## 2015 Public Policy Activity Report February 22, 2015

Below is a listing of bills that IMHC has testified on during the first part of the legislative session. There are a total of 8 bills listed with a description, who provided testimony, position, rationale and outcome of the bill.

Legislation .	Description	Testimony Provided by	Position/Rationale	Outcome
HB1269 Mental Health Matters	<ul> <li>Makes the Department of Correction (state) and/or the Sheriff (county) an inmate's authorized representative for applying for Medicaid for inmates who are potentially eligible for Medicaid and who incur medical care expenses that are not otherwise reimbursable.</li> <li>Provides that a community mental health center may be used in assisting with DOC inmates and county jail offenders applying for Medicaid.</li> </ul>	Tony Gillespie	<ul> <li>Support – ensuring that individuals exiting the penal system have access to health coverage improves access to essential services (i.e. health care, mental health services)</li> <li>aides in the reentry process, in getting to connected to stable housing, employment probation compliance and reduces recidivism.</li> <li>Recommend forming broad based reentry partnerships inclusive of MHCs, Probation, Faith Based, etc,</li> </ul>	Passed out of Committee
HB1007 Domestic violence prevention and treatment and sexual assault assistance.	<ul> <li>Prohibits a cap on a grant or contract amount under the domestic violence prevention and treatment program administered by the criminal justice institute.</li> <li>Makes a state general fund appropriation to the criminal justice institute for domestic violence prevention and treatment.</li> <li>Specifies that the appropriation is \$5,000,000 for state fiscal year 2015-2016 and \$5,000,000 for state fiscal year 2016-2017. (The 2013 budget act appropriated \$2,500,000 each year).</li> </ul>	Tony Gillespie	<ul> <li>Support – IMHC testified in support of DV is not only a violence, sexual violence and socioeconomic issue; it's a chronic disease and health disparity issue that disproportionately affects minorities.</li> <li>Recommend minority focus language for i</li> </ul>	Passed out of Committee
SB536 Methamphetamine Offender Registry	This bill calls for the Indiana state police department to report methamphetamine related convictions to the National Association of Drug Diversion Investigators so that stop sale alerts may be	Tony Gillespie	<ul> <li>Support - Bill serves as alternative to legislation that would make over counter cold medication prescription only for Indiana residents.</li> <li>Making over counter cold medication prescription only could disproportionately impacts</li> </ul>	Passed out of Committee

	issued through the National Precursor Log Exchange to prevent individuals with methamphetamine related convictions from purchasing ephedrine.		minorities and residents in rural communities by requiring a doctor's visit to treat colds and sinus conditions.	
HB 1329 Sickle Cell Disease Program Grant	Expansion of the current sickle grant to include regional services center.	Carl Ellison	<ul> <li>Sickle cell funding and services in high impact minority areas have decreased</li> <li>Recommended moderate funding increase to restore networks in Lake, Allen, Vanderburgh &amp; Clark Counties</li> <li>IMHC to work with ISDH to conduct study around the state to determine needs</li> </ul>	Held Amended Passed out of Committee  Update: This bill was not heard in Ways and Means; currently looking for a Senate vehicle bill
HB1004 Safety Pin Grant Program	The bill will establish the safety PIN (protecting Indiana's newborns) grant program/fund for the purpose of reducing Indiana's infant mortality rates.	Carl Ellison	Support - IMHC raised the issue that Infant Mortality in Indiana is indeed a health disparities issue that disproportionately affects the minority community.      IMHC's Racial and Ethnic Epidemiology Center (REME) created a fact sheet that shows the impact of Infant Mortality around the state.	Passed out of Committee  IMHC working with ISDH to address impact on minority population
HB1359 Immunizations (HPV)	Requires that HPV immunization info be provided to parents and providers	Tracy Robinson (Lake County MHC)	<ul> <li>Support – Lake County cervical cancer (caused by HPV) rates higher than the state.</li> <li>Disproportionally affects black women at higher rates; morbidity higher in black women</li> <li>Amendment will be made</li> </ul>	Held Amended Passed out of committee  Update: Bill was voted down in the House based of fear of HPV becoming a mandatory vaccine; looking for a Senate vehicle bill
SB47 Cultural Competency	Requires an individual seeking licensure in a health care profession to complete	Calvin Roberson	Support - testified that a healthcare system should be able address the cultural and linguistic	No Action

Training	cultural competency		<ul> <li>needs of its patients.</li> <li>A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.</li> </ul>	
			<ul> <li>As Indiana's racial and ethnic make-up changes, strategies to move to its health care system towards these goals include providing relevant training on cultural competence and cross-cultural issues to health professionals and creating policies that reduce administrative and linguistic barriers to patient care.</li> <li>Racial and ethnic minorities have higher morbidity and mortality from chronic diseases. The consequences can range from greater financial burden to higher activity limitations.</li> </ul>	
SB526 School Nutrition Bill	Requires the Indiana Department of Education to promote and assist school corporations in complying with federal guidelines, policies, and rules concerning student nutrition.	Eric Evans	<ul> <li>Linked nutrition to chronic health issues and health disparities.</li> <li>provided research that supports the fact that lack of access to nutritious foods can have an impact on the onset of many health issues that face minorities, such as pre-hypertension, hypertension, diabetes, obesity, and heart disease to name a few.</li> <li>shared experiences living in Kokomo, IN where access to healthy food in grocery stores was limited to where you live. And many students only receive one full meal a day and school, and the rest are fast foods and convenience store food</li> </ul>	Failed