This was the long budget session of the General Assembly. As usual, there were a number of important bills that were tracked and addressed to help ensure that they did not pass, and others that we supported into law. Our legislative team worked diligently to protect the interests of family physicians and our patients. Thanks again to Anne Doran and the rest of our legislative team at Ice Miller for all their efforts this year. I always receive excellent thoughtful recommendations and guidance from Anne, which is most appreciated. Also, thanks to Missy Lewis Deeter who was actively involved, and to our commission members who provided important guidance in the development of our positions. We were well-served again this year.

Our legislative commission met during the session to set priorities and define specific positions on bills that we were following. We worked effectively on issues with other organizations and coordinated with the ISMA and the IOA. This was especially important this year with the limitations caused by COVID-19 with limited opportunities for testimony. I made extra efforts this session to work closely with the ISMA to align our positions. The ISMA COL was great in specifically including me in the COL meetings, addressing IAFP concerns, and including the IAFP in coordinated efforts in communicating with legislators. This year it was more important than ever for the medical community to speak with one voice. Fortunately, I do not remember a single bill that there was division among physician organizations.

I was once again privileged to be appointed to the legislature’s Interim Study Committee on Public Health, Behavioral Health, and Human Services.

We have been involved in the issue of restriction of privileges for family physicians in level 2 NICUs that has been enforced by the Indiana Department of Health after enabling legislation was enacted a couple of years ago formally establishing designated NICU levels. We remain concerned after meeting with IDOH staff and the State Health Commissioner in two virtual meetings. We hope for an acceptable resolution without seeking a legislative fix.

Please see the legislative summary from Anne Doran attached to this report for details of bills of interest to the IAFP. There are some bills described in her report that are not included in my report that follows. Some legislation I cover is not in Anne’s report. Together this is a comprehensive review of this session.

The 2021 Indiana legislative session was unusual due to the COVID-19 pandemic. The contracted number of bills actively considered focused on COVID-19-related issues, state budget creation, and the most concerning issues to legislators.

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

Regrettably, once again, the legislature failed to increase the cigarette tax or prohibit flavorings in vaping products. No legalization or decriminalization proposals for marijuana were heard.
Also not considered this session was a measure (HB1048) to add clarity to the identification and advertising of health professionals including designations reserved for physician identification - often referred to as “truth in advertising”. Many patients are confused about who exactly is providing their medical care.

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

Also greatly welcomed was legislation (HB1007) that establishes a $40 million state-supported grant program for community-based health initiatives, especially for chronic diseases. Dentists were given limited immunization authority, similar to pharmacists (HB1079). We need all the help we can get to maximize vaccination rates. The legislature did pass a tax on vaping liquids and devices at an amount to reach taxation parity with cigarettes. Syringe exchange programs were extended to 2026, vital for preventing spread of drug-use related HIV and hepatitis C. Outstanding public health measures.

SB 3, expansion of accepted communication modalities and providers for telehealth was another positive result. We learned the value of incorporating telehealth during the COVID-19 crisis, but I caution that patients should not receive all their care electronically. Prohibition of utilizing telehealth for medically-induced abortions (HB 1577) was predictable, but the requirement that providers inform patients of an unproven medication use for reversal of a medical abortion in progress was outrageous. Parent education regarding cardiac conditions in student athletes that could lead to sudden cardiac arrest and parent sign-off for return to play after a concerning incident was enacted (HB 1040). This is much needed legislation.

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

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

Shortsighted politics which tainted an overall positive legislative session.

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

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