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 2023 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1385

AN ACT to amend the Indiana Code concerning health and to make an appropriation.

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

SECTION 1. IC 12-7-2-131.4, AS ADDED BY P.L.207-2021, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 131.4. "Mobile crisis team", for purposes of IC 12-21-8 **and IC 12-29-5,** has the meaning set forth in IC 12-21-8-3.

SECTION 2. IC 12-7-2-131.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: **Sec. 131.6. "Mobile integrated healthcare", for purposes of IC 12-29-5, has the meaning set forth in IC 16-31-12-1.**

SECTION 3. IC 12-29-5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]:

Chapter 5. Community Cares Initiative Grant Pilot Program

Sec. 1. As used in this chapter, "mobile crisis team" has the meaning set forth in IC 12-21-8-3.

Sec. 2. As used in this chapter, "mobile integrated healthcare" has the meaning set forth in IC 16-31-12-1.

Sec. 3. (a) The community cares initiative grant pilot program is established for the purpose of assisting in the cost of starting or expanding mobile integrated healthcare programs and mobile crisis teams in Indiana.

(b) The division of mental health and addiction shall administer

the pilot program. A county, city, or town that operates a mobile integrated healthcare program or mobile crisis team is eligible to participate in the pilot program.

(c) The division may award a grant to an eligible entity described in subsection (b) for not more than a three (3) year period.

(d) The division may issue a request for funds for the pilot program.

Sec. 4. (a) The community cares initiative fund is established for the purpose of funding the community cares initiative grant pilot program. The fund shall be administered by the division of mental health and addiction.

(b) The expenses of administering the fund shall be paid from money in the fund.

(c) The fund shall consist of:

(1) money received from state or federal grants or programs; and

(2) gifts, money, and donations received from any other source, including transfers from other funds or accounts.

(d) Money in the fund is continuously appropriated for purposes of this section.

(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.

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

Sec. 5. Before December 1 of each year, the division of mental health and addiction shall report to the legislative council in an electronic format under IC 5-14-6 the information concerning the community cares initiative grant pilot program and the grants offered to eligible entities.

SECTION 4. IC 27-1-2.3-0.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: **Sec. 0.5. This chapter does not apply to the following:**

(1) The Medicaid program.

(2) Ambulance services owned or operated by a health system (as defined in IC 16-18-2-168.5) that bill for ambulance services under the health system.

SECTION 5. IC 27-1-2.3-2.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: **Sec. 2.8. As used in this chapter,**

"clean claim" means a claim for payment for ambulance service:

(1) that is submitted to a health plan by an ambulance service provider; and

(2) about which there is no defect, impropriety, or particular circumstance requiring special treatment that may prevent or delay payment.

SECTION 6. IC 27-1-2.3-4, AS ADDED BY P.L.170-2022, SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: Sec. 4. **(a)** As used in this chapter, "health plan" means ~~any~~ **either** of the following:

~~(1) A self-insurance program established under IC 5-10-8-7(b) to provide group coverage.~~

~~(2) A prepaid health care delivery plan through which health services are provided under IC 5-10-8-7(c).~~

~~(3)~~ **(1)** A policy of accident and sickness insurance as defined in IC 27-8-5-1, but not including any insurance, plan, or policy set forth in IC 27-8-5-2.5(a).

~~(4)~~ **(2)** An individual contract (as defined in IC 27-13-1-21) or a group contract (as defined in IC 27-13-1-16) with a health maintenance organization that provides coverage for basic health care services (as defined in IC 27-13-1-4).

(b) The term does not include the state employee health plan.

SECTION 7. IC 27-1-2.3-5, AS ADDED BY P.L.170-2022, SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: Sec. 5. As used in this chapter, "health plan operator" means the following:

~~(1) In the case of a health plan described in section 4(1) or 4(2) of this chapter, the state of Indiana.~~

~~(2)~~ **(1)** In the case of a health plan described in section ~~4(3)~~ **4(a)(1)** of this chapter, the insurer that issued the policy.

~~(3)~~ **(2)** In the case of a health plan described in section ~~4(4)~~ **4(a)(2)** of this chapter, the health maintenance organization that entered into the contract.

SECTION 8. IC 27-1-2.3-7.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: **Sec. 7.5. As used in this chapter, "state employee health plan" means either of the following:**

(1) A self-insurance program established under IC 5-10-8-7(b) to provide group coverage.

(2) A prepaid health care delivery plan through which health services are provided under IC 5-10-8-7(c).

SECTION 9. IC 27-1-2.3-8, AS AMENDED BY P.L.92-2023,

SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: Sec. 8. (a) ~~A health plan operator~~ **The state** shall fairly negotiate rates and terms with any ambulance service provider willing to become a participating provider with respect to the **state employee** health plan.

(b) In negotiations under subsection (a), ~~a~~ **the state employee** health plan must consider all of the following:

(1) The ambulance service provider's usual and customary rates.

(2) The ambulance service provider's resources, and whether the ambulance service provider's staff is available twenty-four (24) hours per day every day.

(3) The average wages and fuel costs in the geographical area in which the ambulance service provider operates.

(4) The number of times in which individuals covered by the **state employee** health plan have sought ambulance service from the ambulance service provider but the ambulance service provider's response was canceled or did not result in a transport.

(5) The local ordinances and state rules concerning staffing, response times, and equipment under which the ambulance service provider must operate.

(6) The types of requests for ambulance service for individuals covered by the **state employee** health plan that the ambulance service provider generally receives, and the requesting party or agency by which those requests are generally made.

(7) The average reimbursement rate per level of service that the ambulance service provider generally receives as a nonparticipating provider.

(8) The specific:

(A) clinical and staff capabilities; and

(B) equipment resources;

that an ambulance service provider must have to adequately meet the needs of individuals covered by the **state employee** health plan, such as for the transportation of ~~covered~~ individuals **covered by the state employee health plan** from one (1) hospital to another after traumatic injury.

(9) The average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within the counties, and contiguous counties, that the nonparticipating ambulance service provider serves.

~~(c) If negotiations between an ambulance service provider and a health plan operator under this section that occur after June 30, 2022,~~

~~do not result in the ambulance service provider becoming a participating provider with respect to the health plan, each party shall provide to the department a written notice:~~

~~(1) reporting that negotiations between the ambulance service provider and the health plan operator did not result in the ambulance service provider becoming a participating provider with respect to the health plan; and~~

~~(2) stating the points on which agreement between the ambulance service provider and the health plan operator was necessary for the ambulance service provider to become a participating provider with respect to the health plan:~~

~~(A) that were discussed in the negotiations between the ambulance service provider and the health plan operator; but~~

~~(B) on which the ambulance service provider and the health plan operator did not reach agreement.~~

SECTION 10. IC 27-1-2.3-8.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: **Sec. 8.1. A health plan operator shall provide payment to a nonparticipating ambulance service provider for ambulance service provided to a covered individual:**

(1) at a rate set or approved, by contract or ordinance, by the county or municipality in which the ambulance service originated;

(2) at the rate of four hundred percent (400%) of the current published rate for ambulance service as established by the Centers for Medicare and Medicaid Services under Title XVIII of the federal Social Security Act (42 U.S.C. 1395 et seq.) for the same ambulance service provided in the same geographic area; or

(3) according to the nonparticipating ambulance service provider's billed charges;

whichever is less.

SECTION 11. IC 27-1-2.3-8.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: **Sec. 8.2. (a) If a health plan operator makes payment to a nonparticipating ambulance service provider according to section 8.1 of this chapter for ambulance service provided to a covered individual:**

(1) the payment shall be considered payment in full for the ambulance service provided, except for any copayment, coinsurance, deductible, and other cost sharing amounts that the health plan requires the covered individual to pay; and

(2) the nonparticipating ambulance service provider is prohibited from billing the covered individual for any additional amount for the ambulance service provided.

(b) The copayment, coinsurance, deductible, and other cost sharing amounts that a health plan requires a covered individual to pay in connection with ambulance service provided to the covered individual by a nonparticipating ambulance service provider shall not exceed the copayment, coinsurance, deductible, and other cost sharing amounts that the covered individual would be required to pay if the ambulance service had been provided to the covered individual by a participating ambulance service provider.

SECTION 12. IC 27-1-2.3-8.3 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2025]: **Sec. 8.3. (a) A health plan operator that receives a clean claim for ambulance service provided to a covered individual by a nonparticipating ambulance service provider:**

(1) shall remit payment for the ambulance service directly to the nonparticipating ambulance service provider not more than thirty (30) days after receiving the clean claim; and

(2) shall not send payment to the covered individual.

(b) If a claim that a health plan operator receives for ambulance service provided to a covered individual by a nonparticipating ambulance service provider is not a clean claim, the health plan operator, not more than thirty (30) days after receiving the claim, shall:

(1) remit payment for the ambulance service directly to the nonparticipating ambulance service provider; or

(2) send to the nonparticipating ambulance service provider a written notice that:

(A) acknowledges the date of the receipt of the claim; and

(B) either:

(i) states that the health plan operator is declining to pay all or part of the claim and sets forth the specific reason or reasons for declining to pay the claim in full; or

(ii) states that additional information is needed to determine whether all or part of the claim is payable and specifically describes the additional information that is needed.

Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____