



Indiana Hospital Association

Indiana General Assembly

2015 Legislative Session Report

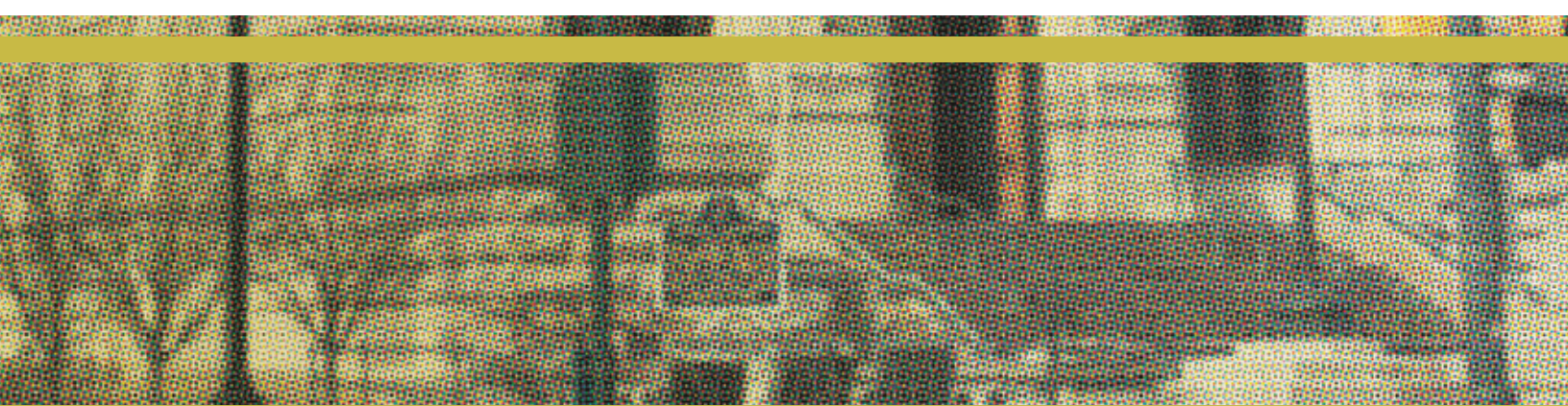


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I. 2015 Legislative Session Overview

The General Assembly adjourned sine die just moments before the legislative deadline of midnight on April 29. The 2015 session was the longer biennial budget-writing session, but it will perhaps be most remembered for other bills such as the religious freedom legislation.

Many proponents of the Religious Freedom Restoration Act (RFRA) stated that the goal was to create a new balancing test for Indiana courts when weighing whether a government action unlawfully burdens a person's ability to exercise his or her religion. However, RFRA's opponents portrayed the measure as an effort to permit lawful discrimination against individuals, particularly in situations where services are denied to individuals on the basis of sexual orientation.

The ensuing controversy over RFRA's passage led Indiana Senate and House leaders to fast-track clarifying language within a separate bill (Senate Enrolled Act 50) to specify that the new law does not permit businesses and individuals to use RFRA as justification to deny services to members of the general public on the basis of race, color, religion, ancestry, age, national origin, disability, sex, sexual orientation, gender identity or U.S. military service.

Though RFRA dominated a good portion of the 2015 session, legislators quickly turned their attention to the crafting of the state's budget and other matters. Several other high-profile topics from the session were the repeal of the Common Construction Wage, education reforms and authorization of needle exchange programs in response to a public health crisis centered in Scott County.

More than 1,250 bills were introduced this year (669 House bills and 589 Senate bills), with nearly 90 bills assigned to the health committees. In the end, 139 House bills and 129 Senate bills made final passage in both the House and Senate before the legislative deadline of April 29. These Enrolled Acts were then sent to the Governor, who, upon receipt, had seven days to sign, veto or allow an Enrolled Act to become law without his signature. As of May 8, all final action had been taken on Enrolled Acts by the Governor, resulting in two vetoes.



II. Biennial State Budget

HEA 1001: Budget bill. (T. Brown)

Status: Signed by the Governor – Public Law 213

In addition to appropriating nearly \$30 billion to fund education, general government services and much more over the next two years, HEA 1001 contains many important provisions to Indiana hospitals, including the full funding of the Medicaid expenditure forecast for State Fiscal Years (SFY) 2016 and 2017. This is good news, as it reduces the risk of administrative rate reductions or other cost containment measures over the two-year spending plan. Other provisions include:

- **Healthy Indiana Plan 2.0.** Provisions dealing with HIP 2.0 and the financing of the program through the Hospital Assessment Fee (per the IHA Term Sheet with the Pence administration) were also included in the budget bill.
- **Expanding Medical Education.**
 - ▷ The bill provides new funding for the expansion of medical residency programs, appropriating \$3 million for both SFYs 2016 and 2017. The enabling legislation for this new program was passed in a separate bill, HEA 1323, which creates the new Medical Residency Education Fund.
 - ▷ It funds the Primary Care Shortage Area Scholarship, which was established in the 2013 budget cycle for the Marian University College of Osteopathic Medicine, at \$2,000,000 in both SFYs 2016 and 2017.
 - ▷ It also continued funding for the existing family practice residency program at \$1,852,698 in both SFYs 2016 and 2017.
- **Evansville Medical Education Project.** Authority to construct the proposed regional medical school campus in downtown Evansville was included in the final version.
- **Investor-Owned Hospital Tax Credit.** The budget bill contains a state corporate adjusted gross income tax credit for certain investor-owned acute care hospitals equal to 10 percent of property taxes paid in the taxable year.
- **Infant Mortality Reduction.** In concert with the Governor's Labor of Love campaign, the House Republican Caucus took aim at infant mortality by funding the new Safety PIN Grant program (see HEA 1004 below) at \$8 million in SFY 2016 and \$5.5 million in SFY 2017. In SFY 2016, \$2.5 million of the funding is to be used for a web application to provide outreach to at-risk mothers.
- **Tobacco Cessation.** Annual funding for the Tobacco Use Prevention and Cessation Program remains at \$5 million per year. NOTE: Although IHA and other groups working with the Hoo\$1ers for a Healthier Indiana campaign advocated for a one dollar per pack cigarette tax increase (from the current \$0.995 tax), this effort fell short. Instead, the General Assembly will study several policy proposals related to smoking, including the fiscal impact of a tobacco tax increase.

HEA 1323: Medical residency education. (T. Brown)

Status: Signed by the Governor – Public Law 190
Effective July 1, 2015

IHA supported legislation that creates the framework to support new medical residencies by providing technical assistance and startup funding for hospitals and other non-profit entities through the newly established Medical Residency Education Fund—funded at \$3 million in both SFYs 2016 and 2017. The bill also creates the Graduate Medical Education Board which will submit a report to the General Assembly by Nov. 1, 2016 on several issues related to residency expansion, including projected costs per resident, the expected economic impact, the impact on access to care and the level of financial participation that would be expected of sponsoring entities.

HEA 1004: Safety PIN Grant Program. (Sullivan)

Status: Signed by the Governor – Public Law 125
Effective July 1, 2015

As part of the statewide campaign to reduce Indiana's high infant mortality rates, legislators created the Safety PIN (Protecting Indiana's Newborns) Grant Program, under which providers will be eligible to receive funds for their efforts in addressing various factors contributing to infant mortality. Preference will be given to proposals that prioritize increasing access to care for at-risk families, tobacco use reduction and collaborations between provider groups across a regional basis. The state budget appropriates \$5.5 million in the next two years to be used for the grants, which will become available by the Indiana State Department of Health (ISDH) sometime after July 1.

III. Hospital Policy Issues

HEA 1265: Designation of caregiver for patients. (Zent)

Status: Signed by the Governor – Public Law 137

Effective January 1, 2016

The Caregiver Advise, Record, Enable (CARE) Act was proposed by and advocated by the AARP as a multistate effort to better train and inform individuals who provide in-home care to their family members and loved ones following hospital stays. IHA worked with AARP and legislators to address several of the bill's requirements that, as originally proposed, would have overlapped with current hospital practices required by Medicare Conditions of Participation.

The new law will primarily require hospitals to provide each admitted patient with the opportunity to designate a lay caregiver and to document the patient's designation or refusal in the patient's medical record. The bill's originally proposed requirements regarding hospital notices to the lay caregiver and the provision of aftercare instructions and live demonstrations were amended to recognize the unique needs of each individual patient, as well as the professional judgment of the hospital personnel involved.

HEA 1093: Information concerning certain disabilities. (Bacon)

Status: Signed by the Governor – Public Law 63

Effective July 1, 2015

Health care providers and facilities will now be required to provide certain information to parents who receive a positive result from a prenatal test for Down syndrome and other conditions. The information, which may be provided by state and local advocacy organizations for people with intellectual and developmental disabilities, aims to assist families in obtaining support services for their children and will be located on a clearinghouse/website created by the ISDH.

SEA 293: Medical peer review. (Patricia Miller)

Status: Signed by the Governor – Public Law 204

Effective July 1, 2015

SEA 293 permits the use of a peer review committee by Indiana medical schools and allows the sharing of peer review information between a medical school peer review committee and another peer review committee.



IV. State Administration and Regulation

SEA 460: Comprehensive care health facilities. (Patricia Miller)

Status: Signed by the Governor – Public Law 257
Effective July 2, 2015

SEA 460 puts in place a moratorium on licensing new comprehensive care beds until June 30, 2018 with certain exceptions such as for facilities under development or for facilities located in counties whose occupancy rate exceed 90 percent. Previous Indiana law contained a similar moratorium for Medicaid-supported beds, but proponents were not successful in passing legislation in the 2014 legislative session that would have extended that moratorium before its sunset on July 1, 2014. This legislation was backed by the three nursing home trade associations: Indiana Health Care Association, Hoosier Owners and Providers for the Elderly and LeadingAge Indiana.

HEA 1019: Common construction wage and public works. (Torr)

Status: Signed by the Governor – Public Law 252
Effective July 1, 2015

Lawmakers repealed Indiana's prevailing wage, or common construction wage statute, eliminating long-standing state public policy that permits local boards to set the wage scale for certain publicly funded construction projects valued at over \$350,000. Projects that are awarded by state and local governments, including municipal corporations, will no longer be subject to the common construction wage statute; however, it will continue to apply to public works contracts that were awarded prior to July 1, 2015. The Indiana Department of Labor will submit a report to the General Assembly concerning the effects of the repeal by July 1, 2021.

HEA 1469: Wage payment and wage assignment. (Ober)

Status: Signed by the Governor – Public Law 193
Effective July 1, 2015

This bill affects the damages awarded to employees who successfully argue a wage payment claim in court. The bill also expands Indiana's employee wage deduction statute which permits an employee to request a deduction from his or her paycheck and apply it toward another obligation. Under the new law, employees may now assign their wages for the purpose of certain uniform costs, reimbursement of education or skills training, payroll or vacation pay advances and other merchandise, goods or meals offered by the employer.

HEA 1159: Protective orders and employment. (Judy)

Status: Signed by the Governor – Public Law 182
Effective July 1, 2015

In an attempt to help victims of domestic violence and stalking maintain their employment, a new law will prohibit employers from terminating an employee based on: (1) the filing, by the employee, of a petition for a protective order or (2) the actions of an individual against whom the employee has filed a protective order.



HEA 1562: Professional licensing matters. (Zent)

Status: Signed by the Governor – Public Law 177
Effective July 1, 2015

This bill requires all licensed or certified professionals who receive a conviction of a misdemeanor or felony to provide written notice of the conviction to the appropriate professional licensing board no later than 90 days after entry of the order or judgment of conviction. The bill also requires ISDH to develop a program enabling the electronic transmission of all required forms and data related to pregnancy termination.

HEA 1016: Newborn safety incubators. (Cox)

Status: Signed by the Governor – Public Law 61
Effective July 1, 2015

As introduced, this bill would have made Indiana the first state to permit the use of newborn safety incubators. The incubators (also called baby drop boxes, baby hatches or foundling wheels) are locked, climate-controlled units that permit an individual to safely and anonymously abandon a newborn. The bill would not have required that hospitals or any other entities install these incubators, but rather it established ISDH licensure for installers of incubators and penalties for misuse. While legislators supported the concept of encouraging safe abandonment of newborns, many felt that further study of the necessary standards and protocols for the installation and operation of these devices was needed prior to allowing their operation. As a result, the final bill only requires ISDH to submit recommendations to the General Assembly regarding the use of newborn safety incubators prior to the 2016 legislative session.

SEA 546: Abortion matters. (Messmer)

Status: Signed by the Governor – Public Law 92
Effective July 1, 2015

This legislation redefines the term “abortion clinic” in direct response to a federal court ruling that found Indiana unconstitutionally differentiated between physician’s offices and other health care clinics that provide only non-surgical abortion services. The definition of “abortion clinic” continues to exempt hospitals, ambulatory outpatient surgery centers and health care providers that provide fewer than five medical abortions per year.

SEA 329: Disposition of aborted remains. (L. Brown)

Status: Signed by the Governor – Public Law 113
Effective July 1, 2015

SEA 329 requires a pregnant woman to be informed orally and in writing before an abortion about her options in determining final disposition of the remains of an aborted fetus and about post-procedure counseling. The abortion clinic or health care facility must document the pregnant woman’s decision concerning disposition within the medical record, and the pregnant woman is responsible for the costs related to the disposition. The bill requires ISDH to adopt emergency rules, no later than July 1, 2015, specifying the disposal methods to be used by abortion clinics and health care facilities in the disposition of aborted fetuses.

V. Public Health

SEA 461: Health matters. (Patricia Miller)

Status: Signed by the Governor – Public Law 208

In response to the HIV epidemic in southwest Indiana, the General Assembly has passed legislation that will permit the operation of needle or syringe exchange programs (SEPs) beyond what had been authorized in Scott County through Governor's Pence's emergency executive order. Effective immediately, local governments will be permitted to request a public health emergency declaration by ISDH based on an epidemic of hepatitis C or HIV associated with IV drug use, after which certain entities may then operate a SEP as part of a comprehensive public health response. The General Assembly has also requested further study of the use of SEPs in an effort to reduce disease transmission, as well as a review of appropriate criminal penalties for drug and paraphernalia related offenses, by the legislature's interim study committees.

SEA 461 also makes clear that emergency medical service providers may administer blood glucose monitoring tests and makes several updates related to childhood immunizations, including the distribution of information related to the HPV vaccine to parents of all children in the sixth grade rather than just female students.

SEA 406: Overdose intervention drugs. (Merritt)

Status: Signed by the Governor – Public Law 32
Effective upon passage

In an effort to increase the availability of opioid overdose intervention drugs, such as naloxone or Narcan, the General Assembly passed legislation that will permit a health care provider with prescriptive authority to prescribe or dispense Narcan to a person or entity in a position to assist an individual at risk of experiencing an opioid-related overdose, such as a family member or friend, without examining the individual to whom Narcan may be administered. Immunity from civil liability will be granted to those who prescribe, dispense, obtain and administer Narcan in compliance with the requirements set forth in the new law.

The bill also requires emergency responders who administer Narcan or who are summoned following the administration of Narcan to report to the ISDH the number of times it is administered.

HEA 1454: Auto-injectable epinephrine. (Eberhart)

Status: Signed by the Governor – Public Law 59
Effective July 1, 2015

This bill permits entities, such as businesses, associations and governmental units, to obtain prescriptions for auto-injectable epinephrine for administration to employees, agents and visitors who demonstrate signs or symptoms of life-threatening anaphylaxis, so long as certain requirements are met.

SEA 6: Powdered or crystalline alcohol. (Alting)

Status: Signed by the Governor – Public Law 70
Effective upon passage

Following recent federal approval of the sale of certain powdered alcohol products by the U.S. Alcohol and Tobacco Tax and Trade Bureau, the General Assembly has put the brakes on the retail sale of these products in Indiana until further study is completed. Effective immediately, it is a Class B infraction to possess, sell or use powdered or crystalline alcohol, unless it is used for bona fide research purposes by hospitals, universities, pharmaceutical or biotechnology companies or the ISDH.

HEA 1432: Regulation of e-liquids (electronic cigarettes). (Mahan)

Status: Signed by the Governor – Public Law 176
Effective July 1, 2015

In the absence of federal regulation on electronic cigarettes ("e-cigarettes"), Indiana has joined several other states in passing its own regulatory structure for the manufacture and sale of all e-liquid products. Beginning June 30, 2016, manufacturers of e-cigarettes will be required to obtain permits to produce and package e-liquids and must ensure certain safety measures, such as surveillance in their production areas and the use of tamper-evident and child-resistant packaging. The Indiana Alcohol and Tobacco Commission will also have the authority to police retailers by requiring vapor shops that sell e-liquid products to be licensed. Legislators will continue to study issues related to e-cigarettes over the legislative interim, including whether e-cigarettes should be defined as tobacco products and subject to smoking bans and taxation.

VI. Mental Health and Addiction

The Indiana General Assembly enacted several pieces of legislation in an attempt to address barriers to access of mental health and addiction services. Several of the enacted provisions are highlighted below.

- **New treatment options**

- ▷ Before June 30, 2018, the Division of Mental Health and Addiction (DMHA) will be permitted to approve up to five new opioid treatment programs, or methadone clinics, if the programs are run by a hospital or certified community mental health center and DMHA determines there is a need for new clinics in the proposed location. (SEA 464)
- ▷ School corporations will be permitted to enter into a memorandum of understanding with a mental health care provider or a community mental health center for the purpose of referring students for mental health services. (HEA 1269)
- ▷ FSSA will now be required to provide coverage for inpatient substance abuse detoxification services under Medicaid. (HEA 1448)

- **Mental health and addiction services for inmates**

- ▷ The Department of Correction (IDOC) and county sheriffs may now act as an inmate's Medicaid authorized representative and apply for Medicaid on behalf of an inmate ensuring Medicaid coverage upon release from incarceration. IHA worked with FSSA and other stakeholders to ensure that as IDOC and sheriffs seek to leverage HIP 2.0 or other Medicaid program enrollment to reduce their expenditures for health care, hospitals will be reimbursed at no less than Medicare. In addition, the state and local entities would be required to fund the state share for federal matching purposes at those payment rates and the Hospital Assessment Fee would not be impacted. (HEA 1269)
- ▷ Addiction counseling, inpatient detoxification and other opioid or alcohol addiction services may now be required of inmates as a condition of parole, probation, community corrections, pretrial diversion or participation in a problem-solving court. (SEA 464)

- **Training in addiction treatment services**

- ▷ Money from the Forensic Treatment Services Account may now be used to fund grants and vouchers for licensed mental health or addiction providers. (HEA 1448)
- ▷ Indiana judges, prosecutors and public defenders will be required to receive training concerning diversion and probationary programs, addiction treatment services and involuntary commitment. The Indiana Judicial Center, the Prosecuting Attorneys Council, the Public Defender Council and DMHA will be responsible for providing the information and training. (HEA 1448)



VII. Pharmacy and Prescription Drug Issues

INSPECT

The General Assembly has created an oversight board to evaluate the state's prescription drug monitoring program (INSPECT) (SEA 358). The INSPECT Oversight Committee will be comprised of the president of the Board of Pharmacy, representatives of ISDH, the Indiana State Police and the Attorney General's office and lay users of INSPECT who together will provide policy recommendations to the Board of Pharmacy that promote effective operation of INSPECT.

Legislators also passed legislation that will permit medical residents with temporary medical licenses to access and use INSPECT, effective July 1, 2015. (SEA 168).

SEA 534: Rules for prescribing controlled substances. (Grooms)
Status: Signed by the Governor – Public Law 54

Before March 1, 2016, the licensing boards for physician assistants, podiatrists, dentists and nurses will be required to adopt rules complementary to the Medical Licensing Board's opioid prescribing rules for the treatment of pain. Each board is required to provide a status update to the General Assembly regarding their progress on rulemaking by December 31, 2015.

SEA 464: Mental health issues. (Patricia Miller)
Status: Signed by the Governor – Public Law 209

The General Assembly has placed strict limitations on the use of methadone if prescribed for pain management. Under the new law, a prescriber who prescribes methadone for pain must indicate this intended treatment on the prescription or order. An insurer may only reimburse for methadone when prescribed for pain management if the daily dosage is less than 60 milligrams. Insurance coverage will not be permitted for daily dosages greater than 60 milligrams unless prior authorization and a medical necessity determination has been obtained.

HEA 1065: Use of investigational drugs, biological products and devices. (Culver)
Status: Signed by the Governor – Public Law 2
Effective upon passage

This bill, known as the Right to Try Act, allows terminally ill patients to be eligible for experimental drugs or procedures in the testing phase, but not yet approved by the federal Food and Drug Administration. Under the new law, the patient's physician, the drug manufacturer and the hospital (if applicable) must approve the patient's use of the investigational treatment in order for the patient to access treatment.

HEA 1184: Controlled substances. (Davisson)
Status: Signed by the Governor – Public Law 56
Effective upon passage

This bill authorizes optometrists to prescribe Tramadol (Ultram) under certain conditions. The bill also reclassifies hydrocodone combination products as Schedule II controlled substances and adds Tramadol as a Schedule IV controlled substance.



VIII. Insurance and Coverage Issues

SEA 26: Coverage of prescription eye drops. (Patricia Miller)

Status: Signed by the Governor – Public Law 43

Effective July 1, 2015

The bill requires that beginning January 1, 2016, health insurance plans must cover refills of prescription eye drops when certain requirements are met. This issue was studied and endorsed by the Interim Committee on Public Health, Behavioral Health and Human Services during the 2014 legislative interim.

HEA 1269: Health matters. (Clere)

Status: Signed by the Governor – Public Law 185

Effective July 1, 2015

HEA 1269 requires insurers to provide coverage for telemedicine services, including medical and behavioral health exams and treatments, in accordance with the same criteria as the policy provides coverage for the in-person delivery of the same health care services.

IX. Health Care Workforce Issues

HEA 1145: Civil immunity for volunteer health care providers. (Frizzell)

Status: Signed by the Governor – Public Law 161

Effective July 1, 2015

HEA 1145 requires the Professional Licensing Agency (PLA) to establish and maintain a registry that lists health care providers who may provide certain services voluntarily and without compensation at locations that the Medical Licensing Board has deemed appropriate. Health care providers who meet the requirements of the volunteer registry program are immune from civil liability for their acts and omissions related to the provision of permitted health care services, except in the case of gross negligence and willful misconduct. Current law only provides immunity for volunteer health care providers working in certain clinics where malpractice coverage has been purchased.

HEA 1303: State registration of privately certified individuals. (McMillin)

Status: Signed by the Governor – Public Law 240

Effective July 1, 2015

This bill is part of the Pence administration's effort to reform Indiana's regulatory scheme for professional occupations. As introduced, the bill established a process for self-certification registration, which permits a professional who meets certain requirements to certify to the PLA that the individual is qualified to be included on the agency's list of registered professionals. Legislators opted to limit the scope of the bill and instead establish only a two-year pilot registry program for individuals employed in non-health related occupations that are not already regulated under Indiana law. These individuals who meet the certification or credentialing requirements of an approved professional organization may be listed on the registry and use the term "state registered". The Indiana General Assembly must act no later than the 2018 legislative session to continue, or to expand, this pilot program.

HEA 1183: Physician assistants. (Davisson)

Status: Signed by the Governor – Public Law 135

Effective July 1, 2015

HEA 1183 eliminates key barriers in the practice of physician assistants (PAs) related to controlled substance prescribing, supervision agreements, chart review and physician supervision ratios.

- PAs may refill prescriptions of Schedule II-V medications beyond a 30 day supply and will no longer need authorization from the supervising physician for refills of controlled substances.
- PAs and advanced practice nurses with prescriptive authority may now treat a patient with a Schedule III-IV controlled substances for the purpose of weight reduction or to control obesity so long as certain requirements are met.
- The new law will reduce the number of charts that the supervising physician must review and extends the deadline by which chart review must occur to a reasonable and appropriate amount of time not to exceed 10 business days, rather than the current 72-hour deadline.
- Under the new law, the number of PAs a physician may supervise will increase from two to four.

SEA 358: Medications. (Grooms)

Status: Signed by the Governor – Public Law 89

Effective July 1, 2015

SEA 358 will add “medication therapy management,” including comprehensive medication review and adherence services, to the pharmacist’s scope of practice. Under the new law, pharmacists may bill and be reimbursed by Medicaid for medication therapy management.

HEA 1157: Qualified dietitians. (Bacon)

Status: Signed by the Governor – Public Law 131

Effective July 1, 2015

The bill permits qualified dietitians to order medically prescribed diets, or diets that are prescribed when specific food or nutrient levels need to be monitored and/or altered, as a component of a patient’s treatment regimen.

HB 1548: Midwives. (Lehe)

Status: Did not pass, but some related provisions were enacted elsewhere as outlined below

Certified direct-entry midwives (CDEMs), or non-nurse lay midwives, were unsuccessful in their attempt to remove the CDEM certification requirement for collaborative practice. This legislation hit several roadblocks throughout the legislative process; however, the lay midwives did achieve some success in the final hours of the 2015 session with the passage of several provisions within a larger health matters bill (HEA 1269). The requirement for a collaborative practice agreement with a physician remains intact, but the following provisions were enacted:

- The dates by which a CDEM is required to meet certain certification requirements were extended
- The midwife birth certification requirements were amended by permitting a CDEM to attend 20 births conducted by a physician, rather than the physician directly supervising 20 births conducted by the CDEM
- Immunity provisions were added for physicians who sign a collaborative agreement with a CDEM and for health care providers who employ these physicians. (NOTE: Despite proposals to require hospitals to allow their employed physicians to enter into collaborative practice arrangements with CDEMs, no such mandate ultimately passed.)

X. Significant Bills Tracked by IHA that Were Not Enacted

HOSPITAL POLICY ISSUES

Price Transparency

Two pieces of legislation (see HB 1213 and HB 1241 below) were filed, but did not pass, that would have mandated Indiana hospitals and other health care providers to make available certain pricing information to prospective patients.

Early in the legislative session, IHA worked with legislators, including the authors of these bills, to demonstrate our successful new web tool which provides pricing and quality information to health care consumers. At IHA's mycareINsight.org, consumers can find hospital charge data based on the 100 most common inpatient services and compare Indiana hospitals side-by-side based on quality measures data such as patient satisfaction, infection and readmissions. This is a tremendous first step toward price transparency, and IHA will continue to work with the Indiana General Assembly to address transparency for health care services.

HB 1213: Cost of medical procedures. (Culver)

Status: Did not pass

This bill would have required each Indiana hospital and ASC to prepare a list of the facility's average charges for the treatment of common or frequent diagnostic, inpatient and outpatient procedures/treatments and to provide the average charge data to prospective patients.

HB 1241: Publication of health care charges. (Braun)

Status: Did not pass

This bill would have required hospitals, ASCs and other health care entities to make their chargemaster list available on a website. It also would have required physicians to make available a comparison of the physician's current charges and the amount of Medicare reimbursement received for the service or treatment.

SB 462: Advertising by health care practitioners. (Patricia Miller)

Status: Did not pass

SB 462 was brought forward by the Indiana State Medical Association (ISMA) to prohibit the use of deceptive or misleading information in health care advertisements. The bill would have required advertisements to prominently identify the type of license held by the practitioner and would have placed limitations on the ability to publicize certain board certifications. Because ISMA wished to continue working on certain provisions over the course of the summer, the bill was pulled from consideration and did not pass into law. We anticipate similar legislation to be considered again in the 2016 legislative session.

HB 1494: Firearm ownership and medical records. (Judy)

Status: Did not pass

HB 1494 would have restricted the collection and disclosure of certain information regarding a patient's ownership or access to a firearm by health care providers. The bill aimed to restrict political subdivisions and professional licensing boards from requiring a health care provider to inquire or document a patient's ownership of a firearm, or from notifying a governmental entity of the patient's identification solely on the basis of firearm ownership.

SEA 369: Publication and Internet posting of information. (Pete Miller)

Status: Vetoed by the Governor

As part of several new local government transparency measures, SEA 369 would have required the Department of Local Government Finance (DLGF) to collect certain financial and operational data from political subdivisions, including local hospital authorities or corporations, for posting on the public Indiana transparency website. SEA 369 passed both the Senate and the House of Representatives, but Governor Pence vetoed the bill due to other provisions that would have permitted a government agency to charge fees for certain public record searches.

MEDICAL MALPRACTICE ACT

Possible changes to Indiana's medical malpractice act were a major focus for IHA leading up to the 2015 session and in the first weeks of legislative action. The General Assembly considered, but did not ultimately pass, two bills that would have amended key parts of the Medical Malpractice Act.

SB 55: Medical malpractice actions. (Steele)

Status: Did not pass

SB 55 would have increased the amount with which a malpractice claim can bypass the medical review panel from \$15,000 to \$187,000. In recognition that this threshold has not been increased since 1985, IHA supported a more modest increase than what was proposed by Senator Steele; however, a compromise was not reached. Other provisions were added to this bill throughout the legislative process that would have permitted complete avoidance of the medical review panels in any cases involving wrong-site surgery or retention of a foreign object. IHA and other stakeholders opposed this as a dangerous precedent for bypassing the panels, which are an essential part of our model medical malpractice act. The bill was ultimately defeated by the full Senate by a vote of 22-27.

HB 1043: Medical malpractice caps. (Torr)

Status: Did not pass

HB 1043 proposed to raise Indiana's overall medical malpractice cap from the current \$1.25 million to \$1.65 million for claims arising after June 30, 2015. IHA supported this proposed increase to \$1.65 million as a reasonable and modest adjustment to the malpractice damage award cap (which has not been raised since 1999). Ultimately, the bill was not acceptable to all stakeholders, and the author opted not to advance the bill further; however, conversations about Indiana's Medical Malpractice Act will likely continue into future legislative sessions. IHA will oppose all unreasonable increases in the caps or other detrimental changes, but we stand ready to work with all interested parties on updating the Act to protect it from court challenges and other potential legislative threats.

STATE ADMINISTRATION AND REGULATIONS

SB 334: Abortion prohibition based on sex or disability. (Holdman)

Status: Did not pass

SB 334 would have prohibited a physician from performing an abortion if the physician has knowledge that the woman seeking the abortion is doing so solely because of the sex of the fetus or because the fetus has received a potential diagnosis of any disability. Concerns were raised by health care providers who feared that this bill could potentially force a woman to carry to term a high-risk pregnancy associated with maternal complications. The bill passed the Senate 35-15; however, it did not receive a hearing in the House.

PUBLIC HEALTH

HEA 1359: Immunizations. (Errington)

Status: Did not pass

Legislation failed that would have called for ISDH to establish plans to increase Indiana's HPV immunization rate to 80 percent among girls and boys between the ages of 13 and 16 — about four times the current rate. Though the bill did not require HPV immunization, concerns were raised that this effort may lead to an eventual mandate for childhood vaccinations against HPV. Alternatively, two resolutions (H.R. 52 and H.R. 63) passed that urge the legislature's interim study committees to study several issues related to HPV, including ways to improve Indiana's immunization rate and the dispensing of appropriate information to parents and health care providers related to the HPV infection and vaccine.

PHARMACY AND PRESCRIPTION DRUG ISSUES

SB 439: Controlled substances. (Hershman)

Status: Did not pass

Legislation did not pass that would have required DMHA to adopt opioid prescribing rules for the treatment of substance abuse. The proposed regulations would have been similar to the rules adopted by the Medical Licensing Board for health care providers who prescribe opioids for the treatment of pain. This legislation would have also placed limitations on the prescribing of Subutex and Suboxone for the treatment of pain and for the treatment of substance abuse.

Pseudoephedrine and ephedrine

No bills were enacted this session that would have made ephedrine/pseudoephedrine a controlled substance or a non-controlled legend drug, though at least six such bills were filed. Another related proposal to prevent individuals convicted of drug-related felonies from purchasing ephedrine/pseudoephedrine over the counter nearly passed, but it was not ultimately successful. It is expected that concerns over methamphetamine use and production will continue, and legislation will likely be introduced again in the 2016 session.

HEALTH CARE WORKFORCE ISSUES

SB 47: Health care professional cultural training. (Breux)

Status: Did not pass

Legislation did not pass that would have required an individual seeking licensure in a health care profession to complete cultural competency training which, among other requirements, must include awareness of cultural differences, knowledge of various cultural groups with whom the individual is likely to work and skills to modify one's behavior in order to foster patient compliance with wellness and treatment plans. The bill received a hearing in the Senate Committee on Pensions and Labor but was not voted upon.





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2015 Indiana General Assembly *Legislative Session Report*

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