



February 19, 2010

**ENGROSSED
HOUSE BILL No. 1277**

DIGEST OF HB 1277 (Updated February 17, 2010 10:44 am - DI 104)

Citations Affected: Noncode.

Synopsis: Reporting requirements on health information. Requires the following to report to the select joint commission (commission) on Medicaid oversight during the 2010 interim: (1) the Indiana Minority Health Coalition, concerning minority health disparities; (2) the Indiana board of pharmacy, concerning the feasibility and cost of requiring pharmacies to print prescription drug labels in foreign languages; and (3) the director of the office of Medicaid policy and planning, concerning certain health information currently collected by the office and any future plans to collect additional information.

Effective: July 1, 2010.

**Crawford, Brown C, Welch,
Brown T**

(SENATE SPONSORS — DILLON, ERRINGTON)

January 12, 2010, read first time and referred to Committee on Public Health.
January 25, 2010, reported — Do Pass.
February 1, 2010, read second time, amended, ordered engrossed.
February 2, 2010, engrossed. Read third time, passed. Yeas 66, nays 31.

SENATE ACTION

February 8, 2010, read first time and referred to Committee on Health and Provider Services.
February 18, 2010, amended, reported favorably — Do Pass.

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February 19, 2010

Second Regular Session 116th General Assembly (2010)

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

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

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2009 Regular and Special Sessions of the General Assembly.

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ENGROSSED HOUSE BILL No. 1277



A BILL FOR AN ACT concerning human services.

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

- 1 SECTION 1. [EFFECTIVE JULY 1, 2010] (a) As used in this
- 2 SECTION, "commission" refers to the select joint commission on
- 3 Medicaid oversight established by IC 2-5-26-3.
- 4 (b) The Indiana Minority Health Coalition shall report to the
- 5 commission during the 2010 interim concerning minority health
- 6 disparities.
- 7 (c) The Indiana board of pharmacy shall report to the
- 8 commission during the 2010 interim concerning the feasibility and
- 9 cost of requiring pharmacies to print prescription labels in foreign
- 10 languages. The pharmacy board shall also report the number of
- 11 foreign languages, if any, that the board would recommend to be
- 12 required to be printed on a prescription drug label.
- 13 (d) The director of the office of Medicaid policy and planning
- 14 shall report to the commission during the 2010 interim concerning
- 15 the information currently collected by the office or a contractor of
- 16 the office in the Medicaid program concerning the following:
- 17 (1) Healthcare Effectiveness Data and Information Set

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1 **(HEDIS) measurements.**
2 **(2) Minority status.**
3 **The director shall also report any future plans the office may have**
4 **to collect additional information described in this subsection.**
5 **(e) This SECTION expires December 31, 2010.**

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1277, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

BROWN C, Chair

Committee Vote: yeas 8, nays 1.

HOUSE MOTION

Mr. Speaker: I move that House Bill 1277 be amended to read as follows:

Page 1, line 3, after "16." insert "**(a) As used in this section, "managed care organization" has the definition set forth in IC 12-7-2-126.9.**

(b)".

Page 1, line 17, after "proposal" insert "**or a request for services**".

Page 2, line 2, after "organizations" insert "**(as defined in IC 12-7-2-126.9)**".

Page 2, between lines 11 and 12, begin a new paragraph and insert: "**SECTION 3. IC 12-7-2-126.9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 126.9. "Managed care organization", for purposes of IC 12-15, includes the following:**

(1) A health maintenance organization established under IC 27-13-2 with which the office of Medicaid policy and planning has entered into a contract to provide services under the risk-based managed care program.

(2) A person that contracts with the office or a person described in subdivision (1) to provide the administration or coordination of managed services, including a pharmacy benefit manager, case management coordinator, or behavioral health services coordinator."

Page 2, line 13, after "14." insert "**(a)**".

Page 3, between lines 20 and 21, begin a new line block indented and insert:

"(9) The information required to be reported in IC 12-15-12-23."

Page 3, between lines 21 and 22, begin a new paragraph and insert:

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"(b) The office shall report the information required in subsection (a) in the aggregate and in a manner that protects individual identifiable health information."

Page 3, between lines 29 and 30, begin a new paragraph and insert:

"SECTION 5. IC 12-15-1-22 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: Sec. 22. The office, or a person that has contracted with the office to assist in the application or enrollment of individuals in the Medicaid program, shall do the following:

- (1) Collect data on race and primary languages as a part of the application and enrollment process.**
- (2) Provide the data collected under subdivision (1) to the office or managed care organization providing the care to the recipient.**

SECTION 6. IC 12-15-1-23 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: Sec. 23. (a) In the pharmacy drug benefit for Medicaid recipients, the office or a contractor of the office shall require a pharmacy filling a prescription for a recipient to provide the label for the prescription drug in the recipient's preferred language.

(b) Upon request, a pharmacy that participates in and receives reimbursement from the Medicaid program shall provide the label for a prescription drug in the recipient's preferred language."

Page 3, line 40, after "member." insert **"The report must be made in the aggregate and in a manner that protects individual identifiable health information."**

Page 4, line 6, after "(c)." insert **"A managed care organization may partner with other managed care organizations in the establishment of the council required under this subdivision."**

Page 4, line 7, delete "Include as part of the member's pharmacy benefits that" and insert **"Complete two (2) health risk assessments for each recipient who has transferred from another managed care organization to assist in measuring health outcomes of the recipient as required by IC 12-15-1-14(a)(8)(C)(iii). The health risk assessments must be completed as follows:**

- (A) The first health risk assessment must be completed not later than fifteen (15) days after the transfer date.**
- (B) The second health risk assessment must be completed not later than six (6) months after the transfer date."**

Page 4, delete lines 8 through 9.

Page 4, line 17, delete "each".

Page 4, line 17, delete "organization" and insert **"organizations"**.

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Page 6, after line 7, begin a new paragraph and insert:

"SECTION 9. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(b) If the office of Medicaid policy and planning has a request for proposal or a request for services that:

- (1) is already in progress upon the passage of this act; and**
- (2) is affected by the requirements of IC 5-22-9-2.5, as added by this act;**

the office shall communicate the requirements of IC 5-22-9-2.5, as added by this act, and the culturally and linguistically appropriate services (CLAS) standards to a person that has submitted a proposal for the request.

(c) This SECTION expires December 31, 2010.

SECTION 10. An emergency is declared for this act."

Renumber all SECTIONS consecutively.

(Reference is to HB 1277 as printed January 25, 2010.)

CRAWFORD

HOUSE MOTION

Mr. Speaker: I move that House Bill 1277 be amended to read as follows:

Page 3, line 42, delete "as required by" and insert **"issued by the federal Office of Minority Health within the United States Department of Health and Human Services"**.

Page 4, line 1, delete "federal law".

(Reference is to HB 1277 as printed January 25, 2010.)

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HOUSE MOTION

Mr. Speaker: I move that House Bill 1277 be amended to read as follows:

Page 3, delete lines 36 through 40, begin a new line block indented and insert:

"(1) Measure health disparities using HEDIS standards."

(Reference is to HB 1277 as printed January 25, 2010.)

BROWN T



HOUSE MOTION

Mr. Speaker: I move that House Bill 1277 be amended to read as follows:

Page 2, line 13, after "14." insert "(a)".

Page 2, delete lines 27 through 42.

Page 3, delete lines 1 through 6.

Page 3, line 7, delete "(8)" and insert "(7)".

Page 3, between lines 21 and 22, begin a new paragraph and insert:

"(b) The legislative council may request that the office also submit the information reported under IC 12-15-12-23 in an electronic format under IC 5-14-6."

(Reference is to HB 1277 as printed January 25, 2010.)

BROWN T



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1277, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Delete the title and insert the following:

A BILL FOR AN ACT concerning human services.

Page 1, delete lines 1 through 17, begin a new paragraph and insert:

"SECTION 1. [EFFECTIVE JULY 1, 2010] (a) As used in this SECTION, "commission" refers to the select joint commission on Medicaid oversight established by IC 2-5-26-3.

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(b) The Indiana Minority Health Coalition shall report to the commission during the 2010 interim concerning minority health disparities.

(c) The Indiana board of pharmacy shall report to the commission during the 2010 interim concerning the feasibility and cost of requiring pharmacies to print prescription labels in foreign languages. The pharmacy board shall also report the number of foreign languages, if any, that the board would recommend to be required to be printed on a prescription drug label.

(d) The director of the office of Medicaid policy and planning shall report to the commission during the 2010 interim concerning the information currently collected by the office or a contractor of the office in the Medicaid program concerning the following:

- (1) Healthcare Effectiveness Data and Information Set (HEDIS) measurements.
- (2) Minority status.

The director shall also report any future plans the office may have to collect additional information described in this subsection.

(e) This SECTION expires December 31, 2010."

Delete pages 2 through 7.

and when so amended that said bill do pass.

(Reference is to HB 1277 as reprinted February 2, 2010.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

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