

To: IHA Members

From: Laura Brown, Deputy General Counsel

Date: March 27, 2024

Re: 2024 Legislative Session – Summary of Bills of Interest

This memorandum summarizes the provisions of those House Enrolled Acts (HEA) and Senate Enrolled Acts (SEA) passed during the Indiana General Assembly's 2024 legislative session impacting IHA members. This memorandum is provided as guidance only and does not constitute legal advice. If you have any questions or if further information would be helpful, please do not hesitate to contact [Laura Brown](#) or [Trent Fox](#).

HEA 1003 (Administrative law)

Author: Representative Steuerwald

Sponsor: Senator Carrasco

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1003/details>

- **Judicial Review of Agency Action:** Provides that in a judicial review proceeding of an agency action, the court is not bound by a finding of fact made by the ultimate authority, which is generally the Office of Administrative Law Proceedings (which adjudicates agency actions), if the finding of fact is not supported by the record. The court shall decide all questions of law, including any interpretation of a federal or state constitutional provision, state statute, or agency rule, without deference to any previous interpretation made by the agency.
- **Attorney's Fees:** Provides that in a judicial review proceeding of an agency action, the court shall order the agency to pay the other party's reasonable attorney's fees if the other party prevailed before an administrative law judge; the agency initiated the proceeding for judicial review; and the other party prevailed in the judicial review proceeding.

HEA 1058 (Breast cancer screening and services)

Author: Representative Negele

Sponsor: Senator Leising

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1058/details>

- **Breast Cancer Rehabilitative Services Coverage:** Requires the state employe health plan, policies of accident and sickness and insurance, and health maintenance organizations, if they provide coverage for a mastectomy, to also provide chest wall reconstruction and aesthetic flat closure, as defined by the National Cancer Institute, in addition to the reconstructive surgery.
- **Mammography Examinations:** Requires a facility performing a mammography examination to provide:
 - An assessment of the patient's breast tissue density using one (1) of the following classifications:
 - The breasts are almost entirely fatty.
 - There are scattered areas of fibroglandular density.

- The breasts are heterogeneously dense, which may obscure small masses.
- The breasts are extremely dense, which lowers the sensitivity of mammography.
- Provide written notice to the patient and the patient's referring provider regarding the patient's breast density using one of the above classifications; and
- Provide written notice to the patient based on the following:
 - If the patient's breast and connective tissue in comparison to fat in the breast is determined to not be dense, the notice from the facility must state the following: "Breast tissue can either be dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is not dense. Talk to your health care provider about breast density, risks for breast cancer, and your individual situation."
 - If the patient's breast and connective tissue in comparison to fat in the breast is determined to be dense, the notice from the facility must state the following: "Breast tissue can be dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is dense. In some people with dense tissue, other imaging tests in addition to a mammogram may help find cancers. Talk to your health care provider about breast density, risks for breast cancer, and your individual situation."

HEA 1067 (Human services matters)

Author: Representative Clere

Sponsor: Senator Bohacek

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/house/1067/details>

- **Managed Long Term Services and Supports (mLTSS) Claims Submission Testing Period:** Effective immediately, requires the Office of Medicaid Policy and Planning (OMPP) and the managed care organizations (MCO) that will be participating in mLTSS to conduct a claims submission testing period before mLTSS is implemented on July 1, 2024.
- **mLTSS Workgroup:** Effective immediately, requires OMPP to convene a workgroup with OMPP, the MCOs that will be participating in mLTSS, and provider representatives to develop a uniform billing format to be used by the MCOs, receive feedback on the claims submission testing period, advise OMPP on claims submission education and training needs of providers participating in mLTSS, and develop a policy for defining what is means for claims to be submitted appropriately.
- **mLTSS Temporary Emergency Financial Assistance Program:** For the first 210 days after mLTSS is implemented, requires OMPP to establish a temporary emergency financial assistance program for providers that experience financial emergencies due to claims payment issues. To be eligible, a provider must submit to OMPP documentation providing evidence of the provider's financial need for emergency assistance; evidence that the provider participated in the claims submission testing period for all MCOs with which the provider is contracted under mLTSS; evidence that the provider's billing staff participated in the claims submission education and training established through the workgroup; and evidence of a consistent effort by the provider to submit claims in accordance with the uniform billing requirements developed by the workgroup.

- **Financial Emergency Definition:** For purposes of the mLTSS Temporary Emergency Financial Assistance Program, a financial emergency exists:
 - when the rate of denial of claims submitted in one (1) billing period by the provider to a MCO exceeds fifteen percent (15%) of claims submitted appropriately by the provider to the MCO under mLTSS;
 - when the provider, twenty-one (21) days after appropriately submitting claims to a MCO under mLTSS, has not received payment for at least \$25,000 in aggregate claims from the MCO;
 - when, in the determination of the Medicaid Director, the claim submission system of a MCO with which the provider is contracted under mLTSS experiences failure or overload; or
 - upon the occurrence of other circumstances that, in the determination of the Medicaid Director, constitute a financial emergency for a provider.
- **Finding of Financial Emergency:** If OMPP finds a financial emergency, OMPP shall direct the MCO to provide the payment in not more than seven (7) calendar days. The amount shall be equal to seventy-five percent (75%) of the monthly average of the provider's long-term services and supports Medicaid claims for the six (6) month period immediately preceding the implementation of mLTSS, adjusted in proportion to the ratio of the MCO's covered population membership to the total covered population membership of mLTSS. A MCO shall reconcile the temporary emergency assistance payment funds with actual claims payment amounts on the first day of the month that is more than thirty-one (31) days after the MCO issues the temporary emergency assistance funds to the provider. If a temporary emergency assistance payment is issued to a provider, MCOs are still required to meet contract obligations for reviewing and paying claims, specifically claims that total a payment in excess of the temporary emergency assistance payment reconciliation.
- **Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program:** Effective July 1, 2024, if the federal government selects Indiana for the CCBHC Demonstration Program, the Division of Mental Health and Addiction (DMHA) shall include each community mental health center (CMHC) that is able to meet all federal and state requirements concerning programming and data reporting as a part of the CCBHC Demonstration Program through July 1, 2027. Beginning July 1, 2027, DMHA shall include each CMHC that is able to meet all federal and state requirements concerning programming and data reporting as a part of the state plan amendment requiring Medicaid reimbursement for Medicaid eligible CCBHCs. If the federal government does not select Indiana for the CCBHC Demonstration Program, DMHA may apply for a Medicaid state plan amendment or waiver requiring Medicaid reimbursement for Medicaid eligible CCBHC services provided by a Medicaid behavioral health professional, including each CMHC and a behavioral health professional authorized to provide Medicaid services and employed by a CMHC or CCBHC.

HEA 1070 (Mental health grants)

Author: Representative Cash

Sponsor: Senator Crider

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1070/details>

- **Mental Health Grants:** Allows DMHA to award DMHA-administered grants to a for-profit community mental health organization if a nonprofit organization does not qualify for the grant. "Community mental health organization" is not defined.

HEA 1093 (Employment of minors)

Author: Representative Culp

Sponsor: Senator Buchanan

Effective Date: January 1, 2025

Link: <https://iga.in.gov/legislative/2024/bills/house/1093/details>

- **Employment of Minors:** Repeals the section of Indiana Code that provides a minor who is at least 16 years of age and less than 18 years of age may not work more than nine (9) hours in any one (1) day; work more than 40 hours in a school week; work for more than 48 hours in a non-school week; work for more than six (6) days in any one (1) week; or begin a work day before 6 a.m.
 - Repeals the section of Indiana Code that provides a minor who is at least 16 years of age and less than 18 years of age may work until 10 p.m. on nights that are followed by a school day.
 - Repeals the section of Indiana Code that provides that a minor who is at least 16 years of age and less than 18 years of age may work until 11 p.m. on a night followed by a school day if the employer has obtained written permission from the minor's parent and placed the written permission on file in the employer's office.
 - Repeals the section of Indiana Code that provides a minor who is at least 16 years of age and less than 18 years of age may be employed at the same daily and weekly hours and at the same times of day as adults if the minor is a member of any of the following categories: (1) The minor is a high school graduate. (2) The minor has completed an approved career and technical education program or special education program. (3) The minor is not enrolled in a regular school term.

HEA 1102 (Child care)

Author: Representative Heine

Sponsor: Senator Walker

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1102/details>

- **School-Based Child Care Programs for Employees of a Business:** Exempts from licensure a child care program operated by a public or private school that does the following:
 - Provides day care on school property for children of employees of a business or organization with which the school has entered into a contract to provide services. If the school property is owned by the school, the school property must have been both owned by the school and used for child care on or before January 1, 2024.
 - Complies with health, safety, and sanitation standards as determined by the Division of Family Resources (DFR) for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by DFR.
 - Substantially complies with the fire and life safety rules as determined by the State Fire Marshal under rules adopted by DFR for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by DFR.

HEA 1120 (State and local administration)

Author: Representative Thompson

Sponsor: Senator Holdman

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/house/1120/details>

- **Home Health Agency Cooperative Agreements:** Effective July 1, 2024 through June 30, 2027, home health agencies may enter into cooperative agreements to:

- Form and operate, either directly or indirectly, one (1) or more networks of home health agencies to arrange for the provision of health care services through such networks, including to contract either directly or indirectly through a network.
- Contract, either directly or through such networks, with the Family & Social Services Administration (FSSA), or FSSA's contractors to provide services to Medicaid beneficiaries and health care services in an efficient and cost-effective manner on a prepaid, capitation, or other reimbursement basis.
- Undertake other managed health care activities.
- **Regional Mental Health Facility Grants:** Effective immediately, provides that grant awards authorized in the 2023 budget bill and awarded after December 31, 2024, for regional mental health facility grants to counties for use in constructing new facilities or renovating existing facilities to provide mental health services for certain incarcerated individuals may not exceed \$5,000,000 per county (instead of \$2,500,000 per county).
- **Medicaid Oversight:** No later than November 1, 2024, requires FSSA to present to the Medicaid Oversight Committee a detailed plan for monitoring expenses of the complete Medicaid program, an explanation of the issues that led to the deviations in the Medicaid projections presented during the December 2023 Budget Committee meeting, and any improvements made to the process of projecting program expenditures going forward. No later than December 31, 2024, requires FSSA to present to the Budget Committee a policy to set a required minimum percentage of the reimbursement for personal care services under the home and community-based services waivers that must be paid to the individual providing the direct service.

HEA 1121 (Local income taxes)

Author: Representative Thompson

Sponsor: Senator Holdman

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/house/1121/details>

- **Local Option Income Tax for County/Municipal Hospitals:** Effective July 1, 2024, allows a county fiscal body to adopt an ordinance to impose a local option income tax to be used for the operating expenses of the acute care hospital located in the county. The local option income tax rate must be in increments of one-hundredth of one percent (0.01%) and may not exceed one-tenth of one percent (0.1%). The revenue generated by a local option income tax rate imposed must be distributed directly to the county before the remainder of the expenditure rate revenue is distributed.
 - **Acute Care Hospital Definition:** For purposes of this local option income tax, the term "acute care hospital" means an acute care hospital that is licensed under IC 16-21 and established and operated under IC 16-22-2 (County Hospital Chapter), IC 16-22-8 (Health and Hospital Corporation Chapter), or IC 16-23 (Municipal Hospital Chapter).
 - **Upcoming Webinar:** IHA will be hosting a webinar for county/municipal hospitals to provide a more in-depth review of this language. A date for this webinar will be confirmed shortly.

HEA 1138 (Professional licensing matters)

Author: Representative Goss-Reaves

Sponsor: Senator Zay

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1138/details>

- **Virtual Supervision for Behavioral Health Licenses:** Allows 100% of the supervised experience hours for clinical social worker, marriage and family therapist, mental health counselor, clinical addiction counselor, and addiction counselor applicants to be accounted for through virtual supervision by a qualified supervisor.
 - **Virtual Supervision Definition:** The term "virtual supervision" means supervision of an applicant by a qualified supervisor through an electronic platform that provides for synchronous visual and audio interaction in real time, and which is compliant with HIPAA. Virtual supervision does not include telephone calls, electronic mail, or text messages.
- **Behavioral Health License Examinations:** Allows an individual who is enrolled in the last term of the last year of a program for clinical social work, marriage and family therapy, mental health counseling therapy, clinical addiction counseling, or addiction counseling, who provides a letter of good standing from the director of the department or the director's designee, to take the applicable examination provided by the Behavioral Health and Human Services Licensing Board.

HEA 1205 (Mental health standards and reporting)

Author: Representative Meltzer

Sponsor: Senator Baldwin

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1205/details>

- **Community Mental Health Centers' Annual Report:** Requires a CMHC's annual report to DMHA to also include the following information:
 - Demographic information of patients served by the CMHC, including the following:
 - The number of adults served and the five (5) most common addiction substances and ten (10) most common primary mental health diagnoses of the adults.
 - The number of children served and the five (5) most common addiction substances and ten (10) most common primary mental health diagnoses of the children.
 - The total number of clinical encounters in the preceding fiscal year.
 - The total number of completed intakes in the preceding fiscal year.
 - The average time from initial engagement to an offered initial evaluation.
 - The average time from initial evaluation to an offered follow-up visit.
 - The CMHC's performance in comparison to the state's performance on measures identified by DMHA, including client satisfaction and clinical outcomes (DMHA is to determine these measures effective July 1, 2024).
 - Data related to the connection between a patient and additional county or regional based services, including any of the following, if available:
 - Self, family, or guardian referrals.
 - Law enforcement or the criminal justice system.
 - A hospital or physician.
 - Child or youth services.
 - A 24-hour crisis intervention service.
 - An enhanced call center.

HEA 1216 (Medicaid reimbursement for certain detainees)

Author: Representative Steuerwald

Sponsor: Senator Johnson

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1216/details>

- **Medicaid Reimbursement for Emergency Detention:** Requires FSSA and MCOs to reimburse for Medicaid covered services provided to a Medicaid recipient while detained under the Emergency Detention Chapter (IC 12-26-5), regardless of medical necessity criteria, for the earlier of 14 days, excluding Saturdays, Sundays, and legal holidays, or the date of an emergency detention order final hearing under IC 12-26-5-11.
 - **Medicaid Reimbursement following Final Orders:** If an individual (who is a Medicaid recipient) then continues to be detained under an emergency detention order following a final hearing, FSSA and MCOs shall reimburse for Medicaid covered services provided to the individual in accordance with a mental health or substance use disorder treatment plan while the individual is detained under the final order, subject to medical necessity criteria according to clinical care guidelines established and published by FSSA.
 - **Expiration:** This Medicaid reimbursement section expires June 30, 2025, and will need to be renewed during the 2025 legislative session.
- **Basis for Emergency Detention Applications:** An application for emergency detention must contain an attestation signed by a physician that there is probable cause to believe that:
 - The individual is mentally ill and either dangerous or gravely disabled; and
 - The individual requires continuing involuntary detention to receive care and treatment;based on an examination by a physician, advanced practice registered nurse (APRN), or physician assistant (PA), or information given to a physician, APRN, or PA (current law requires the individual to be examined by a physician, APRN, or PA, while the updated language will allow an application for emergency detention to be based on an examination or information given to a physician, APRN, or PA).

HEA 1231 (Service of safety orders and penalty assessments)

Author: Representative Goodrich

Sponsor: Senator Rogers

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1231/details>

- **Electronic Transmission of Safety Orders and Penalty Assessments:** Allows safety orders and penalty assessments as a result of a review by the Indiana Occupational Safety Standards Commission to be issued electronically to an email address provided by the employer or the employer's representative during an inspection on a form supplied by the Department of Labor (DOL) (safety orders and penalty assessments may still be issued by personal service or registered or certified mail, but electronic transmission is now also an option). A safety order or penalty assessment served electronically shall be transmitted with a read receipt or another form of electronic confirmation to ensure that the recipient has received the email. If DOL does not receive a read receipt or electronic confirmation within five (5) days of transmission, the DOL, as soon as practicable, shall mail a physical copy of the safety order and penalty assessment by registered or certified mail.
 - **Physical Transmission:** If personal service or registered or certified mail is requested, allows the employer or the employer's representative to select where the safety order and penalty assessment is to be sent – the place where the alleged

violation occurred, the employer's address registered with the Secretary of State, or at the address of the employer's registered agent.

HEA 1238 (Competency evaluation)

Author: Representative McNamara

Sponsor: Senator Brown

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1238/details>

- **Competency Evaluation Training Program for APRNs and PAs:** Requires DMHA, in consultation with the Medical Licensing Board, a forensic psychiatrist, and a forensic psychologist holding a doctorate, to establish a training program of at least 40 hours of instruction to certify:
 - An APRN with a certification as a psychiatric mental health nurse practitioner; or
 - A PA who specializes in psychiatry or mental health;as a competency evaluator who may assist a criminal or juvenile court in determining competency to stand trial or appear at a juvenile adjudication.
- **Competency Evaluations:** For competency evaluations conducted for murder or a Level 1-5 felony, the court shall appoint two (2) to (3) three competent and disinterested psychiatrists or psychologists. For competency evaluations conducted for a misdemeanor or Level 6 felony, the court shall appoint one (1) competent and disinterested psychiatrist or psychologist; the court may also appoint not more than two (2) competent and disinterested individuals to assist in determining competency who may be a psychiatrist, a psychologist, or a licensed APRN, PA, or physician who specializes in psychiatry or mental health and who is certified by DMHA as a competency evaluator.

HEA 1259 (Health care matters)

Author: Representative Barrett

Sponsor: Senator Brown

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/house/1259/details>

- **Hospital Fiscal Reports:** Effective July 1, 2024, reinstates the ability of the Indiana Department of Health (IDOH) to grant an extension of time to a hospital to file its annual fiscal report if the hospital shows good cause for extension (annual fiscal reports are due within 120 days after the end of the hospital's fiscal year).
 - ***If a hospital has a fiscal report due prior to July 1 and would like an extension, the hospital should email hospitalreports@health.in.gov, note the hospital's original due date, and request an extension of that date be processed on July 1 to extend the submission timeframe to July 30. IDOH will grant such extensions on July 1. If the hospital has filed the fiscal report(s) in the meantime, nothing further will be required. If the hospital needs a further extension past July 31, IDOH and the hospital can deal with that in a separate request on or after July 1. Given the lag time before IDOH can technically grant an extension, this is how IDOH will handle carrying out the legislative intent in the interim.***
- **Clinical Nurse Preceptors:** Effective July 1, 2024, repeals the requirement that a clinical nurse preceptor have at least 18 months of experience as a registered nurse (RN), and instead only requires a clinical nurse preceptor to be a licensed RN (individual hospitals could still have different qualifying requirements). Requires the Indiana State Board of

Nursing (ISBN) to update its administrative rules to reflect this change by July 1, 2025, but the statute controls starting July 1, 2024.

- **Nursing Program Faculty:** Effective July 1, 2024, the majority of employees on the faculty of a nursing program may be part-time employees of an approved postsecondary education institution or a hospital that conducts the nursing program (this law previously only applied to postsecondary educational institutions that predominantly issue associate degrees but will now apply to all postsecondary institutions that choose to utilize the flexibility).
- **Respiratory Therapists:** Effective July 1, 2024, allows respiratory therapist students with student permits to perform respiratory therapy care procedures on any patient (i.e., whether a minor or adult, rather than an adult only) who is not a critical care patient, and under the proximate supervision of a practitioner.
- **PBM Audits:** Effective July 1, 2024, contract holders, meaning a health plan, MCO, or entity (i.e., employer) that offers health insurance to its employees or members through a self-funded health benefit plan (including ERISA-covered plans) that contract with a pharmacy benefit manager (PBM), shall be entitled to an audit once per year that includes rebate amounts secured on prescription drugs identified by therapeutic category, pharmaceutical and device claims received by the PBM, and any other revenue and fees derived by the PBM, including all direct and indirect remuneration from pharmaceutical manufacturers regardless of whether the remuneration is classified as a rebate, fee, or another term. A PBM may not impose fees for requesting an audit or selecting an auditor other than an auditor designated by the PBM.
- **Claims Data:** For contracts entered into, amended, or renewed after June 30, 2024, between a third party administrator (TPA) and a plan sponsor (meaning an entity that offers health insurance to a self-funded health plan, including an ERISA-covered plan), between a prepaid health care delivery plan and a plan sponsor, or between a PBM and either a plan sponsor or the TPA for the plan sponsor, the contract must provide that the plan sponsor owns the claims data related to the contract, although a PBM or TPA may not be required to disclose a trade secret. Once per year, a plan sponsor that contracts with a TPA may request an audit of compliance with the contract. A TPA may not impose fees for requesting an audit or selecting an auditor other than the auditor designated by the TPA.
- **Therapeutic Psilocybin Research:** Allows a research institution in Indiana to apply to DMHA to receive financial assistance from the Therapeutic Psilocybin Research Fund to conduct one (1) or more clinical studies to evaluate the efficacy of psilocybin as an alternative treatment for mental health and other medical conditions. Psilocybin means a naturally occurring psychedelic prodrug compound that is produced by fungi, including members of the genus *Psilocybe*. Not later than July 1, 2024, DMHA shall establish a process to administer the fund and process applications. A research institution that receives a grant shall submit a report summarizing the results of the study and any recommendations for legislation to the Interim Study Committee on Public Health, IDOH, and DMHA.
- **Acupuncturists:** Effective July 1, 2024, repeals the requirement that a licensed acupuncturist may only provide services upon the referral of a licensed physician.

HEA 1302 (Emergency medical services)

Author: Representative O'Brien

Sponsor: Senator Crider

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1302/details>

- **EMS Data:** Provides that not later than July 15, 2024, the county executive of each county shall provide the Department of Homeland Security (DHS) the following information on a form and in a manner described by DHS:
 - Each EMS provider that provides services in the county.
 - Each EMS provider in the county that provides services to an adjacent county.
 - The funding source for each EMS provider that provides services in the county.
 - The level of care provided by each EMS provider in the county, including a description of the basic life support services and advanced life support services provided by the EMS provider.
 - The average response time for each EMS provider in the county disaggregated by nontransport EMS units and transport EMS units.
 - Factors that result in a longer average response time in certain jurisdictions within the county disaggregated by nontransport EMS units and transport EMS units.
 - Any other information DHS, in consultation with the Indiana Emergency Medical Services Commission, determines is necessary or useful to include.
- **EMS Report:** Provides that not later than August 15, 2024, DHS, in consultation with the Indiana Emergency Medical Services Commission, shall prepare and submit a report to the Indiana General Assembly providing a summary of the above information and any recommendations by DHS to improve EMS in Indiana.

HEA 1328 (Department of local government finance)

Author: Representative Snow

Sponsor: Senator Bassler

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/house/1328/details>

- **CMHC Certification by Governmental Hospitals:** Effective July 1, 2024, allows an acute care hospital that is licensed under IC 16-21 and established and operated under IC 16-22-2 (County Hospital Chapter), IC 16-22-8 (Health and Hospital Corporation Chapter), or IC 16-23 (Municipal Hospital Chapter) to apply to DMHA for certification as a CMHC. DMHA shall ensure an applicant meets all organizational and operational standards, including standards concerning services, governance, quality, and financial obligations required for CMHCs, and review an application without consideration for previously established exclusive geographic primary service restrictions.
- **EMS Contracts:** Requires a political subdivision that is a taxing unit to upload to the Indiana Transparency Portal any contract related to the provision of EMS or fire services, or that is entered into with another unit or entity that provides EMS or fire services, within 60 days of the contract being executed.

HEA 1332 (Insurance matters)

Author: Representative Carbaugh

Sponsor: Senator Baldwin

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1332/details>

- **Health Provider Contracts:** For health provider contracts entered into or renewed after June 30, 2024, if a party to a health provider contract intends to terminate the contractual relationship with another party to the health provider contract, the terminating party must provide written notice to the other party of the decision to terminate the contractual relationship not less than ninety (90) days before the health provider contract terminates. This new requirement does not apply to the Indiana law governing amendments to health provider contracts (IC 27-1-37.1).
 - **Health Provider Contract Definition:** The term "health provider contract" means an agreement with a provider or a health provider facility (meaning a hospital, hospital system, or an affiliate of a hospital or hospital system) relating to terms and conditions of reimbursement for health care services provided to an individual under an employee welfare benefit plan (as defined in 29 U.S.C. 1002 et seq.); a policy of accident and sickness insurance (as defined in IC 27-8-5-1); a contract with a health maintenance organization; a self-insurance program established under IC 5-10-8-7(b); or a prepaid health care delivery plan entered into under IC 5-10-8-7(c). As such, self-funded plans covered by ERISA and Medicare Advantage plans are not included in the definition.
- **Prescription Rebates:** Updates SEA 8 from the 2023 legislative session regarding prescription rebates to require an insurer to offer a plan sponsor the following plans:
 - A plan that applies one hundred percent (100%) of the rebates to reduce premiums for all covered individuals equally.
 - A plan that calculates defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by an amount equal to at least 85% of all of the rebates received or estimated to be received by the insurer concerning the dispensing or administration of the prescription drug.

HEA 1338 (Security of property and meeting decorum)

Author: Representative Prescott

Sponsor Senator Baldwin

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1338/details>

- **Open Door Law:** For governmental hospitals required to adhere to Indiana's Open Door Law, allows a meeting of the governing body to adopt reasonable rules or policies governing the conduct of a meeting, including reasonable restrictions on the time allotted for attendees to speak on a topic, reasonable steps to maintain order during a meeting with respect to attendees and the elected officials of the governing body, and a procedure for the presiding member of the governing body to issue warnings to attendees who disrupt a meeting. The governing body must notify attendees of any rules or policies by posting the rules or policies in a visible area at the entrance to the meeting location or making an announcement of the rules or policies at the meeting before taking oral public comment. However, nothing shall prohibit a law enforcement officer from immediately removing an attendee to maintain order or ensure the safety of another person, if the attendee commits a criminal offense, or the attendee violates the rules or policies adopted.
 - **Committee Appointed by Governing Body:** A committee appointed directly by the governing body or a designee of the governing body for the sole purpose of

receiving information, deliberating, or making recommendations to the governing body and that has not more than one (1) member of the governing body as a member is not considered a governing body for purposes of the Open Door Law.

- **Public Access Counselor:** Specifies that the Public Access Counselor serves at the pleasure of the Governor, and when issuing an advisory opinion, the Public Access Counselor shall consider only the public access laws, as plainly written, and valid opinions of Indiana courts.

HEA 1380 (Various education matters)

Author: Representative Behning

Sponsor: Senator Raatz

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1380/details>

- **Emergency Medical Technicians:** An individual who is at least 16 years of age may enroll in and attend a training program for certification as an emergency medical technician. This new language does not affect the minimum age requirements for employment as an emergency medical technician or certification by a national certification agency.

HEA 1385 (Emergency medical services)

Author: Representative Barrett

Sponsor: Senator Johnson

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/house/1385/details>

- **Community Cares Initiative Grant Pilot Program:** Effective July 1, 2024, establishes the Community Cares Initiative Grant Pilot Program for the purpose of assisting in the cost of starting or expanding mobile integrated healthcare programs and mobile crisis teams in Indiana. DMHA shall administer the Pilot Program, and a county, city, or town that operates a mobile integrated healthcare program or mobile crisis team is eligible to participate in the Pilot Program for a period of three (3) years.
- **Rates for Nonparticipating Ambulance Providers:** Effective January 1, 2025, a health plan (meaning policies of accident and sickness insurance and health maintenance organizations) shall provide payment to a nonparticipating ambulance service provider for ambulance service provided to a covered individual at one of the following rates, whichever is less:
 - A rate set or approved, by contract or ordinance, by the county or municipality in which the ambulance service originated;
 - A rate of 400% of the current published rate for ambulance service as established by CMS for the same ambulance service provided in the same geographic area; or
 - According to the nonparticipating ambulance service provider's billed charges.

Such a payment shall be considered payment in full for the ambulance service provided, except for any copayment, coinsurance, deductible, and other cost sharing amounts that the health plan requires the covered individual to pay, which may not exceed the amount that the covered individual would be required to pay if the ambulance service had been provided by a participating ambulance service provider. The nonparticipating ambulance service provider is prohibited from billing the covered individual for any additional amount for the ambulance service provided. The payment to the nonparticipating ambulance service provider shall be remitted not more than 30 days after the health plan receives the

clean claim, and the health plan shall not send the payment to the covered individual. If the claim is not clean, the health plan may still pay the claim, or within 30 days, send written notice that states the health plan is declining to pay all or part of the claim and sets forth the specific reason(s) for declining to pay the claim in full, or states that additional information is needed to determine whether all or part of the claim is payable and specifically describes the additional information that is needed.

- **Applicability:** The provisions related to rates for nonparticipating ambulance providers do not apply to the Medicaid program or ambulance services owned or operated by a health system that bill for ambulance services under the health system. The term “health system” means a parent corporation of one (1) or more hospitals, and any entity affiliated with the parent corporation, or a hospital and any entity affiliated with the hospital, through ownership, governance, or membership.
- **State Employee Health Plan:** Effective January 1, 2025, requires the State Employee Health Plan to fairly negotiate rates and terms with any ambulance service provider willing to become a participating provider.

HEA 1426 (Long acting reversible contraceptives)

Author: Representative Fleming

Sponsor: Senator Glick

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/house/1426/details>

- **Subdermal Contraceptives:** Please see the enclosed Hall Render memorandum on HEA 1426.

SEA 4 (Fiscal and administrative matters)

Author: Senator Garten

Sponsor: Representative Thompson

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/senate/4/details>

- **Healthy Indiana Plan (HIP) Phase Out Trust Fund:** Repeals the HIP Phase Out Trust Fund that was originally established to hold funds needed during a phase out period of HIP, since HIP fees have not been deposited into the HIP Phase Out Trust Fund in several years. Reverts the remaining balance of the HIP Phase Out Trust Fund to the Medicaid Contingency and Reserve Account.

SEA 9 (Notice of health care entity mergers)

Author: Senator Garten

Sponsor: Representative Schaibley

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/9/details>

- **Attorney General Notification Process:** Please see the enclosed Krieg DeVault memorandum on SEA 9.

SEA 15 (Military benefits and services poster)

Author: Senator Tomes

Sponsor: Representative Bartels

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/15/details>

- **Poster:** Requires the DOL to consult with the Department of Veterans' Affairs to create and distribute a veterans' benefits and services poster. Every employer under the jurisdiction of the DOL with more than 50 full-time employees (or their equivalent) shall display the poster distributed in a conspicuous place where employees are employed. IHA will keep members updated when the poster is developed.

SEA 18 (Various probate matters)

Author: Senator Brown

Sponsor: Representative Torr

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/18/details>

- **Health Care Representative:** Expands the definition of "health care representative" beyond "competent adults" to "other persons" designated by the declarant in an advance directive.
- **Confidential Health Disclosure:** Allows a verified petition for the issuance of a confidential health disclosure order to state the alleged incapacitated person has refused to provide written authorization for disclosure of certain medical information (current law just allows such a petition if the alleged incapacitated person cannot provide written authorization).

SEA 34 (Occupational licensing)

Author: Senator Rogers

Sponsor: Representative Miller

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/34/details>

- **Occupational Licensing Study:** Requires the Professional Licensing Agency (PLA) to study universal occupational licensing laws enacted in other states and submit a report with findings and recommendations to the Indiana General Assembly not later than October 31, 2025.
- **Occupational Regulations:** Delays the date to July 1, 2026, rather than July 1, 2025, before a person who engages in an occupation or profession to which an occupational regulation applies may file a petition for repeal or modification of the occupational regulation with the public agency having jurisdiction over enforcement of the occupational regulation.

SEA 132 (Professions and professional services)

Author: Senator Brown

Sponsor: Representative Zent

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/132/details>

- **Hospital Fiscal Reports:** SEA 132 also reinstates the ability of IDOH to grant an extension of time to a hospital to file its annual fiscal report if the hospital shows good cause for extension. Please see further summary in HEA 1259 above.

- **Telehealth Certifications:** Repeals the requirement that a practitioner who is physically located outside of Indiana certify in writing to PLA that the practitioner and the practitioner's employer agree to be subject to the jurisdiction of the courts of law of Indiana and Indiana substance and procedural laws to engage in the provision of health care services in Indiana through telehealth. Instead, Indiana Code will state that a practitioner who is physically located outside Indiana and engaged in the provision of health care services in Indiana through telehealth agrees to be subject to the jurisdiction of the courts of law of Indiana and Indiana substance and procedural laws concerning any claim asserted against the practitioner, the practitioner's employer, or the practitioner's contractor arising from the provision of health care services through telehealth to an individual who is located in Indiana at the time the health care services were provided (in other words, a certification is no longer required to be filed with PLA, but practicing telehealth in Indiana avails the practitioner to Indiana's laws).
- **English Proficiency Requirement for Nurses:** RN and licensed practical nurse (LPN) applicants will meet the English proficiency requirement if the applicant passes an English course as certified in the transcript from the ISBN's approved nursing education program or submits proof of passing the National Council Licensure Examination (NCLEX) that was taken in only the English language.
- **Foreign Educated Nurses:** Requires the ISBN to issue an RN or LPN license to foreign educated nurse applicants either by endorsement or examination (current law only allows licensure by endorsement). Also provides an additional pathway for foreign educated nurses to become licensed in Indiana, in addition to the Commission on Graduates of Foreign Nursing Schools Qualifying Exam, Credentials Evaluation Service Professional Report, and VisaScreen Verification Letter: A satisfactory credential verification assessment from an organization that is a member of the National Association of Credential Evaluation Services or any other organization approved by the ISBN.
- **Medical Licensing Board Study:** Requires the Medical Licensing Board (MLB) to study the administrative rules that have been adopted related to office-based procedures that require moderate sedation, deep sedation, or general anesthesia. The study must include what accreditation agencies are or have been approved by the MLB, the cost of any accreditation by an accreditation agency for an office-based setting, and options for reducing the cost of accreditation for office-based settings. The MLB shall submit the report and any recommendations to the Indiana General Assembly by November 1, 2024.

SEA 146 (Youth employment)

Author: Senator Rogers

Sponsor: Representative Culp

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2024/bills/senate/146/details>

- **Youth Employment Registration:** Effective January 1, 2025, for those employers that hire, employ, or permit at least five (5) minors who are at least 14 years of age and less than 18 years of age to work in a gainful occupation who must register with the DOL, on or before the fifteenth and last business day of each month, the employer shall enter any new or changed information regarding a qualifying location and the names and numbers of minors at each qualifying location.

SEA 148 (Workforce data collection)

Author: Senator Brown

Sponsor: Representative Carbaugh

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/148/details>

- **Newly Hired Reports:** For the Indiana Directory of Hires and Rehires, requires the employer to list the date services for remuneration were first performed by the employee (rather than the date of hire), the current primary standardized occupational classification code of the employee, and the starting compensation of the employee (in addition to the other information required under current law). Such information may only be transmitted electronically in a manner prescribed by the Department of Workforce Development.
 - **Newly Hired Employee Definition:** The term “newly hired employee” means an employee who has not previously been employed by the employer or was previously employed by the employer but has been separated from such prior employment for at least sixty (60) consecutive days.

SEA 215 (Medicare supplement insurance)

Author: Senator Walker

Sponsor: Representative Carbaugh

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/215/details>

- **Medicare Supplement Insurance:** Provides that after December 31, 2024, an issuer that makes a Medicare supplement policy or certificate available to persons at least 65 years of age must make the equivalent policy or certificate available to an individual under 65 years of age who is eligible for Medicare because of having a federally defined disability or end stage renal disease (under current law, an issuer that makes a Medicare supplement policy or certificate available to persons at least 65 years of age is required only to make a Plan A policy or certificate available to individuals under 65 years of age, and is required to make the Plan A policy or certificate available to an individual under 65 years of age who is eligible for Medicare because of having a federally defined disability but is not required to make the Plan A policy or certificate available to an individual under 65 years of age who is eligible for Medicare because of having end stage renal disease). Provides that if an individual who is less than 65 years of age, who is eligible for Medicare because of having a federally defined disability or end stage renal disease, and who meets certain conditions as to application timeliness applies for a Medicare supplement policy or certificate, the issuer of the policy or certificate is prohibited from denying or conditioning the issuance or effectiveness of the individual's policy or certificate; charging the individual a premium rate for a policy or certificate standardized as Plan A, B, or D that exceeds the premium rate the issuer charges an individual who is 65 years of age; charging the individual a premium rate for any other standardized lettered policy or certificate that exceeds 200% of the premium rate the issuer charges an individual who is 65 years of age; or issuing to the individual a policy or certificate that contains a waiting period or a preexisting condition limitation or exclusion.

SEA 234 (Disaster emergency)

Author: Senator Garten

Sponsor: Representative Lehman

Effective Date: Effective Upon Passage

Link: <https://iga.in.gov/legislative/2024/bills/senate/234/details>

- **Disaster Emergency Declarations:** Provides that a state of disaster emergency declared by the Governor that applies to the entire state may not continue for more than 60 days unless a renewal is authorized by the Indiana General Assembly; and that only applies to part of the state may not continue for more than 30 days unless renewed by the Governor. Provides that the renewal of a statewide disaster emergency authorized by the Indiana General Assembly may continue for not more than 60 days.

SEA 273 (Biomarker testing coverage)

Author: Senator Charbonneau

Sponsor: Representative Barrett

Effective Date: July 1, 2024

Link: <https://iga.in.gov/legislative/2024/bills/senate/273/details>

- **Biomarker Testing Coverage:** Requires OMPP, MCEs, policies of accident and sickness insurance, health maintenance organizations, and the state employee health plan to provide coverage of biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition when biomarker testing is supported by medical and scientific evidence, but coverage is not required for screening purposes. Before November 1, 2025, and before November 1 of each year thereafter, FSSA shall report to the Budget Committee on the Medicaid reimbursement rates provided for biomarker testing. The report shall include the following statewide aggregate information for the state fiscal year 2023 and the state fiscal year most recently ended:
 - The total number of patients who received biomarker testing.
 - The total number of patients who received biomarker testing for each biomarker test type.
 - The total amount of state funding expended for biomarker testing.
 - The ten (10) most common conditions or treatments for which biomarker testing was ordered.
 - As a result of the biomarker testing, how many patients were placed on particular therapies; avoided certain treatments; and were subject to any other treatment impacts.
 - Any other information requested by the Budget Committee.

Each provider that receives state Medicaid funding under this section shall provide the information described above to FSSA not later than August 1 of each year. IHA will work with FSSA to understand how this will be implemented.

- **Biomarker Definition:** The term "biomarker" means a characteristic that is objectively measured and evaluated as an indicator of normal biological processes; pathogenic processes; or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered. The term includes gene mutations, characteristics of genes, and protein expression.