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Overview

The 2017 Indiana General Assembly focused on four major issues: passage of the biennium budget, road funding, expanded funding for pre-kindergarten programs and opioid and substance addiction. Unlike previous recent sessions there wasn't a high profile social issue that passed. The IAFP was active on a wide range of bills including the budget, tobacco use and taxation, advance nurse practitioner scope of practice, telemedicine, opioid addiction and direct primary care agreements.

Outlined below are the key issues that either passed or were defeated this session; we have also provided a final tracking list of all bills that were signed by the Governor.

Budget

The $32 billion state biennium budget passed the House just before midnight on April 21 and passed the Senate after midnight, thus concluding the 2017 session. Although the House passed version of HEA 1001 included a $1.00 per pack increase in the cigarette tax, the proposal was nixed by the Senate Appropriations Committee and never resurfaced during conference committees. There were some legislators that believed the increase in the cigarette tax should be held in reserve pending the outcome of Congressional action on the Affordable Care Act.

The IAFP was successful in obtaining language which modifies the scholarship requirements awarded by Marian University College of Osteopathic Medicine, making students eligible to receive awards who agree to practice anywhere in Indiana (rather than only primary care shortage areas).If a scholarship was awarded after the first year a student may also receive partial funds for previous years, if qualified.

In addition, the Medical Education Board Family Practice Residency Fund will receive $1,852,698 each year of the biennium.

Key Legislation Advanced by IAFP

Direct primary care agreements: SEA 303 defines direct primary care agreements between a physician and a patient and clarifies that these agreements are not insurance.

Syringe Exchange: HEA 1438 allows a county or municipality to approve the operation of a syringe exchange program and permits renewal of the program with notice provided to the State Health Commissioner when a program is renewed, expired, or terminated or if the qualified entity operating the program changes. The bill was actively lobbied by the IAFP, ISMA and Indian State Health Commissioner Dr. Jerome Adams and was part of Governor Eric Holcomb's legislative agenda.

Key Legislation Successfully Modified by IAFP

Telemedicine: The purpose of HEA 1337 was to help expand the availability of mental health professionals and treatment to underserved areas, (especially those suffering the opioid epidemic) and removed a limitation on prescribing controlled substances except for opioids through Telemedicine matters. Specifically the bill requires a telemedicine prescriber contact the patient's primary care provider if the prescriber has provided care to the patient at least two consecutive times through the use of telemedicine. It also removes a limitation on prescribing controlled substances except for opioids through the use of telemedicine if: (1) the prescriber maintains a controlled substance registration; (2) the prescriber meets federal requirements concerning the prescribing of the controlled substance; (3) the patient has been examined in person by a licensed Indiana health care provider that has established a treatment plan to assist the prescriber in the diagnosis of the patient; (4) the prescriber has reviewed and approved the treatment plan and is prescribing for the patient pursuant to the treatment plan; and (5) the prescriber complies with the requirements of the INSPECT program. Allows for the prescribing of an opioid using telemedicine services if the opioid being prescribed is a partial agonist being prescribed to treat or manage an opioid dependence.

IAFP was successful in including the requirement that a patient be examined in person by a licensed Indiana health professional who recommends treatment before an opioid could be prescribed as well as the provision that a primary care provider be notified if a patient of that provider has been provided care through the use of telemedicine at least two consecutive times.

Immunizations:

SEA 51 allows the state health commissioner to issue a statewide standing order, prescription, or protocol that allows a pharmacist to administer or dispense an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on

Immunization Practices for individuals who are not less than 11 years of age (measles, mumps, and rubella, Varicella, Hepatitis A, Hepatitis B, and Haemophilus influenzae type b (Hib)).

HEA 1069 requires all college students to receive a Meningococcal disease (meningitis) vaccine

IAFP was successful in amending both bills to require the immunizations must be conducted in accordance with the routine recommendations established by the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention that are in effect at the time the immunization is given**.**

Prescribing and Dispensing Opioids: SEA 226 limits the amount of an opioid prescription a prescriber may issue for: (1) an adult who is being prescribed an opioid for the first time; and (2) a child, for more than 7 day unless the prescription is for the treatment of cancer, palliative care, medication-assisted treatment for a substance use disorder, a condition that is adopted by rule by the medical licensing board under IC 25-22.5-13-8 to be necessary to be exempt OR If, in the professional judgment of a prescriber, a patient requires more than the prescription limitations specified. IAFP was successful in exempting from the limits the professional judgement of a prescriber.

SEA 408 **INSPECT** bill left the Senate requiring a practitioner to obtain information regarding a patient from the INSPECT data base before prescribing ephedrine, pseudoephedrine, or a controlled substance, among other provisions. After an extended hearing in the House Public Health Committee, the bill was modified to a recommendation for a summer study.

HEA 1273 was a bill introduced to reduce the number of **out of network charges** incurred by a patient who has verified the facility or practitioner is in their insurance network only to discover later charges by an out of network provider or a referral to an out of network facility. The bill was extensively amended in the House to placing the burdens in the practitioner or facility to assist the patient to comply with their network requirements; additionally the bill provided a process for settlement of out of network charges. The Senate Insurance Committee stripped the bill to a recommendation for a summer study.
Bills that Did Not Advance

Key Legislation That Did Not Advance

Two bills, HB 1409 and HB 1474, were brought at the urging of the Association of **Advance Practice Nurses**; both bills would permit APN's to practice without a written agreement with a supervising physician. Neither bill advanced out of the House Public Health Committee.

HB 1578 as introduced raised the age limit for smoking from 18 to 21 and would have permitted employers to inquire about an employee's **smoking** habit and clarified that

higher insurance premium could be charged to the employee. The House Ways and Means Committee stripped out all provisions except for permitting employers to inquire about smoking. While the bill passed the House by a vote of 54-38 it was not heard in the Senate. Several attempts were made during conference committees to insert the repeal into other bills but those were unsuccessful.

HB 1061 would have required a physician who orders a laboratory test for the presence of **Lyme disease** to provide the patient or the patient's legal representative with certain written information concerning Lyme disease. The bill was heard in but no vote was taken in the House Public Health Committee.

Please see the attached bill tracking report to review bills monitored by IAFP that were passed and signed by the Governor.

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