

1 **INDIANA ACADEMY OF FAMILY PHYSICIANS**
2 **ANNUAL REPORT OF THE COMMISSION ON LEGISLATION AND GOVERNMENT AFFAIRS**
3

4 **French Lick, IN**

July 25, 2021

5 **Richard Feldman, MD, FAAFP**
6

7 This was the long budget session of the General Assembly. As usual, there were a number of
8 important bills that were tracked and addressed to help ensure that they did not pass, and others that
9 we supported into law. Our legislative team worked diligently to protect the interests of family
10 physicians and our patients. Thanks again to Anne Doran and the rest of our legislative team at Ice
11 Miller for all their efforts this year. I always receive excellent thoughtful recommendations and guidance
12 from Anne, which is most appreciated. Also, thanks to Missy Lewis Deeter who was actively involved,
13 and to our commission members who provided important guidance in the development of our
14 positions. We were well-served again this year.
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16 Our legislative commission met during the session to set priorities and define specific positions on bills
17 that we were following. We worked effectively on issues with other organizations and coordinated with
18 the ISMA and the IOA. This was especially important this year with the limitations caused by COVID-19
19 with limited opportunities for testimony. I made extra efforts this session to work closely with the ISMA
20 to align our positions. The ISMA COL was great in specifically including me in the COL meetings,
21 addressing IAFP concerns, and including the IAFP in coordinated efforts in communicating with
22 legislators. This year it was more important than ever for the medical community to speak with one
23 voice. Fortunately, I do not remember a single bill that there was division among physician
24 organizations.
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26 I was once again privileged to be appointed to the legislature's Interim Study Committee on Public
27 Health, Behavioral Health, and Human Services.
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29 We have been involved in the issue of restriction of privileges for family physicians in level 2 NICUs
30 that has been enforced by the Indiana Department of Health after enabling legislation was enacted a
31 couple of years ago formally establishing designated NICU levels. We remain concerned after meeting
32 with IDOH staff and the State Health Commissioner in two virtual meetings. We hope for an acceptable
33 resolution without seeking a legislative fix.
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35 Please see the legislative summary from Anne Doran attached to this report for details of bills of
36 interest to the IAFP. There are some bills described in her report that are not included in my report that
37 follows. Some legislation I cover is not in Anne's report. Together this is a comprehensive review of this
38 session.
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40 The 2021 Indiana legislative session was unusual due to the COVID-19 pandemic. The contracted
41 number of bills actively considered focused on COVID-19-related issues, state budget creation, and
42 the most concerning issues to legislators.
43

44 The session was notable for what was not considered or did not survive the session; many bills were
45 simply put off until next year. Scope of practice proposals including signature authority expansion for
46 nurse practitioners (APRNs), more practice freedom and prescriptive authority for physician assistants,
47 and a proposal, supported by the medical community, granting authority to pharmacists to prescribe
48 birth control pills were unsuccessful.
49

50 Regrettably, once again, the legislature failed to increase the cigarette tax or prohibit flavorings in
51 vaping products. No legalization or decriminalization proposals for marijuana were heard.

1 Also not considered this session was a measure (HB1048) to add clarity to the identification and
2 advertising of health professionals including designations reserved for physician identification - often
3 referred to as "truth in advertising". Many patients are confused about who exactly is providing their
4 medical care.

5
6 Some positive outcomes: A bill that would have prohibited workplace immunization requirements died -
7 reason prevailed. The budget (HB1001) included increased funding for mental health programs and
8 the expansion of residency positions to principally address Indiana's lack of primary care physicians.
9 Grant funding for family medicine residencies and Marian University College of Osteopathic Medicine
10 tuition scholarships to promote primary care careers was maintained. Continued funding was provided
11 for two excellent public health programs, The Nurse Navigator and the Nurse Family Partnership, to
12 address optimal pregnancy outcomes. And, legislation (SB204) was enacted allowing individuals to
13 execute a single document for all aspects of health-care advance directives.

14
15 Also greatly welcomed was legislation (HB1007) that establishes a \$40 million state-supported grant
16 program for community-based health initiatives, especially for chronic diseases. Dentists were given
17 limited immunization authority, similar to pharmacists (HB1079). We need all the help we can get to
18 maximize vaccination rates. The legislature did pass a tax on vaping liquids and devices at an amount
19 to reach taxation parity with cigarettes. Syringe exchange programs were extended to 2026, vital for
20 preventing spread of drug-use related HIV and hepatitis C. Outstanding public health measures.
21 SB 3, expansion of accepted communication modalities and providers for telehealth was another
22 positive result. We learned the value of incorporating telehealth during the COVID-19 crisis, but I
23 caution that patients should not receive all their care electronically. Prohibition of utilizing telehealth for
24 medically-induced abortions (HB 1577) was predictable, but the requirement that providers inform
25 patients of an unproven medication use for reversal of a medical abortion in progress was outrageous.
26 Parent education regarding cardiac conditions in student athletes that could lead to sudden cardiac
27 arrest and parent sign-off for return to play after a concerning incident was enacted (HB 1040). This is
28 much needed legislation.

29
30 A pair of COVID liability protection bills (SB 1 and HB 1002) passed giving health-care providers
31 immunity for COVID-19 premises exposure and good-faith but unavoidable shortfalls in certain aspects
32 of COVID and non-COVID medical care during the emergency declaration. Health-care professionals
33 who stepped up during the crisis deserve these protections.

34
35 Most disappointing were two enacted bills (HB 1123 and SB 5) that essentially give ultimate approval
36 and oversight authority over emergency executive orders issued by the Governor and county health
37 officials to the legislature or local governing bodies, respectively. These potentially more political
38 decisions may restrict the ability of the Governor and local health officials to act adequately and
39 decisively during a declared disaster emergency. The Governor's vetoes of these two bills were
40 overridden by the legislature.

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42 Shortsighted politics which tainted an overall positive legislative session.

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44 See Ice Miller's report for further discussion on e-prescribing, pregnancy accommodation in the
45 workplace, advanced directives, physician wellness programs, good faith estimates of health-care
46 charges, and others.

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48 There are plenty of controversial issues for next session that are apt to arise: Pharmacist prescribed
49 birth control pills, independent practice for advanced practice registered nurses (nurse practitioners),
50 the physician assistant bill, medical marijuana, proper identification to the public of healthcare
51 providers, especially with the title of "doctor". Should be a wild time.

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2 Respectfully submitted,
3 Richard Feldman, MD, FAAFP
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5 Committee members:
6 *Alison Case, MD*
7 *Topper Doehring, MD*
8 *Tom Felger, MD*
9 *Cynthia Heckman-Davis, MD*
10 *Teresa Lovins, MD*
11 *Suzanne Montgomery, MD*
12 *Mercy Obeime, MD*
13 *Risheet Patel, MD*
14 *Adam Rosenfeld, MD*
15 *Trenton Schmale, MD*
16 *Amanda Smith, MD*
17 *Ellyn Stecker, MD*
18 *Rex Stroud, MD*