The 2014 session of the Indiana General Assembly ended as expected by March 14, but the so-called “short” session provided numerous opportunities to positively impact health care and also presented several threats to hospitals. By the time the Governor had acted on all of the legislation that passed both the House and Senate and survived the conference committee process, 225 enactments became law out of the 882 bills introduced in 2014.

The early part of the session was dominated by a battle over House Joint Resolution 3. HJR3 would have placed a question on the November general election ballot allowing voters to amend the Indiana Constitution to prevent the recognition of same-sex marriage. A high-profile campaign was launched to defeat the amendment and was successful in pressuring legislators to delete the “second sentence” of the proposed Constitutional amendment, effectively delaying its consideration again until the 2015 or 2016 legislative session.

Governor Pence had rolled out an aggressive agenda in late 2013, but met some resistance by the Republican supermajorities in both chambers (69-31 in the House, 37-13 in the Senate). Much of the objection came from legislative fiscal leaders, who scaled back proposals to eliminate the business personal property tax and to expand early childhood education. As state tax revenue forecasts showed weakness, House Ways & Means Committee Chairman Rep. Tim Brown and Senate Appropriations Committee Chairman Sen. Luke Kenley urged restraint until the budget session in 2015.

There were numerous other issues that attracted focus throughout the session, but Medicaid coverage expansion was not one of the top items. Many legislators declined to tackle the topic head-on for various reasons. Politically, topics associated with implementation of “Obamacare” were not a priority for the legislative majorities. In addition, Governor Pence retained the ability given by a previous General Assembly to expand coverage through the Healthy Indiana Plan for as many as 400,000 Hoosiers as envisioned under the ACA. With talks between the state of Indiana and HHS continuing throughout the session, legislators deferred from directly engaging in conversation about coverage expansion, though some bills on this topic were introduced.
Reimbursement Issues

SEA 294: Workers’ Compensation
Author: Boots, Status: Signed by the Governor – Public Law 99

Only one year after HEA 1320 was enacted, proponents of reducing workers’ compensation (WC) to hospitals returned to seek further cuts. However, thanks to a strong grassroots effort from hospital advocates, attempts were defeated to amend the bill in both the Senate and House. The version of the bill that ultimately became law contained only technical corrections that IHA did not oppose.

HEA 1320 (2013) limited hospital WC payment to 200 percent of Medicare and made other changes that negatively impacted reimbursement. Although these provisions had not yet gone into effect (the implementation was delayed until July 1, 2014), the Insurance Institute, the Indiana Manufacturers Association and representatives of a national re-pricing firm strongly supported the introduced version of SEA 294, which would have lowered the payment ceiling to 150 percent. Hospitals reached out to members of the Senate Pensions and Labor Committee, and, as a result, there were not enough votes to advance the bill without removal of the cuts.

The bill passed the full Senate and the House Employment and Labor Committee containing only technical changes, but amendments were filed on a second reading in the House to restore the payment reductions. Again, hospital advocates pressed all 100 members of the House of Representatives to oppose the cuts. With many legislators standing with their hospitals against these reductions, the authors of the amendments declined to offer them and the bill passed with no cuts.

Most provisions contained in the final version are simply adjustments to the law passed in 2013:

- Facilities may not be reimbursed for more than one office visit for each repackaged legend drug prescribed;
- Payment for a repackaged legend drug is only permitted for up to seven days after the treatment for injury or disablement;
- Defined the facilities impacted by the WC changes to those using the UB-04 Medicare billing form; and
- Language providing that reimbursement for implant devices cannot exceed invoice price plus 25 percent was deleted.

An unrelated amendment added in the House provides that an officer of a corporation who is also an employee may elect not to be treated as an employee for purposes of WC law.
SEA 408: Neonatal Abstinence Syndrome  
Author: Becker, Status: Signed by the Governor – Public Law 110

As introduced and backed by the Attorney General’s (AG) Office, SEA 408 would have mandated that hospitals screen and report instances of Neonatal Abstinence Syndrome (NAS) without any mechanism for payment or reimbursement. In recognition of the magnitude of the NAS problem, but in acknowledgement of its complex nature, IHA worked with the bill’s authors and sponsors, as well as with the AG’s office and the Indiana State Department of Health (ISDH), to move away from this mandate and instead develop a workgroup that will review the issue and report its findings by November of this year. Per the new law, IHA and other stakeholders will develop a standard clinical definition and process for identifying NAS, identify the time and resources needed for hospitals to develop and implement NAS protocol, review existing and new data reporting mechanisms and identify whether payment methodologies exist, or are needed, for identifying and reporting NAS. We expect the bill’s authors and sponsors to closely review the work product of stakeholders, and it is likely that follow-up legislation will be considered during the 2015 session.

HEA 1258: Telehealth Pilot Program  
Author: Shackleford, Status: Signed by the Governor – Public Law 74

This bill supports telehealth by requiring the Medical Licensing Board (MLB) to establish, before Aug. 1, a pilot program that will expand the ability of physicians to provide telehealth services to patients in Indiana. The pilot will allow the issuing of a non-controlled substance prescription without the establishment of an in-person patient-physician relationship. The MLB is soon expected to promulgate rules regarding the establishment of the pilot program and must report to the General Assembly concerning its outcomes by February 1, 2015.

SB 290: Medical Debt Collection Procedures  
Author: Tallian, Status: Did not pass.

If enacted, SB 290 would have significantly changed the way medical debt is collected and how civil cases are handled by prohibiting the collection of prejudgment interest in medical collection cases, shortening the statute of limitations on medical debt from six to only two years and permitting defendants in multiple collection cases to consolidate them into one case. IHA expressed concern regarding the potential unintended consequences of these measures with the bill’s author, Senator Tallian, who tabled the bill and has committed to working with IHA and various stakeholders in the debt collection process over the interim. ▲
HEA 1253: Umbilical Cord Blood Bank  
Author: Zent, Status: Signed by the Governor – Public Law 138

This bill transfers the umbilical cord blood donation initiative from a nonprofit corporation established by FSSA to the ISDH and changes the name from “umbilical cord blood donation initiative” to “postnatal donation initiative.” IHA plans to work with the newly-formed board that will oversee this initiative and other stakeholders to avoid any related mandates on hospitals.

HEA 1336: EMS State Medical Director  
Author: T. Brown, Status: Signed by the Governor – Public Law 188

As a result of HEA 1336, the executive director of the Department of Homeland Security will appoint an EMS medical director to oversee medical aspects of the state EMS system.

HEA 1358: Office of Minority Health  
Author: C. Brown, Status: Signed by the Governor – Public Law 141

Among many issues contained within HEA 1358, the bill will allow up to 50 percent of the monies from the Spinal Cord and Brain Injury Fund to be used to develop a statewide trauma system. About $800,000 annually would be made available for this purpose, along with about $2.1 million of the existing fund balance. The bill also requires the ISDH to adopt rules concerning the regulation of facilities for treatment of traumatic brain injuries. The ISDH must also make recommendations to the General Assembly regarding food handling law changes, and extends the Office of Minority Health until July 1, 2017. Further, the bill changes the amount of time from four years to 12 months after birth that a birth certificate must be filed before being considered a delayed certificate of birth. Finally, a diagnosis of autism spectrum disorder must now be reported to the Birth Problems Registry at any age of diagnosis, whereas current law provides for reporting only up to age five.

HEA 1391: Community Living Pilot Program  
Author: Clere, Status: Signed by the Governor – Public Law 145

While the final version of this legislation contains only a pilot program and some technical changes, it is associated with one of the most contentious bills of 2014. SB 173 ultimately died during a conference committee, but as introduced would have prohibited any new “comprehensive care” nursing home facilities or beds from being licensed after July 1 for five years. Current Indiana law contained a moratorium on new Medicaid-supported beds (IC 16-28-16), but this was set to expire. With the failure of SB 173 and no other language in HEA 1391 or elsewhere, the moratorium was not expanded, and these restrictions will expire entirely on July 1.

The moratorium was supported by three nursing home trade associations: Indiana Health Care Association, Hoosier Owners and Providers for the Elderly and LeadingAge Indiana. The Senate advanced the measure fairly easily, but only a scaled-back version was able to pass the House. Facility developers, labor unions, mayors and others opposing the measure prevailed in the last days of session.

Some related provisions were included in HEA 1391. The bill creates the Community Living Pilot Program effective Jan. 1, 2015 through June 30, 2017. FSSA’s Division of Aging will administer the program, establish a cost participation schedule and set standards. Four Area Agencies on Aging will participate in the pilot program, which is similar to the CHOICE program but may allow more individuals to qualify based on lower needs assessments (tied to activities of daily living).

In addition, the bill repeals a provision that FSSA felt could conflict with plans to establish a risk-based managed care (RBMC) program for a segment of the Aged, Blind and Disabled population. It also requires FSSA to provide three future reports on: (1) nursing facility beds; (2) long-term care and (3) any RBMC program for disabled Medicaid enrollees.
SEA 56: Medical Malpractice Patient’s Compensation Fund
Author: Paul, Status: Signed by the Governor – Public Law 18

As passed, SEA 56 will increase the frequency with which payments are issued from the Medical Malpractice Patient’s Compensation Fund from every six months to every three months.

SEA 406: Administration of Medicaid
Author: Mishler, Status: Signed by the Governor – Public Law 109

An initiative of the Indiana Attorney General’s office, this bill makes certain procedural changes to the False Claims Act and Medicaid False Claims Act. These changes bring Indiana’s Medicaid False Claims statute into compliance with the Federal Deficit Reduction Act of 2005, allowing the state to keep 10 percent more of false claims recoveries. It designates FSSA as the single state agency for administering Medicaid, removing the designation from the Office of Medicaid Policy and Planning (OMPP) within FSSA.
**Hospital Policy Issues**

**HEA 1190: Treatment of Miscarried Remains**  
Author: Slager, Status: Signed by the Governor – Public Law 127

HEA 1190 mirrors laws that have been enacted in several other states that permit a parent(s) to determine the final disposition of a fetus miscarried at a health care facility, no matter the age of the fetus. While Indiana hospitals already have policies in place that encourage this practice, beginning Oct. 1, a health care facility must disclose both orally and in writing the parent’s right to determine the final disposition of the miscarried fetus, provide the parent(s) with written information concerning available options and inform the parent(s) of available counseling not more than twenty-four (24) hours after a woman miscarries in the health care facility, irrespective of the duration of the pregnancy. The health care facility must document the parent’s decision, which must be made prior to discharge, within the medical record. The parent(s) is responsible for any costs related to final disposition through means other than what is usual and customary for the health care facility.

**HEA 1204: Various Education and School Matters**  
Author: Huston, Status: Signed by the Governor – Public Law 41

HEA 1204 requires a health care provider to disclose certain mental health information to a child’s principal or school leader at the written request of the parent, guardian or court-appointed special guardian. The health care provider must retrieve a signed confidentiality agreement from the principal or school leader and must only release information concerning the patient’s mental health to the necessary extent required to inform the appropriate school staff of the child’s fitness for school attendance and to satisfy the principal or school leader’s duties by law. A provider is immune from civil, criminal and administrative liability for the disclosure to the principal or school leader as permitted by this bill.

**SEA 3: Judicial Officers**  
Author: Steele, Status: Signed by the Governor – Public Law 147

This bill narrows the group of individuals that may be prohibited from possessing a firearm on land or in buildings owned or leased by the state or a political division, including local hospital authorities and corporations. A judicial officer is now permitted to possess and use a firearm in the same locations that a law enforcement officer, who is authorized to carry a firearm, may possess a firearm while the law enforcement officer is engaged in the execution of official duties.

**SEA 255: Implied Consent for Forensic Examination**  
Author: Lanane, Status: Signed by the Governor – Public Law 161

SEA 255 will require health care providers conducting forensic medical examinations of suspected victims of sex crimes to utilize a standard sexual assault examination kit, if practicable, that the state police department will develop and distribute. The bill also provides that a health care provider may conduct a forensic medical examination without the consent of an unconscious person who is suspected to be the victim of a sex crime under certain circumstances. The health care provider will be immune from criminal and civil liability for conducting such examination.

**SEA 292: Abortion Providers**  
Author: Waterman, Status: Signed by the Governor – Public Law 98

Existing law requires a physician who performs an abortion to have admitting privileges, or to enter into an agreement with a physician who has admitting privileges, at a hospital in the county or a contiguous county where the procedure is performed. SEA 292 will require those privileges to be in writing. Further, SEA 292 will require abortion clinics to maintain and submit to the ISDH copies of the admitting privileges of those physicians who perform abortions. ISDH must redact all identifying information before releasing the admitting privileges under Indiana’s Access to Public Records law.

**HB 1392: Retention of Blood Samples**  
Author: Morris, Status: Did not pass.

This bill would have required a hospital or facility that obtains or receives a bodily substance sample taken at the direction of a law enforcement officer to retain the sample until notified by an authorized person that the sample may be destroyed, discarded or transferred. Though the bill did not receive a hearing, IHA intends to continue working with the bill’s author to address the concerns that served as the impetus for this legislation.
Pharmacy Issues and Controlled Substances

HEA 1218: Drug Treatment and Reporting
Author: Davisson, Status: Signed by the Governor – Public Law 131

Drug control: HEA 1218 makes insulin a legend drug that may be sold only via prescription from a physician, veterinarian, advanced practice nurse or physician assistant. Efforts to make Tramadol a Schedule III drug were tabled; however, we anticipate this issue to reappear in the next legislative session. The scheduling of Tramadol was a priority to the Attorney General’s agenda.

Methadone: The General Assembly has recently turned attention to the regulation of opioid treatment facilities and the safe prescribing of methadone. As a result, HEA 1218 will prohibit opioid treatment programs from prescribing, dispensing or providing more than a seven-day take-home supply of opioid treatment medication, and will require practitioners in these facilities to check INSPECT before initially prescribing a controlled substance to a patient and periodically during the course of treatment.

INSPECT: With regard to INSPECT, HEA 1218 will phase in “real time” reporting of controlled substance information to INSPECT, by requiring that by January 1, 2016, pharmacies transmit data to INSPECT not more than twenty-four hours after the date on which a controlled substance is dispensed. (Current law requires the data be transmitted within seven days after the date on which the controlled substance is dispensed.) Attempts to expand the INSPECT program to include all legend drugs—not just controlled substances—did not advance; however, the issue will be thoroughly vetted in the interim. HEA 1218 will require the Professional Licensing Agency (PLA) to study and report to the General Assembly by Oct. 1 on various issues relating to an INSPECT expansion. Some of the issues include the impact of including all legend drugs in INSPECT, an analysis of security concerns related to patient and provider privacy, regulatory and fiscal impact analysis and any recommended parameters for the inclusion of drugs other than controlled substances.

SEA 262: Biosimilar Drugs
Author: Hershman, Status: Signed by the Governor – Public Law 96

SEA 262 will allow a pharmacist to substitute an interchangeable biosimilar product for a prescribed biological product if certain conditions are met. The pharmacist must record the name and manufacturer of a biologic product in a certain manner not later than 10 days after dispensing the biologic product.

Insurance

HEA 1058: Electronic Delivery and Posting of Insurance Documents
Author: Mayfield, Status: Signed by the Governor – Public Law 119

HEA 1058 provides for the electronic delivery of insurance notices and documents instead of other modes of delivery otherwise required for such notices and documents, so long as the recipient has consented to electronic delivery and a method to withdraw consent is provided.

HEA 1123: Abortion Coverage
Author: Thompson, Status: Signed by the Governor – Public Law 124

This bill will prohibit accident and sickness insurance policies and health maintenance organization contracts from providing abortion coverage except in circumstances of rape, incest or when the abortion is necessary to avert the pregnant woman’s death or a substantial and irreversible impairment of a major bodily function of the pregnant woman. This bill also allows an insurer or health maintenance organization to provide abortion coverage through a rider or an endorsement.
Licensure and Workforce Issues

HEA 1045: Occupational Therapy
Author: Kirchhofer, Status: Signed by the Governor – Public Law 67

HEA 1045 revises the scope of practice of occupational therapy and the educational requirements for occupational therapists. To address concerns expressed during the 2013 legislative session in consideration of similar legislation that was ultimately unsuccessful, this bill sets forth requirements that must be met in order for an occupational therapist or speech-language pathologist to assess and manage the pharyngoesophageal phase of swallowing.

HEA 1061: Dental Hygiene Practice
Author: Frizzell, Status: Signed by the Governor – Public Law 68

A dental hygienist’s ability to practice under prescriptive supervision will be expanded under HEA 1061 in certain settings. The bill also prohibits a dental hygienist from using a laser to provide treatment to a patient.

HEA 1139: Hearing Aids
Author: Bauer, Status: Signed by the Governor – Public Law 178

Under HEA 1139, a person may not sell, lease or rent a hearing aid in Indiana unless the hearing aid has been fitted in-person by a hearing aid dealer, an audiologist or by a licensed, certified, registered or regulated person who has authority to issue a prescription or order for a hearing aid.

SEA 139: Health Matters
Author: Becker, Status: Signed by the Governor – Public Law 86

SEA 139 amends the definition of attendant care services to include the provision of assistance for the taking of medications that include controlled substances and prescription drugs. This bill also removes the July 1, 2014 expiration date of the Anatomical Gift Promotional Fund.

SEA 233: Professional Licensing Matters
Author: Grooms, Status: Signed by the Governor – Public Law 58

Anesthesiologist Assistants
This bill created a new licensure category for anesthesiologist assistants (AAs). AAs will practice only under the supervision of a licensed anesthesiologist who maintains close proximity that allows the anesthesiologist to be available immediately if needed at all times that anesthesiology services are rendered by the AA.

Certified Registered Nurse Anesthetists
This bill recognizes certified registered nurse anesthetists (CRNAs) as a category of advanced practice nurses, along with nurse practitioners, certified nurse midwives and clinical nurse specialists; however, this title change does not alter the scope of practice of the CRNA.

Pharmacy Technicians
This bill changes pharmacy technician certification to licensure and makes changes to the educational and training requirements for pharmacy technicians.

Diabetes Educators
This bill provides for new licensure of diabetes educators.

SEA 421: Professional Licensing Matters
Author: Head, Status: Signed by the Governor – Public Law 112

Among its many provisions, SEA 421 requires the PLA to report to the Legislative Council no later than Oct. 1 concerning the establishment of health care professional registry that permits individuals of certain health professions to certify their qualifications and to be included on the registry listing maintained by the PLA. As introduced, this proposal would have allowed health care professionals who are not otherwise licensed, certified or registered by the state of Indiana to practice within the state, so long as the health care professional meets certain other requirements, such as the Medicare requirements for providing services. This study will be closely monitored by IHA.
HEA 1360: Addiction and Treatment Services  
Author: C. Brown, Status: Signed by the Governor – Public Law 142

In an attempt to address barriers to mental health access, HEA 1360 will create a Mental Health and Addiction Services Development Programs Board to develop a loan forgiveness and training program for mental health and addiction professionals who remain in Indiana. Also, psychiatrists with training and certification in addiction, addiction counselors and mental health professionals will be added to the list of those eligible for loan forgiveness.

SEA 248: Psychiatric Crisis Intervention Services Study  
Author: Crider, Status: Signed by the Governor – Public Law 93

Out of recognition of the gaps in Indiana’s psychiatric services and revenue streams and that our state lacks a comprehensive psychiatric intervention service system that bridges public and private providers, the General Assembly has tasked FSSA to study several issues related to psychiatric crisis intervention, including an assessment of what services are currently available in Indiana and to what extent these services are coordinated and integrated across health care delivery systems.
IHA supported legislation that provides for an in-depth study of domestic and sexual violence in Indiana, as well as causes of violent crime. As a result of SEA 227, the Commission of Improving the Status of Children will study and evaluate crimes of sexual violence against children, while the ISDH will conduct a study to determine the number of persons who are the victims of crimes of domestic or sexual violence, the reasons why these crimes are underreported, best practices to improve reporting and the most effective means to connect victims with appropriate treatment services. Further, a summer study committee of the General Assembly will be assigned the task of studying the causes of violence and violent crime in Indiana.

In addition to these studies, the bill provides immunity from arrest or prosecution for certain alcohol offenses if the arrest or prosecution is due to the person: (1) reporting a medical emergency (2) being the victim of a sex offense or (3) witnessing and reporting what the person believes to be a crime. Also, the bill allows an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter or volunteer firefighter, a law enforcement officer or a paramedic to administer an overdose intervention drug to a person suffering from an overdose.

HEA 1323 will allow a postsecondary educational institution to develop a policy for the emergency administration of an auto-injectable epinephrine to a student, faculty or staff member under certain circumstances. The bill also allows a health care provider to write a prescription, drug order or protocol for epinephrine to a postsecondary educational institution, so long as the health care provider is licensed in Indiana and has prescriptive authority.

HEA 1290 sets requirements regarding the nature and risk of sudden cardiac arrest to inform and educate coaches, student athletes and parents, and requires receipt of acknowledgement forms by student athletes and coaches prior to any practice for an athletic activity for school corporations, charter schools, public schools and accredited nonpublic schools, as well as institutions of higher education.

SEA 50 will narrow the access of minors to tanning devices, by prohibiting a person less than 16 years of age from using a tanning device in a tanning facility.

SEA 222 will require football coaches who are coaching individuals less than 20 years of age to complete a course concerning player safety and concussions at least once during a two-year period, beginning July 1. A high school student athlete who has been removed from play because of a suspected concussion or head injury may not return to play until at least 24 hours have passed since the incident.

SEA 245 will allow a health care provider with prescriptive authority to prescribe auto-injectable epinephrine to a school or school district and sets requirements for certain individuals employed by a school or school district to fill, store and administer auto-injectable epinephrine.
Interim Study Committee Topics

SEA 80: Interim Study Committee Structure
Author: Long, Status: Signed by the Governor – Public Law 53

In response to the growing number of policy issues that have been assigned to be studied in-depth during the legislative interim in recent years, Senate and House leadership introduced SEA 80 to alleviate the stress these additional study issues have placed on legislative staff resources. The bill essentially eliminates all “specialty” commissions and creates interim committees that reflect the standing committees that meet during the legislative session.

The Legislative Council, a body comprised of leaders from all four caucuses, will soon meet to finalize the agendas of the interim study committees’ agendas. In addition to the study issues that have been mentioned already, the Legislative Council could add several more topics to the agenda for this study committee season, including:

- Senate Bill 137: A review and evaluation of Indiana’s statewide adult protective services laws and programs
- Senate Resolution 34: A study of complete cultural competency training as a requirement for licensure in a health care profession
- Senate Bill 313: A study of authorizing local units of government to collect a law enforcement run fee from a property owner if law enforcement is dispatched to a property multiple times within a year
- House Bill 1051: A study of the feasibility of establishing a needle exchange program
- Local finance: IHA will be closely watching any studies on local financing to ensure the issue of PILOTS, or other public safety user fees, does not emerge. IHA worked during the session to prevent an amendment from moving forward that would have established a PILOT for police and fire services.

Legislative victories, such as those achieved in the 2014 session, can only happen if we elect thoughtful lawmakers who support hospitals and good health care policies. This year, with 134 seats open and so many important issues facing hospitals, it is critical that Indiana hospitals remain fully engaged. Make your PAC contribution at IHAconnect.org/Advocacy/Friends.

For questions or help with your hospital’s PAC campaign, contact Laura Mrozinski at lmrozinski@IHAconnect.org or 317-423-7734.
2014 Indiana General Assembly

Legislative Wrap-Up

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2014 IHA Annual Meeting
Renaissance Indianapolis North Hotel, Carmel

Join your colleagues at the 2014 Indiana Hospital Association Annual Meeting, Oct. 28 - 30, at the Renaissance Indianapolis North Hotel in Carmel.

We face challenges every day in our industry, and our responses to those challenges require leadership, determination and innovation. This year’s conference is designed to provide insight and education to help you meet the wide range of health care challenges, with a focus on patient safety and advocacy issues.

This year’s TeKolste Luncheon Keynote Speaker is Ari Fleischer, former White House Press Secretary serving President George W. Bush from 2001 – 2003. During the luncheon Fleischer will focus on the hottest controversies of the day providing a detailed, in-depth analysis of the latest news coming out of Washington as only a political communications veteran can. With the signature wit and humor he used to handle the toughest of questions in the White House Briefing Room, Fleischer looks at the Obama Administration, Congress, the budget, foreign policy and the ever-changing multitude of issues that play out each day.

Save the date and plan to join IHA for this special annual event. Look for more information in the coming weeks.