

- HB1141 COMMUNITY MENTAL HEALTH CENTER FUNDING (SCHAIBLEY D) Specifies the funding amounts that must be provided by counties to community mental health centers. Provides that a county's maximum funding amount for a year is equal to the maximum funding amount for the previous year multiplied by the percentage change in the county's general fund property tax levy, after subtracting circuit breaker credits (but provides that the maximum funding amount will not be less than the preceding year's maximum funding amount). Phases-in this change in the case of Marion County. Requires the department of local government finance (DLGF) to verify the maximum appropriation calculation as part of the DLGF's certification of the county's budget. Specifies that the funding provided by a county to community mental health centers shall be used solely for: (1) the operations of community mental health centers serving the county; or (2) contributing to the nonfederal share of medical assistance payments to community mental health centers serving the county. Provides that unless otherwise agreed to by the county and the community mental health center, the county payment to the community mental health center shall be paid by the county treasurer to the treasurer of the community mental health center's board of directors at least as frequently as semiannually (in July and in December). Provides that a county's funding for community mental health centers shall be apportioned according to the proportion of: (1) the county's population residing in the primary service area of each center that is certified by the division of mental health and addiction; to (2) the total population of the county. Deletes provisions requiring the county to pay the appropriated amounts to the division of mental health and addiction (the division). Deletes the provisions specifying how the payments to the division must be made. Repeals a provision allowing the appropriation of an additional amount under certain circumstances. Provides that the governing board of a community mental health center must include a member of a county fiscal body or a member of a board of county commissioners, appointed by the board of county commissioners of the county where the community mental health center maintains its corporate mailing address. Requires the annual report by a community mental health center to be made to the division of mental health and addiction (division) and to the fiscal body and the board of county commissioners of each county located in the community mental health center's primary service area. (Under current law the report is made only to the county fiscal body.) Specifies certain information that must be included in the annual reports provided by community mental health centers. Requires the division to specify the format of the annual reports that must be provided by community mental health centers. Requires the division to provide an annual report containing certain information to the county fiscal body and board of county commissioners of each county.
- Current Status:* 3/6/2018 - House concurred in Senate amendments; Roll Call 330: yeas 92, nays 2
State Bill Page: [HB1141](#)
- HB1220 FSSA MATTERS (KIRCHHOFER C) Adds representatives of organizations that represent people with intellectual and other developmental disabilities to the commission on rehabilitation services and the Medicaid advisory committee. Clarifies that outpatient home health services may be provided in other appropriate locations determined by the office. Changes the makeup of the drug utilization review board and the frequency with which the board is required to meet. Changes when a participant's funds remaining in the individual's healthy Indiana plan health (HIP) care account are refunded. Removes the HIP \$25 copayment requirement for subsequent use of an emergency room for nonemergency services. Allows money in the mental health and addiction forensic treatment services account to be used as the state match under the Medicaid program. (Current law limits use of money in the account for the state match to the Medicaid rehabilitation program and the Behavioral and Primary Health Coordination program.)
- Current Status:* 3/7/2018 - House concurred in Senate amendments; Roll Call 345: yeas 93, nays 0
State Bill Page: [HB1220](#)
- HB1317 HEALTH MATTERS (CLERE E) Provides that a pharmacy or pharmacist has a right to provide individuals with information concerning the individual's cost share for a prescription drug. States that a pharmacy or pharmacist cannot be proscribed by a third party administrator, a health insurer, or a health maintenance organization from discussing the information or from selling to the individual a more affordable alternative. Prohibits a copayment for a drug under the state employee health plan, an accident and sickness insurance policy, or a health maintenance organization contract from exceeding the amount payable to the pharmacy for the drug under an agreement with the pharmacy. Provides that changes to the designated coverage area of an area agency on aging may not be made until after a public hearing is held and one year elapses from the date of the hearing. Provides that the definition of "community and home care services" includes services, not covered by Medicaid, necessary to prevent individuals with intellectual or developmental disabilities from being institutionalized and to help such individuals to transition out of health care facilities or group homes. Requires the community and home options to institutional care for the elderly and disabled (CHOICE) board to review proposed rules concerning the CHOICE program and removes the time requirement for the review. (Current law requires review of proposed rules concerning home and community based services at least three months before the rule may be published.) Removes provisions concerning the CHOICE board setting a public comment period. Requires the office of the secretary of family and social services to study service provider and systems point of entry reimbursement rates for recipients of early intervention services. Beginning July 1, 2019, removes the 12 month limitation on receipt by certain individuals of supplemental nutrition assistance

program (SNAP) benefits. Specifies that, beginning January 1, 2020, Indiana elects to opt out of the federal law prohibiting individuals convicted of certain drug offenses from receiving SNAP assistance if the individual meets specified conditions. Specifies that if the individual violates any terms of the probation, parole, community corrections, or reentry court program, the individual is ineligible for SNAP. Requires the office of the secretary of family and social services to study reimbursement rates and the methodology for case management services for recipients of certain Medicaid waivers. Provides that any new rates as a result of a study: (1) may not take effect until January 1, 2019 or be applied retroactively; and (2) must be approved through a Medicaid waiver amendment. Requires the board of pharmacy to adopt rules concerning telepharmacy under the laws regulating remote dispensing facilities. Exempts from the law regulating pharmacists and pharmacies the delivery of peritoneal renal dialysis related supplies by manufacturers, third party logistic providers, and wholesale drug distributors in certain circumstances. Removes that an occupant of a property was afflicted with or died from a disease related to human immunodeficiency virus (HIV) from the definition of "psychologically affected property". Urges the legislative council to assign to an appropriate interim study committee the task of studying the impact that joining the nurse licensure compact would have on the delivery of nursing services to residents of Indiana.

Current Status: 3/8/2018 - House Advisors appointed Carbaugh, Davisson, Kirchofer, Ziemke and Shackelford

State Bill Page: [HB1317](#)

SB190

HEALTH FACILITY CERTIFICATE OF NEED (MISHLER R) Requires the office of the secretary of family and social services to cooperate with the state department of health (state department) in the provision of certain health facility information. Amends the expiration of statutes placing certain limitations on the licensure of comprehensive care health facilities and the licensure of comprehensive care beds to the date upon which certain administrative rules take effect. Establishes a comprehensive care health facility certificate of need program administered by the state department. Sets forth certificate of need application requirements and exemptions. Urges the interim study of whether unused or underused facilities at the Logansport State Hospital could feasibly be used as an inpatient treatment facility for Medicaid eligible substance and addictions based treatment.

Current Status: 3/8/2018 - Concurrences Eligible for Action

State Bill Page: [SB190](#)

SB419

PROFESSIONAL AND OCCUPATIONAL LICENSES (DORIOT B) Provides that a unit does not have the power to license, register, or certify a person to practice the person's profession or occupation within the unit if the occupation or profession is subject to licensure, registration, or certification under the Indiana Code. Provides that this prohibition does not apply to: (1) registration for particular projects for the alteration, construction, demolition, or repair of a building or other work on real property required under an ordinance or rule adopted under local government law; (2) the ability to revoke, suspend, or impose additional conditions on a permit or registration previously given if the person holding the permit or registered has performed substandard work or has otherwise violated any condition of the permit or registration; or (3) when the unit determines the establishment and enforcement of health and safety standards for the occupation or profession is appropriate and necessary to protect the public. Provides that an agency or political subdivision may require verification of an applicant's eligibility for state or local or federal public benefits provided by the agency or the political subdivision, by requiring the applicant to verify under penalty of perjury that the person is otherwise authorized by the federal government to reside and work in the United States.

Current Status: 3/8/2018 - Concurrences Eligible for Action

State Bill Page: [SB419](#)