



February 1, 2019

SENATE BILL No. 498

DIGEST OF SB 498 (Updated January 31, 2019 11:30 am - DI 125)

Citations Affected: IC 12-15; IC 16-18; IC 16-31.

Synopsis: Mobile integration healthcare. Provides that the office of the secretary of family and social services may reimburse certain emergency medical services provider agencies for covered services provided to a Medicaid recipient as part of a mobile integration healthcare program. Amends the definition of "emergency medical services" to include transportation services, acute care, chronic condition services, or disease management services as part of a mobile integration healthcare program. Provides that the emergency medical services commission (commission), in consultation with the state department of health, may develop a mobile integration healthcare program and approve mobile integration healthcare program applications. Sets forth requirements of the commission concerning the mobile integration healthcare program. Provides that the commission may establish and administer a mobile integration healthcare grant and establishes the mobile integration healthcare grant fund.

Effective: July 1, 2019.

**Tallian, Charbonneau, Boots, Head,
Crider**

January 14, 2019, read first time and referred to Committee on Appropriations.
January 31, 2019, amended, reported favorably — Do Pass.

SB 498—LS 6724/DI 104



February 1, 2019

First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

SENATE BILL No. 498

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

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

1 SECTION 1. IC 12-15-5-18 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2019]: **Sec. 18. (a) This section applies to an emergency medical**
4 **services provider agency that meets the following requirements:**
5 **(1) Is operated by a:**
6 **(A) city;**
7 **(B) town; or**
8 **(C) township.**
9 **(2) Is requesting reimbursement for services provided as part**
10 **of a mobile integrated healthcare program that has been**
11 **approved by the emergency medical services commission**
12 **under IC 16-31-12.**
13 **(3) Is a Medicaid provider.**
14 **(b) The office of the secretary may reimburse an emergency**
15 **medical services provider agency that is a Medicaid provider**
16 **under this article for Medicaid covered services provided to a**
17 **Medicaid recipient.**

SB 498—LS 6724/DI 104



1 (c) The office of the secretary may apply to the United States
2 Department of Health and Human Services for any amendment to
3 the state Medicaid plan or for any Medicaid waiver necessary to
4 implement this section.

5 SECTION 2. IC 16-18-2-110 IS AMENDED TO READ AS
6 FOLLOWS [EFFECTIVE JULY 1, 2019]: Sec. 110. "Emergency
7 medical services", for purposes of IC 16-31, means the provision of
8 **any of the following:**

9 (1) Emergency ambulance services or other services, including
10 extrication and rescue services, utilized in serving an individual's
11 need for immediate medical care in order to prevent loss of life or
12 aggravation of physiological or psychological illness or injury.

13 (2) **Transportation services, acute care, chronic condition**
14 **services, or disease management services provided as part of**
15 **a mobile integrated healthcare program under IC 16-31-12.**

16 SECTION 3. IC 16-18-2-239.2 IS ADDED TO THE INDIANA
17 CODE AS A NEW SECTION TO READ AS FOLLOWS
18 [EFFECTIVE JULY 1, 2019]: Sec. 239.2. "**Mobile integrated**
19 **healthcare**", for purposes of IC 16-31-12, has the meaning set forth
20 in IC 16-31-12-1.

21 SECTION 4. IC 16-31-12 IS ADDED TO THE INDIANA CODE
22 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
23 JULY 1, 2019]:

24 **Chapter 12. Mobile Integrated Healthcare**

25 **Sec. 1. As used in this chapter, "mobile integrated healthcare"**
26 **means community based health care in which paramedics and**
27 **emergency medical technicians employed by a city, town, or**
28 **township emergency medical services provider agency function**
29 **outside of customary emergency response and transport to do the**
30 **following:**

31 (1) **Facilitate more appropriate use of emergency care**
32 **services.**

33 (2) **Enhance access to:**

34 (A) **primary care for medically underserved populations;**

35 **or**

36 (B) **underutilized and appropriate health care services.**

37 **Sec. 2. (a) The commission, in consultation with the state**
38 **department, may develop a mobile integrated healthcare program.**

39 **(b) In developing the mobile integrated healthcare program, the**
40 **commission may consider the following:**

41 (1) **Whether to limit the type of health care that can be**
42 **provided under the program.**



1 (2) Whether additional training or education is necessary for
2 a paramedic in providing services under the program.

3 (3) Whether additional certification of a paramedic should be
4 required in order to participate in the program.

5 (4) The degree of oversight, reporting, and enforcement by the
6 commission needed for the program.

7 Sec. 3. (a) The commission may establish an application and
8 process for a city, town, or township to submit for approval an
9 application and information requesting the implementation of a
10 mobile integration healthcare program.

11 (b) The commission may establish a subcommittee to provide
12 the initial review of an application submitted by a city, town, or
13 township for a mobile integrated healthcare program and
14 determine whether to grant approval for the program. In
15 reviewing an application, the subcommittee or commission may
16 request additional information from the city, town, or township
17 that submitted the request.

18 (c) If a subcommittee is established by the commission, the
19 subcommittee shall make recommendations to the commission
20 concerning a submitted application. The commission must approve
21 or deny the application not more than ninety (90) days after the
22 submission of a complete application.

23 (d) A city, town, or township may appeal a denial of the
24 application by the commission under IC 4-21.5.

25 Sec. 4. (a) The commission may establish a mobile integration
26 healthcare grant to assist communities in the development and
27 implementation of a mobile integration healthcare program that
28 has been approved by the commission under this chapter.

29 (b) The commission may do the following:

30 (1) Administer the grant.

31 (2) Create a grant application for the grant.

32 (3) Develop a process for receiving and evaluating grant
33 applications.

34 (4) Establish eligibility requirements for the grant.

35 (5) Select recipients of the grant and distribute the funds for
36 an awarded grant.

37 Sec. 5. (a) The mobile integration healthcare grant fund is
38 established within the state general fund for the purpose of the
39 development and implementation of a mobile integration
40 healthcare program.

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



1 **(c) The treasurer of state shall invest the money in the fund not**
2 **currently needed to meet the obligations of the fund in the same**
3 **manner as other public money may be invested. Interest that**
4 **accrues from these investments shall be deposited in the fund.**

5 **(d) Money in the fund at the end of a state fiscal year does not**
6 **revert to the state general fund.**

7 **Sec. 6. The commission may adopt rules under IC 4-22-2 that**
8 **are necessary to implement and administer this chapter.**



COMMITTEE REPORT

Madam President: The Senate Committee on Appropriations, to which was referred Senate Bill No. 498, 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 to amend the Indiana Code concerning health.

Page 1, line 14, delete "shall" and insert "**may**".

Page 2, line 1, delete "shall" and insert "**may**".

Page 2, line 38, delete "shall" and insert "**may**".

Page 3, line 7, delete "shall" and insert "**may**".

Page 3, line 25, delete "shall" and insert "**may**".

Page 3, line 29, delete "shall" and insert "**may**".

Page 4, delete lines 7 through 8.

and when so amended that said bill do pass.

(Reference is to SB 498 as introduced.)

MISHLER, Chairperson

Committee Vote: Yeas 13, Nays 0.

