Indiana General Assembly

2017 Indiana Legislative Session Report

The 2017 legislative session adjourned “sine die” in the early morning hours of April 22, completing its work on the biennial budget one week ahead of schedule. The 2017 legislative session was productive for the Indiana Hospital Association and its members on many fronts, including renewal of the hospital assessment fee until 2019, expansion of the telemedicine statute, and legislation addressing the state’s opioid epidemic. In addition, IHA was successful in fighting off various costly and burdensome regulations proposed earlier in the session. We thank our members who took the time to advocate with their legislators for policies that strengthen hospitals and protect patients.

The 2017 legislative session will be known as the “roads infrastructure” session with the Republican super-majorities coming together to pass an increase in the fuel tax and new vehicle registration fees. Negotiations regarding the roads legislation continued until the final days of the session. The roads package will raise slightly over $900 million over the next seven years for state and local road projects. The bill also granted the state the authority to seek federal permission to toll existing interstate highways.

Early in the session, IHA and the Alliance for a Healthier Indiana worked with Representative Cindy Kirchhofer (R-Beech Grove) to introduce House Bill 1578, which contained four provisions tackling tobacco use in Indiana. Those four provisions included raising the cigarette tax by $1.50 per pack;
restoring funding for tobacco cessation and prevention; raising the age of purchase for all tobacco-related products from 18 to 21 years of age; and repealing preferential treatment for smokers in Indiana labor law.

While HB 1578 did not move forward, IHA, its members and public health stakeholders were successful in achieving an increase of $5 million over the biennium in the state budget for tobacco prevention and cessation programs. In addition, the Alliance is working to have the issue of raising the age of purchase for tobacco products studied during the interim study committee process.

While the House of Representatives included a $1 increase in the cigarette tax in their version of the transportation plan, the Senate version of the roads package largely prevailed with no cigarette tax increase needed to augment the state general fund. Senate Republicans say they prefer to use the cigarette tax increase if and when Congress has acted on health care at the federal level.

Finally, the repeal of preferential treatment for smokers in Indiana labor law made it further through the legislative process than ever before. Current law defines smokers as a protected class. The repeal would give employers greater flexibility to effectively control their hiring practices and benefit programs. The bill passed the House of Representatives but did not receive a hearing in the Senate. Members of the Alliance will continue to educate legislators on how preferential treatment for smokers limits employer flexibility in managing their health care costs and ability to help their employees quit this addiction.

In total, the 2017 legislative session saw 1,245 bills introduced. Of these bills, 271 prevailed and are on their way to the Governor for his signature into law. Over the coming months, IHA’s legislative team will continue working on issues related to prior authorization, surprise billing, transparency and possible study of uniform property tax assessment of nonprofit entities.

Legislation Generally Affecting Hospitals

House Enrolled Act 1001: STATE BIENNIAL BUDGET (BROWN T)
Status: Signed by the Governor, Public Law 217

Renewal of the Hospital Assessment Fee until June 30, 2019 (no other changes to the program).
- Appropriation of $7.5 million per year to fund tobacco cessation and prevention programs.
- Appropriation of $5 million per year to expand the Nurse Family Partnership program.
- Modifies the replacement facility exemption for purposes of the prohibition on the approval of licensure of comprehensive care health facilities and comprehensive care beds, and extends the prohibition through June 30, 2019 (basically extending the current SNF moratorium).
- Fully funds the two-year Medicaid forecast.
Mental and Behavioral Health:

**House Enrolled Act 1006: MENTAL HEALTH MATTERS (KIRCHHOFER C)**

*Status: Signed by the Governor, Public Law 243*

- Requires the Secretary of Family and Social Services (FSSA) to provide standards for services provided by recovery residences for residential care and supported housing for chronic addiction be certified through an entity approved by the Division of Mental Health and Addiction (DMHA) and in adherence to standards determined by National Alliance for Recovery Residences (NARR) or a similar entity.
- Requires that providers of services of residential care and supported housing for chronic addiction, when used as a recovery residence that receives reimbursement from FSSA, acquire and maintain the certification determined by NARR or a similar entity.
- DMHA may adopt rules to establish standards for residential care and supported housing for chronic addiction when used as a recovery residence.
- Adds to the list of eligible individuals for mental health and addiction forensic treatment persons who satisfy all of the following: a resident of Indiana, a member of a household with an annual income that does not exceed 200% of the federal poverty level, less than 18 years of age and a defendant whose case is either waived from juvenile court to adult court or directly filed in adult court.
- Requires DMHA to report to the Justice Reinvestment Advisory Council any findings from the survey concerning providing mental health and addiction forensic treatment services to individuals charged with a misdemeanor offense.
- Requires that information and training concerning child welfare substance abuse treatment services be provided to certain judges, Department of Child Services employees and public defenders.
- Includes neonatal abstinence syndrome, symptoms of neonatal intoxication or withdrawal as a factor for a child to be determined a child in need of services (CHINS). *See House Enrolled Act 1342 (Child in Need of Services) – “Trailer” bill (a bill attached to the state’s budget) which repeals language passed earlier in the session that evidence of drug usage or treatment could be used to establish CHINS status upon birth of the child.*
- Urges the Legislative Council to assign to the Interim Study Committee on Corrections and Criminal Code the topic of extending support services to individuals in the criminal justice system who are charged with a misdemeanor offense; or have a prior misdemeanor conviction; and who have been placed in or are eligible for placement in a pretrial services program, a community corrections program, a prosecuting attorney’s diversion program or jail.
House Enrolled Act 1335: STATE INSTITUTIONS (KIRCHHOFER C)
Status: Signed by the Governor, Public Law 19

- Adds the new Neurodiagnostic Institute and Advanced Treatment Center to the list of state institutions.
- The Director of the Division of Mental Health and Addiction has administrative control and responsibility for the Institute.
- Authorizes that the Institute is available for instruction of medical students, student nurses, interns and residents and fellow physicians under the supervision of faculty of any accredited School of Medicine or Osteopathy located in Indiana or an accredited residency or fellowship training program.

House Enrolled Act 1430: SUICIDE AWARENESS AND PREVENTION (OLTHOFF J)
Status: Signed by the Governor, Public Law 254

- Adds the position of coordinator for a statewide program for suicide prevention to the Division of Mental Health and Addiction (DMHA).
- DMHA is responsible for creating an evidence-based training program for health care providers concerning suicide assessment, training and management that incorporates materials and resources approved by the Suicide Prevention Resource Center or the National Registry of Evidence-Based Programs and Practices of Abuse and Mental Health Services Administration.
- The Emergency Medical Services Commission shall establish standards for persons to be certified or licensed to provide emergency medical services including completion of evidence-based training on suicide assessment, treatment and management.
- Each school corporation shall adopt a policy intended to increase child suicide awareness and prevention.
- Beginning after June 30, 2018, each school corporation, charter school and accredited nonpublic school shall require all teachers and may require any other appropriate school employees that provide instruction to students in grades 5-12 to attend or participate in at least two hours of evidence based in-service youth suicide awareness and prevention training every three school years.
- Each approved post-secondary educational institution shall adopt a policy to increase awareness of suicide prevention resources available to students and staff. Policy information should include: crisis intervention resources; prevention hotline numbers; available mental health programs; and post-intervention program on effective communications with students, staff, and parents.
Senate Enrolled Act 231: CRISIS INTERVENTION TEAMS (CRIDER M)
Status: Signed by the Governor, Public Law 102

- Allows for the establishment of the Indiana Technical Assistance Center for Crisis Intervention teams under the Law Enforcement Training Board. This must be done in conjunction with the Indiana Commission to Combat Drug Abuse and the Division of Mental Health and Addiction.

Senate Bill 63: COMMUNITY MENTAL HEALTH CENTER TELEMEDICINE PILOT (HEAD R)
Status: DID NOT PASS

- The bill did not move forward once it became clear that House Enrolled Act 1337 (TELEMEDICINE) was going to pass.
- Established a two-year Community Mental Health Center Telemedicine pilot program to be administered by the Division of Mental Health and Addiction.
- Provided that the purpose of the program is to provide mental health counseling and services to children through the use of telemedicine.

Addiction:

House Enrolled Act 1541: ADDICTION TREATMENT TEAMS AND MEDICAID (MERRITT J)
Status: Signed by the Governor, Public Law 203

- Establishes addiction treatment teams that include:
  - Either an advance practice nurse or physician assistant;
  - Either a psychologist; a licensed clinical addiction counselor; or another master’s level licensed therapist certified by DMHA; and
  - A recovery coach certified by a credentialing body endorsed by DMHA.
- The addiction treatment team shall provide the following services, when appropriate, including: addiction counseling, detoxification, and medication assisted treatment with the goal being patient abstinence.
- The DMHA shall reimburse for the use of addiction treatment teams from mental health and addiction forensic treatment services grants for those entities that have been approved by a Community Corrections Advisory Board.
- An addiction treatment team may supplement treatment infrastructure using mobile units or temporary locations.
Senate Enrolled Act 156: DRUG AND ALCOHOL TREATMENT REPORTING (MERRITT J)
Status: Signed by the Governor, Public Law 165

- Adds information that must be reported by an opioid treatment program when requested by the Division of Mental Health and Addiction. Information includes number of patients receiving behavioral health services in addition to medication, average mileage a patient must travel to receive treatment, the patient relapse rate or average time an individual is receiving treatment, etc.
- Not later than January 1, 2018, the Office of Secretary of Family and Social Services, with the assistance of the State Department of Health and the Department of Administration, shall report to the Legislative Council a comprehensive plan to increase the number of inpatient and residential beds used for detoxification, treatment and rehabilitation.

Senate Enrolled Act 243: SUBSTANCE ABUSE PROGRAMS (CRIDER M)
Status: Signed by the Governor, Public Law 168

- Establishes the Physician Medication Assisted Treatment Training Reimbursement Pilot program.
- Defines “waiver training” as an eight-hour training program required by the FDA Addiction Treatment Act of 2000 for a qualified physician to prescribe schedule III, IV and V controlled substances in settings other than opioid treatment programs for treatment of opioid use disorders.
- Physician training must include 1) waiver training, 2) training in the use of a federal FDA approved long-acting, nonaddictive medication for treatment of opioid dependence, and 3) treatment protocols containing best practice guidelines for treatment of opiate dependent patients.
- Physician must have at least 25 percent of the physician’s practice in obstetrics and gynecological services, not previously received the waiver training and agrees to receive all required training to be eligible for reimbursement.
- Creates Maternal Neonatal Opioid Addiction Project whereby a health care system (hospital) is eligible to be awarded a grant to provide a multidisciplinary program of care for expectant mothers who have a prenatal toxicology test that is positive for opioids.
- The multidisciplinary program of care must provide care for both the expectant mother and newborn child and train physicians in buprenorphine treatment for opioid use for expectant mothers and newborn children.
- See House Enrolled Act 1342 (Child in Need of Services) – Trailer bill which repeals language that evidence of drug usage or treatment could be used to establish CHINS upon birth of the child.
Senate Enrolled Act 402: RECOVERY HOUSE CERTIFICATION AND STANDARDS (MERRITT J) Status: Signed by the Governor, Public Law 172

- Requires the Office of the Secretary of Family and Social Services (FSSA) to develop standards for residential care and supported housing for chronic addiction, when used as a recovery residence, to be certified when receiving reimbursement from the Division of Mental Health and Addiction (DMHA).
- Provides that a Board of Commissioners of a County Home may delegate the performance of the board’s duties and contract for services reasonably required to operate and maintain the county home including management of the home. This authority does not constitute discontinuance of the board’s authority as long as the board does not act to limit its authority.
- Any person or vendor hired to perform duties of operation may make an appointment, removal or dismissal of personnel provided they were granted that authority via the Board of Commissioners of the county.

Senate Enrolled Act 446: RESIDENTIAL SUBSTANCE ABUSE TREATMENT (MERRITT J) Status: Signed by the Governor, Public Law 174

- Establishes, subject to the approval of the Indiana Commission to Combat Drug Abuse, an Opioid Addiction Recovery Pilot Program for Pregnant Women and Women with Newborns.
- Provides treatment in a residential care facility and home visitation services following discharge from the residential care facility.
- The three pilot locations will be located in 1) Marion County, 2) Winchester, and 3) southern part of Indiana.

Senate Enrolled Act 499: OPIOID ADDICTION (RAATZ J) Status: Signed by the Governor, Public Law 125

- Establishes, subject to the approval of the Indiana Commission to Combat Drug Abuse, the Opioid Treatment Pilot program for individuals who are at least 18 years of age; not being charged with a felony or misdemeanor; and incapacitated by opioid use disorder as demonstrated by the fact that the individual is at serious risk of injury or death due to abuse of opioids.
- The Division of Mental Health and Addiction (DMHA) shall establish the program in the following three (3) counties: Tippecanoe, Marion, and Wayne.
- The program shall be designed to assist participants in overcoming opioid use disorder by providing inpatient, residential, and outpatient treatment services.
Senate Enrolled Act 510: SUBSTANCE ABUSE PILOT PROGRAM (MERRITT J)
Status: Signed by the Governor, Public Law 175

- Establishes, subject to the approval of the Indiana Commission to Combat Drug Abuse, a 4-year pilot program in Allen County for an evidence-based addiction treatment program for persons who are at least 18 years of age, charged with a felony and under the supervision of a court or community corrections program in the county and is suffering for a significant substance abuse disorder.
- The Board of the Allen County Commissioners may establish such a pilot program and upon approval, shall enter into an agreement with an entity with experience in administering community development programs.
- The mental health and addiction treatment services may be administered or subcontracted out by a provider certified by the Division of Mental Health and Addiction.
- Requires that the Administrator report back to the Legislative Council on a variety of metrics.
- The pilot is funded as a dollar for dollar match between the county and the state.

Senate Bill 153: DRUG AND ALCOHOL TREATMENT REPORT (MERRITT J)
Status: DID NOT PASS
Please see Senate Enrolled Act 156 DRUG AND ALCOHOL TREATMENT REPORTING (MERRITT J).

Prescribing/INSPECT:

Senate Enrolled Act 151: INFORMATION IN INSPECT PRESCRIPTION DRUG DATA BASE (MERRITT J) Status: Signed by the Governor, Public Law 164

- Requires the ephedrine, pseudoephedrine, and controlled substance prescription monitoring program to include an entry for a dispenser to indicate, when applicable, if a patient has entered into a pain management contract with a designated practitioner.
- Allows the Management Performance Hub and the state epidemiologist to obtain information from the INSPECT program that is otherwise not prohibited under federal law.
- Requires the Professional Licensing Agency (PLA) to establish a workgroup consisting of representatives from law enforcement, various health care associations, Indiana Board of Pharmacy, and Office of Technology to evaluate: 1) the cost and feasibility of using the INSPECT database to catalog each emergency administration of an overdose intervention drug by an EMS providers; 2) cost and feasibility of using the INSPECT database to catalog data related to law enforcement investigations involving controlled substances that are not opiates; and 3) the following occurrences of death, overdose, forgery, fraud and theft.
- The workgroup shall also evaluate INSPECT operation and interoperability of data including the security requirements for data sharing and the use of identifiable data and data that has been deidentified.
- PLA must submit recommendations and a written report to the Legislative Council by December 1, 2017.

**Senate Enrolled Act 226: PRESCRIBING AND DISPENSING OF OPIOIDS (MERRITT J)**  
**Status:** Signed by the Governor, Public Law 182

- Requires providers to write prescriptions for no more than a 7-day supply of an opioid when first prescribing to a patient. Limited exceptions would allow a provider to prescribe more than a 7-day supply. They are:
  - Cancer treatment
  - Medication-assisted treatment
  - Palliative care (must be noted in the patient’s medical record)
  - Professional judgment that the patient requires it (must be noted in the patient’s medical record)
  - Other specific exceptions for certain procedures or conditions could be determined by the Medical Licensing Board, through collaborative rulemaking with the Indiana State Department of Health and the Indiana Family and Social Services Administration
- Partial fills of an opioid prescription are allowed.

**Senate Enrolled Act 408: INSPECT PROGRAM (HOUCHIN E)**  
**Status:** Signed by the Governor, Public Law 213

- The Indiana Board of Pharmacy shall report to Legislative Council any grants or funding applied for and received to integrate the INSPECT database with electronic health records.
- Urges the Legislative Council to assign the topic of potential improvements to the INSPECT program including examining best practices from other state controlled substance monitoring programs, feasibility of INSPECT becoming interoperable, costs associated and security features of integration, benefits and costs of a practitioner obtaining information from INSPECT before prescribing certain drugs and review of real-time reporting including estimated cost to the state and pharmacies.

**House Enrolled Act 1019: CONTROLLED SUBSTANCES (ELLINGTON J)**  
**Status:** Signed by the Governor, Public Law 8

- Adds the substance U-47700 to Schedule 1.
- Adds Etizolam to Schedule 1.
Licensing:

**House Enrolled Act 1308: VARIOUS PROFESSIONAL LICENSING MATTERS (ZENT D)**
Status: Signed by the Governor, Public Law 78

- Allows all boards under the authority of the Professional Licensing Agency (PLA) to impose sanctions on a licensee as a result of an administrative complaint filed by the Attorney General after renewal or reinstatement of a license.
- Boards under the authority of the PLA shall expedite the issuance or renewal of a license, certificates, registration or permit of a military spouse whose husband or wife is assigned to a duty station in Indiana.
- Eliminates study of hearing aid dealer certifications.
- Eliminates the certificate of registration for professional corporations.
- Makes certain provisions concerning midwifery certification effective July 1, 2018.
- Changes references to physician “temporary fellowship” to “nondiagnostic commission for foreign medical graduates certified graduate” permit.
- Adds the state epidemiologist to the approved entities able to receive INSPECT data.
- Removes from the boards that regulate health care providers the ability to establish prescribing norms and dispensing guidelines.
- However, the boards that regulate health care providers can review and act upon unsolicited dissemination of exception reports and send that report to a law enforcement agency or the Attorney General for investigation.

**House Enrolled Act 1391: SOCIAL WORKER LICENSES (FRIZZELL D)**
Status: Signed by the Governor, Public Law 192

- Establishes licensure for bachelor’s degree social workers.
- Permits reciprocity licensure for the following behavioral health professionals with valid licenses or certificates to practice in other states, including: bachelor’s degree social workers, clinical social workers, and social workers.

**Senate Enrolled Act 59: PROFESSIONAL LICENSING AND RECIPROCITY (HEAD R)**
Status: Signed by the Governor, Public Law 225

- Establishes associate licensure for graduates to begin work as clinical addiction counselors and addiction counselors prior to full licensure.
- Establishes licensure for bachelor’s degree social workers.
- Permits reciprocity licensure for the following behavioral health professionals with valid out-of-state licenses or certificates, including:
o a bachelor’s degree social worker, a clinical social worker and social workers;
o marriage and family therapist;
o mental health counselor; and
o clinical addiction counselors and addiction counselors

- Adds language to allow for an out-of-state individual seeking reciprocity for licensing in Indiana for psychology to receive a temporary license.

**House Bill 1474: ADVANCED PRACTICE NURSE (KIRCHHOFER C)**

**Status: DID NOT PASS**

- Changed “advanced practice nurse” references to “advanced practice registered nurse”.
- Required the Indiana State Board of Nursing to adopt rules concerning educational and certification requirements that an advance practice registered nurse must meet to prescribe legend drugs.
- Repealed provisions concerning advance practice registered nurse agreements.

**Telemedicine:**

**House Enrolled Act 1337: TELEMEDICINE MATTERS (KIRCHHOFER C)**

**Status: Signed by the Governor, Public Law 150**

As a follow-up to last year’s telemedicine legislation (HEA 1263), several clarifications are included in this year’s telemedicine bill, House Bill 1337.

- **NOTE:** IHA has received several questions from hospitals over the course of the last year about the absence of various health professionals from the provider types listed in the 2016 telemedicine statute. The 2016 law was never intended to be an enabling statute that establishes the authority to deliver telemedicine in Indiana, but rather the law sets standards for telemedicine encounters during which certain prescribers (physicians and advanced practice nurses and physician assistants with prescriptive authority) may issue prescriptions remotely. Neither the 2016 law nor HB 1337 prevents other provider types from engaging in telemedicine in accordance with the individual’s practice act, scope of practice, education, and training. To help eliminate confusion on the scope of the law’s applicability, HB 1337 amends the 2016 law by referring to the provider types to whom it is applicable as “prescribers” instead of the more general term “provider.”

- The main changes to the bill centered around the telemedicine prescribing law enacted in 2016 to now authorize the prescribing of controlled substances via telemedicine (with the exception of most opioid-containing drugs). Legislators had concerns about the potential ramifications of a patient receiving a controlled substance prescription without the patient receiving at least an initial in-person examination.
• Requires patients to receive an in-person examination, during which a diagnosis and treatment plan is established, prior to being issued a prescription for a controlled substance via telemedicine. The prescriber is not required to be the same person who examined and diagnosed the patient.

• Allows prescribers with valid controlled substance registration to issue prescriptions for controlled substances to patients they are seeing for the first time via telemedicine so long as the prescriber has reviewed and approved the treatment plan and prescribes controlled substances that are consistent with the established diagnosis.

• Prescribers are prohibited from prescribing opioid-containing drugs via telemedicine, unless the opioid is a partial agonist that is used to treat or manage opioid dependence (which would include Suboxone, but not other substance use disorder treatments such as Methadone).

• The prescriber must further meet any requirements of Indiana’s INSPECT program and prescribe in compliance with 21 USC 829 et seq. (the Ryan Haight Act, which governs controlled substances obtained through the internet with implications for telemedicine prescribing.)

• Grants discretion to the FSSA Office of Medicaid Policy and Planning to determine which provider types and entities are eligible for Medicaid reimbursement for covered telemedicine services.

• The Office of Medicaid Policy and Planning may not impose distance requirement on providers of telehealth or telemedicine services.

• Deletes language which would have required Medicaid to reimburse for “facility costs related to the use of telemedicine.”

**Transparency:**

**House Bill 1011: HEALTH CARE CHARGES (CULVER W)**
**Status: DID NOT PASS**

• Beginning in 2018, required health care providers to publish and provide to patients the charges for procedures rendered by the health care provider.

• Beginning in 2020, required health care providers to publish and provide to patients the charges for each product or service rendered by the health care provider.

**House Bill 1138: PUBLICATION OF MEDICARE INFORMATION (BRAUN M)**
**Status: DID NOT PASS**

• Requires a hospital to publish Medicare reimbursement amounts for health care services provided by the hospital and Medicare quality rating information.
House Bill 1140: HOSPITAL PUBLICATION OF CONTRACTS (BRAUN M)
Status: DID NOT PASS

- Requires a hospital or a physician practice that is owned by the hospital to make public contracts related to terms and conditions of third party payment for health care services.

House Bill 1483: AVAILABILITY OF ELECTRONIC MEDICAL RECORDS (CULVER W)
Status: DID NOT PASS

- Requires a health care provider to electronically record information from the examination of or provision of services into the patient’s electronic health record within 72 hours after the patient visit.
- Sets forth a civil penalty of $500 per patient visit for a health care provider who fails to update the patient’s electronic health record, and requires the Indiana State Department of Health to enforce violations.

House Bill 1486: HEALTH INSURANCE COVERAGE AND COST INFORMATION (SCHAIBLEY D) Status: DID NOT PASS

- Requires health care providers and health plans to provide to covered individuals and patients certain information concerning the cost of health care services.
- Requires health care providers to publish a payment policy for medically necessary health care services not covered by a third-party payment source.
- Requires the Department of Insurance (DOI) to establish, post, and maintain on the department’s Internet website a standardized prior authorization form for notice or authorization for health care services.
- Requires a state employee health plan, an accident and sickness insurer, and a health maintenance organization to: 1) use only the standardized prior authorization form; 2) allow electronic submission of the form and supporting information; and 3) respond verbally and electronically within 48 hours.
- Prohibits Medicaid, including risk-based managed care organizations, from requiring prior authorization for certain drug testing of recipients enrolled in a drug treatment program.
- Urges the Legislative Council to assign issues related to health care prior authorization to an appropriate interim study committee for study and a report to the General Assembly.
Stroke:

House Enrolled Act 1145: STROKE PROTOCOLS FOR EMERGENCY SERVICES PERSONNEL (ZENT D) Status: Signed by the Governor, Public Law 138

- Requires the Emergency Medical Services Commission (EMSC) to adopt rules concerning protocols for the identification, transport, and treatment of stroke patients by personnel providing emergency medical services.
- Requires the Indiana State Department of Health (ISDH) to compile and maintain a list of 1) certified stroke centers and hospitals; and 2) Indiana network participating hospitals.
- Requires certified hospitals to provide a copy of their certification and network participating hospitals must provide a copy of their written transfer agreement.
- Prohibits advertising that a facility is a certified comprehensive stroke center, a primary stroke center or an acute stroke ready hospital unless the facility is certified.

Women’s Health Matters:

Senate Enrolled Act 404: ABORTION, CHILD ABUSE, AND HUMAN TRAFFICKING (HOUCHIN E) Status: Signed by the Governor, Public Law 173

- Requires the Indiana State Department of Health (ISDH) to adopt rules concerning birthing centers and abortion clinics as it relates to procedures for follow-up care for patient complications, law enforcement training concerning human trafficking and other matters.
- Requires ISDH to also adopt rules for abortion clinics that perform only surgical abortions or perform abortions using only abortion inducing drugs.
- Establish procedures regarding the issuance of licenses to abortion clinics that perform only surgical abortions or only use abortion inducing drugs or perform both types of abortions.
- Provides that unemancipated pregnant minors that are wards of the state or an agency of the state may not consent to an abortion for the minor unless it is necessary to avert the pregnant minor’s death or a substantial and irreversible impairment of a major bodily function of the minor, as determined by a physician who certifies the determination in writing.
- Provides that a physician may not perform an abortion on an unemancipated pregnant minor less than 18 years of age without first having obtained from one of the parents, a legal guardian or a custodian the:
  - Written consent of one of the parents, the legal guardian or custodian;
  - Present proof of government issued proof of identification; and
  - Some evidence that provides an articulable basis that a reasonably prudent person would believe that the person is a parent, legal guardian or custodian of the unemancipated pregnant minor.
• The physician shall keep records of these documents for at least seven years.
• A minor who objects to having to obtain written consent from one of her parents, legal guardian or custodian, may petition the juvenile court in the county in which the pregnant minor resides.
• A physician who feels that compliance with the parental consent requirement would have an adverse effect on the welfare of the pregnant minor may petition the juvenile court within twenty-four (24) hours of the abortion request.
  o Unless the juvenile court finds it is in the best interests of the unemancipated pregnant minor to obtain an abortion without parental notification following a hearing on a petition, a parent, legal guardian or custodian is entitled to receive notice of the unemancipated minor’s intent to obtain an abortion.
  o The attorney representing the unemancipated minor shall serve the notice.
• These provisions of hearing and notice do not apply when there is an emergency need for a medical procedure to avert the pregnant minor’s death or a substantial and irreversible impairment of a major bodily function of the minor, as determined by a physician who certifies the determination in writing.
• A person may not knowingly or intentionally aid or assist an unemancipated minor in obtaining an abortion without parental consent. A person who does so may be civilly liable to the unemancipated pregnant minor, parent, legal guardian or custodian and a court may award damages.
• An adult who engaged in or consented to another person engaging in a sex act with a minor that resulted in a pregnancy may not be awarded damages.
• An unemancipated pregnant minor does not have capacity to consent to abortion.
• Health care providers who perform any type of abortion must complete the required form to ISDH within thirty (30) days after the date of each abortion.
• Changes from 14 years of age to 16 years of age for forms due to ISDH and Department of Child Services (DCS).
• A practitioner may be subject to disciplinary sanctions on their license if they fail to report suspected instances of child abuse and human trafficking.
• The Medical Licensing Board may revoke the license of a physician if, after appropriate notice and hearing, the Attorney General proves by a preponderance of the evidence that the physician failed to transmit appropriate forms to ISDH or performed an abortion in violation of Indiana law on viability or partial birth abortion.

House Enrolled Act 1278: CERVICAL CANCER PREVENTION (NEGELLE S)
Status: Signed by the Governor, Public Law 23

• Requires the Indiana State Department of Health (ISDH) to develop a strategic plan to identify and significantly reduce morbidity and mortality from cervical cancer.
• Requires the ISDH to collaborate with the Family and Social Services Administration (FSSA) and certain cancer facilities.
• Requires that a report on the strategic plan and recommendations on goal implementation and schedule compliance must be delivered to the Governor and General Assembly before December 31, 2018.

**House Bill 1128: ABORTION MATTERS (BACON R)**  
**Status: DID NOT PASS**

• Required the Indiana State Department of Health (ISDH) to adopt rules concerning birthing centers and abortion clinics as it relates to procedures for follow-up care for patient complications, law enforcement training concerning human trafficking and other matters.
• Required ISDH to also adopt rules for abortion clinics that perform only surgical abortions; abortion inducing drugs and establish procedures regarding the issuance of licenses to abortion clinics that perform only surgical abortions, only through abortion inducting drugs and perform both types of abortions.
• Required the ISDH to develop a form containing information stating the possibility of reversing the effects of an abortion obtained through an abortion inducing drug.
• The form would have included referral telephone numbers and websites as well as the language stating, “No scientifically validated medical study confirms that an abortion may be reversed after taking abortion inducing drugs.”
• Required additional information be reported to ISDH in instances of surgical abortions such as patient’s county of residence, marital status, education level, race, ethnicity, and mother’s obstetrical history plus the name of the second doctor present at the abortion.
• Health care providers who perform any type of abortion must complete the required form to ISDH within thirty (30) days after the date of each abortion.
• Changes from 14 years of age to 16 years of age for forms due to ISDH and Department of Child Services (DCS).
• Required licensed physicians and hospitals to report to the ISDH each case of a patient suffering from complications due to a surgical abortion or an abortion through the use of an abortion inducing drug. Reporting must contain date of abortion, description of complications and abortion clinic or facility where abortion was performed.
• Persons employed by ISDH, a birthing center, hospital or abortion clinic shall not release the name of any patient or employee that is confidential under HIPAA; Indiana law or rule of ISDH.
• Patients and employees would have a private right of action for damages against the release of personal identifying information.
Public Health:

House Enrolled Act 1336: DEPARTMENT OF HEALTH MATTERS (KIRCHHOFER C)
Status: Signed by the Governor, Public Law 149

- The bill provides that county or municipal hospitals may be styled in one of three ways:
  - “The Board of Trustees of ____________Hospital”, to include the full name of the hospital;
  - The full name of the hospital; or
  - An assumed business name under which the board conducts the board’s affairs.
- Adds children at least 3 years of age and less than 7 years of age or children to the list of eligible children who may have the State Department of Health pay up to $2,000 per hearing aid.
- Requires the State Department of Health to keep confidential the list of persons who file a complaint regarding food safety matters or food borne illness including any health or sanitary conditions at a food establishment.
- Provides that in cases where the State Department of Health agents have tagged a product that is adulterated or misbranded, the notice that the merchandise has been detained or embargoed for not more than 15 days in the case of food (was previously 5 days).

House Enrolled Act 1438: SYRINGE EXCHANGE PROGRAMS (KIRCHHOFER C)
Status: Signed by the Governor, Public Law 198

- Provides that a qualified entity may operate a syringe exchange program (SEP) only in a county or municipality where: 1) a public health emergency has been declared; or 2) a program has been approved by the local governmental body.
- Allows a county or municipality to approve the operation of a SEP after a public hearing and testimony have been held and official action adopting declarations of the public health need have been approved.
- If a county or municipality chooses not to approve the operation of a SEP they may submit a request to the State Health Commissioner asking that a public health emergency be declared and the ISDH may approve the operation of a program.
- Allows a program to be renewed for not longer than two years.
- Requires a program to keep a sufficient quantity of an overdose intervention drug in stock to administer when needed.
- Requires the State Health Commissioner to receive written notice when a SEP is renewed, expired, or terminated or if the qualified entity operating the program changes. Extends the law concerning programs until July 1, 2021.
House Bill 1578: TOBACCO USE (KIRCHHOFER C)
Status: DID NOT PASS

- Raised the cigarette tax by $1.50 per pack.
- Increased tobacco prevention and cessation funding to $35 million.
- Raised the age of purchase for all tobacco-related products from 18 to 21 years of age.
- Repealed the preferential treatment of smokers in Indiana labor law.

Pharmacy:

House Enrolled Act 1540: PHARMACY LAW (DAVISSON S)
Status: Signed by the Governor, Public Law 202

- Allows the State Health Commissioner or a designated public health authority (must be a licensed prescriber) to issue a statewide order, prescription, or protocol that allows a pharmacist to administer or dispense: 1) certain immunizations; or 2) a smoking cessation product.
- Requires that the standing order, prescription, or protocol be posted on the Internet website of the Board of Pharmacy.
- Allows: 1) more than four members of the same political party; and 2) individuals who are full-time members or professors at a school of pharmacy to serve on the board.
- Allows the Board of Pharmacy to adopt emergency rules concerning pharmacies that perform compounding.
- Removes the requirement that a pharmacy permit and pharmacist’s license be prominently displayed at the pharmacy.
- Adds measles, mumps, rubella, varicella, Hepatitis A, Hepatitis B and Haemophilus influenza type b (Hib) to the list of immunizations that a pharmacist may administer under a drug order, prescription or protocol approved by a physician.
- Allows a pharmacist to administer pneumonia immunizations to individuals who are at least 50 years of age.
- Authorizes a pharmacist to administer immunizations under a standing order, prescription, or protocol of the State Health Commissioner or the designated public health authority.
- Establishes a registry for pharmacy remote dispensing facilities.
- Establishes a definition of “remote dispensing facility” but the term does not include a facility or an automated dispensing system that is located in a hospital, an ambulatory outpatient surgical center, or a health facility.
- Establishes a definition of “telepharmacy” but the term does not include patient care through the use of telecommunications or other technology by a pharmacy or pharmacist that is located in a hospital, an ambulatory outpatient surgical center, or a health facility.
• Makes various changes to the law concerning drug regimens and the use of protocols but also does not apply to hospitals.
• Requires that a health insurance policy and a health maintenance organization contract that provides coverage for prescription medications must provide for synchronized refill schedule coordination for chronic prescription medications.
• Provides that the taking of a controlled substance from: 1) a pharmacist acting in their official capacity; or 2) a pharmacy is a robbery (Level 4 felony).
• The use of a deadly weapon; or causing bodily injury to any person during the robbery is a Level 2 felony. Causing serious bodily injury to any person during the robbery is a Level 1 felony.

**Senate Enrolled Act 51: IMMUNIZATIONS (GROOMS R)**
**Status:** Signed by the Governor, Public Law 96

• The State Health Commissioner and/or their designated public health authority (must be a licensed prescriber) may, as part of the individual’s official capacity, issue a statewide standing order, prescription or protocol that allows a pharmacist to administer or dispense an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on immunization practices for individuals who are not less than 11 years of age.
• Grants immunity from civil liability related to issuing the standing order to the State Health Commissioner or the designated public health authority.
• Provides that the Indiana State Department of Health (ISDH) may release information from the immunization data registry concerning an individual to an entity (including private entities) if it is for education and outreach.
• The entity must provide in writing the information the entity needs, how it intends to use the information and the safeguards the entity will take to protect the identity of individuals. An agreement may then be executed between ISDH and the entity specifying these conditions.
• Requires that the standing order, prescription, or protocol be posted on the Internet website of the Board of Pharmacy.
• Adds measles, mumps, rubella, varicella, Hepatitis A, Hepatitis B and Haemophilus influenza type b (Hib) to the list of immunizations that a pharmacist may administer under a drug order, prescription or protocol approved by a physician.
• Allows a pharmacist to administer pneumonia immunizations to individuals who are at least 50 years of age.
Hospital Matters:

House Enrolled Act 1571: AUTOPSY REPORTS (HATFIELD R)  
Status: Signed by the Governor, Public Law 160

- Allows a coroner, in certain circumstances, to make available an autopsy report to the peer review committee of a hospital at which the decedent was treated immediately before death.

House Enrolled Act 1122: CRITICAL INCIDENT STRESS MANAGEMENT SERVICES (WESCO T) Status: Signed by the Governor, Public Law 139

- Establishes definitions of “critical incident”, “critical incident stress” and “critical incident stress management services” among other definitions.
- Provides that a communication made by an emergency responder to a critical incident stress management (CISM) services provider is confidential and may not be disclosed in a civil, criminal, or administrative proceeding.
- A record in this instance is not subject to subpoena, discovery or introduction into evidence in a civil, criminal or administrative proceeding.
- A communication or record is not confidential for the following purposes:
  - The CISM services provider makes a referral for the emergency responder.
  - The CISM services provider consults about the emergency responder with another CISM services provider.
  - The communication conveys information that the emergency responder poses or appears to pose an imminent threat of harm to the emergency responder, a CISM services provider or another individual.
  - The communication conveys information relating to child or elder abuse.
  - The emergency responder or the legal representative of the emergency responder expressly agrees that the emergency responder’s communication is not confidential.
- A CISM team or a CISM services provider providing CISM services is not liable for damages for any act, error or omission committed by the CISM team or provider in performing services including: 1) personal injury; wrongful death; property damage; or other loss unless the act, error, or omission constitutes wanton, willful or intentional misconduct.

Senate Enrolled Act 112: HOSPITAL POLICE DEPARTMENTS AND INDIANA HEALTH CARE FACILITIES TASK FORCE (KRUSE D) Status: Signed by the Governor, Public Law 99

- Clarifies that hospital police departments have authority on property that includes the physical plant of a hospital, the surrounding grounds of the health system, and hospital satellite offices and facilities.
• Establishes the Indiana Health Care Facilities Task Force made up of the Indiana State Department of Health (ISDH), the State Fire Marshal, and representatives from the Indiana Hospital Association, Indiana Health Care Association, American Institute of Architects (Indiana) and Indiana Society for Healthcare Engineers.

• The Health Care Facilities Task Force shall: 1) Study and review current surveying process for hospital and health facility licensure and explore ways to make the process more efficient; 2) study, review and update the American Institute of Architects guidelines for the design and construction of hospitals and health care facilities; and 3) study, review and update National Fire Protection Association standards. A report must be submitted to the Governor and Legislative Council by August 31, 2018.

Senate Enrolled Act 119: AIR AMBULANCE SERVICE STANDARDS (BECKER V)
Status: Signed by the Governor, Public Law 100

• Adds a representative of an entity that provides air ambulance services to the composition of the Indiana Emergency Medical Services Commission (EMSC).
• Requires the EMSC with the assistance of the Indiana State Department of Health (ISDH) to develop statewide standards for activation and use of air medical services for transport of patients from the emergency scene to a trauma center.
• Requires that the standards must be updated at least every three years.
• Allows an employer that is a health care system affiliated with a state educational institution and that maintains an air ambulance services provider and employs persons that provide air ambulance services to purchase coverage for a special death benefit.

Senate Enrolled Act 175: HEALTH CARE CONSENT (LEISING J)
Status: Signed by the Governor, Public Law 54

• Provides that an adult grandchild or grandparent may consent to health care for an individual capable of consenting if the health care representative has not been appointed, is not reasonably available, declines to act, or is unknown to the health care provider.
• Provides that a grandparent may consent to the health care for a minor grandchild if a parent, guardian, an individual acting in loco parentis, or an adult sibling is not reasonable available, declines to act, or is unknown to the health care provider.
• Requires the health care provider to make a reasonable attempt to determine whether a minor has a parent, an individual in loco parentis, guardian, or adult sibling who is able to consent to the minor’s treatment prior to seeking consent from the grandparent.
Senate Enrolled Act 246: CHILD NEGLECT DEFENSE (HOLDMAN T)
Status: Signed by the Governor, Public Law 263

- Provides that hospitals may operate a newborn safety device ("baby box").
- Provides that an emergency medical services provider shall take custody of a child, who appears to not be more than thirty (30) days of age if:
  - the child is voluntarily left in a newborn safety device that has been approved by a licensed hospital;
  - is physically located in a hospital that is staffed continuously for 24-hour basis every day to provide care to patients in an emergency; and
  - is located in an area that is conspicuous and visible to staff.
- Grandfathers in newborn safety devices that were installed as of January 1, 2017 and are located at sites that are staffed by an emergency medical services provider.
- A hospital that approves the operation of a newborn safety device is immune from civil liability for an act or omission relating to the operation of the newborn safety device unless the act or omission constitute gross negligence or willful or wanton misconduct.
- Specifies under the Safe Haven law that it is a defense to a claim of neglect of a dependent if the individual left the child: 1) with a person who is an emergency medical services provider; or 2) in a newborn safety device that meets the specified requirements.
- Creates a Level 1 felony if a person caring for a dependent knowingly or intentionally is responsible for the death of a dependent of any age who has a mental or physical disability.

Senate Enrolled Act 279: POST-EXPOSURE PROPHYLAXIS REIMBURSEMENT (LANANE T)
Status: Signed by the Governor, Public Law 104

- Adds to the definition of “additional forensic services” for purposes of reimbursement, prophylactic medication related to HIV prophylactic medication.

Senate Enrolled Act 312: USE OF CRIMINAL HISTORY INFORMATION IN HIRING (BOOTS P)
Status: Signed by the Governor, Public Law 210

- Political subdivisions shall not prohibit an employer from asking at the time of initial application about an individual’s criminal history information or requiring the individual to disclose their criminal history information or obtaining criminal history information during the hiring process to the extent that federal and state law allow.
- Criminal history information for an employee or former employee may not be introduced as evidence against an employer in a civil action that is based on the conduct of the employee or the former employee if the nature of the criminal history information does not bear a direct relationship to the facts of the underlying civil action. The information also cannot be used as evidence in instances of court order being sealed, criminal conviction was reversed or vacated, the
individual received a pardon, the criminal conviction was expunged or the arrest or charge did not result in a criminal conviction.

Senate Enrolled Act 447: CHILD SERVICES (MERRITT J)
Status: Signed by the Governor, Public Law 183

- Provides that an individual required to make a report of suspected child abuse or neglect in the individual’s capacity as a member of staff of a hospital shall immediately notify the individual in charge of the hospital or the designated agent of the individual in charge of the hospital.
- The individual in charge of the hospital or the designated agent shall immediately report or cause a report to be made to the Department of Child Services (DCS) or the local law enforcement agency.

Senate Enrolled Act 516: POWER OF GUARDIAN TO REQUEST HEALTH RECORDS (BREAUX) Status: Signed by the Governor, Public Law 240

- Provides that, even though a guardianship terminates upon the death of the protected person, a guardian is authorized to request the health records of a protected person within 60 days after the protected person’s death if the protected person was an incapacitated person.
- However, the guardian may not request the health records of the protected person after their death if a personal representative of the estate of the protected person is appointed.

Senate Enrolled Act 549: PERSONAL INFORMATION PRIVACY (SANDLIN J)
Status: Signed by the Governor, Public Law 76

- Amends the definition of “abandoned” for purposes of protection of health records and personal information to include “recklessly or negligently treated such than an unauthorized person could obtain access or possession.”
- Permits the Attorney General to file an action against a health care provider or former health care provider to recover costs incurred with abandoned health records.
- Once the current or former health care provider who is a data base owner or former data base owner ceases to be a covered entity for purposes of the federal Health Insurance Portability and Accountability Act (HIPAA), the Attorney General may still bring an action against a data base owner for abandon records.

House Bill 1068: HOSPITAL ADMISSIONS, ORGAN DONOR DESIGNATION (BACON R)
Status: DID NOT PASS

- Required a hospital to: 1) ask a patient or the patient’s health care representative as soon as practicable following the patient’s admission to the hospital whether the patient wants to be a human organ donor; and 2) designate the choice in the patient’s medical record.
Senate Bill 133: HOSPITAL EMPLOYEE IMMUNIZATIONS (MRVAN F)
Status: DID NOT PASS

- Required a hospital, beginning January 1, 2018, to administer or make available to be administered certain immunizations to hospital employees or contractors who routinely have direct contact with any patient of the hospital.
- Allowed a hospital to elect to annually administer or make available certain immunizations to health care professionals, other employees, and contractors.
- Required a hospital to administer or make influenza immunizations available at certain times during the year.
- Allowed a hospital to establish a process for determining whether the tenets of a person’s religion for an exemption prohibit an individual from receiving an immunization.
- Authorizes a hospital, if the hospital has a written policy in place before an individual’s failure to receive an immunization to: 1) impose as a condition of employment or a contract, a requirement that an individual have an immunization; and 2) terminate an employee or contractor for not obtaining the immunization if the employee or contractor does not qualify for an exemption.
- Provides civil immunity for the hospital.

Payment in Lieu of Taxes (PILOTs)

House Bill 1201: STATE PAYMENTS IN LIEU OF PROPERTY TAXES (ARNOLD L)
Senate Bill 122: STATE PAYMENTS IN LIEU OF PROPERTY TAXES (KOCH E)
Status: DID NOT PASS

- Required the state to make payments in lieu of property taxes for qualified parcels in counties in which at least 45 percent of all land in the county is: 1) in the aggregate, owned or leased by the State of Indiana or the federal government; and 2) is subject to an exemption from property taxes.
- Provided that a county containing qualified parcels is entitled to receive PILOTs from the state.
- Provided that for purposes of calculating a PILOT, each acre of the qualified parcel is considered to have an assessed value of one-half of the statewide agricultural land base rate value.
- Would have annually appropriated from the state general fund the amount necessary to pay the required PILOT.

House Bill 1348: LOCAL SERVICES FEE ON TAX EXEMPT PROPERTY (SAUNDERS T)
Status: DID NOT PASS

- Allowed a county fiscal body to impose a local service fee on tax exempt property within the county (other than a building used for religious worship).
• Provided that after June 30, 2018, a municipal fiscal body may impose a local service fee on tax exempt property within the municipality if the county fiscal body has not imposed a local service fee.

• Authorized a fiscal body to exercise reasonable discretion in adopting different schedules of local service fee rates or making classifications in schedules of local services fee rates based on variations in the costs of furnishing basic and essential government services, including capital expenditures required.

• Provides that the revenue from a local service fee shall be distributed to the county, municipality (if any), and the township for any legal or corporate purpose in which the tax-exempt property is located.

• Revenue shall be distributed proportionally.

**Senate Bill 467: PUBLIC SAFETY FUNDING (BUCK J)**

**Status: DID NOT PASS**

• Required a property insurer to pay a fire department reimbursement provided in a policy in response to the property owner's claim against the insurer.

• Allowed a fire department to charge the property owner if the reimbursement is not paid.

• Allowed a county, municipality, township, or fire protection district to impose a public safety user fee to replace property taxes imposed by the entity.

• Specified the purposes for which the public safety user fee may be used.

• Provided that a public safety user fee may be imposed on the owner of each lot, parcel of property, or building or other real property improvement, regardless of whether the property is exempt from ad valorem property taxes.

• Specified that the public safety user fees imposed for a calendar year by an entity are considered property taxes for purposes of: (1) calculating the entity's maximum permissible property tax levy; (2) calculating the amount of circuit breaker credits; and (3) the distribution of any excise taxes or local income taxes that are distributed on the basis of property taxes.

• Provided that such a public safety user fee is in addition to any other fee, rate, or charge imposed under any other statute or under home rule powers.

• Allowed the imposition of an impact fee for capital improvements for public safety purposes.

• Provided that for purposes of the impact fee statutes, impact costs do not include the costs of infrastructure necessitated by annexation.
Insurance:

**Senate Enrolled Act 73: ELECTRONIC AUTHORIZATION FOR PRESCRIPTION DRUGS (GROOMS R)**
Status: Signed by the Governor, Public Law 45

- Requires certain health plans to accept and respond to electronic prior authorization requests according to a particular electronic transaction standard.

**Senate Enrolled Act 303: DIRECT PRIMARY CARE AGREEMENTS (KOCH E)**
Status: Signed by the Governor, Public Law 108

- Specifies that a direct primary care agreement is not insurance and a primary care provider or an employer of a primary care provider that enters into a direct primary care agreement is not required to obtain an insurance certificate of authority.
- A direct primary care agreement must be in writing and signed by the primary care provider or their agent or employer and the patient or their legal representative.
- The agreement must describe the scope of the services that are covered by the periodic fee, duration of the agreement and any automatic renewal periods. The agreement may not require more than 12 months’ advance payment and must prominently state it is not health insurance.

**House Enrolled Act 1273: OUT-OF-NETWORK PROVIDER REFERRALS (BAIRD J)**
Status: Signed by the Governor, Public Law 147

- A provider that makes a referral shall provide to a covered individual an electronic or paper copy of written notice that states:
  - An out-of-network provider may be called upon to render health care items or services to the covered individual during the course of treatment.
  - An out-of-network provider called upon is not bound by payment provisions of items or services in-network of the covered individual’s health plan.
  - The covered individual may contact their health plan to obtain a list of network providers for that health care item or service.
- This language does not apply to referrals for treatment of an emergency medical condition, referrals made immediately following treatment of an emergency medical condition; and by the provider that rendered the treatment of the emergency medical condition.
- Nor does it apply for referrals for medically or psychologically necessary therapeutic services rendered to an admitted patient in a hospital or another facility in which the patient may be admitted for more than 24 hours.
House Bill 1086: MEDICAL PAYMENT COVERAGE (FRYE R)
Status: DID NOT PASS

- Specified that medical payment coverage is supplemental to coverage under a health plan or public health coverage program.
- Specified that 1) the amount under the medical payment coverage must not exceed the amount to which the health care provider agreed as payment in full for a health care services under the covered individual's health plan or public health coverage program and 2) the covered individual is not liable for any amount that exceeds the amount to which the health care provider agreed as described above.

House Bill 1139: OUT-OF-STATE HEALTH INSURANCE (BRAUN M)
Status: DID NOT PASS

- Allowed an accident and sickness insurer that is licensed in certain other states, but is not licensed in Indiana, and that complies with the state examination and insurance premium tax requirements, to issue a policy of accident and sickness insurance to a resident of Indiana without complying with other Indiana insurance laws.

Long Term Care:

House Enrolled Act 1287: CHOICE PROGRAM (CLERE E)
Status: Signed by the Governor, Public Law 87

- This bill defines "countable asset" and amends the definition of "case management" and "eligible individual" for purposes of the Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE program).
- Reduces the asset limit from $500,000 to a maximum of $270,000.
- The bill defines countable assets to include property that is used to determine eligibility for the Medicaid Aged and Disabled Waiver. For the majority of applicants, this asset definition would exclude one automobile and the primary residence and would include liquid assets such as cash, retirement accounts, certificates of deposit, etc.
- Provides that under the CHOICE program the Division of Aging (Division):
  - (1) must establish a cost participation schedule for each eligible individual; and
  - (2) may not require a family member or other person to provide services as a condition of eligibility. The bill requires a case manager from an Area Agency on Aging (AAA) to perform initial verification and reverification of an individual's income and assets for the CHOICE program.
• Requires the Division to convene collaborative work groups with AAAs to develop policies that establish:
  o (1) a person-centered planning process, supported by a needs-based assessment tool, to be used; and
  o (2) the percentage of program dollars adequate to provide case management services;
  o (3) training necessary;
  o (4) data collection standards;
  o (5) program performance measures; and
  o (6) a cost participation schedule for the CHOICE program.
• The bill would more likely result in a net increase in the number of CHOICE participants by allowing individuals with lesser acuity of need to be served. Evaluating CHOICE participants using needs-based assessment, rather than the ability to perform activities will result in increased workload for the Area Agencies on Aging.

**House Enrolled Act 1493: LONG TERM CARE AND HOME HEALTH AGENCIES (BROWN T)**

Status: Signed by the Governor, Public Law 224

• Prohibits implementation of risk-based managed care in the Medicaid program for dually-eligible individuals that meet nursing facility level of care for 2.5 years. The provision does not apply to PACE programs. The provision would expire December 31, 2019.
• Requires the Office of Medicaid Policy and Planning (OMPP) to provide one year advance public notice, with fiscal analysis, of any reduction to nursing facility reimbursements.
• Sets RUG-IV, 48-Group model for payment of nursing facility services.
• Permits End of Therapy calculations in the grouper on July 1, 2018.
• Requires the Division of Aging to report to the General Assembly regarding redesign and expansion of Home and Community Based Services.
• Requires OMPP to explore additional financing mechanisms for home health care rates.
• Requires Assisted Living services to be part of a Medicaid Home and Community Based Services (HCBS) program for the aged and disabled.
• Requires the Indiana State Department of Health (ISDH) to amend current residential care facilities rules to comply with federal law regarding HCBS.
• Requires drug testing of any Home Health Care employees with direct patient care. Employees licensed under IC 25 are exempt from the testing. Drug testing requirements are as follows: (1) applicant prior to hire; (2) 50% of unlicensed employees randomly, annually; or (3) upon reasonable suspicion of illegal controlled substance use.
• Requires OMPP to report to the legislature on Medicaid financial eligibility requirements and limitations for health facility services and occupancy rates, by age, of health facilities.
**Miscellaneous:**

**House Enrolled Act 1148: CANNABIDIOL AND TREATMENT RESISTANT EPILEPSY (FRIEND B) Status: Signed by the Governor, Public Law 188**

- Defines "cannabidiol" and "substance containing cannabidiol".
- Establishes a cannabidiol registry for patients and their caregivers for the use of a substance containing cannabidiol in the treatment of an individual with treatment resistant epilepsy.
- Requires the Indiana State Department of Health (ISDH) to maintain the registry.
- Provides that the offense of possession of paraphernalia does not apply to the possession of certain items used in connection with lawfully possessed cannabidiol.
- Establishes defenses to: (1) possession of marijuana; and (2) an allegation that a person has violated a condition of supervised release; if the charge or violation is based on the use of a substance containing cannabidiol.
- Specifies that, if a substance containing cannabidiol is approved by the FDA or DEA, it is a defense to certain charges and violations that the substance was dispensed under a prescription.

**House Enrolled Act 1342: CHILD IN NEED OF SERVICES (KIRCHHOFER C) TRAILER BILL to Senate Enrolled Act 243 and Senate Enrolled Act 246 Status: Signed by the Governor, Public Law 249**

- Removes a rebuttable presumption that a child is a child in need of services (CHINS) if a child is born with: 1) fetal alcohol syndrome; 2) neonatal abstinence syndrome; or 3) any amount of a controlled substance or legend drug in the child’s body; and there is evidence that a child’s mother used a controlled substance or legend drug during pregnancy.

**House Enrolled Act 1489: CLARK COUNTY (BROWN T) Status: Signed by the Governor, Public Law 199**

- Urges the Legislative Council to assign the following to a study committee: 1) The topic of studying issues related to the tax increment financing process; and 2) the topic of the uniform property tax assessment of nonprofit entities.