



March 16, 2007

**ENGROSSED
HOUSE BILL No. 1242**

DIGEST OF HB 1242 (Updated March 14, 2007 11:18 am - DI 104)

Citations Affected: IC 12-15.

Synopsis: Medicaid disease management and kidney disease. Requires the Medicaid disease management program for Medicaid recipients with diabetes or hypertension to include education on kidney disease and the benefits of being evaluated for kidney disease.

Effective: July 1, 2007.

**Mays, Brown C, Smith V, Harris T,
Neese, Crouch**
(SENATE SPONSOR — MILLER)

January 11, 2007, read first time and referred to Committee on Public Health.
February 1, 2007, reported — Do Pass.
February 7, 2007, read second time, ordered engrossed. Engrossed.
February 8, 2007, read third time, passed. Yeas 76, nays 0.

SENATE ACTION

February 19, 2007, read first time and referred to Committee on Health and Provider Services.
March 15, 2007, reported favorably — Do Pass.

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March 16, 2007

First Regular Session 115th General Assembly (2007)

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 2006 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1242

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

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

- 1 SECTION 1. IC 12-15-12-19, AS AMENDED BY P.L.48-2005,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2007]: Sec. 19. (a) This section applies to an individual who
4 is a Medicaid recipient.
5 (b) Subject to subsection (c), the office shall develop the following
6 programs regarding individuals described in subsection (a):
7 (1) A disease management program for recipients with any of the
8 following chronic diseases:
9 (A) Asthma.
10 (B) Diabetes.
11 (C) Congestive heart failure or coronary heart disease.
12 (D) Hypertension.
13 (E) Kidney disease.
14 (2) A case management program for recipients described in
15 subsection (a) who are at high risk of chronic disease, that is
16 based on a combination of cost measures, clinical measures, and
17 health outcomes identified and developed by the office with input

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1 and guidance from the state department of health and other
 2 experts in health care case management or disease management
 3 programs.
 4 (c) The office shall implement:
 5 (1) a pilot program for at least two (2) of the diseases listed in
 6 subsection (b) not later than July 1, 2003; and
 7 (2) a statewide chronic disease program as soon as practicable
 8 after the office has done the following:
 9 (A) Evaluated a pilot program described in subdivision (1).
 10 (B) Made any necessary changes in the program based on the
 11 evaluation performed under clause (A).
 12 (d) The office shall develop and implement a program required
 13 under this section in cooperation with the state department of health
 14 and shall use the following persons to the extent possible:
 15 (1) Community health centers.
 16 (2) Federally qualified health centers (as defined in 42 U.S.C.
 17 1396d(l)(2)(B)).
 18 (3) Rural health clinics (as defined in 42 U.S.C. 1396d(l)(1)).
 19 (4) Local health departments.
 20 (5) Hospitals.
 21 (6) Public and private third party payers.
 22 (e) The office may contract with an outside vendor or vendors to
 23 assist in the development and implementation of the programs required
 24 under this section.
 25 (f) The office and the state department of health shall provide the
 26 select joint commission on Medicaid oversight established by
 27 IC 2-5-26-3 with an evaluation and recommendations on the costs,
 28 benefits, and health outcomes of the pilot programs required under this
 29 section. The evaluations required under this subsection must be
 30 provided not more than twelve (12) months after the implementation
 31 date of the pilot programs.
 32 (g) The office and the state department of health shall report to the
 33 select joint commission on Medicaid oversight established by
 34 IC 2-5-26-3 not later than November 1 of each year regarding the
 35 programs developed under this section.
 36 **(h) The disease management program services for a recipient**
 37 **diagnosed with diabetes or hypertension must include education**
 38 **for the recipient on kidney disease and the benefits of having**
 39 **evaluations and treatment for chronic kidney disease according to**
 40 **accepted practice guidelines.**

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1242, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

BROWN C, Chair

Committee Vote: yeas 11, nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1242, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to House Bill 1242 as printed February 2, 2007.)

MILLER, Chairperson

Committee Vote: Yeas 6, Nays 0.

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