Indiana General Assembly
2020 Mid-Session Report

IHA Legislative Priorities

**Surprise Billing**
During the first half of the 2020 session, the main goal of legislators was to pass language to protect patients from being in the middle in surprise billing disputes. IHA and other provider stakeholder groups are still working with legislators to address how to resolve payment disputes between insurers and out-of-network providers.

**SB 3 Health Care Provider Billing (Charbonneau)**
- Prohibits billing a patient who receives emergency services:
  - (1) from an out of network provider; and
  - (2) at specified facilities that are in network; for amounts that exceed the cost paid by the patient's insurance plus any deductibles, copayments, and coinsurance amounts.
- Requires certain health care providers to provide, upon request from the patient, a good faith estimate to the patient for the cost of care at least five business days before a health care service or procedure is provided.
- Sets forth requirements of the good faith estimate to include any:
  - (1) expected facility, professional, and imaging services; and
  - (2) drugs or medical devices associated with the service or procedure.
  - If the estimate includes costs for an out of network provider providing the service or procedure, the estimate may include a range for the cost of the service or procedure.
- Requires the patient to acknowledge in writing receipt of the estimate and indicate whether to proceed with the service or procedure.

**HB 1004 Balance Billing for Medical Care (Smaltz)**
- Provides that a facility that is an in-network provider or a practitioner who provides health care services in the in network facility may not charge more for the health care services provided to a covered individual than allowed according to the rate or amount of compensation established by the network plan unless:
(1) at least five days before the health care services are scheduled to be provided, the covered individual is provided a statement that: (A) informs the covered individual that the facility or practitioner intends to charge more than allowed under the network plan; and (B) sets forth an estimate of the charge; and

(2) the covered individual signs the statement, signifying the covered individual's consent to the charge.

Provides that an in-network practitioner who provides health care services to a covered individual (regardless of where the health care services are provided) may not charge more for the health care services than allowed according to the rate or amount of compensation established by the network plan unless:

(1) at least five days before the health care services are scheduled to be provided, the covered individual is provided a statement that: (A) informs the covered individual that the practitioner intends to charge more than allowed under the network plan; and (B) sets forth an estimate of the charge; and

(2) the covered individual signs the statement, signifying the covered individual's consent to the charge.

All Payer Claims Database
SB 4 All Payer Claims Database (Charbonneau)

- Establishes the all payer claims database advisory committee to perform duties to assist the Department of Insurance (IDOI) commissioner with the creation and implementation of an all payer claims database.
- Allows for the establishment of a database to be administered by the commissioner and sets forth duties and requirements concerning a database.
- Requires annual reporting by the commissioner to the governor, the State Budget Committee, and the General Assembly.

Price Transparency
SB 5 Health Provider Contracts (Charbonneau)

- Prohibits health provider contracts from including provisions that prohibit providers from disclosing health care service claims data to employers providing the coverage.
- States that a violation by the issuer by including a contrary provision in a health care provider contract is an unfair or deceptive act or practice in the business of insurance.

SB 241 Pharmacy Benefit Managers Regulation (L. Brown)

- Requires a pharmacy benefit manager to obtain a license issued by the Department of Insurance (IDOI) and sets forth requirements of the pharmacy benefit manager.
- Provides for the Commissioner of the IDOI to adopt rules to specify licensure, financial standards, and reporting requirements that apply to a pharmacy benefit manager.
- Sets forth requirements of a pharmacy benefit manager's reimbursement for a contracted pharmacy when using a maximum allowable cost for a drug product.
- Allows a party that has contracted with a pharmacy benefit manager to request an audit of compliance at least one time per year.
- Makes violations of the chapter concerning pharmacy benefit managers an unfair or deceptive act or practice in the business of insurance.
- Repeals the chapter of existing language on pharmacy benefit managers and moves the language concerning maximum allowable cost lists to the new chapter.
• Allows a pharmacy benefit manager to obtain the license not later than December 31, 2020, in order to do business in Indiana and provide services for any health provider contract beginning January 1, 2021.

**HB 1042 Pharmacy Benefit Managers (Davisson)**

• Requires a pharmacy benefit manager to obtain a license issued by the Department of Insurance (IDOI) and sets forth requirements of the pharmacy benefit manager.

• Provides for the commissioner of the IDOI to adopt rules to specify licensure, financial standards, and reporting requirements that apply to a pharmacy benefit manager.

• Makes violations of the chapter concerning pharmacy benefit managers an unfair or deceptive act or practice in the business of insurance.

• Repeals the chapter of existing language on pharmacy benefit managers and moves the language concerning maximum allowable cost lists to a new chapter.

**Protecting Not-For-Profit Status**

Senate Bill 448 originally required a nonprofit hospital in Indiana to invest 30% of the hospital's unrestricted, board designated investment assets (unrestricted assets) in local investments in the service area of the hospital. It would have required a hospital to report the amount of unrestricted assets that are reserved for local investments and the amount of actual investments in local investments as a separate line item on the hospital's annual audited financial statement to the State Department of Health. If a nonprofit hospital failed to submit a copy of its audited financial statements with its biennial report to the Secretary of State, or if the audited financial statements submitted indicate that the hospital failed to meet the local investment requirement during one or both of the fiscal years, the following would have applied:

• The nonprofit hospital shall be considered as operating as a for-profit entity for purposes of state income taxes.

• (2) The nonprofit hospital shall be ineligible for a state sales and use tax exemption for purchases made by the hospital.

• (3) The nonprofit hospital shall be ineligible for certain property tax exemptions that would otherwise apply.

Instead, the bill was amended, stripping this language out entirely and the following is the sole requirement of the bill:

**SB 448 Non-Profit Hospital Report (Holdman)**

• Requires a nonprofit hospital to annually report the policies, procedures, activities, or any other actions taken by the nonprofit hospital in the preceding calendar year that were intended to make health care more affordable.

IHA wants to thank members for their active engagement in reaching out to legislators to share the positive economic impact that not-for-profit hospitals have and how investment decisions are made to further reinvest in the mission of providing health care.

**Smoking/Improving Public Health Metrics**

Thank you to the Alliance for a Healthier Indiana for its continued advocacy for public policies that can begin to reduce the rate of smoking in the State of Indiana. Raising the age of purchase to 21 years of age for all tobacco and vaping-related products is the first policy in a comprehensive package, including increasing the tax on cigarettes, which will begin to move the needle for this public health metric.

**SB 1 Tobacco and Vaping Smoking Age (Charbonneau)**
Prohibits a person who is less than 21 years of age from buying or possessing: (1) tobacco; (2) e-liquids; or (3) electronic cigarettes.

Makes conforming changes regarding enforcement provisions, sales certificates, prohibition of delivery sales, and notices posted at retail establishments and at vending machines.

Provides that a retail establishment that sells an e-liquid to a person less than 21 years of age is subject to a civil judgment for an infraction.

Triples the civil judgment for an infraction for: (1) a retail establishment that sells or distributes tobacco, an e-liquid, or an electronic cigarette to a person less than 21 years of age; and (2) certain retail establishments that allow an underage person to enter their establishment.

Requires a merchant who mails or ships cigarettes as part of a delivery sale to use a shipping service that requires a customer to present identification if they appear to be less than 30 years of age.

Provides that a retail establishment that sells an e-liquid to a person less than 21 years of age is subject to a civil judgment for an infraction.

Triples the civil judgment for an infraction for: (1) a retail establishment that sells or distributes tobacco, an e-liquid, or an electronic cigarette to a person less than 21 years of age; and (2) certain retail establishments that allow an underage person to enter their establishment.

Requires a merchant who mails or ships cigarettes as part of a delivery sale to use a shipping service that requires a customer to present identification if they appear to be less than 30 years of age.

HB 1006 Regulation of Tobacco Products (Kirchofer)

For purposes of IC 7.1 and the provisions of IC 35 concerning sales and distribution of tobacco products to minors, defines "tobacco product" as any of the following: (1) A product containing tobacco or nicotine, including a cigarette, cigar, pipe tobacco, chewing tobacco, snuff, or snus. (2) An electronic smoking device that may or may not contain nicotine, including an electronic cigarette, cigar, pipe, hookah, vape pen, and cartridge. (3) E-liquid that may or may not contain nicotine. (4) Any component or part of those items that may or may not contain nicotine, including filters, rolling papers, blunt or hemp wraps, and pipes.

Requires a person to be at least 21 years of age to purchase tobacco products or to hold a tobacco sales certificate (certificate) to sell tobacco products.

Requires a seller of tobacco products to verify the age of a purchaser who appears to be less than 30 years of age (instead of 27 years of age) by checking a government issued identification. Makes a certificate expire annually (instead of every three years).

Prohibits the issuance of a certificate within three years of the revocation of a previous certificate for that location. Increases the civil penalties for a retailer that sells tobacco products to a person under 21 years of age and provides the following: (1) Requires suspension of the certificate for a retail establishment that has two or three violations within three years. (2) Requires revocation of a certificate for a retail establishment that has four violations within three years.

Provides that a retailer that has four violations in three years (instead of six violations in 180 days) commits habitual sale of a tobacco product, a Class B infraction.

Provides that the primary activity of a "tobacco business" is the sale of tobacco products.

Prohibits a tobacco business from locating within 1,000 feet (instead of 200 feet) of a school after June 30, 2020, unless the tobacco business was in operation before: (1) July 1, 2020; or (2) the school located near the tobacco business.

Requires a person to be 21 years of age (instead of 18 years of age) to enter certain businesses where smoking is permitted.

Requires a vending machine that sells tobacco products to be located in an area where only persons who are at least 21 years of age are permitted.

Provides that a person who is a non-management level employee of a retailer who sells tobacco products to a person less than 21 years of age may be allowed to complete an education program for retailers instead of paying a civil penalty.

Provides that a person who: (1) is not a retailer or employee; (2) is at least 21 years of age; and (3) purchases a tobacco product for a person who is less than 21 years of age; may be assessed a civil penalty of not more than fifty dollars ($50).

Requires a person who is less than 21 years of age from purchasing, accepting, or possessing a tobacco product.

Provides that it is a Class B infraction if a person knowingly sells a tobacco product that contains vitamin E acetate.
Compromise on Physician Non-Compete Agreements

Leadership of the Indiana Hospital Association and the Indiana State Medical Association have been working on a compromise for the past two years with respect to this issue. Below is the compromise package that came out of these discussions.

HB 1115 Physician Non-Compete Agreements (Morris)

- Requires an enforceable physician noncompete agreement to contain the following provisions:
  - (1) A provision that requires the employer of the physician to provide the physician with a copy of any notice:
    - (A) concerning the physician's departure; and
    - (B) sent to any patient seen or treated by the departing physician during the two-year period preceding the termination of the physician's employment or expiration of the departing physician's contract, as applicable.
  - (2) A provision that requires the physician's employer to, in good faith, provide current or last known contact and location information to a patient seen or treated by the physician during the two-year period preceding the termination of the physician's employment or expiration of the physician's contract.
  - (3) A provision that provides the physician whose employment has terminated or whose contract has expired with the option to purchase a complete and final release from the terms of an enforceable noncompete agreement at a reasonable price.
  - (4) A provision that prohibits medical records from being provided to the physician in a format that differs from the format used to create or store the medical record during the routine and ordinary course of business.
- Allows the person or entity responsible for copying or transferring a medical record to charge a reasonable fee for the service.

Hospital Matters

SB 101 Wrongful Death Damages (Bohacek)

IHA is concerned that this legislation will increase payouts from the Indiana Patients Compensation Fund, Indiana's Medical Malpractice Act. At a time when health care providers are being asked to lower prices and take less in reimbursement for services rendered, Indiana should not be increasing their costs for medical mistakes paid through non-economic damages.

- Increases the aggregate damages cap for a wrongful death action from $300,000 to $700,000.

SB 243 Credentialing, Billing and Employment Contracts (L. Brown)

- Requires a provider to include the service facility location in order to obtain Medicaid reimbursement from the Family and Social Services Administration (FSSA) or the managed care organization.
- Specifies requirements for credentialing a provider for: (1) the Medicaid program; (2) an accident and sickness insurance policy; and (3) a health maintenance organization contract. Sets forth provisional credential for reimbursement purposes until a decision is made on a provider's credentialing application and allows for retroactive reimbursement under specified circumstances. Specifies health care billing forms to be used in certain health care settings.
- Prohibits employment contracts between employers and practitioner employees to include non-compete agreements.
SB 337 Various Insurance and Health Care Matters (Spartz)

- Requires a nonprofit hospital that deducts an amount for charity care that exceeds the Medicare reimbursement rate for the services to disclose in its annual report to the state department of health a breakdown of the components of the deduction that were taken by the nonprofit hospital in determining net patient revenue.
- Establishes limitations on covenants not to compete concerning physicians.
- Requires the State Personnel Department (ISPD) to: (1) evaluate whether to offer state employees a health reimbursement arrangement benefit and consider the population of state employees to whom the benefit should be offered; and (2) report to the General Assembly on the department's findings by November 1, 2020.
- Requires FSSA to study the feasibility of: (1) changing Indiana's Medicaid program to a block grant; (2) establishing a consumer-directed Medicaid pilot program; and (3) restructuring Medicaid payments for long term care.
- Requires specified licensing boards to submit information and recommendations on various licensure matters.
- Allows a party to audit a pharmacy benefit manager with which it has a contract.
- Requires the Department of Insurance (IDOI) to take certain action on association health plans in compliance with federal law.
- Sets forth requirements of short-term insurance plans and insurers that issue these plans.
- Requires the IDOI to examine various integration opportunities. Urges the legislative council to assign various topics for study during the 2020 legislative interim.
- Requires the IDOI to assess the feasibility of allowing the sale of health insurance across state lines and a multistate reciprocity system.
- Requires specified agencies to report on Medicaid claim auditing and fraud.
- Requires the IDOI and FSSA to develop a framework for long term care insurance policies and sets requirements.
- Requires the Attorney General to make recommendations on enhancing strict antitrust enforcement of anticompetitive practices.
- Requires the Commission on Higher Education (CHE) to provide an executive summary on medical training programs.
- Requires the Department of Workforce Development (DWD) to provide an executive summary on health worker supply needs.
- Requires the Medical Licensing Board of Indiana to provide an executive summary concerning the creation and implementation of expedited licensure pathways.
- Requires the trustee of the Next Level Indiana Trust Fund to report on trust assets in health care related infrastructure.
- Requires the Indiana Economic Development Corporation (IEDC) to provide a report concerning incentive programs related to health care infrastructure.
- Requires the IDOI and FSSA to assess the feasibility of applying for federal 1332 waivers concerning the insurance market.

SB 342 Pregnancy Accommodation (Alting)

- Urges the Legislative Council to assign to an appropriate interim study committee the task of studying pregnancy and childbirth accommodations and the fiscal impact on businesses within Indiana.
SB 356 Healthy Food Finance (Merritt)

- Establishes the Healthy Food Financing Fund and Program under the administration of the Indiana Housing and Community Development Authority (IHCDA).
- Provides that the purpose of the fund is to provide financing in the form of loans or grants for projects that increase the availability of fresh and nutritious food in underserved communities.
- Defines an "underserved community" as a census tract determined to be an area with low supermarket access:
  - (1) by the United States Department of Agriculture; or
  - (2) as identified through a methodology used by another healthy food initiative.
- Provides that the IHCDA may contract with one or more nonprofit organizations or community development financial institutions to administer the program through a public-private partnership.
- Provides that an applicant for a grant or a loan must demonstrate the capacity to successfully implement the project and the ability to repay the loan.
- Provides that an applicant for a grant or a loan must agree to satisfy certain conditions.
- Requires the IHCDA to monitor projects receiving financing and submit a report annually to the Legislative Council that includes the number and types of jobs created, and the health initiatives associated with the program.

HB 1092 Deadline for Submitting Amended State Medicaid Plan (Ziemke)

- Requires, by July 1, 2020, FSSA to amend the state Medicaid plan to include certain reimbursements.
- HB 1092 is in response to a bill passed last year that would have allowed the following providers:
  - (1) A clinical social worker licensed under IC 25-23.6-5.
  - (2) A marriage and family therapist licensed under IC 25-23.6-8.
  - (3) A mental health counselor licensed under IC 25-23.6-8.5.
  - (4) A clinical addiction counselor licensed under IC 25-23.6-10.5.
- To be reimbursed for Medicaid covered services at a federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)) or a rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).

HB 1182 HIV and Fatality Reviews (Clere)

- Provides that a physician or the authorized representative of a physician may not order an HIV test unless the physician or the authorized representative of a physician:
  - (1) informs the patient of the test orally or in writing;
  - (2) provides the patient with an explanation of the test orally, in writing, by video, or by a combination of these methods; and
  - (3) informs the patient orally or in writing of the patient’s right to ask questions and to refuse the test.
- Requires the information to be communicated to the patient in a language or manner that the patient understands.
- Requires a physician or an authorized representative of the physician to inform a patient of the counseling services and treatment options available to the patient if an HIV test indicates that the patient is HIV positive.
- Requires a patient to be notified of their right to a: (1) hearing; and (2) counsel; in certain situations involving a court ordered HIV test.
- Specifies that the use of antiretroviral drugs and other medical interventions may lessen the likelihood of transmitting HIV to a child during childbirth. (Current law states that birth by caesarean section may lessen the likelihood of transmitting HIV to a child during childbirth).
• Provides that the requirement to dispose of semen that contains the HIV antibody does not apply if the semen is used according to safer conception practices endorsed by the federal Centers for Disease Control and Prevention or other generally accepted medical experts.
• Requires a suicide and overdose fatality review team (SOFR team) to review certain suicide and overdose fatalities.
• Allows a SOFR team to make recommendations concerning the prevention of suicide and overdose fatalities.
• Removes acquired immune deficiency syndrome (AIDS) from the statutory definition of "exposure risk disease".
• Replaces the term "AIDS" with the term "human immunodeficiency virus (HIV)" where appropriate.
• Replaces the term "carrier" with the term "individual with a communicable disease" where appropriate.
• Replaces the term "danger" with the term "risk" where appropriate.
• Replaces the term "spread" with the term "transmission" where appropriate.
• Replaces the term "HIV antibody" with "human immunodeficiency virus (HIV)" where appropriate.
• Requires the State Department of Health (ISDH) to specify, in any literature provided to children and young adults concerning HIV, that abstinence is the best way to prevent the transmission of HIV as a result of sexual activity.

**HB 1317 Health Care Advance Directive (Kirchhofer)**

• Allows an individual to make a health care advance directive that gives instructions or expresses preferences or desires concerning any aspect of the individual's health care or health information and to designate a health care representative to make health care decisions and receive health information for the individual.
• Consolidates definitions of "life prolonging procedures".
• Requires ISDH to prepare a sample advance directive.
• Provides that the appointment of a representative or attorney in fact to consent to health care that was legally executed before January 1, 2023, is valid as executed.

**HB 1337 Ambulatory Outpatient Surgical Centers (Lehman)**

• Provides that ambulatory outpatient surgical centers may be reimbursed in an amount not to exceed 225% of the ambulatory outpatient surgical center's Medicare reimbursement rate.
• Provides that the payment to an ambulatory outpatient surgical center for a medical device under worker's compensation may not exceed the invoice amount plus 3%.

**INSURANCE**

**SB 184 Non-Profit Agricultural Organization Coverage (Charbonneau)**

• Establishes conditions that an organization must meet to qualify as a nonprofit agricultural organization such as the Indiana Farm Bureau.
• Defines "nonprofit agricultural organization coverage" as health benefit coverage that is: (1) sponsored by a nonprofit agricultural organization or an affiliate of a nonprofit agricultural organization; (2) offered only to members of the nonprofit agricultural organization and their families; (3) deemed by the nonprofit agricultural organization to be important in assisting its members to live long and productive lives; and (4) offered to members of the nonprofit agricultural organization in every county in Indiana.
• Provides that nonprofit agricultural organization coverage is not considered to be insurance under Indiana law.
• Provides that coverage provided by a nonprofit agricultural organization is subject to the state insurance premiums tax.
• Requires the nonprofit agricultural organization to annually certify that its plan reserves are adequate and conform to the appropriate actuarial standards of practice.
• Authorizes the nonprofit agricultural organization to obtain reinsurance coverage.
• Requires the nonprofit agricultural organization to adopt a complaint procedure.
• Provides that, before an individual applies for the health coverage, the nonprofit agricultural organization shall inform the individual that the health coverage: (1) is not considered insurance; and (2) is not subject to the administrative rules of the department of insurance.

SB 205 Medical Payment Coverage (Messmer)
• Specifies that medical payment coverage is supplemental to coverage under a health plan but does not require a health plan to provide greater benefits to an individual with medical payment coverage than an individual without medical payment coverage.
• Preserves rights of subrogation available under a health plan.

SB 208 Compliance with Coverage Parity Requirements (Crider)
• Requires an insurer that issues a policy of accident and sickness insurance or a health maintenance organization contract that provides coverage of services for treatment of a mental illness or substance abuse to annually submit a report and analysis to IDOI that includes certain information demonstrating its compliance with federal laws regarding parity in coverage of services for treatment of a mental illness or substance abuse and coverage of services for treatment of other medical or surgical conditions, including the processes used:
  o (1) to develop medical necessity criteria for coverage of services; and
  o (2) to develop and apply nonquantitative treatment limitations.
  o Requires an insurer that issues a policy of accident and sickness insurance or a health maintenance organization contract that provides coverage for services for treatment of substance abuse to take certain actions with respect to prescription drugs approved for the treatment of substance abuse.
  o Requires the IDOI to adopt rules to ensure compliance with federal laws regarding parity in coverage.
  o Requires the IDOI to submit before March 1, 2021, a report to the General Assembly detailing the steps taken to ensure insurers’ compliance with state and federal laws regarding parity in coverage.

SB 311 Coverage for PANDAS and PANS (Niezgodski)
• Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide coverage for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS), including treatment with intravenous immunoglobulin therapy.

HB 1080 Colorectal Cancer Testing (Barrett)
● Amends the law mandating coverage for colorectal cancer testing under accident and sickness insurance policies, health maintenance organization contracts, and state employee health plans to change the minimum age at which coverage must be provided from 50 years of age to 45 years of age.

HB 1209 Reimbursement of Emergency Medical Services (Kirchhofer)
● Requires Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts to reimburse covered services, on an equal provider basis, to certified providers of emergency medical services if the emergency medical services meet certain criteria.

HB 1372 Various Insurance Matters (Carbaugh)
● Provides that a provider of ambulance service that transports a covered individual to an in-network facility or from an in-network facility to another facility shall not charge more than the amount allowed under the network plan applying to the covered individual's coverage.
● Provides that an individual who is covered by an insurance policy or health maintenance organization contract and who receives emergency services provided by an out of network provider shall not be required to pay more for the emergency services than the amount of compensation that would be allowed under the network plan for emergency services of the same type provided in network by the same type of provider, minus any copayment, deductible, or coinsurance amounts that apply.
● Authorizes a local unit to establish and maintain:
  ○ (1) an individual self-insurance program to provide health care benefits to its employees; and
  ○ (2) a health savings account program under which employees may set aside funds tax-free to pay for medical expenses.
● Makes changes in the law concerning the permissible investments of life insurance companies and casualty, fire, and marine insurance companies.
● Provides that an insurance administrator may pay claims via electronic payment.
● Exempts an individual from the prelicensing course, state license examination, and continuing education requirements for licensed independent adjusters if the individual holds a current claims certification issued by a national or state claims association whose certification program meets certain conditions.
● Adopts the insurance data security model law, which requires the holder of an insurance license, authority, or registration to maintain an information security program and meet other requirements.
● Adopts a new model law on credit for reinsurance.
● Provides that a rejection of uninsured motorist coverage or underinsured motorist coverage in an underlying personal policy is also a rejection of uninsured motorist coverage or underinsured motorist coverage in a personal umbrella or excess liability policy.

Infant/Maternal Health

SB 239 Coverage for Breast Prostheses (L. Brown)
● Requires a state employee health plan that provides coverage for a mastectomy to provide certain postmastectomy care, including prosthetic devices and reconstructive surgery.
● Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract that provide coverage for a mastectomy to provide coverage for:
  ○ (1) custom fabricated breast prostheses; and
  ○ (2) one additional breast prosthesis per breast affected by a mastectomy.
SB 299 Fetal Remains (L. Brown)

- Requires ISDH to develop forms that provide:
  - (1) that the pregnant woman has a right after a surgical abortion to dispose of the remains by interment or cremation or have the provider dispose of the remains; and
  - (2) that after an abortion induced by an abortion inducing drug, the pregnant woman will expel an aborted fetus and set forth the disposition policy of the health care provider or abortion clinic.

- States that a pregnant woman who has an abortion has the right to have the health care facility dispose of the aborted fetus by cremation or interment and to ask the health care facility or abortion clinic the method of disposition used.

- Requires the pregnant woman to inform the health care facility or abortion clinic of the pregnant woman's decision for disposition, or in the case of in abortion induced by an abortion inducing drug, whether the pregnant woman will return the aborted fetus to the health care provider or abortion clinic for disposition.

- Requires the health care facility or abortion clinic to dispose of the returned fetus by cremation or interment.

- Requires that a burial transit permit that includes multiple aborted fetal remains be accompanied by a log prescribed by the ISDH containing certain information about each fetus included under the burial transit permit.

HB 1129 Infant Screening (Lauer)

- Requires every infant to be screened for Adrenoleukodystrophy (ALD) at the earliest feasible time.

- Requires the infant pulse oximetry screening examination to be given according to rules adopted by ISDH.

Mental/Behavioral Health

SB 192 Inpatient Mental Health Care for Medicaid Children (Grooms)

- Requires a managed care organization to allow a child Medicaid recipient who has been certified for admission to a psychiatric hospital to be provided certain services that are determined by a treating physician to be necessary for the child for up to five business days before the managed care organization may require a continued review process.

SB 246 Mental Health Services (Crider)

- Requires a school corporation, charter school, or accredited nonpublic school to certify to the department of homeland security that the school corporation, charter school, or accredited nonpublic school has a memorandum of understanding (MOU) in place with a community mental health center or provider certified or licensed by the state to provide mental and behavioral health services to students before applying for a grant from the Indiana Secured School Fund.

- Provides that the community mental health center or provider may be employed by the school corporation, charter school, or accredited nonpublic school.

- Requires a school corporation and a charter school to enter into a MOU with a community mental health center or provider certified or licensed by the state to provide mental and behavioral health services to students.
- Requires the Division of Mental Health and Addiction (DMHA) to develop a MOU for referral and assist school corporations and charter schools in obtaining a MOU with a community mental health center or an appropriate provider.

**SB 273 Indiana Behavioral Health Commission (Crider)**
- Establishes the Indiana Behavioral Health Commission.
- Specifies the membership of the commission.
- Requires the commission to prepare: (1) an interim report not later than October 1, 2020; and (2) a final report not later than October 1, 2022.
- Specifies the issues and topics to be discussed in the commission reports.
- Requires commission reports to be issued to the following parties: (1) The governor. (2) The legislative council. (3) Any other party specified by the commission chairperson.
- Abolishes the commission on December 31, 2022.

**HB 1326 Community Mental Health Centers (Kirchhofer)**
- Provides that:
  - (1) licensed clinical social workers;
  - (2) licensed mental health counselors;
  - (3) licensed marriage and family therapists; and
  - (4) licensed clinical addiction counselors; who have at least two years of experience are eligible supervisors for addiction based intensive outpatient treatments under Medicaid.
- Defines a community mental health center as a governmental unit for purposes of required nonfederal share medical assistance payments under Title XIX of the Social Security Act.
- Provides that a provider in an intensive outpatient treatment program is not required to be a licensed addictive counselor or clinical addiction counselor.
- Specifies that a recovery audit does not require documentation at the time of service for services provided in certain instances.
- Allows a supervising provider in a community mental health center to review documentation concerning:
  - (1) a plan of treatment; or
  - (2) specific treatment methods; not later than 30 days from the date of service.
- Requires the Division of Mental Health and Addiction (DMHA) to provide best practice recommendations and to work with community mental health centers in a collaborative manner.
- Provides that documentation that is developed as part of an incident or death audit is confidential.
- Requires the DMHA to develop a comprehensive appeals process under the mental health and addiction forensic treatment program not later than January 1, 2021.
- Provides advanced practice nurses with all of the supervisory rights and responsibilities of: (1) licensed physicians; and (2) health service provider in psychology (HSPP) psychologists; in certain instances.

**Workforce Matters**

**SB 98 Certified Registered Nurse Anesthetists (CRNAs) (Becker)**
- Requires a physician to be available for timely consultation with a certified registered nurse anesthetist (CRNA) who is administering anesthesia under the direction of the physician during a surgical procedure (current law requires the physician to remain present in the facility).
- Allows for a CRNA to administer anesthesia under the direction of a podiatrist in a hospital or ambulatory outpatient surgical center if a physician is available for a timely consultation.
- Provides that: (1) the National Board of Certification and Recertification for Nurse Anesthetists; or (2) another certifying entity approved by the Indiana state board of nursing; may act as a certifying or recertifying entity for CRNAs.

SB 355 Psychology Interjurisdictional Compact (Becker)
- Establishes the Psychology Interjurisdictional Compact concerning interjurisdictional telepsychology and the temporary authorization to practice psychology in another compact state.
- Sets forth requirements of a compact state.

SB 427 Provisional Occupational License (Buchanan)
- Allows a person who:
  - (1) is the spouse of an active duty member of the armed forces assigned to Indiana;
  - (2) affirms certain information concerning the person's licensure in the other state;
  - (3) submits verification that the person is licensed in a regulated occupation in at least one other state;
  - (4) has passed a national criminal background check; and
  - (5) submits an application and pays any application fee; to be issued a provisional license for the regulated occupation at the same practice level allowed by the license held by the person in the other state.
- Provides that provisional licensing does not apply to a license that is established or recognized through an interstate compact, a reciprocity agreement, or a comity agreement that is established by a board or by law.
- Establishes penalties for submission of false information for purposes of obtaining a provisional license.

HB 1008 Occupational License Endorsement (Carbaugh)
- Requires a board that issues a license for certain regulated occupations to issue a license to an individual who:
  - (1) is licensed in another state or jurisdiction in the regulated occupation;
  - (2) has established residency;
  - (3) has passed a substantially equivalent examination as determined by the appropriate board;
  - (4) is and has been in good standing;
  - (5) pays a fee; and
  - (6) completes the licensure application form.
- Allows for a board that requires an applicant to submit to a national criminal history background check to maintain that requirement even if an individual who applies for a license for a regulated occupation meets all of the license endorsement requirements.
- Provides that nothing in this bill prevents or supersedes a: (1) compact; or (2) reciprocity or comity agreement; if established by the board or the general assembly.
- Provides that, if a board has entered into a national reciprocal or endorsement agreement or a reciprocal or endorsement agreement with one or more states, then those agreements remain in effect.

HB 1077 Professional Licensing Agency (Zent)
- Amends various statutes to conform to HEA 1269-2019.
- Removes the one-year limitation on renewing the registration of a pharmacist intern.
- Removes the requirement that an out-of-state provider's home state extend reciprocity to Indiana licensees when considering the out-of-state provider's application for a license to provide home medical equipment services on the basis of reciprocity.
- Reorganizes the home medical equipment services statute by separating the reciprocity requirements from the general license application statute.
- Updates terminology in the physician assistant statute to refer to collaboration rather than supervision in conformance with HEA 1248-2019.
- Specifies that an Indiana registration may be termed "surrendered for cause" if a registrant's federal registration for the manufacture, distribution, or dispensing of controlled substances is terminated, denied, suspended, or revoked by the Drug Enforcement Administration.

**HB 1199 Palliative Care (Clere)**
- Defines the terms "community based palliative care" and "palliative care".
- Provides that a hospice provider who is licensed in Indiana may provide community based palliative care to a patient who is not eligible for hospice if the hospice provider meets certain licensing requirements.

**HB 1207 Pharmacy Matters (Davisson)**
- Provides that a state employee plan, health maintenance organization, insurer, or pharmacy benefits manager (health plan provider) may not require a pharmacy or pharmacist to collect a higher copayment for a prescription drug from a covered individual than the health plan provider allows the pharmacy or pharmacist to retain.
- Allows a pharmacist who meets certain requirements to dispense auto-injectable epinephrine by standing order to a person who:
  - (1) has completed a course on auto-injectable epinephrine; and
  - (2) is an individual is in a position to assist an individual who is at risk of experiencing anaphylaxis.
- Allows a person to administer auto-injectable epinephrine to an individual who is experiencing anaphylaxis if certain conditions are met.
- Requires ISDH to issue a statewide standing order authorizing the dispensing of auto-injectable epinephrine.
- Authorizes the state health commissioner and certain designated public health authorities to issue a statewide standing order authorizing the dispensing of auto-injectable epinephrine.
- Extends certain immunities to the ISDH, the state health commissioner, and certain designated public health authorities.
- Requires the state department to approve courses concerning the administration of auto-injectable epinephrine.
- Requires a person to have successfully completed the course to be immune from civil liability.
- Adds exceptions to the requirement that controlled substance prescriptions be in an electronic format.
- Provides that the Board of Pharmacy, in consultation with the medical licensing board, may adopt emergency rules.
- Adds advanced practice registered nurses and physician assistants to the list of out-of-state providers whose prescriptions a pharmacist has a duty to honor.
- Allows a prescription for a patient to be transferred electronically or by facsimile by a pharmacy to another pharmacy if the pharmacies do not share a common data base.
• Allows a licensed pharmacy technician to transfer the prescription.
• Allows a pharmacist to substitute a therapeutic alternative for epinephrine products for a patient.
• Subject to rules adopted by the Board of Pharmacy, allows a pharmacy technician to administer an influenza immunization to an individual under a drug order or prescription.
• Requires a manufacturer that engages in prescription drug marketing to provide to a practitioner the wholesale acquisition cost of the prescription drug.

HB 1243 Genetic Counselors (Vermillion)
• Amends the definition of "genetic counseling" for purposes of the genetic counselor licensing laws.
• Requires the genetic counselor master’s degree training program to be accredited by the Accreditation Council for Genetic Counselors. (Current law requires accreditation by the American Board of Genetic Counseling.)
• Updates references to the American Board of Medical Genetics and Genomics.
• Amends requirements for a temporary license.
• Requires an applicant to complete the continuing education requirements of certain certifying organizations to renew a license.
• Repeals the law concerning education hardship waiver provision.

HB 1392 Physician Assistants and Nurses (Smaltz)
• Allows a physician assistant who:
  o (1) performs under a collaborative agreement that allows the physician assistant to certify the cause of death and submit death records as delegated by the collaborating physician; and
  o (2) is last in attendance upon the deceased; and
  o (3) certifies the cause of death of a deceased individual; to enter or sign a record on a death into the Indiana death registration system.
• Allows an advanced practice registered nurse (APRN) who is last in attendance upon the deceased to certify the cause of death of a deceased individual and to enter or sign a record on a death into the Indiana death registration system.
• Provides that two of the registered nurses appointed to the Indiana State Board of Nursing must be APRNs, and provides that one of the APRN must have prescriptive authority.
• Amends the qualifications of registered nurse members and practical nurse members of the board.

Various Health Care-Related Bills

SB 19 Telemedicine and Ophthalmic Matters (Charbonneau)
• Removes the restriction on the prescribing of ophthalmic devices through telemedicine and sets conditions on when a provider may, through telemedicine, prescribe medical devices.
• Establishes conditions that must be met before a prescriber may issue a prescription for an ophthalmic device through telemedicine.
• Specifies that a contact lens seller or prescriber who fills a prescription or dispenses contact lenses or prescription eyeglasses bears the full responsibility for the dispensing of the contact lenses or eyeglasses.
• Prohibits making changes and substitutions to a prescription for contact lenses or prescription eyeglasses unless under the direction of the prescriber.
• States that a prescriber is not liable for any damage or injury to an individual resulting from the packaging, manufacturing, or dispensing of the contact lenses or prescription eyeglasses unless the prescriber is also the seller.

SB 21 Prescriptions by Out-of-State Physician Assistants and APRNs (Rogers)
• Provides that a pharmacist has a duty to honor all prescriptions issued by: (1) an advanced practice registered nurse; or (2) a physician assistant; licensed under the laws of another state.

SB 61 EMS Personnel Licensure Interstate Compact (Charbonneau)
• Implements the emergency medical services personnel licensure interstate compact.

SB 72 Hyperbaric Oxygen Treatment Pilot Program (Tomes)
• Removes the requirement that rules adopted by ISDH in consultation with the Department of Veterans' Affairs (DVA), include patient health improvement as a condition for approval of payment for treatment under the hyperbaric oxygen treatment pilot program.
• Removes the requirement that the ISDH receive pretreatment and posttreatment evaluation documentation as a condition for approval of payment for hyperbaric oxygen treatment.
• Requires that rules adopted by the ISDH concerning the pilot program not include criteria requiring patient health improvement as a condition for approval of payment for treatment.

SB 142 Medicaid Reimbursement for Schools (Zay)
• Allows FSSA 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 a school psychologist may refer a student.
• Allows a school psychologist to make referrals to physical therapists for mandated school services.

SB 255 Insulin Drugs (Charbonneau)
• Repeals a provision that requires an individual to possess a prescription to purchase an insulin drug.

HB 1067 Dental Hygienists (Zent)
• Amends the definition of "prescriptive supervision" with regard to circumstances under which a licensed dentist is not required to be present in a facility when patient care is provided by a dental hygienist.
• Restates restrictions on use of a laser by a dental hygienist.
• Provides that a dental hygienist may administer topical local dental anesthetics, other than nitrous oxide or similar analgesics, without supervision.
• Prescribes requirements for administration of nitrous oxide by a dental hygienist.
• Provides, for purposes of regulation of dental hygienists, that a person, other than a dentist or a physician, who administers nitrous oxide is considered to be practicing dental hygiene.
• Removes a limitation on the number of credit hours earned for certification in basic life support that may be applied to a dental hygienist's continuing education requirement.
• Provides that there is no limit on the number of credit hours a dental hygienist may earn for completion of an approved course offered by another dental hygienist.

HB 1198 Public Safety Matters (Abbott)
• Designates an Indiana first responder to include the following employees and volunteers of state and local public safety agencies:
  o Law enforcement officers.
  o Firefighters, including volunteer firefighters.
  o Corrections officers.
  o Public safety telecommunicators.
  o Providers of emergency medical services.
  o Providers of emergency management services.
  o Any other individuals whose duties in serving a public safety agency include rapid emergency response.
• Provides that the designation of an individual as an Indiana first responder does not affect an individual's terms of employment or volunteer service with the public safety agency.
• Provides that a certified emergency medical technician or a licensed paramedic is not liable for transporting any person to an appropriate health care facility when the emergency medical technician or the licensed paramedic makes a good faith judgment that the emergency patient or the emergency patient's primary caregiver lacks the capacity to make an informed decision about the patient's:
  o Safety; or
  o Need for medical attention; and the emergency patient is reasonably likely to suffer disability or death without the medical intervention available at the facility.

HB 1210 Various Health Matters (Zent)
• Establishes penalties for intentionally interfering with an investigation and enforcement of a home health agency by ISDH.
• Allows the department to use the immunization data registry to store and release non-immunization personal health information.
• Changes the title of a "certified food handler" to "certified food protection manager" (CFPM).
• Repeals the definition of "food handler".
• Requires a CFPM to provide certain documents to the food establishment and obtain a valid certificate every five years.
• Prohibits using the title "certified food protection manager" unless the person holds a certificate.
• Provides that a CFPM may be required to be present during all hours of operation if the department and food establishment agreed upon a variance concerning the requirements for the operation of the food establishment.
• Amends the establishments that are exempt from the certified food protection manager requirements.
• Provides for the transition of an existing certified food handler to a certified food protection manager.

HB 1336 Telemedicine (Vermillion)
• Specifies certain activities that are considered to be health care services for purposes of the telemedicine laws.
• Amends the definition of "telemedicine".
Requires that the medical records under telemedicine must be created and maintained under the same standards of appropriate practice for medical records for patients in an in-person setting.

Dead Bills

The following health care-related bills are dead for the 2020 session.

HB1005 HEALTH AND INSURANCE MATTERS (SCHAIBLEY D)
HB1064 MEDICAID REIMBURSEMENT OF DME (BACON R)
HB1087 ORGAN DONATION (BACON R)
HB1110 HEALTH WORKFORCE STUDENT LOAN REPAYMENT PROGRAM (MANNING E)
HB1116 DRUG INFORMATION REPORTING (SHACKLEFORD R)
HB1130 LEAVE FOR MISCARRIAGES (STUTZMAN C)
HB1137 ADDICTION TREATMENT MEDICATIONS (BARRETT B)
HB1141 BIRTH CONTROL PRESCRIPTIONS (FLEMING R)
HB1146 HEALTH CARE SERVICE COST (HOSTETTLER M)
HB1155 TRANSPORTATION FOR MEDICAID PRESUMPTIVE ELIGIBLE (CAMPBELL C)
HB1183 MENTAL HEALTH DIAGNOSIS (ZIEMKE C)
HB1185 PRESCRIPTION DRUG DONATION REPOSITORIES (BARTELS S)
HB1219 HEALTH INSURANCE (SHACKLEFORD R)
HB1230 HEALTH CARE PROVIDER BILLING REQUIREMENTS (BAIRD B)
HB1231 PRESCRIPTION PRICE (BAIRD B)
HB1248 POSTPARTUM MEDICAID FOR PREGNANT WOMEN (SUMMERS V)
HB1250 IMPLICIT BIAS IN MEDICINE (SUMMERS V)
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