

FAEGRE BAKER DANIELS

2015 Legislative Update
Indiana Society of Anesthesiologists



April 12, 2015

State lawmakers returned to the Statehouse on Tuesday to finish up the last round of committee hearings. Thursday was especially hectic as the Senate Appropriations Committee considered and adopted the Senate Republican version of the state budget.

As amended by the Senate Appropriations Committee, **HB 1001** includes a provision that requires the Office of Medicaid Policy and Planning to conduct a review of rates payable under the current Medicaid fee structure and provide recommended rates for the Medicaid fee structure to the budget committee and Legislative Council before December 1, 2015.

Any bill that did not pass from committee by Thursday's deadline is now technically "dead" for the session, although its contents may be added to another bill. Some of the dead bills already have resurfaced as committee amendments to other measures, including **HB 1548** (midwives), which has been added to **SB 465**. Additional dead bills are expected to be resurrected between now and the end of session either in second reading amendments or in conference committee reports.

The following bills on the tracking list failed to receive a hearing in the second chamber:

- HB 1351** (agency rulemaking)
- SB 439** (Controlled substances)
- SB 462** (Advertising by health care practitioners)

Tuesday (April 14) is the deadline for floor amendments in both chambers, and Wednesday (April 15) is the last day for bills to pass from the second chamber. The final two weeks of session will be devoted to conference committees.

Following are summaries of bills of potential interest to ISA that were eligible for consideration in the second chamber. A "real-time" version of the tracking list may be found online by clicking [here](#). As always, please let us know if you have any questions or need additional information.

SCOPE OF PRACTICE

HB1183 PHYSICIAN ASSISTANTS (DAVISSON S)

- Allows a physician assistant who is delegated authority to prescribe a controlled substance after practicing for at least 1,800 hours. (Current law allows a physician assistant to be delegated to prescribe a controlled substance after practicing for one year after graduating from a physician assistant program and practicing for at least 1,800 hours.)
- Removes requirement that supervising physician must delegate prescribing authority by the name of the drug or drug classification.
- Specifies that a physician assistant may refill a prescription as allowed for in the physician assistant's supervisory agreement.
- Provides that a pharmacist may not require the supervising agreement or a cosignature to fill a prescription written by a physician assistant.
- Removes requirement that patient encounters must be reviewed within 72 hours and provides that a physician must review physician assistant charts within ten business days and within a reasonable time that is appropriate for the maintenance of quality medical care.
- Reduces the percentage of physician assistant charts that a physician must review based on the year of practice by the physician assistant.
- Specifies patient record review by a physician for Schedule II prescription that a physician assistant with less than a year of authority to prescribe Schedule II controlled substances dispenses or prescribes.
- Provides that a physician may supervise four physician assistants at the same time.
- Allows physician assistants and advanced practice nurses to treat a patient with a Schedule III or Schedule IV controlled substance for weight reduction or to control obesity if certain conditions are met.

Current Status: 4/13/2015 - House Bills on Third Reading

State Bill Page: [HB1183](#)

HB1548 MIDWIVES (LEHE D) Removes the requirement that a direct entry midwife (midwife) have a collaborative agreement with a physician requiring that the midwife's client have a consulting physician. Requires a client to be examined by a physician who is qualified in obstetrics and gynecology at certain times during the pregnancy unless the client refuses and meets certain conditions. Extends the date: (1) by which a midwife is required to submit certain information to obtain an exemption from certain certification requirements; (2) relating to restrictions of use of the title "certified direct entry midwife"; and (3) after which practicing midwifery without a certificate is a felony. Requires certain information to be included in a midwife's disclosure form, client's records, and emergency plan. Requires a client's medical records that are prepared by the clients physician be provided to the midwife. Repeals certain provisions concerning physician collaboration.

Current Status: 4/1/2015 - COMMITTEE STATUS: FAILED Yeas: 2; Nays: 8

MEDICAL MALPRACTICE

HB1145 CIVIL IMMUNITY FOR VOLUNTEER HEALTH CARE PROVIDERS (FRIZZELL D)

- Specifies criteria for civil immunity from liability for certain volunteer health care providers.
- Requires the Indiana professional licensing agency to establish and maintain a health care volunteer registry.
- Provides that an approval of a location where the provision of health care services in which a provider may be immune from civil liability is valid for up to two years.
- Requires a person who meets the criteria for immunity from civil liability to provide a certain records and results of laboratory and imaging based screenings and tests to the patient.
- Requires that a person that provides the location where the health care service is provided do so without compensation as a condition of immunity.
- Allows a person that provides a health care service to provide recommendations for testing.

Current Status: 4/7/2015 - Third reading passed; Roll Call 372: yeas 46, nays 2

State Bill Page: [HB1145](#)

MISCELLANEOUS MEDICAL

HB1065 USE OF INVESTIGATIONAL DRUGS, BIOLOGICAL PRODUCTS, AND DEVICES

(CULVER W) Provides that a manufacturer of an investigational drug, biological product, or device may make the drug, biological product, or device available to a patient who meets certain requirements. Adds to the requirements concerning experimental or nonconventional medical treatment and the authority to allow a patient to receive an experimental or nonconventional medical treatment if a physician determines that the patient: (1) has been diagnosed with a terminal disease or condition; and (2) does not have comparable or satisfactory treatment options. Specifies that a new cause of action is not created. Makes a technical correction.

Current Status: 3/24/2015 - **SIGNED BY GOVERNOR**

State Bill Page: [HB1065](#)

HB1184 CONTROLLED SUBSTANCES (DAVISSON S) Authorizes optometrists who meet certain requirements to prescribe Tramadol. Adds Tramadol as a schedule IV controlled substance. Includes hydrocodone combination products as schedule II controlled substances. Removes dihydrocodeinone from the schedule III controlled substance list.

Current Status: 4/7/2015 - Signed by the President Pro Tempore

State Bill Page: [HB1184](#)

HB1303 STATE REGISTRATION OF PRIVATELY CERTIFIED INDIVIDUALS (MCMILLIN J)

- Authorizes the appointment to the jobs creation committee of one additional member who is a licensed healthcare provider or represents a health related organization.

- Establishes a process under which individuals who practice a certain occupation that is not a regulated profession under Indiana law can become "state registered" and be listed as practitioners of their occupation on the electronic registry of professions (which currently lists only interior designers).
- Provides that an individual, to become state registered, must hold a certification or credential from a supporting organization (a national organization or Indiana chapter of a national organization that exists solely to serve practitioners of a particular occupation) that is accredited.
- Requires that an application for accreditation of a supporting organization be evaluated according to certain criteria by the jobs creation committee, which must hold a public hearing and make a recommendation to the executive director of the professional licensing agency. Requires the executive director, after receiving the committee's recommendation, to decide whether to accredit the supporting organization.
- Prohibits the executive director from accrediting a supporting organization if any action performed within the scope of practice of individuals who have earned a certification or credential from the supporting organization is the same as or substantially similar to an action within the scope of practice of a profession licensed under Indiana law.
- Provides that, to be state registered and listed on the on the electronic registry of professions, an individual, in addition to holding a certification or credential from an accredited supporting organization, must meet certain requirements and conditions, including not being delinquent in paying taxes or child support, not having committed a crime having a direct bearing on the individual's ability to practice competently and lawfully, submitting to a national name based criminal history record check, and paying registration fees.
- Provides for the renewal of an individual's state registration every two years.
- Requires the professional licensing agency to adopt a process under which the agency will review changes in an accredited supporting organization's credentialing requirements or in the scope of practice of the occupation supported by the accredited supporting organization.
- Authorizes the professional licensing agency to remove an individual from the electronic registry of professions under certain circumstances.
- Provides that not being state registered does not prevent an individual from practicing the same occupation as individuals who are state registered.

Current Status: 4/13/2015 - House Bills on Second Reading

State Bill Page: [HB1303](#)

HB1323 MEDICAL RESIDENCY EDUCATION (BROWN T) Establishes the medical residency education fund for the purpose of expanding medical education in Indiana by funding new residency program slots at licensed hospitals. Specifies uses of money from the medical residency education fund. Establishes the graduate medical education board in order to: (1) provide funding for residents not funded by the federal Centers for Medicare and Medicaid

Services; (2) provide technical assistance for entities that wish to establish a residency program; and (3) provide startup funding for entities that wish to establish a residency program. Provides that a recipient of a medical education residence grant or money from the graduate medical education fund must agree to provide matching funds equal to at least 25% of the money provided.

Current Status: 4/7/2015 - Senator Randolph added as cosponsor

All Bill Status: 4/7/2015 - Third reading passed; Roll Call 377: yeas 48, nays 0

State Bill Page: [HB1323](#)

HB1351 AGENCY RULEMAKING AND POLICYMAKING (WOLKINS D) Provides that an agency's statutory authority to regulate and implement programs does not include rulemaking or policymaking authority that is not based upon a federal requirement or that exceeds the authority granted to a federal or state agency under federal statutory authority. Provides an exception that rules, guidelines, standards, or other policies that are not based upon a federal requirement or specific statutory authority may be based upon: (1) the general authority of an agency, subject to limits in the grant of the authority and upon the subject matter; or (2) the power to adopt emergency rules. Requires the legislative services agency (LSA) to review proposed and adopted agency rules, guidelines, standards or other policies. Provides that it is not the intent of the general assembly to have the findings or opinions of the LSA regarding legislative intent or an agency's legal authority to be: (1) used as evidence in any investigation or proceeding; or (2) imputed to the general assembly. Makes changes to the statute requiring distribution of agency statements.

Current Status: 2/24/2015 - Referred to committee on Tax and Fiscal Policy

State Bill Page: [HB1351](#)

HB1401 MEDICAID FRAUD (WASHBURNE T) Expands the crime of Medicaid fraud to include knowingly or intentionally making, uttering, presenting, or causing to be presented to the Medicaid program a Medicaid claim that is materially false or misleading.

Current Status: 4/9/2015 - Senator Randolph added as cosponsor

All Bill Status: 4/9/2015 - Third reading passed; Roll Call 400: yeas 49, nays 0

State Bill Page: [HB1401](#)

HB1454 AUTO-INJECTABLE EPINEPHRINE (EBERHART S) Allows a health care provider with prescriptive authority to prescribe auto-injectable epinephrine to a business, association, or governmental entity (entity) or an entity's branch office. Sets requirements for certain individuals employed by an entity to fill, store, and administer auto-injectable epinephrine. Provides civil immunity for: (1) a certain entity's employees in the administration of auto-injectable epinephrine; and (2) health care providers in the prescribing of auto-injectable epinephrine and in the training of employees in the administration of auto-injectable epinephrine.

Current Status: 4/7/2015 - Signed by the President Pro Tempore

State Bill Page: [HB1454](#)

HB1562 PROFESSIONAL LICENSING MATTERS (ZENT D)

- Requires that terminated pregnancy reports be filed electronically.
- Requires an individual who holds a professional license or certificate and who is convicted of a misdemeanor or felony to provide written notice of the conviction to the appropriate professional licensing board not later than 90 days after entry of the order

or judgment of conviction.

- Provides that if a professional license or certificate is initially issued to the holder less than 90 days before the date on which such licenses or certificates generally expire, the license or certificate does not expire on the general expiration date but instead expires at the conclusion of the next licensing period.
- Provide that a mandatory notice to a license holder of the upcoming expiration of the license holder's license must be sent at least 90 days (instead of 60 days) before the expiration date. Allows the professional licensing agency (agency) to delay issuing a license renewal for up to 120 days for purposes of investigation. (Current law allows a delay of up to 90 days.)
- Provide that the members of the board of pharmacy, the manufactured home installer licensing board, and the home inspectors licensing board serve at the will and pleasure of the governor.

Current Status: 4/13/2015 - House Bills on Third Reading

State Bill Page: [HB1562](#)

SB123 HIGHER EDUCATION (BECKER V) Permits the board of trustees of a state educational institution that has a research intensive campus to directly hold equity in a private entity under certain conditions. Revises the law setting forth the locations and names for centers for comprehensive medical education. Permits a public benefit corporation to merge with a state educational institution, without court approval, if the public benefit corporation is controlled by the state educational institution.

Current Status: 4/13/2015 - Concurrences Eligible for Action

State Bill Page: [SB123](#)

SB168 CONTROLLED SUBSTANCE TREATMENT AND DATA BASE (MILLER P)

- Authorizes the division of mental health and addiction (division) to approve before June 30, 2018, not more than five new opioid treatment programs if: (1) the programs are run by a hospital or a certified community mental health center; and (2) the division determines that there is a need for a new opioid treatment program in the proposed location.
- Authorizes the division to approve an opioid treatment program in the proposed location if a hospital or community mental health center has not applied to the division to operate an opioid treatment program in the area before June 30, 2016.
- Requires new opioid treatment programs to be Medicaid providers and offer medication assisted treatments.
- Authorizes the division to approve an opioid treatment program in certain areas where a public health emergency has been declared. Requires the division to report to the general assembly specified information concerning any new treatment facilities.
- Permits physicians who hold a temporary medical license to have access to confidential information in the Indiana scheduled prescription electronic collection and tracking (INSPECT) program.

Current Status: 4/13/2015 - Senate Bills on Second Reading

State Bill Page: [SB168](#)

SB293 MEDICAL PEER REVIEW (MILLER P) Provides for use of a peer review committee by a medical school located in Indiana. Allows sharing of peer review information between a medical school peer review committee and another peer review committee.

Current Status: 4/7/2015 - Third reading passed; Roll Call 374: yeas 96, nays 0

State Bill Page: [SB293](#)

SB294 LEGEND DRUG INVESTIGATIONS (MILLER P) Provides that certain laws concerning obtaining a legend drug or the validity of a prescription or drug order do not apply to actions of a person, practitioner, or pharmaceutical manufacturer performed in an investigation of a pharmaceutical manufacturer's legend drug that is suspected of being counterfeited, adulterated, or misbranded. Requires a pharmaceutical manufacturer that collects drug samples during an investigation to maintain records of the drug samples and to make the records available to certain law enforcement agencies. Prohibits a person from owning or operating a store, facility, or other place of business in Indiana where: (1) prescriptions are accepted to be filled; or (2) prescription drugs or devices are ordered, offered or advertised for sale, or paid for; unless the person has a pharmacy permit. Excludes mail order and Internet based pharmacies to the extent that they are allowed to operate under state law.

Current Status: 4/9/2015 - Signed by the Speaker

State Bill Page: [SB294](#)

SB358 MEDICATIONS (GROOMS R) Defines "medication therapy management" for the purposes of the regulation of pharmacies and pharmacists. Adds the provision of medication therapy management to the definition of "the practice of pharmacy". Includes advanced practice nurses and physician assistants in the definition of "direct supervision" for the purposes of consulting with a pharmacist on certain drug regimen protocols. Establishes the INSPECT oversight committee. Provides the committee's approval for the board to execute a contract with a vendor to administer the INSPECT program. Requires approval from the chairperson of the board of pharmacy to hire a director of the INSPECT program. Provides that if a dispenser's pharmacy is closed the day following a dispensing, the information required to be sent to the INSPECT program must be transmitted by the end of the next business day. Amends the definition of "medication assistance" in the administrative code for purposes of the rules concerning home health agencies.

Current Status: 4/9/2015 - Senate concurred in House Amendments; Roll Call 410: yeas 49, nays 0

State Bill Page: [SB358](#)

SB406 OVERDOSE INTERVENTION DRUGS (MERRITT J) Requires certain emergency personnel to report to the state department of health the number of times an overdose intervention medication is administered. Allows specified health care professionals with prescriptive authority to dispense, write a prescription, or prepare a standing order for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met. Allows for an individual who is a person at risk, a family member, friend, or other individual or entity in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met. Requires certain ambulances and emergency medical services vehicles to be equipped with an overdose intervention drug. Provides for civil and criminal immunity.

Current Status: 4/13/2015 - Senate Bills on Second Reading

SB439 CONTROLLED SUBSTANCES (HERSHMAN B)

- Limits Medicaid reimbursement for Subutex and Suboxone or a similar trade name or generic of the drug when the drug was prescribed for the treatment of pain management to only if the drug was prescribed by a physician who meets certain requirements.
- Allows for the office of Medicaid policy and planning to require prior authorization for these drugs when being prescribed for substance abuse treatment as determined by the board or when being prescribed for more than six months.
- Requires the division of mental health and addiction to adopt rules concerning: (1) opioid treatment by an opioid treatment provider; (2) take home opioid treatment medications; (3) clinical standards for tapering of a patient, relapse, and overdose prevention; and (4) specified standards and protocols for an opioid treatment provider.
- Requires an opioid treatment provider to periodically and randomly test a patient for specified drugs during treatment.

Current Status: 3/3/2015 - Referred to House Public Health

State Bill Page: [SB439](#)

SB462 ADVERTISING BY HEALTH CARE PRACTITIONERS (MILLER P) Specifies certain information to be included beginning January 1, 2016, in health care advertisements by a health care practitioner. Sets forth requirements that must be met in order for a physician to use the term "board certified".

Current Status: 3/3/2015 - Referred to House Public Health

State Bill Page: [SB462](#)

SB534 RULES FOR PRESCRIBING CONTROLLED SUBSTANCES (GROOMS R) Requires the medical licensing board to adopt standards and protocols for the prescribing of controlled substances, including the use of abuse deterrent formulations. Requires, before March 1, 2016, the following boards to adopt rules concerning the prescribing of opioid controlled substances for pain management treatment: (1) the medical licensing board, concerning physician assistants; (2) the board of podiatric medicine, concerning podiatrists; (3) the state board of dentistry, concerning dentists; and (4) the Indiana state board of nursing, concerning advanced practice nurses. Requires each board to report before December 31, 2015, to the legislative council with a status report on the board's efforts to adopt the required rules.

Current Status: 4/9/2015 - Signed by the Speaker

State Bill Page: [SB534](#)

INSURANCE & MEDICAID REIMBURSEMENT

HB1001 STATE BIENNIAL BUDGET (BROWN T) State biennial budget. Appropriates money for capital expenditures, the operation of the state, the delivery of Medicaid and other services, and various other distributions and purposes. Establishes the Healthy Indiana Plan 2.0 and specifies funding for the plan. Establishes: (1) the incremental hospital fee fund; and (2) the phase out trust fund; and specifies uses and distributions of money within the funds. Requires the office of Medicaid policy and planning to conduct a review of rates payable under the

current Medicaid fee structure and provide recommended rates for the Medicaid fee structure to the budget committee and legislative council before December 1, 2015

Current Status: 4/13/2015 - House Bills on Second Reading

State Bill Page: [HB1001](#)

HB1269 MENTAL HEALTH MATTERS (CLERE E)

- Makes the department of correction (DOC) an inmate's authorized representative for applying for Medicaid for inmates who are potentially eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Requires the department and the office of the secretary of family and social services to enter into an agreement in which the department pays the state share of the Medicaid costs incurred for the inmate. Makes the sheriff the individual's authorized representative for applying for Medicaid for individuals subject to lawful detention who are potentially eligible for Medicaid. Requires a sheriff to enter into an agreement with the office of the secretary of family and social services to pay the state share of the Medicaid costs incurred for the individuals. Specifies reimbursement for the services provided. Provides that the DOC or the county shall assist a committed offender in applying for Medicaid and securing certain treatment upon discharge from the DOC or a county jail. Specifies providers that may be used to provide treatment for DOC inmates and county jail offenders.
- Requires the office of Medicaid policy and planning (office) to prepare an annual report concerning the use of qualified providers to provide presumptive eligibility services.
- Allows a community mental health center to use the center's provider identification number to file any Medicaid claim, including primary care health service, if certain conditions are met. Prohibits the office from limiting the filing by a community mental health center of primary care health services and mental health services for a recipient if the services are covered services and necessary to ensure coordinated care for the recipient.
- Requires the division of mental health and addiction to develop a mental health first aid training program. Includes a mental health first aid training program in the: (1) continuing education programs promoted by the emergency medical services commission; (2) basic or inservice course of education and training for teaching professionals; and (3) requirements for an initial teaching license.
- Establishes the mental health counselor licenses for school counselors grant.
- Requires a school corporation to enter into a memorandum of understanding with a mental health care provider or a community mental health center to establish conditions or terms for referring students of the school corporation for services. Requires the school corporation to obtain parental consent before referring a student to mental health services and limits mental health information that may be included in the student's record.
- Prohibits an insurer or health maintenance organization from denying coverage for investigational or experimental treatment if the treatment has been made by the Medicare program or the Medicaid program during the three preceding years.

- Provides for coverage of telemedicine services under a policy of accident and sickness insurance and a health maintenance contract.
- Prohibits a health care provider from requiring a separate additional written health care consent for the provision of telemedicine services.
- Requires the department of insurance to review specified information concerning denied insurance claims and report certain information before October 1, 2015 to the legislative council and the public health, behavioral health, and human services interim study committee.

Current Status: 4/13/2015 - House Bills on Second Reading

State Bill Page: [HB1269](#)

HB1448 MENTAL HEALTH DRUGS AND COVERAGE (DAVISSON S) Includes inpatient substance abuse detoxification services as a Medicaid service. Prohibits the office of Medicaid policy and planning from requiring prior authorization for a drug that is a nonaddictive medication assistance treatment drug being prescribed for the treatment of substance abuse. Requires information and training concerning involuntary commitment to judges, prosecutors, and public defenders.

Current Status: 4/13/2015 - House Bills on Second Reading

State Bill Page: [HB1448](#)

SB33 WORKER'S COMPENSATION (BOOTS P) Allows an officer of a corporation who is also an owner of any interest in the corporation to elect not to be an employee of the corporation under worker's compensation. Urges the legislative council to assign to an interim study committee for the 2015 interim period the topic of worker's compensation reimbursement to all providers of worker's compensation related claims outside of hospitals, including the study of a common baseline of the providers' Medicare reimbursement rate plus a reimbursement above the Medicare level, seeking fair reimbursement. Removes outdated language.

Current Status: 4/7/2015 - Representative Moseley added as cosponsor

All Bill Status: 4/7/2015 - Third reading passed; Roll Call 373: yeas 96, nays 0

State Bill Page: [SB33](#)

SB438 STATE AND LOCAL TAX ISSUES (HERSHMAN B) Among other things: Amends the sales tax exemption for medical equipment, supplies, and devices to: (1) restate the application of the sales tax exemption for medical equipment, supplies, and devices; and (2) provide a sales tax exemption for food, food ingredients, and dietary supplements that are sold by a licensed practitioner or pharmacist. Amends the sales tax exemption for drugs, insulin, oxygen, blood, or blood plasma to restate the application of the sales tax exemption. Repeals the sales tax exemption for food and food ingredients prescribed as medically necessary by a physician. Amends the definition of "research and development activities" for purposes of the sales tax exemption for research and development equipment and property.

Current Status: 4/13/2015 - Senate Bills on Second Reading

State Bill Page: [SB438](#)

SB464 MENTAL HEALTH ISSUES (MILLER P)

- Specifies limitations for reimbursement for methadone by: (1) the state employee health plan; (2) Medicaid; (3) certain policies of accident and sickness; and (4) certain health maintenance organization contracts; if the drug is prescribed for the treatment of pain.

- Provides that addiction counseling, inpatient detoxification, case management, daily living skills, and long acting, nonaddictive medication may be required to treat opioid or alcohol addiction as a condition of parole, probation, community corrections, pretrial diversion, or participation in a problem solving court.
- Requires the department of correction to estimate the amount of operational cost savings as a result attributable to sentencing changes made in HEA 1006-2014.
- Includes inpatient substance abuse detoxification services as a Medicaid service.
- Requires the office of Medicaid policy and planning to: (1) provide Medicaid coverage for the treatment of opioid or alcohol dependence that includes certain services and treatment; (2) develop quality measures and reporting to ensure a managed care organization's compliance with the coverage; and (3) report the clinical use of certain medications to the mental health Medicaid quality advisory committee.
- Requires coverage under the Indiana check-up plan of nonaddictive medication assistance treatment drugs prescribed for the treatment of substance abuse.
- Authorizes the division of mental health and addiction (division) to approve before June 30, 2018, not more than five new opioid treatment programs if: (1) the programs are run by a hospital or a certified community mental health center; and (2) the division determines that there is a need for a new opioid treatment program in the proposed location. Requires the division to report to the general assembly before July 1, 2018, specified information concerning any new facilities.
- Requires a prescriber who is prescribing methadone for the treatment of pain or pain management to indicate this treatment on the prescription or order.
- Establishes the mental health and addiction forensic treatment services account within the statutes governing the division, rather than the statutes governing corrections (under current law). Provides that the division may use money in the account to fund grants and vouchers that are provided to the following for mental health and addiction forensic treatment services: (1) Community corrections programs. (2) Court administered programs. (3) Probation programs. (4) Community mental health centers. (5) Certified mental health or addiction providers. Allows the division to use money in the account as a state match under the Medicaid rehabilitation program and the Primary Health Coordination Program.
- Requires the division to provide an education and training program concerning involuntary commitment and medication assisted treatment.
- Specifies that an individual is eligible for such mental health and addiction forensic treatment services if the individual meets certain criteria and if reimbursement for the service is not available to the individual under a health insurance policy, a health maintenance organization contract, the Medicaid program, or the Medicare program or any other federal assistance program.
- Requires the division to survey and develop demographic research on individuals receiving services.

- Makes certain changes to the purposes of the mental health and addiction services development programs board under the loan forgiveness program.
- Places restrictions on coverage under a health insurance policy and a health maintenance organization contract for methadone used in pain management.
- Requires the division to work jointly with the department of workforce development to coordinate employment and training services for individuals receiving services.

Current Status: 4/7/2015 - Third reading passed; Roll Call 380: yeas 93, nays 0

State Bill Page: [SB464](#)

SB465 HUMAN SERVICES AND HEALTH MATTERS; MIDWIVES (MILLER P)

- Makes the department of correction (department) an inmate's authorized representative for applying for Medicaid for inmates who are potentially eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable. Requires the department and the office of the secretary of family and social services to enter into an agreement in which the department pays the state share of the Medicaid costs incurred for the inmate.
- Amends the definition of "autism" for purposes of the laws concerning the institute for autism, services for individuals with a developmental disability development, and the lease effort program.
- Makes multiple changes to the administration of the office of the secretary of family and social services. Moves the authority to operate a disability determination bureau from the division of disability and rehabilitative services (division) to the office of the secretary.
- Requires the division of aging to: (1) meet with stakeholders to collaborate on changes in the health facility preadmission screening assessment process; and (2) submit a written report to the general assembly before November 1, 2015, concerning any recommendations for statutory changes to the process.
- Expires the health facility preadmission screening assessment process statute June 30, 2016.
- Removes language that prohibited certain Medicaid copayment for services.
- Repeals language concerning public records reports of Medicaid recipients.
- Makes the sheriff the individual's authorized representative for applying for Medicaid for individuals subject to lawful detention who are potentially eligible for Medicaid.
- Requires a sheriff to enter into an agreement with the office of the secretary of family and social services to pay the state share of the Medicaid costs incurred for the individuals. Specifies reimbursement for the services provided.
- Extends the date by which a midwife is required to submit certain information to obtain an exemption from certain certification requirements. Amends the midwife birth certification requirements. Provides that a physician who signs a collaborative

agreement with a certified direct entry midwife may not be held: (1) jointly or severally liable for the actions or omissions of a certified direct entry midwife; or (2) liable for the collaboration or work with the certified direct entry midwife, except in cases of gross negligence or reckless conduct. Makes technical and conforming changes.

Current Status: 4/13/2015 - Senate Bills on Second Reading

State Bill Page: [SB465](#)