

PREVAILED	Roll Call No. _____
FAILED	Ayes _____
WITHDRAWN	Noes _____
RULED OUT OF ORDER	

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 88 be amended to read as follows:

1 Page 16, between lines 13 and 14, begin a new paragraph and insert:
 2 "SECTION 16. IC 12-12.7-2-17, AS ADDED BY P.L.93-2006,
 3 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 4 JULY 1, 2011]: Sec. 17. **(a) As used in this section, "per unit of
 5 treatment" means an increment of fifteen (15) minutes for services
 6 provided to an individual.**
 7 ~~(a)~~ **(b)** A family shall participate in the cost of programs and
 8 services provided under this chapter to the extent allowed by federal
 9 law according to the following cost participation schedule:

10	Percentage of	Copayment	Maximum
11	Federal Income	Per Unit of	Monthly
12	Poverty Level	Treatment	Cost Share
13	At		
14	Least	But Not	
15	0%	250%	\$ 0
16	251%	350%	\$ 0 0.75
17	351%	450%	\$ 24 48
18	451%	550%	\$ 48 3.75
19	551%	650%	\$ 120 200
20	651%	750%	\$ 200 400
21	751%	850%	\$ 400 600
22	851%	1000%	\$ 600 800
23	1001%		\$ 800 960

1 ~~(b)~~ **(c)** A cost participation plan used by the division for families to
 2 participate in the cost of the programs and services provided under this
 3 chapter:

4 (1) must:

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

6 (B) provide for a review of a family's cost participation
 7 amount:

8 (i) annually; and

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

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

15 (2) may allow:

16 **(A) the division to require a copayment for only one (1)**
 17 **child per family during a billing period; and**

18 **(B) a family to voluntarily contribute payments that exceed the**
 19 **family's required cost participation amount;**

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

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

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

28 (6) must require the division to waive the family's monthly
 29 copayments in any month for those services for which it receives
 30 payment from the family's health insurance coverage.

31 ~~(c)~~ **(d)** Funds received through a cost participation plan under this
 32 section must be used to fund programs described in section 18 of this
 33 chapter."

34 Page 29, between lines 9 and 10, begin a new paragraph and insert:

35 "SECTION 14. IC 21-38-6-1, AS ADDED BY P.L.2-2007,
 36 SECTION 279, IS AMENDED TO READ AS FOLLOWS
 37 [EFFECTIVE JULY 1, 2011]: Sec. 1. An employee health plan that
 38 provides coverage for early intervention services shall reimburse the
 39 first steps program for payments made by the program for early
 40 intervention services that are covered under the employee health plan:
 41 **a monthly fee established by the division of disability and**
 42 **rehabilitative services. The monthly fee shall be provided instead**
 43 **of claims processing of individual claims.**

44 SECTION 15. IC 21-38-6-3, AS ADDED BY P.L.2-2007,
 45 SECTION 279, IS AMENDED TO READ AS FOLLOWS
 46 [EFFECTIVE JULY 1, 2011]: Sec. 3. ~~The first steps program may pay~~

1 required deductibles, copayments, or other out-of-pocket expenses for
 2 a first steps child directly to a provider. An employee health plan shall
 3 apply any payments made by the first steps program to the employee
 4 health plan's deductibles, copayments, or other out-of-pocket expenses
 5 according to the terms and conditions of the employee health plan. **The**
 6 **reimbursement required under section 1 of this chapter may not be**
 7 **reduced or denied as a result of:**

- 8 (1) a required deductible;
- 9 (2) copayments;
- 10 (3) coinsurance; or
- 11 (4) other out-of-pocket expenses.

12 SECTION 16. IC 27-8-27-6 IS AMENDED TO READ AS
 13 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 6. A health insurance
 14 plan that provides coverage for early intervention services shall
 15 reimburse the first steps program for payments made by the program
 16 for early intervention services that are covered under the health
 17 insurance plan: **a monthly fee established by the division of**
 18 **disability and rehabilitative services. The monthly fee shall be**
 19 **provided instead of claims processing of individual claims.**

20 SECTION 17. IC 27-8-27-9 IS AMENDED TO READ AS
 21 FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 9. ~~The first steps~~
 22 ~~program may pay required deductibles, copayments, or other~~
 23 ~~out-of-pocket expenses for a first steps child directly to a provider. An~~
 24 ~~insurer (as defined in IC 27-8-14.5-3) shall apply any payments made~~
 25 ~~by the first steps program to the health insurance plan's deductibles,~~
 26 ~~copayments, or other out-of-pocket expenses according to the terms~~
 27 ~~and conditions of the health insurance plan. **Reimbursement required**~~
 28 **under section 6 of this chapter may not be reduced or denied as a**
 29 **result of:**

- 30 (1) a required deductible;
- 31 (2) copayments;
- 32 (3) coinsurance; or
- 33 (4) other out-of-pocket expenses."

34 Renumber all SECTIONS consecutively.

(Reference is to ESB 88 as printed April 8, 2011.)

Representative Brown T