



February 13, 2019

SENATE BILL No. 229

DIGEST OF SB 229 (Updated February 11, 2019 1:49 pm - DI 104)

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

Synopsis: Psychotropic medication in foster care. Requires Medicaid restrictions on mental health drugs if: (1) federal financial participation is not available for reimbursement for the prescription; or (2) the child is under the care and supervision of the department of child services (department). Beginning January 1, 2020, requires the department to employ or contract with consultants who are licensed child and adolescent psychiatrists to review and provide written determinations and recommendations for each request to administer psychotropic medication to a child under the care and supervision of the department. Requires the department to: (1) approve a request for consent of a psychotropic medication if the consultant determines the requested psychotropic medication is appropriate and recommends approval of the request; and (2) deny a request for consent of a psychotropic medication if the consultant recommends denial of consent for the psychotropic medication. Sets forth time frames for review of the
(Continued next page)

Effective: January 1, 2020.

**Grooms, Ford Jon, Houchin,
Breaux, Ford J.D.**

January 3, 2019, read first time and referred to Committee on Family and Children Services.

February 12, 2019, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

SB 229—LS 6510/DI 125



Digest Continued

request for consent concerning psychotropic medication. Requires the department to develop a report to quarterly monitor prescriptions of psychotropic medication for children under the care and supervision of the department and provide the report to the mental health Medicaid quality advisory committee. Requires residential child care entities licensed by the department to: (1) obtain written instructions and consents before providing psychotropic medication to a child; and (2) maintain a record of information regarding the administration of psychotropic medication to a child. Allows for psychotropic medication to be administered without consent of the department in an emergency under specified circumstances and requires consent to be requested within 24 hours of the administration of the initial dose of medication.

SB 229—LS 6510/DI 125



February 13, 2019

First Regular Session of the 121st General Assembly (2019)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2018 Regular and Special Session of the General Assembly.

SENATE BILL No. 229

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

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

- 1 SECTION 1. IC 12-15-35.5-8, AS ADDED BY P.L.11-2010,
2 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JANUARY 1, 2020]: Sec. 8. In addition to the limits described in
4 section 7 of this chapter, the office ~~may~~ **shall** restrict a mental health
5 drug described in section 3 of this chapter that is prescribed for an
6 individual who is less than eighteen (18) years of age if:
7 (1) federal financial participation is not available for
8 reimbursement for the prescription under IC 12-15-5-2; **or**
9 (2) **the child is under the care and supervision of the**
10 **department of child services and placed in an out-of-home**
11 **placement.**
12 SECTION 2. IC 31-9-2-95.2 IS ADDED TO THE INDIANA CODE
13 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE
14 JANUARY 1, 2020]: **Sec. 95.2. "Prescriber", for purposes of**
15 **IC 31-27, means any of the following:**
16 (1) **A physician licensed under IC 25-22.5.**
17 (2) **A physician assistant licensed under IC 25-27.5 and**

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1 granted the authority to prescribe by the physician assistant's
 2 supervisory physician and in accordance with IC 25-27.5-5-4.

3 (3) An advanced practice registered nurse licensed and
 4 granted the authority to prescribe drugs under IC 25-23.

5 SECTION 3. IC 31-9-2-99.5 IS ADDED TO THE INDIANA CODE
 6 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
 7 JANUARY 1, 2020]: Sec. 99.5. "Psychotropic medication", for
 8 purposes of IC 31-27, means a drug or substance that may alter
 9 brain chemistry and is used for psychiatric and related conditions.

10 SECTION 4. IC 31-27-2-13 IS ADDED TO THE INDIANA CODE
 11 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
 12 JANUARY 1, 2020]: Sec. 13. (a) The department shall employ, or
 13 may contract with, consultants who are licensed child and
 14 adolescent psychiatrists to:

15 (1) review;

16 (2) provide a written determination of the appropriateness of
 17 the requested psychotropic medication related to; and

18 (3) provide a written recommendation to the department to
 19 approve or deny;

20 each request for consent to administer psychotropic medication to
 21 a child who is under the care and supervision of the department,
 22 and in an out-of-home placement, that is received from a licensee
 23 under IC 31-27-3, IC 31-27-4, IC 31-27-5, and IC 31-27-6. A
 24 consultant who is a licensed child and adolescent psychiatrist
 25 described in this section must have expertise in evidence based
 26 child and adolescent mental health care.

27 (b) Except as provided in:

28 (1) IC 31-27-3-18.2(e);

29 (2) IC 31-27-4-21.5(e);

30 (3) IC 31-27-5-18.5(e); and

31 (4) IC 31-27-6-15.5(e);

32 the department may not provide consent for the administration of
 33 a psychotropic medication to a child under the care and
 34 supervision of the department unless a consultant who is a licensed
 35 child and adolescent psychiatrist described in subsection (a) has
 36 reviewed the request for consent and determined in writing that
 37 the requested psychotropic medication is appropriate.

38 (c) A consultant who is a licensed child and adolescent
 39 psychiatrist may recommend denial of consent after a review
 40 described in this section of any request for consent if the consultant
 41 determines a denial is appropriate. If a consultant who is a licensed
 42 child and adolescent psychiatrist recommends denial, the specific



1 reasons for the denial must be provided in writing, and the
2 department shall deny the request for consent based on the
3 recommendation.

4 (d) If a consultant who is a licensed child and adolescent
5 psychiatrist determines that the requested psychotropic medication
6 is appropriate and recommends approval of the request for consent
7 after a review described in this section, the department shall, after
8 receiving consent for administration of the medication from the
9 child's parent, guardian, or custodian, if consent from the child's
10 parent, guardian, or custodian is also required, approve the
11 request for consent based on the determination and
12 recommendation.

13 (e) A consent issued by the department is valid for one hundred
14 eighty (180) days. After the one hundred eighty (180) day period,
15 a new consent must be requested from the department and may be
16 issued by the department after a review described in this section.

17 (f) Except as provided in:

- 18 (1) IC 31-27-3-18.2(e);
19 (2) IC 31-27-4-21.5(e);
20 (3) IC 31-27-5-18.5(e); and
21 (4) IC 31-27-6-15.5(e);

22 the department shall request a review, determination, and
23 recommendation under this section concerning a request for
24 consent from a consultant who is a licensed child and adolescent
25 psychiatrist not later than twenty-four (24) hours after receipt of
26 the request for consent.

27 (g) Except as provided in subsection (h), the consultant who is
28 a licensed child and adolescent psychiatrist shall complete the
29 review and provide the determination and recommendation under
30 this section not later than:

- 31 (1) twenty-four (24) hours after receipt of the department's
32 request if the request for consent comes from an acute care
33 setting; or
34 (2) forty-eight (48) hours after receipt of the department's
35 request if the request for consent comes from an outpatient
36 setting.

37 (h) If, due to an extenuating circumstance, a consultant who is
38 a licensed child and adolescent psychiatrist cannot meet the
39 deadline for review, determination, and recommendation under
40 subsection (g), the consultant shall:

- 41 (1) provide a written explanation of the extenuating
42 circumstances to the department not later than forty-eight



1 (48) hours; and

2 (2) complete the review and provide the determination and
3 recommendation not later than ninety-six (96) hours;
4 after receipt of the request under subsection (g).

5 (i) The department shall notify the prescriber of whether a
6 request for consent is approved or denied not later than
7 twenty-four (24) hours after receipt by the department of the:

8 (1) consultant's written determination and recommendation,
9 if consent for administration of the medication from the
10 child's parent, guardian or custodian is not required; or

11 (2) consent for administration of the medication from the
12 child's parent, guardian, or custodian, if consent from the
13 child's parent, guardian, or custodian is required.

14 SECTION 5. IC 31-27-2-14 IS ADDED TO THE INDIANA CODE
15 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
16 JANUARY 1, 2020]: Sec. 14. (a) The department, after consultation
17 with local offices and the office of the secretary of family and social
18 services, shall develop a report describing each child who is:

19 (1) receiving psychotropic medication paid for by the state
20 Medicaid program; and

21 (2) under the care and supervision of the department and is
22 placed:

23 (A) in a child caring institution, foster family home, or
24 group home; or

25 (B) through a child placing agency;

26 licensed by the department under this article.

27 (b) The report described in subsection (a) must be organized by
28 county and include for each child:

29 (1) each psychotropic medication prescribed to the child,
30 including:

31 (A) the name of the prescriber;

32 (B) the date prescribed;

33 (C) the dosage prescribed;

34 (D) the frequency of administration prescribed; and

35 (E) the method of administration prescribed;

36 for each psychotropic medication;

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

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

42 (c) The report described in subsection (a) must be updated



1 quarterly.

2 (d) The department shall review the report described in
3 subsection (a) to monitor the use of psychotropic medication for
4 children under the care and supervision of the department.

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

8 SECTION 6. IC 31-27-3-18.2 IS ADDED TO THE INDIANA
9 CODE AS A NEW SECTION TO READ AS FOLLOWS
10 [EFFECTIVE JANUARY 1, 2020]: Sec. 18.2. (a) Except as provided
11 in subsection (e), a licensee may not provide psychotropic
12 medication to a child unless:

13 (1) the medication is prescribed by a prescriber; and

14 (2) a consent has been provided by the department as
15 described in IC 31-27-2-13.

16 (b) Before providing psychotropic medication to a child, the
17 licensee must have received:

18 (1) written instructions from the prescriber on the
19 administration of the psychotropic medication, including
20 dosage, frequency of administration, and method of
21 administration;

22 (2) written information on possible side effects of the
23 psychotropic medication; and

24 (3) any consents required by the department, including a
25 consent described in IC 31-27-2-13.

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

35 (1) each psychotropic medication prescribed to a child,
36 including:

37 (A) the name of the prescriber;

38 (B) the date prescribed;

39 (C) the dosage prescribed;

40 (D) the frequency of administration prescribed; and

41 (E) the method of administration prescribed;

42 (2) each dose of psychotropic medication administered to a



- 1 child, including the date and time of each dose;
 2 (3) any changes made to the prescription of a psychotropic
 3 medication, including all information described in subdivision
 4 (1);
 5 (4) any side effects or other changes in the child, with
 6 notification also provided to the prescriber; and
 7 (5) information received from regular appointments with the
 8 prescriber, including:
 9 (A) clinical observations of side effects;
 10 (B) vital sign information, including blood pressure, pulse,
 11 height, and weight; and
 12 (C) results of blood tests that are recommended in the
 13 Psychotropic Medication Guidelines for Youth in Care
 14 with the Indiana Department of Child Services by the
 15 Indiana Psychotropic Medication Advisory Committee
 16 that assess the effect of the psychotropic medication on the
 17 child.
- 18 (d) The licensee shall store in a safe location all psychotropic
 19 medication in the original container labeled with the child's name,
 20 the administration instructions, and the name of the prescriber.
- 21 (e) Psychotropic medication may be administered without prior
 22 consent from the department if the prescriber determines that:
 23 (1) the psychotropic medication is necessary to address an
 24 emergency condition in which the child is a danger to the
 25 child or to others; and
 26 (2) no other form of intervention will mitigate the danger.
 27 Consent must be requested not later than twenty-four (24) hours
 28 after administration of an initial dose of medication for an
 29 emergency condition described in this subsection.
- 30 SECTION 7. IC 31-27-4-21.5 IS ADDED TO THE INDIANA
 31 CODE AS A NEW SECTION TO READ AS FOLLOWS
 32 [EFFECTIVE JANUARY 1, 2020]: Sec. 21.5. (a) A licensee may not
 33 provide psychotropic medication to a child unless:
 34 (1) the medication is prescribed by a prescriber; and
 35 (2) a consent has been provided by the department as
 36 described in IC 31-27-2-13.
- 37 (b) Before providing psychotropic medication to a child, the
 38 licensee must have received:
 39 (1) written instructions from the prescriber on the
 40 administration of the psychotropic medication, including
 41 dosage, frequency of administration, and method of
 42 administration;



- 1 (2) written information on possible side effects of the
2 psychotropic medication; and
3 (3) any consents required by the department, including a
4 consent described in IC 31-27-2-13.
- 5 (c) The licensee shall monitor and maintain a written record of
6 psychotropic medication administered to a child and the child's
7 responses to the psychotropic medication. The written record must
8 be updated as changes occur and must be updated at least every
9 thirty (30) days. The written record must be provided to the
10 department and the prescriber to ensure that any psychotropic
11 medication being administered is safe, being administered as
12 prescribed, and having the intended effect. The written record
13 must include:
- 14 (1) each psychotropic medication prescribed to a child,
15 including:
- 16 (A) the name of the prescriber;
17 (B) the date prescribed;
18 (C) the dosage prescribed;
19 (D) the frequency of administration prescribed; and
20 (E) the method of administration prescribed;
- 21 (2) each dose of psychotropic medication administered to a
22 child, including the date and time of each dose;
- 23 (3) any changes made to the prescription of a psychotropic
24 medication, including all information described in subdivision
25 (1);
- 26 (4) any side effects or other changes in the child, with
27 notification also provided to the prescriber; and
- 28 (5) information received from regular appointments with the
29 prescriber, including:
- 30 (A) clinical observations of side effects;
31 (B) vital sign information, including blood pressure, pulse,
32 height, and weight; and
33 (C) results of blood tests that are recommended in the
34 Psychotropic Medication Guidelines for Youth in Care
35 with the Indiana Department of Child Services by the
36 Indiana Psychotropic Medication Advisory Committee
37 that assess the effect of the psychotropic medication on the
38 child.
- 39 (d) The licensee shall store in a safe location all psychotropic
40 medication in the original container labeled with the child's name,
41 the administration instructions, and the name of the prescriber.
- 42 (e) Psychotropic medication may be administered without prior



1 consent from the department if the prescriber determines that:

2 (1) the psychotropic medication is necessary to address an
3 emergency condition in which the child is a danger to the
4 child or to others; and

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

6 Consent must be requested not later than twenty-four (24) hours
7 after administration of an initial dose of medication for an
8 emergency condition described in this subsection.

9 SECTION 8. IC 31-27-5-18.5 IS ADDED TO THE INDIANA
10 CODE AS A NEW SECTION TO READ AS FOLLOWS
11 [EFFECTIVE JANUARY 1, 2020]: Sec. 18.5. (a) A licensee may not
12 provide psychotropic medication to a child unless:

13 (1) the medication is prescribed by a prescriber; and

14 (2) a consent has been provided by the department as
15 described in IC 31-27-2-13.

16 (b) Before providing psychotropic medication to a child, the
17 licensee must have received:

18 (1) written instructions from the prescriber on the
19 administration of the psychotropic medication, including
20 dosage, frequency of administration, and method of
21 administration;

22 (2) written information on possible side effects of the
23 psychotropic medication; and

24 (3) any consents required by the department, including a
25 consent described in IC 31-27-2-13.

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

35 (1) each psychotropic medication prescribed to a child,
36 including:

37 (A) the name of the prescriber;

38 (B) the date prescribed;

39 (C) the dosage prescribed;

40 (D) the frequency of administration prescribed; and

41 (E) the method of administration prescribed;

42 (2) each dose of psychotropic medication administered to a



1 child, including the date and time of each dose;
 2 (3) any changes made to the prescription of a psychotropic
 3 medication, including all information described in subdivision
 4 (1);
 5 (4) any side effects or other changes in the child, with
 6 notification also provided to the prescriber; and
 7 (5) information received from regular appointments with the
 8 prescriber, including:
 9 (A) clinical observations of side effects;
 10 (B) vital sign information, including blood pressure, pulse,
 11 height, and weight; and
 12 (C) results of blood tests that are recommended in the
 13 Psychotropic Medication Guidelines for Youth in Care
 14 with the Indiana Department of Child Services by the
 15 Indiana Psychotropic Medication Advisory Committee
 16 that assess the effect of the psychotropic medication on the
 17 child.

18 (d) The licensee shall store in a safe location all psychotropic
 19 medication in the original container labeled with the child's name,
 20 the administration instructions, and the name of the prescriber.

21 (e) Psychotropic medication may be administered without prior
 22 consent from the department if the prescriber determines that:

23 (1) the psychotropic medication is necessary to address an
 24 emergency condition in which the child is a danger to the
 25 child or to others; and

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

27 Consent must be requested not later than twenty-four (24) hours
 28 after administration of an initial dose of medication for an
 29 emergency condition described in this subsection.

30 SECTION 9. IC 31-27-6-15.5 IS ADDED TO THE INDIANA
 31 CODE AS A NEW SECTION TO READ AS FOLLOWS
 32 [EFFECTIVE JANUARY 1, 2020]: Sec. 15.5. (a) A licensee may not
 33 provide psychotropic medication to a child under the care and
 34 supervision of the department unless:

35 (1) the medication is prescribed by a prescriber; and

36 (2) a consent has been provided by the department as
 37 described in IC 31-27-2-13.

38 (b) Before providing psychotropic medication to a child, the
 39 licensee must have received:

40 (1) written instructions from the prescriber on the
 41 administration of the psychotropic medication, including
 42 dosage, frequency of administration, and method of



- 1 administration;
- 2 (2) written information on possible side effects of the
- 3 psychotropic medication; and
- 4 (3) any consents required by the department, including a
- 5 consent described in IC 31-27-2-13.
- 6 (c) The licensee shall monitor and maintain a written record of
- 7 psychotropic medication administered to a child and the child's
- 8 responses to the psychotropic medication. The written record must
- 9 be updated as changes occur and must be updated at least every
- 10 thirty (30) days. The written record must be provided to the
- 11 department and the prescriber to ensure that any psychotropic
- 12 medication being administered is safe, being administered as
- 13 prescribed, and having the intended effect. The written record
- 14 must include:
- 15 (1) each psychotropic medication prescribed to a child,
- 16 including:
- 17 (A) the name of the prescriber;
- 18 (B) the date prescribed;
- 19 (C) the dosage prescribed;
- 20 (D) the frequency of administration prescribed; and
- 21 (E) the method of administration prescribed;
- 22 (2) each dose of psychotropic medication administered to a
- 23 child, including the date and time of each dose;
- 24 (3) any changes made to the prescription of a psychotropic
- 25 medication, including all information described in subdivision
- 26 (1);
- 27 (4) any side effects or other changes in the child, with
- 28 notification also provided to the prescriber; and
- 29 (5) information received from regular appointments with the
- 30 prescriber, including:
- 31 (A) clinical observations of side effects;
- 32 (B) vital sign information, including blood pressure, pulse,
- 33 height, and weight; and
- 34 (C) results of blood tests that are recommended in the
- 35 Psychotropic Medication Guidelines for Youth in Care
- 36 with the Indiana Department of Child Services by the
- 37 Indiana Psychotropic Medication Advisory Committee
- 38 that assess the effect of the psychotropic medication on the
- 39 child.
- 40 (d) The licensee shall store in a safe location all psychotropic
- 41 medication in the original container labeled with the child's name,
- 42 the administration instructions, and the name of the prescriber.



1 **(e) Psychotropic medication may be administered without prior**
2 **consent from the department if the prescriber determines that:**
3 **(1) the psychotropic medication is necessary to address an**
4 **emergency condition in which the child is a danger to the**
5 **child or to others; and**
6 **(2) no other form of intervention will mitigate the danger.**
7 **Consent must be requested not later than twenty-four (24) hours**
8 **after administration of an initial dose of medication for an**
9 **emergency condition described in this subsection.**



COMMITTEE REPORT

Madam President: The Senate Committee on Family and Children Services, to which was referred Senate Bill No. 229, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Replace the effective dates in SECTIONS 1 through 8 with "[EFFECTIVE JANUARY 1, 2020]".

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

"SECTION 1. IC 12-15-35.5-8, AS ADDED BY P.L.11-2010, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2020]: Sec. 8. In addition to the limits described in section 7 of this chapter, the office ~~may~~ **shall** restrict a mental health drug described in section 3 of this chapter that is prescribed for an individual who is less than eighteen (18) years of age if:

- (1) federal financial participation is not available for reimbursement for the prescription under IC 12-15-5-2; **or**
- (2) **the child is under the care and supervision of the department of child services and placed in an out-of-home placement.**

SECTION 2. IC 31-9-2-95.2 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JANUARY 1, 2020]: **Sec. 95.2. "Prescriber", for purposes of IC 31-27, means any of the following:**

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

Page 1, line 5, delete "affect behavior." and insert "**is used for psychiatric and related conditions.**".

Page 1, line 9, after "with," insert "**consultants who are**".

Page 1, line 9, delete "psychiatric consultants" and insert "**psychiatrists**".

Page 1, line 10, delete "and".

Page 1, delete line 11, begin a new line block indented and insert:

- "(2) provide a written determination of the appropriateness of the requested psychotropic medication related to; and**
- (3) provide a written recommendation to the department to**



approve or deny;".

Page 1, line 16, delete "licensed child and adolescent psychiatric consultant" and insert "**consultant who is a licensed child and adolescent psychiatrist**".

Page 2, line 2, delete "The department" and insert "**Except as provided in:**

- (1) IC 31-27-3-18.2(e);
- (2) IC 31-27-4-21.5(e);
- (3) IC 31-27-5-18.5(e); and
- (4) IC 31-27-6-15.5(e);

the department".

Page 2, line 4, after "unless a" insert "**consultant who is a**".

Page 2, line 5, delete "psychiatric consultant" and insert "**psychiatrist**".

Page 2, line 8, after "A" insert "**consultant who is a**".

Page 2, line 8, delete "psychiatric consultant" and insert "**psychiatrist**".

Page 2, line 10, delete "licensed child and".

Page 2, line 11, delete "adolescent psychiatric".

Page 2, line 12, after "If a" insert "**consultant who is a**".

Page 2, line 12, delete "psychiatric" and insert "**psychiatrist**".

Page 2, line 13, delete "consultant".

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

Page 2, between lines 15 and 16, begin a new paragraph and insert:

"(d) If a consultant who is a licensed child and adolescent psychiatrist determines that the requested psychotropic medication is appropriate and recommends approval of the request for consent after a review described in this section, the department shall, after receiving consent for administration of the medication from the child's parent, guardian, or custodian, if consent from the child's parent, guardian, or custodian is also required, approve the request for consent based on the determination and recommendation."

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

Page 2, line 19, delete "subsection (b)." and insert "**this section.**".

Page 2, between lines 19 and 20, begin a new paragraph and insert:

"(f) Except as provided in:

- (1) IC 31-27-3-18.2(e);
- (2) IC 31-27-4-21.5(e);
- (3) IC 31-27-5-18.5(e); and
- (4) IC 31-27-6-15.5(e);

the department shall request a review, determination, and



recommendation under this section concerning a request for consent from a consultant who is a licensed child and adolescent psychiatrist not later than twenty-four (24) hours after receipt of the request for consent.

(g) Except as provided in subsection (h), the consultant who is a licensed child and adolescent psychiatrist shall complete the review and provide the determination and recommendation under this section not later than:

(1) twenty-four (24) hours after receipt of the department's request if the request for consent comes from an acute care setting; or

(2) forty-eight (48) hours after receipt of the department's request if the request for consent comes from an outpatient setting.

(h) If, due to an extenuating circumstance, a consultant who is a licensed child and adolescent psychiatrist cannot meet the deadline for review, determination, and recommendation under subsection (g), the consultant shall:

(1) provide a written explanation of the extenuating circumstances to the department not later than forty-eight (48) hours; and

(2) complete the review and provide the determination and recommendation not later than ninety-six (96) hours;

after receipt of the request under subsection (g).

(i) The department shall notify the prescriber of whether a request for consent is approved or denied not later than twenty-four (24) hours after receipt by the department of the:

(1) consultant's written determination and recommendation, if consent for administration of the medication from the child's parent, guardian or custodian is not required; or

(2) consent for administration of the medication from the child's parent, guardian, or custodian, if consent from the child's parent, guardian, or custodian is required."

Page 2, delete lines 20 through 23.

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

Page 2, line 40, delete "prescribing physician or psychiatrist;" and insert "**prescriber;**".

Page 3, line 10, delete "monthly." and insert "**quarterly.**".

Page 3, between lines 13 and 14, begin a new paragraph and insert:

"(e) The department shall provide the report described in subsection (a) to the mental health Medicaid quality advisory



committee established by IC 12-15-35-51 on a quarterly basis."

Page 3, delete lines 14 through 21.

Page 3, line 24, delete "A licensee" and insert "**Except as provided in subsection (e), a licensee**".

Page 3, line 26, delete "licensed physician or" and insert "**prescriber; and**".

Page 3, delete line 27.

Page 3, line 32, delete "prescribing physician or" and insert "**prescriber**".

Page 3, line 33, delete "psychiatrist".

Page 4, line 3, delete "prescribing physician or psychiatrist" and insert "**prescriber**".

Page 4, line 9, delete "prescribing physician or psychiatrist;" and insert "**prescriber;**".

Page 4, line 20, delete "prescribing physician or" and insert "**prescriber; and**".

Page 4, delete line 21.

Page 4, line 23, delete "prescribing physician or psychiatrist," and insert "**prescriber,**".

Page 4, line 26, after "weight;" insert "**and**".

Page 4, delete line 27.

Page 4, line 28, delete "(D) results of blood tests" and insert "**(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee**".

Page 4, line 29, delete "child, which may include:" and insert "**child.**".

Page 4, delete lines 30 through 34.

Page 4, line 37, delete "prescribing" and insert "**prescriber.**".

Page 4, delete line 38, begin a new paragraph and insert:

(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:

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

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

Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."

Page 5, line 1, delete "licensed physician or" and insert "**prescriber; and**".



Page 5, delete line 2.

Page 5, line 7, delete "prescribing physician or" and insert **"prescriber"**.

Page 5, line 8, delete "psychiatrist".

Page 5, line 20, delete "prescribing physician or psychiatrist" and insert **"prescriber"**.

Page 5, line 26, delete "prescribing physician or psychiatrist;" and insert **"prescriber;"**.

Page 5, line 37, delete "prescribing physician or" and insert **"prescriber; and"**.

Page 5, delete line 38.

Page 5, line 40, delete "prescribing physician or psychiatrist," and insert **"prescriber,"**.

Page 6, line 1, after "weight;" insert **"and"**.

Page 6, delete line 2.

Page 6, line 3, delete "(D) results of blood tests" and insert **"(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee"**.

Page 6, line 4, delete "child, which may include:" and insert **"child."**

Page 6, delete lines 5 through 9.

Page 6, line 12, delete "prescribing" and insert **"prescriber."**

Page 6, delete line 13, begin a new paragraph and insert:

"(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:

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

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

Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."

Page 6, line 18, delete "licensed physician or" and insert **"prescriber; and"**.

Page 6, delete line 19.

Page 6, line 24, delete "prescribing physician or" and insert **"prescriber"**.

Page 6, line 25, delete "psychiatrist".

Page 6, line 37, delete "prescribing physician or psychiatrist" and insert **"prescriber"**.



Page 7, line 1, delete "prescribing physician or psychiatrist;" and insert "**prescriber;**".

Page 7, line 12, delete "prescribing physician or" and insert "**prescriber; and**".

Page 7, delete line 13.

Page 7, line 15, delete "prescribing physician or psychiatrist," and insert "**prescriber,**".

Page 7, line 18, after "weight;" insert "**and**".

Page 7, delete line 19.

Page 7, line 20, delete "(D) results of blood tests" and insert "**(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee**".

Page 7, line 21, delete "child, which may include:" and insert "**child.**".

Page 7, delete lines 22 through 26.

Page 7, line 29, delete "prescribing" and insert "**prescriber.**".

Page 7, delete line 30, begin a new paragraph and insert:

"(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:

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

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

Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."

Page 7, line 33, delete "Psychotropic" and insert "**A licensee may not provide psychotropic**".

Page 7, line 34, delete "may not be provided to a child in the control and care" and insert "**to a child under the care and supervision**".

Page 7, line 35, delete "licensee" and insert "**department**".

Page 7, line 36, delete "licensed physician or" and insert "**prescriber; and**".

Page 7, delete line 37.

Page 7, line 42, delete "prescribing physician or" and insert "**prescriber**".

Page 8, line 1, delete "psychiatrist".

Page 8, line 13, delete "prescribing physician or psychiatrist" and insert "**prescriber**".

Page 8, line 19, delete "prescribing physician or psychiatrist;" and



insert "**prescriber;**".

Page 8, line 30, delete "prescribing physician or" and insert "**prescriber; and**".

Page 8, delete line 31.

Page 8, line 33, delete "prescribing physician or psychiatrist," and insert "**prescriber,**".

Page 8, line 36, after "weight;" insert "**and**".

Page 8, delete line 37.

Page 8, line 38, delete "(D) results of blood tests" and insert "**(C) results of blood tests that are recommended in the Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services by the Indiana Psychotropic Medication Advisory Committee**".

Page 8, line 39, delete "child, which may include:" and insert "**child.**".

Page 8, delete lines 40 through 42.

Page 9, delete lines 1 through 2.

Page 9, line 5, delete "prescribing" and insert "**prescriber.**".

Page 9, delete line 6, begin a new paragraph and insert:

"(e) Psychotropic medication may be administered without prior consent from the department if the prescriber determines that:

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

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

Consent must be requested not later than twenty-four (24) hours after administration of an initial dose of medication for an emergency condition described in this subsection."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 229 as introduced.)

GROOMS, Chairperson

Committee Vote: Yeas 9, Nays 0.

