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To: Members, Code Revision Commission
From: John J. Stieff
Re: Request to Study a Possible Change in the Style of Amendments, Committee Reports, and Floor Motions: Substitution of an "amendment in-context" style for a page and line amendment style

August 21, 2015

Request

The Staff requests that the Code Revision Commission consider studying changing the style used to prepare most amendments, committee reports, and floor motions from a page and line amendment style to an "amendment in-context" style in which all of the following could be readily determined by looking at the amendment, report, or motion (or different online views of the same document):

(1) The changes being made by the amendment, report, or motion to the current law.
(2) The changes being made by the amendment, report, or motion to the last version of the bill.
(3) The way a bill would read after any adopted amendment, report, or motion is incorporated into the bill.

The Staff proposes to create a background paper to consider at a future meeting of the Code Revision Commission and for the public to use as a basis for providing comments to the Code Revision Commission. If the style change is ultimately approved by the Code Revision Commission, the style change would need to be recommended to the Legislative Council for final action before the style change became effective. In addition, a significant number of computer programming changes, equipment changes, and changes in the workflow used to publish bills might be needed before the style change could be implemented. These changes would need to be reviewed by the Data Processing Subcommittee of the Legislative Council.

Current Practice

For many decades, Amendments, Floor Motions, and Committee Reports amending Bills in the General Assembly have included page and line references to the Bill being amended to show the changes being made to the bill. An example is attached to this memorandum as Appendix A. The exceptions to use of the page and amendment style are the following:

(1) Nearly all Conference Committee Reports are prepared in a strip and replace format.
(2) Some other exceedingly long Amendments and Floor Motions, with the consent of the author or sponsor, are prepared in a strip and replace format.

Rationale for Considering a Change in Style

The page and line amendment style was developed before computers became common word processing and publication tools. The approach was essential in giving the Indiana General Assembly's official printer specific instructions as to how to manipulate the text in a Bill to make the desired amendment to the Bill. When the official printer relied on typesetting to create the Printed Bills, there was no practical alternative to using page and line references in amendatory legislative documents. With the advent of computers, color monitors, and particularly, mobile devices, the page and line amendment style is no longer the only way to instruct Staff on how to incorporate proposed changes to a bill into the bill.

A number of legislators are interested in creating amendatory legislative documents through the so-called "amendment in context" process. In addition, a number of states (e.g., Utah), Great Britain, and the European Union are experimenting with various "amendment in-context" styles. The benefit normally stated is the ease with which the reader can understand the impact of the changes being proposed.

There might be some processing advantages:

(1) Drafting might turn out be easier, faster, and less error prone. It is difficult to get all of the amendatory language correct using the current process.
(2) Editing might turn out to be easier, faster, and less error prone. An editor would need to look only at the amendatory document. The current process requires the review of the amendatory document and the current version of the Bill.

Issues to Consider

If the Code Revision Commission approves the study, the Staff would analyze at least the following questions as well as any other issues suggested by members of the Code Revision Commission:

(1) What amendment, report, and motion style do other state legislatures and other countries use?
(2) Can a better estimate of cost and time savings resulting from making the style change be made?
(3) Is there a way to poll legislative members, legislative staff, and the general public as to the benefits (if any) that exist from using the in-context amendment style?
(4) What alternative ways could be used to format an Amendment, Committee Report, or Floor Motion in an "Amendment in Context" style, and what approach would provide the most benefit to readability and understanding?
(5) What workflow changes and computer reprogramming changes would be needed to implement the style change, what costs or savings would result from these changes, and when is the earliest time these changes could be implemented?

How soon could the new process be implemented? Further study is needed to determine the extent of process, equipment, and computer programming changes that would be needed to implement an "Amendment in Context" style change. These changes, if cost effective and feasible, might take a number of years to complete.

APPENDIX A
EXAMPLE OF A PAGE AND LINE AMENDMENT

SENATE MOTION

Madam President: I move that Senate Bill 312 be amended to read as follows:

Page 3, line 19, delete "IC 13-18-5.5 and".

Page 3, line 33, delete "hazardous material,".

Page 4, between lines 26 and 27, begin a new paragraph and insert:

"**(f) "Release", for purposes of IC 13-18-5.5, means any:**

(1) spilling;

(2) leaking;

(3) pumping;

(4) dumping; or

(5) disposing;

into the environment of any hazardous material.".

Page 4, delete lines 27 through 40, begin a new paragraph and insert:

"SECTION 8. IC 13-11-2-192 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 192. (a) "Responsible person", for purposes of IC 13-24-1, means a person who has caused a release at a petroleum facility.

(b) "Responsible person", for purposes of IC 13-18-16-7.5, has the meaning set forth in IC 13-18-16-7.5(a).".

Page 6, between lines 34 and 35, begin a new line block indented and insert:

"**(4) The name and contact information of a person who may be contacted for information about the AST.**".

Page 6, line 40, delete "(A)" and insert "**(1)**".

Page 6, line 41, delete "(B)" and insert "**(2)**".

Page 6, line 41, delete "or".

Page 6, line 42, delete "(C)" and insert "**(3)**".

Page 6, line 42, after "AST;" insert "**or**".

Page 6, after line 42, begin a new line block indented and insert:

"**(4) the name or contact information of the person who may be contacted for information about the AST;**".

APPENDIX B
SOME APPROACHES TO DISPLAYING AN AMENDMENT
IN "AMENDMENT IN CONTEXT" STYLE

The Staff is not making a recommendation as to how an Amendment In Context Style document should be formatted. There is more than one way to format an Amendment, Committee Report, or Floor Motion in an "Amendment in Context" style. Not all jurisdictions experimenting with this style use the same style.

The European Parliament uses an approach that displays a bill as it looks in its current version and a second column that shows the bill as it would look if the amendment were adopted. A separate page is used to show the changes for each SECTION of the bill.

A vendor has demonstrated to Staff a prototype system that would display in separate windows, accessible by tabs at the top of the screen, different views of an amendment. For example:

Window #1: The bill text as it exists in the current version of the bill.
Window #2: A listing of the changes being proposed.
Window #3: The bill as it would look if the amendment were adopted.

For illustrative purposes only, Mr. John Stieff has devised a third approach, which would show everything in one document. He uses shaded text and other special text characters to show differences between the current version and the revised version of a Bill. To see what an amendatory document would look like using this particular approach , please refer to attached document labeled AM046001.

After the Staff does its research, the Staff may find other approaches that the Staff can bring to the attention of the Commission.

AM046001

March 13, 2015

ENGROSSED
SENATE BILL No. 460

AMENDMENT DIGEST

Restores the definition of "comprehensive care bed". Deletes the definition of "replacement facility". Changes the type of care that a comprehensive care facility must provide. Makes internal reference changes. Adds an emergency clause. Makes various other changes to the law concerning comprehensive care health facilities.

ES 460—LS 6983/DI 104

March 13, 2015

First Regular Session 119th General Assembly (2015)

Amendment Printing Code

This document shows changes made to ESB 460 as printed March 13, 2015 (the base document).

1. Text deleted from the base document is shown in shaded text;
2. Text added to the base document is shown in underscored text;
3. An increase in indentation to the base document (e.g. from single block indented to double block indented) is designated with a >>>>;
4. A decrease in indentation to the base document (e.g. from double block indented to single block indented) is designated with a <<<<;
5. Text in the base document whose typeface has been changed (e.g. roman to stricken, stricken to roman, or bold to roman) is shown in `this style text`; and
6. Text in the base document that has been run in is shown with a ~~.

ENGROSSED
SENATE BILL No. 460

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

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

SECTION 1. IC 16-18-2-67, AS AMENDED BY P.L.229-2011, SECTION 155, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 2, 2015]: Sec. 67. **(a) "Comprehensive care bed", for purposes of IC 16-28-2.5, has the meaning set forth in IC 16-28-2.5-2. IC 16-28-2.5-3(a).**

~~(a)~~ **(b)** "Comprehensive care bed", for purposes

of IC 16-28-16, has the meaning set forth in IC 16-28-16-2.

~~(b)~~ **(c)** "Comprehensive care bed", for purposes of IC 16-29-2, has the meaning set forth in IC 16-29-2-1.

SECTION 2. IC 16-18-2-67.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 2, 2015]: **Sec. 67.1. "Comprehensive care health facility", for purposes of IC 16-28-2.5, has the meaning set forth in IC 16-28-2.5-3. IC 16-28-2.5-4.**

SECTION 3. IC 16-18-2-316.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 2, 2015]: **Sec. 316.6. "Replacement facility", for purposes of IC 16-28-2.5, has the meaning set forth in IC 16-28-2.5-4.**

SECTION 4 3. IC 16-28-2.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 2, 2015]:

Chapter 2.5. Licensure and Certification Limitations

Sec. 1. This chapter does not apply to the conversion of acute care beds to comprehensive care beds under IC 16-29-3.

Sec. 2. (a) As used in this chapter, "comprehensive care bed" means a bed that:

(1) is within a comprehensive care health facility licensed under IC 16-28-2;

(2) functions as a bed within a comprehensive care health facility licensed under IC 16-28-2; or

(3) is otherwise subject to this article.

(b) The term does not include a comprehensive care bed that will be used solely to provide specialized services.

Sec. 3. As used in this chapter, "comprehensive care health facility" means a health facility that provides:

(1) nursing care; :

(A) to an individual who is blind; and

(B) in a facility that contains at least fifty (50) beds;

(2) room;

(3) food;

(4) laundry;

(5) administration of medications;

(6) special diets; and

(7) treatments;

and that may provide rehabilitative and restorative therapies under the order of an attending physician.

Sec. 4. As used in this chapter, "replacement facility" means a

new comprehensive care health facility licensed under or subject to this article after July 1, 2015, that: (1) ~~ is constructed to take the place of an existing comprehensive care health facility that is licensed before July 2, 2015;.

(2) is constructed within the same county as the existing comprehensive care health facility licensed before July 2, 2015; and

(3) contains no more comprehensive care beds than the existing comprehensive care health facility licensed before July 2, 2015.

Sec. 5. As used in this chapter, "under development" refers to a health facility license application:

(1) to add, construct, or convert comprehensive care beds in a comprehensive care health facility that:

(A) is licensed under;

(B) is to be licensed under;

(C) is subject to; or

(D) will be subject to;

this article; and

(2) that meets all the following:

(A) Is certified by the department to have met all the following:

>>>>(A) (i) Funding to construct the comprehensive care health facility has been secured and is actively being drawn upon or otherwise used to further and complete construction.

>>>>(B) (ii) Zoning requirements have been met.

>>>>(C) (iii) Complete construction design plans for the comprehensive care health facility have been submitted to the state department and the division of fire and building safety not later than March 1, 2015. The construction design plans must be an accurate and true depiction of the comprehensive care health facility that the applicant intends to construct. However, the construction design plans may be modified to make technical changes, correct errors and omissions, or comply with zoning or other requirements from a governmental entity.

>>>>(D) (iv) Active and ongoing construction activities progressing to completion of the project are occurring at the project site.

(B) Pays the department a fee of one thousand dollars

($1,000).

Sec. 6. (a) Except as provided in subsection (b), the state department may not approve the following:

(1) The licensure of:

<<<<(A) (1) The licensure of comprehensive care health facilities; or

<<<<(B) (2) The registration of new or converted comprehensive care beds.

(2) The certification of new or converted comprehensive care beds for participation in the state Medicaid program unless the statewide comprehensive care bed occupancy rate is more than ninety-five percent (95%), as calculated annually on January 1 by the state department.

(3) Transfer between any comprehensive care facilities of licensed comprehensive care beds or comprehensive care bed certifications for participation in the state Medicaid program.

Beds in a health facility that provides residential nursing care under IC 16-28 may not be converted to comprehensive care beds.

(b) This section does not apply to the following:

(1) A comprehensive care health facility that:

(A) is licensed under;

(B) is to be licensed under;

(C) is subject to; or

(D) will be subject to;

this article and that is under development as of July 1, 2015.

(2) A small house health facility approved under section 7 of this chapter.

(3) A replacement facility, whether or not the replacement facility is under development before July 2, 2015. The existing comprehensive care health facility that is being replaced by the replacement facility:

(A) must no longer be licensed as a comprehensive care health facility sixty (60) days after the replacement facility obtains its license from the state department; and

(B) may transfer any of the comprehensive care beds to the replacement facility.

(4) A continuing care retirement community that was registered under IC 23-2 before July 2, 2015, and that continuously maintains its registration under IC 23-2. If a continuing care retirement community fails to maintain registration under IC 23-2 after July 1, 2015, the comprehensive care beds, including beds certified for use in

the state Medicaid program or the Medicare program, that the continuing care retirement community previously operated are not forfeited as long as the continuing care retirement community continues to comply with the licensure and certification requirements of this article.

(5) A comprehensive care health facility or a comprehensive care bed that is to be added or certified in the state Medicaid program in a county where the county's comprehensive care bed occupancy rate exceeds ninety percent (90%), as calculated by the state department on January 1 and July 1 of each year. The number of comprehensive care beds allowed under this subdivision may not exceed either:

(A) the number of beds that would cause the county occupancy rate to fall below the statewide average; or

(B) seventy (70) comprehensive care beds per applicant.

(6) A comprehensive care health facility that undergoes a change of ownership for purposes of:

(A) the granting of a license by the state department to operate the comprehensive care health facility; and

(B) the maintenance for any of the beds in the comprehensive care health facility, including Medicaid certified beds, by the entity granted a license by the state department.

However, after the change of ownership, the comprehensive care health facility is subject to subsection (a) unless the comprehensive care health facility meets the requirements under another subdivision under this subsection.

(c) The state department shall make the final determination concerning whether an entity has met or is meeting the requirements of this chapter concerning being under development.

Sec. 7. (a) A small house health facility that is applying for licensure under this article, including an entity related to the small house health facility through common ownership or control, may apply to the state department for licensure or Medicaid certification of not more than fifty (50) comprehensive care beds for small house health facilities per year.

(b) The state department may not approve licensure or Medicaid certification of more than one hundred (100) new comprehensive care beds per year that are designated for small house health facilities.

(c) The state department shall approve an application for licensure or Medicaid certification for a small house health facility:

(1) in the order of the completed application date; and

(2) if the small house health facility applicant meets the definition of a small house health facility and the requirements of this section.

(d) A person that fails to complete construction and begin operation of a small house health facility within twelve (12) months after the state department's approval of a license under this article forfeits the person's right to any licensed or Medicaid certified comprehensive care bed that was previously approved by the state department if:

(1) another person has applied to the state department for approval of licensed or Medicaid certified comprehensive care beds for a small house health facility; and

(2) the person's application was denied for the sole reason that the maximum number of Medicaid licensed or certified comprehensive care beds specified in this section has been approved by the state department.

Sec. 8. This chapter expires June 30, 2018.

SECTION 5. IC 16-29-6-9, AS ADDED BY P.L.229-2011, SECTION 164, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JUNE 30, 2015]: Sec. 9. This chapter expires **at 11:59 p.m.** July 1, ~~2016.~~ **2015.**

SECTION 6. **An emergency is declared for this act.**

Renumber all SECTIONS consecutively.

(Reference is to ESB 460 as printed March 13, 2015.)