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| Adopted | Rejected |
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## COMMITTEE REPORT

|      |   |
|------|---|
| YES: | 8 |
| NO:  | 0 |

### MR. SPEAKER:

*Your Committee on Public Health, to which was referred Senate Bill 66, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:*

- 1           Page 3, between lines 10 and 11, begin a new paragraph and insert:
- 2           "SECTION 3. IC 12-15-15-2.5 IS AMENDED TO READ AS
- 3           FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 2.5. (a) Payment for
- 4           physician services provided in the emergency department of a hospital
- 5           licensed under IC 16-21 must be at a rate of one hundred percent
- 6           (100%) of rates payable under the Medicaid fee structure.
- 7           (b) The payment under subsection (a) must be calculated using the
- 8           same methodology used for all other physicians participating in the
- 9           Medicaid program.
- 10          (c) For services rendered and documented in an individual's medical
- 11          record, physicians must be reimbursed for federally required medical
- 12          screening exams that are necessary to determine the presence of an
- 13          emergency using the appropriate Current Procedural Terminology
- 14          (CPT) codes 99281, 99282, or 99283 described in the Current
- 15          Procedural Terminology Manual published annually by the American

1 Medical Association, without authorization by the enrollee's primary  
2 medical provider.

3 (d) Payment for all other physician services provided in an  
4 emergency department of a hospital to enrollees in the Medicaid  
5 primary care case management program must be at a rate of one  
6 hundred percent (100%) of the Medicaid fee structure rates, provided  
7 the service is authorized, prospectively or retrospectively, by the  
8 enrollee's primary medical provider.

9 (e) ~~This section does not apply to a person enrolled in the Medicaid  
10 risk based managed care program.~~

11 SECTION 4. IC 12-16-2.5-6.3 IS ADDED TO THE INDIANA  
12 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
13 [EFFECTIVE JULY 1, 2003 (RETROACTIVE)]: **Sec. 6.3. For**  
14 **purposes of this article, the following definitions apply to the**  
15 **hospital care for the indigent program:**

16 (1) **"Assistance" means the satisfaction of a person's financial**  
17 **obligation for hospital items or services, physician services, or**  
18 **transportation services provided to the person under**  
19 **IC 12-16-7.5-1.2.**

20 (2) **"Claim" means a statement filed with the division by a**  
21 **hospital, physician, or transportation provider that identifies**  
22 **the health care items or services the hospital, physician, or**  
23 **transportation provider provided to a person for whom an**  
24 **application under IC 12-16-4.5 has been filed with the**  
25 **division.**

26 (3) **"Eligible" or "eligibility", when used in regard to a person**  
27 **for whom an application under IC 12-16-4.5 has been filed**  
28 **with the division, means the extent to which:**

29 (A) **the person, for purposes of the application, satisfies the**  
30 **income and resource standards established under**  
31 **IC 12-16-3.5; and**

32 (B) **the person's medical condition, for purposes of the**  
33 **application, satisfies one (1) or more of the medical**  
34 **conditions identified in IC 12-16-3.5-1(a)(1) through**  
35 **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
36 **IC 12-16-3.5-2(a)(3).**

37 SECTION 5. IC 12-16-2.5-6.5 IS ADDED TO THE INDIANA  
38 CODE AS A **NEW** SECTION TO READ AS FOLLOWS

1 [EFFECTIVE UPON PASSAGE]: **Sec. 6.5. (a) Notwithstanding**  
2 **IC 12-16-4.5, IC 12-16-5.5, and IC 12-16-6.5, except for the**  
3 **functions provided for under IC 12-16-4.5-3, IC 12-16-4.5-4,**  
4 **IC 12-16-6.5-3, IC 12-16-6.5-4, and IC 12-16-6.5-7, the division may**  
5 **enter into a written agreement with a hospital licensed under**  
6 **IC 16-21 for the hospital's performance of one (1) or more of the**  
7 **functions of the division or a county office under IC 12-16-4.5,**  
8 **IC 12-16-5.5, and IC 12-16-6.5. Under an agreement between the**  
9 **division and a hospital:**

10 **(1) if the hospital is authorized to determine:**

11 **(A) if a person meets the income and resource**  
12 **requirements established under IC 12-16-3.5;**

13 **(B) if the person's medical condition satisfies one (1) or**  
14 **more of the medical conditions identified in**  
15 **IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or**  
16 **IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or**

17 **(C) if the health care items or services received by the**  
18 **person were necessitated by one (1) or more of the medical**  
19 **conditions listed in IC 12-16-3.5-1(a)(1) through**  
20 **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
21 **IC 12-16-3.5-2(a)(3), or were a direct consequence of one**  
22 **(1) or more of the medical conditions listed in**  
23 **IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3);**

24 **the determinations must be limited to persons receiving care**  
25 **at the hospital;**

26 **(2) the agreement must state whether the hospital is**  
27 **authorized to make determination regarding physician**  
28 **services or transportation services provided to a person;**

29 **(3) the agreement must state the extent to which the functions**  
30 **performed by the hospital include the provision of the notices**  
31 **required under IC 12-16-5.5 and IC 12-16-6.5;**

32 **(4) the agreement may not limit the hearing and appeal**  
33 **process available to persons, physicians, transportation**  
34 **providers, or other hospitals under IC 12-16-6.5;**

35 **(5) the agreement must state how determinations made by the**  
36 **hospital will be communicated to the division for purposes of**  
37 **the attributions and calculations under IC 12-15-15-9,**  
38 **IC 12-15-15-9.5, IC 12-16-7.5, and IC 12-16-14; and**

1           **(6) the agreement must state how the accuracy of the**  
 2           **hospital's determinations will be reviewed.**

3           **(b) A hospital, its employees, and its agents are immune from**  
 4           **civil or criminal liability arising from their good faith**  
 5           **implementation and administration of the agreement between the**  
 6           **division and the hospital under this section.**

7           SECTION 6. IC 12-16-3.5-1 IS AMENDED TO READ AS  
 8           FOLLOWS [EFFECTIVE JULY 1, 2003 (RETROACTIVE)]: Sec. 1.  
 9           (a) An Indiana resident who meets the income and resource standards  
 10          established by the division under section 3 of this chapter is eligible for  
 11          assistance to ~~pay for any part of the cost of~~ **satisfy the resident's**  
 12          **financial obligation for** care provided **to the resident** in a hospital in  
 13          Indiana that was necessitated after the onset of a medical condition that  
 14          was manifested by symptoms of sufficient severity that the absence of  
 15          immediate medical attention would probably result in any of the  
 16          following:

- 17               (1) Placing the individual's life in jeopardy.
- 18               (2) Serious impairment to bodily functions.
- 19               (3) Serious dysfunction of a bodily organ or part.

20          (b) A qualified resident is also eligible for assistance to ~~pay~~ **satisfy**  
 21          **the resident's financial obligation** for the ~~part of the cost of~~ care that  
 22          is a direct consequence of the medical condition that necessitated the  
 23          emergency care.

24          SECTION 7. IC 12-16-3.5-2 IS AMENDED TO READ AS  
 25          FOLLOWS [EFFECTIVE JULY 1, 2003 (RETROACTIVE)]: Sec. 2.  
 26          (a) An individual who is not an Indiana resident is eligible for  
 27          assistance to ~~pay~~ **satisfy the resident's financial obligation** for the ~~part~~  
 28          **of the cost of** care provided **to the individual** in a hospital in Indiana  
 29          that was necessitated after the onset of a medical condition that was  
 30          manifested by symptoms of sufficient severity that the absence of  
 31          immediate medical attention would probably result in any of the  
 32          following:

- 33               (1) Placing the individual's life in jeopardy.
- 34               (2) Serious impairment to bodily functions.
- 35               (3) Serious dysfunction of any bodily organ or part.

36          (b) An individual is eligible for assistance under subsection (a) only  
 37          if the following qualifications exist:

- 38               (1) The individual meets the income and resource standards

1 established by the division under section 3 of this chapter.

2 (2) The onset of the medical condition that necessitated medical  
3 attention occurred in Indiana.

4 SECTION 8. IC 12-16-3.5-3 IS AMENDED TO READ AS  
5 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. (a) The division  
6 shall adopt rules under IC 4-22-2 to establish income and resource  
7 eligibility standards for patients whose care is to be paid under the  
8 hospital care for the indigent program.

9 (b) To the extent possible **and subject to this article**, rules adopted  
10 under this section must meet the following conditions:

11 (1) Be consistent with IC 12-15-21-2 and IC 12-15-21-3.

12 (2) Be adjusted at least one (1) time every two (2) years.

13 (c) The income and eligibility standards established under this  
14 section do not include any spend down provisions available under  
15 IC 12-15-21-2 or IC 12-15-21-3.

16 (d) In addition to the conditions imposed under subsection (b), rules  
17 adopted under this section must exclude a Holocaust victim's settlement  
18 payment received by an eligible individual from the income and  
19 eligibility standards for patients whose care is to be paid for under the  
20 hospital care for the indigent program.

21 SECTION 9. IC 12-16-4.5-1 IS AMENDED TO READ AS  
22 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) To receive  
23 ~~payment from the division for the care provided to an assistance under~~  
24 **the hospital care for the indigent person, program under this article**,  
25 a hospital, **the person, or the person's representative** must file a  
26 application regarding the person with the division.

27 (b) Upon receipt of an application under subsection (a), the division  
28 shall determine whether the person is a resident of Indiana and, if so,  
29 the person's county of residence. If the person is a resident of Indiana,  
30 the division shall provide a copy of the application to the county office  
31 of the person's county of residence. If the person is not a resident of  
32 Indiana, the division shall provide a copy of the application to the  
33 county office of the county where the onset of the medical condition  
34 that necessitated the care occurred. If the division cannot determine  
35 whether the person is a resident of Indiana or, if the person is a resident  
36 of Indiana, the person's county of residence, the division shall provide  
37 a copy of the application to the county office of the county where the  
38 onset of the medical condition that necessitated the care occurred.

1 (c) A county office that receives a request from the division shall  
 2 cooperate with the division in determining whether a person is a  
 3 resident of Indiana and, if the person is a resident of Indiana, the  
 4 person's county of residence."

5 Page 3, line 14, strike "admitted to, or otherwise".

6 Page 3, line 15, strike "provided care by,".

7 Page 3, between lines 17 and 18, begin a new paragraph and insert:

8 "SECTION 11. IC 12-16-4.5-3 IS AMENDED TO READ AS  
 9 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. **Subject to this**  
 10 **article**, the division shall adopt rules under IC 4-22-2 prescribing the  
 11 following:

12 (1) The form of an application.

13 (2) The establishment of procedures for applications.

14 (3) The time for submitting and processing claims.

15 SECTION 12. IC 12-16-4.5-8 IS AMENDED TO READ AS  
 16 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. (a) A person  
 17 may file an application directly with the division if the application is  
 18 filed not more than ~~thirty (30)~~ **forty-five (45)** days after the person ~~was~~  
 19 ~~admitted to, or provided care by,~~ **has been released or discharged**  
 20 **from** the hospital.

21 (b) Reimbursement for the costs incurred in providing care to a  
 22 eligible person may only be made to the providers of the care.

23 SECTION 13. IC 12-16-4.5-8.5 IS ADDED TO THE INDIANA  
 24 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 25 [EFFECTIVE UPON PASSAGE]: **Sec. 8.5. A claim for hospital**  
 26 **items or services, physician services, or transportation services**  
 27 **must be filed with the division not more than forty-five (45) days**  
 28 **after the person who received the care has been released or**  
 29 **discharged from the hospital. For good cause as determined by the**  
 30 **division, this forty-five (45) day limit may be extended or waived**  
 31 **for a claim.**

32 SECTION 14. IC 12-16-5.5-1 IS AMENDED TO READ AS  
 33 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. **(a)** The division  
 34 shall, upon receipt of an application of or for a person who was  
 35 admitted to, or who was otherwise provided care by, a hospital,  
 36 promptly investigate to determine the person's eligibility under the  
 37 hospital care for the indigent program. **The division shall consider the**  
 38 **following information obtained by the hospital regarding the**

1 **person:**

2 **(1) Income.**

3 **(2) Resources.**

4 **(3) Place of residence.**

5 **(4) Medical condition.**

6 **(5) Hospital care.**

7 **(6) Physician care.**

8 **(7) Transportation to and from the hospital.**

9 **The division may rely on the hospital's information in determining**  
10 **the person's eligibility under the program.**

11 **(b) The division may choose not to interview the person if, based**  
12 **on the information provided to the division, the division determines**  
13 **that it appears that the person is eligible for the program. If the**  
14 **division determines that an interview of the person is necessary, the**  
15 **division shall allow the interview to occur by telephone with the**  
16 **person or the person's representative if the person is not able to**  
17 **participate in the interview.**

18 **(c) The county office located in:**

19 **(1) the county where the person is a resident; or**

20 **(2) the county where the onset of the medical condition that**  
21 **necessitated the care occurred if the person's Indiana residency or**  
22 **Indiana county of residence cannot be determined;**

23 **shall cooperate with the division in determining the person's eligibility**  
24 **under the program.**

25 **SECTION 15. IC 12-16-5.5-1.2 IS ADDED TO THE INDIANA**  
26 **CODE AS A NEW SECTION TO READ AS FOLLOWS**  
27 **[EFFECTIVE UPON PASSAGE]: Sec. 1.2. (a) The division shall,**  
28 **upon receipt of a claim pertaining to a person:**

29 **(1) who was admitted to, or who was otherwise provided care**  
30 **by, a hospital; and**

31 **(2) whose medical condition satisfies one (1) or more of the**  
32 **medical conditions identified in IC 12-16-3.5-1(a)(1) through**  
33 **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
34 **IC 12-16-3.5-2(a)(3);**

35 **promptly review the claim to determine if the health care items or**  
36 **services identified in the claim were necessitated by the person's**  
37 **medical condition or, if applicable, if the items or services were a**  
38 **direct consequence of the person's medical condition.**

1           **(b) In conducting the review of a claim referenced in subsection**  
 2 **(a), the division shall calculate the amount of the claim. For**  
 3 **purposes of this section, IC 12-15-15-9, IC 12-15-15-9.5,**  
 4 **IC 12-16-6.5, and IC 12-16-7.5, the amount of a claim shall be**  
 5 **calculated by applying the office's applicable Medicaid**  
 6 **fee-for-service reimbursement rate to each of the items and services**  
 7 **identified in the claim that are determined:**

8           **(1) to have been necessitated by one (1) or more of the medical**  
 9 **conditions listed in IC 12-16-3.5-1(a)(1) through**  
 10 **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 11 **IC 12-16-3.5-2(a)(3); or**

12           **(2) to be a direct consequence of one (1) or more of the**  
 13 **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 14 **IC 12-16-3.5-1(a)(3).**

15           SECTION 16. IC 12-16-5.5-3 IS AMENDED TO READ AS  
 16 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. (a) Subject to  
 17 subsection (b), if the division is unable after prompt and diligent efforts  
 18 to verify information contained in the application that is reasonably  
 19 necessary to determine eligibility, the division may deny assistance  
 20 under the hospital care for the indigent program. **The pending**  
 21 **expiration of the period specified in IC 12-16-6.5-1.5 is not a valid**  
 22 **reason for denying assistance under the hospital care for the**  
 23 **indigent program.**

24           (b) Before denying assistance under the hospital care for the indigent  
 25 program, the division must provide the person and the hospital written  
 26 notice of:

27           (1) the specific information or verification needed to determine  
 28 eligibility; ~~and~~

29           ~~(2) the date on which the application will be denied if the~~  
 30 ~~information or verification is not provided within ten (10) days~~  
 31 ~~after the date of the notice.~~

32           **(2) the specific efforts undertaken to obtain the information or**  
 33 **verification; and**

34           **(3) the statute or rule requiring the information or verification**  
 35 **identified under subdivision (1).**

36           **(c) The division must provide the hospital at least ten (10) days**  
 37 **beyond the deadline established under IC 12-16-6.5-1.5 to provide**  
 38 **the division with information concerning the person's eligibility. If**

1       **the division does not make a determination of the person's**  
 2       **eligibility within ten (10) days after receiving the information under**  
 3       **this subsection, the person is eligible for the hospital care for the**  
 4       **indigent care program.**

5       SECTION 17. IC 12-16-5.5-3.2 IS ADDED TO THE INDIANA  
 6       CODE AS A NEW SECTION TO READ AS FOLLOWS  
 7       [EFFECTIVE UPON PASSAGE]: **Sec. 3.2. (a) Subject to subsection**  
 8       **(b), if the division is unable to determine that a health care item or**  
 9       **service identified in a claim:**

10       (1) was necessitated by one (1) or more of the medical  
 11       conditions listed in IC 12-16-3.5-1(a)(1) through  
 12       IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through  
 13       IC 12-16-3.5-2(a)(3); or

14       (2) was a direct consequence of one (1) or more of the medical  
 15       conditions listed in IC 12-16-3.5-1(a)(1) through  
 16       IC 12-16-3.5-1(a)(3);

17       **the division may deny assistance to the person under the hospital**  
 18       **care for the indigent program for that item or service. The pending**  
 19       **expiration of the period specified in IC 12-16-6.5-1.7 is not a valid**  
 20       **reason for determining that an item or a service was not**  
 21       **necessitated by one (1) or more of the medical conditions listed in**  
 22       **IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or**  
 23       **IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3), or was not a**  
 24       **direct consequence of one (1) or more of the medical conditions**  
 25       **listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).**

26       **(b) Before denying assistance under the hospital care for the**  
 27       **indigent program for an item or a service described in subsection**  
 28       **(a), the division must provide the provider of the item or service**  
 29       **written notice of:**

30       (1) the specific item or service in question; and

31       (2) an explanation of the basis for the division's inability to  
 32       determine that the health care item or service was:

33       (A) necessitated by one (1) or more of the medical  
 34       conditions listed in IC 12-16-3.5-1(a)(1) through  
 35       IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through  
 36       IC 12-16-3.5-2(a)(3); or

37       (B) a direct consequence of one (1) or more of the medical  
 38       conditions listed in IC 12-16-3.5-1(a)(1) through

1           **IC 12-16-3.5-1(a)(3);**  
 2           **including, if applicable, an explanation of the basis for a**  
 3           **conclusion by the division that the item or service, in fact, was**  
 4           **not necessitated by, or, as applicable, not a direct consequence**  
 5           **of, one (1) or more of such medical conditions.**

6           **The division must grant the provider of the item or service time to**  
 7           **provide the division with information or materials bearing on**  
 8           **whether the item or service was necessitated by one (1) or more of**  
 9           **the medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 10           **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 11           **IC 12-16-3.5-2(a)(3), or a direct consequence of one (1) or more of**  
 12           **the medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 13           **IC 12-16-3.5-1(a)(3), but time granted by the division may not be**  
 14           **less than ten (10) days beyond the deadline established under**  
 15           **IC 12-16-6.5-1.7. If the division does not make its determination**  
 16           **regarding the item or service within ten (10) days after receiving**  
 17           **information or materials provided for in this section, the item or**  
 18           **service is considered to have been necessitated by one (1) or more**  
 19           **of the medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 20           **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 21           **IC 12-16-3.5-2(a)(3), or a direct consequence of one (1) or more of**  
 22           **the medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 23           **IC 12-16-3.5-1(a)(3).**

24           SECTION 18. IC 12-16-6.5-1 IS AMENDED TO READ AS  
 25           FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. If the division  
 26           determines that a person is not eligible for ~~payment of assistance for~~  
 27           medical care, hospital care, or transportation services, an affected  
 28           person, physician, hospital, or transportation provider may appeal to the  
 29           division not later than ninety (90) days after the mailing of notice of  
 30           that determination to the affected person, physician, hospital, or  
 31           transportation provider ~~at to~~ the last known address of the person,  
 32           physician, hospital, or transportation provider.

33           SECTION 19. IC 12-16-6.5-1.2 IS ADDED TO THE INDIANA  
 34           CODE AS A NEW SECTION TO READ TO READ AS FOLLOWS  
 35           [EFFECTIVE UPON PASSAGE]: **Sec. 1.2. (a) If the division**  
 36           **determines that an item or service identified in a claim:**

37                   **(1) was not necessitated by one (1) or more of the medical**  
 38                   **conditions listed in IC 12-16-3.5-1(a)(1) through**

1           **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 2           **IC 12-16-3.5-2(a)(3); or**  
 3           **(2) was not a direct consequence of one (1) or more of the**  
 4           **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 5           **IC 12-16-3.5-1(a)(3);**  
 6           **the affected person, physician, hospital, and transportation**  
 7           **provider may appeal to the division not later than ninety (90) days**  
 8           **after the mailing of the notice of that determination to the affected**  
 9           **person, physician, hospital, or transportation provider to the last**  
 10           **known address of the person, physician, hospital, or transportation**  
 11           **provider.**

12           **(b) If the division determines that an item or service identified**  
 13           **in a claim:**

14           **(1) was necessitated by one (1) or more of the medical**  
 15           **conditions listed in IC 12-16-3.5-1(a)(1) through**  
 16           **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 17           **IC 12-16-3.5-2(a)(3); or**

18           **(2) was a direct consequence of one (1) or more of the medical**  
 19           **conditions listed in IC 12-16-3.5-1(a)(1) through**  
 20           **IC 12-16-3.5-1(a)(3);**

21           **but the affected physician, hospital, or transportation provider**  
 22           **disagrees with the amount of the claim calculated by the division**  
 23           **under IC 12-16-5.5-1.2(b), the affected physician, hospital, or**  
 24           **transportation provider may appeal the calculation to the division**  
 25           **not later than ninety (90) days after the mailing of the notice of that**  
 26           **calculation to the affected physician, hospital, or transportation**  
 27           **provider to the last known address of the physician, hospital, or**  
 28           **transportation provider.**

29           **SECTION 20. IC 12-16-6.5-1.5 IS ADDED TO THE INDIANA**  
 30           **CODE AS A NEW SECTION TO READ AS FOLLOWS**  
 31           **[EFFECTIVE UPON PASSAGE]: Sec. 1.5. Subject to**  
 32           **IC 12-16-5.5-3(c), if the division fails to complete an investigation**  
 33           **and determination of a person's financial and medical eligibility for**  
 34           **the hospital care for the indigent program not later than forty-five**  
 35           **(45) days after receipt of the application filed under IC 12-16-4.5,**  
 36           **the person is considered to be eligible for assistance under the**  
 37           **program.**

38           **SECTION 21. IC 12-16-6.5-1.7 IS ADDED TO THE INDIANA**

1 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 2 [EFFECTIVE UPON PASSAGE]: **Sec. 1.7. Subject to**  
 3 **IC 12-16-5.5-3.2(b), if the division fails to complete an investigation**  
 4 **and determination of one (1) or more health care items or services**  
 5 **identified in a claim within forty-five (45) days after receipt of the**  
 6 **claim filed under IC 12-16-4.5, the item or service is considered to**  
 7 **have been:**

8 (1) necessitated by one (1) or more of the medical conditions  
 9 listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or  
 10 IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

11 (2) a direct consequence of one (1) or more of the medical  
 12 conditions listed in IC 12-16-3.5-1(a)(1) through  
 13 IC 12-16-3.5-1(a)(3).

14 SECTION 22. IC 12-16-6.5-5 IS AMENDED TO READ AS  
 15 FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 5. (a) If the**  
 16 **division receives an application that was filed on behalf of a person**  
 17 **under IC 12-16-4.5, the division shall determine:**

18 (1) the eligibility of the person for ~~payment of the cost of medical~~  
 19 ~~or hospital care assistance~~ under the hospital care for the indigent  
 20 program; and

21 (2) if the health care items or services provided to the person  
 22 and identified in a claim filed with the division under  
 23 IC 12-16-4.5 were:

24 (A) necessitated by at least one (1) medical condition listed  
 25 in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or  
 26 IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

27 (B) the direct consequence of at least one (1) of the medical  
 28 conditions listed in IC 12-16-3.5-1(a)(1) through  
 29 IC 12-16-3.5-1(a)(3).

30 (b) If:

31 (1) the person is found eligible ~~the division shall pay the~~  
 32 ~~reasonable cost of the care covered under IC 12-16-3.5-1 or~~  
 33 ~~IC 12-16-3.5-2 to the physicians furnishing the covered medical~~  
 34 ~~care and the transportation providers furnishing the covered~~  
 35 ~~transportation services; subject to the limitations in IC 12-16-7.5:~~  
 36 **for assistance; and**

37 (2) at least one (1) of the items or services identified in the  
 38 claim is determined:

- 1           **(A) to have been necessitated by one (1) or more of the**  
 2           **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 3           **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 4           **IC 12-16-3.5-2(a)(3); or**  
 5           **(B) to be a direct consequence of one (1) or more of the**  
 6           **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 7           **IC 12-16-3.5-1(a)(3);**  
 8           **the person must receive assistance for those items and**  
 9           **services.**

10           (c) If the person is found eligible, the payment for the hospital  
 11           services and items covered under ~~IC 12-16-3.5-1~~ or ~~IC 12-16-3.5-2~~  
 12           shall be calculated using the office's applicable Medicaid  
 13           fee-for-service reimbursement principles. Payment to the hospital shall  
 14           be made:

- 15           (1) ~~under IC 12-15-15-9~~; and  
 16           (2) ~~if the hospital is eligible, under IC 12-15-15-9.5.~~

17           SECTION 23. IC 12-16-6.5-6 IS AMENDED TO READ AS  
 18           FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. A person,  
 19           **hospital, physician, or transportation provider** aggrieved by a  
 20           determination **of an appeal taken** under ~~section 5(a)~~ **section 1 or 1.2**  
 21           of this chapter may appeal the determination under IC 4-21.5."

22           Page 3, delete lines 18 through 26, begin a new paragraph and insert:

23           "SECTION 24. IC 12-16-7.5-1.2 IS ADDED TO THE INDIANA  
 24           CODE AS A NEW SECTION TO READ AS FOLLOWS  
 25           [EFFECTIVE JULY 1, 2003 (RETROACTIVE)]: **Sec. 1.2. (a) A**  
 26           **person determined to be eligible under the hospital care for the**  
 27           **indigent program is not financially obligated for hospital items or**  
 28           **services, physician services, or transportation services provided to**  
 29           **the person during the person's eligibility under the program, if the**  
 30           **items or services were:**

- 31           (1) **identified in a claim filed with the division under**  
 32           **IC 12-16-4.5; and**  
 33           (2) **determined:**  
 34           **(A) to have been necessitated by one (1) or more of the**  
 35           **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 36           **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 37           **IC 12-16-3.5-2(a)(3); or**  
 38           **(B) to be a direct consequence of one (1) or more of the**

1           **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 2           **IC 12-16-3.5-1(a)(3).**

3           **(b) Based on a hospital's items or services identified in a claim**  
 4           **under subsection (a), the hospital must receive a payment from the**  
 5           **office calculated and made under IC 12-15-15-9 and**  
 6           **IC 12-15-15-9.5.**

7           **(c) Based on a physician's services identified in a claim under**  
 8           **subsection (a), the physician must receive a payment from the**  
 9           **division calculated and made under section 5 of this chapter.**

10           **(d) Based on the transportation services identified in a claim**  
 11           **under in subsection (a), the transportation provider must receive**  
 12           **a payment from the division calculated and made under section 5**  
 13           **of this chapter."**

14           Page 3, line 31, delete "care;" and insert "services;"

15           Page 4, between lines 10 and 11, begin a new paragraph and insert:

16           "SECTION 26. IC 12-16-7.5-2.7 IS ADDED TO THE INDIANA  
 17           CODE AS A NEW SECTION TO READ AS FOLLOWS  
 18           [EFFECTIVE JULY 1, 2003 (RETROACTIVE)]: **Sec. 2.7. (a) Except**  
 19           **as provided in subsection (f), this section applies to state fiscal years**  
 20           **beginning after June 30, 2004.**

21           **(b) For purposes of this chapter, IC 12-15-15-9, IC 12-15-15-9.5,**  
 22           **and IC 12-16-14 the following definitions apply:**

23           **(1) "Amount" refers to a payable claim in an amount**  
 24           **calculated under STEP THREE of the following formula:**

25           **STEP ONE: Identify the items and services comprising a**  
 26           **payable claim.**

27           **STEP TWO: Using the applicable Medicaid fee for service**  
 28           **reimbursement rates, calculate the reimbursement**  
 29           **amounts for each of the items and services identified in**  
 30           **STEP ONE.**

31           **STEP THREE: Calculate the sum of the amounts**  
 32           **identified in STEP TWO.**

33           **(2) "Payable claim" means a claim for hospital items or**  
 34           **services, physician care, or transportation services:**

35           **(A) provided to a person under the hospital care for the**  
 36           **indigent program under this article during the person's**  
 37           **eligibility under the program;**

38           **(B) identified in a claim filed with the division; and**

- 1           **(C) determined to:**  
 2           **(i) have been necessitated by one (1) or more of the**  
 3           **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 4           **IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through**  
 5           **IC 12-16-3.5-2(a)(3); or**  
 6           **(ii) to be a direct consequence of one (1) or more of the**  
 7           **medical conditions listed in IC 12-16-3.5-1(a)(1) through**  
 8           **IC 12-16-3.5-1(a)(3).**

9           **(c) Payable claims shall be segregated by state fiscal year.**

10          **(d) The division shall calculate the amount of a payable claim at**  
 11          **the time referenced in IC 12-16-5.5-1.2.**

12          **(e) A physician, hospital, or transportation provider that**  
 13          **submits a payable claim to the division is considered to have**  
 14          **submitted the payable claim during the state fiscal year during**  
 15          **which the division determined, initially or upon appeal, the amount**  
 16          **of a payable claim.**

17          **(f) Hospital items or services, physician care, or transportation**  
 18          **services provided between July 1, 2003, and June 30, 2004, are**  
 19          **governed by section 2.5 of this chapter.**

20          SECTION 27. IC 12-16-7.5-12 IS AMENDED TO READ AS  
 21          FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 12. All providers  
 22          receiving payment under **section 1.2** of this chapter agree to accept, as  
 23          payment in full, the amount paid for the hospital care for the indigent  
 24          **program payment identified in section 1.2 of this chapter** for those  
 25          claims submitted for payment under the program; with the exception of  
 26          authorized deductibles, co-insurance, co-payment, or similar  
 27          cost-sharing charges. **health care items or services identified in**  
 28          **payable claims submitted to the division.**

29          SECTION 28. IC 12-16-12.5-2 IS AMENDED TO READ AS  
 30          FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. The division is  
 31          responsible for the emergency medical care given in a hospital to an  
 32          individual who qualifies for assistance under this chapter, subject to ~~the~~  
 33          **limitations in IC 12-16-7.5.**

34          SECTION 29. IC 12-16-12.5-4 IS AMENDED TO READ AS  
 35          FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. (a) If a hospital  
 36          owned by the health and hospital corporation is:

- 37               (1) unable to care for a patient; or  
 38               (2) unable to treat a patient at the time a transfer is requested by

1 the hospital initiating treatment;  
2 the hospital may continue to treat the patient until the patient's  
3 discharge.

4 (b) Subject to ~~the limitations in~~ IC 12-16-7.5, the division shall ~~pay~~  
5 ~~the costs of~~ **be responsible for** care.

6 SECTION 30. IC 12-16-12.5-5 IS AMENDED TO READ AS  
7 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. The ~~division is~~  
8 ~~not responsible~~ **hospital care for the indigent program under this**  
9 **article does not apply** to the following:

10 (1) ~~The payment of Nonemergency medical costs, care,~~ except as  
11 provided under ~~the hospital care for the indigent program: this~~  
12 ~~article.~~

13 (2) ~~The payment of medical costs accrued~~ **Care provided** at a  
14 hospital owned or operated by a health and hospital corporation,  
15 except for ~~hospital~~ care provided under this chapter to a person  
16 not residing in Marion County.

17 SECTION 31. IC 12-16-14-3 IS AMENDED TO READ AS  
18 FOLLOWS [EFFECTIVE JULY 1, 2003 (RETROACTIVE)]: Sec. 3.

19 (a) For purposes of this section, **the following definitions apply:**

20 (1) **"Amount"** ~~"payable claim"~~ has the meaning set forth in  
21 ~~IC 12-16-7.5-2.5(b)(1):~~ **IC 12-16-7.5-2.7(b)(1).**

22 (2) **"Payable claim"** **has the meaning set forth in**  
23 **IC 12-16-7.5-2.7(b)(2).**

24 (b) For taxes first due and payable in 2003, each county shall impose  
25 a hospital care for the indigent property tax levy equal to the product of:

26 (1) the county's hospital care for the indigent property tax levy for  
27 taxes first due and payable in 2002; multiplied by

28 (2) the county's assessed value growth quotient determined under  
29 IC 6-1.1-18.5-2 for taxes first due and payable in 2003.

30 (c) For taxes first due and payable in 2004, 2005, ~~and~~ 2006, **2007,**  
31 **and 2008,** each county shall impose a hospital care for the indigent  
32 property tax levy equal to the product of:

33 (1) the county's hospital care for the indigent property tax levy for  
34 taxes first due and payable in the preceding year; multiplied by

35 (2) the assessed value growth quotient determined in the last  
36 STEP of the following STEPS:

37 STEP ONE: Determine the three (3) calendar years that most  
38 immediately precede the ensuing calendar year and in which a

- 1 statewide general reassessment of real property does not first
- 2 become effective.
- 3 STEP TWO: Compute separately, for each of the calendar years
- 4 determined in STEP ONE, the quotient (rounded to the nearest
- 5 ten-thousandth) of the county's total assessed value of all taxable
- 6 property in the particular calendar year, divided by the county's
- 7 total assessed value of all taxable property in the calendar year
- 8 immediately preceding the particular calendar year.
- 9 STEP THREE: Divide the sum of the three (3) quotients
- 10 computed in STEP TWO by three (3).
- 11 (d) Except as provided in subsection (e):
- 12 (1) for taxes first due and payable in ~~2007~~, **2009**, each county
- 13 shall impose a hospital care for the indigent property tax levy
- 14 equal to the average **of the** annual amount of payable claims
- 15 attributed to the county under IC 12-16-7.5-4.5 during the state
- 16 fiscal years beginning:
- 17 ~~(A) July 1, 2003;~~
- 18 ~~(B) July 1, 2004; and~~
- 19 ~~(C) (A) July 1, 2005; and~~
- 20 **(B) July 1, 2006; and**
- 21 **(C) July 1, 2007; and**
- 22 (2) for all subsequent annual levies under this section, the average
- 23 annual amount of payable claims attributed to the county under
- 24 IC 12-16-7.5-4.5 during the three (3) most recently completed
- 25 state fiscal years.
- 26 (e) A county may not impose an annual levy under subsection (d) in
- 27 an amount greater than the product of:
- 28 (1) The greater of:
- 29 (A) the county's hospital care for the indigent property tax levy
- 30 for taxes first due and payable in ~~2006~~, **2008**; or
- 31 (B) the amount of the county's maximum hospital care for the
- 32 indigent property tax levy determined under this subsection for
- 33 taxes first due and payable in the immediately preceding year;
- 34 multiplied by
- 35 (2) the assessed value growth quotient determined in the last
- 36 STEP of the following STEPS:
- 37 STEP ONE: Determine the three (3) calendar years that most
- 38 immediately precede the ensuing calendar year and in which a

1 statewide general reassessment of real property does not first  
2 become effective.

3 STEP TWO: Compute separately, for each of the calendar years  
4 determined in STEP ONE, the quotient (rounded to the nearest  
5 ten-thousandth) of the county's total assessed value of all taxable  
6 property in the particular calendar year, divided by the county's  
7 total assessed value of all taxable property in the calendar year  
8 immediately preceding the particular calendar year.

9 STEP THREE: Divide the sum of the three (3) quotients  
10 computed in STEP TWO by three (3).

11 **(f) For purposes of this section, a payable claim is attributed to**  
12 **the state fiscal year during which the division determined, under**  
13 **IC 12-16-5.5-1.2(b) or upon appeal, the amount of the payable**  
14 **claim.**

15 SECTION 32. IC 29-2-16-1 IS AMENDED TO READ AS  
16 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 1. Except where the  
17 context clearly indicates a different meaning, the terms used in this  
18 chapter shall be construed as follows:

19 (a) "Bank or storage facility" means a facility licensed, accredited,  
20 or approved under the laws of any state for storage of human bodies or  
21 parts thereof.

22 (b) "Decedent" means a deceased individual and includes a stillborn  
23 infant or fetus.

24 (c) "Donor" means an individual who makes a gift of all or part of  
25 **his the decedent's** body.

26 (d) "Hospital" means a hospital licensed, accredited, or approved  
27 under the laws of any state. **The term** includes a hospital operated by  
28 the United States government, a state, or a subdivision thereof, although  
29 not required to be licensed under state laws.

30 (e) "Part" means organs, tissues, eyes, bones, arteries, blood, other  
31 fluids, and any other portions of a human body.

32 (f) "Person" means an individual, corporation, government or  
33 governmental subdivision or agency, business trust, estate, trust,  
34 partnership or association, or any other legal entity.

35 (g) "Physician" or "surgeon" means a physician or surgeon licensed  
36 or authorized to practice under the laws of any state.

37 **(h) "Procurement organization" means an organization**  
38 **qualified to recover anatomical gifts from donors.**

1           ~~(h)~~ **(i)** "State" includes any state, district, commonwealth, territory,  
2 insular possession, and any other area subject to the legislative  
3 authority of the United States of America.

4           SECTION 33. IC 29-2-16-3 IS AMENDED TO READ AS  
5 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 3. The following  
6 persons may become donees of gifts of bodies or parts thereof for the  
7 purposes stated:

8           (1) any hospital, surgeon, or physician for medical or dental  
9 education, research, advancement of medical or dental science,  
10 therapy, or transplantation; ~~or~~

11           (2) any accredited medical or dental school, college or university  
12 for education, research, advancement of medical or dental science,  
13 or therapy; ~~or~~

14           (3) any ~~bank~~ **procurement organization** or storage facility, for  
15 medical or dental education, research, advancement of medical or  
16 dental science, therapy, or transplantation; or

17           (4) any specified individual for therapy or transplantation needed  
18 by ~~him~~: **the individual**.

19           SECTION 34. IC 29-2-16-4.5 IS AMENDED TO READ AS  
20 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 4.5. (a) A coroner ~~may~~  
21 ~~release and permit shall attempt to facilitate permission for~~ the  
22 removal of ~~a part from a body~~ **organs, tissues, or eyes** within the  
23 coroner's custody, for transplantation, ~~or~~ therapy, ~~only~~, ~~or research by~~  
24 **providing information to or seeking information from the**  
25 **procurement organization that would assist the procurement**  
26 **organization in the evaluation of the viability for transplantation**  
27 **of any organ, tissue, or eye** if all of the following occur:

28           (1) The coroner receives a request ~~for a part~~ from a hospital,  
29 physician, surgeon, or procurement organization.

30           (2) The coroner makes a reasonable effort, taking into account the  
31 useful life of a part, to locate and examine the decedent's medical  
32 records and inform individuals listed in section 2(b) of this chapter  
33 of their option to make or object to making a gift under this  
34 chapter.

35           **(3) The decision to allow the removal of organs, tissues, or**  
36 **eyes is based on a medical decision made by the pathologist or**  
37 **forensic pathologist. If the pathologist or forensic pathologist**  
38 **considers withholding one (1) or more organs or tissues of a**

1           **potential donor, the pathologist or forensic pathologist:**  
2           **(A) shall be present during the removal of the organs or**  
3           **tissues;**  
4           **(B) may request a biopsy of the removed organs; and**  
5           **(C) after viewing the removed organs or tissues and**  
6           **determining that removal may interfere with the death**  
7           **investigation, may prohibit removal and shall provide a**  
8           **written explanation to the procurement organization.**  
9           **If it is determined that prior removal will interfere with the**  
10          **death investigation, the procurement organization may**  
11          **remove the tissues and eyes after the autopsy.**  
12          ~~(3)~~ **(4) The coroner does not know of a refusal or contrary**  
13          **indication by the decedent or an objection by an individual having**  
14          **priority to act as listed in section 2(b) of this chapter.**  
15          ~~(4)~~ **(5)The removal will be by:**  
16                  **(A) a physician licensed under IC 25-22.5; or**  
17                  **(B) in the case of removal of an eye or part of an eye, by an**  
18                  **individual described in section 4(e) of this chapter; and under**  
19                  **IC 36-2-14-19.**  
20          ~~(5)~~ **(6) The removal will not interfere with any autopsy or**  
21          **investigation.**  
22          ~~(6)~~ **(7) The removal will be in accordance with accepted medical**  
23          **standards.**  
24          ~~(7)~~ **(8) Cosmetic restoration will be done, if appropriate.**  
25          **(9) If the pathologist or forensic pathologist is required to be**  
26          **present to examine the decedent before or during the removal**  
27          **of the parts, the procurement organization shall reimburse the**  
28          **pathologist or forensic pathologist for actual costs, but the**  
29          **amount may not exceed one thousand dollars (\$1,000). The**  
30          **county is not responsible for any costs incurred by the**  
31          **pathologist, forensic pathologist, or procurement organization**  
32          **under this subdivision.**  
33          **(10) If requested by the coroner, pathologist, or forensic**  
34          **pathologist, the procurement organization shall provide a**  
35          **surgeon's report detailing the condition of the organs and the**  
36          **relationship of the organs to the cause of death, if any.**  
37          **(b) If the body is not within the custody of the coroner, the medical**  
38          **examiner pathologist or forensic pathologist may release and permit**

1 the removal of any part from a body in the medical examiner's custody  
 2 for transplantation or therapy if the requirements of subsection (a) are  
 3 met.

4 (c) A person under this section who releases or permits the removal  
 5 of a part shall maintain a permanent record of the name of the decedent,  
 6 the individual making the request, the date and purpose of the request,  
 7 the body part requested, and the person to whom it was released.

8 SECTION 35. IC 29-2-16-6.5 IS ADDED TO THE INDIANA  
 9 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 10 [EFFECTIVE JULY 1, 2005]: **Sec. 6.5. (a) Except for a gift made by**  
 11 **a donor to a specific donee, a procurement organization that holds**  
 12 **an agreement with a hospital to perform anatomical gift donation**  
 13 **services for the hospital under 42 U.S.C. 1329b-8 and 42 CFR Part**  
 14 **482 is considered to be the donee of all gifts from patients who have**  
 15 **died in the hospital.**

16 (b) **An investigation by a coroner or a medical examiner does**  
 17 **not change the rights of a procurement organization to act as the**  
 18 **donee.**

19 SECTION 36. IC 34-30-2-45.2 IS ADDED TO THE INDIANA  
 20 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 21 [EFFECTIVE UPON PASSAGE]: **Sec. 45.2. IC 12-16-2.5-6.5**  
 22 **(Concerning administering agreements between the hospital and**  
 23 **the division of family and children under the hospital care for the**  
 24 **indigent program).".**

25 Page 4, between lines 13 and 14, begin a new paragraph and insert:  
 26 "SECTION 38. THE FOLLOWING ARE REPEALED

- 1 [EFFECTIVE UPON PASSAGE]: IC 12-16-2.5-3; IC 12-16-6.5-2;
- 2 IC 12-16-7.5-1; IC 12-16-11.5-1; IC 12-16-11.5-2.".
- 3 Renumber all SECTIONS consecutively.  
(Reference is to SB 66 as reprinted March 1, 2005.)

**and when so amended that said bill do pass.**

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Representative Becker