

To: IHA Members

From: Laura Brown, Deputy General Counsel

Date: May 15, 2023

Re: 2023 Legislative Session – Summary of Bills of Interest

This memorandum summarizes the provisions of those House Enrolled Acts (HEA) and Senate Enrolled Acts (SEA) passed during the Indiana General Assembly's 2023 legislative session impacting IHA members. This memorandum is provided as guidance only and does not constitute legal advice. If you have any questions or if further information would be helpful, please do not hesitate to contact [Trent Fox](#) or [Laura Brown](#).

HEA 1001 (State budget)

Author: Representative Thompson

Sponsor: Senator Mishler

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1001>

- **Medicaid Reimbursement for Physician Services:** Effective July 1, 2023, reimbursement for physician services will increase from 75% of Medicare (based on the 2014 Medicare rates) to 100% of Medicare (based on the prior year's Medicare rates) for Hoosier Healthwise, Hoosier CareConnect, and Medicaid fee-for-service (FFS). Under the Healthy Indiana Plan (HIP), physician services are already reimbursed at 100% of Medicare and will remain at that level.
 - State general fund dollars currently fund physician services to 65% of Medicare, and HAF fees fund the difference between 65% of Medicare and 75% of Medicare for Hoosier Healthwise, Hoosier CareConnect, and Medicaid FFS. This will remain in place per SECTION 147 of HB 1001 (IC 16-21-10-13.3), and hospitals will continue to fund only the difference between 65% and 75% of Medicare; however, there may be a small impact to HAF fees due to the change from utilizing the 2014 Medicare fee schedule to using a more current fee schedule. Then additional state general fund dollars will fund physician services from the 75% of Medicare mark to 100% of Medicare for Hoosier Healthwise, Hoosier CareConnect, and Medicaid FFS. The HAF will continue to be utilized to fund physician services under HIP to 100% of Medicare.
- **Community Mental Health Funding:** Appropriates \$50M for state fiscal year (SFY) 2024, which starts July 1, 2023, and \$50M for SFY 2025, which starts July 1, 2024, to establish certified community behavioral health clinics and provide crisis response services, including mobile crisis teams and crisis receiving and stabilization services, to support SEA 1 as outlined below.
- **Public Health Funding:** Appropriates \$75M in SFY 2024 and \$150M in SFY 2025 to support core public health services, as outlined in SEA 4 below. Also appropriates \$3.2M in both SFY 2024 and SFY 2025 to the Indiana Department of Health (IDOH) to support local health department (LDH) initiatives (i.e., data analytics).
- **Graduate Medical Education:** Appropriates \$7M in both SFY 2024 and SFY 2025 to the Graduate Medical Education Board for medical residency education grants (this is a \$5M increase over the biennium compared to the last budget). Appropriates \$2.3M in both SFY 2024 and SFY 2025 to the Medical Education Board for family practice residencies,

with \$1M dedicated in each SFY for grants to improve family practice residency programs serving medically underserved areas.

- **Trauma Funding:** Appropriates \$3.2M in SFY 2024 and \$5.7M in SFY 2025 for trauma system quality improvement, to coincide with the work of the Indiana Trauma Commission, as outlined in SEA 4 below.
- **Regional Mental Health Facility Grants:** Appropriates \$10M in SFY 2024 for regional mental health facility grants for counties that construct a new facility or renovate an existing facility for incarcerated individuals who have been determined by a court of competent jurisdiction to be in need of mental health treatment. Grants may not exceed \$2.5M per county and may only cover 50% of the cost of the new construction or renovation cost.

HEA 1004 (Health care matters)

Author: Representative Schaibley

Sponsor: Senator Charbonneau

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2023/bills/house/1004>

- **Health Care Cost Oversight Task Force:** Effective immediately, establishes the Health Care Cost Oversight Task Force, comprised of six (6) legislators (four (4) Republicans and two (2) Democrats). The Task Force does not have specific deadlines for issuing reports but is charged with reviewing and making recommendations concerning:
 - the cost of health care in Indiana in comparison with other states;
 - reducing health care costs and ensuring the reduction reaches the health care payer;
 - value-based care;
 - market concentration of health care providers and contributing factors such as noncompete clauses, contract tiering, all-or-nothing network plans, and disclosure of cost information to plan sponsors;
 - whether there is sufficient competition in the commercial insurance market and innovation in the design of health insurance plans (i.e., would health care consumers benefit from policies that promote price discounts based on individual underwriting, that empower prevention and shoppable services, etc.);
 - required reporting by pharmacy benefit managers; and
 - any other topic deemed relevant to the oversight of health care costs in Indiana.
- **Primary Care Physician Ownership Tax Credit:** A primary care physician having ownership in a physician owned entity established after December 31, 2023, that is organized to provide primary health care services and is not owned by a health system, may claim a tax credit in the amount of \$20,000 for taxable years beginning after December 31, 2023. The tax credit may be claimed in three (3) consecutive years. The primary care physician may not sell, transfer, or otherwise relinquish the physician owned entity or be employed by a health system or another non-physician owned medical practice within five (5) years of the receipt of the tax credit, or otherwise the primary care physician will be assessed an amount equal to the tax credits provided.
 - **Primary Care Physician Definition:** The term “primary care physician” is defined as a physician practicing in family medicine, general pediatric medicine, general internal medicine, or the general practice of medicine.
- **Medicaid Study:** By December 1, 2023, the Indiana Family & Social Services Administration (FSSA) shall issue a report on the total Medicaid reimbursement for inpatient hospital services, outpatient hospital and clinical services, and professional hospital services, distinguishing base rates, supplemental payment rates, and any other

payment that contributes to total Medicaid reimbursement, for Indiana and all other states in the U.S. The report shall also include base Medicaid reimbursement rates for each state in comparison with the Indiana base Medicaid reimbursement rate and calculate a national average Medicaid reimbursement rate for inpatient, outpatient, and professional hospital services.

- **Hospital Fiscal Reports:** Effective July 1, 2023, all hospitals are required to file additional information in the fiscal reports that are required to be filed within 120 days after the end of a hospital's fiscal year, per [IC 16-21-6-3](#), starting in 2023 and every year thereafter. Importantly, if a hospital has already submitted its fiscal report prior to July 1, 2023, the hospital must submit a revised report by December 31, 2023, with the additional data now required. The additional data required in 2023 and every year thereafter is as follows, and please note, IHA intends to issue separate guidance on this new requirement:
 - Net patient revenue and total number of paid claims for inpatient services for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - Net patient revenue and total number of paid claims for outpatient services for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - Total net patient revenue and total number of paid claims for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer (although it is unclear, it appears that this data point would be a combination of net patient revenue for inpatient and outpatient services).
 - Net patient revenue and total number of paid claims for inpatient services from facility fees for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - Net patient revenue and total number of paid claims for outpatient services from facility fees for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - Total net patient revenue and total number of paid claims from facility fees for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - Net patient revenue and total number of paid claims for inpatient services from professional fees for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - Net patient revenue and total number of paid claims for outpatient services from professional fees for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - Total net patient revenue and total number of paid claims from professional fees for Medicare, Medicaid, commercial insurance, self-pay, and any other category of payer.
 - **Payer Affordability Penalty Fund:** IDOH shall assess hospitals that fail to file an updated fiscal report for 2023, and future fiscal reports for years thereafter, a fine of \$1,000 per day for which the report is past due, to be deposited in the Payer Affordability Penalty Fund, which can be used to pay the state's share of the Medicaid program and/or fund a study of hospitals that are impacted by changes made in the disproportionate share hospital methodology payments set forth in Section 203 of the Consolidated Appropriations Act of 2021.
- **Hospital Public Forums:** Effective July 1, 2023, the requirement that each nonprofit hospital hold a public forum each year is repealed. Nonprofit hospitals previously

subject to [IC 16-21-9-3.5](#) will no longer be required to hold a public forum in 2023 or going forward.

- **Site of Service:** **Effective January 1, 2025, certain Indiana nonprofit hospital systems will be unable to charge a facility fee in certain office settings.** More specifically, a commercial bill for health care services provided by a qualified provider in an office setting may not be submitted on an institutional provider form (meaning the CMS-1450 / UB-04 form) and must instead be submitted on an individual provider form (meaning the CMS-1500 form) only. This prohibition does not apply to bills under the Medicaid or Medicare programs or a Medicare Advantage plan.
 - **Qualified Provider Definition:** The term “qualified provider” means an individual or entity owned in whole or in part by an Indiana nonprofit hospital system and that is duly licensed or legally authorized to provide health care services.
 - **Indiana Nonprofit Hospital System Definition:** The term “Indiana nonprofit hospital system” is defined as a hospital that:
 - (1) is organized as a nonprofit corporation or a charitable trust under Indiana law or the laws of any other state or country and that is:
 - (A) eligible for tax exempt bond financing; or
 - (B) exempt from state or local taxes;
 - (2) is licensed under IC 16-21-2;
 - (3) filed jointly one (1) hospital audited financial statement with IDOH in 2021; and
 - (4) has an annual patient service revenue of at least two billion dollars (\$2,000,000,000) based on the hospital system's 2021 audited financial statement filed with IDOH. As used here, "patient service revenue" includes similar terms, including net patient service revenue and patient care service revenue.
 - **Note:** IHA is aware that the definitions of “qualified provider” and “Indiana nonprofit hospital system” are not well drafted. With regard to the definition of “qualified provider,” not all providers within an Indiana nonprofit hospital system are “owned” by the system; they may be controlled or directed by the Indiana nonprofit hospital system, yet the words “controlled or directed” are not included in the definition. With regard to the definition of “Indiana nonprofit hospital system,” hospital systems are not licensed; instead, hospitals are licensed individually and then owned or controlled by a common entity to create the hospital system. However, insurers will likely renegotiate contracts with the intent of the legislation in mind – that the site of service provisions apply to qualified providers billing on a CMS 1500 form at an Indiana nonprofit hospital system with an annual patient service revenue of at least \$2B as of the system's 2021 combined audited financial statement.
 - **Office Setting Definition:** The term “office setting” means a location of a qualified provider where health care services are provided and that is: (1) located more than 250 yards from the main building of any hospital owned in whole or in part by the Indiana nonprofit hospital system; and (2) where a qualified provider routinely provides health examinations, diagnosis, or non-invasive treatment of illness or injury on an ambulatory basis. As such, the definition could be read to mean that locations where invasive treatment is routinely provided would not fall under the applicable definition of “office setting,” and therefore an institutional provider form could still be utilized (as provided for in the applicable agreement with the payer).
 - **Exemptions:** The following are specifically exempted from the above site of service provisions, and as such, any of the following would be permitted to continue to bill on

- an institutional provider form (as provided for in the applicable agreement with the payer):
- A hospital that is operated by a county, a city pursuant to IC 16-23, or the health and hospital corporation established under IC 16-22-8.
 - A critical access hospital that meets the criteria under 42 CFR 485.601 through 42 CFR 485.647.
 - A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).
 - A federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)).
 - An oncology treatment facility, even if owned or operated by a hospital.
 - A health facility licensed under IC 16-28.
 - A community mental health center certified under IC 12-21-2-3(5)(C).
 - A private mental health institution licensed under IC 12-25, including a service facility location for a private mental health institution and reimbursed as a hospital-based outpatient service site.
 - Services provided for the treatment of individuals with psychiatric disorders or chronic addiction disorders in any part of a hospital, whether or not a distinct part, or an outpatient off campus site that is within 35 miles of a hospital.
- **APCD:** The All-Payer Claims Database (APCD) Advisory Board may recommend that the APCD compare Indiana's health insurance premium rates, Medicaid reimbursement rates, and Medicare reimbursement rates with all other states. The APCD Advisory Board may also recommend that the APCD compare Indiana's health insurance reimbursement claim denials with all other states.
 - **285% of Medicare Benchmark:** Requires the Indiana Department of Insurance (IDOI) to contract with a third party to calculate an Indiana nonprofit hospital system's (as defined above) prices from the commercially insured market (including self-funded plans, fully-funded plans, and individual market prices) expressed as a percentage of how much Medicare would have paid for the same services for the calendar years of 2021, 2022, and 2023. An Indiana nonprofit hospital shall submit the information necessary to make such an assessment by March 1, 2024, and every March thereafter. By December 1, 2024, the third-party contractor shall submit the final report regarding the 2021-2023 percentages to IDOI, the Health Care Cost Oversight Task Force, and the State Budget Committee.
 - By November 1, 2024, and every November 1 thereafter, the IDOI's third party contractor shall also compare hospital inpatient prices, hospital outpatient prices, and practitioner services prices, calculated separately and then combined in total, as percentage of Medicare for all patient care services provided to the commercially insured market and then express that amount as a percentage of Medicare, compared to 285% of Medicare. This report shall be submitted to the Health Care Cost Oversight Task Force by December 1, 2024, and every December 1 thereafter.
 - **Claims Data:** Allows a contract holder to request that its third party administrator, insurer, or health maintenance organization provide claims data for the contract holder's self-funded or fully insured group plan twice a year. Such claims data should be provided within 15 business days. IDOI may assess a fine of \$1,000 per day for which the claims data is past due, to be deposited in the Payer Affordability Penalty Fund.

HEA 1006 (Mental health programs)

Author: Representative Steuerwald

Sponsor: Senator Freeman

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1006>

- **Immediate & Emergency Detention:** Repeals the immediate detention process contained in IC 12-26-4 and combines the process with the emergency detention process in IC 12-26-5 to avoid confusion in the two different timelines. Under the combined process, an individual may be detained at a facility for 72 hours from the time of admission, excluding Saturdays, Sundays, and legal holidays, if the facility files an application for detention within 48 hours from the time of admission, excluding Saturdays, Sundays, and legal holidays. If a patient is admitted after midnight and before 8 AM, the 48/72-hour time periods do not begin to run until 8 AM.
- **Application for Detention:** A physician, physician assistant (PA), or advanced practice registered nurse (APRN) may now examine the individual or collect information from another to determine whether the individual should be detained (current law only allows a physician to conduct the examination and/or collect information), but the application for detention must still be signed by a physician, attesting that the individual is mentally ill and either dangerous or gravely disabled and therefore requires involuntary detention to receive care and treatment. The Office of Judicial Administration will be creating a standardized application for detention prior to the law's effective date, which IHA will distribute. The updated law also clarifies that a facility may not be required to first seek transfer of the individual to a psychiatric hospital before commencing an application for detention.
 - **Definitions:** The term "dangerous" was updated to mean a condition in which an individual presents a substantial risk that the individual will harm the individual or others, but such a condition must no longer be a result of a mental illness. The term "mentally ill" was also updated to include temporary impairment as a result of alcohol or drug use, to allow for an individual to be detained due to a temporary impairment until a more formal assessment can be conducted. However, nothing requires an individual to be detained due to a temporary impairment.
- **Probable Cause:** After receiving an application for detention, the court shall determine whether there is probable cause to continue to detain the individual. If the court finds probable cause, the court may order the individual to receive treatment in accordance with a mental health or substance use disorder treatment plan, using accepted clinical care guidelines, including medication. Please note, per [IC 12-26-5-3](#), emergency treatment may already be provided to an individual while detained until they are released – the new language regarding a treatment plan just allows longer acting treatment to be provided under a plan if probable cause is found, until the final hearing.
- **Final Hearing:** A final hearing to determine whether an individual is in need of temporary or regular commitment shall occur 14 days from the date of admission, excluding Saturdays, Sundays, and legal holidays.
- **Liability Protections:** Provides a facility, law enforcement officer, superintendent of a facility, physician, PA, or APRN may not be held liable for an act or omission taken under the emergency detention process, unless such act or omission constitutes gross negligence or willful or wanton misconduct.
- **Medically Necessary:** Provides that services provided to an individual while detained under the emergency detention process are to be considered medically necessary when provided in accordance with generally accepted clinical care guidelines. This requirement



applies to Medicaid, managed care organizations, policies of accident and sickness insurance, and health maintenance organizations to ensure providers are reimbursed for services provided during the emergency detention process.

HEA 1017 (Prescription drug repositories)

Author: Representative Bartels

Sponsor: Senator Charbonneau

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1017>

- **Prescription Drug Donation Repository Program:** Establishes the Prescription Drug Donation Repository Program. Under the program, the Indiana Board of Pharmacy may establish a central repository that accepts donated prescription drugs and supplies, and health care providers, including physician offices, hospitals licensed under IC 16-21, health clinics, and pharmacies, may apply to the Indiana Board of Pharmacy to be a local repository to accept and dispense donated prescription drugs and supplies as well. The legislation outlines specific requirements for the central and local repositories that accept and dispense prescription drugs and supplies, and such donated prescription drugs and supplies may be provided to eligible recipients, meaning an individual who is an Indiana resident, has an income below 200% of the federal poverty level, and is either uninsured or underinsured and has no active third-party prescription drug reimbursement coverage for the drug prescribed. Controlled substances and abortion inducing drugs may not be dispensed through a central or local repository.

HEA 1021 (Various criminal law matters)

Author: Representative Torr

Sponsor: Senator Holdman

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1021>

- **Battery Penalties:** Currently, it is a Class B misdemeanor to commit battery, and it is a Class A misdemeanor if the battery results in bodily injury (no matter who the battery is committed against). If the battery is committed against a “public safety official,” the penalty is enhanced to a Level 6 penalty (six (6) months to two and a half (2.5) years), and if the battery committed against a public safety official results in bodily injury, the penalty is enhanced to a Level 5 penalty (one (1) year to six (6) years). The term “public safety official” currently includes emergency medical service providers, which is defined as physicians, nurses, paramedics, and EMTs, but the term is not more expansive to other health care staff. HEA 1021 includes all staff members of an emergency department of a hospital within the definition of “public safety official,” so that all staff members of an emergency department, including aides, environmental staff, support staff, and technicians, are afforded the enhanced penalties for battery.
- **The language contained in HEA 1021 was a part of IHA’s 2023 legislative agenda.**

HEA 1055 (Public safety matters)

Author: Representative Frye

Sponsor: Senator Sandlin

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1055>

- **Nonprofit Hospital Police Department Jurisdiction:** Allows a governing board of a nonprofit hospital to prescribe the jurisdiction for the nonprofit hospital police department

beyond the property owned, leased, or occupied by the nonprofit hospital, if the police officer who will exercise powers beyond such property meets the minimum basic training and education requirements adopted by the Law Enforcement Training Board to be a law enforcement officer; the governing board adopts a resolution specifically describing the territorial jurisdiction of such police officers; and the governing board notifies the Superintendent of the Indiana State Police, the sheriff of the county in which the institution is primarily located (or the chief of police of the consolidated city), and the sheriff or chief of police of any county or municipality located in the extended territorial jurisdiction. Such extended territorial jurisdiction may only go into effect starting January 1, 2024, and the Superintendent and any relevant sheriffs and chiefs of police must be provided ongoing notice of the extended jurisdiction every two (2) years, by January 31 of the second year. If the extended territorial jurisdiction is utilized, the hospital police officer must notify the sheriff or chief of police as soon as practicable.

HEA 1091 (Eligibility under Medicaid, CHIP, and other benefits)

Author: Representative Vermilion

Sponsor: Senator Brown

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1091>

- **Medicaid Eligibility:** Provides that once an individual who is less than 19 years of age is determined to be eligible for Medicaid, the individual is not required to submit eligibility information more frequently than once a year until the individual becomes 19 years of age (current law sets this age at three (3) years old). Also provides Medicaid coverage for pregnant women, as well as individuals who are less than 21 years of age, who are lawfully residing in the U.S. and who meet income and asset eligibility requirements, without regard to the five (5) year waiting period.

HEA 1201 (Rare disease advisory council)

Author: Representative Ledbetter

Sponsor: Senator Johnson

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1201>

- **Rare Disease Advisory Council:** Establishes the Rare Disease Advisory Council to survey the needs of patients in Indiana with rare diseases and their caregivers and providers and make policy recommendations regarding Medicaid coverage, the impact of prior authorization, access to and quality of rare disease specialists, affordable and comprehensive health care coverage, and other needed services for patients with rare diseases, among other topics.
 - **Members:** The Governor shall appoint the following members: A representative from a research university in Indiana that receives grant funding for rare disease research; a nurse with experience treating rare diseases; a physician with experience treating rare diseases; a hospital administrator from a hospital that provides care to individuals diagnosed with a rare disease; two (2) patients who have a rare disease; a caregiver of an individual with a rare disease; a representative of a rare disease patient organization; a pharmacist with experience dispensing drugs used to treat rare diseases; a representative of the biopharmaceutical industry; a representative of a health carrier; and a member of the scientific community who is engaged in rare disease research.

HEA 1212 (Privacy protections for nonprofit corporations)

Author: Representative Karickhoff

Sponsor: Senator Brown

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1212>

- **Nonprofit Organization Privacy:** Provides that public agencies – meaning the executive, legislative, and judicial departments of state government, a body corporate and politic created by statute, and municipal corporations – may not compel a nonprofit organization to provide the public agency with personal information. However, the law provides that a public agency may still request such personal information from a nonprofit hospital for a legitimate business purpose of the public agency.
 - **Personal Information Definition:** The term “personal information” means any compilation of data that identifies a person as a member of, supporter of, volunteer for, or donor of financial or nonfinancial support to the nonprofit organization.
 - **Nonprofit Hospital Definition:** The term “nonprofit hospital” is defined as a hospital licensed under IC 16-21: (1) that is organized as a nonprofit organization or charitable trust; and (2) that is eligible for tax exempt bond financing or exempt from state or local taxes. The term does not include a county hospital or municipal hospital licensed under IC 16-21-2 that is governed by IC 16-22-2, IC 16-22-8, or IC 16-23.

HEA 1313 (Medicaid reimbursement for children’s hospitals)

Author: Representative Slager

Sponsor: Senator Niemeyer

Effective Date: Effective Immediately

Link: <https://iga.in.gov/legislative/2023/bills/house/1313>

- **Out-of-State Children’s Hospitals:** Extends the provisions that allow out-of-state children’s hospitals in a state bordering Indiana to be reimbursed at 100% of Medicare for Medicaid services provided to an Indiana Medicaid recipient who is less than 19 years of age from July 1, 2023, to July 1, 2025.

HEA 1352 (Telehealth services)

Author: Representative Ledbetter

Sponsor: Senator Becker

Effective Date: January 1, 2024

Link: <https://iga.in.gov/legislative/2023/bills/house/1352>

- **Addresses for Exclusive Telehealth Providers:** Provides that the Office of Medicaid Policy & Planning (OMPP) may not require a provider who is licensed or certified in Indiana and exclusively offers telehealth services to maintain a physician address or site in Indiana to be eligible for enrollment as a Medicaid provider.

HEA 1445 (Audit of Medicaid program prescription drug costs)

Author: Representative Vermillion

Sponsor: Senator Bohacek

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2023/bills/house/1445>

- **Audit:** Effective immediately, allows the Attorney General to issue a request for proposal (RFP) for an audit of Medicaid and the state employee health plan to evaluate various topics related to prescription drugs (i.e., cost sharing, spread providing, patient steering,

claw backs, formulary compliance, rebates, and more) for a look back period of five (5) years. If an RFP is issued, the results of the audit shall be provided to the Interim Study Committee on Public Health by September 1, 2024. While the language is discretionary whether the Attorney General may undertake such an audit, HEA 1001 does appropriate \$525,000 in SFY 2024 for such an audit.

- **Office Based Opioid Treatment:** Effective July 1, 2023, removes the requirement that a physician who is providing office based opioid treatment or who is acting in a supervisory capacity to other health care providers who are providing office based opioid treatment must have a waiver from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The physician would still be required to hold a valid federal Drug Enforcement Administration (DEA) registration and identification number.
- **INSPECT:** Effective July 1, 2023, specifies that a practitioner is not required to check INSPECT or a patient's integrated health record before prescribing an opioid or benzodiazepine if the patient is enrolled in a hospice program, as defined by [IC 16-25-1.1-4](#).

HEA 1454 (Department of local government finance)

Author: Representative Snow

Sponsor: Senator Bassler

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1454>

- **READI:** Allows for grant funding provided to Regional Economic Acceleration and Development Initiatives (READI) to be used for programs to support community mental health and public health.
- **CMHC Boards:** In addition to the county where a community mental health center (CMHC) maintains its corporate mailing address, each county that is located in a CMHC's primary service area may opt-in to select a member of the county fiscal body, a member of the county commissioners, or the designee of the member of the county commissioners to serve on the CMHC's governing board or advisory board, whichever is applicable (CMHCs that are administered by a hospital have advisory boards, and CMHCs that are not administered by a hospital have governing boards), although not more than three (3) members appointed by counties may serve at any one (1) time (the county where the CMHC maintains its corporate mailing address and two (2) additional counties that opt in). To opt in, the county commissioners must adopt an ordinance by majority vote and then must vote to opt-in once again after each three (3) year term.
 - If initially more than two (2) counties adopt ordinances to opt-in to select a member to serve, the counties shall be placed in alphabetical order and the first two (2) counties appearing in that order shall be authorized to opt-in and select a member to serve. The remaining county or counties shall not select a member to serve until a county that was initially or is currently authorized to opt-in chooses to no longer do so.

HEA 1457 (Public health matters)

Author: Representative Barrett

Sponsor: Senator Leising

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1457>

- **Rural Emergency Hospitals:** Creates the designation of rural emergency hospital in state law to allow for those hospitals that choose to utilize the federal designation to be

licensed as such by IDOH. The term “rural emergency hospital” means a hospital that was, as of December 27, 2020, a federally certified critical access hospital, a rural hospital, or hospital treated as a rural hospital under Section 1886(d)(8)(E) of the Social Security Act, and meets the following requirements:

- Does not have more than 50 beds.
 - Is granted rural emergency hospital status by CMS.
 - Meets the requirements for a rural emergency hospital as set forth by CMS.
 - Is licensed by IDOH as a rural emergency hospital under IC16-21-2.
- **Complaints:** Specifies that IDOH shall keep the following information confidential regarding an individual who files a complaint with IDOH: Name, address, telephone number, e-mail address, personal health information, and any other information that could identify the individual.
 - **Quality Improvement Projects:** Specifies that any information submitted by entities regulated by IDOH to IDOH for quality improvement purposes is confidential and not subject to the Access to Public Records Act, including any communications about IDOH’s quality improvement analyses.
 - **Birth Certificates:** Allows a local health officer to issue a birth, death, or stillbirth certificate from the electronic registration system regardless of the location of the filing of the record.

HEA 1458 (Doctor scope of treatment and do not resuscitate)

Author: Representative Barrett

Sponsor: Senator Johnson

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1458>

- **Out of Hospital DNR Declarations / POST Forms:** Specifies that if a patient is qualified to sign an out of hospital do not resuscitate (DNR) declaration or a physician order for scope of treatment (POST) but lacks capacity and has no appointed representative who is able and available to act, a proxy who is listed in [IC 16-36-7-42](#) and who has priority to act can take any action regarding an out of hospital DNR declaration or a POST (signing, revoking, replacing, etc.) that the patient or an appointed representative could take. A proxy who acts with respect to an out of hospital DNR declaration or a POST has an obligation to act in accordance with the patient’s known wishes and intentions, and to act according to the patient’s best interests if his or her wishes and intentions are not known.

HEA 1460 (Professional and occupational licensing)

Author: Representative Barrett

Sponsor: Senator Johnson

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1460>

- **Electronic Board Meetings:** Allows the Indiana Professional Licensing Agency (PLA) boards (i.e., Medical Licensing Board, Indiana State Board of Nursing, etc.) to meet electronically so long as all of the participating members of the board and an individual who is subject to a hearing can simultaneously communicate with each other, and the public can simultaneously attend and observe. This provides discretion to the boards to meet virtually so long as they meet in person at least once per year, to ensure board meetings to review and approve licenses are not cancelled due to quorum issues.
- **Health Workforce Data:** Expands the health workforce data collection that the Bowen Center undertakes to certified nurse aides, qualified medication aides, home health aides,

anesthesiologist assistants, behavioral analysts, dental hygienists, occupational therapists, physical therapists, and respiratory therapists.

- **PLA Duties:** Requires the PLA to do the following:
 - Post each board's meeting agenda on the applicable board's website not less than 72 hours before a board's meeting;
 - Post each board's meeting minutes on the applicable board's website not more than 14 calendar days after adoption of the meeting minutes by the board;
 - Post any board vacancy on the applicable board's website within 14 calendar days of the vacancy to ensure stakeholders are aware;
 - Prescribe the application form for each board for consistency of applications; and
 - Send notification of incomplete items in an application to an applicant every 14 calendar days after the applicant initiates the application until the application is completed, for up to one (1) calendar year, to ensure the applicant knows of any remaining incomplete items.
- **Electronic Applications:** Beginning January 1, 2024, requires all new applications and renewal applications to be submitted electronically, unless the individual requests a paper copy from PLA, as paper applications often cause delays in the licensing process.
- **Application Wait Times:** Beginning January 1, 2024, and before February 1 of each calendar year, requires PLA to report on the average wait times for new licenses that were issued after submission of a completed application in the preceding calendar year, with the information separated by license type.
- **Board Appointments:** Requires the Governor to make appointments to PLA boards within 90 days of receiving a notification of a resignation. If the Governor cannot make the appointment within 90 days, PLA shall fill the vacancy 30 days thereafter, to alleviate quorum concerns due to board vacancies.
- **Reciprocal Licenses:** Repeals the provisional reciprocal license process and requires full reciprocal licenses to instead be issued within 30 days, so long as one (1) license or certificate from another state or jurisdiction can be verified before the full reciprocal license is issued, and any remaining licenses or certificates are verified by the first renewal of the Indiana license or certificate.
- **Indiana State Board of Nursing Appointments:** Repeals the provision that the Indiana Federation of Licensed Practical Nurses (LPN) recommend LPNs for vacancies on the Indiana State Board of Nursing (since the Federation is no longer in existence). The Indiana State Nurses Association shall recommend qualified nurses for any vacancies going forward (rather than just recommending registered nurses (RN)).
- **Nursing Education Programs:** For nursing education programs that must also be authorized by the Board for Proprietary Education, specifies that the Indiana Board of Nursing shall approve or deny a nursing education program's application within 90 days of being authorized by the Board of Proprietary Education. Further, provides that nursing education programs that are accredited by the Indiana Board of Nursing after June 30, 2020, that have been operating for at least one (1) year and have a an annual NCLEX pass rate of at least 80%, may increase the program's enrollment by not more than 100% (current law states that the nursing education program had to be accredited after June 30, 2020, and before July 1, 2021 – this change opens it up to future nursing education programs as long as they meet the other requirements).
- **Temporary Nurse Permits:** Allows the Indiana State Board of Nursing to issue temporary RN and LPN permits to nurse applicants who have initially applied for license by examination. A temporary permit is valid until the earlier of six (6) months, or the nurse applicant's NCLEX results are received. If the nurse applicant does not receive a passing score on the first NCLEX examination, the temporary permit is no longer valid. A nurse

applicant must practice under the supervision of an RN, or an LPN for an LPN applicant, and use RNG or LPNG after the nurse applicant's name.

- **Much of the language contained in HEA 1460 was a part of IHA's 2023 legislative agenda.**

HEA 1461 (Long term services)

Author: Representative Barrett

Sponsor: Senator Brown

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1461>

- **Temporary Health Care Services Agencies:** Requires IDOH to register temporary health care services agencies and collect a schedule of all fees, charges, or commissions that a temporary health care services agency expects to charge and collect for services. Defines a "temporary health care services agency" as a person engaged in the business of providing or procuring temporary employment in health care facilities, including hospitals licensed under IC 16-21-2, for health care personnel.
 - **Requirements:** Requires a temporary health care services agency to:
 - File any changes to its fees, charges, or commissions with IDOH within 30 days prior to such changes going into effect.
 - Provide documentation that each health care personnel meets all licensing or certification requirements, including proof of criminal record checks, as applicable.
 - Comply with any requirement relating to the health and other qualifications of a health care personnel employed or contracted to provide services in a health care facility.
 - Bill a health care facility not later than three (3) months from the date of services rendered.
 - Carry a dishonesty bond of at least ten thousand dollars (\$10,000).
 - Maintain insurance coverage for worker's compensation for each health care personnel.
 - Retain all records for at least five (5) years for IDOH to determine compliance.
 - **Recruitment:** Prohibits a temporary health care services agency from recruiting potential health care personnel on the premises of a health care facility, or requiring health care personnel to recruit new health care personnel from the permanent employees of a health care facility.
 - **Billing:** Prohibits a temporary health care services agency from billing a health care facility in excess of the fees, charges, and commissions schedule submitted to IDOH.
 - **Complaints:** Provides the Attorney General's Consumer Protection Division with the power to investigate a complaint against a temporary health care services agency. If a violation is found, IDOH may issue an order of compliance, impose a civil penalty not to exceed \$5,000 for each incident, or revoke, suspend, or restrict a registration to a temporary health care services agency.
- **Nursing Facility Certificate of Need:** Removes the requirement that the transfer of comprehensive care beds in a nursing facility must equalize the number of certified Medicaid beds in the county and instead requires a nursing facility that transfers comprehensive care beds to reduce the nursing facility's count of licensed comprehensive care beds by the number of beds transferred. Allows the receiving nursing facility to

increase the count of licensed comprehensive care beds and the number of beds that are Medicaid certified.

HEA 1513 (FSSA matters)

Author: Representative Barrett

Sponsor: Senator Charbonneau

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1513>

- **Medicaid Copayments:** Repeals the \$3 Medicaid copayments that are charged to Medicaid enrollees for legend and nonlegend drugs and the nonemergency use of an emergency room. The copayments of the Medicaid buy-in program for working individuals with disabilities and HIP 2.0 are not affected by this bill.

HEA 1555 (Military family occupational licenses)

Author: Representative May

Sponsor: Senator Koch

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1555>

- **Military Family Occupational Licenses:** Provides that a military service applicant, a military spouse, or military dependent who has held an occupational license, certification, registration, or permit in another jurisdiction for at least one (1) year, if that jurisdiction's requirements are substantially similar to Indiana's, may qualify for an Indiana license, so long as such an applicant does not have a complaint or investigation pending before an occupational licensing board that relates to unprofessional conduct or an alleged crime.
 - **Dependent Definition:** A military dependent is defined as a natural child, stepchild, or adopted child of a parent who is a member of the armed forces of the U.S. who is less than 26 years of age, and at the time of application, resides with the parent or is enrolled in and regularly attending a secondary school or is a full-time student at an accredited college or university in Indiana.

HEA 1568 (Prescription for hormonal contraceptives)

Author: Representative Rowray

Sponsor: Senator Glick

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2023/bills/house/1568>

- **Pharmacist Prescribing:** Effective July 1, 2023, allows a pharmacist to prescribe and dispense hormonal contraceptive patches and self-administered hormonal contraceptives to a woman who is at least 18 years of age, regardless of whether the woman has evidence of a previous prescription of a hormonal contraceptive, except as outlined below. The terms "hormonal contraceptive patch" and "self-administered hormonal contraceptive" do not include a drug or substance that contains a progesterone receptor antagonist and may not include a drug that is intended to cause an abortion. Please note, a pharmacist who knowingly or intentionally prescribes a drug under this new authority that is intended to cause an abortion commits a Level 5 felony.
 - **Requirements:** A pharmacist who elects to prescribe and dispense hormonal contraceptives (a pharmacist is not required to prescribe or dispense hormonal contraceptives if the pharmacist believes the hormonal contraceptive is contraindicated or the pharmacist objects on ethical, moral, or religious grounds) must do the following:

- Complete a training program approved by the Indiana Board of Pharmacy that is related to prescribing hormonal contraceptives.
 - Provide a self-screening risk assessment tool that the woman must use before the pharmacist's prescribing.
 - Refer the woman to a primary care practitioner or the women's health care practitioner upon prescribing and dispensing the hormonal contraceptive.
 - Provide the woman with a written record of the hormonal contraceptive prescribed and dispensed and advise the woman to consult with a primary care practitioner or women's health care practitioner.
 - If the pharmacist works at a site which, in the regular course of business, has a provider who is a physician, APRN, or PA who is available to deliver patient care and who is capable of prescribing the hormonal contraceptive, suggest that the woman see the provider.
 - Administer the screening protocols before issuing each prescription for a hormonal contraceptive.
 - Provide that a prescription for a hormonal contraceptive may not be for more than a six (6) month period and that the pharmacist may not issue a prescription to the woman after twelve (12) months unless the woman has been seen by a physician, APRN, or PA in the previous twelve (12) month period.
- **IDOH Standing Order:** Before September 1, 2023, IDOH shall issue a standing order for a pharmacist to prescribe and dispense a hormonal contraceptive as outlined above.
 - **Medicaid Reimbursement:** Before July 1, 2023, requires OMPP to apply to the federal Department of Health & Human Services (HHS) to amend the state plan to reimburse pharmacists for prescribing and dispensing a hormonal contraceptive to an eligible Medicaid recipient.
 - **Effective Date:** Please note, while the pharmacist prescribing provisions are effective July 1, 2023, the actual effective date will likely be past that date to allow for the Indiana Board of Pharmacy to adopt a training program, for IDOH to issue a standing order, and the state plan amendment to be approved by HHS for Medicaid reimbursement.

HEA 1583 (Health plans and ambulance service providers)

Author: Representative Heaton

Sponsor: Senator Ford

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/house/1583>

- **Ambulance Service Providers:** If negotiations between an ambulance service provider and health plan do not result in the ambulance service provider becoming an in-network provider with the health plan, each party shall provide written notice to IDOI that such negotiations did not lead to the ambulance service provider becoming an in-network provider and stating the points on which agreement between the ambulance service provider and the health plan operator were necessary for the ambulance service provider to become an in-network provider with respect to the health plan, but that were not agreed upon. IDOI shall then submit a report summarizing such notices to the Interim Study Committee on Public Health by May 1, 2024.

SEA 1 (Behavioral health providers)

Author: Senator Crider

Sponsor: Representative Vermilion

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/1>

- **Certified Community Behavioral Health Clinics:** Allows OMPP to apply for a state plan amendment or waiver to require reimbursement for eligible certified community behavioral health clinics.
- **988 Crisis Response Center:** In addition to the 988 suicide and crisis lifeline maintained by the Division of Mental Health and Addiction (DMHA), requires DMHA to oversee a 988 crisis response center to deploy crisis services with the funding in HEA 1001.
- **Indiana Behavioral Health Commission:** Reestablishes the Indiana Behavioral Health Commission, which shall consist of a representative from DMHA, a representative from Department of Child Services, a representative from the Department of Education, a representative from a community mental health provider association with statewide jurisdiction, a representative from a mental health advocacy association with statewide jurisdiction, a licensed pediatric adolescent psychiatrist, a representative of a statewide elder advisory group, a representative from the Indiana Association of County Commissioners, and four (4) non-voting legislators. The Commission shall prepare a final report by October 1, 2024, to address issues in the following areas:
 - Progress on the recommendations from the Commission's previous recommendations.
 - Progress on DMHA's implementation of the 988 suicide and crisis lifeline and community behavioral health clinic model.
 - The mental health of youth and adolescents; the mental health of individuals 55 years of age or older; and the level of mental health care available to individuals with intellectual and developmental disabilities.
 - The annual increase in the number of crisis services provided by certified community behavioral health centers; the annual increase in the number of behavioral health professionals providing Medicaid services; the annual change in the number of suicides in the state; the annual change in the number of persons admitted to emergency rooms for mental illness; and the annual number of people held in a local jail with a mental health condition or substance use disorder.

SEA 4 (Public health commission)

Author: Senator Charbonneau

Sponsor: Representative Barrett

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/4>

- **Core Public Health Services:** Defines 23 core public health services that counties must provide through the LHD or through LHD contracts and grants to "opt in" to additional state funding. Establishes a per capita-based funding formula that sets forth the amount each county opting in to provide core public health services will receive and specifies that a county may opt-out at any time. Requires counties to provide a local match of 20% to receive enhanced state funding. The funding must be allocated as follows:

At least 60% must be spent on the following:	Not more than 40% may be spent on the following:
<ul style="list-style-type: none"> • Communicable disease prevention and control • Vital statistics • Tobacco prevention and cessation • Student health through school liaisons • Child fatality review • Suicide and overdose fatality review • Maternal and child health • Testing and counseling for HIV, hepatitis C, and other sexually transmitted infections • Tuberculosis control and case management • Emergency preparedness • Referrals to clinical care • Screening and case management for childhood lead exposure and poisoning • Trauma and injury prevention promotion and education • Access to childhood and adult immunizations • Chronic illness prevention and reduction, including obesity, diabetes, cardiovascular diseases, hepatitis C, and cancer. 	<ul style="list-style-type: none"> ○ Food protection ○ Pest and vector control and abatement ○ Public and semipublic pools inspection and testing ○ Residential onsite sewage system permitting and inspection ○ Orders for the decontamination of property used to illegally manufacture a controlled substance ○ Public building sanitary inspection and surveys ○ Tattoo parlor and body piercing facility sanitary operations ○ Eyelash extension facility sanitary operations

- **County Health Plans:** Provides that each county voting to accept additional funding must collaborate with local entities to identify gaps in core public health, develop a county health plan, and prepare a budget for use of the additional funding. The plan must specify which core public health services are to be provided through contracts or grants with other entities and requires LHDs to post a position or contract for the administration of core public health services for at least 30 days before hiring or contracting. Requires counties to prioritize grants and contracts with currently operational health care providers, multi-county initiatives, and evidenced-based practices.
- **Technical Support:** Permits IDOH to make available technical support to counties in the areas of epidemiology, data analytics, legal services, communications, grants, training, accreditation, and assistance with reporting requirements.
- **Metrics and Reporting:** Establishes the following requirements for LHDs and IDOH:
 - LHDs must report to IDOH on metrics (de-identified, aggregate data) related to the delivery of core public health services.
 - IDOH must collect and analyze the metrics (de-identified, aggregate data), publish a website tracking metrics and progress by July 1, 2024, and present the metrics to the State Budget Committee annually.
- **Vaccine Administration:** Requires LHDs to provide information before administering a vaccine on VAREs, CHIRP (ability to opt-out), and federal compensation funds for injury from a vaccine or medical countermeasure.

- **Local Health Officers:** Permits the local health officer to be a nonphysician with a master's degree and five (5) years of public health experience if approved by the county executive and IDOH. A local health officer may be appointed to serve more than one (1) LHD.
- **Municipal Health Departments and Interlocal Agreements:** Prohibits the creation of future municipal health departments and creates processes to establish interlocal agreements between counties and the three-existing municipal LHDs.
- **Trauma Commission:** Establishes the Indiana Trauma Commission, which is charged with developing a statewide trauma plan and issuing recommendations on November 30 of each year. The following shall serve on the Commission:
 - IDOH commissioner or the commissioner's designee, who shall serve as chairperson of the commission.
 - Department of Homeland Security Director or the director's designee.
 - Secretary of FSSA or the secretary's designee.
 - A representative of the American College of Surgeons Committee on Trauma.
 - A representative of the Indiana Hospital Association.
 - A representative from the Emergency Medical Services for Children Program.
 - A representative of a Level I designated trauma hospital who is a surgeon.
 - A representative of the Indiana Chapter of the American College of Emergency Physicians and who is an emergency medicine physician.
 - An RN who is employed as a trauma program manager.
 - A representative of a Level I pediatric trauma center who is a surgeon.
 - A representative of a hospital licensed under IC 16-21-2 that is located in a rural area of Indiana and that is not designated as a Level I, Level II, or Level III trauma care center.
 - Two (2) members from state designated trauma centers that are not Level 1 trauma centers and who are surgeons.

SEA 7 (Physician noncompete agreements)

Author: Senator Busch

Sponsor: Representative Barrett

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/7>

- **Physician Noncompete Agreements:** Please see the enclosed Hall Render memorandum on SEA 7.

SEA 8 (Prescription drug rebates and pricing)

Author: Senator Charbonneau

Sponsor: Representative Schaibley

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/8>

- **Prescription Drug Rebates:** For commercial health insurance coverage that is issued, delivered, amended, or renewed after December 31, 2024, requires that a covered individual's defined cost sharing for a prescription drug, meaning the individual's deductible payment or coinsurance amount, be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates in connection with the dispensing or administration of the prescription drug. These provisions do not apply to a self-funded plan that is governed by ERISA.
 - **Rebate Definition:** The term "rebate" means: (1) a discount or other negotiated price concession, including base price concessions (whether described as a rebate

or otherwise) and reasonable estimates of price protection rebates, and performance based price concessions, that may accrue directly or indirectly or are anticipated to be passed through to an insurer during the coverage year from a manufacturer, dispensing pharmacy, or other party concerning the dispensing or administration of a prescription drug; and (2) a reasonable estimate of any negotiated price concession, fee, or other administrative cost that is passed through, or is reasonably anticipated to be passed through, to the insurer and serves to reduce the insurer's liability for a prescription drug.

- **Price Protection Rebate Definition:** The term "price protection rebate" means a negotiated price concession that accrues directly or indirectly to an insurer, or another party on behalf of an insurer, if there is an increase in the wholesale acquisition cost of a prescription drug above a specified threshold.

SEA 11 (Marriage and family therapists)

Author: Senator Donato

Sponsor: Representative Olthoff

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/11>

- **Marriage and family therapists:** Decreases the amount of hours that a marriage and family therapist applicant must acquire, from 500 face-to-face client contact hours to 300 face-to-face client contact hours, which must be acquired during at least 12 months of clinical practice. At least 100 of the 300 hours (rather than 200 of the 500 hours) must be relational.

SEA 73 (Occupational therapy licensure compact)

Author: Senator Becker

Sponsor: Representative King

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/73>

- **Occupational Therapy Licensure Compact:** Establishes the occupational therapy licensure compact (OT Compact) in Indiana. Under the OT Compact, occupational therapists who are licensed in good standing in a Compact member state may practice in other Compact member states without the need for multiple licenses. A map of the current OT Compact states can be found [here](#). Please note, while the OT Compact is effective on July 1, 2023, PLA requires time to fully operationalize compacts. IHA will keep you updated on the operational effective date of the OT Compact.

SEA 160 (Professional counselors licensure compact)

Author: Senator Crider

Sponsor: Representative Vermillion

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/160>

- **Professional Counselors Licensure Compact:** Establishes the professional counselors licensure compact (Counseling Compact) in Indiana. Under the Counseling Compact, professional counselors who are licensed in good standing in a Compact member state may practice in other Compact member states without the need for multiple licenses. A map of the current Counseling Compact states can be found [here](#). Please note, while the Counseling Compact is effective on July 1, 2023, PLA requires time to fully operationalize compacts. IHA will keep you updated on the operational effective date of the Counseling Compact.

SEA 214 (Standing order for overdose intervention drugs)

Author: Senator Walker

Sponsor: Representative Vermilion

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/214>

- **Standing Order for Naloxone:** Provides that the IDOH standing order for overdose intervention drugs must allow for choice in the purchasing, dispensing, and distributing of any formulation or dosage of a naloxone product that is approved by the FDA.

SEA 252 (Long acting reversible contraceptives)

Author: Senator Yoder

Sponsor: Representative Negele

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/252>

- **Long Acting Reversible Contraceptives:** Provides that a long acting reversible contraceptive (LARC) that is prescribed to and obtained for a Medicaid recipient may be utilized by a provider for another Medicaid recipient if the LARC was not delivered to, implanted in, or used on the original Medicaid recipient to whom the LARC was prescribed, so long as the LARC meets the following conditions:
 - Be in the original, unopened package.
 - Have been in the possession of the provider for at least 12 weeks. However, this requirement may be waived by the written consent of the original Medicaid recipient.
 - Not have left the possession of the provider who originally prescribed the LARC.
 - Be medically appropriate and not contraindicated for the Medicaid recipient to whom the LARC is being transferred.

SEA 275 (Practice of medicine terms)

Author: Senator Johnson

Sponsor: Representative Zent

Effective Date: July 1, 2023

Link: <https://iga.in.gov/legislative/2023/bills/senate/275>

- **Unlawful Practice of Medicine:** Provides, for purposes of the law prohibiting the unlawful practice of medicine or osteopathic medicine, that "the practice of medicine or osteopathic medicine" includes attaching to an individual's name the words "allergist", "electrophysiologist", "geriatrician", "immunologist", "medical geneticist", "neonatologist", or "pulmonologist."

SEA 350 (Professional licensing)

Author: Senator Raatz

Sponsor: Representative Prescott

Effective Date: Effective Immediately

Link: <https://iga.in.gov/legislative/2023/bills/senate/350>

- **Local Regulation of Behavioral Health Licenses:** Provides that a local unit of government, meaning a county, municipality, or township, may not regulate marriage and family therapists, social workers, mental health counselors, or addiction counselors.

SEA 400 (Health care matters)

Author: Senator Brown

Sponsor: Representative Kings

Effective Date: Various Effective Dates

Link: <https://iga.in.gov/legislative/2023/bills/senate/400>

- **Wearable Cardioverter Defibrillators:** Effective July 1, 2023, requires the state employee health plan, policies of accident and sickness insurance, and health maintenance organizations to provide coverage for wearable cardioverter defibrillators, including the cost of the wearable cardioverter defibrillators, any necessary accessory, and ongoing monitoring services. Such coverage may not be subject to an annual or lifetime limitation.
 - **Definition:** The term "wearable cardioverter defibrillator" means a device that is worn externally on an individual's body, continually monitors and analyzes the individual's heart rhythm, and delivers a shock to the heart when an abnormal heart rhythm is detected.
- **Credentialing:** Effective January 1, 2024, for Medicaid, managed care entities, policies of accident and sickness insurance, and health maintenance organizations (collectively referred to herein as "entity") must adhere to the following process when credentialing health care providers:
 - If an entity receives a completed unclean credentialing application from a provider, meaning an application that contains at least one (1) error, the entity must notify the provider not later than five (5) business days after the entity receives the application, provide a description of the deficiency, and state the reason why the application was determined to be an unclean credentialing application.
 - The provider shall respond to the notification within five (5) business days after receipt of the notice. Please note, what is required in the provider's "response" is not specified in the legislation. Confirming receipt of the notification and that the provider will work to correct the deficiency may be sufficient. The entity's notice may also detail what is required in the response.
 - If an entity fails to issue a credentialing determination within 15 days after a completed clean credentialing application is received from a provider, the entity shall provisionally credential the provider in accordance with the standards and guidelines governing provisional credentialing from the National Committee for Quality Assurance. A provisional credential is valid until a final credentialing determination is made.
 - Once an entity fully credentials a provider that holds a provisional credential and a network provider agreement has been executed, reimbursement payments under the contract shall be paid retroactive to the date the provider was provisionally credentialed. The entity shall reimburse the provider at the rates determined by the contract between the provider and the entity.
 - If the final credentialing determination is such that a full credential is not issued, the provisional credential is terminated on the date of the determination, and the entity is not required to retroactively reimburse the provider.
- **Medical Error Reporting:** Effective July 1, 2023, repeals the state's list of serious reportable events under 410 IAC 15-1.4-2.2(a) that a hospital's quality assessment and improvement (QAPI) program must report on as a part of the QAPI program's medical error reporting. A hospital's QAPI program must instead report according to the National Quality Forum's (NQF) definition of serious reportable events, as defined currently and as updated in the future, but the timeline for reporting would still be the same as outlined in 410 IAC 15-1.4-2.2(c). This language is intended to ensure that a hospital's QAPI

program does not have to report under two different standards – the state’s list of serious reportable events *and* the NQF’s list of serious reportable events – and only the NQF’s list of serious reportable events going forward.

- **Clinical Privileges Timeline:** Effective July 1, 2023, increases the time period by which medical staff can make recommendations regarding the granting of clinical privileges or the appointment or reappointment of an applicant to the governing board from 24 months to 36 months, to align with the Joint Commission’s timeline.
- **Emergency Department Coverage:** Effective July 1, 2023, requires a hospital licensed under IC 16-21-2 with an emergency department to have at least one (1) physician on site and on duty who is responsible for the emergency department at all times the emergency department is open.
- **In-Home Evaluations by PAs:** Effective July 1, 2023, provides that when a PA performs an annual wellness visit, gathers patient information, or performs a health evaluation during an in-home evaluation that does not involve providing direct treatment or the prescribing of medication, the collaborating physician or physician designee shall review the patient encounter within 14 business days after the action.
- **Insurer Transparency:** Effective July 1, 2023, requires domestic stock insurers, meaning insurers that provide coverage under a health plan and are a publicly traded stock corporation, to file quarterly financial statements with IDOI, to be posted on IDOI’s website within ten (10) business days.
- **Peer-to-Peer Reviews:** Effective July 1, 2023, requires a health plan (meaning a policy or accident and sickness insurance, a health maintenance organization, and a Medicaid managed care entity) to offer a peer-to-peer review by a clinical peer after an adverse determination is made on a prior authorization (PA) request.
 - **Definition:** The term "adverse determination" means a denial of a request for benefits on the grounds that the health care service or item is not medically necessary, appropriate, effective, or efficient; is not being provided in or at an appropriate health care setting or level of care; or is experimental or investigational.
- **PA Determinations:** Effective July 1, 2023, decreases the time an urgent PA determination must be made from 72 hours to 48 hours, and decreases the time a nonurgent PA determination must be made from seven (7) business days to five (5) business days.
- **PA Pilot Program:** Effective July 1, 2023, prohibits the state employee health plan from obtaining PA on 50 of the most approved CPT codes for various specialties through June 30, 2026. For a full list of the CPT codes, please see the chart at the end of this memorandum.
 - **Retroactive Denials & Review:** During the PA pilot program, the state employee health plan may not issue a retroactive denial on the 50 CPT codes based on whether the criteria for medical necessity was met. Then before the expiration of the PA pilot program, the Interim Study Committee on Public Health and the Interim Study Committee on Insurance shall review the impact of the PA pilot program, including any administrative relief it provides and/or any differences in utilization in the 50 CPT codes that result. All health plans must also begin to post the 30 most frequently submitted CPT codes each year and the percentage they were approved to determine whether this pilot program should be extended to more than the state employee health plan in the future.
- **APCD:** Includes the state employee health plan and employee benefits plans and third party administrators that are subject to ERISA in the health payers from which data will be collected under the APCD. Please note, employee benefit plans and third party

administrators that are subject to ERISA may argue that federal law preempts their inclusion per [Gobeille v. Liberty Mutual Insurance](#).

- **Claims Submission:** Effective July 1, 2023, requires a health plan to offer an alternative method for submission of a claim when the health plan has technical difficulties with the health plan's claims submission system and post notice of the alternative method for claims submission on the health plan's website.
- **Review of Premium Rate Changes:** Effective July 1, 2023, requires IDOI to consider the following before approving or disapproving a premium rate increase or decrease by a policy of accident and sickness insurance or health maintenance organization, information which is subject to the Access to Public Records Act:
 - The products affected by line of business.
 - The number of covered lives affected.
 - Whether the product is open or closed to new members in the product block.
 - Applicable median cost sharing for the product, as allowed by state or federal law.
 - The benefits provided and the underlying costs of the health services rendered.
 - The implementation date of the increase or decrease.
 - The overall percent premium rate increase or decrease that is requested.
 - The actual percent premium rate increase or decrease to be approved.
 - Incurred claims paid each year for the past three (3) years, if applicable.
 - Earned premiums for each of the past three (3) years, if applicable.
 - Projected medical cost trends in the geographic service region, if the product for which a rate increase or decrease is requested is not a product offered statewide.
 - Any historical rebates paid to the policyholder from the most recent health plan year.
 - The median cost sharing amount for an individual covered by the product, or the actuarial value information as required under the Patient Protection and Affordable Care Act, if applicable.
 - Whether the insurer's current rate is appropriate for achieving the insurer's target loss ratio.
- **Downgrading:** Effective July 1, 2023, provides that policies of accident and sickness insurance and health maintenance organizations may not alter a CPT code or pay for a CPT code of lesser monetary value unless the CPT code submitted is not in accordance with correct coding guidelines and rules, clinical care guidelines, or the terms and conditions of the participating provider's agreement or contract with the insurer, or the medical record has been reviewed by an employee or contractor of the insurer. Further, provides that policies of accident and sickness insurance and health maintenance organizations may not only pay for the CPT codes necessary for an individual's final diagnosis, if the CPT codes billed were deemed medically necessary according to generally accepted clinical care guidelines to reach the final diagnosis.
- **Reimbursement Rate Schedules:** Effective July 1, 2023, requires policies of accident and sickness insurance and health maintenance organizations to provide in-network providers with a current reimbursement rate schedule every two (2) years and when three (3) or more CPT code rates under the agreement are changed in a 12-month period.
- **Much of the language contained in SEA 400 was a part of IHA's 2023 legislative agenda.**

SEA 480 (Gender transition procedures for minors)

Author: Senator Johnson

Sponsor: Representative King

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Link: <https://iga.in.gov/legislative/2023/bills/senate/480>

- **Gender Transition Procedures to a Minor:** Provides that a physician or other practitioner may not knowingly provide, or aid or abet another practitioner in providing, gender transition procedures to a minor. However, a physician or practitioner within the practitioner's scope of practice may continue to prescribe to an individual, who was taking a gender transition hormone therapy on June 30, 2023, as part of a gender transition procedure, gender transition hormone therapy until December 31, 2023. Creates a cause of action, allowing a minor, parent, guardian, or custodian to bring a claim for a violation of the new law.
 - **Gender Transition Procedures Definition:** The term "gender transition procedures" means any medical or surgical service, including physician's services, practitioner's services, inpatient and outpatient hospital services, or prescribed drugs related to gender transition, that seeks to alter or remove physical or anatomical characteristics or features that are typical for the individual's sex, or instill or create physiological or anatomical characteristics that resemble a sex different from the individual's sex, including medical services that provide puberty blocking drugs, gender transition hormone therapy, or genital gender reassignment surgery or nongenital gender reassignment surgery knowingly performed for the purpose of assisting an individual with a gender transition. The term **does not include** the following:
 - Medical or surgical services to an individual born with a medically verifiable disorder of sex development, including an individual with external sex characteristics that are irresolvably ambiguous; 46 XX chromosomes with virilization; 46 XY chromosomes with undervirilization; or both ovarian and testicular tissue.
 - Medical or surgical services provided when a physician or practitioner has diagnosed a disorder or condition of sexual development that the physician or practitioner has determined through genetic or biochemical testing that the individual does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action.
 - The treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of gender transition procedures.
 - Any medical or surgical service undertaken because the individual suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician or practitioner, place the individual in imminent danger of death or impairment of major bodily function unless the medical or surgical service is performed.
 - Mental health or social services other than gender transition procedures.
 - Services for a disorder or condition of sexual development that is unrelated to a diagnosis of gender dysphoria or gender identity disorder.

SEA 400 – CPT Code Descriptions for PA Pilot Program

CPT Code	Description
11200	Removal of skin tags
11201	Removal of skin tags
17311	Removal of skin cancer
17312	Removal of skin cancer
17313	Removal of skin cancer
17314	Removal of skin cancer
44140	Colon resection
44160	Colon resection
44970	Emergency appendectomy
49505	Hernia surgery
70450	CT Scan - Head or Brain
70551	MRI Brain - Without contrast
70552	MRI Brain - With contrast
70553	MRI Head or Neck - With or without contrast
71250	CT Scan - Chest without contrast
71260	CT Scan - Chest - With contrast
71275	CT Scan of blood vessels in chest - With contrast
72141	MRI - Spinal canal and contents
72148	MRI - Lumbar - Without contrast
72158	MRI - Spinal canal and contents - Without contrast
73221	MRI - Upper Extremity Joint
73721	MRI - Lower Extremity Joint
74150	CT Scan - Abdomen - Without contrast
74160	CT Scan - Abdomen - With contrast
74176	CT Scan - Abdomen/pelvis - Without contrast
74177	CT Scan - Abdomen/pelvis - With contrast
74178	CT Scan - Abdomen/pelvis - Without contrast and followed by contrast
74179	MRI - Abdomen - Without contrast
74181	MRI - Abdomen - With contrast
74183	MRI – Abdomen
78452	Diagnostic Nuclear Medicine Procedures - Cardiovascular System
92507	Treatment of speech, language, voice, or auditory processing disorder
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92609	Use of speech device service
93303	Echocardiography Procedures
93306	Transthoracic echocardiography
95044	Patch test
95806	Sleep study, unattended
95810	Polysomnography and Sleep Testing
97110	Therapy procedure using exercise
97112	Neuromuscular reeducation of movement for sitting / standing activities
97116	Physical Medicine and Rehabilitation Therapeutic Procedures
97129	Therapeutic interventions that focus on cognitive function
97130	Therapeutic interventions that focus on cognitive function
97140	Manual therapy techniques
97530	Therapy that covers a broad range of rehabilitative techniques
V5010	Assessment for hearing aide
V5256	Hearing aid, digital, monaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5275	Ear impression