INDIANA ACADEMY OF FAMILY PHYSICIANS ANNUAL REPORT OF THE CHAIRMAN ON LEGISLATION AND GOVERNMENTAL AFFAIRS

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The Indiana General Assembly adjourned its 2023 session April 28th. This long session that included the biennial state budget was marked with some important advancements along with some disappointments in medically-related legislation. Here are my thoughts on the highest priority bills we followed and some others. I will leave the full detailed legislative report to Cole Speer, IAFP Director of Government Affairs.

The budget bill, HB 1001, increases state funding for Indiana residency-program expansion - \$5 million more over the biennium for the Graduate Medical Education Board. HB 1001 also added supportive funding for maintaining quality family medicine residencies - \$1.2 million more over the biennium for the Indiana Medical Education Board (IMEB). Increased funding for the IMEB was a top priority for the IAFP. I met privately with Chairman Thompson of Ways and Means to discuss the need and rationale for increased funding. We arranged for fellow IMEB and IAFP member Dr. Molly Wetstein to testify both in the House and Senate Committees because I was out of state for both hearings. Total biennial funding for the IMEB is now \$4.764 million. The state budget bill also maintains reimbursement to Medicaid and Healthy Indiana Plan providers at Medicare rates. This should help preserve patient access to providers.

Among the states, Indiana remains one of the unhealthiest, and public health funding is near the bottom. An unfortunate long Hoosier tradition. SB 4 is a landmark bill that infuses \$225 million over the biennium for local health department infrastructure and provision of health programs. More needs to be done. Speaking of that, the legislature did not seriously consider raising the cigarette tax. Cole testified in support in the House committee and I in the Senate committee.

SB 7 prohibits noncompete clauses in employment contracts with primary care physicians (family medicine, general pediatrics, and internal medicine). The belief is that this prohibition will create more competition, will lower health care costs, will establish greater practice freedom, and will preserve access and continuity of care for patients. Other specialists will benefit from certain situations when non-compete clauses are unenforceable and from a process for contract buyout mediation. We followed this bill closely, especially for a primary care non-compete carveout (which occurred). We wanted to make sure if there was a carveout (that prohibits non-competes in employment contracts for some specialties) that family medicine was included. Otherwise, because there was no clear consensus in our Commission, and because we felt there was not a clear indication of where the membership stood on the issue, we decided otherwise to not be proactive. These positions were approved by the Commission. Absent a resolution submitted to the Congress, I recommend that the IAFP Board of Directors issue a membership survey on the issue of non-competes to further guide our legislative efforts. This issue will undoubtedly be further addressed in the legislature.

There is concern, although controversial, that Indiana hospital pricing is one of the highest in the country. HB 1004 augments the process of hospital financial data collection and reporting to the state. The legislature decided not to include any penalties to hospitals at this time for not meeting cost benchmarks.

With the new abortion law, now more than ever, it's important to prevent unwanted/unplanned pregnancies. HB 1568 increases access by permitting pharmacists to safely prescribe

self-administered hormonal birth control in the form of pills, patches, and rings. There are many safeguards in the legislation including patient screening tools, pharmacist training, referrals to the primary care provider, and further rulemaking with input from medical experts. Also, prescription duration is limited to six months and patients must see their provider within 12 months. Dr Teresa Lovins testified in the Senate Committee, and I testified in the House Committee in strong support.

SB 275 adds to the list of specialty designations that should be reserved for physicians such as "pulmonologist", "allergist", and "neonatologist". Unfortunately, the badging requirement that would have included license type such as physician, nurse, or physician assistant was amended out of the bill. Patients continue to be confused about who exactly provided their care in the clinical encounter. Clear disclosure of the type of health professional needs further clarity and transparency. I testified in support of the bill in the House Health Committee but expressed concern for the exclusion of the badging requirement. The issue of badging will undoubtedly be pursued again sometime in the future.

 There were a number of unsuccessful bills that would have enabled advanced practice registered nurses (nurse practitioners) with prescriptive authority to practice independently without a physician collaboration agreement. These were strongly opposed by the physician community, clearly based on quality-of-care concerns. Nurse practitioners are valuable health-care professionals, but they are not physicians and should be part of a physician-led team. Chairman Barrett of the House Public Health Committee and other physician legislators of both political parties were invaluable in blocking these bills. Also, physician assistant scope-of-practice bills were not heard in committee and did not advance.

SB 480 was a contentious bill that prohibits gender transition care for minors either by medication or surgery - even with parental consent. National medical organizations firmly support this medical care that is shown to preserve emotional well-being and prevents suicides. Shouldn't these decisions be better left to families and physicians without interference? Cole Speer testified against the bill on the basis of interference with the doctor-patient relationship/decision making and interference in the practice of medicine. We did not enter the debate on the merits of the prohibition as the IAFP does not have clear policy on the issue. From discussions with a couple of IAFP members during the session, I anticipate there will be one or more resolutions for the IAFP Congress to consider on this issue. The IAFP needs clear policy on gender transition care.

Only one of 13 marijuana bills received a hearing. A bill solely on decriminalization was heard in committee without a vote. This was historic as this was the first time marijuana was debated at the Indiana Legislature. Undoubtedly, more to come. I testified in favor of decriminalization per IAFP/AAFP policy.

Overall, this was a good session for health care.

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.

I was once again privileged to serve on the Legislature's Public Health Interim Study Committee. This was my second year of my current two-year appointment and I hope to be reappointed.

Finally, I want to thank our legislative team, Cole Speer, Missy Lewis Deeter, and our lobbyist consultants Kelli and Grant Waggoner for their work this year on our behalf. Also, I want to thank the Commission on Legislation for their time and advice, especially for helping guide our policy decisions.

And finally, thanks to those who volunteered to serve as Physician of the Day at the legislature!