



January 15, 2010

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## HOUSE BILL No. 1132

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DIGEST OF HB 1132 (Updated January 13, 2010 6:55 pm - DI 77)

**Citations Affected:** IC 12-15; noncode.

**Synopsis:** Indiana check-up plan trust fund interest. Specifies that beginning July 1, 2011 interest accrued from investments of funds from the Indiana check-up plan trust fund remains in the fund and does not revert to the state general fund. Reestablishes the Indiana check-up task force until December 31, 2011. (The introduced version of this bill was prepared by the interim study committee on Medicaid supplemental programs.)

**Effective:** Upon passage; July 1, 2010.

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### Brown C, Crawford

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January 7, 2010, read first time and referred to Committee on Public Health.  
January 14, 2010, amended, reported — Do Pass.

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HB 1132—LS 6078/DI 104+



January 15, 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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## HOUSE BILL No. 1132



A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

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

- 1 SECTION 1. IC 12-15-44.2-17, AS ADDED BY P.L.3-2008,
- 2 SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 3 JULY 1, 2010]: Sec. 17. (a) The Indiana check-up plan trust fund is
- 4 established for the following purposes:
- 5 (1) Administering a plan created by the general assembly to
- 6 provide health insurance coverage for low income residents of
- 7 Indiana under this chapter.
- 8 (2) Providing copayments, preventative care services, and
- 9 premiums for individuals enrolled in the plan.
- 10 (3) Funding tobacco use prevention and cessation programs,
- 11 childhood immunization programs, and other health care
- 12 initiatives designed to promote the general health and well being
- 13 of Indiana residents.
- 14 The fund is separate from the state general fund.
- 15 (b) The fund shall be administered by the office of the secretary of
- 16 family and social services.
- 17 (c) The expenses of administering the fund shall be paid from

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money in the fund.

(d) The fund shall consist of the following:

- (1) Cigarette tax revenues designated by the general assembly to be part of the fund.
- (2) Other funds designated by the general assembly to be part of the fund.
- (3) Federal funds available for the purposes of the fund.
- (4) Gifts or donations to the fund.
- (5) Beginning July 1, 2011, interest from investments made under subsection (e).**

(e) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. **Subject to subsection (d)(5), interest that accrues from these investments shall be deposited in the fund and does not revert to the state general fund.**

(f) Money must be appropriated before funds are available for use.

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

(h) The fund is considered a trust fund for purposes of IC 4-9.1-1-7. Money may not be transferred, assigned, or otherwise removed from the fund by the state board of finance, the budget agency, or any other state agency.

**SECTION 2. [EFFECTIVE UPON PASSAGE] (a) The definitions in IC 12-15-44.2 apply to this SECTION.**

**(b) As used in this SECTION, "task force" refers to the Indiana check-up plan task force established by subsection (c).**

**(c) The Indiana check-up plan task force is established to:**

- (1) study, monitor, and provide guidance and make recommendations to the state concerning the Indiana check-up plan;**
- (2) develop methods to increase availability of affordable coverage for health care services for all Indiana residents;**
- (3) develop an education and orientation program for individuals participating in the plan;**
- (4) monitor the impact of new federal health and health insurance laws on the Indiana check-up plan; and**
- (5) make recommendations to the legislative council.**

**(d) The affirmative votes of a majority of the voting members appointed to the task force are required for the task force to take action on any measure, including final reports.**

**(e) The office of Medicaid policy and planning established by IC 12-8-6-1 shall staff the task force.**

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1 (f) The task force consists of the members appointed to the  
2 Indiana check-up plan task force established by P.L.218-2007,  
3 SECTION 57, and serving on December 31, 2009. If there is a  
4 vacancy on the task force, the appointing authority who appointed  
5 the member whose position is vacant shall appoint another  
6 member so that the task force consists of the following voting  
7 members:

8 (1) Four (4) members described in subsection (g)(1) through  
9 (g)(4) appointed by the speaker of the house of  
10 representatives, two (2) of whom are appointed based on the  
11 recommendation of the minority leader of the house of  
12 representatives and none of whom are legislators.

13 (2) Four (4) members described in subsection (g)(5) through  
14 (g)(8) appointed by the president pro tempore of the senate,  
15 two (2) of whom are appointed based on the recommendation  
16 of the minority leader of the senate and none of whom are  
17 legislators.

18 (3) Four (4) members described in subsection (g)(9) through  
19 (g)(12) appointed by the governor, not more than two (2) of  
20 whom are members of the same political party.

21 (g) The members appointed under subsection (f) must represent  
22 the following interests:

- 23 (1) Hospitals.
- 24 (2) Insurance companies.
- 25 (3) Primary care providers.
- 26 (4) Health professionals who are not primary care providers.
- 27 (5) Minority health concern experts.
- 28 (6) Business.
- 29 (7) Organized labor.
- 30 (8) Consumers.
- 31 (9) Children's health issues.
- 32 (10) Adult health issues.
- 33 (11) Mental health issues.
- 34 (12) Pharmaceutical industry.

35 (h) The secretary of the office of the secretary of family and  
36 social services shall call the first meeting of the task force, at which  
37 the members shall elect the chairperson of the task force.

38 (i) The task force shall report findings and make  
39 recommendations to the governor and to the legislative council in  
40 an electronic format under IC 5-14-6 as follows:

- 41 (1) A report not later than November 1, 2010.
- 42 (2) A final report not later than November 1, 2011.

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- 1           **(j) The task force members are not eligible for per diem**
- 2           **reimbursement or reimbursement for expenses incurred for travel**
- 3           **to and from task force meetings.**
- 4           **(k) This SECTION expires December 31, 2011.**
- 5           **SECTION 3. An emergency is declared for this act.**

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## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1132, 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:

Page 2, line 9, delete "Interest" and insert "**Beginning July 1, 2011, interest**".

Page 2, line 12, delete "Interest" and insert "**Subject to subsection (d)(5), interest**".

Page 2, after line 21, begin a new paragraph and insert:

"SECTION 2. [EFFECTIVE UPON PASSAGE] (a) **The definitions in IC 12-15-44.2 apply to this SECTION.**

(b) **As used in this SECTION, "task force" refers to the Indiana check-up plan task force established by subsection (c).**

(c) **The Indiana check-up plan task force is established to:**

- (1) **study, monitor, and provide guidance and make recommendations to the state concerning the Indiana check-up plan;**
- (2) **develop methods to increase availability of affordable coverage for health care services for all Indiana residents;**
- (3) **develop an education and orientation program for individuals participating in the plan;**
- (4) **monitor the impact of new federal health and health insurance laws on the Indiana check-up plan; and**
- (5) **make recommendations to the legislative council.**

(d) **The affirmative votes of a majority of the voting members appointed to the task force are required for the task force to take action on any measure, including final reports.**

(e) **The office of Medicaid policy and planning established by IC 12-8-6-1 shall staff the task force.**

(f) **The task force consists of the members appointed to the Indiana check-up plan task force established by P.L.218-2007, SECTION 57, and serving on December 31, 2009. If there is a vacancy on the task force, the appointing authority who appointed the member whose position is vacant shall appoint another member so that the task force consists of the following voting members:**

- (1) **Four (4) members described in subsection (g)(1) through (g)(4) appointed by the speaker of the house of representatives, two (2) of whom are appointed based on the recommendation of the minority leader of the house of representatives and none of whom are legislators.**

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(2) Four (4) members described in subsection (g)(5) through (g)(8) appointed by the president pro tempore of the senate, two (2) of whom are appointed based on the recommendation of the minority leader of the senate and none of whom are legislators.

(3) Four (4) members described in subsection (g)(9) through (g)(12) appointed by the governor, not more than two (2) of whom are members of the same political party.

(g) The members appointed under subsection (f) must represent the following interests:

- (1) Hospitals.
- (2) Insurance companies.
- (3) Primary care providers.
- (4) Health professionals who are not primary care providers.
- (5) Minority health concern experts.
- (6) Business.
- (7) Organized labor.
- (8) Consumers.
- (9) Children's health issues.
- (10) Adult health issues.
- (11) Mental health issues.
- (12) Pharmaceutical industry.

(h) The secretary of the office of the secretary of family and social services shall call the first meeting of the task force, at which the members shall elect the chairperson of the task force.

(i) The task force shall report findings and make recommendations to the governor and to the legislative council in an electronic format under IC 5-14-6 as follows:

- (1) A report not later than November 1, 2010.
- (2) A final report not later than November 1, 2011.

(j) The task force members are not eligible for per diem reimbursement or reimbursement for expenses incurred for travel to and from task force meetings.

(k) This SECTION expires December 31, 2011.  
SECTION 3. An emergency is declared for this act."  
Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1132 as introduced.)

BROWN C, Chair

Committee Vote: yeas 11, nays 0.

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