First Regular Session of the 119th General Assembly (2015)

HOUSE ENROLLED ACT No. 1269

AN ACT to amend the Indiana Code concerning mental health.

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

SECTION 1. IC 11-10-3-6, AS AMENDED BY P.L.205-2013, SECTION 169, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 6. (a) This section:

(1) does not apply in the case of a person who is subject to lawful detention by a county sheriff and is:

(A) covered under private health coverage for health care services; or

(B) willing to pay for the person's own health care services; ~~and~~

(2) does not apply to an inmate receiving inpatient services under section 7 of this chapter; and

~~(2)~~ **(3)** does not affect copayments required under section 5 of this chapter.

(b) The following definitions apply throughout this section:

(1) "Charge description master" means a listing of the amount charged by a hospital for each service, item, and procedure:

(A) provided by the hospital; and

(B) for which a separate charge exists.

(2) "Health care service" means the following:

(A) Medical care.

(B) Dental care.

(C) Eye care.

(D) Any other health care related service.

The term includes health care items and procedures.

(c) Except as provided in subsection (d), when the department or a county is responsible for payment for health care services provided to a person who is committed to the department, the department shall reimburse:

(1) a physician licensed under IC 25-22.5;

(2) a hospital licensed under IC 16-21-2; or

(3) another health care provider;

for the cost of a health care service at the federal Medicare reimbursement rate for the health care service provided plus four percent (4%).

(d) If there is no federal Medicare reimbursement rate for a health care service described in subsection (c), the department shall do the following:

(1) If the health care service is provided by a hospital, the department shall reimburse the hospital an amount equal to sixty-five percent (65%) of the amount charged by the hospital according to the hospital's charge description master.

(2) If the health care service is provided by a physician or another health care provider, the department shall reimburse the physician or health care provider an amount equal to sixty-five percent (65%) of the amount charged by the physician or health care provider.

SECTION 2. IC 11-10-3-7, AS ADDED BY P.L.205-2013, SECTION 170, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. **(a)** If the department or a county incurs medical care expenses in providing medical care to an inmate who is committed to the department and the medical care expenses are not reimbursed, the department or the county shall attempt to determine the amount, if any, of the medical care expenses that may be paid:

(1) by a policy of insurance that is maintained by the inmate and that covers medical care, dental care, eye care, or any other health care related service; or

(2) by Medicaid.

(b) For an inmate who:

(1) is committed to the department and resides in a department facility or jail;

(2) incurs or will incur medical care expenses that are not otherwise reimbursable;

(3) is unwilling or unable to pay for the inmate's own health care services; and

(4) is potentially eligible for Medicaid (IC 12-15);

the department is the inmate's Medicaid authorized representative and may apply for Medicaid on behalf of the inmate.

(c) The department and the office of the secretary of family and social services shall enter into a written memorandum of understanding providing that the department shall reimburse the office of the secretary for administrative costs and the state share of the Medicaid costs incurred for an inmate.

(d) Reimbursement under this section for reimbursable health care services provided by a health care provider, including a hospital, to an inmate as an inpatient in a hospital must be as follows:

(1) For inmates eligible and participating in the Indiana check-up plan (IC 12-15-44.2), the reimbursement rates described in IC 12-15-44.2-14.

(2) For inmates other than those described in subdivision (1) who are eligible under the Medicaid program, the reimbursement rates provided under the Medicaid program, except that reimbursement for inpatient hospital services shall be reimbursed at rates equal to the fee-for-service rates described in IC 16-21-10-8(a)(1).

Hospital assessment fee funds collected under IC 16-21-10 or the Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be used as the state share of Medicaid costs for the reimbursement of health care services provided to the inmate as an inpatient in the hospital.

SECTION 3. IC 11-10-12-5.3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 5.3. (a) The department shall assist a committed offender in applying for Medicaid, as the authorized representative as described in IC 11-10-3-7 or as a health navigator under the requirements of IC 27-19-2-12, so that the committed offender might be eligible for assistance when the offender is subsequently:**

(1) released on parole;

(2) assigned to a community transition program; or

(3) discharged from the department.

(b) The department shall provide the assistance described in subsection (a) in sufficient time to ensure that the committed

offender will be able to receive assistance at the time the committed offender is:

(1) released on parole;

(2) assigned to a community transition program; or

(3) discharged from the department.

(c) The department shall implement the requirements under this section to establish an inmate's Medicaid coverage regardless of the inmate's medical need. Upon a determination that the inmate qualifies for Medicaid coverage, the office of the secretary of family and social services, division of family resources, shall authorize and then immediately suspend Medicaid coverage for those inmates not requiring immediate medical attention.

SECTION 4. IC 11-10-12-5.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 5.7. (a) The department shall assist a committed offender who has a mental illness or addictive disorder in securing treatment through an approved Medicaid program, as the authorized representative as described in IC 11-10-3-7 or as a health navigator under the requirements of IC 27-19-2-12, so that the committed offender might be eligible for treatment when the offender is:**

(1) released on parole;

(2) assigned to a community transition program;

(3) discharged from the department; or

(4) required to receive inpatient psychiatric services while incarcerated to the extent authorized under federal law.

(b) The department shall provide the assistance described in subsection (a) in sufficient time to ensure that the committed offender will be able to receive treatment at the time the committed offender is:

(1) released on parole;

(2) assigned to a community transition program; or

(3) discharged from the department.

(c) Subject to federal law, an inmate placed in a work release program or other department program involving alternative sentencing programs is eligible for Medicaid covered services.

(d) The department may use a community mental health center (as defined in IC 12-7-2-38), hospital, mental health professional, or other provider certified or licensed by the division of mental health and addiction to provide treatment for a mental illness or addictive disorder through the Medicaid program.

SECTION 5. IC 11-12-3.8-1, AS ADDED BY P.L.184-2014, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. As used in this chapter, "mental health and addiction forensic treatment services" means evidence based treatment and recovery wraparound support services provided to individuals who have entered the criminal justice system as a felon or with a prior felony conviction. The term includes:

(1) mental health and substance abuse treatment **assessments;**

(2) vocational services;

(3) housing assistance;

(4) community support services;

(5) care coordination; and

(6) transportation assistance.

SECTION 6. IC 11-12-5-5.5, AS AMENDED BY P.L.205-2011, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 5.5. (a) As used in this section, "charge description master" means a listing of the amount charged by a hospital for each service, item, and procedure:

(1) provided by the hospital; and

(2) for which a separate charge exists.

(b) As used in this section, "health care services" includes health care items and procedures.

(c) As used in this section, "lawful detention" means the following:

(1) Arrest.

(2) Custody following surrender in lieu of arrest.

(3) Detention in a penal facility.

(4) Detention for extradition or deportation.

(5) Custody for purposes incident to any of the above, including transportation, medical diagnosis or treatment, court appearances, work, or recreation.

The term does not include supervision of a person on probation or parole or constraint incidental to release with or without bail.

(d) This section:

(1) does not apply in the case of a person who is subject to lawful detention by a county sheriff and is:

(A) covered under private health coverage for health care services; or

(B) willing to pay for the person's own health care services; ~~and~~

(2) does not apply to an inmate receiving inpatient services under IC 36-2-13-19; and

~~(2)~~ **(3)** does not affect copayments required under section 5 of this chapter.

(e) Except as provided in subsections (f) and (g), a county that is responsible for payment for health care services provided to a person who is subject to lawful detention by the county's sheriff shall reimburse:

(1) a physician licensed under IC 25-22.5;

(2) a hospital licensed under IC 16-21-2; or

(3) another health care provider;

for the cost of a health care service at the federal Medicare reimbursement rate for the health care service provided plus four percent (4%).

(f) Except as provided in subsection (g), if there is no federal Medicare reimbursement rate for a health care service described in subsection (e), the county shall do the following:

(1) If the health care service is provided by a hospital, the county shall reimburse the hospital an amount equal to sixty-five percent (65%) of the amount charged by the hospital according to the hospital's charge description master.

(2) If the health care service is provided by a physician or another health care provider, the county shall reimburse the physician or health care provider an amount equal to sixty-five percent (65%) of the amount charged by the physician or health care provider.

(g) A county described in subsection (e) or (f) may reimburse a health care provider described in subsection (e)(1), (e)(2), or (e)(3) at a lower reimbursement rate than the rate required by subsection (e) or (f) if the county enters into an agreement with a health care provider described in subsection (e)(1), (e)(2), or (e)(3) to reimburse the health care provider for a health care service at the lower reimbursement rate.

SECTION 7. IC 11-12-5-9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 9. (a) This section is effective beginning September 1, 2015.**

(b) For an offender who is incarcerated for less than thirty (30) days, a sheriff, in consultation with the county executive or a person designated by the county executive, may:

(1) assist an offender in applying for Medicaid; and

(2) act as the offender's Medicaid authorized representative as described in IC 11-10-3-7;

so that the offender might be eligible for coverage when the offender is subsequently released from the county jail.

(c) Before discharge or release from a county jail of an offender incarcerated for at least thirty (30) days, the sheriff, in consultation with the county executive or a person designated by the county executive in the county in which the incarcerated person is located shall assist the offender in applying for Medicaid, if eligible, as the authorized representative as described in IC 11-10-3-7 or as a health navigator under the requirements of IC 27-19-2-12, so that the offender might be eligible for coverage when the offender is subsequently released from the county jail.

(d) The sheriff shall provide the assistance described in subsection (c) in sufficient time to ensure that the offender will be able to receive coverage at the time the offender is released from the county jail.

(e) A county executive may contract with any entity that complies with IC 27-19-2-12, including a hospital or outreach eligibility worker, to assist with Medicaid applications under this section. A county executive may develop intergovernmental agreements with other counties to provide both authorized representative and health navigator services required under this section. Upon a determination that an incarcerated individual qualifies for Medicaid coverage, the office of the secretary of family and social services, division of family resources, shall authorize and then immediately suspend Medicaid coverage for those inmates not requiring immediate medical attention.

SECTION 8. IC 11-12-5-10 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 10. (a) This section is effective beginning September 1, 2015.**

(b) The sheriff, in consultation with the county executive or a person designated by the county executive, shall assist an offender who has a mental illness or addictive disorder in securing treatment for the mental illness or for substance abuse addiction, as the authorized representative as described in IC 11-10-3-7 or as a health navigator under the requirements of IC 27-19-2-12, so that the offender might be eligible for treatment when the offender is subsequently released from the county jail or required to receive inpatient psychiatric services while incarcerated to the extent authorized under federal law.

(c) The sheriff shall provide the assistance described in subsection (b) in sufficient time to ensure that the offender will be able to receive treatment at the time the committed offender is released from the county jail.

(d) A sheriff shall use a community mental health center (as defined in IC 12-7-2-38) or a provider certified or licensed by the division of mental health and addiction, including a hospital or outreach eligibility worker, to assist with securing treatment for a mental illness or addictive disorder through the Medicaid program under this section.

SECTION 9. IC 12-15-1-20.4, AS AMENDED BY P.L.1-2010, SECTION 57, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 20.4. (a) If a Medicaid recipient is:

~~(1) less than eighteen (18) years of age;~~

~~(2)~~ **(1)** adjudicated to be a delinquent child and placed in:

(A) a community based correctional facility for children;

(B) a juvenile detention facility; or

(C) a secure facility, not including a facility licensed as a child caring institution under IC 31-27; **or**

(2) incarcerated in a prison or jail; and

~~(3)~~ ineligible to participate in the Medicaid program during the placement described in subdivision **(1) or** (2) because of federal Medicaid law, the division of family resources, upon notice that a child has been adjudicated to be a delinquent child and placed in a facility described in subdivision ~~(2)~~ **(1) or upon notice that a person is incarcerated in a prison or jail and placed in a facility described in subdivision (2),** shall suspend the ~~child's~~ **person's** participation in the Medicaid program for up to ~~six (6) months~~ **one (1) year** before terminating the ~~child's~~ **person's** eligibility.

(b) If the division of family resources receives:

(1) a dispositional decree under IC 31-37-19-28; or

(2) a modified disposition order under IC 31-37-22-9;

and the department of correction gives the division at least forty (40) days notice that a ~~child~~ **person** will be released from a facility described in subsection ~~(a)(2)(C),~~ **(a)(1)(C) or (a)(2),** the division of family resources shall take action necessary to ensure that a ~~child~~ **person** described in subsection (a) is eligible to participate in the Medicaid program upon the ~~child's~~ **person's** release, if the ~~child~~ **person** is eligible to participate.

SECTION 10. IC 12-15-1.3-13.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 13.5. (a) As used in this section, "qualified provider" refers to a health provider authorized by the office to provide Medicaid presumptive eligibility services.**

(b) The office shall present a report to the interim study committee on public health, behavioral health, and human services

not later than September 30 of each year, regarding the use of qualified providers to undertake presumptive eligibility services under the Medicaid program.

(c) The report must include the following:

(1) The number of presumptive eligibility qualified providers and their location and distribution in the state.

(2) The number of presumptive eligibility applications submitted and in a per provider format.

(3) The number and percent of presumptive eligibility applications submitted that were approved or denied and the information in a per provider and by county format.

(4) The number and percent of presumptive eligibility applications that resulted in a Medicaid application submission and the information in a per provider and by county format.

(5) The number and percent of presumptive eligibility applications that were subsequently approved or denied for full coverage and the information in a per provider and by county format.

(6) The method the office used to communicate presumptive eligibility opportunities to qualified providers and health consumers.

(7) The error rate of qualified providers in accepting presumptive eligibility applications that were subsequently determined to be ineligible.

(8) The education and technical assistance and availability provided by the office for ongoing training and retention of qualified providers.

(9) Any other information the office considers relevant on the use of qualified providers in carrying out presumptive eligibility services under the Medicaid program.

(d) This section expires January 1, 2018.

SECTION 11. IC 12-15-4-2.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 2.5. (a) The department of correction is, for an inmate described in IC 11-10-3-7(b), the inmate's Medicaid authorized representative.**

(b) A sheriff who:

(1) agrees to the requirements set forth in IC 36-2-13-19; and

(2) applies for Medicaid for a person who:

(A) is subject to lawful detention; and

(B) is described in IC 36-2-13-19;

is the inmate's Medicaid authorized representative.

SECTION 12. IC 12-15-11-8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2016]: **Sec. 8. (a) A community mental health center may use the center's provider identification number to file any Medicaid claim, including primary care health services, if the community mental health center:**

(1) is otherwise treating the individual for a mental health condition or an addictive disorder; and

(2) meets the requirements to provide the services rendered.

(b) The office may not require a community mental health center to obtain a separate provider identification number to provide services that the community mental health center meets the requirements to provide.

(c) The office may not limit the filing of a Medicaid claim by a community mental health center for primary care services, mental health conditions, and addictive disorders on the same day as long as the claim is filed in accordance with the rules set forth by the office and the services are covered services and necessary to ensure coordinated care for the recipient.

SECTION 13. IC 12-21-5-2, AS AMENDED BY P.L.93-2011, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. The division is responsible for the following:

(1) The planning, research, and development of programs and methods for the education and treatment of children with an emotional disturbance.

(2) The coordination of governmental services, activities, and programs in Indiana relating to such children.

(3) The administration of the state supported services concerned with such children.

(4) The preparation of the annual report required by IC 7.1-6-2-5.

(5) The provision of **a mental health first aid training program developed under section 4 of this chapter, including providing** information and guidance to local school corporations on the development of evidence based programs for basic or inservice courses for teachers and training for teachers on the following:

(A) Prevention of child suicide.

(B) Recognition of signs that a student may be considering suicide.

SECTION 14. IC 12-21-5-4 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY

1, 2015]: **Sec. 4. (a) To the extent that funds are made available, the division, in consultation with:**

(1) the department of education;

(2) the law enforcement training board;

(3) the Indiana Council of Community Mental Health Centers;

(4) Mental Health America-Indiana;

(5) the Indiana emergency medical services commission; and

(6) a private foundation dedicated to the prevention of youth suicide through education and awareness;

shall develop and administer a mental health first aid training program.

(b) The mental health first aid training program developed under subsection (a) must do the following:

(1) Train individuals attending the training program to recognize the risk factors and signs of mental health problems or crises in children and young adults, including signs that a child or young adult may be considering suicide.

(2) Train individuals attending the training program to guide children and young adults who exhibit signs of a mental health problem or crisis to appropriate behavioral health services.

(3) Train individuals attending the training program to not label children who are at risk or show signs of mental health problems in a manner that would stigmatize the child.

(c) The division shall provide training for individuals who will be instructors in the mental health first aid training program.

(d) The division shall make the mental health first aid training program available to licensed teachers, school counselors, emergency medical service providers, law enforcement officers, leaders of community faith organizations, and other persons interested in receiving training under the program.

(e) The division, the department of education, and the Indiana emergency medical services commission may seek federal and state funding and may accept private contributions to administer and provide mental health first aid training programs.

(f) Notwithstanding any other law, the division is not required to implement the mental health first aid training program until after June 30, 2016.

(g) Before October 1, 2015, the division shall report to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4(14) concerning the

status of the development of the mental health first aid training program.

SECTION 15. IC 16-18-2-348.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 348.5. "Telemedicine", for purposes of IC 16-36-1, means a specific method of delivery of services, including medical exams and consultations and behavioral health evaluations and treatment, including those for substance abuse, using videoconferencing equipment to allow a provider to render an examination or other service to a patient at a distant location. The term does not include the use of the following:**

(1) A telephone transmitter for transtelephonic monitoring.

(2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.

SECTION 16. IC 16-31-2-7, AS AMENDED BY P.L.77-2012, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 7. **(a)** The commission shall do the following:

(1) Develop and promote, in cooperation with state, regional, and local public and private organizations, agencies, and persons, a statewide program for the provision of emergency medical services that must include the following:

(A) Preparation of state, regional, and local emergency ambulance service plans.

(B) Provision of consultative services to state, regional, and local organizations and agencies in developing and implementing emergency ambulance service programs.

(C) Promotion of a statewide system of emergency medical service facilities by developing minimum standards, procedures, and guidelines in regard to personnel, equipment, supplies, communications, facilities, and location of such centers.

(D) Promotion of programs for the training of personnel providing emergency medical services and programs for the education of the general public in first aid techniques and procedures. The training shall be held in various local communities of the state and shall be conducted by agreement with publicly and privately supported educational institutions or hospitals licensed under IC 16-21, wherever appropriate.

(E) Promotion of coordination of emergency communications, resources, and procedures throughout Indiana and, in cooperation with interested state, regional, and local public and private agencies, organizations, and persons, the

development of an effective state, regional, and local emergency communications system.

(F) Organizing and sponsoring a statewide emergency medical services conference to provide continuing education for persons providing emergency medical services.

(2) Regulate, inspect, and certify or license services, facilities, and personnel engaged in providing emergency medical services as provided in this article.

(3) Adopt rules required to implement an approved system of emergency medical services.

(4) Adopt rules concerning triage and transportation protocols for the transportation of trauma patients consistent with the field triage decision scheme of the American College of Surgeons Committee on Trauma.

(5) Apply for, receive, and accept gifts, bequests, grants-in-aid, state, federal, and local aid, and other forms of financial assistance for the support of emergency medical services.

(6) Employ necessary administrative staff.

(b) The commission shall include the provision of the mental health first aid training program developed under IC 12-21-5-4 in the promotion of continuing education programs under subsection (a)(1)(D).

SECTION 17. IC 16-36-1-15 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 15. A health care provider (as defined in IC 16-18-2-163(a)) may not be required to obtain a separate additional written health care consent for the provision of telemedicine services.**

SECTION 18. IC 20-20-18.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 18.5. Grants for Mental Health Counselor Licenses for School Counselors

Sec. 1. The mental health counselor licenses for school counselors grant is established for the purpose of awarding grants to provide funding for training for school counselors in kindergarten through grade 12 schools to obtain a mental health counselor license under IC 25-23.6-8.5.

Sec. 2. (a) The mental health counselor licenses for school counselors fund is established for purposes of funding the grant set forth in section 1 of this chapter.

(b) The department shall administer the fund.

(c) The fund consists of the following:

(1) Appropriations from the general assembly.

(2) Gifts to the fund.

(3) Grants, including grants from private entities.

(d) In awarding a grant under this chapter, the department shall ensure that the following criteria are met:

(1) Not more than one hundred (100) school counselors may be awarded a grant annually.

(2) An individual receiving a grant under this chapter must have been employed as a school counselor before July 1, 2015, and must be currently employed as a school counselor.

(e) The expenses of administering the fund shall be paid from the fund.

(f) Money in the fund that is not needed to pay the obligations of the fund may be invested in the manner that other public money may be invested. Interest from the investment of money in the fund becomes part of the fund.

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

Sec. 3. (a) A school counselor or a school corporation is eligible to apply for a grant under this chapter. A school counselor or a school corporation applying for a grant under this chapter must apply in the manner prescribed by the department.

(b) The department shall determine the amount and the terms of a grant awarded under this chapter.

Sec. 4. The department may adopt rules under IC 4-22-2 necessary to administer this chapter.

SECTION 19. IC 20-28-3-4, AS AMENDED BY P.L.93-2011, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 4. A governing body may adjourn the governing body's schools for not more than three (3) days in a school year to allow teachers, school administrators, and paraprofessionals to participate in:

(1) a session concerning agricultural instruction conducted in the county;

(2) a meeting of a teachers' association;

(3) a visitation of model schools under a governing body's direction;

(4) a basic or inservice course of education and training on autism that is certified by the state board in conjunction with the state health commissioner and any other appropriate entity determined by the state board; or

(5) a basic or inservice course of education and training on:

(A) beginning in the 2016-2017 school year, mental health first aid (IC 12-21-5-4); and

(B) the prevention of child suicide and the recognition of signs that a student may be considering suicide.

A governing body shall pay a teacher the teacher's per diem salary for the teacher's participation.

SECTION 20. IC 20-34-3-21 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 21. (a) Before July 1, 2016, each school corporation may enter into a memorandum of understanding with a community mental health center established under IC 12-29-2 or a provider certified or licensed by the division of mental health and addiction to establish conditions or terms for referring students of the school corporation to the mental health care provider or community mental health center for services.**

(b) A school corporation may not refer a student to a mental health care provider or a community mental health center for services unless the school corporation has received the written consent of the student's parent or guardian.

(c) If a school corporation refers a student to a mental health care provider, the school corporation may note the referral in the student's cumulative record but may not include any possible diagnosis or information concerning the student's mental health other than any medication that the student takes for the student's mental health. A student record that contains medical information must be kept confidential.

(d) A school counselor or other employee of a school corporation may not diagnose a student as having a mental health condition unless the individual's scope of practice includes diagnosing a mental health condition.

SECTION 21. IC 25-23.4-3-1, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2015 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) This section does not apply to an individual who has a license under IC 25-23-1-13.1 to practice midwifery as a certified nurse midwife and is practicing within the scope of that license.

(b) After July 1, ~~2014,~~ **2017,** an individual may not engage in the practice of midwifery unless:

(1) the individual is issued a certificate by a board under IC 25-1-5 and is acting within the scope of the person's license; or

(2) the individual has a certified direct entry midwife certificate under this article and has a collaborative agreement with a physician as set forth in this article.

(c) To become certified as a certified direct entry midwife, an applicant must satisfy the following requirements:

(1) Be at least twenty-one (21) years of age.

(2) Possess at least:

(A) an associate degree in nursing, associate degree in midwifery accredited by the Midwifery Education Accreditation Council (MEAC), or other similar science related associate degree; or

(B) a bachelor's degree;

from a postsecondary educational institution.

(3) Satisfactorily complete educational curriculum approved by:

(A) the Midwifery Education Accreditation Council (MEAC) or a successor organization; or

(B) the educational equivalent of a Midwifery Education Accreditation Council curriculum approved by the board.

(4) Acquire and document practical experience as outlined in the Certified Professional Midwife credentialing process in accordance with the standards of the North American Registry of Midwives or a successor organization.

(5) Obtain certification by an accredited association in adult cardiopulmonary resuscitation that is approved by the board.

(6) Complete the program sponsored by the American Academy of Pediatrics in neonatal resuscitation, excluding endotracheal intubation and the administration of drugs.

(7) Comply with the birth requirements of the Certified Professional Midwife credentialing process, observe an additional twenty (20) births, ~~be directly supervised by a physician for~~ **attend** twenty (20) births **conducted by a physician,** assist with an additional twenty (20) births, and act as the primary attendant for an additional twenty (20) births.

(8) Provide proof to the board that the applicant has obtained the Certified Professional Midwife credential as administered by the North American Registry of Midwives or a successor organization.

(9) Present additional documentation or certifications required by the board. The board may adopt standards that require more training than required by the North American Registry of Midwives.

(10) Maintain sufficient liability insurance.

(d) The board may exempt an applicant from the following:

(1) The education requirements in subsection (c)(2) if the applicant provides proof to the board that the applicant is enrolled in a program that will satisfy the requirements of subsection (c)(2). An exemption under this subdivision applies for an individual for not more than two (2) years. This subdivision expires June 30, ~~2016.~~ **2017.**

(2) The education requirements in subsection (c)(3) if the applicant provides:

(A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and

(B) a letter of reference from a licensed physician with whom the applicant has informally collaborated.

This subdivision expires June 30, ~~2015.~~ **2017.**

(3) The requirement that a physician directly supervise twenty (20) births in subsection (c)(7) if the applicant provides:

(A) proof to the board that the applicant has delivered over one hundred (100) births as a primary attendant; and

(B) a letter of reference from a licensed physician with whom the applicant has informally collaborated.

This subdivision expires June 30, ~~2015.~~ **2017.**

SECTION 22. IC 25-23.4-3-7, AS AMENDED BY P.L.112-2014, SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) This section does not apply to an individual who has a license under IC 25-23-1-13.1 to practice midwifery as a certified nurse midwife.

(b) After ~~June 30, 2015,~~ **July 1, 2017,** an individual who knowingly or intentionally practices midwifery without a certificate required under this article commits a Level 6 felony (for a crime committed after June 30, 2014).

SECTION 23. IC 25-23.4-4-3, AS ADDED BY P.L.232-2013, SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. The informed disclosure of practice form must be in writing and must contain the following information:

(1) A description of the certified direct entry midwife's education and training in midwifery, including completion of continuing education courses and participation in the peer review process.

(2) The certified direct entry midwife's experience level in the field of midwifery.

(3) The certified direct entry midwife's philosophy of practice.

(4) Antepartum, intrapartum, and postpartum period conditions requiring consultation, transfer of care, and transport to a hospital.

(5) The emergency medical backup plan, including the emergency plan and the collaborative agreement with a physician for backup care required under section 1 of this chapter.

(6) The services to be provided to the client by the certified direct entry midwife and that a physician is required to examine the client at least one (1) time during the client's first trimester and one (1) time during the client's third trimester.

(7) The certified direct entry midwife's current status of certification under this article.

(8) A detailed explanation of treatments and procedures.

(9) A detailed description of the risks and expected benefits of midwifery care.

(10) The availability of a grievance process in a case in which a client is dissatisfied with the performance of the certified direct entry midwife.

(11) A statement that if the client is advised by the certified direct entry midwife or a collaborating physician that the client is or has become at risk (as described in IC 25-23.4-6), the certified direct entry midwife:

(A) shall refer the client to a physician for consultation;

(B) may refuse to provide or continue care; and

(C) may transfer care of the client to a physician.

(12) A statement disclosing whether or not the certified direct entry midwife maintains liability insurance.

(13) That state certification of a certified direct entry midwife does not ensure that a home setting for delivery of a child is safe.

(14) A statement that the client understands that the client is waiving the right to sue a physician or health care provider for **the following:**

(A) The acts or omissions of the client's certified direct entry midwife.

(B) For collaboration or work with a certified direct entry midwife except for in cases of gross negligence or willful or wanton misconduct by the physician or health care provider.

SECTION 24. IC 25-23.4-8-2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 2. (a) A physician who signs a collaborative agreement with a certified direct entry midwife who:**

(1) is certified; and

(2) maintains insurance as required;

under this article may not be held jointly or severally liable for the acts or omissions of a certified direct entry midwife.

(b) Except in cases of gross negligence or willful or wanton misconduct in regard to a physician's collaboration with a certified direct entry midwife, the physician may not be held liable for the collaboration or work with the certified direct entry midwife. This subsection may not be construed to provide immunity to a physician for direct care or treatment that a physician provides to a patient as part of a patient-physician relationship.

(c) If a health care provider employs a physician who signs or has signed a collaborative agreement with a certified direct entry midwife under this article, the health care provider may not be held liable for acts or omissions of the:

(1) midwife; or

(2) physician arising from or pertaining to the physician's collaboration with the direct entry midwife.

(d) Subsection (c) does not apply to a health care provider that:

(1) employs; or

(2) extends clinical privileges to;

a certified direct entry midwife.

SECTION 25. IC 27-8-34 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 34. Coverage for Telemedicine Services

Sec. 1. As used in this chapter, "covered individual" means an individual who is entitled to coverage under a policy of accident and sickness insurance.

Sec. 2. As used in this chapter, "health care services" has the meaning set forth in IC 27-8-11-1.

Sec. 3. As used in this chapter, "policy" means a policy of accident and sickness insurance (as defined in IC 27-8-5-1). The term does not include dental insurance or vision insurance.

Sec. 4. As used in this chapter, "provider" has the meaning set forth in IC 27-8-11-1.

Sec. 5. (a) As used in this chapter, "telemedicine services" means health care services delivered by use of interactive audio, video, or other electronic media, including the following:

(1) Medical exams and consultations.

(2) Behavioral health, including substance abuse evaluations and treatment.

(b) The term does not include the delivery of health care services by use of the following:

(1) A telephone transmitter for transtelephonic monitoring.

(2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.

Sec. 6. (a) A policy must provide coverage for telemedicine services in accordance with the same clinical criteria as the policy provides coverage for the same health care services delivered in person.

(b) Coverage for telemedicine services required by subsection (a) may not be subject to a dollar limit, deductible, or coinsurance requirement that is less favorable to a covered individual than the dollar limit, deductible, or coinsurance requirement that applies to the same health care services delivered to a covered individual in person.

(c) Any annual or lifetime dollar limit that applies to telemedicine services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the policy.

(d) A separate consent for telemedicine services may not be required.

Sec. 7. This chapter does not do any of the following:

(1) Require a policy to provide coverage for a telemedicine service that is not a covered health care service under the policy.

(2) Require the use of telemedicine services when the treating provider has determined that telemedicine services are inappropriate.

(3) Prevent the use of utilization review concerning coverage for telemedicine services in the same manner as utilization review is used concerning coverage for the same health care services delivered to a covered individual in person.

SECTION 26. IC 27-13-1-34 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 34. (a) "Telemedicine services" means health care services delivered by use of interactive audio, video, or other electronic media, including the following:**

(1) Medical exams and consultations.

(2) Behavioral health, including substance abuse evaluations and treatment.

(b) The term does not include the delivery of health care services by use of the following:

(1) A telephone transmitter for transtelephonic monitoring.

(2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.

SECTION 27. IC 27-13-7-22 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 22. (a) An individual contract or a group contract must provide coverage for telemedicine services in accordance with the same clinical criteria as the individual contract or the group contract provides coverage for the same health care services delivered to an enrollee in person.**

(b) Coverage for telemedicine services required by subsection (a) may not be subject to a dollar limit, copayment, or coinsurance requirement that is less favorable to an enrollee than the dollar limit, copayment, or coinsurance requirement that applies to the same health care services delivered to an enrollee in person.

(c) Any annual or lifetime dollar limit that applies to telemedicine services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the individual contract or the group contract.

(d) This section does not do any of the following:

(1) Require an individual contract or a group contract to provide coverage for a telemedicine service that is not a covered health care service under the individual contract or group contract.

(2) Require the use of telemedicine services when the treating provider has determined that telemedicine services are inappropriate.

(3) Prevent the use of utilization review concerning coverage for telemedicine services in the same manner as utilization review is used concerning coverage for the same health care services delivered to an enrollee in person.

(e) A separate consent for telemedicine services may not be required.

SECTION 28. IC 34-30-2-99.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 99.8. IC 25-23.4-8-2 (Concerning a physician or hospital for the acts or omissions of a certified direct entry midwife).**

SECTION 29. IC 36-2-13-19 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 19. (a) This section applies to a person who:**

(1) is subject to lawful detention;

(2) incurs or will incur medical care expenses that are not otherwise reimbursable during the lawful detention;

(3) is unwilling or unable to pay for the person's own health care services; and

(4) is potentially eligible for Medicaid (IC 12-15).

(b) For a person described in subsection (a), the sheriff is the person's Medicaid authorized representative and may apply for Medicaid on behalf of the person.

(c) A county executive and the office of the secretary of family and social services shall enter into a written memorandum of understanding providing that the sheriff shall reimburse the office of the secretary for administrative costs and the state share of the Medicaid costs incurred for a person described in this section.

(d) Reimbursement under this section for reimbursable health care services provided by a health care provider, including a hospital, to a person as an inpatient in a hospital must be as follows:

(1) For individuals eligible under the Indiana check-up plan (IC 12-15-44.2), the reimbursement rates described in IC 12-15-44.2-14.

(2) For individuals other than those described in subdivision (1) who are eligible under the Medicaid program, the reimbursement rates provided under the Medicaid program, except that reimbursement for inpatient hospital services shall be reimbursed at rates equal to the fee-for-service rates described in IC 16-21-10-8(a)(1).

Hospital assessment fee funds collected under IC 16-21-10 or the Indiana check-up plan trust fund (IC 12-15-44.2-17) may not be used as the state share of Medicaid costs for the reimbursement of health care services provided to the person as an inpatient in the hospital.

(e) The state share of all claims reimbursed by Medicaid for a person described in subsection (a) shall be paid by the county.

SECTION 30. [EFFECTIVE JULY 1, 2015] **(a) Before October 1, 2016, the office of the secretary of family and social services shall report to the general assembly in an electronic format under IC 5-14-6 the following information:**

(1) The number of individuals who received health care services under:

(A) IC 11-10-3-7(b), as amended by this act; and

(B) IC 36-2-13-19, as added by this act.

(2) The total reimbursement cost for these individuals.

(b) This SECTION expires December 31, 2016.

SECTION 31. [EFFECTIVE JULY 1, 2015] **(a) As used in this SECTION, "department" refers to the department of insurance created by IC 27-1-1-1.**

(b) As used in this SECTION, "denied claim" means a claim under an accident and sickness insurance policy or a health maintenance organization contract for which:

(1) a denial of coverage; or

(2) required submission of additional information;

was communicated by the insurer or health maintenance organization in response to the submission of the claim, regardless of whether the claim was eventually paid by the insurer or health maintenance organization.

(c) Before October 1, 2015, the department shall report in an electronic format under IC 5-14-6 to the public health, behavioral health, and human services interim committee established by IC 2-5-1.3-4(14) the following:

(1) The following information concerning the department's accident and sickness insurance or health maintenance organization consumer complaint process:

(A) How a complaint is made.

(B) Where the complaints originate.

(C) How a complaint is processed and investigated by the department.

(D) The number of complaints received by the department and the reasons for the complaints.

(E) The basis for complaint determinations by the department.

(F) The department's authority to investigate accident and sickness insurance companies and health maintenance organizations and complaints made concerning these entities.

(2) Current definitions in accident and sickness insurance policies and health maintenance organization contracts for "investigatory", "experimental", or similar terms used for denials of claims.

(3) Accident and sickness health insurance and health maintenance organization claim data concerning denials of claims in the previous three (3) calendar years.

(4) A review of the data described in subdivision (3) for denials because a procedure was deemed experimental, investigatory, or a similar term and a comparison of these

procedures and whether, with data available, the Medicaid program and the Medicare program consider these procedures to be experimental or investigatory.

(d) This SECTION expires December 31, 2015.

SECTION 32. **An emergency is declared for this act.**

Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____