

HOUSE BILL No. 1329

DIGEST OF HB 1329 (Updated February 16, 2015 1:11 pm - DI 77)

Citations Affected: IC 16-46.

Synopsis: Sickle cell disease grant program. Adds specific requirements to the sickle cell program of the state department of health (department). Requires the department to establish sickle cell disease centers in various regions of Indiana. Requires the department to conduct a study concerning certain aspects of sickle cell disease and treatment.

Effective: July 1, 2015.

Porter, Clere, Brown C, Frizzell

January 13, 2015, read first time and referred to Committee on Public Health. February 16, 2015, amended, reported — Do Pass. Referred to Committee on Ways and Means pursuant to Rule 127.



First Regular Session of the 119th General Assembly (2015)

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 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

HOUSE BILL No. 1329

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

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

SECTION 1. IC 16-46-7-2 IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 2. (a) The state
department shall establish a sickle cell program for the purpose of
providing funds for the prevention, care, and treatment of sickle cell
anemia disease and for educational programs concerning the disease.
(h) The sickle cell program established under subsection (a)

- (b) The sickle cell program established under subsection (a) must be funded by the Indiana sickle cell chronic disease fund and must include the following services:
 - (1) Ensure access to blood tests for sickle cell disease and sickle cell trait to any at risk person who requests a test.
 - (2) Ensure access to counseling and advice to any at risk person who requests counseling for sickle cell disease and sickle cell trait, its characteristics, symptoms, traits, effects, and treatment. The counseling provided must consist of the following:

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1	(A) Genetic counseling for a person who tests positive for
2 3	sickle cell trait.
	(B) Psychosocial counseling for a person who tests positive
4	for sickle cell disease, which may include social service
5	counseling, psychological counseling, and psychiatric
6	counseling.
7	(3) Help ensure access to financial assistance to any person
8	with sickle cell disease who is financially challenged as a result
9	of the disease and who:
10	(A) requires continuing treatment with chronic blood
11	transfusions to avoid strokes, extensive hospitalization, and
12	other effects associated with the critical, chronic pain, and
13	sickling condition;
14	(B) is unable to pay for the entire cost of the services on a
15	continuing basis despite the existence of various types of
16	assistance, including medical insurance coverage, the
17	Indiana check up plan (as amend under IC 12-15-44.2-22),
18	Medicare, Medicaid, government assistance programs, and
19	private charitable assistance programs; and
20	(C) is a resident of Indiana.
21	(4) Ensure the implementation of a sickle cell disease medical
22	provider educational outreach program, including the
23	dissemination of medical educational materials about sickle
24	cell disease and sickle cell trait to appropriate health care
25	providers, including physicians, nurses, hospitals, and health
26	clinics.
27	(5) Ensure implementation of a sickle cell disease educational
28	outreach program, including the dissemination of educational
29	materials about sickle cell disease and sickle cell trait to the
30	general public and through various institutions, including
31	businesses, schools, and universities.
32	(c) The services required under subsection (b) must be provided
33	by:
34	(1) the state department; or
35	(2) private service providers, local health departments, or
36	community based organizations that have contracted with the
37	state department.
38	SECTION 2. IC 16-46-7-8 IS AMENDED TO READ AS
39	FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 8. The state department
40	shall do the following:
41	(1) Develop application criteria and standards of eligibility for
42	groups or organizations who apply for funds under this program.



1	(2) Make available grants to groups and organizations who meet
2	the eligibility standards set by the department. However, the
3	highest priority for grants shall be accorded to established sickle
4	cell anemia foundation chapters disease community based
5	organizations throughout Indiana. Priority must be given to
6	ensuring the support or establishment of sickle cell disease
7	centers in underserved areas in which there is a higher
8	population of sickle cell disease patients. The state department
9	shall seek input from the Indiana Minority Health Coalition
10	in determining the focus in underserved areas. The state
11	department shall ensure that each sickle cell center has the
12	appropriate staffing to provide the services required under
13	this section.
14	(3) Determine the maximum amount available for each grant.
15	(4) Determine policies for expiration and renewal of grants.
16	(5) Require that all grant funds be used for the purpose of
17	prevention, care, and treatment of sickle cell anemia disease or
18	for educational programs concerning the disease.
19	(6) Adopt necessary rules.
20	SECTION 3. IC 16-46-7-9 IS ADDED TO THE INDIANA CODE
21	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
22	1, 2015]: Sec. 9. The state department may do the following:
23	(1) Develop standards for determining eligibility for care and
24	treatment under the sickle cell disease program established
25	under this chapter.
26	(2) Assist in the development and expansion of programs for
27	the care and treatment of persons suffering from sickle cell
28	disease, including the following:
29	(A) Self administration.
30	(B) Prevention.
31	(C) Home care.
32	(D) Other medical procedures and techniques designed to
33	provide maximum control over sickling episodes typical of
34	the condition.
35	(3) Extend financial assistance to persons suffering from
36	sickle cell disease in obtaining chronic blood transfusions,
37	hydroxyurea folic acid, and other effective agents to increase
38	the effectiveness of the funds appropriated to carry out this
39	chapter.
40	(4) Adopt rules necessary to carry out this chapter.
41	SECTION 4. IC 16-46-7-10 IS ADDED TO THE INDIANA CODE
42	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY



1, 2015]: Sec. 10. (a) The state department shall: (1) Conduct a biannual study to determine the prevalence, impact, and needs of sickle cell disease and sickle cell trait within Indiana. The study must be conducted with the assistance of the Indiana Minority Health Coalition, sickle cell patients, physicians who treat sickle cell patients, and representatives of clinics that treat sickle cell patients, and representatives of community based social service organizations that serve the sickle cell population in Indiana. The first study must be completed by November 30, 2015, and a report must be submitted to the public health committee of the Indiana house of representatives and the health and provider services committee of the Indiana senate. (2) The study in subdivision (1) must determine and document the following: (A) The prevalence, by location, of sickle cell disease patients within Indiana. (B) The prevalence, by location, of sickle cell trait carriers within Indiana. (C) The availability, accessibility and affordability of sickle cell trait screening services within Indiana. (D) The prevalence, location, and capacity of sickle cell disease treatment centers, clinics, and medical specialists within Indiana. (E) The prevalence, location, and capacity of community based social service organizations serving sickle cell disease patients and sickle cell trait carriers within Indiana. (E) The unmet medical and psychosocial needs, if any, that are encountered by sickle cell disease patients within Indiana. (G) The areas of Indiana, if any, where sickle cell disease patients may be underserved with regard to medical treatment or social service support. (H) Recommendations for actions required to rectify any identified shortcomings. (b) After completion of each study under this section, the general assembly may direct the department to implement new changes to the sickle cell program, including the establishment of a network of regional sickle cell centers under section 8.3 of this		
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	40	a network of regional sickle cell centers under section 8.3 of this



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chapter.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1329, 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 1, line 6, after "(a)" insert "must be funded by the Indiana sickle cell chronic disease fund and".

Page 1, line 8, delete "Provide for free" and insert "Ensure access to".

Page 1, line 9, after "any" insert "at risk".

Page 1, line 10, delete "Provide for free" and insert "Ensure access to ".

Page 1, line 10, after "any" insert "at risk".

Page 2, line 5, delete "Provide" and insert "Help ensure access to financial".

Page 2, line 5, after "disease" insert "who is financially challenged as a result of the disease and".

Page 2, line 13, after "coverage," insert "the Indiana check up plan (as amend under IC 12-15-44.2-22),".

Page 2, line 17, delete "Provide for the development" and insert "Ensure the implementation".

Page 2, line 18, delete "and the development" insert ", including the".

Page 2, line 19, delete "and".

Page 2, line 23, delete "Provide for the development" and insert "Ensure implementation".

Page 2, line 24, delete "and" and insert ", including".

Page 3, line 2, after "the" insert "support or".

Page 3, line 4, delete "At least one (1) sickle cell disease" and insert "The state department shall seek input from the Indiana Minority Health Coalition in determining the focus in underserved areas. The state department shall ensure that each sickle cell center has the appropriate staffing to provide the services required under this section."

Page 3, delete lines 5 through 6.

Page 3, after line 33, begin a new paragraph and insert:

"SECTION 4. IC 16-46-7-10 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 10. (a) The state department shall:**

(1) Conduct a biannual study to determine the prevalence, impact, and needs of sickle cell disease and sickle cell trait



within Indiana. The study must be conducted with the assistance of the Indiana Minority Health Coalition, sickle cell patients, physicians who treat sickle cell patients, representatives of clinics that treat sickle cell patients, and representatives of community based social service organizations that serve the sickle cell population in Indiana. The first study must be completed by November 30, 2015, and a report must be submitted to the public health committee of the Indiana house of representatives and the health and provider services committee of the Indiana senate.

- (2) The study in subdivision (1) must determine and document the following:
 - (A) The prevalence, by location, of sickle cell disease patients within Indiana.
 - (B) The prevalence, by location, of sickle cell trait carriers within Indiana.
 - (C) The availability, accessibility and affordability of sickle cell trait screening services within Indiana.
 - (D) The prevalence, location, and capacity of sickle cell disease treatment centers, clinics, and medical specialists within Indiana.
 - (E) The prevalence, location, and capacity of community based social service organizations serving sickle cell disease patients and sickle cell trait carriers within Indiana.
 - (F) The unmet medical and psychosocial needs, if any, that are encountered by sickle cell disease patients within Indiana.
 - (G) The areas of Indiana, if any, where sickle cell disease patients may be underserved with regard to medical treatment or social service support.
 - (H) Recommendations for actions required to rectify any identified shortcomings.
- (b) After completion of each study under this section, the general assembly may direct the department to implement new



changes to the sickle cell program, including the establishment of a network of regional sickle cell centers under section 8.3 of this chapter.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1329 as introduced.)

CLERE

Committee Vote: yeas 12, nays 0.

