Indiana General Assembly

2018 Mid-Session Report

The first half of the 2018 Indiana General Assembly has now concluded. The Indiana state legislature will resume its duties on Feb. 12 to begin the second half of the legislative process. The 2018 "short session" has focused on workforce development, school funding, alcohol sales and the ongoing addiction issues facing the state. Since 2018 is a non-budget year and an election year, the legislature has largely avoided controversial topics.

There were a total of 901 bills introduced in the 2018 session. The House introduced 452 bills, and the Senate introduced 449 bills. There are currently 130 House bills and 172 Senate bills still alive. Now, House bills that moved forward will start the process over in the Senate and Senate bills will begin over in the House.

IHA's Mid-Session Report focuses on the status of IHA's legislative priorities as well as a multitude of health-related bills that impact hospitals. The Indiana General Assembly is expected to complete their work in time for the deadline date of March 14. IHA will produce a 2018 session wrap-up shortly after that date.

One note of interest is the large number of legislators, 15 so far, that have already indicated that they will not seek re-election. A contributing factor for the turnover is the pressure legislators are facing from their caucus to either run for the next two terms or retire this year, since redrawing of legislative districts will take place in 2021.

IHA Legislative Priorities

Prior to the 2018 legislative session, several issues emerged as priorities among IHA members: 1) reforming the prior authorization process; 2) credentialing by insurers; and 3) acceptance of national accreditation in lieu of annual state survey for purposes of hospital licensure. Refer to the following summaries to learn more about issues considered in the first half of session impacting Indiana hospitals.

Prior Authorization:

Bills were filed in both the House (House Bill 1143) and the Senate (Senate Bill 210) this year with language modeled on Ohio legislation to streamline prior authorization and create more transparency in the reimbursement process. Bill authors Representative Donna Schaibley (R-Carmel) and Senator Liz Brown (R-Fort. Wayne) have been strong advocates for the provider community in helping to reach an agreement with insurers on language that is moving forward.

Bill Summary

- Definition of Prior Authorization: Practice implemented by a health plan through which coverage of a health care service is dependent on the covered individual or health care provider obtaining approval from the health plan before the health care service is rendered. The term includes prospective or utilization review procedures conducted before a health care service is rendered.
- Notice to health care providers of changes in prior authorization procedures is changed from 30 days to 45 days.
- Health plans must make available to providers a list of the health plan's prior authorization requirements including specific information that a provider must submit to complete a prior authorization request.

Effective Date December 31, 2018: Unanticipated Services

- Health Plan shall not deny payment for services that have received prior authorization.
- For unanticipated services, a retrospective review may be requested only for those services (not the whole claim) and payment may be withheld until the review is complete.

Effective Date December 31, 2019:

- For urgent care prior authorization requests: Health plan must respond within 72 hours. The health provider must also respond within 72 hours if the PA request is incomplete (no current deadline).
- For non-urgent prior authorization requests: Health Plan must respond within 7 days. Currently, under law it is 15 days.
- Health plan must provide specific reason for the denial of a PA request.
- Tightens language regarding when a claim must be paid if prior authorization is requested and approved by the health plan. The claim cannot be denied unless the prior authorization request contained fraudulent or materially incorrect information or the covered individual is not covered under the health plan on the date in which service was provided.

Credentialing:

Representative Cindy Kirchhofer, Chair of the House Public Health Committee, is the author of House Bill 1007, which would establish two improvements in the area of credentialing. First, the bill formalizes in statute the process that is already underway whereby the Office of Medicaid Policy and Planning will create a centralized process and application for credentialing of health care providers. All managed care entities that participate in Medicaid will have to accept the credentialing decision and not establish additional credentialing requirements.

In the commercial marketplace, a provisional credentialing status would be created if a health care provider has not received a decision after 30 days of completing the application and meets the following criteria:

- The provider was previously credentialed by the insurer in Indiana and in the same scope of practice for which the provider has applied for provisional credentialing.
- The provider is a member of a provider group that is credentialed and is a participating provider with the insurer.
- The provider is a network provider with the insurer.

Other important aspects of the bill include allowing the state to approve an additional nine opioid treatment programs. HB 1007 also allows for a temporary permit to practice social work for an individual who meets the educational requirements for a license as a social worker and pays a fee for the temporary permit set by the licensing board. Allowances are also made for an associate temporary permit to practice marriage and family therapy, mental health counseling, and addiction and clinical addiction counseling if educational requirements are met and a fee is paid.

Bill Summary

- Requires the Office of Medicaid Policy and Planning (OMPP) to implement a centralized credentials verification organization and credentialing process.
- Allows the Division of Mental Health and Addiction (DMHA) to grant approval for nine additional opioid treatment programs that: (1) are operated by a hospital; and (2) meet other specified requirements; if the division determines that there is a need for the program in the proposed location.
- Makes an exemption for an individual employed by a community mental health center to the requirement that an individual obtaining clinical social work experience be licensed as a social worker.
- Provides that mental health and addiction forensic treatment services may be administered or coordinated only by a provider certified by the division of mental health and addiction or licensed by the Indiana professional licensing agency to provide mental health and addiction treatment. (Under current law, a provider may provide services only if the provider is certified or licensed by the division of mental health and addiction.)
- Provides temporary permits to certain individuals who are pursuing required clinical supervisory hours needed for licensure. Provides that the temporary permits are not renewable.
- Requires certain policies of accident and sickness insurance to provide coverage for substance abuse or chemical dependency treatment provided by an addiction counselor.
- Requires: (1) an accident and sickness insurer; and (2) a health maintenance organization; to provide provisional credentialing to a provider for which a credentialing determination is not completed in at least 30 days if certain requirements are met.
- Urges the legislative council to assign to an appropriate interim study committee the task of studying the impact that opioid treatment programs have on the neighborhoods and communities in the immediate area of the opioid treatment programs.

National Accreditation In Lieu Of Annual State Survey:

Indiana is an outlier compared to other states in requiring an annual state survey of hospital facilities on top of the rigorous and comprehensive national accrediting process they already undergo. IHA members have long wanted to see this overly burdensome state regulation on hospitals in the state of Indiana changed and House Bill 1260 is the vehicle for that statutory change. Under the bill, the Indiana State Department of Health shall accept the three-year accreditation by national accrediting organizations in lieu of an annual state survey for purposes of state licensure. The bill makes provisions for those hospitals that do not go through a national accrediting organization for their survey by still allowing the State Department of Health to complete the survey.

Bill Summary

- Requires, beginning January 1, 2019, the State Department of Health (ISDH) to issue a hospital license to a hospital that has received accreditation by recognized accrediting organizations.
- Allows the ISDH to investigate complaints against an accredited hospital for substantial noncompliance with accredited standards.
- Requires the ISDH to conduct annual surveys for hospitals that are not accredited by a recognized accrediting organization.
- Requires the ISDH to conduct random validation surveys on behalf of the Centers for Medicare and Medicaid Services.
- Requires the ISDH to work with recognized accrediting organizations to develop and implement common accrediting and licensure standards.

INSPECT:

Senate Bill 221, authored by Senator Erin Houchin (R-Salem), builds upon Governor Holcomb's announcement this past summer in which the state indicated that it would fund integration of INSPECT into health facilities' electronic medical records system. Under the bill, health care prescribers would be required to obtain information about a patient from the database before prescribing an opioid or benzodiazepine to the patient if their facility has integrated with INSPECT:

- Beginning January 1, 2019, a practitioner who provides services to the patient in the emergency department of a hospital or a pain management clinic.
- Beginning January 1, 2020, a practitioner who provides services to the patient in a hospital.
- Beginning January 1, 2021, all practitioners.

The purpose of adding the dates to statute is to strongly encourage facilities to move toward integration. While the January 1, 2021 date may need to be re-examined in the future, for now legislators are pushing prescribers and facilities to move in this direction especially since the bill allows for a waiver process to be established if the practitioner does not have access to Internet.

Bill Summary

- Provides that beginning January 1, 2019, a practitioner who is permitted to distribute, dispense, prescribe, conduct research with respect to, or administer ephedrine, pseudoephedrine, or a controlled

substance in the course of the practitioner's professional practice or research, must be certified to receive information from the INSPECT program.

- Allows a practitioner to request a waiver from the requirement of checking the database before prescribing an opioid or benzodiazepine if the practitioner does not have access to the Internet at the practitioner's place of business.
- Requires the Indiana State Board of Pharmacy to: (1) establish a process for a practitioner to request a waiver; (2) determine whether to grant a practitioner's request for a waiver; and (3) issue a waiver when the board determines a waiver is warranted.

New Licensure Requirements:

- Senate Bill 243 was filed because of questions regarding the definition of a hospital. As amended, the bill creates some regulatory certainty as the Indiana Hospital Association and its members work on a solution for defining a hospital for purposes of licensure. NOTE: The bill does not apply to critical access hospitals, psychiatric hospitals, or rehabilitation hospitals, or LTACHs.

- The bill requires the Indiana Hospital Association and its members to work together to review Indiana's hospital licensure regulations in light of new models and other considerations. To formalize that process and develop rules, it creates the Hospital Licensure Task Force.

- With four members, two representatives from ISDH and two from the Indiana Hospital Association, this group will review the current regulations and propose any changes to the Executive Board of the ISDH. The Executive Board will either accept or reject that proposal, and the recommendations must be submitted before July 1, 2018.

- While the process of deliberation by hospitals and ISDH plays out, the bill puts in place two new state licensure requirements until July 1, 2019 or until ISDH finishes rulemaking (if the Task Force and Executive Board both have approved recommendations). NOTE: If either the Task Force or Executive Board don't advance any recommendations, the new requirements below expire on July 1, 2019.

New Licensure Requirements under SB 243:

1. To be a "hospital" licensed by ISDH, the facility must have an average daily census of two patients, who on average stay two nights. This standard is being borrowed from federal CMS guidance issues last fall regarding reimbursement, putting in place a new floor for what any new hospital would be for purposes of state licensure. As amended on second reading, this provision applies only to hospitals applying for a license after March 21, 208 and that these hospitals must also maintain the average daily census of two for their initial license period.

2. Secondly, it requires that after March 21, 2018 and through the roughly one-year period of Task Force deliberation and rulemaking, any new hospital seeking licensure must be owned and operated by an existing license holder. As amended on second reading, the bill limits the application of this requirement to facilities with fewer than 20 beds. However, it also expressly permits existing license holders to add new facilities smaller than 20 beds under an existing

license. This requirement was intended to ensure that new facilities and models are part of a continuum of quality care. NOTE: Ownership/operation is meant to signify a broader "system of care" concept which would likely undergo further refinement during the Task Force discussions.

Prohibition on Physician Non-Compete Contracts (Dead for Session):

The House Employment, Labor and Pensions committee heard testimony in the first half of session from both sides of the issue on whether Indiana should prohibit physician non-compete contracts. The bill's author, Representative Bob Morris (R-Ft. Wayne), brought House Bill 1235 before the committee arguing that "physicians belong to the community, not the hospitals". IHA testified in opposition to the bill along with David Storey, Senior Vice President General Counsel from Parkview Health. In the end, Chairman Heath VanNatter (R-Kokomo) stated that he would not vote the bill out of committee and commented that the author had the ability to pursue this topic for study during the interim. For the 2018 legislative session, the bill is officially dead and cannot be considered further since it failed to pass out of one chamber. Thanks to all members of IHA who had reached out to committee members explaining the detrimental impact of this bill.

Tobacco Tax and Age of Purchase (Dead for Session):

In the final week of House committee hearings, House Bill 1380, passed unanimously out of committee. The bill as introduced by Representative Charlie Brown (D-Gary) contained both an increase in the cigarette tax along with an increase in the age of purchase for tobacco products from 18 to 21. An amendment was accepted in committee stripping out the tax increase in an attempt to avoid being recommitted to a fiscal committee in a non-budget year. Several members of the Alliance for a Healthier Indiana testified in support of the bill including: Kevin Brinegar, President and CEO of the Indiana Chamber of Commerce, Bryan Mills, President and CEO of Community Health Network and Major General Wilmont, representing ISMA and speaking as a retired Deputy USSG of the Army National Guard. In opposition were representatives of the tobacco industry and the convenience store association.

The next day, Indiana House Speaker Brian Bosma (R-Indianapolis) recommitted the bill to the House Ways and Means Committee citing a potential $14M impact to state revenues. Therefore, the bill is now dead for the session.

The Alliance for Health will continue to raise awareness throughout the state on both the need to increase the cigarette tax as well as raising the age of purchase heading into the state budget session in 2019. The State of Our Health Summit will be held in Indianapolis on April 13. More information will be available soon at HealthierIndiana.org.

Physician Maintenance of Certification:

Senator Liz Brown (R-Ft. Wayne) has introduced legislation which states that physician maintenance of certification cannot be the sole factor for the state in allowing a physician to practice, for hospitals in determining admitting privileges, and for insurers in determining and setting reimbursement. This legislation is being considered in a multitude of other states throughout the country. Proponents of the bill are representatives of the physician community who have grievances about the maintenance of certification process

under the American Board of Medical Specialties (ABMS). Opponents of the bill are other medical specialties who are in full support of maintenance of certification. There is a split among the physician community and a distinct tension directed at ABMS. IHA did not testify for or against the bill as it would not impact reimbursement or national accreditation, though IHA members have expressed their views both for and against the bill. The bill passed the Senate by a vote of 39-9.

Senate Bill 208 will now be eligible for consideration in the House.

POST & Hierarchy of Consent:

Chairwoman Cindy Kirchhofer (R-Beech Grove) introduced House Bill 1119, which would make updates to the Physician Order of Scope and Treatment form along with establishing a hierarchy of individuals who can give consent for health services on behalf of an incapacitated adult. IHA sincerely thanks Rep. Kirchhofer for all of her work on this legislation and the significant time she spent in the interim with all stakeholders to get the bill ready for session. With respect to the creation of a hierarchy of consent, this had been a growing concern among health care providers in the hospital setting who are struggling to get incapacitated patients timely and appropriate health care when family members could not come to an agreement. The establishment of the hierarchy should make it easier for health care providers to identify who can make a decision on behalf of the incapacitated patient.

Bill Summary

- Establishes a priority order for who may provide consent if an adult is incapable of providing consent to health care. Provides exceptions to the priority order.
- Provides that if the individuals at the same priority level disagree as to the health care decisions on behalf of the patient, a majority of the available individuals at the same priority level controls.
- Provides that if an individual is incapable of consenting to the individual's own health care, the health care provider shall make a reasonable inquiry as to the availability of individuals who are able to provide health care consent.
- Specifies that the POST laws do not create a duty for a person to perform CPR on a declarant if the declarant's POST form indicates the declarant is not to be resuscitated.
- Allows a treating physician, advanced practice nurse, or physician assistant to execute and exercise certain responsibilities concerning a POST form. Allows a qualified person or representative to use an electronic signature on the POST form.
- Permits a representative to revoke a POST form if the declarant is incapable of making health care decisions and the representative acts: (1) in good faith; and (2) in accordance with the qualified person's intentions, if known, or in the qualified person's best interests, if the intentions are not known.
- Allows a POST document that was executed in another state and that meets certain conditions to be honored in Indiana.
- Provides that the definition of "cardiopulmonary resuscitation" (CPR) that applies to a “do not resuscitate” declaration also applies to a physician order for scope of treatment (POST) form. Adds licensed dentists, home health aides, and physician assistants to the definition of "health care provider" for purposes of a POST form.

- Requires the State Department of Health (ISDH) to maintain on the department's Internet website a list of, or a link to the Internet websites of, other states that may honor an Indiana POST form.

IHA Bill Track

Listed below are additional health-related bills that are still moving this session. You can follow these bills and read their full digest by accessing IHA's bill track.

Addiction:

HB 1180 **EMT USE OF INJECTABLE EPINEPHRINE (MAHAN K)** Requires the emergency medical services commission to establish training and certification standards for the administration of epinephrine through a prefilled syringe and a syringe and ampule by an emergency medical technician (EMT).

Current Status: 2/1/2018 - Referred to Senate Health and Provider Services

SB 13 **ADMINISTRATION OF OVERDOSE INTERVENTION DRUGS (GLICK S)** Provides that community corrections officers and probation officers may administer an overdose intervention drug.

Current Status: 2/6/2018 - Referred to House Public Health

SB 74 **CONTROLLED SUBSTANCES (YOUNG M)** Adds the substance Mexedrone to the definition of "synthetic drug" and adds additional controlled substances to the existing statutory list of depressants, hallucinogens, and opiates classified as schedule I.

Current Status: 2/6/2018 - Referred to House Courts and Criminal Code

SB 139 **INVESTIGATION OF OVERDOSE DEATHS (MERRITT J)** Requires the county coroner to do the following if the county coroner reasonably suspects the cause of a person's death to be accidental or intentional overdose of a controlled substance: (1) Obtain any relevant information about the decedent maintained by the INSPECT program. (2) Extract and test certain bodily fluids of the decedent. (3) Report test results to the state department of health (department). (4) Provide the department notice of the decedent's death, including any information related to the controlled substances involved, if any.

Current Status: 2/6/2018 - Referred to House Public Health

SB 398 **OFFICE BASED OPIOID TREATMENT PROGRAMS (HOUCHIN E)** Urges the legislative council to assign to an appropriate interim study committee for the 2018 interim

period the task of studying whether Indiana should impose a license requirement or other regulatory requirements on an office based opioid treatment program operating in Indiana and, if the committee determines that regulation is necessary, to identify the appropriate agency to perform the regulation.

Current Status: 2/6/2018 - House sponsor: Representative Smaltz

Agency Bills:

HB 1059 **PROFESSIONAL LICENSING AGENCY (BACON R)** Removes references in behavioral health and human services licensing law to certified health care professionals. Specifies that the statutes concerning behavioral health and human services professionals may not be construed to limit addiction counseling performed by certain students, interns, and trainees studying in certain institutions.

Current Status: 2/1/2018 - Referred to Senate Commerce and Technology

HB 1120 **STATE DEPARTMENT OF HEALTH MATTERS (KIRCHHOFER C)** Changes references to "methamphetamine laboratory" to "controlled substance". Amends the definition of "property" for purposes of operating a web site that lists properties that have been used in the illegal manufacture of a controlled substance.

Current Status: 2/1/2018 - Referred to Senate Judiciary

HB 1130 **PROFESSIONAL LICENSING AGENCY MATTERS (ZENT D)** Requires a physician to make a personal appearance before the medical licensing board to establish the physician's work history if the physician has been inactive for more than three years. Allows the board of pharmacy to issue a provisional wholesale drug distributor license to an applicant that is located in Indiana and is in the process of obtaining accreditation or certification.

Current Status: 2/1/2018 - Referred to Senate Commerce and Technology

HB 1220 **FSSA MATTERS (KIRCHHOFER C)** Adds representatives of organizations that represent people with intellectual and other developmental disabilities to the commission on rehabilitation services and the Medicaid advisory committee. Removes language requiring the secretary of family and social services to commence the rulemaking process for changes to the pharmacy dispensing fee and requires the office of Medicaid policy and planning (office) to adjust the dispensing fee following the survey of pharmacy providers.

Current Status: 2/1/2018 - Referred to Senate Family and Children Services

SB 363 **FSSA MATTERS (CHARBONNEAU E)** Corrects outdated references to the "division of aging and rehabilitative services" to refer instead to the "division of disability and rehabilitative services". Removes references to home care services from the long term care ombudsman program.

Current Status: 2/6/2018 - Referred to House Public Health

SB 399 **OCCUPATIONAL REGULATION OVERSIGHT & REVIEW (HOLDMAN T)** Provides that the small business ombudsman (ombudsman) shall review a proposed rule that is an occupational regulation and imposes requirements or costs on persons subject to the occupational regulation.

Current Status: 2/6/2018 - Cosponsors: Representatives Morris and Judy

Infant and Maternal Health:

HB 1017 **NEWBORN SCREENING (GUTWEIN D)** Adds spinal muscular atrophy and severe combined immunodeficiency to the list of disorders in the newborn screening requirements.

Current Status: 2/1/2018 - Referred to Senate Health and Provider Services

HB 1287 **NEWBORN SCREENINGS (VANNATTER H)** Establishes when a blood sample must be taken from a newborn infant for testing for certain disorders. Provides that the time requirement for taking a blood sample does not apply to preterm infants or newborn infants who receive a total exchange blood transfusion.

Current Status: 2/1/2018 - Referred to Senate Health and Provider Services

SB 123 **NEWBORN SAFETY DEVICES AT FIRE DEPARTMENTS (HOLDMAN T)** Specifies under the safe haven law that it is a defense to a claim of neglect of a dependent if the individual left the child in a newborn safety device that is located at a fire department, including a volunteer fire department, that meets specified requirements.

Current Status: 2/6/2018 - Referred to House Judiciary

SB 142 **MATERNAL MORTALITY REVIEW COMMITTEE (LEISING J)** Requires the state department of health (state department) to establish a statewide maternal mortality review committee (committee) until June 30, 2023, and sets forth membership and duties of the committee.

Current Status: 2/6/2018 - added as cosponsor Representative Olthoff

Hospital Matters:

HB 1191 **SUSPECTED HUMAN TRAFFICKING (ENGLEMAN K)** Removes the requirement that a licensed health practitioner report that an adult patient is a suspected victim of human trafficking to a local law enforcement agency. Requires a licensed health practitioner to provide information concerning available resources and services to a patient who is a suspected victim of human trafficking.

Current Status: 2/13/2018 - Senate Corrections and Criminal Law, (Bill Scheduled for Hearing)

HB 1270 **HUMAN TRAFFICKING (SIEGRIST S)** Changes the human and sexual trafficking statute by: (1) reclassifying the term "human and sexual trafficking" to "human trafficking", which includes the offenses of labor and sexual trafficking; (2) creating separate offenses for labor and sexual trafficking and renaming certain crimes; (3) removing the element of force from forced labor, marriage, prostitution, and participating in sexual conduct; (4) removing involuntary servitude from the human trafficking statute; (5) removing from the sexual trafficking statute the element that a solicitor must know that a person is a human trafficking victim before committing the offense; and (6) adding elements to certain human and sexual trafficking offenses.

Current Status: 2/1/2018 - added as coauthor Representative Klinker

SB 152 **SURVIVOR HEALTH COVERAGE (CRIDER M)** Provides that, if the employer of a public safety officer who dies in the line of duty after June 30, 2018, offers health coverage for active employees, the employer shall offer to provide and pay for health coverage under the plan covering active employees for the surviving spouse and each natural child, stepchild, and adopted child of the public safety officer.

Current Status: 2/6/2018 - Referred to House Insurance

SB 223 **HEALTH PRACTITIONER LICENSE RENEWAL SURVEYS (HEAD R)** Requires specified licensed health practitioners to provide certain information related to the practitioner's work, including the practitioner's work with Medicaid patients, when renewing the practitioner's professional license online.

Current Status: 2/6/2018 - Referred to House

SB 225 **CONTINUING EDUCATION REQUIREMENTS (HEAD R)** Establishes continuing education requirements for licensed health care practitioners who apply for a controlled substances registration. Provides that the continuing education requirements expire July 1, 2025.

Current Status: 2/6/2018 - Referred to House Public Health

SB 340 **REGULATION OF ABORTION (HOLDMAN T)** Makes various changes to the abortion law concerning abortion clinic license applications, abortion clinic inspections, abortion inducing drugs, abortion complications, the provision of information to a woman seeking an abortion, and the collection of data by the state department of health. Makes a technical correction.

Current Status: 2/6/2018 - Referred to House Public Policy

SB 360 **PERINATAL LEVELS OF CARE DESIGNATION (CHARBONNEAU E)** Requires the state department of health to establish a program to certify perinatal levels of care designations for licensed hospitals and birthing centers that provide birthing services. Specifies requirements that must be met in order to operate as a perinatal center. Allows perinatal centers to perform peer review for the perinatal center, other hospitals, and other birthing centers that provide birthing services.

Current Status: 2/6/2018 - Referred to House Public Health

SB 431 **IMMUNITY FOR REPORTS OF SUSPECTED ABUSE OR NEGLECT (BROWN L)** Provides immunity from civil and criminal liability for: (1) a person who assists with or participates; and (2) a health care provider who provides professional intervention; in an investigation by the department of child services resulting from a report that a child may be a victim of child abuse or neglect.

Current Status: 2/6/2018 - Referred to House

Long Term Care:

HB 1117 **NURSING FACILITY MEDICAID REIMBURSEMENT RATES (FRIZZELL D)** Requires the office of Medicaid policy and planning to use the report card score published by the state department of health on June 30, 2017, to establish the nursing facility report card score measure of the nursing facility total quality score in determining reimbursement rates to nursing facilities for services provided to Medicaid recipients for the July 1, 2018, rate effective date.

Current Status: 2/1/2018 - Referred to Senate Health and Provider Services

SB 62 **HOSPICES AND MEDICAID (BECKER V)** Requires the office of Medicaid policy and planning (office) to retain a recipient who participates in the Medicaid risk based managed care program (program) on the program if the recipient is approved to receive hospice services without losing Medicaid coverage.

Current Status: 2/6/2018 - Referred to House Public Health

SB 190 **HEALTH FACILITY CERTIFICATE OF NEED (MISHLER R)** Requires the office of the secretary of family and social services to cooperate with the state department of health (state department) in the provision of certain health facility information. Establishes a comprehensive care health facility certificate of need program administered by the state department.

Current Status: 2/6/2018 - Cosponsor: Representative Huston

SB 301 **CRIMINAL HISTORY CHECKS FOR HOME HEALTH (RAATZ J)** Provides that an expanded criminal history check may be used instead of certain background checks and criminal history checks for home health care workers. Prohibits an expanded criminal history check to include certain criminal history information.

Current Status: 2/6/2018 - Referred to House Public Health

SB 421 **ASSISTED LIVING SERVICES (BECKER V)** Requires the office of Medicaid policy and planning to reimburse under Medicaid for assisted living services provided by residential care facilities and other housing with services establishments under a program administered by the office.

Current Status: 2/6/2018 - Referred to House Public Health

Mental and Behavioral Health:

HB 1141 **COMMUNITY MENTAL HEALTH CENTER FUNDING (SCHAIBLEY D)** Specifies that a county's funding amount for a year for the designated community mental health centers is equal to: (1) the maximum amount that could have been levied in the county in the previous year to comply with the funding requirements; multiplied by (2) the percentage change in the county's general fund property tax levy, after subtracting circuit breaker credits (but provides that the funding amount will not be less than the preceding year's funding amount).

Current Status: 2/1/2018 - Referred to Senate Tax and Fiscal Policy

SB 224 **BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING (HEAD R)** Allows up to 50% of the supervised experience hours required for licensure as the following to be accounted for through virtual supervision by the appropriate supervisor: (1) Clinical social worker. (2) Mental health counselor. (3) Marriage and family therapist. (4) Addiction counselor.

Current Status: 2/6/2018 - Referred to House Public Health

SB 397 **COMMUNITY MENTAL HEALTH CENTERS (BOOTS P)** Specifies the funding amounts that must be provided by counties to community mental health centers. Provides that a county's maximum funding amount for a year is equal to the maximum funding amount for the previous year multiplied by the percentage change in the county's general fund property tax levy, after subtracting circuit breaker credits (but provides that the maximum funding amount will not be less than the preceding year's maximum funding amount).

Current Status: 2/6/2018 - House sponsor: Representative Schaibley

Other Health Legislation:

HB 1058 **INFLUENZA INFORMATION TO RESIDENTS (BACON R)** Requires an operator of a housing with services establishment to provide to residents certain information concerning influenza and influenza vaccinations. Specifies that an operator is deemed to be in compliance with the requirement if the operator provides a resident the latest vaccination information statement concerning influenza issued by the Centers for Disease Control and Prevention.

Current Status: 2/1/2018 - Referred to Senate Health and Provider Services

HB 1175 **DIABETES REPORTING (SUMMERS V)** Requires the state department of health (state department) to collaborate with the office of the secretary of family and social services and develop a strategic plan to identify and significantly reduce the prevalence of diabetes and prediabetes.

Current Status: 2/1/2018 - Referred to Senate Health and Provider Services

HB 1214 **CBD OIL AND INDUSTRIAL HEMP (FRIEND W)** Specifies that the definition of "industrial hemp" includes the resins of the Cannabis sativa plant. Defines "CBD oil" as a product that contains: (1) not more than 0.3% THC; (2) at least 5% cannabidiol; and (3) no other controlled substances. Legalizes CBD oil. Repeals superseded provisions relating to cannabidiol registration.

Current Status: 2/5/2018 - added as coauthors Representatives Aylesworth and Mayfield

HB 1317 HEALTH MATTERS (CLERE E) Prohibits certain actions by a state employee plan, health insurer, and health maintenance organization (health plans) concerning pharmacy disclosure of pricing information and the amount payable upon receiving a prescription drug.

Current Status: 2/6/2018 - Referred to Senate

HB 1382 STUDY OF PHARMACY DESERTS (BROWN C) Defines "pharmacy desert". Urges the legislative council to assign topics to a study committee concerning pharmacy deserts in rural and urban areas of Indiana.

Current Status: 2/6/2018 - Referred to Senate

HB 1384 CHIROPRACTORS (BEUMER G) Amends the definition of "chiropractic". Removes certain acts that a chiropractor is prohibited from practicing.

Current Status: 2/1/2018 - Referred to Senate Commerce and Technology

SB 28 NURSING FACULTY LOAN REPAYMENT PROGRAM (BECKER V) Establishes the nursing faculty loan repayment grant program (program) to increase the number of nursing faculty in Indiana. Requires the commission for higher education to administer the program. Establishes the nursing faculty loan repayment grant fund. Sets forth requirements for an individual to participate in the program. (The introduced version of this bill was prepared by the interim study committee on public health, behavioral health, and human services.)

Current Status: 2/6/2018 - Referred to House

SB 96 VETERANS PILOT PROGRAM (DELPH M) Extends to 2020 the veterans pilot program that provides assistance for certain providers to provide diagnostic testing and hyperbaric oxygen treatment to veterans. (Under current law, the program expires June 30, 2019.) Allows the state department of health to select and approve up to five providers to provide diagnostic testing and hyperbaric oxygen treatment to veterans receiving treatment under the program. (Under current law, only one provider may be selected and approved.)

Current Status: 2/6/2018 - added as coauthor Senator Walker

SB 230 SUICIDE PREVENTION (HEAD R) Provides that the division of mental health and addiction is responsible for the development and provision of a research based training program for health care providers concerning suicide assessment, training, and management that is: (1) demonstrated to be an effective or promising program; and (2) recommended by the Indiana Suicide Prevention Network Advisory Council.

Current Status: 2/6/2018 - added as cosponsor Representative Schaibley

SB 264 RAPE KITS (CRIDER M) Defines "kit" as the standard medical forensic examination kit for victims of a sex crime developed by the state police department. Requires the statewide sexual assault response team (ISART) to prepare a report regarding: (1) the feasibility of creating a kit tracking and testing data base; (2) the identity of the supervising agency or entity responsible for creating, operating, managing, and maintaining the kit tracking and testing data base; and (3) possible sources of funding for the kit tracking and testing data base.

Current Status: 2/6/2018 - added as coauthors Senators Crane and Houchin

SB 290 WORKER'S COMPENSATION (FORD J) Establishes a time frame for the payment of compensation under a settlement agreement, a permanent partial impairment agreement, and an award of compensation ordered by a single hearing member of the worker's compensation board (board).

Current Status: 2/6/2018 - Referred to House Employment, Labor and Pensions

SB 369 WORKERS' COMPENSATION DRUG FORMULARY (HEAD R) Except during a medical emergency, prohibits workers' compensation and occupational disease compensation reimbursement for drugs specified in the ODG Workers' Compensation Drug Formulary Appendix A published by MCG Health as "N" drugs. Permits a prescribing physician to request to prescribe an "N" drug. Provides that, if the employer approves the request, the prescribing physician may prescribe the "N" drug.

Current Status: 2/6/2018 - added as coauthors Senators Merritt, Kruse, Raatz

SB 410 ADVANCED PRACTICE REGISTERED NURSES (CHARBONNEAU E) Replaces the term "advanced practice nurse" with "advanced practice registered nurse" throughout the Indiana Code. Requires the Indiana state board of nursing to adopt rules concerning educational and certification requirements that an advanced practice registered nurse must meet to be authorized to prescribe drugs.

Current Status: 2/6/2018 - Cosponsor: Representative Bacon

SB 433 HEALTH CARE COST AND VALUE STUDY (SPARTZ V) Urges the legislative council to assign the issue of health care cost and value to an appropriate interim study committee for study during the 2018 interim of the general assembly.

Current Status: 2/6/2018 - House sponsor: Representative Schaibley