

Adopted	Rejected
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## COMMITTEE REPORT

YES:	8
NO:	5

### MR. SPEAKER:

*Your Committee on Public Health, to which was referred Senate Bill 551, 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 1, between the enacting clause and line 1, begin a new
- 2           paragraph and insert:
- 3           "SECTION 1. IC 2-5-35.2 IS ADDED TO THE INDIANA CODE
- 4           AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
- 5           UPON PASSAGE]:
- 6           **Chapter 35.2. Indiana Affordable Care Study Committee**
- 7           **Sec. 1. As used in this chapter, "Affordable Care Act" refers to**
- 8           **the federal Patient Protection and Affordable Care Act (P.L.**
- 9           **111-148), as amended by the federal Health Care and Education**
- 10          **Reconciliation Act of 2010 (P.L. 111-152).**
- 11          **Sec. 2. As used in this chapter, "committee" refers to the**
- 12          **Indiana affordable care study committee established by section 4**
- 13          **of this chapter.**
- 14          **Sec. 3. As used in this chapter, "exchange" refers to an**
- 15          **American health benefit exchange established for Indiana under**
- 16          **the Affordable Care Act.**

1           **Sec. 4. (a) There is established the Indiana affordable care study**  
2 **committee.**

3           **(b) The committee shall study and make recommendations**  
4 **concerning the following:**

5               **(1) The implementation of an exchange established for**  
6 **Indiana.**

7               **(2) The definition of "essential health benefits" for use in**  
8 **Indiana under the Affordable Care Act, including ensuring**  
9 **that the definition results in adequate benefits.**

10           **(c) The committee shall receive and consider annual reports**  
11 **from the office of the secretary of family and social services**  
12 **concerning the status and operation of the exchange established for**  
13 **Indiana.**

14           **(d) The committee shall, not later than November 1 of each**  
15 **year, report the committee's findings and recommendations**  
16 **concerning the committee's study under subsection (b) to the**  
17 **legislative council in an electronic format under IC 5-14-6.**

18           **Sec. 5. The committee shall operate under the policies governing**  
19 **study committees adopted by the legislative council.**

20           **Sec. 6. (a) The committee consists of the following voting**  
21 **members:**

22               **(1) Four (4) members of the senate, not more than two (2) of**  
23 **whom may be members of the same political party, appointed**  
24 **by the president pro tempore.**

25               **(2) Four (4) members of the house of representatives, not**  
26 **more than two (2) of whom may be members of the same**  
27 **political party, appointed by the speaker.**

28               **(3) The secretary of family and social services or the**  
29 **secretary's designee.**

30               **(4) The commissioner of the state department of health or the**  
31 **commissioner's designee.**

32               **(5) The commissioner of insurance or the commissioner's**  
33 **designee.**

34               **(6) One (1) member representing the insurance industry.**

35               **(7) One (1) member representing hospitals.**

36               **(8) One (1) member representing physicians.**

37               **(9) One (1) member representing senior citizens.**

38               **(10) One (1) member representing children.**

1           **(11) One (1) member with expertise in mental health services.**  
 2           **The president pro tempore shall appoint the members described in**  
 3           **subdivisions (6) through (8). The speaker shall appoint the**  
 4           **members described in subdivisions (9) through (11).**

5           **(b) The president pro tempore shall appoint a chairperson of the**  
 6           **committee during each even-numbered year. The speaker shall**  
 7           **appoint a chairperson of the committee during each odd-numbered**  
 8           **year.**

9           **Sec. 7. The affirmative votes of a majority of the voting**  
 10           **members appointed to the committee are required for the**  
 11           **committee to take action on any measure, including final reports.**

12           **Sec. 8. This chapter expires July 1, 2016."**

13           Page 7, between lines 37 and 38, begin a new paragraph and insert:

14           "SECTION 14. IC 12-15-5-1 IS AMENDED TO READ AS  
 15           FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. Except as provided  
 16           in IC 12-15-2-12, IC 12-15-6, and IC 12-15-21, the following services  
 17           and supplies are provided under Medicaid:

- 18           (1) Inpatient hospital services.
- 19           (2) Nursing facility services.
- 20           (3) Physician's services, including services provided under
- 21           IC 25-10-1 and IC 25-22.5-1.
- 22           (4) Outpatient hospital or clinic services.
- 23           (5) Home health care services.
- 24           (6) Private duty nursing services.
- 25           (7) Physical therapy and related services.
- 26           (8) Dental services.
- 27           (9) Prescribed laboratory and x-ray services.
- 28           (10) Prescribed drugs and **pharmacist** services.
- 29           (11) Eyeglasses and prosthetic devices.
- 30           (12) Optometric services.
- 31           (13) Diagnostic, screening, preventive, and rehabilitative services.
- 32           (14) Podiatric medicine services.
- 33           (15) Hospice services.
- 34           (16) Services or supplies recognized under Indiana law and
- 35           specified under rules adopted by the office.
- 36           (17) Family planning services except the performance of
- 37           abortions.
- 38           (18) Nonmedical nursing care given in accordance with the tenets

- 1 and practices of a recognized church or religious denomination to  
 2 an individual qualified for Medicaid who depends upon healing  
 3 by prayer and spiritual means alone in accordance with the tenets  
 4 and practices of the individual's church or religious denomination.  
 5 (19) Services provided to individuals described in IC 12-15-2-8  
 6 and IC 12-15-2-9.  
 7 (20) Services provided under IC 12-15-34 and IC 12-15-32.  
 8 (21) Case management services provided to individuals described  
 9 in IC 12-15-2-11 and IC 12-15-2-13.  
 10 (22) Any other type of remedial care recognized under Indiana  
 11 law and specified by the United States Secretary of Health and  
 12 Human Services.  
 13 (23) Examinations required under IC 16-41-17-2(a)(10).  
 14 SECTION 15. IC 12-15-44.2-4, AS AMENDED BY P.L.160-2011,  
 15 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 16 JULY 1, 2013]: Sec. 4. (a) The plan must include the following in a  
 17 manner and to the extent determined by the office:  
 18 (1) Mental health care services, **including Medicaid**  
 19 **rehabilitation option services for qualifying individuals.**  
 20 (2) Inpatient hospital services.  
 21 (3) Prescription drug coverage.  
 22 (4) Emergency room services.  
 23 (5) Physician office services.  
 24 (6) Diagnostic services.  
 25 (7) Outpatient services, including therapy services.  
 26 (8) Comprehensive disease management.  
 27 (9) Home health services, including case management.  
 28 (10) Urgent care center services.  
 29 (11) Preventative care services.  
 30 (12) Family planning services:  
 31 (A) including contraceptives and sexually transmitted disease  
 32 testing, as described in federal Medicaid law (42 U.S.C. 1396  
 33 et seq.); and  
 34 (B) not including abortion or abortifacients.  
 35 (13) Hospice services.  
 36 (14) Substance abuse services.  
 37 **(15) Chiropractic services.**  
 38 **(16) Optometric services.**

- 1           (15) (17) A service determined by the secretary to be required by  
2           federal law as a benchmark service under the federal Patient  
3           Protection and Affordable Care Act.
- 4           (b) The plan may do the following:
- 5               (1) Offer coverage for dental and vision services to an individual  
6               who participates in the plan.
- 7               (2) Pay at least fifty percent (50%) of the premium cost of dental  
8               and vision services coverage described in subdivision (1).
- 9           (c) An individual who receives the dental or vision coverage offered  
10          under subsection (b) shall pay an amount determined by the office for  
11          the coverage. The office shall limit the payment to not more than five  
12          percent (5%) of the individual's annual household income. The  
13          payment required under this subsection is in addition to the payment  
14          required under section 11(b)(2) of this chapter for coverage under the  
15          plan.
- 16          (d) Vision services offered by the plan must include services  
17          provided by an optometrist.
- 18          (e) The plan must comply with any coverage requirements that  
19          apply to an accident and sickness insurance policy issued in Indiana.
- 20          (f) The plan may not permit treatment limitations or financial  
21          requirements on the coverage of mental health care services or  
22          substance abuse services if similar limitations or requirements are not  
23          imposed on the coverage of services for other medical or surgical  
24          conditions."
- 25          Page 9, line 32, delete "has the authority to" and insert "**shall**".
- 26          Page 9, line 34, after "waivers" insert "**to take effect January 1,**  
27          **2014, that are**".
- 28          Page 9, delete line 35.
- 29          Page 9, line 36, delete "Medicaid program, including providing" and  
30          insert "**provide**".
- 31          Page 9, line 40, delete "Allow the office to withdraw from  
32          participating in a" and insert "**If the federal financial participation is**  
33          **reduced from the levels specified in the federal Patient Protection**  
34          **and Affordable Care Act on January 1, 2013, or if the federal**  
35          **government notifies states that a reduction is to occur, automatic**  
36          **termination of the state plan amendment or waiver thirty (30) days**  
37          **after the general assembly adjourns sine die after the reduction.**  
38          **The termination described in this subdivision:**

1           **(A) must be included in any state plan amendment or**  
 2           **waiver entered into under this section; and**  
 3           **(B) may not affect the rest of the state's Medicaid program,**  
 4           **including Medicaid waivers, and may not count against**  
 5           **Indiana's maintenance of effort or other similar**  
 6           **provisions."**

7           Page 9, delete line 41.

8           Page 10, between lines 17 and 18, begin a new line block indented  
 9           and insert:

10           **"(9) Include coverage for mental health and substance abuse**  
 11           **services, as required by the federal Patient Protection and**  
 12           **Affordable Care Act and the federal Mental Health Parity**  
 13           **and Addiction Equity Act (P.L. 110-343).**

14           **The office of the secretary may use any health care service model**  
 15           **or health care service third party payment model in providing**  
 16           **services for individuals described in 42 U.S.C.**  
 17           **1396a(a)(10)(A)(i)(VIII)."**

18           Page 10, between lines 22 and 23, begin a new paragraph and insert:

19           **"(d) If the office of the secretary is unsuccessful or unable to**  
 20           **negotiate with the United States Department of Health and Human**  
 21           **Services a state plan amendment or waiver described in this section**  
 22           **by November 1, 2013, the office shall report to the health finance**  
 23           **commission established by IC 2-5-23-3 and the budget committee**  
 24           **detailing the negotiations and identifying why the office was unable**  
 25           **to reach an agreement with the United States Department of**  
 26           **Health and Human Services."**

27           Page 10, line 23, delete "IC 12-15-46-5" and insert "IC 12-15-46-4".

28           Page 10, line 25, delete "5." and insert "4.".

29           Page 12, between lines 38 and 39, begin a new paragraph and insert:

30           **"SECTION 20. IC 27-1-15.7-2, AS AMENDED BY P.L.81-2012,**  
 31           **SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE**  
 32           **JULY 1, 2013]: Sec. 2. (a) Except as provided in subsection (b), to**  
 33           **renew a license issued under IC 27-1-15.6, a resident insurance**  
 34           **producer must complete at least twenty-four (24) hours of credit in**  
 35           **continuing education courses. An attorney in good standing who is**  
 36           **admitted to the practice of law in Indiana and holds a license issued**  
 37           **under IC 27-1-15.6 may complete all or any number of hours of**  
 38           **continuing education required by this subsection by completing an**

1 equivalent number of hours in continuing legal education courses that  
2 are related to the business of insurance.

3 (b) Except as provided in subsection (c), to renew a license issued  
4 under IC 27-1-15.6, a limited lines producer with a title qualification  
5 under IC 27-1-15.6-7(a)(8) must complete at least seven (7) hours of  
6 credit in continuing education courses related to the business of title  
7 insurance with at least one (1) hour of instruction in a structured setting  
8 or comparable self-study in each of the following:

- 9 (1) Ethical practices in the marketing and selling of title  
10 insurance.
- 11 (2) Title insurance underwriting.
- 12 (3) Escrow issues.
- 13 (4) Principles of the federal Real Estate Settlement Procedures  
14 Act (12 U.S.C. 2608).

15 An attorney in good standing who is admitted to the practice of law in  
16 Indiana and holds a license issued under IC 27-1-15.6 with a title  
17 qualification under IC 27-1-15.6-7(a)(8) may complete all or any  
18 number of hours of continuing education required by this subsection by  
19 completing an equivalent number of hours in continuing legal  
20 education courses related to the business of title insurance or any  
21 aspect of real property law.

22 (c) The following insurance producers are not required to complete  
23 continuing education courses to renew a license under this chapter:

- 24 (1) A limited lines producer who is licensed without examination  
25 under IC 27-1-15.6-18(1) or IC 27-1-15.6-18(2).
- 26 (2) A limited line credit insurance producer.
- 27 (3) A nonresident limited lines producer with a title qualification:
  - 28 (A) whose home state requires continuing education for a title  
29 qualification; and
  - 30 (B) who has met the continuing education requirements  
31 described in clause (A).

32 (d) To satisfy the requirements of subsection (a) or (b), a licensee  
33 may use only those credit hours earned in continuing education courses  
34 completed by the licensee:

- 35 (1) after the effective date of the licensee's last renewal of a  
36 license under this chapter; or
- 37 (2) if the licensee is renewing a license for the first time, after the  
38 date on which the licensee was issued the license under this

1 chapter.

2 (e) If an insurance producer receives qualification for a license in  
3 more than one (1) line of authority under IC 27-1-15.6, the insurance  
4 producer may not be required to complete a total of more than  
5 twenty-four (24) hours of credit in continuing education courses to  
6 renew the license.

7 (f) Except as provided in subsection (g), a licensee may receive  
8 credit only for completing **the following** continuing education courses:

9 (1) **Continuing education courses** that have been approved by  
10 the commissioner under section 4 of this chapter.

11 (2) **Continuing education courses that are required for the**  
12 **licensee under IC 27-19-4-14.**

13 (g) A licensee who teaches a course approved by the commissioner  
14 under section 4 of this chapter shall receive continuing education credit  
15 for teaching the course.

16 (h) When a licensee renews a license issued under this chapter, the  
17 licensee must submit:

18 (1) a continuing education statement that:

19 (A) is in a format authorized by the commissioner;

20 (B) is signed by the licensee under oath; and

21 (C) lists the continuing education courses completed by the  
22 licensee to satisfy the continuing education requirements of  
23 this section; and

24 (2) any other information required by the commissioner.

25 (i) A continuing education statement submitted under subsection (h)  
26 may be reviewed and audited by the department.

27 (j) A licensee shall retain a copy of the original certificate of  
28 completion received by the licensee for completion of a continuing  
29 education course.

30 (k) A licensee who completes a continuing education course that:

31 (1) is approved by the commissioner under section 4 of this  
32 chapter;

33 (2) is held in a classroom setting; and

34 (3) concerns ethics;

35 shall receive continuing education credit not to exceed four (4) hours  
36 in a renewal period."

37 Page 25, line 30, delete "assure" and insert "**ensure**".

38 Page 26, line 3, after "powers" insert "**or duties**".

1 Page 28, line 17, delete "42 U.S. C. 1396" and insert "**42 U.S.C.**  
2 **1396**".

3 Page 36, between lines 28 and 29, begin a new paragraph and insert:

4 **"(c) An insurance producer or insurance consultant is not**  
5 **required to complete continuing education hours of credit that**  
6 **exceed the required number of hours of credit in continuing**  
7 **education that apply to the insurance producer or insurance**  
8 **consultant under IC 27-1-15.7."**

9 Page 36, delete lines 35 through 37.

10 Page 36, line 38, delete "(2)" and insert "**(1)**".

11 Page 37, line 3, delete "(3)" and insert "**(2)**".

12 Page 37, line 4, delete "(2)(A)" and insert "**(1)(A)**".

13 Page 37, line 5, delete "(2)(B)" and insert "**(1)(B)**".

14 Page 37, between lines 26 and 27, begin a new paragraph and insert:

15 **"SECTION 30. [EFFECTIVE JULY 1, 2013] (a) As used in this**  
16 **SECTION, "risk based managed care program" means a program**  
17 **where a managed care entity or an accountable care organization**  
18 **receives capitated payments from the office of Medicaid policy and**  
19 **planning to cover designated health and social support services**  
20 **provided to Medicaid recipients.**

21 **(b) As used in this SECTION, "managed fee-for-service**  
22 **program" means a program in which the office of Medicaid policy**  
23 **and planning contracts with health care providers, managed care**  
24 **entities, or accountable care organizations in order to integrate**  
25 **delivery of health and social support services by primarily using**  
26 **fee-for-service payment arrangements and include incentives for**  
27 **high quality and efficient performance. The term may include:**

28 **(1) primary care case management;**

29 **(2) care coordination; and**

30 **(3) chronic care management models;**

31 **and may be coupled with capitated payments for certain health**  
32 **care services or beneficiary populations.**

33 **(c) As used in this SECTION, "home and community based**  
34 **services management program" means a program in which the**  
35 **office of Medicaid policy and planning contracts with an area**  
36 **agency on aging or other community based care coordination**  
37 **provider to provide services to maintain a Medicaid recipient in a**  
38 **home and community based setting, or to return a Medicaid**

1 recipient to a home and community based setting. The term may  
2 include:

- 3 (1) primary care management;
- 4 (2) care coordination; and
- 5 (3) integrated delivery of health and social support services.

6 (d) Before December 15, 2013, the office of Medicaid policy and  
7 planning shall prepare and submit a written report to the health  
8 finance commission established by IC 2-5-23-3 and the select joint  
9 commission on Medicaid oversight established by IC 2-5-26-3 in an  
10 electronic format under IC 5-14-6 concerning the following:

11 (1) An estimate of the cost savings to Indiana if Medicaid  
12 recipients who are eligible for Medicaid based on the  
13 individual's aged, blind, or disabled status are enrolled in a  
14 risk-based managed care program, a managed fee-for-service  
15 program, or a home and community based services  
16 management program.

17 (2) A description of provisions of a risk-based managed care  
18 program, a managed fee-for-service program, and a home  
19 and community based services management program that are  
20 likely to ensure that enrollees who are aged, blind, or disabled  
21 have timely access to efficient and high quality care,  
22 including:

- 23 (A) beneficiary choice of network and nonnetwork  
24 providers;
- 25 (B) impact to enrollees during transition to the program;
- 26 (C) provider network and rate setting processes; and
- 27 (D) coordination of care for dually eligible enrollees.

28 (3) Whether all Medicaid recipients within the aged, blind,  
29 and disabled category should be enrolled in a risk-based  
30 managed care program, managed fee-for-service program, or  
31 a home and community based services management program  
32 and a description of any group that should be excluded.

33 (4) Whether participation of the aged, blind, or disabled  
34 Medicaid recipients in a risk-based managed care program,  
35 a managed fee-for-service program, or a home and  
36 community based services management program would do  
37 the following:

- 38 (A) Reduce or eliminate supplemental payments under the

1           **Medicaid program that are received by nonstate**  
2           **governmental entities.**  
3           **(B) Affect the collection and use of the health facility**  
4           **quality assessment fee, the hospital assessment fee, or any**  
5           **other provider assessment fee.**  
6           **(d) This SECTION expires December 31, 2013."**  
7           Renumber all SECTIONS consecutively.  
          (Reference is to SB 551 as reprinted February 26, 2013.)

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

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Representative Clere