the activity at least one (1) time during the preceding calendar year; or**

**(b) performs or will perform the activity at least one (1) time during the current calendar year.**

**Sec. 107. As used in this chapter, "small dollar loan" means an unsecured loan with an amount financed of not more than three thousand dollars (\$3,000).**

**Sec. 108. This chapter:**

**(a) does not apply to an extension of credit originated by a depository institution; and**

**(b) applies to a person that:**

**(i) regularly engages in the making, taking assignments of, or undertaking the direct collection of payments from, or the enforcement of rights against, debtors arising from small dollar loans; or**

**(ii) is determined by the department to be engaged in the making, taking assignments of, or undertaking direct collection of payments from, or the enforcement of rights against, debtors arising from a transaction that is in substance a disguised small dollar loan or the application of another**

**subterfuge for the purpose of avoiding this chapter.**

**Sec. 109. (1) Except as provided in this chapter, a**

provision of this article that applies to a consumer loan applies to a small dollar loan.

(2) Subject to subsection (5), a person may not regularly engage in Indiana in any of the following unless the department first issues to the person a license under this chapter:

- (a) Making small dollar loans.
- (b) Taking assignments of small dollar loans.
- (c) Undertaking the direct collection of payments from or the enforcement of rights against debtors arising from small dollar loans.

(3) A person that seeks licensure under this chapter:

- (a) shall apply to the department for a license in the form and manner prescribed by the department; and
- (b) is subject to the same licensure requirements and procedures as an applicant for a license to make consumer loans (other than mortgage transactions) under IC 24-4.5-3-502.

(4) A person that seeks to make, take assignments of, or undertake the direct collection of payments from or the enforcement of rights against debtors arising from both:

- (a) small dollar loans under this chapter; and
- (b) consumer loans (other than mortgage transactions) that are not small loans;

must obtain a separate license from the department for loans described in subdivision (a) and loans described in subdivision (b), as described in IC 24-4.5-3-502(5).

(5) A loan that:

- (a) does not qualify as a small dollar loan under section 107 or 110 of this chapter;
- (b) is made for a term other than the term specified in section 110 of this chapter; or
- (c) is made in violation of section 111 or 114 of this chapter;

is subject to this article. The department may conform the loan finance charge for a loan described in this subsection to the limitations set forth in IC 24-4.5-3-201(1).

(6) For each license issued under this chapter, a lender shall remit to the department at the time of license renewal under IC 24-4.5-3-503.6:

- (a) an additional annual fee, paid separately, in the amount of one thousand dollars (\$1,000) per license; plus
- (b) an additional one thousand dollars (\$1,000) per branch location in Indiana from which the lender makes small dollar loans under this chapter, after the lender's first Indiana location from which the lender makes small dollar loans under this chapter;

to be held by the department in the consumer financial education fund established by IC 24-4.5-7-301.5 and used exclusively, in the department's discretion, for providing or supporting financial education programs for the benefit of Indiana consumers. A lender may not pass any part of the amounts required by this subsection onto borrowers by imposing an additional charge in connection with any small dollar loan, or through any charge authorized under section 111 of this chapter.

Sec. 110. (1) A small dollar loan shall be:

- (a) fully amortizing;
- (b) repayable in its entirety in substantially equal and consecutive payments; and
- (c) made for a term of:
  - (i) not less than one hundred eighty (180) days; and
  - (ii) not more than thirty-six (36) months.

(2) A small dollar loan may not be secured by real or personal property.

(3) A lender that enters into a small dollar loan transaction with a borrower must include in the loan contract the following statement in 14 point bold face type:

"This loan is made under IC 24-4.5-8 and is regulated by the Indiana Department of Financial Institutions."

Sec. 111. (1) With respect to a small dollar loan, a lender may contract for a loan finance charge, calculated according to the actuarial method, of not more than seventy-two percent (72%) per year on the unpaid balance of the principal.

(2) This section does not limit or restrict the manner of contracting for the loan finance charge, whether by way of add-on, discount, or otherwise, so long as the rate of the loan finance charge does not exceed that permitted by this section. If the loan is precomputed, the loan finance charge may be calculated on the assumption that all scheduled payments will be made when due.

(3) For purposes of this section, the term of a loan commences on the date the loan is made. Differences in the lengths of months are disregarded, and a day may be counted as one-thirtieth (1/30) of a month. Subject to classifications and differentiations the lender may reasonably establish, a part of a month in excess of fifteen (15) days may be treated as a full month if periods of fifteen (15) days or less are disregarded and if that procedure is not consistently used to obtain a greater yield than would otherwise be permitted. For purposes of computing average daily balances, the lender may elect to treat all months as consisting of thirty (30) days.

(4) A lender may charge, contract for, and receive only the following charges and fees with respect to a small dollar loan:

(a) A nonrefundable prepaid finance charge of not more than one hundred dollars (\$100). However, if a lender retains any part of the nonrefundable prepaid finance charge charged on a small dollar loan that is paid in full by a new small dollar loan from the same lender, the following apply:

- (i) If the loan is paid in full by the new loan within three (3) months after the date of the loan, the lender may not charge a prepaid finance charge on the new loan, or, in the case of a revolving loan, on the increased credit line.
- (ii) The lender may not assess more than two (2) prepaid finance charges to the same debtor in any twelve (12) month period.

(b) A delinquency charge in accordance with IC 24-4.5-3-203.5. A delinquency charge under this subdivision is not considered to be part of the loan finance charge.

(c) A charge, not to exceed twenty-five dollars (\$25), for each time an authorization to debit an account of the borrower is dishonored, or for each return by a bank or other depository institution of a dishonored:

- (i) check;
- (ii) electronic funds transfer;
- (iii) negotiable order of withdrawal; or
- (iv) share draft;

issued by the borrower. This charge may be assessed only one (1) time regardless of how many times an instrument or an authorization to debit the borrower's account may be submitted by the lender and dishonored.

Sec. 112. A licensee under this chapter may carry on other business at a location where the licensee makes small dollar loans unless the licensee carries on other business for the purpose of evasion or violation of this article.

Sec. 113. (1) This section applies to licensees and unlicensed persons.

(2) A person who violates this chapter:

- (a) is subject to the remedies provided in IC 24-4.5-5-202;
- (b) commits a deceptive act under IC 24-5-0.5 and is subject to the penalties listed in IC 24-5-0.5;
- (c) has no right to collect, receive, or retain any principal, interest, or other charges from a small

dollar loan; and

(d) is liable to the borrower for actual damages, statutory damages of two thousand dollars (\$2,000) per violation, costs, and attorney's fees.

However, subdivisions (c) and (d) do not apply if the violation is the result of an accident or bona fide error of computation. The remedies described in this subsection are in addition to all other remedies set forth in this article.

(3) The department may sue:

(a) to enjoin conduct that constitutes or will constitute a violation of this chapter; and

(b) for other equitable relief.

(4) The remedies provided in this section are cumulative, but are not intended to be the exclusive remedies available to a borrower. A borrower is not required to exhaust any administrative remedies under this chapter or any other law.

Sec. 114. A lender that makes small dollar loans, or an assignee of a small dollar loan, shall not commit nor cause to be committed any of the following:

(a) Threatening to use or using the criminal process in any state to collect on a small dollar loan.

(b) Threatening to take action against a borrower that is prohibited by this chapter.

(c) Making a misleading or deceptive statement regarding a:

(i) small dollar loan; or

(ii) consequence of taking a small dollar loan.

(d) Altering the date or other information on a check or an authorization to debit a borrower's account.

(e) Engaging in unfair, deceptive, or fraudulent practices in the making or collecting of a small dollar loan.

(f) Including any of the following provisions in a loan document:

(i) A hold harmless clause.

(ii) A confession of judgment clause.

(iii) An assignment of or order for payment of wages or other compensation for services.

(iv) A provision under which the borrower agrees not to assert a claim or defense arising out of contract.

(v) A waiver of a provision of this chapter.

Sec. 115. (1) A person engaged in making small dollar loans under this chapter shall post a bond to the department in the amount, as determined by the director, of:

(a) at least fifty thousand dollars (\$50,000) for each location where small dollar loans will be made; and

(b) not more than a maximum amount determined by the director.

(2) A surety bond issued for purposes of this section must:

(a) provide coverage for a lender engaged in making small dollar loans under this chapter in an amount as prescribed in subsection (1);

(b) be in a form prescribed by the director;

(c) be in effect during the term of the lender's license under this chapter;

(d) remain in effect during the two (2) years after the lender ceases offering financial services to individuals in Indiana;

(e) be payable to the department for the benefit of:

(i) the state; and

(ii) individuals who reside in Indiana when the individuals agree to receive financial services from the lender;

(f) be issued by a bonding, surety, or insurance company authorized to do business in Indiana and rated at least "A-" by at least one (1) nationally recognized investment rating service; and

(g) have payment conditioned upon:

(i) the lender's; or

(ii) any of the lender's employees' or agents'; noncompliance with or violation of this article or other applicable federal or state law.

(3) The director may adopt rules or guidance documents with respect to the requirements for a surety bond as necessary to implement this chapter.

(4) If the principal amount of a surety bond required under this section is reduced by payment of a claim or judgment, the lender for which the bond is issued shall immediately notify the director of the reduction and, not later than thirty (30) days after notice by the director, file a new or an additional surety bond in an amount set by the director. The amount of the new or additional bond set by the director must be equal to not less than the amount of the bond before payment of the claim or judgment.

(5) If for any reason a surety terminates a bond issued under this section, the lender shall immediately notify the department and file a new surety bond in an amount as prescribed in subsection (1).

(6) Cancellation of a surety bond issued under this section does not affect any liability incurred or accrued during the period during which the surety bond was in effect.

(7) The director may obtain satisfaction from a surety bond issued under this section if the director incurs expenses, issues a final order, or recovers a final judgment under this chapter.

(8) Notices required under this section must be in writing and delivered by certified mail, return receipt requested and postage prepaid, or by overnight delivery using a nationally recognized carrier.

Sec. 116. The department may adopt rules under IC 4-22-2 to implement this chapter."

Delete pages 57 through 62.

Page 63, delete lines 1 through 33.

Page 64, line 9, strike "the same as the".

Page 64, line 10, strike "maximum loan finance charge".

Page 64, line 10, strike "under".

Page 64, line 11, delete "IC 24-4.5-3-201." and insert "calculated according to the actuarial method and shall not exceed thirty-six percent (36%) per year on the unpaid balance of the principal."

Page 65, line 2, delete "IC 24-4.5-3-201" and insert "IC 24-4.5-3-201(6)".

Page 65, line 8, strike "two (2) times the rate specified in".

Page 65, line 9, delete "IC 24-4.5-3-201," and insert "seventy-two percent (72%) per year, calculated according to the actuarial method, on the unpaid balance of the principal,".

Renumber all SECTIONS consecutively.

(Reference is to SB 613 as printed February 22, 2019.) and when so amended that said bill do pass.

Committee Vote: yeas 7, nays 3.

BURTON, Chair

Report adopted.

Representative Moed, who had been present, is now excused.

## ENGROSSED SENATE BILLS ON THIRD READING

### Engrossed Senate Bill 322

Representative Huston called down Engrossed Senate Bill 322 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 437: yeas 94, nays 0. The bill was declared passed.

The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

Representative Moed, who had been excused, is now present.

**Engrossed Senate Bill 359**

Representative Kirchhofer called down Engrossed Senate Bill 359 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 438: yeas 95, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 438**

Representative Behning called down Engrossed Senate Bill 438 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 439: yeas 95, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 485**

Representative Gutwein called down Engrossed Senate Bill 485 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning labor and safety.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 440: yeas 90, nays 4. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**REPORTS FROM COMMITTEES**

COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred Engrossed Senate Bill 436, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

- Page 2, delete lines 29 through 42.
- Delete pages 3 through 4.
- Page 5, delete lines 1 through 2.
- Page 5, delete lines 27 through 42.
- Page 6, delete lines 1 through 25.
- Page 7, delete lines 16 through 42, begin a new paragraph and insert:

"SECTION 8. IC 12-15-12-18.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 18.5. (a) This section applies to hospital participation agreements between managed care organizations and multi-location hospitals that are entered into or renewed on or after July 1, 2019.**

**(b) The following definitions apply throughout this section:**

**(1) "Commonly licensed inpatient care facilities" means two (2) or more inpatient care facilities that are**

**licensed under the same hospital license.**

**(2) "Commonly licensed outpatient care facilities" means two (2) or more outpatient care facilities that are licensed under the same hospital license.**

**(3) "Covered" means an inpatient or outpatient hospital service or item for which coverage is provided to an individual enrolled in a risk based managed care program.**

**(4) "Hospital" means a hospital licensed under IC 16-21-2.**

**(5) "Hospital license" means a hospital license issued under IC 16-21-2.**

**(6) "Hospital participation agreement" means an agreement between a managed care organization and a multi-location hospital for the hospital's provision of covered inpatient or outpatient hospital services or items for individuals enrolled in a risk based managed care program. The term includes any amendment, addendum, or attachment to a direct or indirect agreement between a person and a multi-location hospital that provides for the hospital's provision of covered inpatient or outpatient hospital services or items for individuals enrolled in a risk based managed care program for which the person serves as a managed care organization.**

**(7) "Inpatient care facility" means a building:**  
**(A) where inpatient hospital services and items and outpatient hospital services and items are provided;**  
**(B) that is located on a parcel of property; and**  
**(C) that is licensed under IC 16-21-2.**

**The term does not include a building or inpatient care facility located on a separate parcel of property.**

**(8) "Multi-location hospital" means a hospital:**  
**(A) that consists of commonly licensed inpatient care facilities and commonly licensed outpatient care facilities; and**  
**(B) in which the commonly licensed outpatient care facilities are licensed under the same hospital license as the commonly licensed inpatient care facilities.**

**(9) "Outpatient care facility" means a building:**  
**(A) where outpatient hospital services and items are provided;**  
**(B) where inpatient hospital services and items are not provided, and the building does not contain inpatient equipment and inpatient beds for use in the delivery of inpatient hospital services at the building;**  
**(C) that is located on a parcel of property; and**  
**(D) that is licensed under IC 16-21-2.**

**The term does not include a building or outpatient care facility located on a separate parcel of property.**

**(10) "Outpatient hospital services" includes emergency services (as defined in IC 12-15-12-0.5).**

**(11) "Parcel of property" means a unit of land all parts of which are contiguous.**

**(12) "Risk based managed care program" means any Medicaid program to which this chapter applies.**

**(c) Subject to subsection (d), a hospital participation agreement between a managed care organization and a multi-location hospital must:**

**(1) include all commonly licensed inpatient care facilities and all commonly licensed outpatient care facilities of the multi-location hospital;**

**(2) include all covered inpatient hospital services and items and all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed inpatient care facilities;**

**(3) include all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed outpatient care facilities;**

**(4) reimburse the multi-location hospital for a covered**

inpatient hospital service or item at the same rate regardless of which of the commonly licensed inpatient care facilities provided the service or item; and  
 (5) reimburse the multi-location hospital for a covered outpatient hospital service or item at the same rate regardless of which of the commonly licensed outpatient care facilities or commonly licensed inpatient care facilities provided the service or item.

(d) A managed care organization and a multi-location hospital may agree in writing to waive one (1) or more of the requirements specified in subsection (c)(1) through (c)(5), as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019, if:

(1) the written agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5) is entered into between the managed care organization and the multi-location hospital on or after July 1, 2019;

(2) with regard to a hospital participation agreement entered into on or after July 1, 2019, the written agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5):

(A) is expressly stated in the hospital participation agreement; and

(B) applies only to the initial term of the hospital participation agreement; or

(3) with regard to a hospital participation agreement that is renewed on or after July 1, 2019, the written agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5):

(A) is stated in the agreement to renew the hospital participation agreement or, if there is no separate agreement for the renewal of the hospital participation agreement, the agreement to waive one (1) or more of the requirements of subsection (c)(1) through (c)(5) is set forth in a separate written agreement between the multi-location hospital and the managed care organization; and

(B) applies only to the term of the hospital participation agreement that is being renewed.

(e) An agreement between a managed care organization and a multi-location hospital that:

(1) purports to waive or limit one (1) or more of the requirements of subsection (c)(1) through (c)(5) for a hospital participation agreement entered into or renewed on or after July 1, 2019; and

(2) does not satisfy the applicable requirements of subsection (d);

is void.

(f) A direct or indirect agreement entered into or renewed between a managed care organization and a multi-location hospital before July 1, 2019, that would prevent the application of subsection (c) to a hospital participation agreement entered into or renewed on or after July 1, 2019, is void as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019.

(g) A managed care organization may not require a multi-location hospital to have a contract with an insurer under IC 27-8 or a contract with a health maintenance organization under IC 27-13 as a condition of entering into a hospital participation agreement with the hospital.

SECTION 9. IC 12-15-44.5-12 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 12. (a) This section applies to:

(1) emergency services provided to an individual enrolled in the plan; and

(2) medically necessary screening services provided to an individual enrolled in the plan who presents to an emergency department with an emergency medical condition.

(b) This section does not apply to emergency services or screening services provided to an individual enrolled in the plan by a provider who has contracted with the individual's managed care organization to provide emergency services to the individual.

(c) The following definitions apply throughout this section:

(1) "Emergency medical condition" has the meaning set forth in IC 12-15-12-0.3.

(2) "Emergency services" has meaning set forth in IC 12-15-12-0.5.

(d) The payment rate for emergency services and medically necessary screening services in the emergency department of a hospital licensed under IC 16-21 must be comparable to the federal Medicare reimbursement rate for the service provided by the provider or equal to one hundred thirty percent (130%) of the Medicaid reimbursement rate for a service that does not have a Medicare reimbursement rate. A managed care organization may not deny coverage to an eligible individual who has been approved by the office to participate in the plan.

(e) This section does not limit the ability of the managed care organization to review, and make a determination of, the medical necessity of the services provided in a hospital's emergency department for purposes of determining coverage for such services.

SECTION 10. IC 12-15-44.5-13 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 13. (a) This section applies to post-stabilization care services provided to an individual enrolled in the plan.

(b) The following definitions apply throughout this section:

(1) "Emergency medical condition" has the meaning set forth in IC 12-15-12-0.3.

(2) "Post-stabilization care services" refers to covered services related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition or, under the circumstances described in subsection (c)(3), to improve or resolve the enrollee's condition.

(c) The managed care organization through which an individual is enrolled in the plan is financially responsible for the following services provided to the enrollee:

(1) Post-stabilization care services that are preapproved by the managed care organization.

(2) Post-stabilization care services that are not preapproved by the managed care organization, but that are administered to maintain the enrollee's stabilized condition within one (1) hour of a request to the managed care organization for preapproval of further post-stabilization care services.

(3) Post-stabilization care services provided after an enrollee is stabilized that are not preapproved by the managed care organization, but that are administered to maintain, improve, or resolve the enrollee's stabilized condition if the managed care organization:

(A) does not respond to a request for preapproval within one (1) hour;

(B) cannot be contacted; or

(C) cannot reach an agreement with the enrollee's treating physician concerning the enrollee's care, and a physician representing the managed care organization is not available for consultation.

(d) If the conditions described in subsection (c)(3)(C) exist, the managed care organization shall give the enrollee's treating physician an opportunity to consult with a physician representing the managed care organization. The enrollee's treating physician may continue with care of the enrollee until a physician representing the managed care

organization is reached or until one (1) or more of the following criteria is met:

- (1) A physician:
  - (A) representing the managed care organization; and
  - (B) who has privileges at the treating hospital; assumes responsibility for the enrollee's care.
- (2) A physician representing the managed care organization assumes responsibility for the enrollee's care through transfer.
- (3) A representative of the managed care organization and the treating physician reach an agreement concerning the enrollee's care.
- (4) The enrollee is discharged from the treating hospital.

(e) This subsection applies to post-stabilization care services provided under subsection (c)(1), (c)(2), and (c)(3) to an individual enrolled in the plan by a provider who has not contracted with the individual's managed care organization to provide post-stabilization care services to the enrollee. The payment rate for post-stabilization care services provided under subsection (c)(1), (c)(2), and (c)(3) must be comparable to the federal Medicare reimbursement rate for the service provided by the provider, or one hundred thirty percent (130%) of the Medicaid reimbursement rate for a service that does not have a Medicare reimbursement rate. A managed care organization may not deny coverage to an eligible individual who has been approved by the office to participate in the plan.

(f) This section does not limit the ability of the office or the managed care organization to review, and make a determination of the medical necessity of, the post-stabilization care services provided to an enrollee for purposes of determining coverage for the services.

SECTION 11. IC 12-15-44.5-14 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 14. (a) This section applies to hospital participation agreements between managed care organizations and multi-location hospitals that are entered into or renewed on or after July 1, 2019.

(b) The following definitions apply throughout this section:

- (1) "Commonly licensed inpatient care facilities" means two (2) or more inpatient care facilities that are licensed under the same hospital license.
- (2) "Commonly licensed outpatient care facilities" means two (2) or more outpatient care facilities that are licensed under the same hospital license.
- (3) "Covered" means an inpatient or outpatient hospital service or item for which coverage is provided to an individual enrolled in the plan.
- (4) "Hospital" means a hospital licensed under IC 16-21-2.
- (5) "Hospital license" refers to a hospital license issued under IC 16-21-2.
- (6) "Hospital participation agreement" means an agreement between a managed care organization and a multi-location hospital for the hospital's provision of covered inpatient or outpatient hospital services or items for individuals enrolled in the plan. The term includes any amendment, addendum, or attachment to a direct or indirect agreement between a managed care organization and a multi-location hospital that provides for the hospital's provision of covered inpatient or outpatient hospital services or items for individuals enrolled in the plan.
- (7) "Inpatient care facility" means a building:
  - (A) where inpatient hospital services and items and outpatient hospital services and items are provided;
  - (B) that is located on a parcel of property; and

(C) that is licensed under IC 16-21-2.

The term does not include a building or inpatient care facility located on a separate parcel of property.

- (8) "Multi-location hospital" means a hospital:
  - (A) that consists of commonly licensed inpatient care facilities and commonly licensed outpatient care facilities; and
  - (B) in which the commonly licensed outpatient care facilities are licensed under the same hospital license as the commonly licensed inpatient care facilities.
- (9) "Outpatient care facility" means a building:
  - (A) where outpatient hospital services and items are provided;
  - (B) where inpatient hospital services and items are not provided, and the building does not contain inpatient equipment and inpatient beds for use in the delivery of inpatient hospital services at the building;
  - (C) that is located on a parcel of property; and
  - (D) that is licensed under IC 16-21-2.

The term does not include a building or outpatient care facility located on a separate parcel of property.

- (10) "Outpatient hospital services", for purposes of subsection (c)(2) and (c)(5), includes emergency services (as defined in IC 12-15-12-0.5).
- (11) "Parcel of property" means a unit of land all parts of which are contiguous.

(c) Subject to subsection (d), a hospital participation agreement between a managed care organization and a multi-location hospital must:

- (1) include all commonly licensed inpatient care facilities and all commonly licensed outpatient care facilities of the multi-location hospital;
- (2) include all covered inpatient hospital services and items and all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed inpatient care facilities;
- (3) include all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed outpatient care facilities;
- (4) reimburse the multi-location hospital for a covered inpatient hospital service or item at the same rate regardless of which of the commonly licensed inpatient care facilities provided the service or item; and
- (5) reimburse the multi-location hospital for a covered outpatient hospital service or item at the same rate regardless of which of the commonly licensed outpatient care facilities or commonly licensed inpatient care facilities provided the service or item.

(d) A managed care organization and a multi-location hospital may agree in writing to waive one (1) or more of the requirements of subsection (c)(1) through (c)(3), as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019, if:

- (1) the written agreement to so waive one (1) or more of the requirements of subsection (c)(1) through (c)(3) is entered into between the managed care organization and the multi-location hospital on or after July 1, 2019;
- (2) with regard to a hospital participation agreement entered into on or after July 1, 2019, the written agreement to waive one (1) or more of the requirements of subsection (c)(1) through (c)(3):
  - (A) is expressly stated in the hospital participation agreement; and
  - (B) applies only to the initial term of the hospital participation agreement; or
- (3) with regard to a hospital participation agreement that is renewed on or after July 1, 2019, the written agreement to waive one (1) or more of the requirements of subsection (c)(1) through (c)(3):

(A) is stated in the agreement to renew the hospital participation agreement or, if there is no separate agreement for the renewal of the hospital participation agreement, the agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(3) is set forth in a separate written agreement between the multi-location hospital and the managed care organization; and  
 (B) applies only to the term of the hospital participation agreement that is being renewed.

(e) An agreement between a managed care organization and a multi-location hospital that:

- (1) purports to waive or limit the requirements listed in subsection (c)(1) through (c)(3) for a hospital participation agreement entered into or renewed on or after July 1, 2019; and
- (2) does not satisfy the applicable requirements of subsection (d);

is void.

(f) A direct or indirect agreement entered into or renewed between a managed care organization and a multi-location hospital prior to July 1, 2019, that would prevent the application of subsection (c) to a hospital participation agreement entered into or renewed on or after July 1, 2019, is void as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019.

(g) A managed care organization may not require a multi-location hospital to have a contract with an insurer under IC 27-8, or a contract with a health maintenance organization under IC 27-13, as a condition for entering into a hospital participation agreement with the hospital.

SECTION 17. IC 27-8-11-13 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 13. (a) This section applies to hospital participation agreements between insurers and multi-location hospitals that are entered into or renewed on or after July 1, 2019.

(b) The following definitions apply throughout this section:

- (1) "Commonly licensed inpatient care facilities" means two (2) or more inpatient care facilities that are licensed under the same hospital license.
- (2) "Commonly licensed outpatient care facilities" means two (2) or more outpatient care facilities that are licensed under the same hospital license.
- (3) "Covered" means an inpatient or outpatient hospital service or item for which coverage is provided to an insured under the terms of a policy issued or administered by an insurer.
- (4) "Hospital" means a hospital licensed under IC 16-21-2.
- (5) "Hospital license" means a hospital license issued under IC 16-21-2.
- (6) "Hospital participation agreement" means an agreement between an insurer and a multi-location hospital for the hospital's provision of covered inpatient or outpatient hospital services or items to an insured of the insurer. The term includes an agreement described in section 3(a)(1) of this chapter, and any amendment, addendum, or attachment to a direct or indirect agreement between an insurer and a multi-location hospital that provides for the hospital's provision of covered inpatient or outpatient hospital services or items to an insured of the insurer.
- (7) "Inpatient care facility" means a building:
  - (A) where inpatient hospital services and items and outpatient hospital services and items are provided;
  - (B) that is located on a parcel of property; and
  - (C) that is licensed under IC 16-21-2.

The term does not include a building or inpatient care facility located on a separate parcel of property.

(8) "Multi-location hospital" means a hospital:

(A) that consists of commonly licensed inpatient care facilities and commonly licensed outpatient care facilities; and

(B) in which the commonly licensed outpatient care facilities are licensed under the same hospital license as the commonly licensed inpatient care facilities.

(9) "Outpatient care facility" means a building:

(A) where outpatient hospital services and items are provided;

(B) where inpatient hospital services and items are not provided, and the building does not contain inpatient equipment and inpatient beds for use in the delivery of inpatient hospital services at the building;

(C) that is located on a parcel of property; and

(D) that is licensed under IC 16-21-2.

The term does not include a building or outpatient care facility located on a separate parcel of property.

(10) "Outpatient hospital services", for purposes of subsection (c)(2) and (c)(5), includes emergency services (as defined in IC 12-15-12-0.5).

(11) "Parcel of property" means a unit of land all parts of which are contiguous.

(12) "Qualified inpatient care facility" means an inpatient care facility that, at the time a hospital participation agreement is entered into or, as applicable, at the time a hospital participation agreement is renewed, satisfies the following criteria, as certified by the multi-location hospital of which the inpatient care facility is a commonly licensed inpatient care facility (or, with regard to clause (A), as certified by an architect or engineer retained by the multi-location hospital):

(A) The building containing the inpatient care facility is at least sixty thousand (60,000) square feet in size, as measured using standards of the 2001 AIA Guidelines for Design and Construction for Healthcare Facilities.

(B) One hundred percent (100%) of the occupied floor area of the building is used, directly or indirectly, for:

(i) the delivery of inpatient hospital services or items;

(ii) the delivery of outpatient hospital services and items;

(iii) the staffing, supplying and equipping of inpatient and outpatient hospital services and items;

(iv) the delivery of other health care services; and

(v) the clinical, administrative, clerical, maintenance, engineering, and other activities that support items (i) through (iv).

(C) The inpatient care facility is staffed with physicians who are board certified inpatient hospitalists who make rounds at the inpatient care facility at least once per day.

(D) The inpatient care facility includes an emergency department that is staffed twenty-four (24) hours per day, seven (7) days per week, with physicians who are board certified in emergency medicine or trauma medicine, or both.

(E) The inpatient care facility has an onsite a Category II hospital pharmacy for emergency department and inpatient care.

(F) The inpatient care facility has an onsite pathology laboratory for emergency department and inpatient care.

(G) The inpatient care facility has onsite radiology services for emergency department and inpatient care, as well as onsite magnetic resonance imaging



services.

(H) The emergency department of the inpatient care facility has one (1) or more:

- (i) critical rooms; and
- (ii) rooms that are equipped specifically for eye injuries, orthopedic injuries, and to afford seclusion for patients.

(I) One (1) or more negative pressure rooms for treatment of patients are located within the inpatient care facility.

(J) One (1) or more rooms dedicated for use in hazardous materials and decontamination cases are located within the inpatient care facility.

(K) A fixed, permanent, and marked helicopter landing site, approved by the Federal Aviation Administration, is located within two hundred (200) feet of the inpatient care facility's emergency department.

(L) The inpatient care facility staffs, equips, and maintains at least six (6) inpatient beds for use exclusively in the delivery of inpatient hospital services. Hospital beds located in an emergency department that are used to provide inpatient hospital services to inpatients of the inpatient care facility are not eligible to be counted as inpatient beds.

(M) Licensed social workers are available onsite at the inpatient care facility at least sixteen (16) hours per day, seven days per week.

(c) Subject to subsections (d) and (g), a hospital participation agreement between an insurer and a multi-location hospital must:

- (1) include all commonly licensed inpatient care facilities and all commonly licensed outpatient care facilities of the multi-location hospital;
- (2) include all covered inpatient hospital services and items and all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed inpatient care facilities;
- (3) include all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed outpatient care facilities;
- (4) reimburse the multi-location hospital for a covered inpatient hospital service or item at the same rate regardless of which of the commonly licensed inpatient care facilities provided the service or item; and
- (5) reimburse the multi-location hospital for a covered outpatient hospital service or item at the same rate regardless of which of the commonly licensed outpatient care facilities or commonly licensed inpatient care facilities provided the service or item.

(d) An insurer and a multi-location hospital may agree in writing to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5), as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019, if:

- (1) the written agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5) is entered into between the insurer and the multi-location hospital on or after July 1, 2019;
- (2) with regard to a hospital participation agreement entered into on or after July 1, 2019, the written agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5):
  - (A) is expressly stated in the hospital participation agreement; and
  - (B) applies only to the initial term of the hospital participation agreement;
- (3) with regard to a hospital participation agreement that is renewed on or after July 1, 2019, the written agreement to waive one (1) or more of the

requirements listed in subsection (c)(1) through (c)(5):

(A) is stated in the agreement to renew the hospital participation agreement or, if there is no separate agreement for the renewal of the hospital participation agreement, the agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5) is set forth in a separate written agreement between the multi-location hospital and the insurer; and

(B) applies only to the term of the hospital participation agreement that is being renewed.

(e) An agreement between an insurer and a multi-location hospital that:

- (1) purports to waive or limit one (1) or more of the requirements listed in subsection (c)(1) through (c)(5) for a hospital participation agreement entered into or renewed on or after July 1, 2019; and
- (2) does not satisfy the applicable requirements of subsection (d);

is void.

(f) A direct or indirect agreement entered into or renewed between an insurer and a multi-location hospital prior to July 1, 2019 that would prevent the application of subsection (c) to a hospital participation agreement entered into or renewed on or after July 1, 2019 is void as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019.

(g) Notwithstanding subsection (c), a hospital participation agreement with a multi-location hospital need not include the inpatient hospital services and items provided at an inpatient care facility that is commonly licensed with other inpatient care facilities of the multi-location hospital if that inpatient care facility does not satisfy the requirements of a qualified inpatient care facility (as defined in subsection (b)(12)) at the time the hospital participation agreement is entered into or, as applicable, at the time the hospital participation agreement is renewed.

SECTION 18. IC 27-8-11-14 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 14. (a) This section applies to emergency services provided to an insured of an insurer.

(b) The following definitions apply throughout this section:

(1) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms, including severe pain, of sufficient severity that a prudent lay person with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- (A) serious jeopardy to the health of:
  - (i) the individual; or
  - (ii) in the case of a pregnant woman, the woman or her unborn child;
- (B) serious impairment to bodily functions; or
- (C) serious dysfunction of any bodily organ or part.

(2) "Emergency services" means covered health care services that are:

- (A) furnished by a provider qualified to furnish emergency services; and
- (B) needed to evaluate or stabilize an emergency medical condition.

(c) An insurer is financially responsible for emergency services provided to its insured.

(d) This subsection applies to emergency services provided to an insured by a provider who has not contracted with the insured's insurer to provide emergency services. Payment for emergency services must be in an amount comparable to two hundred percent (200%) of the federal Medicare reimbursement rate for the service provided by the provider, or two hundred sixty percent

(260%) of the Medicaid fee-for-service reimbursement rate for a service that does not have a Medicare reimbursement rate.

(e) Payment under subsection (d) for a provider's emergency services shall be made directly to the provider by the insurer in the event the insured has executed an assignment of benefits under IC 27-8-11.5.

(f) This section does not limit the ability of the insurer to review, and make a determination of, the medical necessity of the emergency services provided to an insured for purposes of determining coverage for such services.

SECTION 19. IC 27-8-11-15 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 15. (a) This section applies to post-stabilization care services provided to an insured.

(b) The following definitions apply throughout this section:

(1) "Emergency medical condition" has the meaning provided in section 3.5(b) of this chapter.

(2) "Post-stabilization care services" means covered health care services rendered by a provider that are related to an emergency medical condition and that are provided after an insured is stabilized in order to maintain the stabilized condition or, under the circumstances described in subsection (c)(3), to improve or resolve the insured's condition.

(c) The insurer is financially responsible for the following services provided to the insured:

(1) Post-stabilization care services that are preapproved by the insurer or the insurer's agent.

(2) Post-stabilization care services that are not preapproved by the insurer or the insurer's agent, but that are administered to maintain the insured's stabilized condition within one (1) hour of a request to the insurer for preapproval of post-stabilization care services.

(3) Post-stabilization care services provided after an insured is stabilized that are not preapproved by the insurer or the insurer's agent, but that are administered to maintain, improve, or resolve the insured's stabilized condition if the insurer:

(A) does not respond to a request for preapproval within one (1) hour;

(B) cannot be contacted; or

(C) cannot reach an agreement with the insured's treating physician concerning the insured's care, and a physician representing the insurer is not available for consultation.

(d) If the conditions described in subsection (c)(3)(C) exist, the insurer shall give the insured's treating physician an opportunity to consult with a physician representing the insurer. The insured's treating physician may continue with care of the insured until a physician representing the insurer is reached or until one (1) of the following criteria is met:

(1) A physician:

(A) representing the insurer; and

(B) who has privileges at the treating hospital; assumes responsibility for the insured's care.

(2) A physician representing the insurer assumes responsibility for the insured's care through transfer.

(3) A representative of the insurer and the insured's treating physician reach an agreement concerning the insured's care.

(4) The insured is discharged from the treating hospital.

(e) This subsection applies to post-stabilization care services provided under subsection (c)(1), (c)(2), or (c)(3) to an insured by a provider who has not contracted with the insured's insurer to provide post-stabilization care services to the insured. Payment for post-stabilization care services

provided under subsection (c)(1), (c)(2), or (c)(3) must be comparable to two hundred percent (200%) of the federal Medicare reimbursement rate for the service provided by the provider; or two hundred sixty percent (260%) of the Medicaid fee-for-service reimbursement rate for a service that does not have a Medicare reimbursement rate.

(f) Payment under subsection (e) for an out-of-network provider's post-stabilization care services shall be made directly to the provider by the insurer in the event the insured has executed an assignment of benefits under IC 27-8-11.5.

(g) This section does not limit the ability of the insurer to review, and make a determination of, the medical necessity of the post-stabilization care services provided to an insured for purposes of determining coverage for such services.

SECTION 20. IC 27-8-11.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

Chapter 11.5. Assignment of Benefits for Emergency Services and Post-Stabilization Care Services Provided to Insureds

Sec. 1. The following definitions apply throughout this chapter:

(1) "Assignment of benefits" means a written instrument that:

(A) is executed:

(i) by an insured; or

(ii) for an insured by the authorized representative of the insured; and

(B) assigns to a provider the insured's right to receive reimbursement for emergency services or post-stabilization care services, or both, that are provided by the provider to the insured.

(2) "Emergency services" has the meaning set forth in IC 27-8-11-14.

(3) "Health care services" has the meaning set forth in IC 27-8-11-1. The term includes ambulance services provided by a hospital.

(4) "Insured" has the meaning set forth in IC 27-8-11-1.

(5) "Insurer" includes the following:

(A) An insurer (as defined in IC 27-8-11-1 that issues a policy.

(B) An administrator licensed under IC 27-1-25 that pays or administers claims for benefits under a policy.

(6) "Noncontracted provider" means a provider that has not entered into a reimbursement agreement described in IC 27-8-11-3(a) with an insured's insurer.

(7) "Policy" refers to a policy of accident and sickness insurance (as defined in IC 27-8-5-1).

(8) "Post-stabilization care services" has the meaning set forth in IC 27-8-11-15(b).

(9) "Provider" has the meaning set forth in IC 27-8-11-1.

Sec. 2. (a) Except as provided in subsection (b), if:

(1) an insured's policy provides coverage for emergency services or post-stabilization care services, or both;

(2) emergency services or post stabilization care services, or both, are rendered by a noncontracted provider to the insured; and

(3) the noncontracted provider:

(A) has an assignment of benefits with regard to the insured to whom the emergency services or post stabilization care services, or both, were rendered, that assigns to the noncontracted provider the insured's right to reimbursement for the emergency services or post-stabilization care services, or both, as applicable; and

(B) provides written or electronic notification to the

insurer that the noncontracted provider:

- (i) has rendered the emergency services or post-stabilization care services, or both, to the insured; and
- (ii) has the assignment of benefits;

the insurer shall pay the reimbursement owed to the noncontracted provider under this chapter directly to the noncontracted provider for the emergency services or post-stabilization care services, or both, as applicable, and send written notice of the payment to the insured or the authorized representative of the insured.

(b) An insurer is not required to make a benefit payment directly to a noncontracted provider described in subsection (a) if the noncontracted provider has been convicted of fraud.

(c) This section does not require:

- (1) coverage for benefits not covered under the terms of a policy; or
- (2) payment to a noncontracted provider that is not eligible for payment under the terms of a policy.

Sec. 3. If:

- (1) a noncontracted provider is entitled to a direct payment under section 2(a) of this chapter;
- (2) the insurer makes the payment owed under this chapter to the insured or the authorized representative of the insured rather than to the noncontracted provider; and
- (3) the noncontracted provider notifies the insurer that the noncontracted provider has not received the payment owed to the noncontracted under this chapter;

the insurer, not more than thirty (30) days after receiving the notice from the noncontracted provider, shall pay directly to the noncontracted provider the reimbursement owed under this chapter to the noncontracted provider.

Sec. 4. (a) The rate of reimbursement paid by the insurer to a provider under section 2(a) for the provider's provision of emergency services shall be equal to the rate set forth in IC 27-8-11-14(d).

(b) The rate of reimbursement paid by the insurer to a provider under section 2(a) for the provider's provision of post-stabilization care services shall be equal to the rate set forth in IC 27-8-11-15(e).

Sec. 5. If:

- (1) a noncontracted provider is entitled to a direct payment under section 10(a) of this chapter; and
- (2) there is a good faith dispute regarding the:
  - (A) legitimacy of the claim relating to the health care service rendered;
  - (B) appropriate amount of reimbursement for the claim; or
  - (C) authorization for the assignment of benefits;

the insurer, not more than fourteen (14) business days after the insurer receives the claim and all documentation reasonably necessary to determine claim payment, shall provide notice of the dispute to the noncontracted provider or the noncontracted provider's agent.

Sec. 6. (a) An insurer that does not comply with this chapter shall pay interest for each day of noncompliance at the same interest rate as provided in IC 12-15-21-3(7)(A).

(b) IC 27-8-5.7 applies to payment of a claim submitted to an insurer by a noncontracted provider in compliance with this chapter.

Sec. 7. A noncontracted provider, by accepting an assignment of benefits from an insured, does not agree to accept an insurer's fee schedule or specific payment rate as payment in full, partial payment, or appropriate payment.

Sec. 8. A policy or contract provision that violates this chapter is void.

SECTION 21. IC 27-13-15-1.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS

FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1.3. (a) This section applies to hospital participation agreements between health maintenance organizations and multi-location hospitals that are entered into or renewed on or after July 1, 2019.

(b) The following definitions apply throughout this section:

- (1) "Commonly licensed inpatient care facilities" means two (2) or more inpatient care facilities that are licensed under the same hospital license.
- (2) "Commonly licensed outpatient care facilities" means two (2) or more outpatient care facilities that are licensed under the same hospital license.
- (3) "Covered" means an inpatient or outpatient hospital service or item for which coverage is provided to an enrollee of a health maintenance organization, including coverage provided to an enrollee in a Medicare Advantage Plan that is offered by or through a health maintenance organization.
- (4) "Hospital" means a hospital licensed under IC 16-21-2.
- (5) "Hospital license" means a hospital license issued under IC 16-21-2.
- (6) "Hospital participation agreement" means an agreement between a health maintenance organization and a multi-location hospital for the multi-location hospital's provision of covered inpatient or outpatient hospital services or items to an enrollee of the health maintenance organization. The term includes any amendment, addendum, or attachment to a direct or indirect agreement between a health maintenance organization and a multi-location hospital that provides for the multi-location hospital's provision of covered inpatient or outpatient hospital services or items to an enrollee of the health maintenance organization.
- (7) "Inpatient care facility" means a building:
  - (A) where inpatient hospital services and items and outpatient hospital services and items are provided;
  - (B) that is located on a parcel of property; and
  - (C) that is licensed under IC 16-21-2.

The term does not include a building or inpatient care facility located on a separate parcel of property.

- (8) "Multi-location hospital" means a hospital:
  - (A) that consists of commonly licensed inpatient care facilities and commonly licensed outpatient care facilities; and
  - (B) in which the commonly licensed outpatient care facilities are licensed under the same hospital license as the commonly licensed inpatient care facilities.
- (9) "Outpatient care facility" means a building:
  - (A) where outpatient hospital services and items are provided;
  - (B) where inpatient hospital services and items are not provided, and the building does not contain inpatient equipment and inpatient beds for use in the delivery of inpatient hospital services at the building;
  - (C) that is located on a parcel of property; and
  - (D) that is licensed under IC 16-21-2.

The term does not include a building or outpatient care facility located on a separate parcel of property.

(10) "Outpatient hospital services", for purposes of subsection (c)(2) and (c)(5), includes emergency services (as defined in IC 12-15-12-0.5).

- (11) "Parcel of property" means a unit of land all parts of which are contiguous.
- (12) "Qualified inpatient care facility" means an inpatient care facility that, at the time a hospital participation agreement is entered into or, as applicable, at the time a hospital participation

agreement is renewed, satisfies the following criteria, as certified by the multi-location hospital of which the inpatient care facility is a commonly licensed inpatient care facility (or, with regard to clause (A), as certified by an architect or engineer retained by the multi-location hospital):

(A) The building containing the inpatient care facility is at least sixty thousand (60,000) square feet in size, as measured using standards of the 2001 AIA Guidelines for Design and Construction for Healthcare Facilities.

(B) One hundred percent (100%) of the occupied floor area of the building is used, directly or indirectly, for:

- (i) the delivery of inpatient hospital services or items;
- (ii) the delivery of outpatient hospital services and items;
- (iii) the staffing, supplying and equipping of inpatient and outpatient hospital services and items;
- (iv) the delivery of other health care services; and
- (v) the clinical, administrative, clerical, maintenance, engineering, and other activities that support the items listed in items (1) through (iv).

(C) The inpatient care facility is staffed with physicians who are board certified inpatient hospitalists who make rounds at the inpatient care facility at least once per day.

(D) The inpatient care facility includes an emergency department that is staffed twenty-four (24) hours a day, seven (7) days a week, with physicians who are board certified in emergency medicine or trauma medicine, or both.

(E) The inpatient care facility has an onsite a Category II hospital pharmacy for emergency department and inpatient care.

(F) The inpatient care facility has an onsite pathology laboratory for emergency department and inpatient care.

(G) The inpatient care facility has onsite radiology services for emergency department and inpatient care, as well as onsite magnetic resonance imaging services.

(H) The emergency department of the inpatient care facility has one (1) or more:

- (i) critical rooms; and
- (ii) rooms that are equipped specifically for eye injuries, orthopedic injuries, and to afford seclusion for patients.

(I) One (1) or more negative pressure rooms for treatment of patients are located within the inpatient care facility.

(J) One (1) or more rooms dedicated for use in hazardous materials and decontamination cases are located within the inpatient care facility.

(K) A fixed, permanent, and marked helicopter landing site, approved by the Federal Aviation Administration, is located within two hundred (200) feet of the inpatient care facility's emergency department.

(L) The inpatient care facility staffs, equips, and maintains at least six (6) inpatient beds for use exclusively in the delivery of inpatient hospital services. Hospital beds located in an emergency department that are used to provide inpatient hospital services to inpatients of the inpatient care facility are not eligible to be counted as inpatient beds.

(M) Licensed social workers are available onsite at

the inpatient care facility at least sixteen (16) hours per day, seven days per week).

(c) Subject to subsections (d) and (g), a hospital participation agreement between a health maintenance organization and a multi-location hospital must:

(1) include all commonly licensed inpatient care facilities and all commonly licensed outpatient care facilities of the multi-location hospital;

(2) include all covered inpatient hospital services and items and all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed inpatient care facilities;

(3) include all covered outpatient hospital services and items that are provided at the multi-location hospital's commonly licensed outpatient care facilities;

(4) reimburse the multi-location hospital for a covered inpatient hospital service or item at the same rate regardless of which of the commonly licensed inpatient care facilities provided the service or item; and

(5) reimburse the multi-location hospital for a covered outpatient hospital service or item at the same rate regardless of which of the commonly licensed outpatient care facilities or commonly licensed inpatient care facilities provided the service or item.

(d) A health maintenance organization and a multi-location hospital may agree in writing to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5), as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019, if:

(1) the written agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5) is entered into between the health maintenance organization and the multi-location hospital on or after July 1, 2019;

(2) with regard to a hospital participation agreement entered into on or after July 1, 2019, the written agreement to waive one (1) or more of the requirements listed in subsections (c)(1) through (c)(5):

(A) is expressly stated in the hospital participation agreement; and

(B) applies only to the initial term of the hospital participation agreement;

(3) with regard to a hospital participation agreement that is renewed on or after July 1, 2019, the written agreement to waive one (1) or more of the requirements listed in subsection (c)(1) through (c)(5):

(A) is stated in the agreement to renew the hospital participation agreement or, if there is no separate agreement for the renewal of the hospital participation agreement, the agreement to waive one (1) or more of the requirements of subsection (c)(1) through (c)(5) is set forth in a separate written agreement between the multi-location hospital and the health maintenance organization; and

(B) applies only to the term of the hospital participation agreement that is being renewed.

(e) An agreement between a health maintenance organization and a multi-location hospital that:

(1) purports to waive or limit one (1) or more of the requirements listed in subsection (c)(1) through (c)(5) for a hospital participation agreement entered into or renewed on or after July 1, 2019; and

(2) does not satisfy the applicable requirements of subsection (d);

is void.

(f) A direct or indirect agreement entered into or renewed between a health maintenance organization and a multi-location hospital prior to July 1, 2019 that would prevent the application of subsection (c) to a hospital

participation agreement entered into or renewed on or after July 1, 2019 is void as applied to a hospital participation agreement entered into or renewed on or after July 1, 2019.

(g) Notwithstanding subsection (c), a hospital participation agreement with a multi-location hospital is not required to include the inpatient hospital services and items provided at an inpatient care facility that is commonly licensed with other inpatient care facilities of the multi-location hospital if that inpatient care facility does not satisfy the requirements of a qualified inpatient care facility (as defined in subsection (b)) at the time the hospital participation agreement is entered into or, as applicable, at the time the hospital participation agreement is renewed.

SECTION 22. IC 27-13-36-9.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 9.2. (a) The following definitions apply throughout this section:

(1) "Care obtained in an emergency" means, with respect to an enrollee, covered services that are:

(A) furnished by a provider within the scope of the provider's license and as otherwise authorized under law; and

(B) needed to evaluate or stabilize an individual in an emergency.

(2) "Stabilize" means to provide medical treatment to an individual in an emergency as may be necessary to assure, within reasonable medical probability, that material deterioration of the individual's condition is not likely to result from or during any of the following:

(A) The discharge of the individual from an emergency department or other care setting where emergency services are provided to the individual.

(B) The transfer of the individual from an emergency department or other care setting where emergency services are provided to the individual to another health care facility.

(C) The transfer of the individual from a hospital emergency department or other hospital care setting where emergency services are provided to the individual to the hospital's inpatient setting.

(b) As described in subsection (c), each health maintenance organization shall cover and reimburse expenses for care obtained in an emergency by an enrollee without:

(1) prior authorization; or

(2) regard to the contractual relationship between:

(A) the provider who provided health care services to the enrollee in an emergency; and

(B) the health maintenance organization;

in a situation where a prudent lay person could reasonably believe that the enrollee's condition required immediate medical attention. The emergency care obtained by an enrollee under this section includes care for the alleviation of severe pain, which is a symptom of an emergency as provided in IC 27-13-1-11.7.

(c) Each health maintenance organization shall cover and reimburse expenses for care obtained in an emergency from an out of network provider at a rate comparable to two hundred percent (200%) of the federal Medicare reimbursement rate for the service provided by the provider, or two hundred sixty percent (260%) of the Medicaid fee-for-service reimbursement rate for a service that does not have a Medicare reimbursement rate. emergency services at a rate equal to the lesser of the following:

(1) The usual, customary, and reasonable charge in the health maintenance organization's service area for health care services provided during the emergency.

(2) An amount agreed to between the health maintenance organization and the out of network provider.

A provider that provides emergency services to an enrollee under this section may not charge the enrollee except for an applicable copayment or deductible. Care and treatment provided to an enrollee once the enrollee is stabilized is not care obtained in an emergency.

(d) Payment under subsection (c) for a provider's care provided in an emergency shall be made directly to the provider by the health maintenance organization in the event the enrollee has executed an assignment of benefits under IC 27-13-36.5.

(e) This section does not limit the ability of the health maintenance organization to review, and make a determination of, the medical necessity of the emergency services provided to an enrollee for purposes of determining coverage for such services.

SECTION 23. IC 27-13-36-9.3. IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 9.3. (a) This section applies to post-stabilization care services provided to an enrollee of a health maintenance organization.

(b) As used in this section, "post-stabilization care services" means covered health care services related to an emergency that are provided after an enrollee is stabilized in order to maintain the stabilized condition or, under the circumstances described in subsection (c)(3), to improve or resolve the enrollee's condition.

(c) The health maintenance organization is financially responsible for the following services provided to the enrollee:

(1) Post-stabilization care services that are preapproved by the health maintenance organization or the health maintenance organization's agent.

(2) Post-stabilization care services that are not preapproved by the health maintenance organization or the health maintenance organization's agent, but that are administered to maintain the enrollee's stabilized condition within one (1) hour of a request to the health maintenance organization for preapproval of post-stabilization care services.

(3) Post-stabilization care services provided after an enrollee is stabilized that are not preapproved by the health maintenance organization or the health maintenance organization's agent, but that are administered to maintain, improve, or resolve the enrollee's stabilized condition if the health maintenance organization:

(A) does not respond to a request for preapproval within one (1) hour;

(B) cannot be contacted; or

(C) cannot reach an agreement with the enrollee's treating physician concerning the enrollee's care, and a physician representing the health maintenance organization is not available for consultation.

(d) If the conditions described in subsection (c)(3)(C) exist, the health maintenance organization shall give the enrollee's treating physician an opportunity to consult with a physician representing the health maintenance organization. The enrollee's treating physician may continue with care of the enrollee until a physician representing the health maintenance organization is reached or until one (1) of the following criteria is met:

(1) A physician:

(A) representing the health maintenance organization; and

(B) who has privileges at the treating hospital; assumes responsibility for the enrollee's care.

(2) A physician representing the health maintenance organization assumes responsibility for the enrollee's care through transfer.

(3) A representative of the health maintenance organization and the enrollee's treating physician reach an agreement concerning the enrollee's care.

(4) The enrollee is discharged from the treating hospital.

(e) This subsection applies to post-stabilization care services provided under subsection (c)(1), (c)(2), and (c)(3) to an enrollee by an out of network provider. Payment for post-stabilization care services provided under subsection (c)(1), (c)(2), and (c)(3) must be in an amount comparable to two hundred percent (200%) of the federal Medicare reimbursement rate for the service provided by the provider, or two hundred sixty percent (260%) of the Medicaid fee-for-service reimbursement rate for a service that does not have a Medicare reimbursement rate.

(f) Payment under subsection (d) for a provider's care provided in an emergency shall be made directly to the provider by the health maintenance organization in the event the enrollee has executed an assignment of benefits under IC 27-13-36.5.

(g) This section does not limit the ability of the health maintenance organization to review, and make a determination of, the medical necessity of the emergency services provided to an enrollee for purposes of determining coverage for such services.

SECTION 24. IC 27-13-36.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

**Chapter 36.5. Assignment of Benefits for Emergency Services and Post-Stabilization Care Services Provided to Enrollees of Health Maintenance Organizations**

**Sec. 1.** The following definition apply throughout this chapter:

(1) "Assignment of benefits" means a written instrument that:

(A) is executed:

(i) by an enrollee; or

(ii) for an enrollee by the authorized representative of the enrollee; and

(B) assigns to a nonparticipating provider:

(i) the enrollee's right to receive reimbursement for the health care services provided for the enrollee by the nonparticipating provider under IC 27-13-36-9;

(ii) the enrollee's right to receive reimbursement for the post stabilization care services provided for the enrollee by the nonparticipating provider under IC 27-13-36-9.3; or

(iii) the rights described under both items (i) and (ii).

(2) "Nonparticipating provider" means a provider that is not a participating provider.

**Sec. 2.** (a) Except as provided in subsection (b), if:

(1) an enrollee is entitled to coverage for health care services obtained in an emergency under IC 27-13-36-9 or post-stabilization care services obtained under IC 27-13-36-9.3, or both;

(2) the nonparticipating provider furnished health care services for the enrollee in an emergency under IC 27-13-36-9 or furnished post stabilization care services under IC 27-13-36-9.3, or both; and

(3) the nonparticipating provider:

(A) has an assignment of benefits with regard to the enrollee to whom the services described in subdivision (2) were rendered, that assigns to the nonparticipating provider the enrollee's right to reimbursement for such services; and

(B) provides written or electronic notification to the

health maintenance organization that the nonparticipating provider:

(i) has furnished health care services for the enrollee in an emergency under IC 27-13-36-9 or furnished post stabilization care services for the enrollee under IC 27-13-36-9.3, or both; and

(ii) has the assignment of benefits;

the health maintenance organization shall directly reimburse the nonparticipating provider for the health care services provided by the provider under IC 27-13-36-9 or the post stabilization care services provided by the provider under IC 27-13-36-9.3, or both.

(b) An health maintenance organization is not required to make a payment directly to a nonparticipating provider described in subsection (a)(2) if the nonparticipating provider has been convicted of fraud.

(c) This section does not require:

(1) health care services for which coverage is not provided for an enrollee; or

(2) payment to a nonparticipating provider that is not eligible for reimbursement under an enrollee's coverage.

**Sec. 3.** If:

(1) a nonparticipating provider is entitled to direct reimbursement under section 3(a) of this chapter;

(2) the health maintenance organization tenders the reimbursement to the enrollee or a representative of the enrollee rather than to the nonparticipating provider; and

(3) the nonparticipating provider notifies the health maintenance organization that the nonparticipating provider has not received the reimbursement;

the health maintenance organization, not more than thirty (30) days after receiving the notice from the nonparticipating provider, shall tender the reimbursement owed to the nonparticipating provider under this chapter directly to the nonparticipating provider.

**Sec. 4.** (a) The rate of reimbursement paid by the health maintenance organization to the nonparticipating provider under section 3(a) of this chapter for the provider's provision of health care services obtained in an emergency under IC 27-13-36-9 shall be the rate set forth in IC 27-13-36-9(d).

(b) The rate of reimbursement paid by the health maintenance organization to the nonparticipating provider under section 3(a) for the provider's provision of post stabilization care services under IC 27-13-36-9.3 shall be the rate set forth in IC 27-13-36-9.3(e).

**Sec. 5.** If:

(1) a nonparticipating provider is entitled to be reimbursed directly by the health maintenance organization under section 3(a) of this chapter; and

(2) there is a good faith dispute regarding the:

(A) legitimacy of the claim relating to the health care service rendered;

(B) appropriate amount of reimbursement for the claim; or

(C) authorization for the assignment of benefits;

the health maintenance organization, not more than fourteen (14) business days after the health maintenance organization receives the claim and all documentation reasonably necessary to determine claim payment, shall provide notice of the dispute to the nonparticipating provider or the nonparticipating provider's agent.

**Sec. 6.** (a) A health maintenance organization that does not comply with this chapter shall pay interest for each day of noncompliance at the same interest rate prescribed in IC 12-15-21-3(7)(A).

(b) IC 27-13-36.2-4 applies to payment of a claim submitted to a health maintenance organization by a nonparticipating provider in compliance with this chapter.

**Sec. 7. A nonparticipating provider, by accepting an assignment of benefits from an enrollee, does not agree to accept a health maintenance organizations' fee schedule or specific payment rate as payment in full, partial payment, or appropriate payment.**

**Sec. 8. A provision of a group contract or an individual contract that violates this chapter is void."**

Delete pages 8 through 35.

Page 36, between lines 10 and 11, begin a new paragraph and insert:

**"SECTION 27. [EFFECTIVE UPON PASSAGE] (a) This SECTION applies to a hospital licensed under IC 16-21-2 that, during the period January 8, 2018, through June 30, 2019, submitted claims to a managed care organization (as defined in IC 12-7-2-126.9) for covered health care services or items provided to individuals enrolled in a Medicaid risk based managed care program governed by IC 12-15-12, or for covered health care services or items provided to individuals enrolled in the Healthy Indiana Plan under IC 12-15-44.5, using an incorrect or otherwise inapplicable NPI code.**

**(b) As used in this SECTION, "NPI" refers to a National Provider Identifier record assigned by the Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES).**

**(c) Any managed care organization receiving claims described in subsection (a) shall allow the hospital to resubmit the claims using a correct NPIs, or otherwise reconcile the claims described in subsection (a) with the hospital's correct NPI, and shall pay the amounts due the hospital for the claims as if the claims had been originally submitted using the correct NPI. The reimbursement for each claim shall be paid to the hospital within sixty (60) days after the hospital provides the correct NPI for the claims to the managed care organization.**

**(d) This SECTION expires January 1, 2021.**

**SECTION 28. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "school based health center" means a clinic operated on behalf of a public school, including a charter school, that provides health care services either:**

- (1) by qualified health care providers employed by the school; or**
- (2) through a contract with a health care provider.**

**(b) The office of the secretary of family and social services shall study the feasibility and best means to provide:**

- (1) Medicaid reimbursement for health care services and school based services to specified individuals provided by a school based health center; and**
- (2) supplemental Medicaid reimbursement payments to qualified school based health centers under the fee for service Medicaid program.**

**(c) The office of the secretary of family and social services shall submit a report detailing the office's findings to the members of the interim study committee on public health, behavioral health, and human services (established by IC 2-5-1.3-4) and to the legislative council in an electronic format under IC 5-14-6 before November 1, 2019.**

**(d) This SECTION expires January 1, 2020."**

Renumber all SECTIONS consecutively.

(Reference is to ESB 436 as printed April 5, 2019.) and when so amended that said bill do pass.

Committee Vote: yeas 18, nays 3.

HUSTON, Chair

Report adopted.

**ENGROSSED SENATE BILLS  
ON THIRD READING**

Representative Heine, who had been present, is now excused.

**Engrossed Senate Bill 498**

Representative T. Brown called down Engrossed Senate Bill 498 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 441: yeas 94, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 518**

Representative Steuerwald called down Engrossed Senate Bill 518 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 442: yeas 95, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

Representative Heine, who had been excused, is now present.

**Engrossed Senate Bill 519**

Representative McNamara called down Engrossed Senate Bill 519 for third reading:

A BILL FOR AN ACT concerning criminal law and procedure.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 443: yeas 95, nays 1. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 535**

Representative Davisson called down Engrossed Senate Bill 535 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 444: yeas 69, nays 26. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

**Engrossed Senate Bill 546**

Representative Behning called down Engrossed Senate Bill 546 for third reading:

A BILL FOR AN ACT concerning education.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 445: yeas 94, nays 2. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

### Engrossed Senate Bill 575

Representative Kirchhofer called down Engrossed Senate Bill 575 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 446: yeas 95, nays 1. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

### Engrossed Senate Bill 606

Representative Cook called down Engrossed Senate Bill 606 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 447: yeas 96, nays 1. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

## REPORTS FROM COMMITTEES

### COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred Engrossed Senate Bill 552, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 12 through 15.

Delete page 2.

Page 3, delete lines 1 through 31.

Page 4, between lines 18 and 19, begin a new paragraph and insert:

"SECTION 8. IC 4-33-2-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 2.5. "Advisory board" means the Vigo County inland casino advisory board established by IC 4-33-25-2.**"

Page 4, between lines 40 and 41, begin a new paragraph and insert:

"SECTION 11. IC 4-33-2-20 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 20. "Undue economic concentration" means a person's actual or potential domination of casino gambling in Indiana sufficient to:**

- (1) substantially impede or suppress competition among licensed owners and an operating agent;**
- (2) adversely impact the economic stability of the casino industry in Indiana; or**
- (3) negatively impact tourism, economic development, benefits to local communities, and state and local revenues."**

Page 5, delete lines 35 through 42.

Page 6, delete lines 1 through 31.

Page 6, line 37, strike "ten (10)" and insert "**eleven (11)**".

Page 6, line 38, strike "ten (10) licenses are" and insert "**eleven (11) licenses may be issued**".

Page 6, line 40, after "(1)" delete "Two" and insert "**Except**

**as provided in subsection (d), two**".

Page 6, line 40, reset in roman "(2) licenses".

Page 6, line 40, delete "Except as provided in subsection (d), one".

Page 6, line 41, delete "(1) license".

Page 7, line 16, delete "Subject to sections 4.5 and 4.6 of this chapter, one" and insert "**One**".

Page 7, line 31, delete "until either:" and insert "**unless and until the licensed owner opens a new inland casino in the city of Gary under section 4.5 of this chapter.**".

Page 7, delete lines 32 through 35.

Page 9, line 11, delete "Whether the facilities or proposed facilities for the conduct" and insert "**The impact of any undue economic concentration of the ownership or control of a gaming license.**".

Page 9, delete lines 12 through 13.

Page 9, line 29, after "2019]:" insert "**Sec. 4.5.**".

Page 9, line 32, delete "one hundred million dollars" and insert "**fifty million dollars (\$50,000,000)**".

Page 9, line 33, delete "(\$100,000,000)".

Page 9, line 33, after "commission" delete ";" and insert "**as described in subsection (d);**".

Page 9, line 36, delete "and".

Page 9, line 39, delete "commission." and insert "**commission; and**

**(4) submits to the commission a plan for complying with IC 4-33-14 and subsection (d) in the construction and conduct of the licensed owner's gaming operations at an inland location.**".

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

**"(d) The payment required by subsection (a)(1) must be made in two (2) equal payments. The first payment is due upon approval of the relocation to an inland casino by the commission. The second payment is due on the date one (1) year after the due date of the first payment.**

**(e) The commission shall collect and deposit the payment required by subsection (a)(1) in the state general fund.**

**(f) The definitions set forth in IC 4-33-14 apply to this subsection. The licensed owner of a riverboat relocated under this section is subject to the following business participation goals for awarding contracts for goods or services with respect to the construction and conduct of the licensed owner's relocated gaming operations:**

**(1) Eighteen percent (18%) for minority business enterprises.**

**(2) Eight percent (8%) for women's business enterprises.**

**(3) Three percent (3%) for disadvantaged business enterprises certified by the Indiana department of transportation.**

**(4) One percent (1%) for veteran business enterprises (as defined by IC 8-25-4-7).**

**The licensed owner's compliance with this subsection is subject to the reporting requirements of IC 4-33-14 and enforcement by the commission under IC 4-33-14.**

Page 10, line 7, after "(b)" delete "The license holder" and insert "**If the licensed owner**".

Page 10, line 7, after "(a)" insert "**submits a request for approval to relocate the licensed owner's gaming operations under section 4.5 of this chapter, the licensed owner**".

Page 10, line 16, delete "NEW" and insert "**NEW**".

Page 10, line 21, after "with" delete ":" and insert "**Vigo County.**".

Page 10, delete lines 22 through 25.

Page 11, delete lines 10 through 42, begin a new paragraph and insert:

**"SECTION 24. IC 4-33-6-19.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 19.3. (a) This****



section applies to Vigo County.

(b) The Vigo County election board shall hold a special election in the county at either of the following elections, as determined by the county election board:

(1) At the time of the municipal general election on November 5, 2019.

(2) At the time of the primary election on May 5, 2020.

(c) The Vigo County election board shall place the following public question on the ballot at the special election:

"Shall inland casino gambling be permitted in Vigo County?"

(d) The public question shall be placed on the ballot as provided in IC 3-10-9 and certified as provided in IC 3-10-9-3.

(e) Each registered voter of the county is entitled to vote in the special election.

(f) The Vigo County circuit court clerk shall certify the results of the special election under IC 3-12-4-9 to the commission and the department of state revenue.

(g) If the voters of Vigo County do not vote in favor of permitting inland casino gambling under this article, a second public question under this section may not be held in that county for at least two (2) years. If the voters of Vigo County vote to reject inland casino gambling a second time, a third or subsequent public question under this section may not be held in Vigo County until the general election held during the tenth year following the year that the previous public question was placed on the ballot."

Page 12, delete lines 1 through 13.

Page 13, between lines 7 and 8, begin a new paragraph and insert:

"SECTION 24. IC 4-33-6-25, AS ADDED BY P.L.255-2015, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 25. (a) This section does not apply to a riverboat gaming operation relocated under section 24 of this chapter.

(b) Except as provided in subsection (c), the number of gambling games offered by a licensed owner or operating agent within the riverboat operated by the licensed owner or operating agent may not exceed the greatest number of gambling games offered by the licensed owner or operating agent since January 1, 2007.

(c) The number of gambling games offered by a licensed owner within a riverboat relocated in Gary under section 4.5 of this chapter may not exceed two thousand seven hundred sixty-four (2,764)."

Page 13, line 12, delete "If an owner's license is relinquished under".

Page 13, line 13, delete "IC 4-33-6-4.6, the" and insert "The".

Page 13, line 13, after "shall" insert "prepare a report that:

- (1) evaluates and updates the Estimates of the Fiscal Impacts from Out-of-State Casino Competition and Movement of Casino Licenses in Indiana, which was reported to the Gaming Study Committee on October 19, 2009; and
- (2) describes the current state of gaming in Indiana.

(b) The commission shall submit the report prepared under subsection (a) to the legislative council in an electronic format under IC 5-14-6.

(c) After the report described in subsection (a) is prepared, the commission shall".

Page 13, line 14, delete "the" and insert "a".

Page 13, line 16, after "web site." delete "The" and insert "The competitive bid process must include:

- (1) a process for submitting applications;
- (2) a process for the evaluation and selection of proposals submitted by applicants; and
- (3) an auction process involving the proposals selected

under subdivision (2).

The commission has the discretion to start the competitive bid process over at any time if the commission determines it is necessary to ensure the integrity of gaming in Indiana.

Sec. 2. If a public question to permit inland casino gambling in Vigo County is approved by the voters under IC 4-33-6-19.3, the commission shall begin accepting applications for awarding the license to operate an inland casino in Vigo County. The commission shall publish deadlines for submitting an application under this chapter on its Internet web site. An application must comply with the provisions of IC 4-33-6-2 and include any additional information required by the commission. The commission shall prescribe the form of the application for permission to operate an inland casino under this chapter.

Sec. 3. The commission shall review applications submitted under section 2 of this chapter and determine the suitability of each applicant. In determining suitability, the commission shall consider each applicant's financial integrity and the applicant's ability to operate an inland casino. The commission may also consider the factors in IC 4-33-6-4. The commission may not determine an applicant is suitable if the commission finds that any of the provisions of IC 4-33-6-3 apply.

Sec. 4. The commission shall notify each applicant the commission determines is suitable after the review of applications under section 3 of this chapter. An applicant notified by the commission may prepare and submit a proposal to the commission to operate an inland casino in Vigo County. A proposal must include the following information:

- (1) The name of the applicant.
- (2) The street address of the applicant's proposed casino.
- (3) A description of the proposed gaming facilities and proposed nongaming amenities, including any lodging facilities, dining facilities, and retail facilities, at the proposed casino.
- (4) The amounts the applicant will invest in the gaming facilities and nongaming facilities at the proposed casino.
- (5) A proposed local development agreement that may be entered into with the county.
- (6) Evidence that the applicant's proposed casino will do the following:
  - (A) Enhance the credibility and integrity of gaming in Indiana.
  - (B) Promote employment and economic development in the area surrounding the proposed casino.
  - (C) Optimize the collection of tax revenue under this article.
- (7) The applicant's plan for complying with section 9 of this chapter and IC 4-33-14 in the construction and conduct of the applicant's proposed gaming operations in Vigo County.

Each proposal submitted under this section is a public document. The commission shall provide a copy of each proposal to the advisory board for consideration under IC 4-33-25.

Sec. 5. (a) The commission shall select three (3) proposals from those received under section 4 of this chapter to be eligible for the auction process under this chapter to operate an inland casino in Vigo County. In determining the three (3) proposals, the commission shall consider at least the following:

- (1) Recommendations made by the advisory board under IC 4-33-25-9.
  - (2) Which proposals will best benefit the state of Indiana and the citizens of Indiana.
- (b) If the commission determines that there are not three

(3) sufficient proposals under subsection (a), the commission may select two (2) proposals. If only one (1) proposal is determined sufficient under subsection (a), the competitive bid process must start over, beginning with the submission of applications under section 2 of this chapter.

Sec. 6. (a) The applicants whose proposals are selected by the commission under section 5(a) of this chapter are eligible to participate in an auction process for permission to operate an inland casino in Vigo County.

(b) The commission shall determine auction procedures and processes to prevent the rigging of bids or collusion, and to ensure the integrity of the auction process. The commission may determine procedures and processes under this subsection without adopting rules under IC 4-22-2.

Sec. 7. (a) The following apply to the auction conducted by the commission under this chapter:

(1) The commission shall set the date, time, and location of the auction at least three (3) weeks before the auction and make the information available on the commission's Internet web site.

(2) Each participant shall submit a bond or letter of credit in the amount of the minimum bid to the commission.

(3) The minimum bid is twenty-five-million dollars (\$25,000,000). No bid for an amount of less than twenty-five million dollars (\$25,000,000) may be accepted.

(4) The auction process must be conducted at a public meeting of the commission.

(5) If the auction does not result in a winning bid, the highest bidders shall have one (1) hour to submit a final and best bid to the commission at the same public meeting.

(6) The winning bidder shall pay the winning bid amount to the commission not later than two (2) days after the public meeting at which the auction is conducted. Payment may be by cashier's check, certified check, or other payment method as approved by the commission. The commission shall deposit the amount in the state general fund.

(7) The issuance of an owner's license is subject to the winning bidder's ability to meet the commission's standards for licensure.

(8) The winning bidder must submit a completed application for an owner's license to the commission within six (6) months of the public meeting at which the auction was conducted. If a completed application is not timely submitted, the winning bidder forfeits the right to operate an inland casino in Vigo County.

(9) If the winning bidder fails to timely submit a completed application under subdivision (8) or if, after review by the commission, the winning bidder is denied an owner's license, an amount equal to twenty-five percent (25%) of the bid amount must be refunded to the winning bidder. The remaining seventy-five percent (75%) of the winning bid must be forfeited to the state.

(10) If the winning bidder's license application is denied, the commission shall conduct another auction between the remaining applicants at a time determined by the commission. If only one (1) applicant remains, the commission shall start the competitive bid process over.

(11) The commission shall determine a date for the winning bidder to begin conducting gaming operations at an inland casino in Vigo County.

(12) If the winning bidder fails to begin gaming operations at an inland casino in Vigo County on the date determined under subdivision (11), the owner's license is forfeited and the commission shall start the competitive bid process over.

Sec. 8. The local development agreement entered into between the winning applicant under section 7 of this chapter and the county must be substantially similar to the local development agreement presented in the applicant's proposal under section 4 of this chapter.

Sec. 9. The definitions set forth in IC 4-33-14 apply to this subsection. The licensed owner holding a license awarded under this section is subject to the following business participation goals for awarding contracts for goods or services with respect to the construction and conduct of the licensed owner's gaming operations in Vigo County:

(1) Eighteen percent (18%) for minority business enterprises.

(2) Eight percent (8%) for women's business enterprises.

(3) Three percent (3%) for disadvantaged business enterprises certified by the Indiana department of transportation.

(4) One percent (1%) for veteran business enterprises (as defined by IC 8-25-4-7).

The licensed owner's compliance with this subsection is subject to the reporting requirements of IC 4-33-14 and enforcement by the commission under IC 4-33-14."

Page 13, delete lines 17 through 42.

Page 14, delete lines 1 through 2, begin a new paragraph and insert:

"SECTION 29. IC 4-33-10-2.5, AS AMENDED BY P.L.158-2013, SECTION 73, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 2.5. (a) This section applies only to property given after June 30, 1996.

(b) The definitions in IC 3-5-2 apply to this section to the extent they do not conflict with the definitions in this article.

(c) As used in this section, "license" means:

(1) an owner's license issued under this article;

(2) a supplier's license issued under this article to a supplier of gaming supplies or equipment, including electronic gaming equipment; or

(3) an operating agent contract entered into under this article.

(d) As used in this section, "licensee" means a person who holds a license. The term includes an operating agent.

(e) As used in this section, "officer" refers only to either of the following:

(1) An individual listed as an officer of a corporation in the corporation's most recent annual report.

(2) An individual who is a successor to an individual described in subdivision (1).

(f) For purposes of this section, a person is considered to have an interest in a licensee if the person satisfies any of the following:

(1) The person holds at least a one percent (1%) interest in the licensee.

(2) The person is an officer of the licensee.

(3) The person is an officer of a person that holds at least a one percent (1%) interest in the licensee.

(4) The person is a political action committee of the licensee.

(g) A licensee or a person with an interest in a licensee may not give any property (as defined in IC 35-31.5-2-253) to a member of a precinct committee to induce the member of the precinct committee to do any act or refrain from doing any act with respect to the approval of a local public question under IC 4-33-6-19 or IC 4-33-6-19.3.

(h) A person who knowingly or intentionally violates this section commits a Level 6 felony."

Page 14, between lines 7 and 8, begin a new paragraph and insert:

"SECTION 31. IC 4-33-12-1.5, AS ADDED BY P.L.212-2018(ss), SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1.5. (a) A

supplemental wagering tax on the wagering occurring each day at a riverboat is imposed upon the licensed owner operating the riverboat.

(b) **Except as provided in subsection (d), and** subject to subsection (c), the amount of supplemental wagering tax imposed for a particular day is determined by multiplying the riverboat's adjusted gross receipts for that day by the quotient of:

(1) the total riverboat admissions tax that the riverboat's licensed owner paid beginning July 1, 2016, and ending June 30, 2017; divided by

(2) the riverboat's adjusted gross receipts beginning July 1, 2016, and ending June 30, 2017.

(c) The quotient used under subsection (b) to determine the supplemental wagering tax liability of a licensed owner subject to subsection (b) may not exceed the following when expressed as a percentage:

(1) Four percent (4%) before July 1, 2019.

(2) Three and five-tenths percent (3.5%) after June 30, 2019.

**(d) The supplemental wagering tax liability of a licensed owner operating a riverboat in Vigo County is equal to two and nine-tenths percent (2.9%) of the riverboat's adjusted gross receipts for the day."**

Page 15, between lines 21 and 22, begin a new paragraph and insert:

"SECTION 33. IC 4-33-13-1.5, AS AMENDED BY P.L.212-2018(ss), SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1.5. (a) This subsection applies only to a riverboat that received at least seventy-five million dollars (\$75,000,000) of adjusted gross receipts during the preceding state fiscal year. A graduated tax is imposed on the adjusted gross receipts received from gambling games authorized under this article as follows:

(1) **For state fiscal years ending before July 1, 2021, fifteen percent (15%), and for state fiscal years beginning after June 30, 2021, ten percent (10%),** of the first twenty-five million dollars (\$25,000,000) of adjusted gross receipts received during the period beginning July 1 of each year and ending June 30 of the following year.

(2) Twenty percent (20%) of the adjusted gross receipts in excess of twenty-five million dollars (\$25,000,000) but not exceeding fifty million dollars (\$50,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(3) Twenty-five percent (25%) of the adjusted gross receipts in excess of fifty million dollars (\$50,000,000) but not exceeding seventy-five million dollars (\$75,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(4) Thirty percent (30%) of the adjusted gross receipts in excess of seventy-five million dollars (\$75,000,000) but not exceeding one hundred fifty million dollars (\$150,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(5) Thirty-five percent (35%) of all adjusted gross receipts in excess of one hundred fifty million dollars (\$150,000,000) but not exceeding six hundred million dollars (\$600,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(6) Forty percent (40%) of all adjusted gross receipts exceeding six hundred million dollars (\$600,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(b) This subsection applies only to a riverboat that received less than seventy-five million dollars (\$75,000,000) of adjusted gross receipts during the preceding state fiscal year. A graduated tax is imposed on the adjusted gross receipts received from gambling games authorized under this article as follows:

(1) **For state fiscal years ending before July 1, 2021, five percent (5%), and for state fiscal years beginning after June 30, 2021, two and one-half percent (2.5%),** of the first twenty-five million dollars (\$25,000,000) of adjusted gross receipts received during the period beginning July 1 of each year and ending June 30 of the following year.

(2) Twenty percent (20%) of the adjusted gross receipts in excess of twenty-five million dollars (\$25,000,000) but not exceeding fifty million dollars (\$50,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(3) Twenty-five percent (25%) of the adjusted gross receipts in excess of fifty million dollars (\$50,000,000) but not exceeding seventy-five million dollars (\$75,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(4) Thirty percent (30%) of the adjusted gross receipts in excess of seventy-five million dollars (\$75,000,000) but not exceeding one hundred fifty million dollars (\$150,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(5) Thirty-five percent (35%) of all adjusted gross receipts in excess of one hundred fifty million dollars (\$150,000,000) but not exceeding six hundred million dollars (\$600,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(6) Forty percent (40%) of all adjusted gross receipts exceeding six hundred million dollars (\$600,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(c) The licensed owner or operating agent of a riverboat taxed under subsection (b) shall pay an additional tax of two million five hundred thousand dollars (\$2,500,000) in any state fiscal year in which the riverboat's adjusted gross receipts exceed seventy-five million dollars (\$75,000,000). The additional tax imposed under this subsection is due before July 1 of the following state fiscal year.

(d) The licensed owner or operating agent shall:

(1) remit the daily amount of tax imposed by this chapter to the department on the twenty-fourth calendar day of each month for the wagering taxes collected that month; and

(2) report gaming activity information to the commission daily on forms prescribed by the commission.

Any taxes collected during the month but after the day on which the taxes are required to be paid to the department shall be paid to the department at the same time the following month's taxes are due.

(e) The payment of the tax under this section must be in a manner prescribed by the department.

(f) If the department requires taxes to be remitted under this chapter through electronic funds transfer, the department may allow the licensed owner or operating agent to file a monthly report to reconcile the amounts remitted to the department.

(g) The department may allow taxes remitted under this section to be reported on the same form used for taxes paid under IC 4-33-12."

Page 16, line 3, delete "2020." and insert "**2021.**"

Page 16, line 5, delete "2020." and insert "**2021.**"

Page 16, between lines 20 and 21, begin a new paragraph and insert:

"SECTION 28. IC 4-33-14-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 5. (a) As used in this section, "goods and services" does not include the following:

(1) Utilities and taxes.

(2) Financing costs, mortgages, loans, or other debt.

(3) Medical insurance.

(4) Fees and payments to a parent or an affiliated company of an operating agent or the person holding an owner's license, other than fees and payments for goods and services supplied by nonaffiliated persons through an affiliated company for the use or benefit of the operating agent or the person holding the owner's license.

(5) Rents paid for real property or payments constituting the price of an interest in real property as a result of a real estate transaction.

(b) Notwithstanding any law or rule to the contrary, the commission shall establish annual goals for an operating agent or a person issued an owner's license:

(1) for the use of minority and women's business enterprises; and

(2) derived from a statistical analysis of utilization study of licensee and operating agent contracts for goods and services that are required to be updated every five (5) years.

(c) An operating agent or a person holding an owner's license shall submit annually to the commission a report that includes the following information:

(1) The total dollar value of contracts awarded for goods or services and the percentage awarded to minority and women's business enterprises.

(2) The following information relating to each minority business enterprise or women's business enterprise awarded a contract for goods or services:

(A) The name.

(B) The address.

(C) The total dollar amount of the contract.

A record containing information described in this subsection is not exempt from the disclosure requirements of IC 5-14-3-3 under IC 5-14-3-4.

(d) An operating agent or a person holding an owner's license shall make a good faith effort to meet the requirements of this section and shall annually demonstrate to the commission that an effort was made to meet the requirements.

(e) An operating agent or a person holding an owner's license may fulfill not more than seventy percent (70%) of an obligation under this chapter by requiring a vendor to set aside a part of a contract for minority or women's business enterprises. Upon request, the licensee or operating agent shall provide the commission with proof of the amount of the set aside.

**(f) If the licensed owner of a riverboat:**

**(1) relocated to an inland location under IC 4-33-6-4.5; or**

**(2) subject to a license for Vigo County awarded under IC 4-33-6.7;**

is required by IC 4-33-6-4.5 or IC 4-33-6.7 to award a higher percentage of contracts for goods or services to minority or women's business enterprises with respect to the construction and conduct of gaming operations described in this subsection than required by the annual goals established by the commission under subsection (b), the annual goals established under subsection (b) do not apply to the licensed owner with respect to the gaming operations described in this subsection.

SECTION 29. IC 4-33-14-11 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 11. Subject to IC 4-38-5-12, this chapter applies to sports wagering conducted under IC 4-38 by a licensed owner or an operating agent.**

SECTION 31. IC 4-33-25 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

**Chapter 25. Vigo County Inland Casino Advisory Board**

**Sec. 1. This chapter applies only if a public question to permit inland casino gambling in Vigo County is approved by the voters under IC 4-33-6-19.3.**

**Sec. 2. The Vigo County inland casino advisory board is established to evaluate proposals for the operation of an inland casino in Vigo County.**

**Sec. 3. (a) The advisory board consists of the following five (5) members:**

**(1) The mayor of Terre Haute, or the mayor's designee.**

**(2) One (1) member of the Vigo County board of county commissioners.**

**(3) The president of the capital improvement board of managers established under IC 36-10-8 for Vigo County, or the president's designee.**

**(4) One (1) member appointed by the board of the Terre Haute chamber of commerce.**

**(5) One (1) member appointed by the governor.**

**(b) A member of the advisory board must be a resident of Vigo County.**

**(c) The members of the advisory board shall serve a term of the earlier of:**

**(1) three (3) years; or**

**(2) until the advisory board is dissolved.**

**(d) The original appointing authority shall fill a vacancy for the duration of the term.**

**Sec. 4. Each member of the advisory board must, before beginning the discharge of the duties of the member's position, take an oath that the member will faithfully execute the duties of the member's office according to Indiana law and rules adopted under Indiana law.**

**Sec. 5. A member of the advisory board is not entitled to a salary per diem or reimbursement for traveling expenses or any other expenses incurred in connection with the member's duties.**

**Sec. 6. (a) The advisory board may adopt a resolution:**

**(1) designating an officer or employee of the county to act as the administrator of the advisory board;**

**(2) appointing a person to act as administrator of the advisory board; or**

**(3) stating that the advisory board will act without an administrator.**

**(b) An administrator selected under subsection (a) serves without reimbursement for traveling expenses or any other expenses incurred in connection with the administrator's duties.**

**Sec. 7. (a) The advisory board shall elect from its membership a chairperson and a vice chairperson. The term of each position is one (1) year, and the person may be reelected to the position.**

**(b) The advisory board shall adopt rules consistent with this chapter for the transaction of its business. The rules must include the time and place of regular meetings and a procedure for calling special meetings. The advisory board shall hold regular meetings at least once per month.**

**(c) Three (3) members constitute a quorum of the advisory board. No action may be taken by the advisory board unless a majority of the members vote in favor of taking the action.**

**Sec. 8. (a) All meetings of the advisory board must be open to the public, and a public record of the advisory board's resolutions, proceedings, actions, and recommendations must be kept.**

**(b) If the advisory board has an administrator, the administrator shall act as the advisory board's secretary. If the advisory board does not have an administrator, the advisory board shall elect a secretary from its membership.**

**Sec. 9. The advisory board shall do the following within a time period determined by the commission:**

**(1) Receive and review proposals submitted to the commission under IC 4-33-6.7 concerning the operation and management of an inland casino in Vigo County.**

**(2) Make recommendations to the commission concerning:**

**(A) the selection of a licensed owner to operate an inland casino in Vigo County that the advisory board believes will:**

- (i) promote the most economic development and employment in areas in and around Vigo County; and**
- (ii) best serve the interests of the residents of Vigo County, the residents of surrounding counties, and all other citizens of Indiana; and**

**(B) the operation and management of an inland casino in Vigo County.**

**Sec. 10. The advisory board may:**

- (1) employ professional staff necessary to assist the advisory board in carrying out its duties; and**
- (2) engage consultants, attorneys, accountants, and other professionals necessary to carry out the advisory board's duties.**

**Sec. 11. This chapter does not limit the powers of the commission with respect to the administration and regulation of riverboat gambling under this article.**

**Sec. 12. The advisory board is dissolved when an inland casino begins operations in Vigo County."**

Page 17, delete lines 13 through 42.

Page 18, deletes lines 1 through 9.

Page 18, between lines 34 and 35, begin a new paragraph and insert:

"SECTION 35. IC 4-35-8-1, AS AMENDED BY P.L.212-2018(ss), SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 1. (a) A graduated slot machine wagering tax is imposed as follows on ninety-nine percent (99%) of the adjusted gross receipts received after June 30, 2012, and before July 1, 2013, on ninety-one and five-tenths percent (91.5%) of the adjusted gross receipts received after June 30, 2013, and before July 1, 2015, and on eighty-eight percent (88%) of the adjusted gross receipts received after June 30, 2015, from wagering on gambling games authorized by this article:

(1) Twenty-five percent (25%) of the first one hundred million dollars (\$100,000,000) of adjusted gross receipts received during the period beginning July 1 of each year and ending June 30 of the following year.

**(2) For periods:**

**(A) ending before July 1, 2021,** thirty percent (30%) of the adjusted gross receipts in excess of one hundred million dollars (\$100,000,000) but not exceeding two hundred million dollars (\$200,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year; **and**

**(B) beginning after June 30, 2021,** thirty percent (30%) of the adjusted gross receipts in excess of one hundred million dollars (\$100,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

(3) **For periods ending before July 1, 2021,** thirty-five percent (35%) of the adjusted gross receipts in excess of two hundred million dollars (\$200,000,000) received during the period beginning July 1 of each year and ending June 30 of the following year.

**(b) A licensee shall do the following:**

(1) Remit the daily amount of tax imposed by this section to the department on the twenty-fourth calendar day of each month. Any taxes collected during the month but after the day on which the taxes are required to be paid shall be paid to the department at the same time the following month's taxes are due.

(2) Report gaming activity information to the commission daily on forms prescribed by the commission.

(c) The payment of the tax under this section must be in a

manner prescribed by the department.

(d) If the department requires taxes to be remitted under this chapter through electronic funds transfer, the department may allow the licensee to file a monthly report to reconcile the amounts remitted to the department.

(e) The payment of the tax under this section must be on a form prescribed by the department."

Page 19, line 13, delete "2020." and insert "2021."

Page 19, line 15, delete "2020." and insert "2021."

Page 19, line 37, delete "0.5.This" and insert "0.5. This".

Page 19, between lines 38 and 39, begin a new paragraph and insert:

"SECTION 36. IC 4-35-11-11 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: **Sec. 11. Subject to IC 4-38-5-12, this chapter applies to sports wagering conducted under IC 4-38 by a licensee."**

Page 21, line 11, delete "patrons;" and insert "**patrons, including the cash equivalent of any merchandise or thing of value awarded as a prize;**".

Page 21, line 42, delete "exchanged for the purchase of electronic cards by" and insert "**received by a certificate holder from**".

Page 22, line 24, delete "competitors." and insert "**competitors and other events approved by the commission."**

Page 24, line 24, delete "after June 30, 2019." and insert "**beginning September 1, 2019."**

Page 24, line 41, delete "Submit" and insert "**submit**".

Page 25, line 1, delete "wagering." and insert "**wagering; and**".

Page 25, line 2, delete "Pay" and insert "**pay**".

Page 25, between lines 14 and 15, begin a new paragraph and insert:

**"Sec. 6. When considering a person's application for a certificate of authority to conduct sports wagering, the commission may issue the person a temporary certificate of authority to conduct business under this article if:**

**(1) the person has filed with the commission:**

**(A) a completed application; or**

**(B) a substantially complete application as determined by the commission; and**

**(2) the person agrees in writing to the following conditions of the temporary certificate of authority issued under this section:**

**(A) The temporary certificate of authority does not create a right or privilege to continue conducting business under this article if the person's application for a certificate of authority to conduct sports wagering is rejected by the commission.**

**(B) The commission may rescind the person's temporary authority to conduct business under this article at any time, with or without notice to the person, if:**

**(i) the commission is informed that the suitability of the person may be at issue; and**

**(ii) the person fails to cooperate with the commission in the commission's investigation into the qualifications and suitability of the person for a certificate of authority to conduct sports wagering."**

Page 25, line 29, delete "Except as provided in".

Page 25, line 30, delete "section 10 of this chapter, sports" and insert "**Sports**".

Page 26, line 12, delete "wagering" and insert "**a wager that has been accepted,**".

Page 26, delete line 13.

Page 26, line 14, delete "accept wagers on the sporting event,".

Page 26, line 25, delete "both".

Page 26, line 25, delete "and" and insert "or".

Page 26, delete lines 37 through 39.

Page 26, line 40, delete "11." and insert "10.".

Page 27, between lines 6 and 7, begin a new paragraph and insert:

**"Sec. 11. A person who is less than twenty-one (21) years of age may not make a wager under this article.**

**Sec. 12. (a) The definitions set forth in:**

- (1) IC 4-33-14, with respect to sports wagering conducted in a riverboat; or
- (2) IC 4-35-11, with respect to sports wagering conducted in a satellite facility licensed under IC 4-31-5.5 or a gambling game facility licensed under IC 4-35;

apply to this section.

(b) A certificate holder or vendor is subject to the following business participation goals for awarding contracts for goods or services with respect to the conduct of sports wagering under this article:

- (1) Eighteen percent (18%) for minority business enterprises.
  - (2) Eight percent (8%) for women's business enterprises.
  - (3) Three percent (3%) for disadvantaged business enterprises certified by the Indiana department of transportation.
  - (4) One percent (1%) for veteran business enterprises (as defined by IC 8-25-4-7).
- (c) The following apply to a certificate holder or vendor:
- (1) The compliance reporting requirements of IC 4-33-14 or IC 4-35-11, as appropriate.
  - (2) Enforcement of this section by the commission under IC 4-33-14 or IC 4-35-11, as appropriate."

Page 28, between lines 24 and 25, begin a new paragraph and insert:

**"Sec. 7. When considering a person's application for a vendor's license, the commission may issue the person a temporary license to conduct business under this article if:**

- (1) the person has filed with the commission:
  - (A) a completed application; or
  - (B) a substantially complete application as determined by the commission; and
- (2) the person agrees in writing to the following conditions of the temporary license issued under this section:
  - (A) The temporary license does not create a right or privilege to continue conducting business under this article if the person's application for a vendor's license is rejected by the commission.
  - (B) The commission may rescind the person's temporary license and the authority to conduct business under this article at any time, with or without notice to the person, if:
    - (i) the commission is informed that the suitability of the person may be at issue; and
    - (ii) the person fails to cooperate with the commission in the commission's investigation into the qualifications and suitability of the person for a vendor's license."

Page 28, line 25, delete "7." and insert "8.".

Page 28, line 36, delete "one hundred" and insert "ten".

Page 28, line 36, delete "\$100,000" and insert "\$10,000".

Page 30, line 36, delete "prohibit" and insert "require".

Page 30, line 36, delete "or" and insert "and".

Page 30, line 37, delete "from accepting" and insert "to take commercially reasonable measures to ensure that a certificate holder or vendor does not accept".

Page 30, line 42, after "relative" insert "living in the same household".

Page 31, line 3, after "relative" insert "living in the same

household".

Page 31, line 21, after "relative" insert "living in the same household".

Page 32, line 30, after "10." delete "Miscellaneous Provisions" and insert "Sports Wagering Tax".

Page 32, delete lines 31 through 41, begin a new paragraph and insert:

**"Sec. 1. A sports wagering tax is imposed on the adjusted gross receipts received from authorized sports wagering offered by a certificate holder under this article at a rate of nine and one-half percent (9.5%)."**

**Sec. 2. A certificate holder shall pay the sports wagering taxes imposed under section 1 of this chapter to the department on the twenty-fourth calendar day of each month. Any taxes collected during the month but after the day on which the taxes are required to be paid to the department shall be paid to the department at the same time the following month's taxes are due.**

**Sec. 3. (a) Except as provided in subsection (b), the department shall deposit the tax revenue collected under section 2 of this chapter in the state general fund.**

(b) The department shall transfer an amount equal to three and one-third percent (3.33%) of the tax revenue collected under section 2 of this chapter to the addiction services fund established by IC 12-23-2-2.

(c) Twenty-five percent (25%) of the tax revenue transferred under subsection (b) must be allocated to:

- (1) the prevention of;
- (2) education regarding;
- (3) provider credentialing for; and
- (4) treatment of;

compulsive gambling.

**Sec. 4. The commission may suspend or revoke the certificate of authority of a certificate holder that does not submit the payment or the tax return form within the required time.**

**Sec. 5. The payment of the tax under this chapter must be on a form and in a manner prescribed by the department.**

#### **Chapter 11. Child Support**

**Sec. 1. (a) The bureau shall provide information to a certificate holder, as defined in IC 4-38-2, concerning persons who are delinquent in child support.**

(b) Prior to a certificate holder disbursing a payout of six hundred dollars (\$600) or more, in winnings, from sports wagering to a person who is delinquent in child support, the certificate holder:

- (1) may deduct and retain an administrative fee in the amount of the lesser of:
  - (A) three percent (3%) of the amount of delinquent child support withheld under subdivision (2)(A); or
  - (B) one hundred dollars (\$100); and
- (2) shall:

(A) withhold the amount of delinquent child support owed from winnings;

(B) transmit to the bureau:

(i) the amount withheld for delinquent child support; and

(ii) identifying information, including the full name, address, and Social Security number of the obligor and the child support case identifier, the date and amount of the payment, and the name and location of the licensed owner, operating agent, or trustee; and

(C) issue the obligor a receipt in a form prescribed by the bureau with the total amount withheld for delinquent child support and the administrative fee.

(c) The bureau shall notify the obligor at the address provided by the certificate holder that the bureau intends to offset the obligor's delinquent child support with the winnings.

(d) The bureau shall hold the amount withheld from the

winnings of an obligor for ten (10) business days before applying the amount as payment to the obligor's delinquent child support.

(e) The delinquent child support required to be withheld under this section and an administrative fee described under subsection (b)(1) have priority over any secured or unsecured claim on winnings except claims for federal or state taxes that are required to be withheld under federal or state law.

Sec. 2. IC 4-31-6-11, IC 4-33-8.5, and IC 4-35-6.7 apply, as appropriate, to sports wagering conducted at a licensed facility."

Page 34, line 14, delete "IC 4-31-3-16," and insert "IC 4-38-11;"

Page 34, delete line 15.

Renumber all SECTIONS consecutively.

(Reference is to ESB 552 as printed March 29, 2019.) and when so amended that said bill do pass.

Committee Vote: yeas 17, nays 6.

HUSTON, Chair

Report adopted.

MOTIONS TO DISSENT FROM SENATE AMENDMENTS

HOUSE MOTION

Mr. Speaker: I move that the House dissent from Senate amendments to Engrossed House Bill 1078 and that the Speaker appoint a committee to confer with a like committee from the Senate and report back to the House.

STEUERWALD

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that the House dissent from Senate amendments to Engrossed House Bill 1209 and that the Speaker appoint a committee to confer with a like committee from the Senate and report back to the House.

SCHAIBLEY

Motion prevailed.

The House recessed until the fall of the gavel.

RECESS

The House reconvened at 5:07 p.m. with the Speaker in the Chair.

Upon request of Representative Austin, the Speaker ordered the roll of the House to be called to determine the presence or absence of a quorum. Roll Call 448: 67 present. The Speaker declared a quorum present.

ENGROSSED SENATE BILLS ON SECOND READING

Engrossed Senate Bill 179

Representative Smaltz called down Engrossed Senate Bill 179 for second reading. The bill was read a second time by title.

HOUSE MOTION (Amendment 179-4)

Mr. Speaker: I move that Engrossed Senate Bill 179 be amended to read as follows:

Page 1, delete lines 12 through 17, begin a new paragraph and insert:

"SECTION 2. IC 7.1-1-3-16.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 16.5. The term

"entertainment complex" means a premises that:

(1) is a site for the performance of musical, theatrical, or other entertainment; and

(2) if located in a county containing a consolidated city: satisfies either of the following:

(A) The premises:

(i) includes an area where at least two thousand (2,000) individuals may be seated at one (1) time in permanent seating; and

(ii) is located in a facility that is on the National Register of Historic Places or is located in a facility that is within the boundaries of a historic district that is established by ordinance under IC 36-7-11-7.

(B) The premises is used by a nonprofit organization primarily for the professional performance of musical or theatrical entertainment that has audience seating in one (1) or more performance spaces for at least two hundred (200) individuals.

if located in a county other than a county containing a consolidated city: includes an area where at least twelve thousand (12,000) individuals may be seated at one (1) time in permanent seating."

Delete page 2.

Renumber all SECTIONS consecutively.

(Reference is to ESB 179 as printed April 5, 2019.)

CLERE

Motion prevailed.

HOUSE MOTION (Amendment 179-3)

Mr. Speaker: I move that Engrossed Senate Bill 179 be amended to read as follows:

Page 2, after line 19, begin a new paragraph and insert:

"SECTION 2. IC 7.1-5-5-13 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 13. (a) Notwithstanding any other provision of this title, manufacturers, wholesalers, and retailer permittees may provide directly to consumers free or discounted rides through:

(1) taxicabs;

(2) transportation network companies (as defined in IC 8-2.1-17-18); or

(3) other ride services;

for the purpose of furthering public safety.

(b) Free or discounted rides may be provided to consumers by vouchers, codes, or any other method to deliver the free or discounted ride. A free or discounted ride, or the provision of a voucher, code, or other method of delivery, may not be conditioned upon the purchase of an alcoholic beverage."

(Reference is to ESB 179 as printed April 5, 2019.)

AUSTIN

Motion prevailed. The bill was ordered engrossed.

Engrossed Senate Bill 325

Representative Cook called down Engrossed Senate Bill 325 for second reading. The bill was read a second time by title.

HOUSE MOTION (Amendment 325-1)

Mr. Speaker: I move that Engrossed Senate Bill 325 be amended to read as follows:

Page 1, line 17, after "responders;" insert "or".

Page 2, delete lines 1 through 11, begin a new line block indented and insert:

"(4) implement a student and parent support services plan as described in section 4(a)(5) of this chapter."

Page 2, line 39, after "chapter;" insert "or".

Page 2, delete lines 40 through 42.

Page 3, delete lines 1 through 9, begin a new line block indented and insert:

**"(5) implement a student and parent support services plan in the manner set forth in IC 20-34-9;"**.

Page 3, line 40, delete "Integrated School Based Mental Health and" and insert **"Student and Parent Support Services Grant Program"**.

Page 3, delete lines 41 through 42.

Page 4, line 4, delete "an integrated" and insert **"a student and parent support services plan"**.

Page 4, delete line 5.

Page 4, line 6, delete "identification and parent support plan".

Page 4, delete line 9 and insert **"student and parent support services grant program"**.

Page 4, line 10, delete "identification and parent support grant program".

Page 4, line 17, delete "integrated school based mental health and" and insert **"student and parent support services grant program"**.

Page 4, delete line 18.

Page 4, line 19, delete "program".

Page 4, line 21, delete "integrated school based" and insert **"student and parent support services"**.

Page 4, line 22, delete "mental health and substance use disorder identification".

Page 4, line 30, delete "an integrated school based" and insert **"a student and parent support services plan"**.

Page 4, delete line 31.

Page 4, line 32, delete "parent support plan".

Page 4, delete lines 35 through 42.

Page 5, delete lines 1 through 11, begin a new line double block indented and insert:

**"(A) A process for a teacher or school employee to notify a school official to contact a student's parent if the student demonstrates a repeated pattern of aberrant or abnormal behavior. The parental notification process described in this clause must also include that the school will hold a conference with the student and the student's parent.**

**(B) A requirement that the conference described in clause (A) must address the student's potential need for and benefit from:**

- (i) school based treatment services; or**
- (ii) treatment services provided by an outside professional care provider that is contracted and paid for by the school corporation, charter school, or accredited nonpublic school.**

**(C) A procedure for a parent who chooses to seek services for the student to follow that includes granting written parental consent for the student to receive services by a service provider described under clause (B).**

**(D) A requirement to ensure that a school shall maintain the confidentiality of any medical records that result from a student's participation in any treatment described in clause (B). The school must adopt a policy that prohibits the school from:**

- (i) sharing any reports or notes resulting from the provision of school based treatment services described in clause (B)(i) with other school officials; and**
- (ii) maintaining any reports, notes, diagnosis, or appointments that result from a student's participation in any treatment described in clause (B)(i) through (B)(ii) in the student's permanent educational file."**

(Reference is to ESB 325 as printed April 5, 2019)

COOK

Motion prevailed. The bill was ordered engrossed.

## ENGROSSED SENATE BILLS ON THIRD READING

The Speaker yielded the gavel to the Deputy Speaker Pro Tempore, Representative Karickhoff.

Speaker Bosma, who had been present, is now excused.

### Engrossed Senate Bill 235

Representative Young called down Engrossed Senate Bill 235 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 449: yeas 65, nays 30. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

### Engrossed Senate Bill 516

Representative Eberhart called down Engrossed Senate Bill 516 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning agriculture and animals.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 450: yeas 85, nays 10. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

Representative Smaltz, who had been present, is now excused.

### Engrossed Senate Bill 603

Representative Ellington called down Engrossed Senate Bill 603 for third reading:

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

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 451: yeas 61, nays 33. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill.

## MOTIONS TO DISSENT FROM SENATE AMENDMENTS

### HOUSE MOTION

Mr. Speaker: I move that the House dissent from Senate amendments to Engrossed House Bill 1025 and that the Speaker appoint a committee to confer with a like committee from the Senate and report back to the House.

AYLESWORTH

Motion prevailed.

## ENGROSSED SENATE BILLS ON THIRD READING

### Engrossed Senate Bill 79

Representative Speedy called down Engrossed Senate Bill 79 for third reading:



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

The bill was read a third time by sections and placed upon its passage.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 79 be returned to the second reading calendar forthwith for the purpose of amendment.

SPEEDY

Motion prevailed.

ENROLLED ACTS SIGNED

The Speaker announced that he had signed Senate Enrolled Acts 57, 141, 170, 176, 201, 230, 238, 240, 336, 350, 488 and 570 on April 9.

OTHER BUSINESS ON THE SPEAKER'S TABLE

HOUSE MOTION

Mr. Speaker: I move that Representative Lehman be removed as cosponsor of Engrossed Senate Bill 322 and Representative Porter be added as cosponsor.

HUSTON

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Prescott be added as cosponsor of Engrossed Senate Bill 420.

DEVON

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Hamilton be removed as cosponsor of Engrossed Senate Bill 472.

SOLIDAY

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that House Rule 105.1 be suspended for the purpose of adding more than three cosponsors and that Representative Goodin be added as cosponsor of Engrossed Senate Bill 535.

DAVISSON

The motion, having been seconded by a constitutional majority and carried by a two-thirds vote of the members, prevailed.

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the Senate has concurred in the House amendments to Engrossed Senate Bills 29, 132, 373 and 561.

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators to serve as conference committee on Engrossed Senate Bill 33:

Conferees: Merritt, Chairman; and Stoops  
Advisors: Charbonneau, Breaux and Becker

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators to serve as conference committee on Engrossed Senate Bill 94:

Conferees: Boots, Chairman; and Lanane  
Advisors: Doriot and Taylor

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators to serve as conference committee on Engrossed Senate Bill 110:

Conferees: Koch, Chairman; and Tallian  
Advisors: Young, Randolph and Freeman

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators to serve as conference committee on Engrossed Senate Bill 133:

Conferees: Leising, Chairman; and Breaux  
Advisors: Becker, Melton and Rogers

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1021:

Conferees: Bassler and Tallian  
Advisors: Buchanan, Melton, Spartz and Niezgodski

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1056:

Conferees: Buck and Taylor  
Advisors: Busch, Stoops, Gaskill and Ford, J.D.

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1141:

Conferees: Bohacek and Taylor  
Advisors: Young and Ford, J.D.

JENNIFER L. MERTZ  
Principal Secretary of the Senate

MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1165:

Conferees: Leising and Lanane  
 Advisors: Glick and Taylor

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

## MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1192:

Conferees: Koch and Randolph  
 Advisors: Walker, Lanane and Brown

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

## MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1196:

Conferees: Alting and Lanane  
 Advisors: Becker, Taylor and Grooms

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

## MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1402:

Conferees: Sandlin and Ford, J.D.  
 Advisors: Holdman, Stoops and Walker

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

## MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1405:

Conferees: Messmer and Taylor  
 Advisors: Holdman, Niezgodski and Charbonneau

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

## MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1432:

Conferees: Young, J. D. Ford  
 Advisors: Crane, Breaux, Jon Ford, Randolph

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

## MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the President Pro Tempore of the Senate has appointed the following Senators a conference committee to confer on Engrossed House Bill 1660:

Conferees: Messmer and Niezgodski  
 Advisors: Garten and J. D. Ford.

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

## MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the Senate has passed Senate Concurrent Resolutions 50, 56, 57, 62, 65 and 66 and the same are herewith transmitted to the House for further action.

JENNIFER L. MERTZ  
 Principal Secretary of the Senate

On the motion of Representative Porter, the House adjourned at 6:30 p.m., this ninth day of April, 2019, until Wednesday, April 10, 2019, at 10:00 a.m.

BRIAN C. BOSMA  
 Speaker of the House of Representatives

M. CAROLINE SPOTTS  
 Principal Clerk of the House of Representatives