

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 ENROLLED ACT No. 498

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AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 12-15-5-18 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2019]: **Sec. 18. (a) This section applies to an emergency medical services provider agency that meets the following requirements:**

**(1) Is requesting reimbursement for services provided as part of a mobile integrated healthcare program that has been approved by the emergency medical services commission under IC 16-31-12.**

**(2) Is a Medicaid provider.**

**(b) The office of the secretary may reimburse an emergency medical services provider agency that is a Medicaid provider under this article for Medicaid covered services provided to a Medicaid recipient.**

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

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

**(1) Emergency ambulance services or other services, including**

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extrication and rescue services, utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

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

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

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

**Chapter 12. Mobile Integrated Healthcare**

**Sec. 1. As used in this chapter, "mobile integrated healthcare" means community based health care in which paramedics and emergency medical technicians employed by an emergency medical services provider agency function outside of customary emergency response and transport to do the following:**

- (1) Facilitate more appropriate use of emergency care services.**
- (2) Enhance access to:**
  - (A) primary care for medically underserved populations;**
  - or**
  - (B) underutilized and appropriate health care services.**

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

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

- (1) Whether to limit the type of health care that can be provided under the program.**
- (2) Whether additional training or education is necessary for a paramedic in providing services under the program.**
- (3) Whether additional certification of a paramedic should be required in order to participate in the program.**
- (4) The degree of oversight, reporting, and enforcement by the commission needed for the program.**

**Sec. 3. (a) The commission may establish an application and process for an emergency medical services provider agency to submit for approval an application and information requesting the implementation of a mobile integration healthcare program.**



(b) The commission may establish a subcommittee to provide the initial review of an application submitted by an emergency medical services provider agency for a mobile integrated healthcare program and determine whether to grant approval for the program. In reviewing an application, the subcommittee or commission may request additional information from the emergency medical services provider agency that submitted the request.

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

(d) An emergency medical services provider agency may appeal a denial of the application by the commission under IC 4-21.5.

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

(b) The commission may do the following:

- (1) Administer the grant.
- (2) Create a grant application for the grant.
- (3) Develop a process for receiving and evaluating grant applications.
- (4) Establish eligibility requirements for the grant.
- (5) Select recipients of the grant and distribute the funds for an awarded grant.

(c) The commission may only award a grant under this section to an emergency medical services provider agency that is operated by a:

- (1) city;
- (2) town; or
- (3) township.

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

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

(c) 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. Interest that



**accrues from these investments shall be deposited in the fund.**

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

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



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President of the Senate

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President Pro Tempore

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Speaker of the House of Representatives

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Governor of the State of Indiana

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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