2013 Indiana General Assembly Legislative Report

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2013 Indiana General Assembly Overview

The long session of the Indiana General Assembly was dominated by development of the biennial budget, but there were many new developments that impacted health care issues. House Republicans achieved a supermajority in the 2012 election by winning 69 out of 100 seats, Senate Republicans retained their 37-13 supermajority and many new members joined on both sides of the aisle. Almost 40 percent of the House was elected in 2010 or 2012, and the large class of freshman and sophomore lawmakers created new dynamics on key issues. The retirement of long-serving leaders meant new faces in powerful positions, most notably with Rep. Tim Brown (R-Crawfordsville) moving from leading the House Public Health Committee to becoming chairman of the powerful House Ways and Means Committee. Rep. Ed Clere (R-New Albany) assumed the chairmanship of the House Public Health Committee.

Republican leadership remained relatively unchanged. Speaker Brian Bosma (R-Indianapolis) and Senate Pro Tem David Long (R-Fort Wayne) continued to lead the House and Senate, respectively. Democrats elected two new caucus leaders in Rep. Scott Pelath (D-Michigan City) and Sen. Tim Lanane (D-Anderson). Rep. Pelath was chosen to replace former Speaker Pat Bauer (D-South Bend) while Lanane replaced retiring Sen. Vi Simpson (D-Bloomington).

Changes were also driven by the election of Gov. Pence, who succeeded fellow Republican Gov. Daniels after eight years of service. Gov. Pence's priorities for his first term included expanding vocational education and job creation bills, but the centerpiece of his agenda was a ten-percent reduction in Indiana's personal income tax. This cut was omitted from the House-passed budget bill, which triggered some public sparring among Republicans, but ultimately leaders of the ruling party compromised on a series of tax breaks which included a five-percent income tax cut.

IHA testified at the Indiana Statehouse on Feb. 13 in support of coverage expansion under the Affordable Care Act.

IHA's appeal to advance expansion legislation was aided by Caroline Sims, RN, Ph.D., director of nursing practice at Columbus Regional Hospital.

Sims spoke before the House Public Health Committee and stressed the critical role of hospitals in economic development.

HOSPITAL ASSESSMENT FEE PROGRAM

Identified by the IHA Board as one of the top priorities for the 2013 session, renewal of the Hospital Assessment Fee (HAF) was included in the final budget bill, HEA 1001, extending the program for four years through June 30, 2017. IHA has already begun working with FSSA to finalize the state plan amendments needed to obtain CMS approval of the extension. The HAF program has served Indiana well, providing much needed increases in Medicaid reimbursement for hospitals, leveraging more than $200 million each year in additional federal funds and benefitting the state's finances.

COVERAGE EXPANSION

The second major priority in 2013 was extending coverage to as many as 400,000 uninsured Hoosiers under the ACA's Medicaid expansion provisions. IHA and member hospitals urged legislators directly, and through a media campaign, to act during the session. Related legislation did advance in the form of HB 1591 (Rep. Clere) and SB 551 (Sen. Pat Miller). However, it became clear that Gov. Pence and some legislative leaders strongly preferred allowing FSSA to use existing authority (granted in the 2011 session by SEA 461) to negotiate through the Medicaid 1115 demonstration project waiver process. Senate Republicans also championed language that would require the State to seek greater program flexibility through a block grant-like waiver for the entire Medicaid program, but these provisions were dropped from the budget bill in the session's final hours.

In February, the Administration applied to CMS to renew the Healthy Indiana Plan (HIP) waiver which is set to expire at the end of 2013. As part of that application, the State also asked for the option of using HIP as the vehicle to enroll all Hoosiers earning up to 138 percent of the poverty level. However, the application does not represent a commitment to expand, even if approved. Democrats in the House and Senate continued to press through the end of the session for "backup" legislation that would authorize expansion through Medicaid if the HIP waiver was denied, but their attempts were unsuccessful.

While neither HEA 1001 nor any other bill mandates an expansion of coverage through Medicaid or HIP, the budget does contain some important provisions. It requires a transfer in the next biennium of $250 million to the Medicaid Contingency and Reserve Account from the state's General Fund. Funds will also continue to accrue to the Healthy Indiana Plan Trust Fund. Another $225 million will be deposited in this fund from cigarette tax revenues over the next two fiscal years, adding to a balance that currently exceeds $200 million. These accounts could serve as a source of funding, should the HIP negotiations be successful. IHA remains hopeful that coverage can still be expanded on Jan. 1, 2014.

BIENNIAL BUDGET

HEA 1001: State Budget
Author: T. Brown
Status: Signed by the Governor – Public Law 205

The budget bill appropriates nearly $30 billion over two years to fund education, Medicaid, the state's prison system, general government services and more. Some of the key health care-related items are outlined below:

- A Primary Care Shortage Area Scholarship was created for physicians (including osteopathic doctors) practicing family medicine, pediatrics, internal medicine, obstetrics and gynecology. Psychiatrists would also be eligible. Up to $10,000 a year for four years could be awarded to students at the Marian University College of Osteopathic Medicine. Recipients would agree to practice in a primary care shortage area for four years, including a residency. The intent is to keep tuition comparable to in-state levels at the Indiana University School of Medicine.

- The bill repeals the Nursing Scholarship Fund. Created in 1990, the program was funded at about $350,000 per year. However, the Higher Education Commission identified the program as an underutilized fund and recommended to the General Assembly that it be eliminated.

- Annual funding for the Indiana Tobacco Prevention and Cessation program was finalized at $5 million per year. This is well below the current $8 million level, but represented an increase over the Senate's version of the budget which would have appropriated only $4.05 million annually.

- The General Assembly is seeking to increase its oversight of Medicaid policy. A new requirement was added to HB 1001 that requires FSSA submit all state plan amendments and Medicaid waiver requests to the State Budget Committee for review.

- Despite the long list of health care-related topics that were assigned to summer study committees during the 2013 session, the budget bill repeals the Select Joint Commission on Medicaid Oversight, transferring the responsibilities of this body to the current Health Finance Commission.

OTHER KEY BILLS

HEA 1182: Physician Order for Scope of Treatment
Author: T. Brown
Status: Signed by the Governor - Public Law 164

IHA worked with several provider groups to champion legislation that would better enable providers to honor a patient's end-of-life preferences. The new law establishes the Physician Order for Scope of Treatment (POST) form which will serve as a tool, in addition to living wills and advanced directives, for patients with terminal illnesses or advanced frailty to document their desired level of care. The POST form will contain medical orders designed to be easily understood and actionable by providers that can transfer with patients across the health care

continuum. For situations when the existence of an executed POST form is unknown to a provider, IHA ensured the new law provides legal protection.

HEA 1328: Health Matters (ACA-Related Legislation)
Author: T. Brown
Status: Signed by the Governor – Public Law 278

Originally, a bill dealing only with school-based health programs, HEA 1328 became somewhat of a "Christmas tree" bill with numerous "ornaments" added during the conference committee process at session's end. Significant provisions were included that had previously been part of bills that advanced but ultimately died, such as HB 1319 (Rep. Lehman) and SB 551 (Sen. Pat Miller). Key elements include:

- The bill requires that the Indiana Department of Insurance (IDOI) oversee elements of a federal Health Insurance Exchange, including a process for registration and certification of navigators, assisters and certified application counselors. Fees for individuals and organizations performing exchange enrollment-related activities will also be required. IHA worked to include language that allows the IDOI commissioner to exempt individuals who are assisting primarily with Medicaid application completion and presumptive eligibility, or performing general outreach and education on enrollment.

- Given the ACA's prohibition against discrimination in the insurance market for those with pre-existing conditions, Indiana is "unwinding" its high-risk pool, the Indiana Comprehensive Health Insurance Association. When ICHIA is fully dissolved, the State will realize a savings of approximately $50 million a year.

- The bill also repeals the statutory waiting period for HIP, which requires individuals to be without insurance for six months before becoming eligible.

- A significant change that received rather limited attention was the elimination of Indiana's process for determining Medicaid eligibility for the aged, blind and disabled. IHA applauds the shift from Section 209(b) status to 1634 status, meaning Medicaid applications can be accepted based on eligibility for the federal Supplemental Security Income program. As a result, the separate disability determination process through the Medical Review Team and the spend-down program can be eliminated in 2014.

- Despite a flurry of activity around this topic in the final days of session, nothing regarding a reduction in Medicaid coverage for pregnant women was included in HEA 1328 or any other bill. A proposal to reduce eligibility from the current 200 percent of poverty to 138 percent was dropped. It was suggested that since those earning more than 100 percent of poverty will be eligible for tax credits to purchase insurance through the exchange starting Jan. 1, 2014, Indiana could roll back coverage. This topic could emerge again next session as it has been identified as a potential budget savings of $40 million over seven years.

- IHA spent considerable time this session addressing various proposals to expand Medicaid managed care. The final language in HEA 1328 addressed our three main goals, which were: (1) ensuring a reasonable timeframe for study/implementation; (2) including provider-led models like ACOs as options; and (3) protecting supplemental payment programs. Under the bill, FSSA will be required to report to the Health Finance

Commission by Dec. 15 concerning the feasibility, potential cost savings and other issues related to expanding risk-based managed care to cover aged, blind and disabled Medicaid recipients.

SEA 265: Health Care Provider Peer Review Committees
Author: Pat Miller
Status: Signed by the Governor - Public Law 29

Gov. Pence signed IHA-led legislation that would amend the peer review statute to allow all health systems to organize peer review committees. Under current law, some health systems are not expressly authorized to do so. IHA's Council on Government Relations endorsed this bill as part of its 2013 agenda.

SEA 5: Hospital Liens
Author: Steele
Status: Signed by the Governor – Public Law 173

One of the major threats this session was the repeal of the hospital lien statute. The Indiana Trial Lawyers Association led an effort to repeal the long-standing hospital lien law, which enables hospitals to be paid without having to seek payment directly from the patient. The lien is essentially a claim placed against the personal injury settlement/judgment the injured patient is seeking, not a lien against the patient or his/her property. Citing alleged hospital abuses of the statute, SB 5 advanced overwhelmingly out of the Senate as a full repeal. IHA worked with the House Insurance Committee, which recognized that repeal would only lead to more litigation and would not benefit patients.

A floor fight erupted on second reading as an amendment supported by trial lawyers was adopted in lieu of an IHA-backed version. The final bill does not repeal hospital liens, although it does restrict them as outlined below, effective July 1:

- Hospital liens may not be filed for services provided to an individual covered by Medicare, although it is unclear to what extent this is preempted by Medicare's secondary payer rules.

- The second reading amendment backed by the trial lawyers also intended to prevent liens from being filed for services provided to Medicaid enrollees. However, after the General Assembly had already enacted SEA 5, Indiana's Office of Medicaid Policy and Planning became concerned that this prohibition would cause hospitals to seek reimbursement from Medicaid. Because of the potential impact on state expenditures, language was added to the budget bill that repealed SEA 5's Medicaid prohibition. In other words, despite the content of SEA 5, hospitals will remain able to file liens for services provided to Medicaid enrollees because HEA 1001 acted as a "trailer bill", undoing the provision enacted earlier in the session.

- SEA 5 is reasonably interpreted to prohibit a hospital, when contracted with a patient's health plan/insurer, from seeking payment for any amount of the hospital's charges that exceed the amount the hospital agreed to accept under the contract.

- It also largely prohibits balance billing if a hospital "settles or compromises" its claim in an amount less than the amount of its lien.

REIMBURSEMENT ISSUES

HEA 1105: Anatomic Pathology Services
Author: Frizzell
Status: Signed by the Governor - Public Law 3

This legislation was essentially a “clean-up” bill of a law enacted two sessions ago (Public Law 222 – 2011) that caused some confusion. It clarifies that the direct billing law for anatomic pathology services does not regulate hospital billings for inpatients or outpatients of their facilities.

SEA 554: Telehealth and Telemedicine Services Reimbursement under Medicaid
Author: Becker
Status: Signed by the Governor - Public Law 204

This bill supports telemedicine and telehealth by expanding Medicaid reimbursement. One component IHA supported removes the existing statutory restriction on Medicaid payment for telemedicine when the provider is less than 20 miles from the patient for critical access hospitals, community mental health centers, Federally Qualified Health Centers and rural health clinics. The Health Finance Commission is directed to study telemedicine and telehealth services, which could include further extending reimbursement to other providers.

SEA 559: Fraud
Author: Hershman
Status: Signed by the Governor - Public Law 197

A bill aimed to curb Medicaid fraud passed into law that increases regulations on certain Medicaid providers. The new law will require national criminal history background checks on certain owners and board members of Medicaid provider facilities and site visits for newly enrolling providers. However, IHA worked with the bill's authors to ensure that these increased regulatory burdens were narrowed to exclude hospitals and apply only to those identified as high-risk under federal provider screening risk categories.

HEA 1320: Worker’s Compensation
Author: Lehman
Status: Signed by the Governor – Public Law 275

One of the major bills IHA was engaged with this year, HEA 1320, imposes a fee schedule on facility reimbursement under worker’s compensation (“WC”) that will reduce payment significantly for some hospitals. However, IHA worked to prevent even further reductions sought by the Insurance Institute of Indiana and the Indiana Manufacturers Association. Indiana has been one of only a few states without some kind of WC fee schedule, and proponents of HB 1320 pushed to tie payment to Medicare rates.

Although we preferred a method of establishing reimbursement based on commercial rates, IHA fought to ensure that Medicare payment principles would be followed (cost-plus payment for CAHs, appropriate wage index application, etc.). This language was included in the final version, and the reimbursement rate that will become effective on July 1, 2014 is 200 percent of Medicare (it can be higher or lower if there is a contract to that effect).

In addition to the managed care review under HEA 1328, the study required by HEA 1320 will be the second major interim committee for which IHA is already preparing. Many changes to WC reimbursement for hospitals in the legislation do not take effect until July 1, 2014, and the Interim Study Committee on Insurance was assigned several components to be examined in more detail. These include: (1) the minimum payment amounts for services or products covered under WC (*IHA fought to remove provisions in HEA 1320 that would have effectively set a "minimum" payment at 125 percent of cost that would have actually become a maximum*); (2) WC payment for hospital-employed physicians; (3) electronic submission and payment of claims and applicability of "clean claim" procedures; (4) determination of payment for implants; and (5) establishment and membership of an advisory committee to advise the WC Board.

SCOPE OF PRACTICE & LICENSURE ISSUES

Professional licensure became a main focus of the legislative session, with the governor's office giving heavy scrutiny to all licensing boards and credentials while the Senate and House health committees were considering an unprecedented number of bills that would create new or expanded licensure. Gov. Pence urged the General Assembly to adopt a measure (SB 520) that would have tasked a newly created Eliminate, Reduce and Streamline Employee Regulation (ERASER) Committee with the review of all professional licenses, registrations and certifications—including all medical professions—and to report to legislators which should be slated for elimination. The bill ultimately did not become law.

Further, the governor vetoed three pieces of legislation—two of which would have created new categories of professional licensure (HEA 1242 and SEA 273). He cited concerns that these new licensing requirements did not sufficiently work to open new opportunities for employment or streamline existing practices, but rather only created barriers to competition. It is unclear whether the legislature will move to override the governor's vetoes when lawmakers reconvene on June 12 for a technical session to consider potential overrides. A simple majority would be needed in both the House and Senate to override a veto.

The enrolled acts that passed both the House and Senate, but were vetoed by the governor, include:

- **HEA 1242**
  Author: Frizzell
  - ***DIABETES EDUCATORS***
    - This bill provided for the licensure of diabetes educators.
- **SEA 273**
  Author: Pat Miller
  - ***ANESTHESIOLOGIST ASSISTANTS LICENSURE***
    - SEA 273 would have created a new licensed category for anesthesiologist assistants (AAs). AAs would have been able to practice only under the direction of an anesthesiologist and the supervision ratio could not exceed four AAs per anesthesiologist.
  - ***DIETITIAN LICENSURE***
    - This bill (originally HB 1242 but later amended into SEA 273) would have established licensure for dietitians who may currently receive certification in Indiana. The bill set a scope of practice for dietitians, which would better enable dietitians to work directly with patients in the hospital

setting. The bill did not limit the practice of dietetics by persons who provide nutritional information that is available to the public, which serves as a compromise to nutritionists who had previously expressed opposition to the legislation. Further, the House passed HR 35 urging that an interim committee study the licensure of nutritionists.

- ***CERTIFIED MUSIC THERAPISTS***
  - HB 1051 was amended into SEA 273 to provide that an individual may not profess to be a certified music therapist or use the term “music therapy" to describe the therapy provided unless the individual holds and maintains credentialing administered by the Certification Board for Music Therapists.
- ***CERTIFIED REGISTERED NURSE ANESTHETISTS***
  - Originally SB 268 but later amended into SEA 273, this measure would have permitted CRNAs to administer anesthesia under the direction of, and in the immediate presence of, podiatrists. Also, it would have required the Health Finance Commission to study whether the statutory definition of advanced practice nurses in Indiana law should be amended to include CRNAs and broader issues concerning ambulatory outpatient surgical centers.

SB 520: ERASER Committee
Author: Head
Status: Did not pass

The General Assembly considered a bill originating from the Pence administration that would have tasked a newly created Eliminate, Reduce and Streamline Employee Regulation (ERASER) committee with reviewing all professional licenses, registrations and certifications, and reporting to legislators which should be slated for elimination. Unless legislators took action to retain the professional credentials, the license would be terminated. Throughout the session, IHA worked with the bill's authors to protect medical professions from the purview of the ERASER committee; however, the bill ultimately did not become law.

SLEEP TECHNOLOGISTS
HB 1383: Practice of Polysomnography
Author: Kirchhofer
Status: Did not pass
HR 29
Author: Kirchhofer
Status: Adopted

House Bill 1383 would have created state licensure for sleep technologists under the Medical Licensing Board. IHA opposed the bill as a compelling need based on patient safety or a workforce shortage was not presented. The bill did not pass into law; however, the House passed HR 29, urging that an interim legislative study committee consider issues related to the practice of polysomnography, including proper credentials for sleep technologists.

PHYSICAL THERAPISTS
HEA 1034: Physical Therapy Services Without a Referral
Author: Frizzell
Status: Signed by the Governor - Public Law 98

This bill allows physical therapists (PTs) to evaluate and treat a patient up to 24 days before a referral from a physician must be obtained. It extends to nurse practitioners and physician assistants the ability to refer patients to a PT, with the exception of referral for spinal manipulation or sharp debridement services.

IHA supported the bill based on the direction of the Council on Government Relations and the Rehabilitation Task Force. According to a 50-state summary by the American Physical Therapy Association, Indiana is the only state that does not allow some form of direct access to PTs, although many states have various levels of restrictions. Backers of the bill within IHA's membership have observed that Indiana's comparatively restrictive environment makes recruitment of PTs more difficult.

MIDWIVES
HEA 1135: Midwives
Author: Lehe
Status: Signed by the Governor - Public Law 232

This bill allows certification for direct-entry (non-nurse) midwives (CDEMs). Currently, it is a felony to practice midwifery by anyone who is not a certified nurse midwife – a registered nurse who has received nationally accredited training in midwifery. The new law contains language sought by IHA that provides immunity to hospitals from liability for the wrongful acts of a patient's CDEM and makes clear that a hospital cannot be required to extend clinical privileges to a CDEM. A CDEM is required to maintain sufficient liability insurance coverage and to enter into a collaborative agreement with a physician, which must be filed with the Medical Licensing Board.

The enrolled act also includes enhanced reporting language, requiring complications from home births to be reported to the Indiana State Department of Health and adding to birth records the location of a home birth and the names of the person(s) attending.

PHYSICIAN ASSISTANTS
HEA 1099: Physician Assistants
Author: Davisson
Status: Signed by the Governor - Public Law 102

HEA 1315: Professional Health Services
Author: Clere
Status: Signed by the Governor - Public Law 274

HEA 1099 expands the definition of supervision concerning the location of a supervising physician in relation to the physician assistant (PA). It requires the physician to remain only within a reasonable travel distance from the facility where the PA is providing treatment. It allows PAs to prescribe controlled substances, including Schedule II drugs, for a 30-day aggregate supply, whereas current law permits Schedule II prescribing only in the inpatient hospital setting for a one-time, 30-day supply. Also, it clarifies that a physician cannot supervise more than two PAs at one time. This was included to clarify that a physician may potentially employ more than two PAs, but only two can work at only one time under the physician's supervision.

Additionally, the list of practitioners who may provide a referral or order to an occupational therapist has been expanded to include PAs. This provision was originally contained in an unsuccessful bill on occupational therapy (HB 1152), but was later amended into HEA 1315.

HEA 1111: Tactical Emergency Medicine
Author: McNamara
Status: Signed by the Governor - Public Law 64

With the enactment of HEA 1111, trained SWAT professionals will have the authority to use their tactical medical skills during an emergency when EMTs have not yet arrived. The bill allows an individual to practice tactical emergency medicine if the individual: (1) is an emergency medical technician, an advanced emergency medical technician or a paramedic; (2) is employed by a law enforcement agency or an emergency medical services agency to provide retrieval and field medical treatment to victims of violent confrontations; and (3) has successfully completed an accredited educational training program in tactical emergency medicine.

SEA 290: Military Trained Emergency Medical Providers
Author: Hume
Status: Signed by the Governor - Public Law 16

This new law gives the Indiana Emergency Medical Services Commission the ability to issue licenses to military service applicants who had prior training in medical service fields.

REGULATIONS

IMMUNIZATIONS
SB 274: Immunizations for Hospital Patients
Author: Pat Miller
Status: Did not receive a hearing

The bill would have made it a statutory requirement for hospitals to offer to administer influenza immunizations to admitted patients from October through February each year. The bill did not receive a hearing.

SEA 415: Department of Health Matters
Author: Pat Miller
Status: Signed by the Governor - Public Law 191

IHA worked with the Indiana State Department of Health to amend a bill that would have mandated all health care providers input data into the state immunization registry, known as CHIRP, within 72 hours of administering a vaccine by 2014. Currently, such reporting is voluntary.

The bill as passed into law, effective July 1, 2015, limits the scope by requiring only those immunizations administered to individuals 19-years-old and younger, to be reported to CHIRP within seven business days. Additionally, the law will provide a hardship exception for providers who are unable to report to CHIRP electronically by July 1, 2015, requiring those providers to work with ISDH on a plan of compliance. After the session, legislators on the Health Finance Commission will continue to review the appropriateness of this timeline and the need for additional improvements to CHIRP.

PHARMACY AND CONTROLLED SUBSTANCES
SB 272 Prescription Products
Author: Pat Miller
Status: Did not pass

IHA closely monitored legislation that would have expanded Indiana's controlled substance tracking program, known as INSPECT. A bill that would have required all dispensed prescription medicines, including legend drugs, to be submitted to INSPECT beginning in 2015 passed the Senate but was not enacted. Instead, the General Assembly charged a newly created committee to study the inclusion of legend drugs, as well as other potential expansions to INSPECT (HEA 1465). IHA worked closely with the author of the bill to ensure that a representative of Indiana hospitals serves as a member of this interim study committee.

HEA 1465 Prescriptions and INSPECT Program
Author: Davisson
Status: Signed by the Governor - Public Law 114

The General Assembly also addressed the funding of INSPECT, which to date has been supported largely by federal grant funds that have been exhausted. HEA 1465 would now direct 100 percent of the revenue from controlled substance registration fees to fund program operations (only 16 percent of CSR fees currently go to INSPECT).

SEA 246: Controlled Substances
Author: Grooms
Status: Signed by the Governor - Public Law 185

In an effort to curb prescription drug abuse in Indiana, a new law will require the Medical Licensing Board to establish standards and protocol for the prescribing controlled substances, as well as rules that will allow the attorney general to investigate a physician’s prescribing records.

Earlier versions of the bill would have severely limited which individuals may have ownership interests in an entity that prescribes, dispenses or administers controlled substances. However, IHA worked with the bill's authors to amend the bill to exclude hospitals and other health care providers from additional regulations. As passed, the bill will require an individual who is not a health care provider, but employs or contracts with individuals that dispense controlled substances, to maintain a controlled substance registration.

CONTROL OF EPHEDRINE AND PSEUDOEPHEDRINE
SEA 496: Control of Ephedrine and Pseudoephedrine
Author: Yoder
Status: Signed by the Governor - Public Law 193

There were four pieces of legislation introduced this year geared to curb pseudoephedrine and ephedrine availability due to its use in methamphetamine production. All but one of the bills would have made ephedrine and pseudoephedrine medications prescription-only controlled substances. The only bill to pass was SEA 496, which limits the amount an individual can purchase to up to 61.2 grams per year, about an eight-month supply if taken daily.

SEA 471: Prescriptions for Brand Name Drugs
Author: Grooms
Status: Signed by the Governor - Public Law 32

This bill permits a health care practitioner to use words of similar meaning instead of the statutory phrase "Brand Medically Necessary" when writing a prescription for a brand name drug when the practitioner does not want the pharmacist to substitute a generic equivalent for a brand name for a patient under Medicaid, CHIP or Medicare.

REPORTING
SB 417: Health Provider Reporting of Domestic Violence
Author: Waltz
Status: Did not pass

IHA was concerned with a proposal requiring providers to implement certain protocols for identifying and offering intervention to victims of domestic violence, and this would have allowed providers to make a report to law enforcement without patient consent. While SB 417 was well-intentioned, IHA cautioned legislators that permitting such reporting could have unintended consequences and serve to prevent victims from receiving needed medical attention. The bill passed the Senate; however, it did not advance in the House.

SEA 125: Child Fatality Reviews and Commission on Children
Author: Head
Status: Signed by the Governor - Public Law 119

Under Indiana law, providers are required to release medical records and mental health reports when requested by local and statewide child fatality review teams in their review of sudden, unexpected and unexplained child deaths. IHA supports this effort to better protect Indiana youth and to prevent future deaths from occurring, but worked with the bill's authors to ensure that released medical records are used only for their intended data-gathering purpose and that the law provides immunity to providers complying with the required disclosures.

OTHER
SEA 414: Provisions Related to High Breast Density
Author: Pat Miller
Status: Signed by Governor – Public Law 126

Effective July 1, this new law will require facilities that perform mammograms to notify a patient if it is determined the patient has a high breast density that would require follow-up care or testing. High breast density for purposes of this law means a greater amount of breast and connective tissue in comparison to fat in the breast. This law also requires the Medical Licensing Board (“MLB”) to a) set standards for providing annual screenings or diagnostic tests for women with high breast density over 40 years old; and b) set an educational program to be used to educate women with high breast density. The MLB is in the process of creating these policies – they are not yet available to the public. Finally, this bill requires certain insurers to cover an appropriate screening, test or examination for women at least 40 years old and who have been determined to have high breast density.

HB 1096: Health Facility Nursing Staff Ratios
Author: Kersey
Status: Did not receive a hearing

This bill would have established and specified minimum direct care nursing staff ratios for long-term care facilities for day and evening shifts.

PUBLIC HEALTH

HEA 1038: Blood Donation Testing
Author: T. Brown
Status: Signed by the Governor - Public Law 213

This new law allows a blood center to distribute blood or plasma before the completion of a screening test in situations of a documented medical emergency. Upon completion of the screening test, the blood center shall immediately provide the test results to the physician or hospital that received the blood or plasma and the physician who is responsible for the patient.

HEA 1464: Immunizations by Pharmacists and Pharmacy Students
Author: T. Brown
Status: Signed by the Governor - Public Law 113

This legislation will expand the immunizations pharmacists can give through protocol to include Tdap, HPV and meningitis for individuals over the age of 11 and pneumonia for individuals 65 and older.

PROTECTING HEALTH CARE WORKERS

SEA 361: Intimidation
Author: Crider
Status: Signed by the Governor - Public Law 123

Legislation aimed to better protect hospital employees and patients was enacted to make it a crime to communicate a threat, whether verbally or through social networking websites, to a hospital employee with the intent to interfere with the hospital's occupancy. This legislation was championed by first-year Sen. Mike Crider (R-Greenfield), who also serves as security manager/disaster preparedness coordinator at Hancock Regional Hospital in Greenfield.

SEA 582: Hospital Police Departments
Author: Kruse
Status: Signed by the Governor - Public Law 199

IHA supported legislation that would provide a hospital governing board the option of establishing a police department for the hospital and its campus. The board could appoint sworn officers or those who have completed certain training from the Indiana Law Enforcement Academy. Under the new law, officers will have general police powers on hospital property, unless the governing board expressly limits the power of its police department.

INTERIM STUDIES CREATED

In addition to those studies mentioned previously, several more topics could be on the agenda for what is expected to be an extremely busy study committee season. The General Assembly assigned an extraordinarily high number of topics for study and IHA anticipates that the Legislative Council, the body comprised of leaders from all four caucuses, will make changes (and possibly deletions) to the topics in the course of finalizing the committees' agendas.

- **Electronic Medical Records (SEA 616)**
  Sen. Jean Breaux (D-Indianapolis) authored a bill requiring a general study by the Health Finance Commission of "the coordination of collecting, maintaining, sharing and use of health data" and "the efficiency of collecting, maintaining and sharing health records electronically."

- **NWI Trauma Centers (SEA 585)**
  Sen. Ed Charbonneau's (R-Valparaiso) legislation assigns a study of trauma issues to the Northwest Indiana Regional Development Authority (RDA), which must then report to the State Budget Committee and the Health Finance Commission by Nov. 1, 2014. The RDA must examine "whether the statistical profile of injuries annually sustained by the population of northwestern Indiana justifies the placement of one or more trauma centers…and, if so, what the appropriate levels of the trauma centers should be." The committee will also study the feasibility of developing an academic medical center in northwestern Indiana.

- **Youth Athletic Concussions and Sudden Cardiac Arrest (SEA 372)**
  Authored by Sen. Travis Holdman (R-Markle), SEA 372 creates a new, one-year Coaching Education Issues Study Committee. This committee could make recommendations to the General Assembly for the 2014 session regarding legislation that could minimize risk to student athletes of sudden cardiac arrest. It will also study the feasibility of requiring all athletic activities to meet coaching education standards concerning concussions.

- **Adult and Children Immunization Issues (HEA 1464)**
  Another stand-alone committee was created in HEA 1464 by Rep. Steve Davisson (R-Salem). The Interim Study Committee on Adult and Children Immunization Issues will review programs, policies and methods that could be implemented to improve immunization rates in Indiana. ISDH Commissioner Bill VanNess has identified improvement of Indiana's childhood vaccination rate as a key priority. This committee's work would be in addition to the Health Finance Commission's review of issues related to the CHIRP vaccination registry under SEA 415.

- **Mental Health and Addiction Issues (SEA 246)**
  Topics concerning treatment and recovery from prescription drug use addiction were assigned to the existing Commission on Mental Health and Addiction under legislation by Sen. Ron Grooms (R-New Albany). These topics include: (1) use of the Indiana Health Care Professional Recruitment and Retention Fund for student loans incurred by addiction professionals; (2) criteria for Medicaid reimbursement for detoxification and rehabilitation services for addiction treatment; and (3) best practice treatment for

pregnant mothers and newborns with prescription pain medication dependencies and addictions.

- **Other Topics**
  Other topics that were recommended through resolutions to the Legislative Council for study include gun violence and the associated health effects (HR 24), licensure of nutritionists (HR 35), tanning beds and their relationship to cancer (SR 71) and biosimilar biological products (SR 112).

OTHER ISSUES

HB 1271: Anatomical Gift Agencies
Author: Bacon
Status: Did not receive a hearing

This bill would have prohibited a hospital from entering into an agreement or affiliation with an organization and excludes other organizations from the procurement and use of anatomical gifts. It would have required the Indiana State Department of Health to adopt rules establishing criteria for the determination of when a prospective anatomical gift donor is dead. It would also have provided that an anatomical gift may be recovered only after a physician, in accordance with accepted medical standards, has declared the prospective donor to be dead.

SB 351: Health Care Service Providers
Author: Head
Status: Did not receive a hearing

This bill would have required the provision of certain information concerning providers of a prescribed health care service, with a specific focus on radiology. It would have mandated that providers give notice of the location of other providers in the area along with a notice stating that prices for a particular health care service may vary significantly. In addition, it stated that a prior authorization provision in a policy of accident and sickness insurance or a health maintenance organization contract must be based on the health care service rather than the provider of the health care service.

HEA 1130: Immediate Detention
Author: C. Brown
Status: Signed by the Governor – Public Law 4

This bill provides that an individual who is “gravely disabled”, in addition to having a mental illness and being in immediate need of hospitalization, may be detained by a law enforcement officer and transported to the nearest appropriate facility. This makes the immediate detention statute consistent with the emergency and temporary commitment statutes.

HB 1128: Removal of Bars and Taverns from Smoking Ban Exemption
Author: C. Brown
Status: Did not receive a hearing

This bill would have removed the exemption for bars and taverns from the statewide smoke-free air law enacted in 2012.

ABORTION

SEA 371: Abortion Inducing Drugs and Abortion Clinics
Author: Holdman
Status: Signed by the Governor- Public Law 136

This bill amended the statutory definition of "abortion" to include those by abortion-inducing drugs, in addition to surgical procedures. The new law would require clinics that prescribe the drug to meet the same building standards such as doorway and hall width, recovery rooms and more as locations where surgeries are performed — whether those clinics offer surgical abortions or not. The law also imposes a series of other abortion regulations, including requiring doctors to provide pamphlets with color pictures of a fetus in various gestational ages to women seeking abortions.

HB 1461: Health Care Professionals Conscience Clause
Author: Davisson
Status: Did not receive a hearing

This bill would have provided that a health care professional may not be required to dispense a drug or medical device if the individual believes the drug or medical device would be used to: (a) cause an abortion; (b) destroy an unborn child; or (c) cause the death of a person by means of assisted suicide, euthanasia or mercy killing.