



Reprinted  
February 28, 2020

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# ENGROSSED HOUSE BILL No. 1176

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DIGEST OF HB 1176 (Updated February 27, 2020 5:07 pm - DI 135)

**Citations Affected:** IC 5-10; IC 12-12.7; IC 21-38; IC 27-8; IC 27-13.

**Synopsis:** First steps program. Provides that: (1) a health benefits plan; or (2) an employee health plan; may not require authorization for services specified in a covered individual's individualized family service plan once the individualized family service plan is signed by a physician. Adds habilitative services to the services that are required  
(Continued next page)

**Effective:** July 1, 2020; January 1, 2021.

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## Clere, DeVon, Vermilion, Summers

(SENATE SPONSORS — RUCKELSHAUS, GROOMS, HOUCHIN,  
BREAUX, FORD J.D., STOOPS)

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January 8, 2020, read first time and referred to Committee on Family, Children and Human Affairs.

January 21, 2020, amended, reported — Do Pass.

January 23, 2020, read second time, ordered engrossed. Engrossed.

January 27, 2020, read third time, passed. Yeas 96, nays 0.

SENATE ACTION

February 17, 2020, read first time and referred to Committee on Family and Children Services.

February 24, 2020, amended, reported favorably — Do Pass.

February 27, 2020, read second time, amended, ordered engrossed.

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under the definition of "early intervention services" for purposes of the First Steps program. Provides that a member of the interagency coordinating council (council) shall continue to serve until a successor is appointed. Removes the authority of the governor to designate the chairperson of the council or to call a meeting of the council. Requires the council to annually elect a chairperson and vice chairperson. Provides that, except for members of the general assembly, per diem and travel expenses for council members are governed by the policies and procedures established by the Indiana department of administration and approved by the budget agency. Establishes procedures that the division must follow before making a change to the cost participation schedule under the First Steps program. Establishes a method to determine the rate at which: (1) a provider of the services under the First Steps program; or (2) the division; is reimbursed for providing early intervention services using Current Procedural Terminology (CPT) code rates. Provides that: (1) a health plan information card issued: (A) to an insured by an insurer for a policy of accident and sickness insurance; or (B) to an enrollee by a health maintenance organization (HMO); must indicate the type of health plan that is providing the health benefits and services under the insurance policy or HMO contract; and (2) these requirements apply only to a health plan information card issued: (A) initially to a new insured or new enrollee; or (B) to an insured or enrollee at the time of the insured's or enrollee's policy or contract renewal; after July 1, 2020. Provides that: (1) the electronic database by which an issuer of a policy of accident and sickness insurance, or an administrator of a self insured plan, allows an insured or a provider to verify the coverage or benefits of an insured must indicate: (A) whether health benefits and services under the policy of accident and sickness insurance are provided by the issuer of the policy or by a third party administrator; and (B) whether the policy of accident and sickness insurance is subject to state or federal regulation; and (2) the electronic database by which by which an HMO, or an administrator of benefits and health care services under an HMO contract, allows an enrollee or a provider to verify the coverage or benefits of an enrollee must indicate: (A) whether benefits and health care services under the HMO contract are provided by the HMO or by a third party administrator; and (B) whether the HMO contract is a self funded or fully funded plan. Requires the department of insurance to adopt rules to ensure compliance with certain provisions added by the bill.



Reprinted  
February 28, 2020

Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

## ENGROSSED HOUSE BILL No. 1176

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

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

- 1 SECTION 1. IC 5-10-8-7.3, AS AMENDED BY P.L.229-2011,  
2 SECTION 69, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JANUARY 1, 2021]: Sec. 7.3. (a) As used in this section, "covered  
4 individual" means an individual who is:  
5 (1) covered under a self-insurance program established under  
6 section 7(b) of this chapter to provide group health coverage; or  
7 (2) entitled to services under a contract with a prepaid health care  
8 delivery plan that is entered into or renewed under section 7(c) of  
9 this chapter.  
10 (b) As used in this section, "early intervention services" means  
11 services provided to a first steps child under IC 12-12.7-2 and 20  
12 U.S.C. 1432(4).  
13 (c) As used in this section, "first steps child" means an infant or  
14 toddler from birth through two (2) years of age who is enrolled in the  
15 Indiana first steps program and is a covered individual.  
16 (d) As used in this section, "first steps program" refers to the  
17 program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to

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1 meet the needs of:

- 2 (1) children who are eligible for early intervention services; and  
 3 (2) their families.

4 The term includes the coordination of all available federal, state, local,  
 5 and private resources available to provide early intervention services  
 6 within Indiana.

7 (e) As used in this section, "health benefits plan" means a:

- 8 (1) self-insurance program established under section 7(b) of this  
 9 chapter to provide group health coverage; or  
 10 (2) contract with a prepaid health care delivery plan that is  
 11 entered into or renewed under section 7(c) of this chapter.

12 (f) A health benefits plan that provides coverage for early  
 13 intervention services shall reimburse the first steps program a monthly  
 14 fee established by the division of disability and rehabilitative services  
 15 established by IC 12-9-1-1. **Except when the monthly fee is less than**  
 16 **the product determined under IC 12-12.7-2-23(b),** the monthly fee  
 17 shall be provided instead of claims processing of individual claims.

18 (g) The reimbursement required under subsection (f) may not be  
 19 applied to any annual or aggregate lifetime limit on the first steps  
 20 child's coverage under the health benefits plan.

21 (h) The first steps program may pay required deductibles,  
 22 copayments, or other out-of-pocket expenses for a first steps child  
 23 directly to a provider. A health benefits plan shall apply any payments  
 24 made by the first steps program to the health benefits plan's  
 25 deductibles, copayments, or other out-of-pocket expenses according to  
 26 the terms and conditions of the health benefits plan.

27 **(i) A health benefits plan may not require authorization for**  
 28 **services specified in the covered individual's individualized family**  
 29 **service plan, if those services are a covered benefit under the plan**  
 30 **once the individualized family service plan is signed by a physician.**

31 **(j) The department of insurance shall adopt rules under**  
 32 **IC 4-22-2 to ensure compliance with this section.**

33 SECTION 2. IC 12-12.7-2-3, AS AMENDED BY SEA 238-2020,  
 34 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 35 JULY 1, 2020]: Sec. 3. (a) As used in this chapter, "early intervention  
 36 services" means developmental services that meet the following  
 37 conditions:

- 38 (1) Are provided under public supervision.  
 39 (2) Are selected in collaboration with the parents.  
 40 (3) Are provided at no cost, except when federal or state law  
 41 provides for a system of payments by the families, including a  
 42 sliding fee schedule.



- 1 (4) Are designed to meet the:  
 2 (A) developmental needs of infants and toddlers with  
 3 disabilities in at least one (1) of the areas specified in section  
 4 4(a)(1) of this chapter; and  
 5 (B) needs of the family to assist appropriately the development  
 6 of the infant or toddler as identified by the individualized  
 7 family service plan adopted in accordance with 20 U.S.C.  
 8 1436.  
 9 (5) Meet all required state and federal standards.  
 10 (6) Are provided by qualified personnel, including the following:  
 11 (A) Early childhood special educators, early childhood  
 12 educators, and special educators, including teachers of  
 13 children with:  
 14 (i) hearing impairments, including deafness; and  
 15 (ii) vision impairments, including blindness.  
 16 (B) Speech and language pathologists and audiologists.  
 17 (C) Occupational therapists.  
 18 (D) Physical therapists.  
 19 (E) Psychologists.  
 20 (F) Social workers.  
 21 (G) Nurses.  
 22 (H) Nutritionists.  
 23 (I) Family therapists.  
 24 (J) Orientation and mobility specialists.  
 25 (K) Pediatricians and other physicians for diagnostic and  
 26 evaluation purposes.  
 27 (L) Registered dietitians.  
 28 (M) Vision specialists, including ophthalmologists and  
 29 optometrists.  
 30 (7) To the maximum extent appropriate, are provided in natural  
 31 environments, including the home and community settings in  
 32 which children without disabilities participate.  
 33 (8) Are provided in conformity with an individualized family  
 34 service plan adopted in accordance with 20 U.S.C. 1436.  
 35 (b) The term includes the following services:  
 36 (1) Family training, counseling, and home visits.  
 37 (2) Special instruction.  
 38 (3) Speech and language pathology, audiology, and sign language  
 39 and cued language services.  
 40 (4) Occupational therapy.  
 41 (5) Physical therapy.  
 42 (6) Psychological services.



- 1 (7) Service coordination services.  
 2 (8) Medical services only for diagnostic, evaluation, or  
 3 consultation purposes.  
 4 (9) Early identification, screening, and assessment services.  
 5 (10) Other health services necessary for an infant or a toddler to  
 6 benefit from the services.  
 7 (11) Vision services.  
 8 (12) Supportive technology services.  
 9 (13) Transportation and related costs that are necessary to enable  
 10 an infant or a toddler and the infant's or toddler's family to receive  
 11 early intervention services.  
 12 **(14) Habilitative services that are necessary to enable an**  
 13 **infant or toddler to keep, learn, improve, or recover skills and**  
 14 **functioning for daily living, including skills and functioning**  
 15 **affected by a developmental delay.**  
 16 ~~(14)~~ **(15)** Assistive technology devices and services.  
 17 ~~(15)~~ **(16)** Nursing services.  
 18 ~~(16)~~ **(17)** Nutrition services.  
 19 ~~(17)~~ **(18)** Social work services.  
 20 (c) This section does not provide an exhaustive list of the services  
 21 that may constitute early intervention services or the qualified  
 22 personnel that may provide early intervention services. Nothing in this  
 23 section prohibits an individualized family service plan from including  
 24 another type of:  
 25 (1) service as an early intervention service if the service meets the  
 26 criteria set forth in subsection (a); or  
 27 (2) personnel that may provide early intervention services as long  
 28 as the personnel meet the requirements of 34 CFR 303.31.  
 29 SECTION 3. IC 12-12.7-2-9, AS ADDED BY P.L.93-2006,  
 30 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 31 JULY 1, 2020]: Sec. 9. (a) The governor shall make the initial  
 32 appointments under section 8 of this chapter with staggered terms and  
 33 subsequent appointments for terms of three (3) years. **However, a**  
 34 **member shall continue to serve until a successor is appointed.**  
 35 (b) A council member may be reappointed for succeeding terms.  
 36 SECTION 4. IC 12-12.7-2-10, AS ADDED BY P.L.93-2006,  
 37 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 38 JULY 1, 2020]: Sec. 10. (a) The **governor council** shall  
 39 ~~(1) designate a member of the council to serve as the chairperson~~  
 40 ~~of the council; or~~  
 41 ~~(2) require the council to designate annually elect~~ a chairperson  
 42 **and vice chairperson** from within its membership.



1 (b) A member of the council who is a representative of the division  
2 may not serve as chairperson **or vice chairperson** of the council.

3 (c) A chairperson **and vice chairperson** may be ~~reappointed~~  
4 **reelected** for succeeding terms.

5 SECTION 5. IC 12-12.7-2-11, AS ADDED BY P.L.93-2006,  
6 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
7 JULY 1, 2020]: Sec. 11. Any of the following may call a meeting of the  
8 council:

9 ~~(1) The governor.~~

10 ~~(2) (1) The chairperson of the council.~~

11 **(2) The vice chairperson, if the chairperson is not available.**

12 SECTION 6. IC 12-12.7-2-14, AS ADDED BY P.L.93-2006,  
13 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
14 JULY 1, 2020]: Sec. 14. The council ~~may~~ **shall** prepare and approve a  
15 budget using funds under this chapter to do the following:

16 (1) Conduct hearings and forums.

17 ~~(2) Reimburse members of the council for reasonable and~~  
18 ~~necessary expenses for attending council meetings and~~  
19 ~~performing council duties; including child care for the members~~  
20 ~~who are representatives of parents.~~

21 ~~(3) (2) Pay compensation per diem and travel and other~~  
22 ~~expenses as provided in section 14.5 of this chapter to a~~  
23 ~~member members of the council. if the member is not employed~~  
24 ~~or is required to forfeit wages from other employment when~~  
25 ~~absent from the other employment due to the performance of~~  
26 ~~council business.~~

27 ~~(4) (3) Hire the staff and obtain services that are necessary to~~  
28 ~~carry out the council's functions.~~

29 SECTION 7. IC 12-12.7-2-14.5 IS ADDED TO THE INDIANA  
30 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
31 [EFFECTIVE JULY 1, 2020]: **Sec. 14.5. (a) Any member of the**  
32 **council who is not a state employee is entitled to the minimum**  
33 **salary per diem provided by IC 4-10-11-2.1(b). The member is also**  
34 **entitled to reimbursement for traveling expenses under IC 4-13-1-4**  
35 **and other expenses actually incurred in connection with the**  
36 **member's duties as provided in the state policies and procedures**  
37 **established by the Indiana department of administration and**  
38 **approved by the budget agency.**

39 **(b) Any member of the council who is a state employee but who**  
40 **is not a member of the general assembly is entitled to**  
41 **reimbursement for traveling expenses under IC 4-13-1-4 and other**  
42 **expenses actually incurred in connection with the member's duties**



1 as provided in the state policies and procedures established by the  
 2 Indiana department of administration and approved by the budget  
 3 agency.

4 (c) Any member of the council who is a member of the general  
 5 assembly is entitled to receive the same per diem, mileage, and  
 6 travel allowances paid to members of the general assembly serving  
 7 on interim study committees established by the legislative council.

8 SECTION 8. IC 12-12.7-2-17, AS AMENDED BY P.L.108-2019,  
 9 SECTION 192, IS AMENDED TO READ AS FOLLOWS  
 10 [EFFECTIVE JULY 1, 2020]: Sec. 17. (a) As used in this section, "per  
 11 unit of treatment" means an increment of fifteen (15) minutes for  
 12 services provided to an individual.

13 (b) A family shall participate in the cost of programs and services  
 14 provided under this chapter to the extent allowed by federal law  
 15 according to a cost participation schedule established by the division.  
 16 The cost participation schedule must be based on the federal income  
 17 poverty level and set forth a copayment per unit of treatment and a  
 18 maximum monthly cost share amount.

19 (c) A cost participation plan used by the division for families to  
 20 participate in the cost of the programs and services provided under this  
 21 chapter:

22 (1) must:

23 (A) be based on income and ability to pay;

24 (B) provide for a review of a family's cost participation  
 25 amount:

26 (i) annually; and

27 (ii) within thirty (30) days after the family reports a  
 28 reduction in income; and

29 (C) allow the division to waive a required copayment if other  
 30 medical expenses or personal care needs expenses for any  
 31 member of the family reduce the level of income the family  
 32 has available to pay copayments under this section;

33 (2) may allow a family to voluntarily contribute payments that  
 34 exceed the family's required cost participation amount;

35 (3) must require the family to allow the division access to all  
 36 health care coverage information that the family has concerning  
 37 the infant or toddler who is to receive services;

38 (4) must require families to consent to the division billing third  
 39 party payors for early intervention services provided;

40 (5) may allow the division to waive the billing to third party  
 41 payors if the family is able to demonstrate financial or personal  
 42 hardship on the part of the family member; and





- 1 (6) must require the division to waive the family's monthly  
 2 copayments in any month for those services for which it receives  
 3 payment from the family's health insurance coverage.
- 4 (d) Funds received through a cost participation plan under this  
 5 section must be used to fund programs described in section 18 of this  
 6 chapter.
- 7 **(e) Before the division may make a change to the cost**  
 8 **participation schedule, the division must do the following:**
- 9 **(1) Release the proposed changes to the cost participation**  
 10 **schedule for public comment no later than September 1 in the**  
 11 **year before the change will be effective.**
- 12 **(2) Allow a sixty (60) day public comment period on the**  
 13 **proposed changes to the cost participation schedule.**
- 14 **(3) Implement any change to the cost participation schedule**  
 15 **no earlier than July 1 of the year following the release of the**  
 16 **proposed change under subdivision (1).**
- 17 SECTION 9. IC 12-12.7-2-23 IS ADDED TO THE INDIANA  
 18 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 19 [EFFECTIVE JULY 1, 2020]: Sec. 23. (a) As used in this section,  
 20 "covered plan" means a plan providing coverage for early  
 21 intervention services under IC 5-10-8-7.3, IC 21-38-6-1, or  
 22 IC 27-8-27-6.
- 23 (b) The division may not be paid by a covered plan for early  
 24 intervention services provided under this chapter at a rate that is  
 25 less than the product of the following:
- 26 (1) The covered plan's CPT code (as defined by 27-1-37.5-3)  
 27 rate for each service provided; multiplied by
- 28 (2) The frequency of each service.
- 29 SECTION 10. IC 21-38-6-1, AS AMENDED BY P.L.229-2011,  
 30 SECTION 242, IS AMENDED TO READ AS FOLLOWS  
 31 [EFFECTIVE JANUARY 1, 2021]: Sec. 1. (a) An employee health  
 32 plan that provides coverage for early intervention services shall  
 33 reimburse the first steps program a monthly fee established by the  
 34 division of disability and rehabilitative services. **Except when the**  
 35 **monthly fee is less than the product determined under**  
 36 **IC 12-12.7-2-23(b)**, the monthly fee shall be provided instead of  
 37 claims processing of individual claims.
- 38 (b) An employee health plan may not require authorization for  
 39 services specified in the covered individual's individualized family  
 40 service plan, if those services are a covered benefit under the plan  
 41 once the individualized family service plan is signed by a physician.



1 (c) The department of insurance shall adopt rules under  
2 IC 4-22-2 to ensure compliance with this section.

3 SECTION 11. IC 27-8-5.8-5 IS ADDED TO THE INDIANA CODE  
4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
5 1, 2020]: Sec. 5. (a) As used in this section, "health plan  
6 information card" means a card that:

7 (1) an insurer of an accident and sickness insurance policy; or  
8 (2) a third party administrator of a self-insured plan;  
9 provides to an individual so that the individual may present the  
10 card to establish the eligibility of the individual or the individual's  
11 dependents to receive health benefits or services.

12 (b) Subject to subsection (c), a health plan information card  
13 must indicate that the health benefits and services are provided by:

14 (1) an insurer of an accident and sickness insurance policy; or  
15 (2) a third party administrator of a self-insured plan.

16 (c) Subsection (b) applies only to a health plan information card  
17 issued:

18 (1) initially to a new insured; or  
19 (2) to an insured at the time of the insured's policy renewal;  
20 after June 30, 2020.

21 (d) The department of insurance shall adopt rules under  
22 IC 4-22-2 to ensure compliance with this section.

23 SECTION 12. IC 27-8-5.8-6 IS ADDED TO THE INDIANA CODE  
24 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
25 1, 2020]: Sec. 6. (a) As used in this section, "insurer" means:

26 (1) an issuer of an accident and sickness insurance policy; or  
27 (2) a third party administrator of health benefits and services  
28 under an accident and sickness insurance policy.

29 (b) The electronic data base by which an insurer allows an  
30 insured or a provider to verify an insured's coverage or benefits  
31 under an accident and sickness insurance policy issued or  
32 administered by the insurer must include the following information  
33 for each insured:

34 (1) Whether health benefits and services under the accident  
35 and sickness insurance policy are provided by:

36 (A) the issuer of the accident and sickness insurance policy;  
37 or

38 (B) a third party administrator.

39 (2) Whether the accident and sickness insurance policy is  
40 subject to state or federal regulation.

41 (c) The department of insurance shall adopt rules under  
42 IC 4-22-2 to ensure compliance with this section.



1 SECTION 13. IC 27-8-27-6, AS AMENDED BY P.L.229-2011,  
 2 SECTION 254, IS AMENDED TO READ AS FOLLOWS  
 3 [EFFECTIVE JANUARY 1, 2021]: Sec. 6. **(a)** A health insurance plan  
 4 that provides coverage for early intervention services shall reimburse  
 5 the first steps program a monthly fee established by the division of  
 6 disability and rehabilitative services. **Except when the monthly fee is**  
 7 **less than the product determined under IC 12-12.7-2-23(b)**, the  
 8 monthly fee shall be provided instead of claims processing of  
 9 individual claims.

10 **(b) A health insurance plan may not require authorization for**  
 11 **services specified in the covered individual's individualized family**  
 12 **service plan, if those services are a covered benefit under the plan**  
 13 **once the individualized family service plan is signed by a physician.**

14 **(c) The department of insurance shall adopt rules under**  
 15 **IC 4-22-2 to ensure compliance with this section.**

16 SECTION 14. IC 27-13-9-6 IS ADDED TO THE INDIANA CODE  
 17 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 18 1, 2020]: Sec. 6. **(a) As used in this section, "health plan**  
 19 **information card" means a card that:**

20 **(1) a health maintenance organization; or**

21 **(2) a third party administrator of a self-insured plan;**

22 **provides to an individual so that the individual may present the**  
 23 **card to establish the eligibility of the individual or the individual's**  
 24 **dependents to receive benefits or health care services.**

25 **(b) A health plan information card must indicate that the**  
 26 **benefits and health care services are provided by:**

27 **(1) a health maintenance organization; or**

28 **(2) a third party administrator.**

29 **(c) Subsection (b) applies only to a health plan information card**  
 30 **issued:**

31 **(1) initially to an individual as a new enrollee; or**

32 **(2) to an individual at the time of the individual's renewal of**  
 33 **enrollment;**

34 **in a health maintenance organization after June 30, 2020.**

35 **(d) The department of insurance shall adopt rules under**  
 36 **IC 4-22-2 to ensure compliance with this section.**

37 SECTION 15. IC 27-13-9-7 IS ADDED TO THE INDIANA CODE  
 38 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 39 1, 2020]: Sec. 7. **(a) The electronic data base by which a health**  
 40 **maintenance organization or by which a third party administrator**  
 41 **of benefits and health care services offered under a health**  
 42 **maintenance organization contract allows an enrollee or a provider**



1 to verify an enrollee's coverage or benefits under a health  
2 maintenance organization contract must include the following  
3 information for each enrollee:  
4 (1) Whether benefits and health care services under the health  
5 maintenance organization contract are provided by:  
6 (A) the health maintenance organization; or  
7 (B) a third party administrator.  
8 (2) Whether the health maintenance organization contract is  
9 a self-funded or fully-funded plan.  
10 (b) The department shall adopt rules under IC 4-22-2 to ensure  
11 compliance with this section.



## COMMITTEE REPORT

Mr. Speaker: Your Committee on Family, Children and Human Affairs, to which was referred House Bill 1176, 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:

Page 2, line 12, delete "A" and insert "**Subject to IC 12-12.7-2-23, a**".

Page 2, line 13, strike "shall" and insert "**may**".

Page 2, line 15, strike "shall" and insert "**may**".

Page 2, line 26, delete "prior".

Page 2, line 28, delete "adopted in accordance with 20 U.S.C. 1436." and insert "**once the individualized family service plan is signed by a physician.**".

Page 2, between lines 28 and 29, begin a new paragraph and insert:

**"(j) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with subsection (i)."**

Page 4, line 13, delete "redesignated" and insert "**reelected**".

Page 6, line 29, delete "A service provider who" and insert "**The division, or a provider of services under this chapter, may not be paid for early intervention services provided under this chapter**".

Page 6, line 30, delete "provides early intervention services in Indiana may not be paid".

Page 6, line 37, delete "An" and insert "**Subject to IC 12-12.7-2-23, an**".

Page 6, line 38, strike "shall" and insert "**may**".

Page 6, line 40, strike "shall" and insert "**may**".

Page 7, line 1, delete "prior".

Page 7, line 3, delete "adopted in accordance with 20" and insert "**once the individualized family service plan is signed by a physician.**".

Page 7, delete line 4, begin a new paragraph and insert:

**"(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with subsection (b)."**

Page 7, line 9, after "policy;" insert "**or**".

Page 7, line 10, delete "or".

Page 7, delete line 11.

Page 7, line 15, delete "A" and insert "**Subject to subsection (c), a**".

Page 7, line 17, after "policy;" insert "**or**".

Page 7, line 18, delete "plan; or" and insert "**plan.**".

Page 7, delete lines 19 through 22, begin a new paragraph and insert:



**"(c) Subsection (b) applies only to a health plan information card issued:**

- (1) initially to a new insured; or**
- (2) to an insured at the time of the insured's policy renewal; after June 30, 2020.**

**(d) The department shall adopt rules under IC 4-22-2 to ensure compliance with this section.**

SECTION 1. IC 27-8-5.8-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 6. (a) As used in this section, "insurer" means:**

- (1) an issuer of an accident and sickness insurance policy; or**
- (2) a third party administrator of health benefits and services under an accident and sickness insurance policy.**

**(b) The electronic data base by which an insurer allows an insured or a provider to verify an insured's coverage or benefits under an accident and sickness insurance policy issued or administered by the insurer must include the following information for each insured:**

- (1) Whether health benefits and services under the accident and sickness insurance policy are provided by:
  - (A) the issuer of the accident and sickness insurance policy;**
  - or**
  - (B) a third party administrator.****
- (2) Whether the accident and sickness insurance policy is subject to state or federal regulation.**

**(c) The department shall adopt rules under IC 4-22-2 to ensure compliance with this section."**

Page 7, line 25, delete "A" and insert "**Subject to IC 12-12.7-2-23, a**".

Page 7, line 26, strike "shall" and insert "**may**".

Page 7, line 28, strike "shall" and insert "**may**".

Page 7, line 30, delete "prior".

Page 7, line 32, delete "adopted in accordance with 20 U.S.C. 1436." and insert "**once the individualized family service plan is signed by a physician.**".

Page 7, after line 32, begin a new paragraph and insert:

**"(c) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.**

SECTION 2. IC 27-13-9-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 6. (a) As used in this section, "health plan information card" means a card that:**



(1) a health maintenance organization; or  
(2) a third party administrator of a self-insured plan;  
provides to an individual so that the individual may present the card to establish the eligibility of the individual or the individual's dependents to receive benefits or health care services.

(b) A health plan information card must indicate that the benefits and health care services are provided by:

- (1) a health maintenance organization; or
- (2) a third party administrator.

(c) Subsection (b) applies only to a health plan information card issued:

- (1) initially to an individual as a new enrollee; or
- (2) to an individual at the time of the individual's renewal of enrollment;

in a health maintenance organization after June 30, 2020.

(d) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 3. IC 27-13-9-7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7. (a) The electronic data base by which a health maintenance organization or by which a third party administrator of benefits and health care services offered under a health maintenance organization contract allows an enrollee or a provider to verify an enrollee's coverage or benefits under a health maintenance organization contract must include the following information for each enrollee:

(1) Whether benefits and health care services under the health maintenance organization contract are provided by:

- (A) the health maintenance organization; or
- (B) a third party administrator.

(2) Whether the health maintenance organization contract is subject to state or federal regulation.

(b) The department shall adopt rules under IC 4-22-2 to ensure compliance with this section."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1176 as introduced.)

DEVON

Committee Vote: yeas 11, nays 0.

EH 1176—LS 7123/DI 77



## COMMITTEE REPORT

Madam President: The Senate Committee on Family and Children Services, to which was referred House Bill No. 1176, 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:

Page 2, line 12, delete "Subject to IC 12-12.7-2-23, a" and insert "A".

Page 6, delete lines 31 through 39.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1176 as printed January 21, 2020.)

GROOMS, Chairperson

Committee Vote: Yeas 6, Nays 3.

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 SENATE MOTION

Madam President: I move that Engrossed House Bill 1176 be amended to read as follows:

Replace the effective date in SECTION 1 with "[EFFECTIVE JANUARY 1, 2021]".

Replace the effective date in SECTION 9 with "[EFFECTIVE JANUARY 1, 2021]".

Replace the effective date in SECTION 12 with "[EFFECTIVE JANUARY 1, 2021]".

Page 2, line 13, reset in roman "shall".

Page 2, line 13, delete "may".

Page 2, line 15, after "IC 12-9-1-1." insert "**Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b),**".

Page 2, line 15, delete "The" and insert "the".

Page 2, line 15, reset in roman "shall".

Page 2, line 15, delete "may".

Page 2, line 27, after "family" insert "**service plan, if those services are a covered benefit under the plan once**".

Page 2, line 28, delete "service plan once".

Page 2, line 31, delete "subsection (i)." and insert "**this section.**".

EH 1176—LS 7123/DI 77





Page 6, between lines 28 and 29, begin a new paragraph and insert:  
 "SECTION 9. IC 12-12.7-2-23 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 23. (a) As used in this section, "covered plan" means a plan providing coverage for early intervention services under IC 5-10-8-7.3, IC 21-38-6-1, or IC 27-8-27-6.**

**(b) The division may not be paid by a covered plan for early intervention services provided under this chapter at a rate that is less than the product of the following:**

**(1) The covered plan's CPT code (as defined by 27-1-37.5-3) rate for each service provided; multiplied by**

**(2) The frequency of each service."**

Page 6, line 31, delete "Subject to IC 12-12.7-2-23,".

Page 6, line 32, delete "an" and insert "An".

Page 6, line 33, reset in roman "shall".

Page 6, line 33, delete "may".

Page 6, line 34, after "services." insert "**Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b),**".

Page 6, line 34, delete "The" and insert "**the**".

Page 6, line 35, reset in roman "shall".

Page 6, line 36, delete "may".

Page 6, line 38, after "family" insert "**service plan, if those services are a covered benefit under the plan once**".

Page 6, line 39, delete "service plan once".

Page 6, line 42, delete "subsection (b)." and insert "**this section.**".

Page 7, line 19, after "department" insert "**of insurance**".

Page 7, line 39, after "department" insert "**of insurance**".

Page 8, line 1, after "(a)" delete "Subject to IC 12-12.7-2-23".

Page 8, line 2, delete "a" and insert "**A**".

Page 8, line 3, reset in roman "shall".

Page 8, line 3, delete "may".

Page 8, line 4, after "services." insert "**Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b),**".

Page 8, line 4, delete "The" and insert "the".

Page 8, line 5, reset in roman "shall".

Page 8, line 5, delete "may".

Page 8, line 8, after "family" insert "**service plan, if those services are a covered benefit under the plan once**".

Page 8, line 9, delete "service plan once".

Page 9, line 6, delete "subject to state or federal regulation." and insert "**a self-funded or fully-funded plan.**".



Renumber all SECTIONS consecutively.

(Reference is to EHB as printed February 25, 2020.)

RUCKELSHAUS

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SENATE MOTION

Madam President: I move that Engrossed House Bill 1176 be amended to read as follows:

Page 2, delete lines 32 through 42, begin a new paragraph and insert:

"SECTION 2. IC 12-12.7-2-3, AS AMENDED BY SEA 238-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) As used in this chapter, "early intervention services" means developmental services that meet the following conditions:

- (1) Are provided under public supervision.
- (2) Are selected in collaboration with the parents.
- (3) Are provided at no cost, except when federal or state law provides for a system of payments by the families, including a sliding fee schedule.
- (4) Are designed to meet the:
  - (A) developmental needs of infants and toddlers with disabilities in at least one (1) of the areas specified in section 4(a)(1) of this chapter; and
  - (B) needs of the family to assist appropriately the development of the infant or toddler as identified by the individualized family service plan adopted in accordance with 20 U.S.C. 1436.
- (5) Meet all required state and federal standards.
- (6) Are provided by qualified personnel, including the following:
  - (A) Early childhood special educators, early childhood educators, and special educators, including teachers of children with:
    - (i) hearing impairments, including deafness; and
    - (ii) vision impairments, including blindness.
  - (B) Speech and language pathologists and audiologists.
  - (C) Occupational therapists.
  - (D) Physical therapists.
  - (E) Psychologists.



- (F) Social workers.
  - (G) Nurses.
  - (H) Nutritionists.
  - (I) Family therapists.
  - (J) Orientation and mobility specialists.
  - (K) Pediatricians and other physicians for diagnostic and evaluation purposes.
  - (L) Registered dieticians.
  - (M) Vision specialists, including ophthalmologists and optometrists.
- (7) To the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate.
- (8) Are provided in conformity with an individualized family service plan adopted in accordance with 20 U.S.C. 1436.
- (b) The term includes the following services:
- (1) Family training, counseling, and home visits.
  - (2) Special instruction.
  - (3) Speech and language pathology, audiology, and sign language and cued language services.
  - (4) Occupational therapy.
  - (5) Physical therapy.
  - (6) Psychological services.
  - (7) Service coordination services.
  - (8) Medical services only for diagnostic, evaluation, or consultation purposes.
  - (9) Early identification, screening, and assessment services.
  - (10) Other health services necessary for an infant or a toddler to benefit from the services.
  - (11) Vision services.
  - (12) Supportive technology services.
  - (13) Transportation and related costs that are necessary to enable an infant or a toddler and the infant's or toddler's family to receive early intervention services.
  - (14) Habilitative services that are necessary to enable an infant or toddler to keep, learn, improve, or recover skills and functioning for daily living, including skills and functioning affected by a developmental delay.**
  - ~~(14)~~ **(15)** Assistive technology devices and services.
  - ~~(15)~~ **(16)** Nursing services.
  - ~~(16)~~ **(17)** Nutrition services.
  - ~~(17)~~ **(18)** Social work services.



(c) This section does not provide an exhaustive list of the services that may constitute early intervention services or the qualified personnel that may provide early intervention services. Nothing in this section prohibits an individualized family service plan from including another type of:

(1) service as an early intervention service if the service meets the criteria set forth in subsection (a); or

(2) personnel that may provide early intervention services as long as the personnel meet the requirements of 34 CFR 303.31."

Page 3, delete lines 1 through 40.

Renumber all SECTIONS consecutively.

(Reference is to EHB 1176 as printed February 25, 2020.)

RUCKELSHAUS

