



Status of Legislation Impacting Community Mental Health in the 2015 Indiana General Assembly



**Indiana Council of Community Mental Health Centers
2015 Webinar Series
April 27th, 2015**

Current Status of the 2015 Indiana General Assembly

This is the final week of the Indiana General Assembly. The last date prior to adjournment is **Wednesday, April 29th**. Proposed legislation must pass this date in order to become eligible for the Governor's signature prior to enactment.

A total of 1,237 bills were filed this legislative session. Twenty-seven(27) of those have been enacted into law or still require passage that are on the Indiana Council tracking list. These bills directly impact the healthcare industry, CMHC operations, and funding.

This is a budget year (Indiana operates on a biennial budgeting process) and funding included in the state budget directly impacts the ability of the CMHC system to develop and support services that improve the lives of Hoosiers. While there is the potential for good news related to improved funding in this budget, the final version has yet to be released.

The Indiana Council is working on some outstanding issues with respect to some of the bills we have been actively involved in this session. These issues will need to be resolved in the next 48 hours. There has been recent developments that have added to the complication for those bills moving through the legislative process that directly impact the CMHCs, such as HB 1269.

2015 Legislation Impacting CMHCs

HB1001 STATE BIENNIAL BUDGET (BROWN T)

DMHA funding in the state budget reflects an over \$2.2 million reduction for SMI and SED services, however DMHA is making efforts to maintain CMHC funding levels. DMHA has also identified additional funding through other non-budget sources to support new programs over the next couple of years.

The Senate version of the budget varies from the House version in a number of areas, including how to fund and support community corrections and evidence based programs to treat this population. The final version must be resolved within the next 48 hours prior to adjournment.

Additional funding of \$30 million (\$10 million in FY 16 and \$20 million in FY 17) is currently included in the Senate version of the budget for a new program being developed under DMHA known as the “Mental Health and Addictions Forensic Treatment Services Grant” program. The program design and requirements are contained within both HB 1006 and SB 464.

There is also the potential that CMHC services could be utilized for community correction programs requiring evidenced based practices through funding included in the state budget.

2015 Legislation Impacting CMHCs

HB 1006 CRIMINAL JUSTICE FUNDING Permits the DOC to provide funding to a court for certain programs through a community corrections grant. Establishes the justice reinvestment advisory council to review and evaluate local corrections programs and the processes used to award grants. Requires the department to compile certain information and submit reports to the budget committee and justice reinvestment advisory council. Provides that counties or courts wishing to apply to the department for financial aid must apply through the community corrections advisory board. Specifies the purposes for which the department may award financial aid. Permits a residential work release facility to be physically connected to a jail if total separation between the facilities is maintained. Repeals the county corrections fund that provides funding to each county for operation of the county's jail, jail programs, or other local correctional facilities or community based programs. Establishes the mental health and addiction forensic treatment services account within DMHA.). Provides that the division may use money in the account to fund grants and vouchers for mental health and addiction forensic treatment services. Requires a probation officer to consult with community corrections in preparing the presentence report. Provides that after January 1, 2016, a court may not commit a person convicted of a Level 6 felony to the department of correction, with certain exceptions.

2015 Legislation Impacting CMHCs

HB1006

CRIMINAL JUSTICE FUNDING

- *The final version of this bill is currently being resolved through the conference committee process. There remains a few outstanding issues with respect to certain provisions included in the bill, including how community correction programs are funded and organized.*
- *Further develops community correction grant programs to include evidence based services which may provide additional opportunity for CMHC to provide direct services.*
- *Includes similar language to SB 464 with respect to the DMHA Mental Health and Addictions Forensic Treatment Services Grant program. The language is contained within both bills to demonstrate the shared approach of both the criminal justice and mental health and addiction programs.*

2015 Legislation Impacting CMHCs

HB 1269 HEALTH MATTERS Provides that the DOC or the county shall assist a committed offender in applying for Medicaid and securing treatment upon discharge from the DOC or a county jail. Specifies providers that may be used to provide treatment for DOC inmates and county jail offenders. Requires the OMPP to prepare an annual report concerning the use of qualified providers to provide presumptive eligibility services. Allows a CMHC to use its provider id number to file any Medicaid claim, including primary care health service. Prohibits OMPP from limiting the filing by a CMHC of primary care health services and mental health services on the same day if the services are covered services and necessary to ensure coordinated care for the recipient. Requires the division of mental health and addiction to develop a mental health first aid training program. Includes a mental health first aid training program in the: (1) continuing education programs promoted by the emergency medical services commission; and (2) basic or in-service course of education and training for teaching professionals beginning in the 2016-2017 school year. Establishes the mental health counselor licenses for school counselors grant.

2015 Legislation Impacting CMHCs

HB 1269 HEALTH MATTERS

- *Provisions were added to the bill in the Senate related to the review of claims denied by insurance providers.*
- *The bill was also modified to include a requirement that insurance carriers reimburse for treatments considered to be experimental if they have been paid for more than three years.*
- *The insurance industry has come out strongly in opposition to any language in the bill requiring their involvement. As a result, there may be some opposition to the bill.*
- *It is possible, the CMHC requirements of this bill may need to be placed into another bill to ensure its passage.*
- *If no other bill is identified, and the final version of HB 1269 contains the insurance language, the Indiana Council will develop an action plan to ensure our bills receives the required votes for passage.*
- *Our main priority is to ensure the primary health billing language is contained legislation that passes this session.*

2015 Legislation Impacting CMHCs

HB1304 VARIOUS CRIMINAL LAW ISSUES Authorizes a prosecutor to require a person participating in a prosecutorial diversion program to receive mental health treatment to reduce recidivism and allows diversion and deferral fees to be used to fund mental health treatment programs to reduce recidivism. Allows a criminal court to appoint a forensic advocate to assist a person with an intellectual disability, developmental disability, or autism spectrum disorder who is charged with a criminal offense. Provides that addiction counseling, inpatient detoxification, and the administration of a federal Food and Drug Administration (FDA) approved, nonaddictive medication for alcohol or opioid treatment, may be required to treat opioid or alcohol addiction as a condition of parole, probation, community corrections, pretrial diversion, or participation in a problem solving court. Provides that the division of mental health and addiction may consider the administration of an FDA approved, nonaddictive medication for alcohol or opioid treatment as an alternative to methadone treatment. Allows individuals charged with or convicted of certain felonies to request treatment for addictions. Provides that a convicted individual may be placed on probation if the individual requests to undergo substance abuse treatment. Provides for voluntary and involuntary treatment for drug addictions. Requires DMHA and the DDRS to submit a report to the legislative council concerning services for individuals with dual diagnosis.

2015 Legislation Impacting CMHCs

HB 1181 PHYSICIAN ASSISTANTS Allows a physician assistant who is delegated authority to prescribe a controlled substance after practicing for at least 1,800 hours.

HB 1196 CHINS AND DELINQUENT CHILD DUAL DETERMINATION Requires that in a child in need of services (CHINS) determination, a court shall determine if DCS or the probation department of the court shall be the lead agency supervising the child. Creates procedures to determine whether a child should be assessed by a dual status assessment team. Creates dual status assessment teams that will assess certain children and make recommendations to a juvenile court whether the court should proceed with applicable child in need of service petitions and delinquency petitions.

HB 1401 MEDICAID FRAUD Expands the crime of Medicaid fraud to include knowingly or intentionally making, uttering, presenting, or causing to be presented to the Medicaid program a Medicaid claim that is materially false or misleading.

2015 Legislation Impacting CMHCs

HB 1448 MENTAL HEALTH DRUGS AND COVERAGE Includes inpatient substance abuse detoxification services as a Medicaid service. Authorizes the office of Medicaid policy and planning to require prior authorization for addictive medication used as medication assisted treatment for substance abuse. Allows money in the forensic treatment services account to be used to fund grants and vouchers for licensed mental health or addiction providers. Requires information and training to judges, prosecutors, and public defenders concerning diversion programs, probationary programs, and involuntary commitment.

HB 1449 OPIOID TREATMENT (DAVISSON S) Limits Medicaid reimbursement for Subutex and Suboxone. Allows for OMPP to require PA for these drugs when being prescribed for substance abuse treatment as determined by the board or when being prescribed for more than six months. Authorizes DMHA to approve before June 30, 2018, not more than five new opioid treatment programs if: (1) the programs are run by a hospital or a certified CMHC; and (2) the division determines that there is a need for a new opioid treatment program in the proposed location. Requires the division to report to the general assembly before July 1, 2018, specified information concerning any new facilities.

2015 Legislation Impacting CMHCs

HB 1531 VIDEO CONFERENCING BY CONFINED PERSONS Permits certain court proceedings involving a person confined to the department of correction to be conducted by video conferencing with the consent of the confined person. Permits a person confined in a county jail to receive a mental health evaluation for the purpose of mental health assessment and treatment by means of video conferencing. Specifies that a mental health evaluation for the purpose of: (1) determining competency to stand trial; or (2) establishing a defense to a crime; may not be conducted by video conferencing. Requires that the confined person consent to the mental health evaluation by means of video conferencing, and prohibits recording of the mental health evaluation.

- *Rep. Davisson plans to remove the consent language on the conference committee report.*
- *The Public Defender's Council spoke in opposition to the bills under the belief a proper mental health evaluation cannot be conducted via video conferencing.*
- *The Indiana Council spoke in support of this language given the improved efficiency, improvements in workforce utilization, and that assessments for video conferencing are similar in scope to the use of telemedicine services under Medicaid.*

2015 Legislation Impacting CMHCs

HB 1613 FAMILY AND SOCIAL SERVICES ADMINISTRATION Specifies that the secretary of family and social services, rather than certain division directors, is: (1) the appointing authority for divisions within the office of the secretary of family and social services (office of the secretary); (2) authorized to advise the governor concerning adopted rules; (3) authorized to adopt administrative rules; (4) authorized to enter into contracts for the office of the secretary; and (5) the authority for administering specified programs and grants.

SB 168 CONTROLLED SUBSTANCE TREATMENT AND DATA BASE Requires new opioid treatment programs to be Medicaid providers and offer medication assisted treatments. Authorizes the division to approve an opioid treatment program in certain areas where a public health emergency has been declared. Requires the division to report to the general assembly specified information concerning any new treatment facilities. Permits physicians who hold a temporary medical license to have access to confidential information in the Indiana scheduled prescription electronic collection and tracking (INSPECT) program.

2015 Legislation Impacting CMHCs

SB 358 MEDICATIONS Defines "medication therapy management" for the purposes of the regulation of pharmacies and pharmacists. Adds the provision of medication therapy management to the definition of "the practice of pharmacy". Includes advanced practice nurses and physician assistants in the definition of "direct supervision" for the purposes of consulting with a pharmacist on certain drug regimen protocols. Establishes the INSPECT oversight committee. Provides the committee's approval for the board to execute a contract with a vendor to administer the INSPECT program. Requires approval from the chairperson of the board of pharmacy to hire a director of the INSPECT program. Provides that if a dispenser's pharmacy is closed the day following a dispensing, the information required to be sent to the INSPECT program must be transmitted by the end of the next business day.

SB 380 CRISIS INTERVENTION TEAMS Requires the law enforcement training academy to include an overview of crisis intervention team (CIT) training model in initial training. Establishes the Indiana technical assistance center for crisis intervention teams to: (1) identify grants and other funds that may be used to fund CIT programs; (2) create and support a statewide CIT advisory committee; and (3) provide training, information, and technical assistance.

2015 Legislation Impacting CMHCs

SB 406 OVERDOSE INTERVENTION DRUGS Requires certain emergency personnel to report to the state department of health the number of times an overdose intervention medication is administered. Allows specified health care professionals with prescriptive authority to dispense, write a prescription, or prepare a standing order for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met. Allows for an individual who is a person at risk, a family member, friend, or other individual or entity in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met. Provides for civil immunity.

SB 461 HEALTH MATTERS Further specifies the circumstances for the review of the death of a child by a local child fatality review team. Allows certain counties and municipalities within the county that have a high standardized case rate on newly reported cases of hepatitis C to operate a syringe and needle distribution and collection program. Provides exceptions to certain criminal laws concerning the possession and distribution of needles and syringes.

2015 Legislation Impacting CMHCs

SB 464 MENTAL HEALTH ISSUES (MILLER P) Specifies limitations for reimbursement for methadone if the drug is prescribed for the treatment of pain. Provides that addiction counseling, inpatient detoxification, case management, daily living skills, and long acting, nonaddictive medication may be required to treat opioid or alcohol addiction as a condition of parole, probation, community corrections, pretrial diversion, or participation in a problem solving court. Includes inpatient substance abuse detoxification services as a Medicaid service. Requires OMPP to provide Medicaid coverage for the treatment of opioid or alcohol dependence that includes certain services and treatment, develop quality measures and reporting to ensure a managed care organization's compliance with the coverage, and report the clinical use of certain medications to the mental health Medicaid quality advisory committee. Requires coverage under HIP 2.0 of nonaddictive medication assistance treatment drugs prescribed for the treatment of substance abuse. Authorizes CMHCs and Hospitals to establish up to five new Methadone Clinics by 2018. Establishes the mental health and addiction forensic treatment services account. DMHA may use money in the account to fund grants and vouchers that are provided to community corrections programs, Court administered programs, Probation programs, Community mental health centers, and Certified mental health or addiction providers. Allows the division to use money in the account as a state match under the Medicaid rehabilitation program and the Primary Health Coordination Program. Provides that only DMHA certified or licensed providers may provide the services.

2015 Legislation Impacting CMHCs

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QUESTIONS?

