INDIANA ACADEMY OF FAMILY PHYSICIANS
ANNUAL REPORT OF THE COMMISSION ON LEGISLATION AND GOVERNMENT AFFAIRS

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This was a short session of the General Assembly. It was the lightest year that I can remember as the General Assembly's approach was to address only issues that were of high priority and/or those that were non-controversial (with notable exceptions). But as usual, there were a number of important bills that were tracked and addressed to help ensure that they did not pass, and others which we supported into law. Our legislative team worked diligently to protect the interests of family physicians and our patients. Thanks to Cole Speer, our Director of Government Affairs and Kelly and Grant Waggoner of KWK Management group for all their efforts this year. 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.

Our legislative commission met twice during the session to set priorities and define specific positions on bills that we were following. We worked closely and effectively on issues with other organizations and coordinated with the ISMA and the IOA. Again this year, it was important for the medical community to speak with one voice whenever possible. Fortunately, I do not remember a single bill for which there was division among physician organizations.

I was once again privileged to be appointed to the Legislature's Public Health Interim Study Committee. I served this year and will again next session with this renewed two-year appointment.

The session was notable for what was not considered or did not survive the session. Many bills were simply put off until next year:

Proposals for "independent" practice and signature authority expansion for nurse practitioners (APRNs) were not introduced. HB1346 was also not heard. It would have made changes to the collaboration agreement with physician assistants including that an identified collaborating physician is not necessary when employed by certain healthcare facilities. It would have also eliminated the prohibition that a physician cannot collaborate with more than four PAs.

No legalization or decriminalization proposals for marijuana were heard despite having 13 bills submitted for consideration.

SB405 would have removed the secrecy involving how much of the millions of additional Medicaid dollars received by county hospitals to support their owned nursing homes is used for other purposes. It also required the State Health Department to establish new much needed quality metrics for nursing-home care. Not to address these issues is very unfortunate considering that the quality of nursing home care in Indiana, including staffing ratios, has much to be desired.

Although there was an abortion-related bill enacted this year (see below), the bills that would have explicitly further restricted abortions did not survive. The legislature is awaiting the Supreme Court decisions on Mississippi's abortion law before actively considering legislation. SB399 also died during session. This bill would have placed barriers for minors to get an abortion with extensive parental signoff including notary requirements. SB399 also included potential mental health evaluations during

court proceedings to permit an abortion of a minor without parental consent. We followed SB399 closely.

SB34, a ban on gender-affirming surgeries and other care for minors regardless of parental approval did not survive after its introduction.

There were a number of failed bills that would have broadly banned COVID vaccine business mandates for its employees. SB114 also included customers. HB1001, however, was enacted after being extensively amended (see below)

Legislation enacted includes:

Many patients are confused about who exactly is providing their medical care. SB239, strongly advocated by the Indiana Physician Coalition in which the IAFP was an active member, adds clarity and transparency to the identification of health professionals. Advertising materials are required to include license type (like physician, nurse practitioner, physician assistant). Also, certain medical specialty designations (like endocrinologist and rheumatologist) are now reserved for physicians. There were some relatively minor carve outs for a certain few chiropractic specialists. This was necessary to preserve the prohibited use of the “ologies” in the bill by other providers including nurse practitioners. Unfortunately, the badging with license type requirement, originally included, was removed to allow passage in the Senate. This was not everything we wanted, but it should be considered a big victory for the physician community and a great advancement for informed decision-making by patients. I provided testimony on this bill.

HB 1313 is a “universal” lead screening bill from the IDOH. It will require providers to screen all patients from 9 months to 6 years of age for lead toxicity if they previously have not been tested. The state health commissioner requested a meeting with us to explain the rationale for the bill. The problem is that testing has been surprisingly low even among Medicaid providers and the state really does not have adequate data on the scope of the problem. The IAFP would not ordinarily support universal screening (no national bodies support universal screening including the AAFP) but the above rationale is reasonable. We suggested that the bill have a termination date which the commissioner agreed to place in the bill (2026). This makes it a data collection bill to define the problem in Indiana and form the basis of future screening protocols based on the findings of lead toxicity both geographically and demographically. I testified in full support in the house committee and Cole testified in the senate committee hearing.

SB382 included changes to taxation of some tobacco products. This is horrible regressive tobacco policy legislation and benefits only the tobacco industry and retailers at the expense of public health, especially children. The bill lowers the taxation on closed vaping products (like Juul) from 25 percent to 15 percent of the wholesale price. The bill also reduces the taxation on other smokeless tobacco products (think Snus and Orbs) from a best-practice “percent of price” methodology to a weight-based methodology. These ultra-lightweight products will have almost no taxation.
I was unable to testify but wrote personally to Chairmen Tim Brown and Brad Barrett expressing our deep concerns.

SB3 creates provisions that enable the state to qualify for enhanced federal funding for Medicaid and supplementary food assistance programs after the Governor ends a state of emergency order (or in the absence of a declared state of emergency). It will enable children 5 to 11 years of age to receive vaccinations outside a physician’s office during an emergency order. We did express some concern that it extended beyond COVID vaccines to all vaccines, which is a bad precedent for preserving

continuity of care and well child visits. The medical community including the IAFP supported the bill. I gave short testimony.

HB1001 originally included provisions that would essentially gut the ability of employers to institute an employee COVID vaccine mandate by requiring acceptance of any claim for a religious exemption. It also allowed employees to have the option for employer-funded testing once weekly rather than vaccination. It further included medical exemptions and 6-month exemptions for those who recovered from COVID. The bill was amended to largely satisfy the business community. Religious exemptions must now be considered consistent with federal standards with employers able to question and reject a religious exemption if not considered legitimate. The bill also still allows medical exemptions verified by a medical professional and exemptions for those who test positive for antibodies in the previous 3 months. Those exempted could be required to be tested up to two times per week at the employee's expense. I would call this a reasonably good result for a really bad bill.

SB5 was the health provider licensure reciprocity bill that will facilitate providers in other states to become licensed in Indiana. This will increase the number of various providers for our greatly underserved state. I gave short supportive testimony on the bill.

SB251 is the Physician Multistate Compact Bill that likewise will serve to increase licensed physicians from other states practicing in Indiana. The MLB will not give up oversight, discipline, or any authority over physicians practicing in Indiana. I also gave short supportive testimony on this measure.
SB284 extends the types of providers able to utilize telehealth including students, fellows, school psychologists, case workers, and occupational therapist assistants. I provided short supportive testimony.

HB1255 extends the definition of practitioner to the time of a violation of the standard of practice. This closes a loophole allowing providers to escape accountability by changing their current licensure or practice status. Cole provided brief supportive testimony.

HB 1294 restricts the restraint of incarcerated pregnant women in the prenatal period and while in labor. The bill was strongly supported by the medical community. Cole provided short supportive testimony.

HB1217 addresses coerced abortions. No one wants pregnant women to be coerced into anything, but this bill has requirements for providers to report possible coercion (a felony) to law enforcement which has the potential to disrupt the doctor-patient relationship, especially if the woman does not want it reported. The bill does not allow provider discretion determining what is a coercive action and the bill does not contain a definition of coercion. This is bad public policy.

Disturbing to me *personally* is the continued polarization between the parties. And with a supermajority Republican legislature there is a noticeable progression of increasingly far-right conservative proposals that border on authoritarianism. Good examples include a bill that would have banned certain books in school and public libraries, and anti-LGBTQ measures. And there were the SB 167 and HB 1384 education bills. If passed in their original form they would have destroyed academic freedom, freedom of expression, discourse, and critical thinking in the classrooms, effectively amounting to censorship. Affected issues were regarding race, religion, sex, ethnicity, color, national origin, and political affiliation. It would have required neutral discussions of political affiliations like Nazism and fascism. Another example was HB 1001 that would have gutted an employer's ability to require COVID vaccination of its employees. In the end, reason prevailed, and these measures were significantly softened or killed. Whatever happened to small non-intrusive government as a conservative value?

Thanks to everyone who volunteered to serve as Physician of the Day. It is a great service to the General Assembly and much appreciated by legislators; a great way to build relationships with policymakers!

There are plenty of controversial issues for next session that are apt to arise: pharmacist-prescribed birth control pills, further restrictions or banning of abortions, possibly independent practice for advanced practice registered nurses (nurse practitioners), the PA bill, and medical marijuana come to mind. Should be a wild time in a long budget session year.

In that regard, it is important for the IAFP to review and possibly update its policies on marijuana. I have submitted a resolution mostly to spur discussion and debate at the Congress without necessarily the expectation that it will be adopted as presented (thought I would stir the pot a little).

Please see the legislative summary attached to this report from Cole Speer for details of bills of interest to the IAFP. There are some bills described in his report that may not be included in my report. Also, there may be some legislation I cover, which is not in Cole's report. Together this is a fairly comprehensive review of this session relating to health-related legislation.

Respectfully submitted,

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