The 2021 legislative session of the Indiana General Assembly recessed (temporarily adjourned) on April 22, 2021. This year the legislature is technically staying in session through November 15, 2021, under the terms of HEA 1372 because the census information was not going to be ready in time for the legislature to accomplish its required redistricting before the statutory end of session on April 29, 2021, so they decided to extend the ending date for the 2021 session only. Regardless, the Indiana House and Senate had to conclude work on its budget and all legislation filed in 2021 before they left, and the surviving bills had to be presented to the Governor by May 1, 2021. (The legislature will return to redistrict later this year.)

With the passage of SEA 82 Mental Health Diagnosis, Indiana became the 49th state in which LCSWs can independently provide mental health diagnoses. NASW-IN extends its sincere thanks and appreciation to Senator Michael Crider for authoring SEA 82, and for his patience and perseverance in navigating this bill to passage. Sen. Crider has been a continuous advocate for expansion of access to mental health services in the state of Indiana, and SEA 82 is another important step towards that goal. Allowing an LCSW to directly diagnose will increase access to services and streamline the process. This legislation also will apply to clinical levels of Licensed Marriage and Family Therapists, Licensed Mental Health Counselors, and Licensed Clinical Addiction Counselors.

Thanks also to Senators Charbonneau, Doriot, J.D Ford, Becker, Breaux, Yoder, Grooms, and Jon Ford for co-authoring SEA 82 in the Senate, Representatives Cook, Ziemke, and Andrade for sponsoring the bill in the House, and to Reps. Porter, Shackelford and Saunders for assisting in the conference committee to reach resolution. As part of the compromise needed to attain passage of this legislation, if a client has not seen a medical professional in the past 12 months, the licensed clinical professional must offer to assist the client with scheduling of a physical examination.

NASW-IN began this process in the summer of 2019 with lobbyists and representatives from Marriage and Family Therapists, Addiction Counselors, and Mental Health Counselors, and reached agreement on the legislation that would be filed for, and supported by, all 4 professions together. We next met with a large delegation from the Psychologists’ Association and worked out an amendment to also gain their support. Over time, and with support from individual psychiatrists, Indiana State Medical Association withdrew their opposition. NASW-IN also extends its thanks to these stakeholders, and to the LCSWs who have dedicated their time and energies to support of this legislation.

SEA 3 has also now been signed into law, authorizing all licensed social workers to perform telehealth services within the scope of their licenses.

Additionally, NASW joined with the Licensed Marriage and Family Therapists to request removal of language from HEA 1516 that would have placed licensure of behavior analysts under the Behavioral Health and Human Services Board. Instead, behavior analysts will now be licensed by a committee under the Medical Licensing Board.

This year’s $37.4 billion biennial budget, HEA 1001, became very interesting at the end of session. The April 15th revenue forecast created extremely fertile ground for new budget allocations and increases, as Indiana received $3 billion in federal stimulus funds for state and local governments, and another $2 billion was added to amounts that the state revenue forecast allowed Indiana to spend. HEA 1123 created an “economic stimulus fund” into which all new
discretionary federal stimulus money is to be placed, and the Governor may not expend those funds until the General Assembly has either appropriated that spending or had it reviewed by the Budget Committee. However, a lot of stimulus money has already been appropriated in the budget. See the listing below of some budget appropriations.

Also, HEA 1468 enables creation of a 9-8-8-crisis hotline center to respond to calls including suicide prevention, and “mobile crisis teams” to respond to these calls with professional onsite community-based intervention including de-escalation, stabilization, and treatment. It also provides that effective July 2022, student ID cards must contain contact information to help with suicide prevention, dating violence, sexual assault and human trafficking. HEA 1118 creates mobile integrated healthcare programs and mental health safety plans, for which the budget allots $100,000 in state funds and provides that FSSA may apply for a Medicaid waiver for this program under the American Rescue Plan, through which an 85% federal match would be available, in addition to a $15 million planning grant.

Of interest, HEA 1405 was amended at the end of session with a provision that prohibits the state or a local unit of government from issuing or requiring a COVID-19 "immunization passport" (a document concerning an individual's immunization status.)

Below are summarized the bills discussed above, and other legislation of interest. To see details about the content or actions for any of these bills, go to: http://iga.in.gov/legislative/2021/bills/, and click on the bill number.

To help navigate through the following sections, following is a list:
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I. Priority Bills

SEA 82  MENTAL HEALTH DIAGNOSIS (CRIDER M, Charbonneau, Doriot, JD Ford, Becker, Breaux, Yoder, Grooms, J Ford, Cook, Ziemke, Andrade) Defines "mental health diagnosis" and sets forth requirements that must be met in order for certain licensed professionals to provide a mental health diagnosis. Requires certain mental health professionals who are making a mental health diagnosis and who determine that the patient may have a physical condition that requires medical attention or has not been examined by a physician, an advanced practice registered nurse, or a physician assistant in the preceding 12 months to: (1) advise the patient to schedule, and offer to assist the patient with scheduling, a physical examination for the patient; (2) provide the patient with a list of practitioners and certain information concerning the practitioners; and (3) coordinate patient care with the practitioner as appropriate. Requires documentation of the actions of the licensed professional in the patient’s medical record.

SEA3  TELEHEALTH MATTERS (CHARBONNEAU E) Prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement. Prohibits the use of telehealth to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion. Changes the use of the term "telemedicine" to "telehealth". Specifies certain activities that are considered to be health care services for
purposes of the telehealth laws. Expands the application of the telehealth statute to additional licensed practitioners instead of applying only to prescribers. Amends the definition of "prescriber" and "telehealth". Provides that a practitioner who directs an employee to perform a specified health service is held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting. Requires that the telehealth medical records be created and maintained under the same standards of appropriate practice for medical records for patients in an in-person setting. Specifies that a patient waives confidentiality of medical information concerning individuals in the vicinity when the patient is using telehealth. Prohibits an employer from requiring a practitioner to provide a health care service through telehealth if the practitioner believes: (1) that health quality may be negatively impacted; or (2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting. Provides that an applicable contract, employment agreement, or policy to provide telehealth services must explicitly provide that a practitioner may refuse at any time to provide health care services if in the practitioner’s sole discretion the practitioner believes: (1) that health quality may be negatively impacted; or (2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting. Amends requirements for a prescriber issuing a prescription to a patient via telehealth services. Requires that if a veterinarian is required to establish a veterinarian-client-patient relationship to perform a health care service, the veterinarian shall ensure that a veterinarian-client-patient relationship is established. Repeals the law concerning telepsychology. Prohibits certain insurance policies and individual and group contracts from mandating the use of certain technology applications in the provision of telehealth services.

II. Other Licensure Bills

HEA 1392 OCCUPATIONAL LICENSURE OF MILITARY SPOUSES (ZENT D) Amends as follows the law under which a provisional occupational license may be issued to the spouse of an active duty member of the armed forces assigned to Indiana: (1) Provides that the law applies to the spouse of any active military service member, including a member of a reserve component of the United States armed forces or a member of the National Guard. (2) Eliminates a provision under which a military spouse applying for a provisional occupational license is required to submit to a national criminal history background check, and provides instead that a military spouse applying for a provisional occupational license must be determined by the appropriate professional board to not have a disqualifying criminal history if a national criminal history background check is required for the regulated occupation for which the military spouse seeks a provisional license.

HEA 1516 LICENSURE OF BEHAVIOR ANALYSTS (JUDY C) Establishes the behavior analyst committee (committee) with oversight by the medical licensing board of Indiana (board). Requires the committee to recommend proposed rules to the board concerning the practice of behavior analysis and continuing education requirements for behavior analysts and assistant behavior analysts. Requires the board to establish fees upon consideration of recommendations from the committee. Provides for the licensing of behavior analysts and assistant behavior analysts. Requires a licensed behavior analyst or licensed assistant behavior analyst to comply with a professional code published by the Behavior Analyst Certification Board, Inc. Makes it a Class A misdemeanor for an unlicensed individual to profess to be a licensed behavior analyst or licensed assistant behavior analyst, but provides that certain types of individuals may use applied behavior analysis techniques without being licensed.

III. Budget
Includes the following provisions:
- State Earned Income Tax Credit is increased from 9% of federal credit to 10% of federal credit
- Adds $1.9 billion over biennium to K-12 with a required minimum teacher wage of $40,000 unless a waiver is granted (No increase of funding for Pre-K)
- Extends vouchers to attend private schools to those earning up to $150,000 per year
- Appropriation for Food Banks is increased from $300,000 to $1 million/year
- Appropriates $600,000 for Cook Industries’ food desert pilot program
- Provides $40 million each year in additional funding to increase hourly pay to $15 per hour for Direct Service Providers who serve individuals with intellectual and developmental disabilities
- Appropriates $10 million per year to increase Medicaid reimbursement rates for home health care providers
- Appropriates $2 million per year to increase Medicaid waiver rates for assisted living providers

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• Fully funds the Medicaid forecast
• Funding for mental health is restored to previous levels, and a new $100 million grant is available over the biennium to fund mental health initiatives
• Maintains CHOICE home health funding at current levels
• Appropriates $50 million for a health issues and challenges grant program. (See HB 1007 below)
• Allocates $500 million of federal stimulus into Unemployment Insurance Trust Fund
• Appropriates $250 million of federal stimulus dollars for broadband expansion
• Appropriates $60 million for Next Level Trails from federal stimulus dollars
• Directs $25 million of federal stimulus dollars to support conservation land acquisition and preservation
• Provides $160 million of federal stimulus dollars for water infrastructure projects
• Appropriates $900 million to the Next Level Connections fund for future state infrastructure projects
• Adds $70 million to law enforcement academies for criminal justice initiatives in HB 1006, and appropriates $20 million in stimulus funds for state police body cameras
• Appropriates $5 million to Indiana Gun Crimes Task Force
• Creates new line item for Internet Crimes against Children, funded at $1 million/year
• Creates the Regional Economic Acceleration and Development Initiative (READI) under the IEDC “for communities to spur economic and population growth” with funding of $500 million
• Allocates $60 million of federal stimulus for Hoosier Hospitality Small Business Restart Grants
• Allocates $75 million of federal stimulus to INvestEd for Career Accelerator Fund, for programs leading to high wage high demand jobs
• Taxes electronic cigarettes

III. Anti-Poverty

HB1009TANF PROGRAM (GOODRICH C) Increases the state earned income tax credit to an amount equal to 10% (instead of 9%) of the federal earned income tax credit that an individual claimed for a taxable year. Provides that for purposes of the Temporary Assistance for Needy Families program, income earned by a certain individual in the household who is participating in or pursuing a postsecondary degree, a workforce certificate, a pre-apprenticeship, or an apprenticeship may not disqualify an eligible household from receiving benefits, and may not be considered in determining the amount of assistance.

IV. Pregnancy Accommodation/Infant Mortality

HB1230SAFE HAVEN 911 (LAUER R) Provides that due to extenuating circumstances, if a child's parent or a person is unable to give up custody of a child under the procedure set forth in Indiana's safe haven law, the child's parent or the person may request that an emergency medical services provider (provider) take custody of the child by: (1) dialing the 911 emergency call number; and (2) staying with the child until a provider arrives to take custody of the child. Provides that the emergency medical dispatch agency or the provider shall inform the child's parent or the person giving up custody of the child of the ability to remain anonymous. Provides that a provider, shall, without a court order, take custody of a child who is, or who appears to be, not more than 30 days of age if the child is voluntarily left: (1) in a newborn safety device that is located at an emergency medical services station; or (2) with medical staff after delivery in a hospital or other medical facility when the child's parent notifies the medical staff that the parent is voluntarily relinquishing the child. Allows a child's parent to remain anonymous if the child is voluntarily relinquished in a hospital or other medical facility after delivery of the child. Provides that an emergency medical services station is immune from civil liability for an act or omission relating to the operation of the newborn safety device.

HB1309PREGNANCY ACCOMMODATION (ENGLEMAN K) Allows an employee to request an accommodation for the employee's pregnancy. Requires an employer to respond to an employee's request for an accommodation within a reasonable time frame. Provides that a request for accommodation does not require an employer to provide an accommodation for an employee's pregnancy, or impose a duty or obligation upon the employer to provide an accommodation or an exception to the employer's policies unless existing federal or state laws require that an accommodation must be made. Prohibits an employer from disciplining, terminating, or retaliating against an employee because the employee has requested or used an accommodation for the employee's pregnancy.
SB10 STATEWIDE MATERNAL MORTALITY REVIEW COMMITTEE (LEISING J) Includes reporting to the statewide maternal mortality review committee (committee) for the release of mental health records without the consent of the patient. Requires the committee to review cases of maternal mortality involving the death of a woman occurring during pregnancy, through one year after the pregnancy. Requires a health care provider and a health facility to report deaths during pregnancy, through one year after a pregnancy to the committee for review. Requires the committee to review all cases of maternal death. Specifies that a health care provider includes a mental health professional for purposes of the review of records by the committee. Requires the committee to: (1) determine whether an abortion was performed on the individual and whether the abortion contributed to the maternal mortality; (2) determine whether a miscarriage occurred and whether the miscarriage contributed to the maternal mortality; and (3) include the findings in the committee’s annual report. Requires the statewide maternal mortality review committee to establish a process to report cases to the committee. Changes the expiration date of the statewide maternal mortality review committee to June 30, 2025.

V. Early Education/Child Care
HB1101 DAYCARE LICENSURE EXEMPTION IN DECLARED EMERGENCY (DAVISSON S) Exempts from day care licensure requirements a child care program that: (1) is operated by a public or private organization under a contract with a public or private school; (2) serves children who are enrolled in a public or private school in grades kindergarten through 12, or in a preschool program offered by the public or private school; and (3) serves children who are: (A) attending school through remote or e-learning due to a disaster emergency; or (B) participating in a learning recovery program that administers an assessment to measure student learning loss and provides Indiana academic standards aligned instruction.

HB1247 CHILD CARE PROVIDER NOTICE (VERMILON A) Allows the division of family resources (division) to send certain notices to: (1) an applicant for licensure as a child care center, licensure as a child care home, or registration as a child care ministry; and (2) a licensed child care center, a licensed child care home, and a registered child care ministry; by electronic mail instead of by certified mail. Requires: (1) an applicant for licensure as a child care center, licensure as a child care home, or registration as a child care ministry to provide a current and valid electronic mail address to the division in the application; and (2) a licensed child care center, a licensed child care home, and a registered child care ministry to maintain the provided electronic mail address for the duration of the licensure or registration.

HB1549 EDUCATION MATTERS (BEHNING R) Allows the priority enrollment period for the prekindergarten pilot program to begin later than April 1, 2021, in calendar year 2021. Provides that a school corporation may not enter into or renew a contract with an outside vendor to operate or manage a dedicated virtual education school of the school corporation unless the school corporation submits the most recent contract or proposed contract with the vendor to the department of education (department). Amends limits on the percentage of appropriated funds that may be used for grants to limited eligibility children under the prekindergarten pilot program. Provides that the department of education (department) shall make informational material that is evidenced based available on the department’s Internet web site that may help teachers and other school employees identify a student who may have been impacted by trauma. Requires the department to provide a notice to each school corporation and charter school on how to access the informational material. Provides that a charter school may give enrollment preference to children who attend another charter school that is closed because of action by the state board of education (state board). Establishes the Cambridge International program (program). Requires the department to: (1) administer the program; and (2) submit a report regarding the program to the state board each year. Establishes the Indiana postsecondary prior learning assessment clearinghouse (clearinghouse). Requires the governor to direct the commission, department, and governor's workforce cabinet (cabinet), in collaboration with state educational institutions, to: (1) develop and regularly update the clearinghouse; and (2) collect information concerning prior learning assessments used by state educational institutions to award advanced standing or postsecondary credit. Requires each state educational institution to report prior learning assessment information. Requires the commission, department, and the cabinet to publish the clearinghouse information on its respective Internet web site. Requires the governor to direct the commission, department, and cabinet, in consultation with state educational institutions, to prepare model guidance and informational resources concerning postsecondary enrollment opportunities that incorporate work based learning experiences. Requires the
governor to direct the commission, department, and cabinet to publish model guidance and information resources on its respective Internet web site. Prohibits a charter school organizer from entering into contracts under which an officer or employee of the organizer or a relative of an officer or employee of the organizer will receive compensation or proceeds. Provides an exception for de minimis contracts valued at $1,000 or less. Repeals a provision regarding high school credit for Cambridge International courses.

**SB239  REMOTE PROVISION OF CHILD AND FAMILY SERVICES (BROWN L)** Requires the department of child services (department) to establish before October 1, 2021, policies and procedures to allow for child and family services to be provided remotely. Specifies factors that a child and family services provider and the department may consider in making a determination as to whether remote provision of services is appropriate for a child. Provides that a child and family services provider's first meeting with a family, or with a child who lives with the child's family, must be conducted in person unless a declared health emergency makes an in person meeting unsafe. Provides that after a child and family services provider's first meeting with a family or with a child who lives with the child's family, or for purposes of providing services to a child who does not live with the child's family, the provider has the discretion to provide services to the family or child remotely for up to 14 days after the initial request for consultation if providing services remotely is in the best interest of the child and family, unless: (1) a decision is reached on the use of remote services at a child and family team meeting less than 14 days after the request for consultation; or (2) the department communicates to the provider a preliminary determination as to the role of remote services pending the child and family team meeting.

**VI. Juveniles/Youth/DCS**

**HB1531 DCS AND THE EDUCATION COMMUNITY (DEVON D)** Defines "exigent circumstances" for purposes of action taken by the department of child services (DCS) with respect to a child. Allows DCS to interview a child at the child's school, except for at a nonaccredited nonpublic school with less than one employee, without parental consent if: (1) the DCS employee presents their credentials upon arrival at the school; and (2) DCS presents a written statement that DCS has parental consent, a court order, or exigent circumstances. Requires that the written statement shall not be maintained in the child's file and must protect the child's and child's family's confidentiality. Mandates that DCS provide assurances that the child's school, or its representative, has been invited to participate in the case plan process.

**HB1532 DEPARTMENT OF CHILD SERVICES REPORTING (DEVON D)**Requires the department of child services (department) to annually submit to the general assembly a report providing specified information regarding cost reports submitted to the department by child caring institutions, group homes, child placing agencies, and private secure facilities. Requires the first such report submitted by the department to provide the specified information for the preceding four years.

**HB1536 DEPARTMENT OF CHILD SERVICES (DEVON D)** Provides that if the governor declares a state of disaster emergency, the department of child services (department) may: (1) allow older youth who are receiving collaborative care services at the time of the declaration to continue to receive collaborative care services for the duration of the state of disaster emergency; and (2) modify or suspend enforcement of a statute or rule specifying a time within which a foster parent must provide for a child to be examined by a physician, physician assistant, or advanced practice registered nurse after the child's placement in the foster parent's home.

**HB1537 COMMISSION ON IMPROVING THE STATUS OF CHILDREN (DEVON D)** Changes the membership of the commission on improving the status of children in Indiana (commission). Provides that the affirmative votes of a majority of the voting members appointed to the commission are required for the commission to take action on any measure.

**SB301  CHILD SERVICES OVERSIGHT (HOUCHIN E)** Establishes the interim study committee on child services (committee). Provides that the committee: (1) shall review the annual reports submitted by local child fatality review teams and by the statewide child fatality review committee; (2) may review, at the discretion of the committee's chairperson, a complaint or concern regarding the department of child services (department) submitted by a member of the committee; (3) shall recommend statutory changes to improve child safety; and (4) shall study issues relevant to the department's activities and to improving child safety, as well as any topic assigned to the committee by the legislative
council. Provides that the department shall provide department records requested by the committee for purposes of the committee's: (1) required review of the annual reports of local child fatality review teams and the statewide child fatality review committee; and (2) discretionary review of complaints or concerns regarding the department; but requires the department or a local office of the department to redact any identifying information from any record provided to the committee. Authorizes the committee to meet at any time at the call of the committee. Provides that meetings of the committee are public meetings, subject to specified confidentiality requirements. Provides that records reviewed by the committee are confidential and may not be disclosed. Provides that a local child fatality committee may meet at the call of members of the local child fatality committee other than the county prosecutor for purposes of the first meeting of the local child fatality committee. Requires a local child fatality review team to investigate the death of a child who was the subject of an investigation, assessment, or intervention by the department at any time during the child's life. Requires a local child fatality review team, in reviewing the death of a child, to review any investigation, assessment, or intervention performed by the department with regard to the child at any time during the child's life. Requires the department to include the following information in the department's annual report regarding child fatalities that are the result of abuse or neglect: (1) The number of children who: (A) died during the preceding calendar year as the result of child abuse or neglect; and (B) were the subject of an investigation, assessment, or intervention by the department at any time during the child's life. (2) The number of children who died while a ward of the department. Allows the department to: (1) post a preliminary version of the report if information needed to finalize the report is not available to the department before the statutory deadline for the report; and (2) timely post the final version of the report once the unavailable information becomes available to the department. Requires a local child fatality review committee that has not held its first meeting as of the effective date of the bill to hold its first meeting not later than December 31, 2021.

SB368 JUVENILE JUSTICE (TALLIAN K) Provides for the automatic expungement of certain juvenile offenses. Prohibits a juvenile arrestee who meets certain requirements from being housed with adult inmates prior to trial, with certain exceptions. Establishes a procedure for determining juvenile competency. Provides that after a juvenile court has determined that a child is a dual status child, the juvenile court may refer the child to be assessed by a dual status assessment team under certain circumstances.

VII. Medicaid

HB1305 MEDICAID REIMBURSEMENT FOR CHILDREN'S HOSPITALS (SLAGER H) Specifies the reimbursement rate for inpatient and outpatient Medicaid services that are provided by an out-of-state children's hospital located in a state bordering Indiana in state fiscal years 2022 and 2023. Requires budget committee review of the reimbursements provided to those out-of-state children's hospital. Requires the children's hospitals to provide information required in the review to the family and social services administration not later than August 1.

HB1468 VARIOUS HEALTH MATTERS (DAVISSON S) Includes Requires the office of the secretary of family and social services (office) to apply for a Medicaid state plan amendment or Medicaid waiver for the following: (1) Reimbursement of Medicaid rehabilitation option services for a Medicaid eligible recipient who is undertaking an initial assessment, intake, or counseling in a community mental health center. (2) Reimbursement for Medicaid rehabilitation option services concurrently with reimbursement under the residential addiction treatment program. Requires a community mental health center to commence a plan of treatment within two weeks for a Medicaid recipient who receives services after the office has amended the state plan.

HB1405 INSURANCE MATTERS (CARBAUGH M) Allows the office of the secretary of family and social services to apply for a Medicaid state plan amendment to allow school corporations to seek Medicaid reimbursement for medically necessary, school based Medicaid covered services that are provided under federal or state mandates. Specifies possible services for Medicaid reimbursement. Adds physical therapy to the list of services for which a school psychologist may refer a student. Establishes the long term care insurance partnership program and requires the office of the secretary of family and social services to apply before September 1, 2021, for a Medicaid state plan amendment that would: (1) provide for the establishment of the new long term care insurance partnership program and the discontinuance of the current long term care program; and (2) ensure that an individual who purchased a qualified long term care policy under the current program will be eligible for an asset disregard even if the current program is discontinued and even though the policy was issued before the date of the state plan amendment, is not tax qualified, and does not meet the

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standards of Section 6021 the federal Deficit Reduction Act. Provides that if approval is not given for the state plan amendment, the new long term care insurance partnership program is not established and the office and the department of insurance shall study ways to improve the affordability and cost effectiveness of the current program.

VIII. Mental Health/Addictions/Disabilities

**SB82 MENTAL HEALTH DIAGNOSIS (CRIDER M)** Defines "mental health diagnosis" and sets forth requirements that must be met in order for certain licensed professionals to provide a mental health diagnosis. Requires certain mental health professionals who are making a mental health diagnosis and who determine that the patient may have a physical condition that requires medical attention or has not been examined by a physician, an advanced practice registered nurse, or a physician assistant in the preceding 12 months to: (1) advise the patient to schedule, and offer to assist the patient with scheduling, a physical examination for the patient; (2) provide the patient with a list of practitioners and certain information concerning the practitioners; and (3) coordinate patient care with the practitioner as appropriate. Requires documentation of the actions of the licensed professional in the patient’s medical record.

**HB1118 MOBILE INTEGRATED HEALTHCARE PROGRAMS AND SAFETY PLANS (SCHAIBLEY D)** Specifies that an individualized mental health safety plan includes information concerning a patient’s physical health. Allows a mobile integrated healthcare program or a mental health community paramedicine program to provide certain services to help facilitate the patient’s safe transition back into the community upon disclosure of a patient’s individualized mental health safety plan. Allows a representative of a mobile integrated healthcare program or a representative of a mental health community paramedicine program to request a patient’s individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider if certain conditions are met.

**Budget allots $100,000 in state funds for this program and provides:**
The office of the secretary may apply to the United States Department of Health and Human Services for the following concerning the mobile integrated healthcare program:
A waiver to implement the program.
Federal funding through Section 9813 of the American Rescue Plan Act of 2021 (P.L. 117-2) for the programs set forth in IC 16-31-12.
However, if federal funding ceases to be available, then no additional state funding for the mobile integrated healthcare program shall be allocated to the program after that date.
The fiscal notes that the ARP waiver would provide an 85% federal match and a $15 million planning grant.

**HB1127 MENTAL HEALTH AND ADDICTION FORENSIC TREATMENTS (STEUERWALD G)** Removes a provision that allows: (1) delinquent child’s; or (2) person’s; Medicaid participation to be terminated following a two year suspension due to certain adjudications or incarceration. Adds competency restoration services to the list of treatment and wraparound recovery services made available to certain persons in the criminal justice system. Adds competency restoration services to the list of services that qualify a person for mental health and addiction forensic treatment services. Adds: (1) recovery community organizations; and (2) recovery residences; certified by the division of mental health and addiction (division) or its designee to the list of organizations eligible for certain funds and grants from the division. Requires demographic data concerning race and ethnicity to be included in certain demographic research performed by the division.

**HB1225 OPIOID TREATMENT PROGRAMS (VERMILION A)** Requires an opioid treatment program to obtain prior authorization from the division of mental health and addiction (division) for patients receiving more than 14 days of opioid treatment medication from an opioid treatment program unless otherwise prescribed by the division. Allows the state opioid treatment authority (authority) to: (1) take certain remedial actions; and (2) impose a civil penalty of up to $10,000; in response to certain violations concerning the operation of an opioid treatment program. Specifies that the authority may issue a civil penalty for each violation found by the authority. Requires the division to report certain findings to the general assembly not later than April 1 of each year. Requires certain information to be provided to the division for the purpose of completing specified reporting requirements.
HB1468 VARIOUS HEALTH MATTERS (DAVISSON S) ....Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. Establishes the statewide 9-8-8 trust fund. Allows advanced practice registered nurses and physician assistants to perform certain duties that are performed by a physician under the home health agencies laws. Allows a nonprofit association of cities and towns to participate in the state aggregate prescription drug purchasing program. Requires a public school that issues, after June 30, 2022, a student identification card to a student in grade 6, 7, 8, 9, 10, 11, or 12 to include on the student identification card the 9-8-8 crisis hotline and other crisis hotline phone numbers. Delays the requirement that a prescription for a controlled substance be in an electronic format until January 1, 2022. Allows for an exemption from the requirement of issuing a controlled substance prescription in an electronic format if the dispensing pharmacy or provider is unable to receive or process an electronically transmitted prescription. Requires certain rules adopted by the Indiana board of pharmacy (board) to be substantially similar to certain federal regulations. Adds behavior analysts to the definition of "practitioner" for purposes of the telehealth laws. Amends the definition of "telehealth". Amends the required graduate level courses and clinical experience that an applicant is required to obtain for a license as a clinical addiction counselor. Allows a pharmacist and pharmacy technician to administer an immunization for coronavirus disease. Allows a registered nurse to provide for the direct supervision of a pharmacist intern or pharmacist student who administers an immunization. Changes references of the "pharmacist in charge" to the "pharmacist on duty". Allows a pharmacist to supervise eight pharmacy interns. Allows a pharmacy technician to work remotely to perform specified responsibilities. Provides that the board shall hold the pharmacy permit holder accountable, rather than the qualifying pharmacy, for staffing violations if the qualifying pharmacist does not have the authority to make staffing determinations. Specifies that a transfer of a prescription includes a schedule II controlled substance. Removes the requirement that a pharmacist provide a patient with a written advance beneficiary notice that states that the patient may not be eligible for reimbursement for the device or supply. Changes remote dispensing facility requirements concerning location of the facility. Changes how long a remote dispensing facility must retain a surveillance recording from 45 days to 30 days. Removes specified physical requirements that a video monitor being used by the remote facility must meet. Adds therapeutic substitution to the definition of "protocol" for purposes of drug regimen adjustments and defines "therapeutic alternative" and specifies use of therapeutic alternative requirements for protocols. Removes a requirement for drug protocols concerning availability of medical records. Allows for physician assistants and advanced practice registered nurses to make referrals to pharmacists. Removes the requirement that the executive director of the Indiana professional licensing agency provide advice and consent before a majority of the members of the physical therapist committee may call a meeting. Requires the medical licensing board to adopt rules before January 1, 2022, that are required under the laws concerning physician assistants. Adds any plan or program that provides payment, reimbursement, or indemnification for the cost of prescription drugs to the definition of a "health plan". Adds two members to the justice reinvestment advisory council.

SB63 MENTAL HEALTH TREATMENT FOR INMATES (GLICK S) Permits, under certain circumstances, an offender committed to the department of correction to be held within a treatment facility operated by the department for not more than 14 days beyond the offender's mandatory release date if: (1) the offender consents; or (2) a court has ordered the offender to be committed to a treatment setting outside the department.

SB169 HOUSING WITH SERVICES ESTABLISHMENT DISCLOSURES (FORD J) Requires housing with services establishments to make certain disclosures concerning Alzheimer's and dementia special care and file the disclosure with the division of aging. Requires the division of aging to publish the disclosures.

HB1313 STUDENTS WITH DISABILITIES (CLERE E) Requires the Indiana management performance hub to: (1) use its data resources and technology to cross-reference with data bases of certain state agencies to identify certain former students with disabilities (eligible individuals); (2) coordinate with the state department of health to determine whether identified eligible individuals are deceased; and (3) provide the information concerning eligible individuals to the department of workforce development (DWD). Requires the state department of health to, not later than November 1, 2021, coordinate with the Indiana management performance hub. Requires the DWD to: (1) communicate with identified eligible individuals; and (2) provide to the eligible individuals a copy of a resource list concerning training and education opportunities and employment services resources. Requires the state advisory council on the education of
children with disabilities (council) to annually update and submit the resource list to the department of education and the DWD. Requires the department of education and DWD to post a copy of the most recently updated resource list on the department's and DWD's Internet web sites. Requires the DWD, in consultation with the department of education, to prepare and submit an annual report to the general assembly and the council. Requires the state board of education to, not later than December 1, 2021, adopt rules to create an alternate diploma for students with significant cognitive disabilities.

HB1437 ELECTRONIC MEETINGS AND SIGNATURES (COOK A) Allows a member of a governing body of a political subdivision to participate in a meeting electronically subject to the following: (1) Requires the governing body to adopt a written policy establishing procedures for electronic participation. (2) Requires the technology to permit simultaneous communication between members and the public to attend and observe the proceedings. (3) Requires at least 50% of the members to be physically present at the meeting site. (4) Allows a member participating electronically to be counted for quorum purposes. (5) Provides that a member participating electronically may participate in a final action taken by the governing body only if the member can be seen and heard. Exempts governing bodies of state agencies that have a majority of members with disabilities from certain attendance requirements. Provides that if a statute requires a manual signature for attesting or authenticating an obligation issued by certain state and local public entities, an electronic signature has the same force and effect as a manual signature. Adds provisions applicable to state and local public agencies when a state or local disaster emergency is declared. Makes stylistic changes.

SB242 PATIENT LIFT SERVICES (ROGERS L) Provides that attendant care services include the use of lift equipment. Requires a personal services agency that provides lift services to have liability insurance. Provides that a client who receives attendant care services may decline assistance with any component of the attendant care services. Specifies that a client is not required to use lift equipment when lift services are provided. Requires a personal services agency that offers lift services to train each employee who provides those services. Specifies that lift services are subject to the same evaluation and training requirements as other attendant care service tasks.

IX. Other Health

HB1007 STATE HEALTH IMPROVEMENT PLAN AND GRANT PROGRAM (VERMILION A) Requires the state department of health (department), in consultation with the office of the secretary of family and social services, to study and prepare a plan (plan) to improve the health and behavioral health of Indiana residents based on specified criteria. Requires the department to submit and present the plan to the interim study committee on public health, behavioral health, and human services (interim study committee). Requires the department to prepare and present an annual report to the interim study committee regarding the progress made in meeting the metrics and goals of the plan. Requires that the department establish and maintain on the department's Internet web site a web page that indicates the performance and progress of the metrics and goals of the most significant areas identified in the plan. Establishes the prevention and addressing of health issues and challenges grant program (grant program). Establishes the prevention and addressing of health issues and challenges grant fund. Requires the department to administer the grant program. Provides requirements for grant proposals and specifies the types of proposals for which the grants must be awarded. Requires the management performance hub to develop and publish on an Internet website web page that tracks Indiana's metrics on the most significant areas of health and behavioral health impacting Indiana residents and demonstrate any progress made in these metrics. Provides that the web page must include specific progress reported by organizations awarded a grant under the grant program.

HB1421 VARIOUS HEALTH CARE MATTERS (SCHAIBLEY D) Provides that the state employee health plan statute does not prohibit the state personnel department from directly contracting with health care providers for health care services for state employees. Provides that if a woman who is in premature labor presents to a hospital, the hospital must inform the woman of the hospital's capabilities of treating the born alive infant and managing a high risk pregnancy. Sets forth requirements that a hospital must meet concerning: (1) a woman who is in premature labor; and (2) a born alive infant. Changes the date that ambulatory outpatient surgical centers are required to begin posting certain pricing information from March 31, 2021, to December 31, 2021. Specifies that the pricing information posted is the standard charge rather than the weighted average negotiated charge and sets forth what is included in the standard charge. Specifies that if an ambulatory outpatient surgical center offers less than 30 additional services, the center is required to post all of the
services the center provides. Requires a hospital to post pricing information in compliance with the federal Hospital Price Transparency Rule of the Centers for Medicare and Medicaid Services as in effect on January 1, 2021, if: (1) the federal Hospital Price Transparency Rule is repealed; or (2) federal enforcement of the federal Hospital Price Transparency Rule is stopped. Defines "health carrier" for purposes of the law on health provider contracts. Prohibits the inclusion in a health provider contract of any provision that would: (1) prohibit the disclosure of health care service claims data, including for use in the all payer claims data base; (2) limit the ability of a health carrier or health provider facility to disclose the allowed amount and fees of services to any insured or enrollee, or to the treating health provider facility or physician of the insured or enrollee; or (3) limit the ability of a health carrier or health provider facility to disclose out-of-pocket costs to an insured or an enrollee. Requires the department of insurance to issue a report to: (1) the legislative council; and (2) the interim study committees on financial institutions and insurance and public health, behavioral health, and human services; setting forth its suggestions for revising the department's administrative rules to reduce the regulatory costs incurred by employers seeking to provide health coverage for their employees through multiple employer welfare arrangements.

HB1447 GOOD FAITH HEALTH CARE ESTIMATES (VERMILION A) Revises the definition of "practitioner" in the laws concerning good faith estimates of costs for health care services. Postpones, from July 1, 2021, to January 1, 2022, the effective date of the requirement that a practitioner provide a good faith estimate of the amount the practitioner intends to charge for a health care service. Requires that the communication by a provider facility and a practitioner to a patient about the patient's right to request a good faith estimate be conspicuous and be provided by at least three of eight specified potential means. Provides that the written notice that a practitioner provides to an individual about a scheduled or ordered nonemergency health care service must state that a good faith estimate of cost need not be provided if the service is scheduled to be performed within five business days of the date of the patient’s request. Provides that certain written statements must be in "conspicuous" type instead of in type at least as large as 14 point type. Requires a practitioner or facility to provide a written explanation if the charge for a health care service exceeds the practitioner’s or facility’s good faith estimate by the greater of: (1) $100; or (2) 5%. Revises the content of the written statement that an out of network practitioner providing health care services at an in network facility must give to a covered individual in order to be reimbursed more for the health care services than allowed according to the rate established by the covered individual’s network plan. Provides that a practitioner can comply with the requirement to provide a good faith estimate of the amount that the practitioner intends to charge a covered individual by complying with the requirements of the new federal No Surprises Act (Act). Provides that a health carrier may satisfy certain requirements concerning good faith estimates by complying with the Act.

HB1577 ABORTION MATTERS (MAYFIELD P) Adds mental health providers to the list of persons who may not be required to participate in specified procedures and practices concerning abortion or aborted remains if the mental health provider objects to such procedures and practices on the basis of ethical, moral, or religious belief. Provides that an abortion inducing drug may not be dispensed, prescribed, or given to a woman after eight weeks of postfertilization age. Requires a physician to dispense the abortion inducing drug in person and have the pregnant woman consume the drug in the presence of the physician. Removes FDA guidelines from a provision concerning manufacturer instruction sheets and patient agreement forms pertaining to abortion inducing drugs. Requires an ultrasound image of a pregnant woman's fetus to be provided: (1) to a pregnant woman for her to keep; and (2) at no cost or charge to the pregnant woman; in the event of fetal ultrasound imaging. Requires certain information concerning the reversal of specified abortion inducing drugs to be provided to a pregnant woman in certain instances. Requires a specified report to identify the: (1) facility; and (2) city or town; where required information concerning an abortion was provided. Requires specified individuals to include, or to ensure the inclusion of, a copy of a pregnant woman's ultrasound report in the applicable patient file. Prohibits an abortion clinic from receiving an annual license renewal if ultrasound reports are not included in a pregnant woman's patient file. Provides that the written parental consent for purposes of abortion laws concerning an emancipated pregnant woman less than 18 years of age must be notarized. Prohibits the state department of health from renewing an abortion clinic's license if noncompliance discovered during an annual inspection is not remedied. Prohibits the use of telemedicine to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion. Defines certain terms. Makes conforming amendments.

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SB5 LOCAL HEALTH DEPARTMENTS; PUBLIC HEALTH EMERGENCIES (GARTEN C) Provides that if a local order addresses an aspect of a declared emergency addressed by an executive order, the local order may be less stringent than the executive order to the extent permitted by the executive order. Provides that if a local order addresses an aspect of a declared emergency that is not addressed by an executive order or if a local order addresses an aspect of a declared emergency more stringently than an executive order, the local order may not take effect, or remain in effect, unless the local order is approved by the county legislative body (in the case of a county health department) or by an ordinance adopted by the city legislative body and approved by the mayor (in the case of a city health department). Provides that the appointment of a county health officer is subject to the approval of the county legislative body. Adds other good cause to the reasons for which a local health officer may be removed in counties other than Marion County. Specifies that a local health officer serves until a successor is appointed and qualified. Establishes an appeals process before legislative bodies of enforcement actions taken by local boards of health and local health officers in response to declared state and local public health emergencies.

X. COVID
HB1002 CIVIL IMMUNITY RELATED TO COVID-19 (TORR J) Protects health care providers from professional discipline for certain acts or omissions arising from a disaster emergency unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a health care provider is not protected from professional discipline for actions that are outside the skills, education, and training of the health care provider, unless certain circumstances apply. Specifies that orders and recommendations issued by local, state, and federal government agencies and officials during a state disaster emergency do not create new causes of action or new legal duties. Specifies that the orders and recommendations are presumed irrelevant to the issue of the existence of a duty or breach of a duty. Prohibits filing a class action lawsuit against a defendant in a civil action allowed by the statute. Specifies that a governmental entity or employee is not liable if a loss results from an act or omission arising from COVID-19 unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a person is not liable to a claimant for loss, damage, injury, or death arising from COVID-19 unless the claimant proves that the person caused the loss, damage, injury, or death by an act or omission constituting gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides immunity from civil liability to certain persons, entities, and facilities providing health care and other services for certain acts or omissions related to the provision of health care services and other services during a state disaster emergency. Extends COVID-19 health care immunity during periods of disaster emergency after February 29, 2020, and before April 1, 2022. Resolves conflicts between SEA 1 and HB 1002.

SB1 CIVIL IMMUNITY RELATED TO COVID-19 (MESSMER M) Provides civil tort immunity for damages arising from COVID-19 on the premises owned or operated by a person, on any premises on which the person or an employee or agent of the person provided property or services to the individual, or during an activity managed, organized, or sponsored by the person, except for an act or omission that constitutes gross negligence or willful or wanton misconduct (including fraud and intentionally tortious acts). Defines “COVID-19 protective product” and provides civil tort immunity for harm that results from the design, manufacture, labeling, sale, distribution, or donation of a COVID-19 protective product, except for an act or omission that constitutes gross negligence or willful or wanton misconduct (including fraud and intentionally tortious acts). Prohibits class action suits.

SB232 EXPOSURE RISK DISEASES (FORD J) Adds any variant of severe acute respiratory syndrome (SARS), including coronavirus disease (COVID-19), to the list of diseases considered an exposure risk disease for purposes of emergency and public safety employee death and disability presumed in the line of duty. Provides, for any employee who is diagnosed after June 30, 2021, with a health condition caused by any variant of SARS, including COVID-19, that if the health condition results in disability or death and the employee wishes to have a presumption of disability or death incurred in the line of duty apply to the employee, the employee shall, by written affidavit executed before death, provide verification that the employee has not, outside the scope of the employee’s current employment, been exposed to another individual known to have any variant of SARS, including COVID-19. Makes technical corrections.

SB292 PUBLICATION OF HEALTH FACILITY REPORTING (BREAUX J) Requires the state department of health to compile case and death data related to COVID-19 reported by health facilities and residential care facilities in a specified manner
and publish the information on the state department's Internet web site. Requires the state department to update the data at least every seven days. Provides that the reporting and publishing requirements expire April 1, 2022.

**X. Criminal Justice**

**HB1006 LAW ENFORCEMENT OFFICERS (STEUERWALD G)** Requires the Indiana law enforcement training board to establish mandatory training in de-escalation as part of the use-of-force curriculum, and requires de-escalation training to be provided as a part of: (1) pre-basic training; (2) mandatory inservice training; and (3) the executive training program. Establishes a procedure to allow the Indiana law enforcement training board to decertify an officer who has committed misconduct. Defines "chokehold" and prohibits the use of a chokehold under certain circumstances. Specifies that a law enforcement officer who turns off a body worn camera with the intent to conceal a criminal act commits a Class A misdemeanor. Requires an agency hiring a law enforcement officer to request the officer's employment record and certain other information from previous employing agencies, requires the previous employing agency to provide certain employment information upon request, and provides immunity for disclosure of the employment records. Makes an appropriation to the Indiana law enforcement training academy for making capital improvements.

**HB1068 LOCAL OR REGIONAL JUSTICE REINVESTMENT ADVISORY COUNCILS (FRYE R)** Establishes a local or regional justice reinvestment advisory council (local or regional advisory council) in each county in Indiana. Provides that the purpose of a local or regional advisory council is to review local or regional criminal justice systems, policies, and procedures. Provides that the justice reinvestment advisory council shall assist local or regional advisory councils with promoting: (1) the use of evidence based practices; and (2) certain best practices of community based alternatives and recidivism reduction programs. Sets forth duties of local or regional advisory councils.

**HB1097 CRIMINAL PENALTIES (ABBOTT D)** Provides that a person who uses a vehicle to commit the offense of resisting law enforcement or interfering with public safety, and has a prior conviction for either offense that involved the use of a vehicle, commits a Level 5 felony.

**HB1558 INDIANA CRIME GUNS TASK FORCE (STEUERWALD G)** Establishes the Indiana crime guns task force (task force) to address violent crime in Boone, Hamilton, Hancock, Hendricks, Marion, Morgan, Johnson, and Shelby counties by delivering, in cooperation with state and federal officials, a uniform strategy to trace firearms used to commit crimes. Establishes an executive board to direct and oversee the task force. Requires the Indiana criminal justice institute to establish and administer the task force fund. Makes conforming amendments.

**SB177 VICTIM'S RIGHTS AND INVESTIGATIONS (MESSMER M)** Establishes a procedure permitting an immediate family member of a deceased individual to request the superintendent of the state police department to conduct a new investigation into the death of the individual if: (1) a local law enforcement agency has determined that the death was not the result of a criminal act by a third party; (2) the individual was not under the care of a physician or the victim of medical malpractice; and (3) the family member has a reasonable suspicion that the death was the result of a criminal act by a third party.

**SB187 PROTECTION OF MONUMENTS, MEMORIALS, AND STATUES (KOCH E)** Requires the state police department to prioritize the investigation and prosecution of persons who destroy, damage, vandalize, or desecrate a monument, memorial, or statue. Requires the state police department to assist political subdivisions in the investigation and prosecution of persons who destroy, damage, vandalize, or desecrate a monument, memorial, or statue. Provides that discretionary funding for a political subdivision may not be withheld from a political subdivision in certain circumstances. Provides that a state agency may provide discretionary funding to a political subdivision for a respective grant program after considering whether the political subdivision has taken all appropriate enforcement actions to protect public monuments, memorials, and statues from destruction or vandalism. Defines "discretionary funding". Adds enhanced penalties to the crime of rioting.

**SB255 EXPUNGEMENT (FREEMAN A)** Specifies that a "criminal history provider" includes certain persons who regularly publish criminal history information on the Internet, for purposes of the law requiring criminal history providers to periodically review their criminal history records for expunged convictions.
XII. Governor’s Powers

HB 1123 LEGISLATIVE OVERSIGHT OF CERTAIN FISCAL AND EMERGENCY MATTERS (Lehman, M) - Specifies that the bill is severable. Provides that the general assembly may convene in an emergency session if the legislative council adopts a resolution making certain findings concerning a state of emergency declared by the governor. Specifies the maximum length of an emergency session. Provides that in an emergency session the general assembly may enact only bills relating to the agenda stated in the legislative council’s resolution. Provides that the general assembly may adopt concurrent resolutions and each house may adopt simple resolutions during an emergency session. Establishes the legislative state of emergency advisory group. Creates the economic stimulus fund (ESF) for the deposit of all discretionary funds received by the state. Defines "discretionary funds" to mean federal economic stimulus funds received under federal legislation granting the state authority to determine the amounts and manner in which the federal economic stimulus funds may be expended. Provides that discretionary funds deposited into the ESF during a period in which the general assembly is convened in a regular session, an emergency session, or a special session may not be allotted or expended unless appropriated by the general assembly or reviewed by the budget committee. Provides that before discretionary funds deposited into the ESF during a period in which the general assembly is not convened in a regular session, an emergency session, or a special session may be allotted to or expended by a state agency or instrumentality, the allotment or expenditure must be reviewed by the budget committee. Provides that discretionary funds deposited into the ESF may not be expended, transferred, assigned, or otherwise removed from the ESF by the state board of finance, the budget agency, or any other state agency except as permitted under the provisions of the statute. Exempts federal economic stimulus funds obligated or expended before April 29, 2021, from the application of the statute. Provides that a violation of the disaster statute (IC 10-14-3) or an order authorized by that statute is a Class B infraction instead of a Class B misdemeanor.

04/27/21 Holcomb files lawsuit challenging the constitutionality of HB 1123
04/15/2021 Veto overridden by the Senate; Roll Call 443: yeas 36, nays 8
04/15/2021 Veto overridden by the House; Roll Call 449: yeas 59, nays 26
04/09/2021 VETOED BY GOVERNOR

HB 1372 2021 REGULAR SESSION OF THE GENERAL ASSEMBLY (Barrett, B) - Specifies that the deadline for adjourning sine die for the 2021 session of the general assembly is November 15, 2021, and that the current deadline of April 29 remains in place for future long sessions. Provides that the regular technical session statute does not apply in calendar year 2021. Specifies the deadlines for signing enrolled acts and presenting them to the governor for bills passed after April 19, 2021, and before May 1, 2021. Specifies the following: (1) That the 2021 interim is the period beginning May 1, 2021, and ending November 15, 2021. (2) That for 2021, the prohibited period concerning fundraising activities is through April 29, 2021, rather than the date on which the general assembly adjourns sine die. (3) That the budget committee is required to meet at least once between April 30, 2021, and July 1, 2021. (Current law requires the budget committee to meet at least once in the two months following the general assembly adjournment sine die.) (4) The certification and distribution process for enrolled acts and the time frame for the process in 2021 will take place as

XIII. Homelessness and Housing

HB1541 LANDLORD-TENANT RELATIONS (MANNING E) Eliminates the general restriction on the authority of a county, city, town, or township concerning regulation of landlord-tenant relationship matters not specifically described by state statute. Prohibits the waiver of laws regarding retaliatory acts by a landlord.

SB218 TOWNSHIP HOMELESS ASSISTANCE (SANDLIN J) Establishes the low barrier homeless shelter task force. Beginning July 1, 2022: (1) allows a township trustee to place a homeless individual temporarily in a county home or provide temporary township assistance; and (2) requires the township trustees within a county to collaborate and prepare a list of public and private resources available to the homeless population that is distributed and published on the county’s Internet web site, if the county has a web site, not later than March 1 of each year. Provides that a person commits the offense of criminal trespass if: (1) the person, who does not have a contractual interest in the property, knowingly or intentionally enters or refuses to leave the property of another person after having been prohibited from entering or asked to leave the property by a law enforcement officer when the property is designated by a municipality or county enforcement authority to be an unsafe building or premises; or (2) the person knowingly or intentionally...
enters the property of another person after being denied entry by a court order that has been issued to the person or issued to the general public by conspicuous posting on or around the premises in areas where a person can observe the order when the property has been designated by a municipality or county enforcement authority to be an unsafe building or premises; unless the person has the written permission of the owner, the owner's agent, an enforcement authority, or a court to come onto the property for purposes of performing maintenance, repair, or demolition. Provides that an individual who harasses another person with the intent to obtain property from the other person commits aggressive harassment, a Class C misdemeanor. Defines "harasses". Repeals the chapter concerning panhandling.

Budget language:
SECTION 225. [EFFECTIVE UPON PASSAGE] (a) The legislative council is urged to assign to an appropriate interim study committee the task of studying the following issues regarding housing in Indiana during the 2021 legislative interim:
(1) Affordable housing.
(2) Workforce housing.
(3) "Missing middle" housing, which consists of multi-unit or clustered housing types that are compatible in scale with single family homes.
(b) This SECTION expires January 1, 2022.
(h) "Workforce housing" means housing that is affordable for households with earned income that is sufficient to secure quality housing in reasonable proximity to employment.

XV. Domestic Violence and Sexual Assault

Domestic Violence

HB1468 VARIOUS HEALTH MATTERS (DAVISSON S) Provisions include: Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. Establishes the statewide 9-8-8 trust fund...... Requires a public school that issues, after June 30, 2022, a student identification card to a student in grade 6, 7, 8, 9, 10, 11, or 12 to include on the student identification card the 9-8-8 crisis hotline and other crisis hotline phone numbers (including suicide prevention, dating violence, sexual assault and human trafficking.) Also requires ICJI to report to Legislative Council before December 1, 2021 with recommendations for best telephone numbers to list for each, along with texting options, including scope and status of 9-8-8 number.

SB79 PROTECTION ORDERS AND DOMESTIC BATTERY (CRIDER M) Provides that if a petition for an order for protection is filed by a person or on behalf of an unemancipated minor, the court shall determine, after reviewing the petition or making an inquiry, whether issuing the order for protection may impact a school corporation's ability to provide in-person instruction for the person or the unemancipated minor. Creates a procedure that requires a school corporation to receive notice if the court determines that issuing the order for protection may impact the school corporation's ability to provide in-person instruction for the person or the unemancipated minor. Enhances the penalty for domestic battery to a Level 6 felony if the offense is committed against a family or household member: (1) who has been issued a protection order that protects the family or household member from the person and the protection order was in effect at the time the person committed the offense; or (2) while a no contact order issued by the court directing the person to refrain from having any direct or indirect contact with the family or household member was in effect at the time the person committed the offense. Enhances the penalty for domestic battery to a Level 5 felony when the offender has a prior conviction for strangulation against the same family or household member.

Sexual Assault

SB81 TRAINING FOR INVESTIGATORS OF SEXUAL ASSAULT CASES (CRIDER M) Requires certain training for sexual assault investigators. Mandates that the law enforcement training board set specialized standards for training and investigating sexual assault cases involving adult victims.
SB240 FEMALE GENITAL MUTILATION (BROWN L) Requires the office of women's health to perform certain actions relating to female genital mutilation. Provides that a child is a child in need of services if before the child becomes 18 years of age the child is a victim of female genital mutilation. Provides that a person who: (1) knowingly or intentionally performs the act of female genital mutilation on a child who is less than 18 years of age; (2) is a parent, guardian, or custodian of a child and consents to, permits, or facilitates the act of female genital mutilation to be performed on the child; or (3) knowingly transports or facilitates the transportation of a child for the purpose of having the act of female genital mutilation performed on the child; commits the offense of female genital mutilation, a Level 3 felony. Provides a defense to prosecution of female genital mutilation. Provides certain circumstances where a defense to prosecution of female genital mutilation does not apply. Defines "female genital mutilation". Provides that the license of a physician or a licensed health care professional shall be permanently revoked if the physician or licensed health care professional commits the offense of female genital mutilation. Provides that a person who has reason to believe that a child may be a victim of female genital mutilation has a duty to report the child abuse or neglect. Provides that an action for civil female genital mutilation must be commenced not later than 10 years after the eighteenth birthday of the child. Provides that a victim may seek certain remedies in an action against the defendant for civil female genital mutilation.