

2019 Bowen Biweekly Bill Brief

Source of Information:

<http://iga.in.gov/legislative/2019/bills/>

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Methods:

We reviewed the titles and short digests of all bills introduced in Indiana's 2019 Legislative Session.

We identified those that are specifically related to health care, and assigned a health-related topical area to each bill.

The bills highlighted in blue are those that are still alive and we believe have direct implications for the health workforce.

The bills highlighted in gray were defeated.

Date Last Updated: 2/22/19

(Note: Used Missouri Foundation for Health Legi-Tracker as a Template: <https://files.constantcontact.com/caa184d2101/58b2a7d0-0aff-4314-b50d-e0874f236af1.pdf>)

Step in Indiana Legislative Process

- 1 - Filed
- 2 - First Chamber: 1st Reading/Assigned to Committee
- 3 - First Chamber: Committee Hearing
- 4 - First Chamber: Committee Passage
- 5 - First Chamber: 2nd Reading
- 6 - First Chamber: 3rd Reading
- 7 - Bill Passed First Chamber, Referred to Second Chamber
- 8 - Second Chamber: 1st Reading/Assigned to Committee
- 9 - Second Chamber: Committee Hearing
- 10 - Second Chamber: Committee Passage
- 11 - Second Chamber: 2nd Reading
- 12 - Second Chamber: 3rd Reading
- 13 - Bill Passed Second Chamber
- 14 - Conference Committee (if applicable)
- 15 - Awaiting Governor's Action

Health-related Topic Categories

- Health care workforce
- Maternal/Child Health
- Behavioral Health (substance use and mental health)
- School Health
- Safety net (TANF, SNAP, Medicaid, etc.)
- Corrections
- Private insurance
- Health care facilities
- Prescription drugs
- Oral health
- Prevention & awareness (public health, infrastructure, and healthy and active living)
- Other

Senate Bills

Step	Topic(s)	Implications for Health Workforce	Bill Number	Authors/Sponsors	Bill Title	Summary	Date of Last Action (Step)
2	Behavioral Health (substance use and mental health)		SB 11	A: Bahacek, Merritt	Needle exchange program participation	Requires a qualified entity to establish and maintain a syringe exchange program registry. Provides a defense to prosecution of certain offenses related to controlled substances if: (1) a person is currently registered under a syringe exchange program; (2) the person obtained the hypodermic syringe or needle under a syringe exchange program; and (3) there is no more than a residual amount of a controlled substance located in the hypodermic syringe or needle.	1/3/19 Referred to Committee on Correction & Criminal Law
2	Health Workforce	Impacts medical malpractice policy	SB 26	A: Randolph, Lonnie	Medical malpractice actions	Permits a patient to bring an action against a health care provider without submitting the complaint to the medical review board if the amount of the claim is not more than \$187,000. (Under current law, a patient may bring a direct action only if the amount is not more than \$15,000.)	1/03/19 Referred to Committee on Judiciary
2	Behavioral Health (substance use and mental health)		SB 33	A: Merritt, James	Comprehensive addiction recovery centers	Establishes a comprehensive addiction recovery center grant program (grant program) to be administered by the division of mental health and addiction (division). Sets forth requirements for a grant. Requires entities that are awarded a grant to report specified data to the division. Appropriates \$9,000,000 to the division from the state general fund for the biennium beginning July 1, 2019, for purposes of the grant program. Provides that the division may award only one grant per congressional district, and specifies that not more than \$1,000,000 may be granted per congressional district.	2/13/19 Referred to the House
2	Behavioral health (substance use and mental+B26 health)		SB 111	A: Koch, Erin, Crane, Houchin	Substance abuse prevention grant program	Requires the division of mental health and addiction to establish and administer the: (1) community and faith based substance abuse programs grant; and (2) community and faith based substance abuse transportation assistance grant program. Sets forth requirements and establishes accounts for the grants. Appropriates \$100,000 annually to the community and faith based substance abuse programs grant. Appropriates \$50,000 annually to the community and faith based substance abuse transportation assistance grant program.	2/21/19 Committee report: amend do pass, adopted
2	Behavioral health (substance use and mental health); Health care workforce	Provides funding for physicians to complete DATA 2000 waiver training to treat opioid dependency	SB 117	A: Merritt, James	Waiver training reimbursement pilot program	Establishes the physician waiver training reimbursement pilot program to reimburse qualified physicians who undergo certain training, for the purpose of increasing the number of physicians in Indiana allowed under the federal Drug Addiction Treatment Act of 2000 to prescribe certain controlled substances to treat opioid dependency in settings other than an opioid treatment program. Establishes requirements for participation in the pilot program.	1/03/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); Prescription drugs		SB 133	A: Leising, Jean, Becker	Prescription drug listed as an opioid on label	Provides that if a pharmacist dispenses a prescription drug that contains or is derived from opium, the prescription label must bear a statement that the drug is an opioid.	2/21/19 Committee report: amend do pass, adopted
7	Behavioral health (substance use and mental health)	Requires rulemaking for OBOTs that includes treatment agreements	SB 141	A: Houchin, Charbonneau CA: Bassler, Zay, Randolph S: Smaltz	Office based opioid treatment providers	Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient. Requires the medical licensing board of Indiana, in consultation with the state department of health and the office of the secretary of family and social services, to adopt rules or protocols concerning office based opioid treatment providers and: (1) treatment agreements; (2) periodic scheduled patient visits; (3) urine toxicology screenings; (4) HIV, hepatitis B, and hepatitis C testing; and (5) the medical record documentation required for the prescribing of buprenorphine over a specified dosage.	1/25/19 Referred to House

2	Behavioral health (substance use and mental health); Prescription drugs; Health care workforce	Prescribers must complete 3 hours of CE regarding opioid prescribing; controlled substances must be prescribed electronically starting 6/30/20	SB 146	A: Merritt, James	Prescribing of controlled substance	Requires that a controlled substance prescription be issued electronically after June 30, 2020, and establishes a Class B infraction for a prescriber who fails to comply. Requires a prescriber to obtain three hours of continuing education every two years on the prescribing of opioid medication in order to continue issuing prescriptions for opioid medication, and establishes a Class B infraction for failure to comply. Requires the medical licensing board of Indiana to study and determine, before November 1, 2019, whether a waiver is necessary for the electronic prescription requirement and to report back to the general assembly. Sets forth requirements for the report.	1/03/19 Referred to Committee on Health and Provider Services
2	Health care facilities; Other	Introduces additional level of criminal history check for health facility employees	SB 153	A: Randolph, Lonnie	Health facility employee criminal background check	Requires a health facility to obtain a national criminal history background check or an expanded criminal history check for the health facility's employees. Provides immunity to persons: (1) for denying or terminating employment because of another person's criminal history; or (2) for reporting to or participating in the proceedings of the state department of health or the registry of nurse aides.	1/03/19 Referred to Committee on Judiciary
2	Insurance		SB 166	A: Lanane, Timothy Co-A: Stoops, Mark	Treatment of Lyme disease	Requires that, if an individual is diagnosed with Lyme disease or a related tick borne disease, state employee health plans, Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts must provide coverage for Lyme disease or a related tick borne disease testing and treatment that is prescribed by a health care provider. Provides that a health care provider may not be subject to discipline solely because the health care provider prescribed, administered, or dispensed a long term antibiotic treatment for the treatment of Lyme disease or a tick borne disease. Requires a health care provider or health care provider's designee who orders a laboratory test for the presence of Lyme disease to provide the patient or the patient's legal representative with certain written information concerning Lyme disease.	1/03/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); Corrections		SB 173	A: Crider, Michael	Expungement of addiction related convictions	Establishes a procedure to permit a person: (1) with an addiction disorder related conviction; and (2) who has completed a high intensity residential treatment program; to have the person's addiction disorder related conviction expunged.	1/10/19 Reassigned to Committee on Corrections and Criminal Law
7	Prescription drugs		SB 176	A: Grooms, Garten, Houchin CA: Glick, Randolph, Walker S: Davisson, Clere, Engleman	Transfer of prescription drugs	Allows a pharmacy to transfer, upon the request of a patient, a prescription for the patient that the pharmacy has received but not filled to another pharmacy. Sets forth exceptions.	1/25/19 Referred to House
7	Health care workforce	Loan repayment for nurse faculty	SB 188	A: Becker, Leising, Charbonneau CA: Stoops	Nursing faculty loan repayment grant program	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.	2/01/19 Referred to the House
2	Other; Health care workforce	Allows health providers to exempt from performing abortion-related services if he/she objects	SB 201	A: Brown, Liz	Health provider ethical exemption	Includes health care providers in the prohibition from being required to perform an abortion or assist or participate in procedures intended to result in an abortion if the health care provider objects to the procedures on ethical, moral, or religious grounds. (Current law applies only to physicians and employees.)	2/20/19 Referred to the House
2	Other		SB 202	A: Brown, Liz Co-A: Kruse, Dennis	Physician order for scope of treatment	Requires that a health provider assess an individual's mental health before the individual may execute a physician order for scope of treatment (POST) form. Removes artificially administered nutrition from inclusion in the POST form. Requires that there is space at the top of the POST form to indicate whether an individual has designated a health care representative.	1/03/19 Referred to Committee on Health and Provider Services

7	Health care workforce	Prohibits hospitals from denying privileges to physicians based solely on MOC.	SB 203	A: Brown, Becker CA: Randolph, Spartz S: Heine, Morris	Physician maintenance of certification	Physician maintenance of certification. Prohibits a hospital from denying hospital staff or admitting privileges to a physician or podiatrist based solely on the decision of the physician or podiatrist not to participate in maintenance of certification. Specifies that the medical licensing statute and the podiatrist licensing statute do not require a licensed physician or licensed podiatrist to hold or maintain a board certification in a specialty medical area in order to practice. Prohibits an accident and sickness insurer from: (1) denying a physician or podiatrist the right to enter into a reimbursement agreement with the insurer; (2) denying a physician or podiatrist reimbursement for a covered service; or (3) setting reimbursement for services provided by a physician or podiatrist at a lower rate; based solely on the decision of the physician or podiatrist not to participate in maintenance of certification. Prohibits a health maintenance organization (HMO) from: (1) preventing a physician or podiatrist from entering into a participating provider contract with the HMO; (2) denying a physician or podiatrist reimbursement for a covered service; or (3) setting reimbursement for services provided by a physician or podiatrist at a lower rate; based solely on the decision of the physician or podiatrist not to participate in maintenance of certification.	1/25/19 Referred to House
2	Behavioral health (substance use and mental health)	Funding for educational expenses for psychiatrists	SB 217	A: Merritt, James; Randall, Head	Behavioral health and addiction services	Makes an appropriation to the integrated behavioral health and addiction treatment development program account.	2/13/19 Referred to Appropriations
7	Prevention & awareness (public health, infrastructure, and healthy and active living)	Allows state health commissioner to issue standing orders.	SB 228	A: Charbonneau, Crider Co-A: Stoops, Mark S: Kirchhofer, C; Fleming, R	Department of health matters	Allows the state health commissioner to issue standing orders (current law allows for statewide standing orders) and sets forth requirements of a standing order. Removes requirement that the state department of health (state department) adopt rules defining a birth problem. Requires the state department to publish a list annually of birth problems required to be reported and allows for the state department to update the list. Adds considerations by the state department in compiling the birth problem list. Allows the state department to release information in the immunization data registry to the Centers for Disease Control and Prevention. Requires the state department to publish a list of reportable communicable diseases and other diseases and conditions that are a danger to health and to publish the list of control measures for the diseases and conditions on the state department's Internet web site. Sets forth considerations in updating the list of communicable diseases and conditions	1/30/19 Referred to the House
2	Prescription drugs; Other		SB 229	A: Grooms, Ronald	Psychotropic medication in foster care	Requires the department of child services (department) to consult with a licensed child and adolescent psychiatric consultant before consenting to a request to administer psychotropic medication to a child under the care and supervision of the department. Requires the department to develop: (1) a report to monitor prescriptions of psychotropic medication for children under the care and supervision of the department; and (2) educational materials regarding psychotropic medication that may be prescribed to children under the care and supervision of the department. Requires residential child care entities licensed by the department to: (1) obtain written instructions and consents before providing psychotropic medication to a child; and (2) maintain a record of information regarding the administration of psychotropic medication to a child.	1/03/19 Referred to Committee on Family and Children Services
2	Other		SB 242	A: Freeman, Aaron	Telemedicine and medical devices	Removes the restriction on the prescribing of ophthalmic devices through telemedicine and sets conditions on when a provider may, through telemedicine, prescribe medical devices. Prohibits the Indiana optometry board from setting standards for the practice of ocular telemedicine or ocular telehealth that are more restrictive than the standards established for in person practice.	1/03/19 Referred to Committee on Health and Provider Services

2	Health care workforce	Psychiatrist loan forgiveness program	SB 249	A: Ford, Jon	Psychiatrist student loan forgiveness program	Establishes a psychiatrist student loan forgiveness program to be used to provide student loan forgiveness payments to qualified psychiatrists who are residents of Indiana and practice psychiatric medicine in rural areas in Indiana. Provides that the commission for higher education shall, in coordination with the Indiana professional licensing agency and the medical licensing board of Indiana, administer the program. Establishes the psychiatrist student loan forgiveness program fund.	1/03/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); School Health		SB 267	A: Head, Randall	Integrated school based mental health	Establishes the integrated school based mental health and substance use disorder services grant program (program) to provide grants to school corporations for the development, implementation, and maintenance of integrated school based mental health and substance use disorder services plans. Requires the department of education to administer the program. Provides that, beginning after June 30, 2020, a school corporation is eligible for a grant if the school corporation meets the requirements of the program. Establishes the requirements to participate in the program and grant amounts.	1/03/19 Referred to Committee on Education and Career Development
2	Behavioral health (substance use and mental health); Health care workforce	Calls for review of policies associated with behavioral health workforce	SB 268	A: Head, Randall	Study committee on addiction professionals	Urges the legislative council to assign to an appropriate interim study committee topics concerning the addiction treatment workforce and overlapping education, experience, and scope of practice for master's level occupations regulated by the behavioral health and human services licensing board.	1/03/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); Sexual and reproductive health; Maternal/Child Health		SB 274	A: Merritt, James	Opioid addiction recovery	Changes the opioid addiction recovery pilot program for pregnant women and women with newborns into a permanent program. Makes an appropriation.	1/04/19 Reassigned to Committee on Health and Provider Services
4	Behavioral health (substance use and mental health)		SB 276	A: Raatz, Young CA: Bohacek, Randolph, Kock, Sandlin S: Barrett, B	Opioid treatment pilot program	Extends the opioid treatment pilot program until 2022. (Under current law the pilot program will expire in 2020.) Removes Marion County from the pilot program.	1/24/19 Committee report: do pass, adopted
4	Maternal/Child health	Health workforce makes up the review team	SB 278	A: Leising, Becker CA: Stoops, Breaux, Lanane	Statewide infant fatality review committee.	Requires the state department of health (state department) to establish a statewide infant fatality review committee (committee) to study infant fatalities in Indiana until June 30, 2024, and sets forth duties and membership of the committee. Specifies confidentiality of records reviewed by the committee. Requires a health care provider or health care facility that has an infant patient die to report the death to the committee and sets forth immunity provisions for the provider or facility. Specifies records to which the committee may have access. Requires the committee to submit a report to the state department before July 1 of each year concerning the committee's reviews and requires the state department to post the report on the state department's Internet web site and make the report available for public inspection. Provides civil and criminal immunity to committee members in discussing confidential matters before the committee.	2/06/19 Referred to the House
2	Health care workforce; Other	Calls for sunrise review for naturopathic medicine practitioners	SB 291	A: Niezgodski, David	Practice of naturopathic medicine study	Urges the legislative council to assign to an interim study committee the task of studying issues related to the creation of a license to practice naturopathic medicine in Indiana.	1/03/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health)		SB 293	A: Merritt, James	Allen County substance abuse pilot program	Changes the date by which the administrator of the Allen County substance abuse pilot program must raise local funds in order to be allowed to expend state funds.	2/21/19 Committee report: amend do pass, adopted

2	Other; Health Care Workforce		SB 300	A: Randolph, Lonnie	End of life options	Allows individuals with a terminal illness who meet certain requirements to make a request to an attending physician for medication that the individual may self-administer to end the individual's life. Specifies requirements a physician must meet in order to prescribe the medication to a patient. Prohibits an insurer from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the result of medical aid in dying. Establishes a Level 1 felony if a person: (1) without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to end the individual's life or to destroy a rescission of a request for medication to end the individual's life.	1/07/19 Referred to Committee on Health and Provider Services
2	Health care workforce; Behavioral health (substance use and mental health)	Outlines requirements a health care provider must adhere to in an OBOT setting	SB 310	A: Merritt, James Co-A: Niezgodski, David	Outpatient based opioid treatment providers	Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient.	1/07/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); School health		SB 326	A: Crider, Michael; Kruse, Dennis Co-A: Becker, Vaneta	Integrated school based mental health	Establishes the integrated school based mental health and substance use disorder services grant program (program) to provide grants to school corporations for the development, implementation, and maintenance of integrated school based mental health and substance use disorder services plans. Requires the department of education, in coordination with the division of mental health and addiction, to administer the program. Provides that, beginning after June 30, 2020, a school corporation is eligible for a grant if the school corporation meets the requirements of the program. Establishes the requirements to participate in the program and grant amounts.	1/07/19 Referred to Committee on Health and Provider Services
2	Health care workforce	Impacts practice agreement requirements for advanced practice registered nurses	SB 343	A: Ford, J.D Co-A: Stoops, M	Advanced practice registered nurses	Provides that an advanced practice registered nurse with prescriptive authority and who has practiced under a practice agreement with a practitioner for the full time equivalent of one year may practice without a practice agreement if certain conditions are met. Amends the hospital governing board requirements for the manner in which an advanced practice registered nurse who practices in the hospital will interact with other practitioners. Makes conforming changes.	1/08/19 Referred to Committee on Health and Provider Services
6	Maternal/Child health		SB 352	A: Leising, Becker, Breux	Consent to pregnancy services of a minor	Allows a minor who is at least 16 years of age and: (1) pregnant; (2) in labor; or (3) postpartum; to consent to health care concerning the pregnancy, delivery, and postpartum care. Makes technical corrections.	1/31/19 Third Reading; Failed for lack of constitutional majority
2	Behavioral health (substance use and mental health); Prevention & awareness (public health, infrastructure, and healthy and active living); School health		SB 354	A: Mrvan, Frank	Mental health education screenings	Requires a school corporation's health education curriculum to include mental health wellness education. Provides that the governing body of a school corporation may provide mental health screenings to students if the governing body receives written consent from a student's parent or guardian to provide a mental health screening to the student. Requires the department of education to provide a school corporation with resources regarding mental health wellness upon request by the school corporation.	1/10/19 Referred to Committee on Education and Career Development

2	Behavioral health (substance use and mental health); Prevention & awareness (public health, infrastructure, and healthy and active living); Health care workforce; Health care facilities	SB 359	A: Crider, Michael, Charbonneau Co-A: Becker, Vaneta, Rucklehaus, Merritt, Leising, Randolph	Individualized mental health safety plans	Requires the division of mental health and addiction to establish a standard format for individualized mental health safety plans. Requires each psychiatric crisis center, psychiatric inpatient unit, and psychiatric residential treatment provider to, upon request and without the consent of the patient, disclose a patient's individualized mental health safety plan to certain licensed physicians and mental health providers. Provides that a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider that discloses an individualized mental health safety plan to certain licensed physicians and mental health providers in good faith is immune from civil and criminal liability. Requires psychiatric crisis centers, psychiatric inpatient units, and psychiatric residential treatment providers to: (1) collaboratively develop a mental health safety plan with each patient; (2) explain the benefits of coordinating care and sharing mental health safety plans with mental health providers in the community that can help with the patient's safe transition back into the community; and (3) make a good faith effort before a patient leaves a facility at which the patient is receiving care to obtain the patient's consent to disclose the patient's individualized mental health safety plan with mental health providers, integrated school based mental health providers, and mental health community paramedicine programs that will be supporting the patient's safe transition back into the community and, if applicable, school.	2/07/19 Committee report: do pass, adopted
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2	Behavioral health (substance use and mental health)	SB 377	A: Merritt, James	Allen County substance abuse pilot program	Removes a requirement that the administrator of the Allen County substance abuse pilot program (pilot program) expend \$1 of local funds for every \$1 of state funds expended. Provides that the Allen County board of county commissioners and the administrator of the pilot program shall determine what is considered a room and board day for a recovery residency for the pilot program. Provides for a rate of \$32.50 per room and board day for a recovery residency. Makes an appropriation.	2/6/19 Passed Senate Health and Provider Services Committee
2	Behavioral health (substance use and mental health); Health care workforce	SB 378	A: Randall, Head	Substance use disorders	Requires an addiction treatment team and an office based opioid provider to use one of the three most effective medications as indicated by the federal Food and Drug Administration, unless contraindicated for the patient. Requires the coroner to notify the state department of health (department) and a deceased individual's prescribing physician, physician assistant, or advanced practice registered nurse upon learning of the death of the individual in the coroner's jurisdiction as the result of a controlled substance overdose. Requires the department to maintain a list of physicians, physician assistants, and advanced practice registered nurses who prescribe a controlled substance that results in an overdose death. Requires the medical licensing board to adopt rules to establish treatment requirements for physicians, physician assistants, and advanced practice registered nurses who treat patients with chronic pain that are based on the federal Centers for Disease Control and Prevention's guidelines for the treatment of chronic pain. Requires that the medical licensing board adopt rules to require physicians, physician assistants, and advanced practice registered nurses who treat patients with a drug addiction to use one of the three most effective medications as indicated by the federal Food and Drug Administration, unless contraindicated for the patient.	1/14/19 Referred to Committee on Health and Provider Services

2	Other		SB 385	A: Koch, Erin Co-A: Stoops, M	Public employee direct primary care pilot program	Requires the state personnel department to establish and implement a direct primary care pilot program for public employees. Sets forth requirements of the pilot program. Requires the state personnel department to prepare and submit an annual report to the general assembly evaluating the pilot program.	1/14/19 Referred to Committee on Health and Provider Services
2	Other		SB 386	A: Koch, Erin Co-A: Stoops, M	Health care comparison information and program	Requires the state department of health to establish a health care price data system to make information concerning certain health care services available to the public. Requires a health care provider to inform a covered individual of certain information when making a referral for a recommended health care service. Requires a health plan to make health care price information available to the public and specifies requirements for a health plan designed to create an incentive for a covered individual to compare health care provider prices. Makes conforming amendments.	1/14/19 Referred to Committee on Health and Provider Services
2	Other		SB 392	A: Houchin, Erin, Co-A: Walker, Rucklehaus, Sandlin Zay, JD Ford	Medicare supplement policies	Requires an insurer that makes a Medicare supplement policy available to an individual eligible for Medicare based on age to make at least one Medicare supplement policy available to an individual eligible for Medicare based on disability.	2/21/19 9 Committee report: amend do pass, adopted
2	Health care workforce	Impacts practice of advanced practice registered nurses	SB 394	A: Charbonneau, Crider, Ford CA: Becker; Stoops	Advanced practice registered nurses	Provides that an advanced practice registered nurse with prescriptive authority and who has operated under a practice agreement with a practitioner for at least one year may operate without a practice agreement if certain conditions are met. Amends the hospital governing board requirements for the manner in which an advanced practice registered nurse who operates in the hospital will interact with other practitioners. Makes a conforming change.	2/13/19 Referred to the House
2	Prevention and awareness (public health, infrastructure, and healthy and active living); School health		SB 410	A: Breaux, Jean	CDC Youth Risk Behaviors Survey	Requires the state department of health to notify the department of education if the federal Centers for Disease Control and Prevention (CDC) notifies the state department of health that a public high school is identified to participate in the CDC's Youth Risk Behaviors Survey (survey). Provides that the department of education is required to notify the public high school that the school is required to participate in the survey. Requires a public high school to participate in the survey.	1/14/19 Referred to Committee on Health and Provider Services
2	Safety net (TANF, SNAP, Medicaid, etc.); Behavioral Health (substance use and mental health); Maternal/Child Health		SB 412	A: Breaux, Jean	Medicaid addiction treatment for pregnant women	Provides that Medicaid for substance abuse treatment is available to certain pregnant women for the duration of the pregnancy and for the one year postpartum period that begins on the last day of the pregnancy, without regard to any change in income of the family of which she is a member during that time.	1/14/19 Referred to Committee on Health and Provider Services
2	Sexual and reproductive health; Private insurance		SB 414	A: Breaux, Jean	Contraceptive coverage	Requires state employee health plans, policies of accident and sickness insurance, and health maintenance organization contracts to provide coverage for contraceptive products and services without cost sharing. Exempts certain policies and contracts sold to certain employers.	1/14/19 Referred to Committee on Insurance and Financial Institutions

4	Prescription drugs; Other		SB 415	A: Breaux	Essential off-patent or generic drugs	Prohibits a manufacturer or a wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. Provides that the office of the secretary of family and social services (office) may provide to the attorney general a written notice of an increase in the price of an essential off-patent or generic drug if the price increase meets specified criteria. Provides that if the attorney general receives a notice of a price increase from the office, the attorney general may request the manufacturer identified in the notice to submit a statement that includes specified information about the increase. Provides that the attorney general has certain powers and duties with respect to price gouging in the sale of an essential off-patent or generic drug, including the power to bring a court action in Marion County if the attorney general determines that price gouging has occurred. Provides that if the court finds that a manufacturer or a wholesale distributor has engaged in price gouging, the court may issue an order to do one or more of the following: (1) Restrain or enjoin the violation. (2) Restore to any consumer (or third party payor) any money obtained by the manufacturer or wholesale distributor as a result of the violation. (3) Require a manufacturer that has engaged in price gouging to make the drug available to participants in certain state health plans or programs for a period of up to one year at the price at which the drug was available to the participants immediately before the effective date of the price increase constituting the violation. (4) Impose a civil penalty of up to \$10,000 for each violation. Provides that a person that engages in price gouging in the sale of an essential off-patent or generic drug commits a deceptive act that is subject to the remedies and penalties set forth in the statute concerning deceptive consumer sales. Makes a conforming amendment.	1/14/19 Referred to Committee on Health and Provider Services
2	Safety net (TANF, SNAP, Medicaid, etc.); Health care workforce; Maternal/Child Health	Identifies doulas as Medicaid service providers	SB 416	A: Breaux, Charbonneau CA: Leising, Becker, Melton, Stoops	Medicaid coverage for doula services	Requires Medicaid pregnancy services to include reimbursement for doula services.	2/18/19 Referred to the House
2	Behavioral health (substance use and mental health); Prevention & awareness (public health, infrastructure, and healthy and active living); Health care facilities		SB 418	A: Zay, Andy	Transitional addiction care in nursing homes study	Requires the state department of health (state department) to study before September 1, 2019, the feasibility of establishing a transitional housing program that would allow a health facility to use a portion of its facility for the temporary housing of individuals recovering from substance use disorder upon the individual's discharge from an inpatient facility substance use disorder treatment program. Sets forth requirements of the study. Requires the state department to submit a written report to the general assembly not later than October 1, 2019.	1/14/19 Referred to Committee on Health and Provider Services
5	Other		SB 424	A: Crider, Michael ; Merritt, James; Coriot, Blake Co-A: Tomes, James; Stoops, Mark	Privacy and tracking of rape kits	Provides that a hospital or licensed medical services provider that provides forensic medical exams and additional forensic services to a victim (provider) is entitled to reimbursement from the victim services division of the Indiana criminal justice institute (division) if the provider initiates a claim for reimbursement through the sexual assault web based claims reimbursement and tracking system. Provides that personal information: (1) concerning a sexual assault victim; and (2) entered into the division's web based claims reimbursement and sexual assault examination kit tracking system; is confidential in certain instances. Provides that notification of a forensic sample's destruction may be provided by the division through the sexual assault web based claims reimbursement and tracking system. Requires law enforcement agencies and prosecuting attorneys to cooperate with the division by providing storage updates to the division via the sexual assault web based claims reimbursement and tracking system. Allows a victim to register for notifications concerning a sexual assault examination kit through the sexual assault web based claims reimbursement and tracking system. Defines certain terms. Makes conforming amendments.	2/06/19 Referred to the House

2	Behavioral health (substance use and mental health); Prevention & awareness (public health, infrastructure, and healthy and active living); School health		SB 427	A: Head, Randall	Student mental health and safety	Adds providing grants for integrated, school based mental health services for students to the purposes of the Indiana safe schools fund and Indiana secured school fund. Adds the school mental health specialist or the mental health provider for each school corporation to the membership of the county school safety commission. Expands the membership of the secured school safety board to include the director of the division of mental health and addition or the director's designee. Provides that a school corporation or charter school may use an advance from the school corporation and charter school safety advance program to implement integrated, school based mental health services for students.	1/14/19 Referred to Committee on Education and Career Development
2	Health care facilities; health care workforce	Impacts nursing workforce/staffing requirements in health facilities	SB 429	A: Head, Randall	Health facility nursing staff requirements	Requires a health facility to comply with the following: (1) Have a registered nurse present at the health facility at all times when a resident is in the care of the health facility. (2) Require a registered nurse to delegate certain duties. (3) Provide that there is not less than 4 1/10 hours per resident day of direct nursing care, with not less than 30% of the direct nursing care being provided by licensed nurses. (4) Employ a director of nursing who has obtained certain education or certification.	1/14/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); Prevention & awareness (public health, infrastructure, and healthy and active living); Prescription drugs; Health care workforce; Health care facilities		SB 433	A: Zay, Andy	Dispensing drugs for medication assisted treatment	Amends the exception to the definition of "dispense" in the Indiana scheduled prescription electronic collection and tracking (INSPECT) program to provide that a practitioner who administers or dispenses a controlled substance for medication assisted treatment is subject to the requirements that apply to a dispenser under the INSPECT program.	1/14/19 Referred to Committee on Health and Provider Services
2	Health care facilities; health care workforce; Other (Compact)	Enacts nurse licensure compact	SB 436	A: Zay, Charbonneau Co-A: Merritt, Mrvan, Melton, Niezgodski, Stoops, Randolph, Boheck, Garten	Nurse licensure compact	Specifies requirements for participation by the state in a multistate nurse licensure compact, including provisions concerning: (1) nurse qualifications, practice, and participation; (2) a compact commission; (3) interstate commission and state board of nursing authority and rulemaking; (4) a coordinated licensure information system; (5) oversight and enforcement; and (6) termination or withdrawal from the compact.	2/21/19 Reread second time: ordered engrossed
2	Safety net (TANF, SNAP, Medicaid, etc.)		SB 440	A: Ford, Grooms, Stoops CA: Ford	TANF eligibility	Sets the income eligibility requirements for the Temporary Assistance for Needy Families (TANF) program at phased in specified percentages of the federal income poverty level. Requires the division of family resources to amend the state TANF plan or take any other action necessary to implement the income requirements. Increases certain payment amounts under the TANF program and requires the payments to be annually adjusted using the Social Security cost of living adjustment rate.	2/21/19 Second reading: ordered engrossed
2	Behavioral health (substance use and mental health); Corrections		SB 443	A: Ford, Jon	Police assisted addiction and recovery initiative	Allows a local law enforcement agency to institute a police assisted addiction and recovery initiative or a similar program (program) to connect individuals suffering from a substance use disorder with treatment. Provides that if a local law enforcement agency establishes a program, the local law enforcement agency may establish a protocol to connect individuals who suffer from a substance use disorder with certain 211 services. Establishes the police assisted addiction and recovery initiative fund to assist a local law enforcement agency in establishing a program. Makes an annual appropriation to the fund.	1/14/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); Maternal/child health		SB 462	A: Merritt, James	Funding of NAS pilot project	Extends the expiration date of the maternal neonatal opioid addiction project to January 1, 2022. Makes an appropriation from the state general fund to the project.	1/14/19 Referred to Committee on Health and Provider Services

2	Safety net (TANF, SNAP, Medicaid, etc.)		SB 470	A: Koch, Erin	Medicaid direct primary care services pilot program	Requires the office of the secretary of family and social services (office) to apply to the United States Department of Health and Human Services for a Medicaid waiver or Medicaid state plan amendment necessary to allow the office to implement a direct primary care services pilot program for Medicaid recipients. Sets forth requirements of the program, participants, and direct primary care services providers. Requires the office to submit a quarterly report to the general assembly containing specified information concerning the pilot program.	1/14/19 Referred to Committee on Health and Provider Services
4	Safety net (TANF, SNAP, Medicaid, etc.); Other		SB 480	A: Becker, Messmer, Charbonneau Co-A: Houchin, Leising, Merritt, Tomes	Medicaid nonemergency medical transport	Sets forth requirements for brokers of nonemergency medical transportation under the Medicaid fee-for-service program. Establishes the nonemergency medical transportation commission (commission) and sets forth duties of the commission. Requires the office of the secretary of family and social services to prepare before July 31, 2019, a report concerning nonemergency medical transportation Medicaid claims and submit the report to the commission.	2/11/19 Referred to the House
4	Health care workforce; Other	Allows for Medicaid reimbursement of emergency medical services (potential implications for EMS providers)	SB 498	A: Tallian; Charbonneau; Boots Co-A: Head; Crider	Mobile integration healthcare	Requires the office of the secretary of family and social services to reimburse certain emergency medical services provider agencies for covered services provided to a Medicaid recipient as part of a mobile integration healthcare program. Amends the definition of "emergency medical services" to include transportation services, acute care, chronic condition services, or disease management services as part of a mobile integration healthcare program. Requires the emergency medical services commission (commission), in consultation with the state department of health, to develop a mobile integration healthcare program and approve mobile integration healthcare program applications. Sets forth requirements of the commission concerning the mobile integration healthcare program. Requires the commission to establish and administer a mobile integration healthcare grant and establishes the mobile integration healthcare grant fund. Continuously appropriates money in the fund.	2/18/19 Referred to the House
2	Behavioral health (substance use and mental health); Safety net (TANF, SNAP, Medicaid, etc.)		SB 503	A: Merritt, James	Medicaid rehabilitation option reimbursement	Requires the office of the secretary to reimburse any Medicaid provider that meets specified requirements for the provision of Medicaid rehabilitation option services to an eligible Medicaid recipient.	1/14/19 Referred to Committee on Health and Provider Services
2	Safety net (TANF, SNAP, Medicaid, etc.)		SB 504	A: Merritt, James	Medicaid managed care matters	Establishes the joint commission on Medicaid oversight with the authority to meet throughout the year. Sets forth responsibilities of the commission. Repeals a statute specifying that Medicaid laws, with respect to managed care organizations, are controlling over insurance laws. Prohibits the office of Medicaid policy and planning or a contractor of the office from denying, delaying, or decreasing the amount of payment for a medically necessary covered service based on a lack of eligibility or coverage if the Medicaid provider meets certain requirements. Requires the secretary of the office of family and social services to adopt rules establishing a dispute resolution procedure for disputes between Medicaid providers and Medicaid contractors	1/14/19 Referred to Committee on Health and Provider Services
2	Health care workforce; Other (Compact)	implements licensure compact for EMS providers (paramedics, EMTs)	SB 510	A: Charbonneau, Ed; Merritt, James	EMS personnel licensure interstate compact	Implements the emergency medical services personnel licensure interstate compact.	1/14/19 Referred to Committee on Health and Provider Services
2	Health care workforce; Corrections; Other (Licensure)	Sunrise/new regulation for naturopathic physicians	SB 515	A: Niezgodski, David	Licensure of naturopathic physicians	Provides for the licensure of naturopathic physicians. Specifies certain individuals who are not required to be licensed. Establishes the board of naturopathic medicine (board). Establishes license requirements. Requires licensed naturopathic physicians to obtain continuing education for license renewal. Establishes the naturopathic formulary council to establish a formulary for naturopathic physicians. Establishes the childbirth attendance advisory committee to provide recommendation concerning the practice of naturopathic childbirth. Provides that an individual who is not licensed may not use certain descriptions, titles, or initials to indicate or imply that the individual is a licensed naturopathic physician. Establishes criminal penalties for certain violations	1/14/2019 First reading: referred to Committee on Health and Provider Services

2	Behavioral health (substance use and mental health); health care workforce	Implements temporary permit for bachelor of social work license	SB 527	A: Houchin, Erin	Licensed professionals and child service agencies	Provides for the behavioral health and human services licensing board to issue a temporary permit to practice bachelor's degree social work to an individual who meets the educational requirements for a license as a bachelor's degree social worker. Exempts from licensure a person who works in the human services field in a job with a job category and classification that do not require the person to possess a degree in social work. Makes changes to the scope and types of audits the department of child services performs on contracted agencies.	2/21/19 Second reading: amended, ordered engrossed
2	Health care workforce; Corrections		SB 531	A: Leising, Jean	EMT seizure of drugs and paraphernalia	Requires the Indiana emergency medical services commission, after consultation with the state police department, to adopt a protocol concerning the seizure, transportation, and temporary storage of illegal controlled substances and drug paraphernalia. Authorizes an emergency medical services provider who has administered an overdose intervention drug to a patient to seize illegal controlled substances and drug paraphernalia that the provider observes in plain view. Provides immunity to the provider for acts or omissions occurring in connection with the seizure, transportation, and storage of illegal controlled substances and drug paraphernalia.	1/14/19 Referred to Committee on Health and Provider Services
2	Behavioral health (substance use and mental health); Other		SB 555	A: Garten, Chris	Hyperbaric oxygen therapy pilot programs	Eliminates the requirement that a veteran pay a 10% co-pay for treatment received under the hyperbaric oxygen treatment pilot program. Eliminates the requirement that treatment plans for a veteran specify the sources of funding for treating the veteran. Postpones the expiration of the pilot program from June 30, 2020, to June 30, 2021. Establishes a pilot program to treat opioid addiction with hyperbaric oxygen therapy. Appropriates \$500,000 to the Indiana department of veterans' affairs for making grants and administering the hyperbaric oxygen treatment pilot program for veterans. Appropriates \$500,000 to the state department of health to administer the pilot program for treating opioid addiction with hyperbaric oxygen therapy	1/14/19 Referred to Committee on Veterans Affairs and The Military
2	Health care workforce; Corrections; Other		SB 561	A: Houchin, Ford, Crider CA: Bohacek	Office of the state medical examiner	Establishes the office of state medical examiner as a division of the state police department. Provides for the appointment of a licensed physician as the state medical examiner. Requires the state medical examiner to establish three or more medical examiner districts within the state. Requires the appointment of a district medical examiner and authorizes the appointment of associate medical examiners for each district. Authorizes the state medical examiner to employ or contract with physicians certified as child death pathologists. Provides for the state medical examiner, district medical examiners, associate medical examiners, and certified child death pathologists to perform autopsies at the request of coroners. Requires the state medical examiner to establish a schedule of fees for services provided and to collect fees for the services rendered. Provides that the state medical examiner, district medical examiners, associate medical examiners, and certified child death pathologists are immune from civil liability in connection with the autopsies they perform. Makes the state medical examiner an ex officio member of the coroners training board.	1/14/19 Referred to Committee on Corrections and Criminal Law
2	Health care facilities		SB 573	A: Ruckelshaus, Charbonneau	Hospital facility certificate of need	Establishes a hospital certificate of need administered by the state department of health. Sets forth requirements of the program and requirements for owners of hospital construction projects.	1/14/19 Referred to Health and Provider Services
2	Sexual and reproductive health; Other (research)		SB 584	A: Brown, Liz	Fetal cell research	Prohibits after June 30, 2019, the initiation and performance of fetal stem cell research by the state, a state educational institution, or a political subdivision of the state that receives public funds. Makes a conforming amendment.	1/14/19 Referred to Committee on Judiciary
2	Insurance; Prescription drugs		SB 585	A: Brown, Liz	Continuous prescription drug coverage	Prohibits state employee health plans, Medicaid programs, accident and sickness insurers, and health maintenance organizations from changing coverage of a prescribed drug during the continuous enrollment of a covered individual, recipient, or enrollee. Specifies requirements for coverage exception requests and discontinuation of certain coverage.	1/14/19 Referred to Committee on Health and Provider Services

2	Health care workforce; Other (licensure)	Impacts regulation of physical therapists	SB 586	A: Messmer, Freeman CoSponsor:Frizzell Co-A: Becker, Vaneta,Zent, Clere	Regulation of physical therapists	Establishes the Indiana board of physical therapy (board). (Current law regulates physical therapy under the medical licensing board, with certain functions delegated to the Indiana physical therapy committee.) Creates a new definition of "physical therapy" and adds or amends other definitions. Amends certain prohibited acts to include business entities. Changes the term "physical therapist's assistant" to "physical therapist assistant". Adds physician assistants and nurse practitioners to the list of persons who may issue an order to a physical therapist. Allows a physical therapist to treat a patient for 60 days without a referral from a provider. (Current law allows treatment for 24 days.) Provides that certain individuals are exempt from license and certification requirements. Adds two physical therapists and a physical therapist assistant to the board and removes the physician member. Establishes requirements for physical therapists and physical therapist assistants who have been educated outside the United States. Establishes requirements to sit for the licensure and certification examinations. Allows the applicant to take the examination not more than six times. Allows the board to disqualify an applicant for certain acts related to the examination. Requires a person who seeks reinstatement for a lapsed license to demonstrate evidence of continuing competence. Establishes certain responsibilities for physical therapists. Allows a physical therapist assistant to work under a physical therapist. Transfers the rules, duties, and records concerning physical therapy from the medical licensing board to the board. Makes conforming changes.	2/20/19 Referred to the House
2	Sexual and reproductive health; Maternal/Child Health		SB 589	A: Breaux, Jean	Reproductive rights	States that every individual has a fundamental right to: (1) choose or refuse contraception or sterilization; (2) parent the individual's child; and (3) choose, if the individual is pregnant, whether to carry a pregnancy to term, give birth, place the child for adoption, or have an abortion. Prohibits the state from denying or interfering with the individual's specified rights. Specifies that a fertilized egg, embryo, and fetus do not have independent rights in Indiana.	1/15/19 Referred to Committee on Judiciary
2	Health facilities; Medicaid; Other		SB 597	A: Becker, Vaneta; Ruckelshaus, John	Home health care	Repeals expired law concerning the review and development of programs for home health agencies. Requires the office of the secretary of family and social services to increase the reimbursement rates that were in place on June 30, 2018, for home health services by 15%.	1/15/19 Referred to Committee on Health and Provider Services
2	School Health; Behavioral health (substance use and mental health)		SB 611	A: Ruckelshaus, John	School safety and mental health education	Establishes the governor's student advisory council to provide to the governor information concerning education issues that are important to students in Indiana. Requires the department of education (department) to supervise the activities of and staff the governor's student advisory council. Provides that the secured school safety board may award a matching grant from the Indiana secured school fund to enable a school corporation or charter school to establish a program to provide mental health services to students or form partnerships with mental health providers to provide mental health services to students. Provides that advances made under the school corporation and charter school safety advance program may be used to provide mental health services to students or form partnerships with mental health providers to provide mental health services to students. Requires the department, in coordination with the Indiana intelligence fusion center, to do the following: (1) Distribute to schools information regarding the "If You See Something, Say Something" tip line. (2) Establish guidelines for schools with regard to providing information to students about the tip line. Requires a teacher preparation program to include content within the curriculum that provides teacher candidates with information concerning mental health. Provides that: (1) for grades 6 through 12, the study of health education must include instruction on mental health; and (2) the teacher who provides the instruction on mental health must have training on mental health matters.	1/15/19 Referred to Committee on Education and Career Development

2	Behavioral health (substance use and mental health); Prevention & awareness (public health, infrastructure, and healthy and active living); Health care workforce; Other (Licensure)	Sunrise - Introduces regulation for behavioral analysts	SB 612	A: Charbonneau, Ed	Licensure of behavior analysts	Provides for licensure of behavior analysts and assistant behavior analysts. (Current law provides for certification of behavior analysts and assistant behavior analysts.) Sets forth exemptions. Makes conforming changes.	1/15/19 Referred to Committee on Health and Provider Services
2	Health facilities; Health care workforce	Introduces additional level of criminal history check for health facility employees	SB 622	A: Breaux, Jean	Health facility employee criminal background check	Requires a health facility to obtain a national criminal history background check or an expanded criminal history check for the health facility's employees. Provides immunity to persons for: (1) denying or terminating an individual's employment because of the individual's criminal history; or (2) reporting to or participating in the proceedings of the state department of health or the registry of nurse aides.	1/15/19 Referred to Committee on Health and Provider Services
2	Safety net (TANF, SNAP, Medicaid, etc.); Health care facilities		SB 625	A: Becker, Leising, Charbonneau	Medicaid nursing facility services	Extends the prohibition on the office of Medicaid policy and planning from including certain Medicaid recipients who receive nursing facility services in a Medicaid risk based managed care program or a capitated managed care program through December 31, 2021. Includes Medicaid recipients who participate in certain waivers or reside in an intermediate care facility for individuals with intellectual disabilities setting in the prohibition of being placed into a risk based managed care program or capitated managed care program.	2/21/19 Second reading: ordered engrossed

House Bills

Step	Topic(s)	Implications for Health Workforce	Bill Number	Authors/Sponsors	Bill Title	Summary	Date of Last Action (Step)
7	Maternal/Child health; Behavioral Health (substance use and mental health)	May have implications for "OB navigators" in implementation	HB 1007	A: Kirchofer Co-A: Sullivan, McNamara, Shackelford, DeVon, Bacon S: Charbonneau, Crider	Perinatal care	Requires the state department of health (department) to establish a perinatal navigator program. Requires a health care provider to: (1) use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant women who are seen by the health care provider; and (2) if the health care provider identifies a pregnant woman who has a substance use disorder and is not currently receiving treatment, provide treatment or refer the patient to treatment. Requires the department to establish guidelines for health care providers treating substance use disorder in pregnancy. Adds the department of child services to the list of agencies to which a health care provider may not release the results of certain tests given to a pregnant woman.	1/25/19 Referred to Senate
2	Behavioral Health (substance use and mental health); Corrections		HB 1028	A: Saunders, Thomas Co-A: Hamilton, Carey	Mental health care of released inmates	Provides that the department of correction shall: (1) assist a committed offender with a mental illness in scheduling a visit with a physician or psychiatrist for evaluation not later than 30 days after the offender's expected release date or discharge date, whichever is applicable; and (2) provide an offender with a sufficient supply of the drug or medication being prescribed for the offender by the offender's mental health treatment provider at the time of the offender's release or discharge for use until the offender can be initially evaluated by a physician or psychiatrist after release or discharge.	1/03/19 Referred to Committee on Public Health
2	Prescription drugs		HB 1029	A: Shackelford Co-A: Davison, Chyung; Kirchofer	Prescription drug pricing study committee	Urges the legislative council to assign to the interim study committee on public health, behavioral health, and human services the task of studying issues related to prescription drug price transparency by drug manufacturers in Indiana.	2/13/19 Referred to the Senate
2	Behavioral Health (substance use and mental health)		HB 1039	A: Bartlett, John	Study of mental health concerns	Urges the legislative council to assign the task of studying certain mental health concerns to an appropriate study committee.	1/03/19 Referred to Committee on Public Health
2	Other		HB 1066	A: Frye, Randall	Public safety personnel health studies	Establishes the public safety research fund. Provides that \$500,000 is appropriated from the state general fund and disbursed to the public safety research fund on July 1 of each year. Requires money appropriated to the public safety research fund to be used for research studies designed to understand and improve the physical health, safety, and psychological well-being of public safety personnel. Requires the department of homeland security to enter into a contract with the National Institute for Public Safety Health (NIPSH) for the NIPSH to conduct the research studies. Requires the NIPSH to provide a report of ongoing or performed research studies to the executive director of the department of homeland security before December 31 of each year. Provides that money not used for research studies reverts to the state general fund at the end of each state fiscal year.	1/03/19 Referred to Committee on Ways and Means

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2	Other	HB 1069	A: Manning Co-A: Pressel, Goodrich, Frye	Yellow dot emergency medical information program	Establishes the yellow dot emergency medical information program (program). Specifies that the purpose of the program is to provide certain medical information to emergency medical services providers (providers). Provides that participation in the program is voluntary, and allows program participants to end participation in the program at any time. Requires motorists participating in the program to affix a yellow dot decal to the lower right interior corner of a participating automobile's driver side window. Requires a: (1) yellow dot program envelope (envelope); and (2) yellow dot information card (card); to be stored in the glove compartment of a participating automobile. Requires a provider to search the glove compartment of an automobile displaying a yellow dot decal. Provides that a provider may not: (1) search for contraband; or (2) search any location other than the glove compartment of a participating automobile; when searching for an envelope or card. Provides that contraband found during a provider's authorized search of a participating automobile's glove compartment may be: (1) reported to a law enforcement officer; or (2) confiscated by a law enforcement officer; if the provider was not acting under the direction of the law enforcement officer at the time of the search, or a law enforcement officer was not conducting a criminal investigation at the time of the search. Specifies that information contained on a card may be used to do any of the following: (1) Positively identify program participants. (2) Evaluate program participants for medical conditions that may impede or prevent communication with a provider. (3) Attempt contact with a program participant's emergency contact persons. (4) Evaluate a program participant's current medication, preexisting medical conditions, and recent surgeries when administering emergency medical treatment. (5) Share the information displayed on a card with another provider for the purpose of ensuring proper medical treatment. Provides that: (1) the bureau of motor vehicles; and (2) providers; are not liable for damages, including punitive damages, caused by any act, error, or omission related to the information displayed on a card or related to the storage of a card. Provides that a provider is not liable for any damages, including punitive damages, related to a provider's inability to establish contact with a program participant's emergency contact persons.	1/03/19 Referred to Committee on Veterans Affairs and Public Safety
2	Health care facilities	HB 1071	A: Frizzell, David	Health facility quality assessment fee	Extends the health facility quality assessment fee until June 30, 2023 (current law expires the fee June 30, 2019)	1/03/19 Referred to Committee on Ways and Means
2	Child and infants; Prevention and awareness (public health, infrastructure, and healthy and active living)	HB 1072	A: Frizzell, David	Seizure preparedness.	Provides that, not later than July 1, 2019, each school corporation, charter school, or nonpublic school with at least one employee shall designate at least one employee at each school operated by the school corporation, charter school, or nonpublic school to administer or assist with the self-administration of a seizure rescue medication or medication that is prescribed to treat seizure disorder symptoms to students who have a seizure action plan (plan). Provides that a parent of a student diagnosed with a seizure disorder by the student's physician may collaborate with school personnel to establish a plan for the student. Provides that, as part of the plan, the student's parent may authorize the school's designated employee to administer a seizure rescue medication or medication prescribed by the student's physician to treat seizure disorder symptoms. Provides that each public school shall annually provide an age appropriate seizure education program to all students of the school relating to seizures and seizure disorders. Provides that, in addition to professional development or collegial planning activities required of a teacher under state law, each teacher employed by a school corporation, charter school, or nonpublic school with at least one employee shall, at a minimum, annually complete one hour of self-study review of seizure disorder materials prescribed by the department	1/03/19 Referred to Committee on Education
7	Other	HB 1084	A: Morrison, Alan Co-A: Lehman, Matt; Bacon, Ronald; Hatfield, Ryan Sponsored: Ford, Jon	Identification through surgical implants	Allows a coroner to positively identify a dead person by tracking a unique identifying number on a surgically implanted medical device in the dead person's body.	1/24/19 Referred to the Senate
7	Other	HB 1094	A: Lindauer Co-A: Ellington, Austin, Carbaugh S: Zay	Ambulance service program membership	Removes a requirement that membership in an ambulance service program be limited to one year or less for the program to be exempt from regulation as an insurance product.	1/18/19 Referred to the Senate
2	Other	HB 1096	A: Lindauer, Shane	Hyperbaric oxygen therapy pilot programs	Eliminates the requirement that a veteran pay a 10% co-pay for treatment received under the hyperbaric oxygen treatment pilot program. Eliminates the requirement that treatment plans for a veteran specify the sources of funding for treating the veteran. Postpones the expiration of the pilot program from June 30, 2020, to June 30, 2021. Establishes a pilot program to treat opioid addiction with hyperbaric oxygen therapy. Appropriates \$500,000 to the Indiana department of veterans' affairs for making grants and administering the hyperbaric oxygen treatment pilot program for veterans. Appropriates \$500,000 to the state department of health to administer the pilot program for treating opioid addiction with hyperbaric oxygen therapy	1/03/19 Referred to Committee on Public Health

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2	Health care workforce	Impacts practice of advanced practice registered nurses	HB 1097	A: Bacon Co-A: Kirchofer, Lindauer, Jo Austin	Advanced practice registered nurses	Provides that an advanced practice registered nurse with prescriptive authority and who has operated under a practice agreement with a practitioner for at least one year may operate without a practice agreement if certain conditions are met. Amends the hospital governing board requirements for the manner in which an advanced practice registered nurse who operates in the hospital will interact with other practitioners. Makes a conforming change.	2/18/19 Second reading: amended, ordered engrossed
2	Health facilities; Safety net (TANF, SNAP, Medicaid, etc.)		HB 1117	A: Karickhoff Co-A: Kirchofer, Clere, Shackelford	Medicaid nursing facility services	Extends the prohibition on the office of Medicaid policy and planning from including certain Medicaid recipients who receive nursing facility services in a Medicaid risk based managed care program or a capitated managed care program through December 31, 2021. Includes Medicaid recipients who participate in certain waivers or reside in an intermediate care facility for individuals with intellectual disabilities setting in the prohibition of being placed into a risk based managed care program or capitated managed care program.	1/07/19 Referred to Committee on Public Health
2	Prescription drugs		HB 1130	A: Judy, Chris	Out-of-state drug prescriptions	Provides that if a patient legally obtains a drug containing marijuana, hash oil, hashish, or salvia in a state, territory, or possession of the United States other than Indiana through a prescription from a licensed physician acting in the course of the physician's professional medical practice and dispensed by a licensed pharmacist or other licensed dispenser, the patient may possess marijuana, hash oil, hashish, or salvia subject to certain requirements and limitations.	1/07/19 Referred to Committee on Public Health
2	Behavioral Health (substance use and mental health); Health care workforce	Sunrise - introduces regulation (licensure) for behavior analysts	HB 1131	A: Judy, Chris	Licensure of behavior analysts	Provides for licensure of behavior analysts and assistant behavior analysts (rather than certification under current law). Specifies requirements for a license. Sets forth exemptions. Makes conforming amendments.	1/07/19 Referred to Committee on Public Health
2	Maternal/Child Health		HB 1142	A: Shackelford Co-A: Clere, Summers, Kirchofer	Infant mortality collaborative	Establishes the infant mortality reduction collaborative (collaborative) to be staffed by the state department of health. Sets forth duties of the collaborative.	1/07/19 Referred to Committee on Public Health
2	Behavioral Health (substance use and mental health); Health care workforce; Health care workforce; Safety net (TANF, SNAP, Medicaid, etc.)	Allows behavioral health professions to serve as eligible providers for mental health/substance abuse treatment	HB 1175	A: Ziemke, Cindy Co-A: Manning, Ethan, Sponsor: Charbonneau	Supervision by behavioral health professionals	Requires that the office of Medicaid policy and planning include a licensed clinical social worker, a licensed mental health counselor, a licensed clinical addiction counselor, and a licensed marriage and family therapist who meet certain qualifications as eligible providers for the supervision of a plan of treatment for a patient's outpatient mental health or substance abuse treatment services.	2/13/19 Referred to the Senate
2	Corrections		HB 1176	A: Ziemke, Cindy Co-A: Barrett, Brad	Medical provider immunity for body cavity search	Establishes a procedure authorizing licensed medical personnel to retrieve contraband from the bodily orifice of an individual as part of a criminal investigation, and grants immunity to the medical personnel.	1/08/19 Referred to Committee on Courts and Criminal Code
2	Prescription drugs; Private insurance		HB 1179	A: Davisson, Steven	Prior authorization of prescription drugs	Requires a health plan that denies prior authorization for a prescription drug to provide certain information in the notice of denial.	1/08/19 Referred to Committee on Insurance
2	Health care workforce; Private Insurance	Sunrise - introduces regulation (license) for pharmacy benefit managers	HB 1180	A: Carbaugh, Martin	Pharmacy benefit managers	Requires a pharmacy benefit manager to obtain a license issued by the department of insurance. Provides for the department of insurance to adopt rules to specify licensure, reporting, business conduct, and other requirements that apply to a pharmacy benefit manager. Prohibits certain contract provisions applying to a contract between a pharmacist or pharmacy and a pharmacy benefit manager.	2/20/19 Referred to the Senate
2	Aging; Other		HB 1184	A: Pierce, Matt	End of life options	Allows individuals with a terminal illness who meet certain requirements to make a request to an attending physician for medication that the individual may self-administer to end the individual's life. Specifies requirements a physician must meet in order to prescribe the medication to a patient. Prohibits an insurer from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the result of medical aid in dying. Establishes a Level 1 felony if a person: (1) without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to end the individual's life or to destroy a rescission of a request for medication to end the individual's life.	1/08/19 Referred to Committee on Public Health
2	Health facilities		HB 1190	A: Carbaugh, Martin	Group homes for individuals with disabilities	Provides that a dwelling for: (1) not more than four individuals who reside independently of their families and who have a mental illness or developmental disability; and (2) a caregiver and the caregiver's family; is a Class 2 structure	1/08/19 Referred to Committee on Veterans Affairs and Public Safety

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2	Health care workforce	Impacts regulation of physical therapists	HB 1197	A: Frizzell, David	Regulation of physical therapists	Establishes the Indiana board of physical therapy (board). (Current law regulates physical therapy under the medical licensing board of Indiana, with certain functions delegated to the Indiana physical therapy committee.) Creates a new definition of "physical therapy" and adds or amends other definitions. Amends certain prohibited acts to include business entities. Changes the term "physical therapist's assistant" to "physical therapist assistant". Adds physician assistants and nurse practitioners to the list of persons who may issue an order to a physical therapist. Allows a physical therapist to treat a patient for 90 days without a referral from a provider. (Current law allows treatment for 24 days.) Provides that certain individuals are exempt from license and certification requirements. Adds two physical therapists and a physical therapist assistant to the board and removes the physician member. Establishes requirements for physical therapists and physical therapist assistants who have been educated outside the United States. Establishes requirements to sit for the licensure and certification examinations. Allows the applicant to take the examination not more than six times. Allows the board to disqualify an applicant for certain acts related to the examination. Requires a person who seeks reinstatement for a lapsed license to demonstrate evidence of continuing competence. Establishes certain responsibilities for physical therapists. Allows a physical therapist assistant to work under a physical therapist. Transfers the rules, duties, and records concerning physical therapy from the medical licensing board of Indiana to the board. Makes conforming changes.	1/10/19 Referred to Committee on Public Health
5	Health care workforce; Behavioral Health (substance use and mental health)	Impacts regulation of behavioral health and human service licensees	HB 1199	A: Frizzell, David Co-A: Bacon, Ronald, sponsors: Head, Breaux	Mental health professionals	Makes changes to the contact hours required for licensure in marriage and family therapy services. 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. Requires an individual who is licensed as an addiction counselor or a clinical addiction counselor to: (1) display a counselor license or a clear copy of a counselor license at each location where the addiction counselor or clinical addiction counselor regularly practices; and (2) include certain information on the individual's professional marketing material. Changes certain educational and clinical experience requirements for a licensed addiction counselor and a licensed clinical addiction counselor.	2/06/19 Referred to the Senate
7	Health care workforce; Other	Includes psychologists (& HSP) to list of telemedicine providers	HB 1200	A: Frizzell, David Co-A: Kirchhofer, Cindy; Shackelford, Robin; Bacon, Ronald S: Charbonneau, Becker, Breux	Telepsychology	Allows a psychologist and a health service provider who meets certain requirements (supervisee) to use telepsychology. Requires the psychologist or the supervisor of a supervisee who uses telepsychology to ensure that confidential communications stored electronically cannot be recovered or accessed by unauthorized persons when the psychologist or the supervisor of a supervisee disposes of electronic equipment and data.	1/29/19 Referred to the Senate
2	Other		HB 1211	A: Mayfield, Peggy Co-A: Stutzman, Christy, sponsors: Brown, Messmer	Abortion matters	Provides that a person may not knowingly or intentionally perform a dismemberment abortion unless a physician reasonably believes that performing the dismemberment abortion is necessary to: (1) prevent serious health risks to the mother; or (2) save the mother's life. Provides that the penalty for performing a dismemberment abortion is a Level 5 felony. Provides that certain individuals: (1) may petition for an injunction; (2) may bring an action for the recovery of damages; and (3) are entitled to attorney's fees; if a dismemberment abortion is performed. Provides anonymity safeguards in court or administrative actions for a woman on whom a dismemberment abortion was performed. Amends the definition of "abortion complication".	2/21/19 Third reading: passed; Roll Call 264: years 71, nays 25
2	Safety net (TANF, SNAP, Medicaid, etc.)		HB 1216	A: Clere Co-A: Karickhoff, Michael; Behning, Robert; Hamilton, Carey	First steps program	Provides that, for purposes of determining a family's income under the first steps program, a family is presumed to have an income that is not more than 250% of the federal income poverty level if the family is receiving benefits under Medicaid, the Supplemental Nutrition Assistance Program (SNAP), or the Temporary Assistance for Needy Families (TANF) program. Makes an appropriation to the first steps program.	2/20/19 Referred to the Senate
2	Health care workforce	Implements a student loan repayment program for health professionals working in underserved areas	HB 1218	A: Manning, Ethan	Health workforce student loan repayment program	Establishes the following: (1) The health workforce student loan repayment program (program). (2) The health workforce student loan repayment program commission (commission). (3) The health workforce student loan repayment program fund (fund) for the purpose of providing funds to repay outstanding student loans of certain health providers who meet the program requirements. Establishes: (1) the imposition of fees at the time a license is issued or renewed for certain health profession licenses; and (2) qualifications to receive a student loan repayment award under the program. Provides that the commission shall, at the end of each state fiscal year, make student loan repayment awards under the program in an amount determined by the commission to an eligible applicant who met the program requirements during that state fiscal year. Provides that, if a recipient of a student loan repayment award does not fulfill the obligations of the agreement between the recipient and the commission, the recipient is required to repay in a timely fashion, as determined by the commission, the total amount of the student loan repayment award that the recipient received. Requires, not later than July 1, 2021, and not later than July 1 every two years thereafter, the commission to submit a report concerning the program and fund to the governor and the general assembly. Appropriates \$500,000 to the commission from the state general fund.	1/10/19 Referred to Committee on Ways and Means

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2	Maternal/Child health; Health care facilities		HB 1219	A: Prescott, J.D. Co-A: Hostettler, Matt	Newborn infants and hospital requirements	Requires a hospital to implement a policy that establishes protocols for hospital staff to follow concerning transportation of a newborn infant if the hospital is unable to provide the necessary care for the newborn infant to another hospital that can provide the care. Requires a hospital, at the time of preregistration by a pregnant woman for maternity care at the hospital, to disclose to the pregnant woman the levels of care that the hospital is able to provide based on a newborn infant's gestational age.	1/10/19 Referred to Committee on Public Health
2	Private Insurance; Safety net (TANF, SNAP, Medicaid, etc.)		HB 1220	A: Schaibley, Donna Co-A: Young, John	Medical payment coverage	Specifies that medical payment coverage is supplemental to coverage under a health plan.	1/10/19 Referred to Committee on Insurance
2	Prescription drugs		HB 1228	A: Chyung, Chris	Prescription drug importation study	Requires the state department of health to conduct a study and report to the legislative council concerning a state prescription drug importation program through which the state would import certain prescription drugs, including insulin, from Canada for Indiana consumers.	1/10/19 Referred to Committee on Public Health
2	Health care workforce	Requires evaluation for graduate medical education in northwest Indiana	HB 1229	A: Chyung, Chris	Medical residency programs	Requires that the medical education board and the graduate medical education board study the medical residency programs in northwest Indiana and prepare a report that provides recommendations to increase the number of medical residents in those residency programs.	1/10/19 Referred to Committee on Public Health
2	Behavioral Health (substance use and mental health); Health care workforce		HB 1231	A: Chyung CA: Forestal	Ban on conversion therapy	Prohibits a mental health provider from engaging in conversion therapy with a patient less than 18 years of age, and subjects a mental health provider who violates the prohibition to disciplinary action.	1/10/19 Referred to Committee on Public Health
4	Safety net (TANF, SNAP, Medicaid, etc.)		HB 1238	A: Soliday, Edmond Co-A: Huston, Todd; Candelaria, Reardon Sponsor: Charbonneau	Medicaid reimbursement for children's hospitals	Requires the office of the secretary of family and social services to establish a pilot program to reimburse under Medicaid a children's hospital located in Chicago, Illinois, for Medicaid covered services provided to a qualifying Medicaid recipient at the same reimbursement rate at which the office reimburses a children's hospital located in Indiana.	2/12/19 Referred to the Senate
7	Prescription drugs; Health care facilities		HB 1246	A: Davisson, Steven Co-A: Negele, Zent, Fleming S: Grooms	Pharmacy matters	Allows a pharmacy that holds a retail permit to offer drugs and devices to a long term care facility and a health facility. Allows a pharmacy to transfer, upon the request of a patient, certain prescriptions for the patient that the pharmacy has received but not filled to another pharmacy. Provides that injectable epinephrine or glucagon must have an expiration date of not less than 12 months from the date that the pharmacy dispenses the injectable epinephrine or glucagon to a person. Provides that an automated dispensing system that meets certain requirements may be operated in a location other than through a registered remote dispensing facility. Allows a qualifying pharmacist who is absent to have a designee in the pharmacist's place at a remote dispensing facility. Allows the board of pharmacy to establish continuing education rules for pharmacy technicians who are at a remote dispensing facility that is not staffed by a pharmacist. Provides that auditory communication must be available, as needed, with the remote dispensing facility and the qualifying pharmacist. Requires the board to adopt emergency rules concerning automated dispensing systems. Provides that the term "wholesale distribution", for purposes of the wholesale legend drug distributor laws, does not include the sale or transfer of a drug by a charitable organization to: (1) a nonprofit affiliate of the organization; or (2) a nonprofit entity that is not affiliated with the organization; to the extent permitted by law. Adds gabapentin to the definition of "controlled substance" for purposes of the Indiana scheduled prescription electronic collection and tracking (INSPECT) program.	1/29/19 Referred to the Senate
2	Prescription drugs		HB 1248	A: Davisson, Steven Co-A: Fleming Sponsor:Becker, Grooms	Pharmacy matters	Sets out the conditions for emergency pharmaceutical refills and prescription adaptations. Permits a pharmacist to prescribe certain devices or supplies approved by the federal Food and Drug Administration.	2/20/19 Referred to the Senate
2	Safety net (TANF, SNAP, Medicaid, etc.); Prescription drugs		HB 1249	A: Davisson, Steven	Medicaid prescription drug program	Requires the office of the secretary of family and social services to provide a prescription drug benefit for a Medicaid recipient under: (1) the risk based managed care program; and (2) the healthy Indiana plan. (Current law allows the office or the managed care organization to provide the prescription drug benefit.)	1/10/19 Referred to Committee on Public Health

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2	Safety net (TANF, SNAP, Medicaid, etc.); Behavioral Health (substance use and mental health)		HB 1251	A: Davisson, Steven Co-A: Cook, Anthony; Clere, Edward; Sullivan, Hollie	Mental health matters	Requires the office of the secretary of family and social services (office) to apply for a state plan amendment that would require Medicaid reimbursement for eligible Medicaid rehabilitation option services provided in a school setting to a Medicaid recipient. Requires the office to review the Medicaid rehabilitation option services provided under Medicaid, determine whether additional services are appropriate, and submit the office's findings to the legislative services agency. Requires a school corporation to contract with a community mental health center to provide Medicaid rehabilitation option services to the school corporation's students and families. Requires the division of mental health and addiction to establish and administer an evidence based program that partners with schools to provide social services to children, parents, caregivers, teachers, and the community. Sets forth requirements of the program and a contracting entity. Requires the office of Medicaid policy and planning to study and report to the legislative services agency the impact of increasing the eligibility income limitations for the children's health insurance program and specifies requirements of the study. Sets forth requirements of the mental health first aid training program report.	1/10/19 Referred to Committee on Public Health
2	Health care workforce	Requires regulation (registration) of pharmacy benefit managers	HB 1252	A: Davisson, Steven Co-A: Karickhoff, Michael; Shackleford, Robin	Pharmacy benefit managers	Requires a pharmacy benefit manager that is not licensed as an administrator to be registered with the board of pharmacy. Specifies requirements for registration, renewal, conduct, appeals, and annual reporting by pharmacy benefit managers.	1/15/19 Reassigned to Committee on Insurance
2	Health care workforce	Changes relationship between physician assistants and physicians from "supervising" to "collaborating"	HB 1259	A: Davisson, Steven	Physician assistants	Changes the role of a supervising physician to that of a collaborating physician. Makes conforming changes.	1/10/19 Referred to Committee on Public Health

Provides that members appointed to boards staffed by the professional licensing agency: (1) have four year term limits; (2) may serve multiple terms; (3) serve at the pleasure of the governor; (4) must be removed in certain instances; and (5) in certain instances, may not have more than two members from the same congressional district. Restructures the membership of the following boards: (1) Indiana board of accountancy. (2) Indiana board of optometry. (3) Speech-language pathology and audiology board. (4) Board of registration for architects and landscape architects. (5) Indiana plumbing commission. (6) Home inspectors licensing board. (7) Board of chiropractic examiners. (8) State board of registration for professional surveyors. (9) Indiana athletic trainers board. (10) State psychology board. (11) State board of funeral and cemetery service. (12) Board of podiatric medicine. (13) Indiana state board of health facility administrators. (14) Manufactured home installers. (15) Indiana auctioneer commission. (16) Private investigator and security guard licensing board. (17) Midwifery committee. (18) Behavioral health and human services licensing board. (19) Real estate appraiser licensure and certification board. (20) State board of massage therapy. Repeals the Indiana dietitians certification board and transfers the duties to the medical licensing board of Indiana. Repeals the boiler and pressure vessel rules board and regulated amusement device safety board and transfers all duties to the fire prevention and building safety commission. Provides that the department of homeland security may grant variances to rules adopted by the fire prevention and building safety commission, the Indiana emergency medical services commission, and the board of firefighting personnel standards and education. Requires the state building commissioner to create a data base cataloging variance rulings. (Current law allows the commissioner to create the data base.) Repeals the counterterrorism and security council and the emergency alert system advisory committee. Establishes the governor's security council. Abolishes the emergency medical commission's technical advisory committee. Makes technical changes.

5	Health care workforce	Changes regulation in licensing boards (including but not limited to health professions)	HB 1269	A: Gutwein, Karickhoff	Boards	Provides that members appointed to boards staffed by the professional licensing agency: (1) have four year term limits; (2) may serve multiple terms; (3) serve at the pleasure of the governor; (4) must be removed in certain instances; and (5) in certain instances, may not have more than two members from the same congressional district. Restructures the membership of the following boards: (1) Indiana board of accountancy. (2) Indiana board of optometry. (3) Speech-language pathology and audiology board. (4) Board of registration for architects and landscape architects. (5) Indiana plumbing commission. (6) Home inspectors licensing board. (7) Board of chiropractic examiners. (8) State board of registration for professional surveyors. (9) Indiana athletic trainers board. (10) State psychology board. (11) State board of funeral and cemetery service. (12) Board of podiatric medicine. (13) Indiana state board of health facility administrators. (14) Manufactured home installers. (15) Indiana auctioneer commission. (16) Private investigator and security guard licensing board. (17) Midwifery committee. (18) Behavioral health and human services licensing board. (19) Real estate appraiser licensure and certification board. (20) State board of massage therapy. Repeals the Indiana dietitians certification board and transfers the duties to the medical licensing board of Indiana. Repeals the boiler and pressure vessel rules board and regulated amusement device safety board and transfers all duties to the fire prevention and building safety commission. Provides that the department of homeland security may grant variances to rules adopted by the fire prevention and building safety commission, the Indiana emergency medical services commission, and the board of firefighting personnel standards and education. Requires the state building commissioner to create a data base cataloging variance rulings. (Current law allows the commissioner to create the data base.) Repeals the counterterrorism and security council and the emergency alert system advisory committee. Establishes the governor's security council. Abolishes the emergency medical commission's technical advisory committee. Makes technical changes.	2/13/19 Referred to Senate
2	Other		HB 1271	A: Wesco, Timothy	Practicing a licensed occupation	Provides that if an individual is required to have an occupational license to practice an occupation, the individual may practice the occupation without an occupational license if the individual provides a signed disclosure with the consumer before entering into a contract and complies with all health, safety, security, confidentiality, reporting, and consumer protection requirements that are imposed on an individual with an occupational license. Defines the applicable occupations. Repeals the law concerning a local license to vend, hawk, and peddle goods.	1/10/19 Referred to Committee on Employment, Labor and Pensions

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5 Health care facilities; Other [HB 1275](#) A: Mahan, Kevin
Co-A: Barrett, Fleming, Hatfield Sepsis treatment protocols Requires a hospital to adopt, implement, and periodically update evidence based sepsis protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care. Requires certain hospital staff to be periodically trained to implement the sepsis protocols. Provides that subject to available funding, the state department of health (department) shall: (1) recommend evidence based sepsis definitions and metrics that incorporate evidence based findings; (2) establish and use a methodology for collecting, analyzing, and disclosing the information collected; and (3) consult with appropriate health representatives before issuing certain rules or guidance documents. Requires the department to prepare a report on the implementation of the sepsis protocols. 2/06/19 Referred to the Senate

7 Prescription drugs; Behavioral Health (substance use and mental health); Other [HB 1294](#) A: Zent, Dennis
Co-A: Barrett, Fleming, Davison
S: Houchin INSPECT program Moves existing language concerning the central repository for controlled substances data from Title 35 to Title 25 and makes conforming changes. Authorizes a practitioner's board to discipline the practitioner when there is a complaint or the director of the Indiana scheduled prescription electronic collection and tracking program (INSPECT) brings a notice of violation for a practitioner who fails to query the INSPECT program data base (data base) before prescribing a controlled substance or benzodiazepine. Decreases the instances in which a Class A misdemeanor is a violation to when a practitioner discloses confidential information without authorization. (Current law provides for a Class A misdemeanor for any violation of the chapter.) Provides for instances in which a practitioner is not required to obtain information from the data base. 2/01/19 Referred to the Senate

2 Safety net (TANF, SNAP, Medicaid, etc.) [HB 1296](#) A: Zent, Dennis Co-A: Jud, Bartels, Macer
Sponsor: Glizk, Neizgodski Medicaid waiver priority status for military child Requires the office of the secretary of family and social services to apply, before July 1, 2019, to the United States Department of Health and Human Services for an amendment to the family and support services Medicaid waiver to create priority status on the waiver for a child of an active member or veteran of the armed forces or the national guard. 2/20/19 Referred to the Senate

2	Behavioral Health (substance use and mental health); Other	HB 1301	A: Shackelford, Robin	Trauma informed care	Establishes the trauma informed care task force (task force). Provides that the task force shall study and make recommendations for use by health, educational, and other social service providers and submit a report to the general assembly regarding best practices with respect to children, youth, and families who have experienced trauma. Urges the legislative council to assign to the appropriate study committee the task of studying various issues pertaining to teachers and education.	1/14/19 Referred to Committee on Family, Children and Human Affairs
2	Private insurance	HB 1307	A: Bacon, Ronald	Health care service cost sharing	Requires a state employee health plan, an accident and sickness insurer, and a health maintenance organization to count cost sharing payments made on behalf of a covered individual toward the covered individual's cost sharing amount.	1/14/19 Referred to Committee on Insurance

2 Safety net (TANF, SNAP, Medicaid, etc.) [HB 1308](#) A: Bacon, Ronald Co-A: Zent, Davison, Fleming
Sponsors: Bassler, Becker Medicaid recovery audits Sets forth requirements for Medicaid recovery audits of Medicaid providers. 2/13/19 Referred to the Senate

2 Maternal/Child Health [HB 1325](#) A: Clere, Edward
Co-A: Brown, Timothy; Shackelford, Robin; Cook, Anthony
Sponsor: Becker, Breaux Transmission of communicable diseases Amends the information that the state department of health must provide to a pregnant woman concerning the human immunodeficiency virus (HIV). Amends the definition of "high risk activity". Repeals the definition of "person at risk" and "serious and present danger to the health of others". Adds a definition of "practical means to prevent transmission". Removes the duty of a person with a dangerous communicable disease to warn a person at risk of the carrier's disease status. Provides that a person may not intentionally transmit a communicable disease to another person. Repeals provisions concerning: (1) reporting persons posing a serious and present danger to others; (2) the requirement of a physician to notify the patient of the patient's duty to warn persons at risk; (3) health officers' investigations of carriers and a carrier's notification of the carrier's disease status to a person at risk; (4) the criminal penalty for a person who sells or donates semen containing antibodies for HIV; and (5) the criminal penalty for violating requirements under certain duty to warn laws. Amends the penalty for intentionally transmitting a communicable disease. Requires that an information or indictment alleging certain violations be filed under seal in accordance with rules adopted by the Indiana supreme court. Requires a court to close any proceeding in which there is a possibility that identifying information of the defendant will be disclosed, and prohibits every person present during a closed proceeding from disclosing identifying information of the defendant until the conclusion of the trial. 2/21/19 Referred to the Senate

2	Maternal/Child Health	HB 1326	A: Summers, Vanessa	Patient rights for pregnant women	Requires certain health care providers providing obstetric services to a pregnant woman to provide the woman with written information concerning the pregnant woman's rights for pregnancy care. Requires the state department of health to establish a program to educate women on a woman's rights when pregnant.	1/14/19 Referred to Committee on Public Health
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2	Other		HB 1334	A: Speedy, Mike	Provider diagnostic information release	Requires a health care provider, upon the request of a patient or the patient's designee, to provide the diagnostic billing code and procedural billing code for each diagnosis and health care procedure rendered to the patient.	1/14/19 Referred to Committee on Public Health
2	Other		HB 1342	A: Bacon, Ronald Co-A: Judy Macer Sen Sponsor: Becker, Crider, Melton	Telephone CPR instruction training	After July 1, 2020, requires an individual to complete a telephone cardiopulmonary resuscitation (T-CPR) training program (program) approved by the division of fire and building safety (division) if the individual: (1) answers 911 emergency medical telephone calls for a state or local law enforcement agency or fire protection agency, including a volunteer fire department (agency); and (2) is authorized by the agency's protocols to provide T-CPR instructions to a caller. Provides that the division may provide programs or third parties may provide programs that are approved by the division. Requires the division to: (1) adopt minimum standards for programs that meet or exceed evidence based nationally recognized emergency cardiovascular care guidelines; and (2) establish continuing education requirements. Allows the division to collect reasonable fees for providing programs and certifications that are deposited in the fire and building services fund. Provides civil immunity for damages relating to the provision of T-CPR instruction. Makes a technical correction.	2/13/19 Referred to the Senate
4	Health care workforce	Enacts nurse licensure compact	HB 1344	A: Clere Co-A: Davison, Shackleford, Bacon Sponsor: Zay, Charbonneau, Grooms	Nurse licensure compact	Specifies requirements for participation by the state in a multistate nurse licensure compact, including provisions concerning: (1) nurse qualifications, practice, and participation; (2) a compact commission; (3) interstate commission and state board of nursing authority and rulemaking; (4) a coordinated licensure information system; (5) oversight and enforcement; and (6) termination or withdrawal from the compact.	2/01/19 Referred to the Senate
2	Aging		HB 1351	A: Porter, Gregory Co-A: Bacon, Ronald; Shackleford, Kirchhofer, Cindy	Strategic plan on dementia	Requires the state department of health to develop a strategic plan concerning dementia in Indiana. Establishes the Indiana dementia council (council) and sets forth duties of the council. Beginning June 30, 2021, requires the council to submit a report to the governor's office and the general assembly concerning dementia, research on Alzheimer's disease, and the outcomes of implementing the dementia strategic plan.	1/14/19 Referred to Committee on Public Health
4	Other		HB 1354	A: Porter, Gregory Co-A: Shackleford, Robin; Kirchhofer, Cindy; Huston, Todd	Sickle cell disease grant program	Requires the state department of health (state department) to do the following concerning the sickle cell disease program (program): (1) Develop standards for determining eligibility for individuals requesting care and treatment for sickle cell disease. (2) Assist in the development and expansion of care for the treatment of individuals with sickle cell disease. (3) Provide financial assistance to individuals with sickle cell disease for specified treatments. Specifies that in awarding grants under the program, the state department shall give priority to establishing sickle cell disease centers in underserved areas with a higher population of individuals with sickle cell disease. Specifies program requirements. Establishes the sickle cell chronic disease fund for purposes of funding the program. Requires the state department, with the assistance of specified groups, to prepare a biennial study of information concerning sickle cell disease in Indiana. Requires the study to be transmitted to the general assembly.	1/31/19 Committee Report: do pass; adopted
2	Health care workforce; Health care facilities	Prohibits requirement of noncompete agreements	HB 1357	A: Morris, Robert Co-A: Judy, Chris; Miller, Doug	Noncompete clauses prohibited in physician contracts	Provides that an employer hospital may not require that an employee physician or a prospective employee physician sign a covenant not to compete against the employer hospital for any period of time after the termination of employment with the employer hospital. Provides that an employer hospital may not enforce any covenant not to compete against the employer hospital that is signed by the employer hospital and a former employee physician who is separated from employment under any circumstances. Provides that an employee physician, a prospective employee physician, or a former employee physician may bring a civil action against an employer hospital that attempts to enforce a covenant not to compete.	1/14/19 Referred to Committee on Employment, Labor and Pensions
2	Health care facilities; Aging		HB 1367	A: Jo Austin, Terri, Kirchhofer Co-A: Shackleford Sen. Sponsor: Becker, Rucklehaus, JD Ford	Health facility requirements concerning residents	Requires a health facility to disclose to each prospective resident in writing information concerning the long term care ombudsman, including contact information for the long term care ombudsman. Requires a health facility to ensure that the health facility resident and at least one other described individual is present in the development and execution of a care plan for the resident.	2/21/19 Referred to the Senate

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2 Other [HB 1369](#) A: Eberhart, Sean
Co-A: Hatfield, Ryan, McNamara, Heaton Sen.
Sponsor: Becker Assisted reproduction and gestational surrogacy

Amends provisions regarding testing of donated human sperm and eggs. Repeals current Indiana law regarding surrogacy agreements. Enacts the gestational surrogacy act, which establishes: (1) presumptions regarding parentage; (2) prerequisites for individuals who wish to enter into a gestational surrogacy agreement; (3) procedural requirements for gestational surrogacy; (4) requirements for gestational surrogacy agreements; (5) support obligations with regard to a child born as the result of gestational surrogacy; (6) remedies for breach of a gestational surrogacy agreement; and (7) provisions for determination of jurisdiction over litigation regarding a gestational surrogacy agreement. Enacts the gamete donation act, which establishes: (1) presumptions regarding parentage of a child born as the result of gamete donation; (2) prerequisites for individuals who wish to enter into a gamete donation agreement; (3) procedural requirements for gamete donation; (4) requirements for gamete donation agreements; (5) provisions regarding parentage of a child born posthumously to a gamete donor; (6) remedies for breach of a gamete donation agreement; and (7) provisions for determination of jurisdiction over litigation regarding a gamete donation agreement. Increases the maximum amount an ovum donor may be compensated for the donor's recovery time from \$4,000 to \$6,000.

2/19/19 Referred to the Senate

2	Corrections; other	HB 1377	A: Errington, Sue	Medical cannabis	Defines "qualifying patient", and permits a qualifying patient to use medical cannabis under certain circumstances. Requires the state department of health to adopt rules before July 1, 2020: (1) concerning the use, distribution, cultivation, production, and testing of medical cannabis; and (2) developing and implementing a medical cannabis registry. Provides limited reciprocity for holders of nonresident medical cannabis cards. Provides immunity from civil and criminal liability for physicians who recommend the medical use of cannabis. Provides a defense to: (1) arrest; and (2) criminal prosecution; for marijuana possession and use in certain circumstances. Makes conforming amendments. Makes a technical correction.	1/14/19 Referred to Committee on Public Health
2	Behavioral health (substance use and mental health)	HB 1379	A: Fleming, Rita Co-A: Clere, Edward	Drug crisis task force	Establishes the drug crisis task force to prepare an evidence based comprehensive plan that prioritizes the one time and annual funding needed over a 10 year period to address the drug crisis. Sets forth membership and duties of the task force.	1/14/19 Referred to Committee on Public Health
2	Safety net (TANF, SNAP, Medicaid, etc.); Maternal/Child health	HB 1380	A: Fleming, Rita Co-A: Shackelford, Barrett, Clere	Medicaid reimbursement for tubal ligation study	Requires that, before August 1, 2019, the office of the secretary of family and social services (office of the secretary) study Medicaid reimbursement rates for tubal ligation procedures and sets forth requirements for the study. Requires the office of the secretary to present the results of the study to the budget committee before October 1, 2019.	1/14/19 Referred to Committee on Public Health
2	Health care facilities; Maternal/Child health	HB 1381	A: Fleming, Rita	Emergency hospital protocols for births	Requires a hospital that provides birthing and labor services to establish and implement emergency protocols to follow concerning: (1) hemorrhaging; and (2) hypertension crisis.	1/14/19 Referred to Committee on Public Health
2	Maternal/Child health	HB 1382	A: Fleming, Rita Co-A: Clere, Shackelford	Maternal mortality and health care costs	Adds to the maternal mortality review committee the responsibility of reviewing health care costs related to maternal mortality by reviewing billing statements	1/14/19 Referred to Committee on Public Health
2	Maternal/Child health	HB 1383	A: Fleming, Rita Co-A: Clere, Errington	Contraceptives at drug abuse treatment programs	Requires: (1) opioid treatment programs; (2) office based opioid treatment providers; and (3) syringe exchange programs; to have contraceptives immediately available for patients and individuals receiving program services.	1/14/19 Referred to Committee on Public Health
2	Corrections; Other	HB 1384	A: Lucas, Jim Co-A: Lindauer, Shane; Judy, Chris	Medical marijuana	Permits the use of medical marijuana by persons with serious medical conditions as determined by their physician. Establishes a medical marijuana program to permit the cultivation, processing, testing, transportation, and dispensing of medical marijuana by holders of a valid permit. Requires the state department of health (state department) to implement and enforce the medical marijuana program. Requires that permit holders undertake steps to prevent diversion of medical marijuana to unauthorized persons. Requires that medical marijuana and medical marijuana products be properly labeled, placed in child resistant packaging, and tested by an independent testing laboratory before being made available for purchase. Prohibits packaging medical marijuana in a manner that is appealing to children. Authorizes research on medical marijuana in accordance with rules set forth by the state department. Prohibits discrimination against medical marijuana users. Prohibits harassment of medical marijuana users by law enforcement officers, and prohibits cooperation with federal law enforcement officials seeking to enforce federal laws that criminalize the use of marijuana authorized in Indiana. Makes conforming amendments.	1/14/19 Referred to Committee on Public Health

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2	Corrections; Other	HB 1387	A: Boy, Pat	Medical marijuana	Permits the cultivation, dispensing, and use of medical marijuana by persons with serious medical conditions. Requires the state department of health to implement and enforce the medical marijuana program. Prohibits discrimination against medical marijuana users. Prohibits harassment of medical marijuana users by law enforcement officers, and prohibits cooperation with federal law enforcement officials seeking to enforce federal laws that criminalize the use of marijuana authorized in Indiana. Provides for the disposal of unused medical marijuana. Makes conforming amendments.	1/14/19 Referred to Committee on Public Health
2	Health care facilities	HB 1392	A: Brown, Timothy	Hospitals	Specifies that only general acute hospitals may post community wayfinding signage for hospitals. Requires the state department of health to, beginning May 1, 2020, designate hospitals as: (1) general acute hospitals; (2) specialty hospitals; or (3) limited service hospitals; when issuing or renewing a hospital license and sets forth requirements for each designation. Specifies that only a general acute hospital may use the term "hospital" when marketing to or soliciting business from the public. Beginning May 1, 2020, a hospital license expires two years from the date of issuance. (Current law requires a hospital license to expire one year after issuance.)	1/14/19 Referred to Committee on Public Health
2	Other	HB 1426	A: Porter, Gregory Co-A: Shackelford, Robin	Vital records	Provides that a parent may request a certificate of birth resulting in stillbirth when the child had a gestation age of less than 20 weeks. Specifies that a burial transit permit is required for the report of death and transportation and final disposition of a deceased individual. Provides that the information concerning a birth resulting in stillbirth is not required to be entered into the Indiana death registration system if the child had a gestational age of less than 20 weeks. Removes authority to issue a provisional certificate of death. Requires that a physical copy of the burial transit permit must remain with the body or body parts until the final disposition of the body. Makes conforming changes.	1/14/19 Referred to Committee on Public Health
2	Maternal/Child health	HB 1430	A: Nisly, Curt	Protection of life	Repeals the statutes authorizing and regulating abortion. Finds that human physical life begins when a human ovum is fertilized by a human sperm. Asserts a compelling state interest in protecting human physical life from the moment that human physical life begins. Provides that court decisions to enjoin the law are void. Specifies the duty of Indiana officials to enforce the law. Specifies that federal officials attempting to enforce contrary court orders against Indiana officials enforcing the law shall be subject to arrest by Indiana law enforcement. Redefines "human being" for purposes of the criminal code to conform to the finding that human physical life begins when a human ovum is fertilized by a human sperm. Makes other conforming changes.	1/15/19 Referred to Committee on Public Policy
2	Corrections; Other	HB 1458	A: Young, John	Controlled substances in penal facilities	Makes committing a controlled substance offense on the property of a penal facility or juvenile facility an enhancing circumstance.	1/15/19 Referred to Committee on Courts and Criminal Code
2	Private insurance; children and infants	HB 1459	A: Young, John	Coverage of cleft lip and cleft palate management	Specifies that currently required coverage for newly born children related to management of cleft lip and cleft palate includes occupational therapy and speech therapy.	1/15/19 Referred to Committee on Insurance
2	Health care workforce	HB 1464	A: Smaltz, Ben	Advanced practice registered nurses	Allows an advanced practice registered nurse who: (1) had primary responsibility for the treatment and care of a deceased individual for a period longer than six months; and (2) pronounced the time of death for the deceased individual; to enter or sign a record on a death into the Indiana death registration system. Requires the state board of nursing to establish requirements that allow an advanced practice registered nurse to prescribe diabetic medical equipment.	1/15/19 Referred to Committee on Public Health
2	Private insurance; Safety net (TANF, SNAP, Medicaid, etc.)	HB 1494	A: DeLaney, Edward	Health coverage	Requires the department of insurance to provide annual funding for payments to navigators and assisters to maintain 2017 levels of effort for consumer outreach, education, and enrollment assistance with respect to health care coverage. Requires the department of insurance to annually report to the legislative council the percentage of Indiana residents who lack health insurance coverage. Prohibits preexisting condition exclusions in individual policies of accident and sickness insurance, small employer group health insurance plans, and health maintenance organization contracts. Repeals provisions providing for preexisting condition limitations. Specifies that a policy of accident and sickness insurance, a health maintenance organization contract, and a state employee health plan must provide for availability, renewability, premium rating, and coverage without regard to health status, including preexisting conditions. Makes conforming amendments. Provides for the legislative services agency to prepare legislation for the 2020 legislative session to make conforming amendments. Makes an appropriation.	1/16/19 Referred to Committee on Insurance
2	Other	HB 1496	A: Summers, Vanessa	Study impact of violent crime on public health	Requires the legislative council to assign to the appropriate interim study committee the study of the impact of violent crime as a public health issue.	1/16/19 Referred to Committee on Courts and Criminal Code
2	Behavioral Health (substance use and mental health); Other	HB 1499	A: Summers, Vanessa	Study impact of the opioid crisis	Requires the legislative council to assign to the appropriate interim study committee the study of the impact of the opioid crisis, particularly the unforeseen consequences of the opioid crisis.	1/16/19 Referred to Committee on Public Health

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2	Health care workforce; Health care facilities; Other		HB 1505	A: Hostettler, Matt	Health care service cost	Requires health care providers to provide to patients the cost of scheduled health care services.	1/16/19 Referred to Committee on Public Health
2	Other		HB 1516	A: Kirchofer, Cindy Co-A: Hatfield, Ryan	Health care advance directive	Allows an individual to make a health care advance directive that gives instructions or expresses preferences or desires concerning any aspect of the individual's health care or health information and to designate a health care representative to make health care decisions and receive health information for the individual. Consolidates definitions of "life prolonging procedures". Allows a minor's parent, legal custodian, or legal guardian to sign an advance directive on behalf of the minor. Requires the state department of health to prepare a sample advance directive. Provides that the appointment of a representative or attorney in fact to consent to health care that was legally executed before January 1, 2023, is valid as executed. Adds cross references. Makes conforming changes. Makes technical changes.	1/17/19 Referred to Committee on Judiciary
2	Other		HB 1535	A: Hatcher, Ragen	Medical cannabis pilot program	Establishes a five-year medical cannabis pilot program, administered by the state department of health, to permit the use of medical cannabis in Indiana. Imposes a medical cannabis cultivation tax.	1/17/19 Referred to Committee on Public Health
5	Behavioral Health (substance use and mental health); Prevention and awareness (public health, infrastructure, and healthy and active living); Health care workforce; Safety net (TANF, SNAP, Medicaid, etc.)	Impacts behavioral health professions as Medicaid providers	HB 1542	A: Kirchofer, Cindy Co-A: Judy,Shackelford,Klinker Sen. Sponsors: Crider, Charbonneau	Mental health and addiction services	Requires that the office of the secretary of family and social services prepare and submit a report that: (1) identifies certain administrative and reporting requirements that are unnecessary or overly burdensome; and (2) makes recommendations. Requires the office of Medicaid policy and planning to include a clinical social worker, mental health counselor, and marriage and family therapist as eligible providers for the supervision of a plan of treatment for a patient's outpatient mental health or substance abuse treatment services, if the supervision is in the provider's scope of practice, education, and training. Provides that a managed care organization may not require a licensed psychiatrist to be certified by the American Board of Psychiatry and Neurology for purposes of credentialing or contracting with the psychiatrist while the psychiatrist is practicing at a community mental health center. Prohibits the division of mental health and addiction from implementing certain federal regulations concerning home and community based standards before the final date required by the United States Department of Health and Human Services to implement the regulation. Requires the behavioral health and human services licensing board to meet monthly.	2/08/19 Referred to the Senate
2	Safety net (TANF, SNAP, Medicaid, etc.)		HB 1543	A: Kirchofer, Cindy,Shackelford Sen. Sponsor: Becker	Inpatient addiction treatment	Provides that when determined by the treatment plan to be medically necessary, the office of Medicaid policy and planning shall provide coverage for inpatient detoxification using the American Society of Addiction Medicine Patient Placement Criteria.	2/13/19 Referred to the Senate
2	Behavioral Health (substance use and mental health)		HB 1544	A: Kirchofer, Cindy,Huston, Shackelford, Rucklehaus,Breaux, Crider	Mental health center appropriation allotment	Amends the allotment of county funds to community mental health centers in Marion County so that it is based on enrolled consumers in each center. (Current law requires the allotment to be based upon the population residing in each service area.)	2/21/19 Third reading: passed; Roll Call 259: yeas 97, nays 0
7	Safety net (TANF, SNAP, Medicaid, etc.); Prevention and awareness (public health, infrastructure, and healthy and active living)		HB 1545	A: Kirchofer, Cindy Co-A: Lindauer, Shackelford, Fleming S: Charbonneau	Public health matters	Amends the definition of "food instrument" to state that a participant under the federal Women, Infants, and Children program uses an electronic benefit transfer card to obtain food. Requires the state department of health (department) to provide to the local vital records offices guidelines concerning the interpretation of the laws and the department's rules concerning vital statistics to assure uniform application of the state laws and rules. Removes expired language. Provides that if the Indiana birth registration system (IBRS) or the Indiana death registration system (IDRS) is unavailable for more than 48 hours, the state registrar may issue a notice that allows the filing of a paper record of a live birth, a death, or both. Provides that certain birth, stillborn, and death permanent records may be maintained by the IBRS and IDRS. Requires that a paper copy of the permanent record of a birth, stillborn, or death certificate be provided upon request by an individual. Allows the department to disclose identifiable vital statistics information to a legitimate researcher, if the researcher complies with certain requirements.	2/01/19 Referred to the Senate
2	Safety net (TANF, SNAP, Medicaid, etc.)		HB 1546	A: Kirchofer, Cindy Sen. Sponsor: Becker	Prior authorization and Medicaid	Specifies that the prior authorization for health care services statute applies to the risk based managed care Medicaid program	2/13/19 Referred to the Senate
2	Maternal/Child health		HB 1547	A: Kirchofer, Cindy Co-A: Manning, Shackelford, Clere Sen. Sponsor: Leising, Becker	Consent to pregnancy services of a minor	Allows a minor who is at least 16 years of age and: (1) pregnant; (2) in labor; or (3) postpartum; to consent to health care concerning the pregnancy, delivery, and postpartum care. Makes technical corrections.	2/20/19 Referred to the Senate

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2 Safety net (TANF, SNAP, Medicaid, etc.) [HB 1548](#) A: Kirchofer, Cindy Sen. Sponsor: Becker Medicaid managed care matters Establishes the joint commission on Medicaid oversight with the authority to meet throughout the year. Sets forth responsibilities of the commission. Repeals a statute specifying that Medicaid laws, with respect to managed care organizations, are controlling over insurance laws. Prohibits the office of Medicaid policy and planning or a contractor of the office from denying, delaying, or decreasing the amount of payment for a medically necessary covered service based on a lack of eligibility or coverage if the Medicaid provider meets certain requirements. Requires the secretary of the office of family and social services to adopt rules establishing a dispute resolution procedure for disputes between Medicaid providers and Medicaid contractors 2/21/19 Referred to the Senate

2	Safety net (TANF, SNAP, Medicaid, etc.); Private insurance	HB 1555	A: Pressel, Jim Co-A: Karickhoff, Michael; Gutwein, Doug; Macer, Karlee	Medicaid nonemergency medical transport	Sets forth requirements for brokers of nonemergency medical transportation under the Medicaid fee-for-service program. Establishes the nonemergency medical transportation commission (commission) and sets forth duties of the commission. Requires the office of the secretary of family and social services to prepare before July 31, 2019, a report concerning nonemergency medical transportation Medicaid claims and submit the report to the commission.	1/17/19 Referred to Committee on Public Health
2	Prescription drugs; Price transparency	HB 1570	A: Baird, Beau	Prescription price	Requires a retail pharmacy, before dispensing a prescription, to inform an insured patient of the cost of the drug or device without insurance or an applicable discount, if the cost of the drug or device is less than the copayment cost to the patient using the insurance or an applicable discount.	1/17/19 Referred to Committee on Public Health
2	Private insurance; Other	HB 1580	A: Reardon, Mara Candelaria	Coverage for ectodermal dysplasia treatment	Requires a state employee health plan, a policy of accident and sickness insurance, and a contract with a health maintenance organization to provide coverage for treatment of ectodermal dysplasia.	1/17/19 Referred to Committee on Insurance
2	Safety net (TANF, SNAP, Medicaid, etc.)	HB 1589	A: DeVon, Dale	Eligibility for Medicaid and SNAP	Establishes eligibility and verification requirements that are in addition to any other requirements for the Medicaid program and the federal Supplemental Nutrition Assistance Program (SNAP). Provides that before providing assistance to an individual, who is not presumptively eligible, under the Medicaid program or SNAP, the office of the secretary shall verify eligibility information of the individual. Provides that on at least a quarterly basis, the office of the secretary shall receive and review information concerning individuals enrolled in the Medicaid program and SNAP that indicates a change in circumstances that may affect eligibility. Provides that the division of family resources shall assign certain SNAP participants to workforce programs. Provides that the division shall require an individual to cooperate with the child support enforcement program as a condition of SNAP eligibility.	1/22/19 Referred to Committee on Ways and Means
2	Safety net (TANF, SNAP, Medicaid, etc.); Private insurance	HB 1590	A: DeVon, Dale	Short term health insurance plans	Requires the department of insurance to adopt rules to define a short term health insurance plan as a contract with an expiration date less than 12 months after the original effective date of the contract and renewals for not more than the greater of 36 months or the maximum period permitted under federal law. Amends current provisions exempting short term health insurance from accident and sickness insurance policy requirements to provide for the greater of 36 months or the maximum number of renewals allowed by federal law, and a duration of less than 12 months.	1/22/19 Referred to Committee on Insurance
2	Behavioral Health (substance use and mental health); Prevention and awareness (public health, infrastructure, and healthy and active living)	HB 1595	A: Fleming, Rita Co-A: Clere, Edward; Davisson, Steven; Ziemke, Cindy	Syringe exchange program	Requires the state health commissioner to appoint a panel to hold a public hearing to determine whether to operate a syringe exchange program in a county if the Indiana state department of health determines from available data that the county has experienced at least a 20% increase in opioid overdose emergency room visits or in hepatitis C cases.	1/22/19 Referred to Committee on Public Health
2	Other	HB 1598	A: Wright, Melanie	Funding human trafficking prevention programs	Makes an appropriation from the state general fund to the victim services division of the Indiana criminal justice institute for the prevention of human trafficking.	1/22/19 Referred to Committee on Ways and Means
2	Other	HB 1599	A: Wright, Melanie	Study committee on patient restraint	Urges the legislative council to assign to an appropriate interim study committee in the 2019 interim the study of the use of restraints in specified health care settings	1/22/19 Referred to Committee on Public Health

2 Safety net (TANF, SNAP, Medicaid, etc.); Private insurance [HB 1631](#) A: Carbaugh, Martin Co-A: Austin Sen. Sponsor: Walker Short term insurance plans Requires an insurer that issues a short term insurance plan to offer at least one plan that is subject to certain conditions in connection with health status related factors. Amends current provisions exempting short term health insurance from accident and sickness insurance policy requirements to provide for two renewals, a duration of not more than 12 months, and a maximum annual benefit of at least \$2,000,000. 2/20/19 Referred to the Senate

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2	Safety net (TANF, SNAP, Medicaid, etc.); Private insurance	Sunrise/new regulation for naturopathic physicians	HB 1633	A: Lehe, Don	Licensure of naturopathic physicians	Provides for the licensure of practitioners of naturopathic medicine. Specifies certain individuals who are not required to be licensed. Establishes the board of naturopathic medicine (board). Establishes license requirements. Requires licensed naturopathic doctors to obtain continuing education for license renewal. Requires a licensed naturopathic doctor, licensed health care provider, health care facility, state agency, and state or local law enforcement agency to file a complaint with the board if the person, based on personal knowledge or information, reasonably believes that a naturopathic doctor is or may be violating certain standards of practice. Provides that an individual who is not licensed may not use certain descriptions, titles, or initials to indicate or imply that the individual is a licensed naturopathic doctor.	1/24/19 Referred to Committee on Public Health
2	Prescription drugs; Health care workforce	Impacts scope of practice, education and training programs for qualified medication aides (administering insulin)	HB 1652	A: Lindauer, Shane Co-A: Kirchofer, Bacon, Shackelford Sen. Sponsor: Busch	Insulin administered by medication aides	Provides that the education and training programs prescribed by the state department of health (state department) for qualified medication aides must include training in administering insulin. Provides that a qualified medication aide certified by the state department may administer insulin to residents of a licensed health facility if: (1) a registered nurse supervises the qualified medication aide in administering the insulin or delegates responsibility for administering the insulin to the qualified medication aide; and (2) the health facility where the qualified medication aide is employed permits the qualified medication aide to administer insulin. Requires the state department, not later than December 31, 2019, to adopt rules to include training in administering insulin in the education and training programs for qualified medication aides. Provides that the rules must require a qualified medication aide to receive four to eight hours of classroom training and two to four hours of practical training before the qualified medication aide may administer insulin.	2/20/19 Referred to the Senate
2	Private Insurance		HB 1653	A: DeLaney, Edward	Essential health benefits	Prohibits preexisting condition exclusions in individual and small group policies of accident and sickness insurance and health maintenance organization contracts. Specifies benefits that must be included in individual and small group policies of accident and sickness insurance and health maintenance organization contracts. Repeals provisions providing for preexisting condition exclusions in small group policies of accident and sickness insurance. Requires the legislative services agency to draft legislation for introduction in the 2020 session of the general assembly to make conforming changes to the Indiana Code.	1/24/19 Referred to Committee on Insurance
2	Health care workforce	Sunrise/new regulation for naturopathic physicians	HB 1657	A: Zent, Dennis	Licensure of naturopathic physicians	Provides for the licensure of naturopathic physicians. Specifies certain individuals who are not required to be licensed. Establishes the board of naturopathic medicine (board). Establishes license requirements. Requires licensed naturopathic physicians to obtain continuing education for license renewal. Establishes the naturopathic formulary council to establish a formulary for naturopathic physicians. Establishes the childbirth attendance advisory committee to provide recommendation concerning the practice of naturopathic childbirth. Provides that an individual who is not licensed may not use certain descriptions, titles, or initials to indicate or imply that the individual is a licensed naturopathic physician. Establishes criminal penalties for certain violations.	1/24/19 Referred to Committee on Public Health
2	Health care workforce		HB 1659	A: VanNatter, Heath Co-A: DeVon, Dale	Occupational licensing	Provides that a board must grant a license for certain occupations or professions that an individual qualifies for or learns by the completion of an apprenticeship program to any applicant who successfully: (1) completes grade 8; (2) completes the apprenticeship program; and (3) passes an examination required by the apprenticeship program with a passing score established by the board. Provides that, if an applicant successfully completes an apprenticeship program that does not require an examination, a board may not require the applicant to take and pass an examination before granting the applicant a license. Provides that the length of an apprenticeship program may not exceed four years. Provides that a board may not suspend or revoke a practitioner's license solely because the practitioner is: (1) delinquent in; or (2) in default on; the payment of the practitioner's student loans or work conditional scholarship.	1/24/19 Referred to Committee on Employment, Labor and Pensions
2	Safety net (TANF, SNAP, Medicaid, etc.); Private insurance		HB 1663	A: Manning, Ethan Co-A: Thompson, Jeffrey	Medicaid self-directed care	Requires the office of the secretary of family and social services to apply to the United States Department of Health and Human Services for a state plan amendment requesting participation in the community first choice option to provide home and community based attendant services and related supports to Medicaid recipients.	1/24/19 Referred to Committee on Public Health
2	Prevention & awareness (public health, infrastructure, and healthy and active living)		HB 1669	A: Abbott, David Co-A: Bacon, Ronald	Influenza information in child care	Requires a child care provider to annually provide educational information concerning influenza to the parent or legal guardian of each child cared for by the child care provider.	1/24/19 Referred to Committee on Public Health

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<p>Prevention & awareness (public health, infrastructure, and healthy and active living); Behavioral health (substance use and mental health)</p>		<p>HB 1681</p>	<p>A: Lauer, Ryan</p>	<p>Addiction service grants</p>	<p>Establishes the opioid and methamphetamine addiction treatment fund (fund) to provide grants to nonprofit organizations that meet certain requirements. Requires the division of mental health and addiction to apply for federal grants for the fund and award grants from the fund. Makes an appropriation to the fund.</p>	<p>1/24/19 Referred to Committee on Ways and Means</p>
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