

IAFP REPORT KEY PROVISIONS OF LEGISLATION ENACTED
2021 Indiana General Assembly

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HEA 1001 Biennial budget (medical scholarship funds and other programs of interest)

- Medical Education Board Family Practice Residency Scholarships: \$1,852,698 per year
- Graduate Medical Education Board Residency Program: \$4M-2022; \$5M-2023 (+\$1M)
- Primary Care Scholarship: \$2M per year
- Nurse Family Partnership: \$5M per year
- OB Navigator Program: \$3.3M per year
- Safety Pin Program: \$5.5M per year
- Tobacco Cessation: \$7.5M per year
- Tax on vape products of 25%

HEA 1002 Provider immunity from COVID lawsuits

- Protects health care providers (including emergency response personnel) from professional discipline for certain acts or omissions arising from a disaster emergency after Feb. 29, 2020 and before April 1, 2022, unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation.
- Protection extends to services provided, delayed or not provided to a person including injury or death.
- Provides that a health care provider is not protected from professional discipline for actions that are outside the skills, education, and training of the health care provider, unless certain circumstances apply.
- Specifies that orders and recommendations issued by local, state, and federal government agencies and officials during a state disaster emergency do not create new causes of action or new legal duties.
- Prohibits filing a class action lawsuit against a defendant in a civil action allowed by the statute. Provides that a person is not liable to a claimant for loss, damage, injury, or death arising from COVID-19 unless the claimant proves that the person caused the loss, damage, injury, or death by an act or omission constituting gross negligence, willful or wanton misconduct, or intentional misrepresentation.
- Provides immunity from civil liability to certain persons, entities, and facilities providing health care and other services for certain acts or omissions related to the provision of health care services and other services during a state disaster emergency.
- Extends COVID-19 health care immunity during periods of disaster emergency after February 29, 2020, and before April 1, 2022. Resolves conflicts between SEA 1 and HB 1002.

HEA 1040-Sudden cardiac arrest in students

- Provides that sudden cardiac arrest information sheets currently required to be distributed to parents must include warning signs of sudden cardiac arrest and information about EKG testing. Expands definition of student and athletic activity.
- Provides that, if an applicable student is suspected, as determined by a game official, coach from the student athlete's team, certified athletic trainer, marching band leader, physician assistant, advanced practice registered nurse, licensed physician, or other official designated by the student athlete's school entity, of experiencing a symptom of sudden cardiac arrest in a practice for an athletic activity or in an athletic activity, the applicable student shall be removed from practice or play at the time that the symptom is identified and may not return to the activity until evaluated by an appropriate medical person (includes athletic trainers, PA's and APRN's).
- Student may return to activity until the coach, band leader or other designated official informs the student's parents about sudden cardiac arrest and receives verbal permission for the student to resume activity. Officials must complete a training course.

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2 HEA 1079 Vaccines by dentists
3 ● Provides that a dentist may order and administer an immunization that is recommended by the
4 federal Centers for Disease Control and Prevention Advisory Committee on Immunization
5 Practices for individuals who are not less than eleven years of age, if the dentist is certified in
6 CPR, successfully completed a course of training and is required to keep records (same
7 protocols as pharmacists).
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9 HEA 1123-Legislative oversight of emergency orders (VETO was overridden; request for injunction
10 has been filed)
11 ● Provides that the general assembly may convene in an emergency session if the legislative
12 council adopts a resolution making certain findings concerning a state of emergency declared
13 by the governor. Specifies the maximum length of an emergency session.
14 ● Provides that in an emergency session the general assembly may enact only bills relating to the
15 agenda stated in the legislative council's resolution.
16 ● Establishes the legislative state of emergency advisory group comprised of majority and
17 minority party leadership. Receives info from the Governor and provides advice. The
18 proceedings of this group are confidential.
19 ● Creates the economic stimulus fund (ESF) for the deposit of all discretionary funds received by
20 the state (CARES Act, etc.). Funds may not be allocated unless appropriated by the general
21 assembly or reviewed by the budget committee.SB 3-telehealth
22

23 HEA 1203 ISDH agency bill
24 ● Changes agency name to the Indiana Department of Health.
25 ● Extends the syringe exchange program until July 1, 2026.
26 ● Allows the Commissioner to designate which department physicians may practice outside of the
27 agency; all agency physicians are must comply with state ethics requirements.
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29 HEA 1309 Pregnancy accommodations
30 ● Allows an employee to request an accommodation for the employee's pregnancy. Requires an
31 employer to respond within a reasonable time frame but does not require the employer to
32 provide the accommodation.
33 ● Prohibits an employer from disciplining, terminating, or retaliating against an employee because
34 the employee has requested or used an accommodation for the employee's pregnancy.
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36 HEA 1402 All payer claims data base
37 ● Establishes requirements for the development and administration of the all payer claims data
38 base. Establishes the advisory board and sets forth membership requirements, including a
39 physician member.
40 ● Provides a position description for the executive director.
41 ● Funding was provided in the state budget (\$5.3M over the biennium).
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43 HEA 1405 Insurance Matters
44 ● Requires a provider to provide the health records requested by a patient within 30 days after
45 the date the written request is made, unless the provider seeks an extension of not more than
46 30 days and informs the patient in writing of the reasons for the extension and the date by
47 which the provider will provide the health records.
48 ● Prohibits state and local governments from issuing an immunization passport.
49 ● Includes the physical therapy licensure compact.
50 ● Requires FSSA, IDOI and IDH to write a report on specialty drugs best practices and to advise
51 of any adverse patient circumstances.
52 ● Provides additional regulation of pharmacy benefit managers.

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HEA 1447 Good faith estimates

- Other than posting notice requirements, the new provisions do not substantially change current law imposes on a physician. An in network provider may not charge more than an amount contracted with a health plan.
- Postpones, from July 1, 2021, to January 1, 2022, the effective date of the requirement that an out of network practitioner provide a good faith estimate of the amount the practitioner intends to charge for a health care services. (Excludes emergency services)
- Requires that the patient's right to a good faith estimate by a provider facility and a practitioner be to a patient about the patient's right to request a good faith estimate be conspicuous and be provided by at least three of eight specified potential means (i.e., website, on hold messaging, waiting room, check in/out, pre-appointment reminder).
- Provides that the written notice that an out of network practitioner provides to an individual about a scheduled or ordered nonemergency health care service at an in network facility must state that the provider is out of network and intends to charge more than a plan may reimburse.
- Requires a practitioner or facility to provide a written explanation if the charge for a health care service exceeds the practitioner's or facility's good faith estimate by the greater of: (1) \$100; or (2) 5%.
- Provides that a practitioner can comply with the requirement to provide a good faith estimate of the amount that the practitioner intends to charge a covered individual by complying with the requirements of the new federal No Surprises Act (Act).

HEA 1468 Various health matters

- Contains language from SB 47 permitting the administration of COVID vaccines by pharmacists, pharmacy technicians and pharmacy interns.
- Permits therapeutic substitutions by a pharmacist in certain circumstances and defines therapeutic alternative.
- Permits PA's and APRN's to make referrals to pharmacists.
- Delays effective date of e-prescribing until 1/1/22 and includes a provision permitting written prescriptions for hospital discharge to another facility.
- Permits behavioral analysts to practice telehealth.
- Permits PA's and APRN's to write home health orders.
- Permits employees in same practice area as physician to do telehealth (think APRN who works in hospital-not under direct supervision by a physician)
- Requires the medical licensing board to adopt rules before January 1, 2022 that permits the PA committee to call their own meetings (current law says meetings may only be called by the IPLA Director).

HEA 1577 Abortion

- Adds a number of limiting provisions to current laws governing abortion (religious objection, reporting requirements, ultrasound reports, etc.).
- Requires a physician to dispense the abortion inducing drug in person and have the pregnant woman consume the drug in the presence of the physician.
- Requires certain information concerning the reversal of specified abortion inducing drugs to be provided by a physician to a pregnant woman in certain instances.

"Some evidence suggests that the effects of Mifepristone may be avoided, ceased, or reversed if the second pill, Misoprostol, has not been taken. Immediately contact the following for more information at (insert applicable abortion inducing drug reversal Internet web site and corresponding hotline number)."

- Provides that the written parental consent for purposes of abortion laws concerning an unemancipated pregnant woman less than 18 years of age must be notarized.
- Prohibits the use of telemedicine to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion.

SEA 1 Civil Immunity related to COVID19

- Provides civil tort immunity for damages arising from COVID-19 on the premises owned or operated by a person, employee or an agent of the person, except for an act or omission that constitutes gross negligence or willful or wanton misconduct, including fraud.
- Defines COVID-19 protective product and provides product liability protection for design, manufacture labeling, sale or distribution of a COVID -19 PPE, medical equipment, devices, tests, medications and cleaning disinfectants, except for gross negligence or willful or wanton misconduct, including fraud

SEA 3 Telehealth

- IAFP successfully defeated multiple attempts to expand the means by which a provider-patient relationship could be established via telehealth solely through the use of internet questionnaires, instant messaging, email, facsimile or internet consultation.
- Changes the use of the term "telemedicine" to "telehealth".
- Expands the application of the telehealth statute to additional licensed practitioners instead of applying only to prescribers.
- Provides that a practitioner who directs an employee to perform a specified health service is held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting. Requires that the telehealth medical records be created and maintained under the same standards of appropriate practice for medical records for patients in an in-person setting.
- Prohibits an employer from requiring a practitioner to provide a health care service through telehealth

SEA 5 Appeal of orders from a local health department

- Provides that if a local health department order addresses an aspect of a declared emergency addressed by an executive order, the local order may be less stringent than the executive order to the extent permitted by the executive order.
- Provides that if a local order addresses an aspect of a declared emergency that is not addressed by an executive order or is more stringent the local order may not take effect or remain in effect unless approved by the legislative body of the unit.
- Provides that the appointment of a county health officer is subject to the approval of the local legislative body.
- Establishes an appeal process before legislative bodies of enforcement actions taken by local boards of health and local health officers in response to declared state and local public health emergencies.

SEA 82 Mental health diagnosis

- Expands the list of practitioners who may provide a mental health diagnosis to include addiction counselor, clinical social worker, marriage and family therapist, or mental health counselor and sets for requirements that must be met.
- If a practitioner who makes a mental health diagnosis suspects a physical condition and the person has not seen a provider in the past 12 months, the practitioner shall advise the patient see a physician, PA or APRN and provide scheduling assistance if needed.

1 SEA 204 Advance Directives

- 2 ● Advance directives are documents containing a person's preferences for health care in the
3 case of loss of decisional capacity. This new statute addresses end of life treatment (living wills)
4 and the appointment of a legal representative to make health care decisions on behalf of an
5 incapacitated person.
6 ● The bill combines and clarifies three statutes governing current advance directives into one:
7 health care representative living will and health care provisions under power of attorney. It
8 updates statutes that are 28 years old and makes conforming corrections.
9 ● Establishes general standards for advance directives that includes preferences for more flexible
10 formalities and eliminates statutory required language. Directs IDH to develop a model form for
11 health care representative.

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13 SEA 365 Physician Wellness

- 14 ● Specifies that the proceedings and deliberations of a wellness program and any participant in
15 the process are confidential, unless ordered by a court in limited circumstances, and provides
16 extensive protections for participants
17 ● Provides that a member, consultant, or participant who comprises or participates in a wellness
18 program is not required to report a licensed physician to the medical licensing board for any act,
19 omission, statement, discovery, or disclosure unless the licensed physician presents a threat to
20 himself or herself, to his or her patients, or to the general public.