



# INDIANA PUBLIC POLICY FORUM

## 2019 Rural Health Legislation

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# 2019 Indiana General Assembly

- Long Session – Budget Session.
- Session began for the House & Senate on January 3<sup>rd</sup>.
- Adjourn sine die by Monday, April 29, 2019.

# Committee Leadership

## Senate Health and Provider Services Committee

Committee Chair  
Senator Ed Charbonneau (R)



Ranking Minority Member  
Senator Jean Breaux (D)



Ranking Member  
Sen. John Ruckelshaus (R)



# Committee Leadership

## House Public Health Committee

Committee Chair  
Rep. Cindy Kirchhofer (R)



Ranking Minority Member  
Rep. Robin Shackelford (D)



Vice Chair  
Sen. Shane Lindauer (R)



# Budget

- House Bill 1001 is the biennial budget.
- Legislative leaders have stated that money will be tight based on the December revenue forecast.
- Most of this new revenue will be dedicated to growing Medicaid obligations as well as the needs of the Department of Child Services.
- April revenue forecast will be critical to discussion centered on raising the cigarette tax.

# Increase of the State Cigarette Tax

- Hoosiers strongly support a \$2.00 per pack increase in the cigarette tax with a portion of revenue going to tobacco prevention programs.
- Support for the increase is bi-partisan with voters across party lines supporting the tax increase.
  - Voters are much more likely to support a state legislator who wants to spend money to improve Indiana’s poor public health ranking.
  - By more than two-to-one, voters support a state legislator who raises cigarette taxes to fund tobacco prevention programs over one who says “no new taxes.”
  - Voters see an increase in the cost of cigarettes more as a user fee than a traditional tax.
- Raising the tax on cigarettes is a much preferred alternative to cutting public health programs.

# House Bill 1007

## Perinatal Care

- This bill requires the State Department of Health to establish a perinatal navigator program.
- Requires a health care provider to:
  - Use a verbal screening tool to assess a substance use disorder in pregnancy for all pregnant women who are seen by the health care provider; and
  - If the health care provider identifies a pregnant woman who has a substance use disorder and is not currently receiving treatment, provide treatment or refer the patient to treatment.
- Requires guidelines for health care providers treating substance use disorder in pregnancy.
- This bill also adds DCS to the list of agencies to which a health care provider may not release the results of certain tests given to a pregnant woman.

## House Bill 1219

# Newborn Infants and Hospital Requirements

- Requires a hospital to implement a policy that:
  - Establishes protocols for hospital staff to follow concerning transportation of a newborn infant if the hospital is unable to provide the necessary care for the newborn infant to another hospital that can provide the care.
- This bill also requires a hospital to:
  - Disclose to the pregnant woman the levels of care that the hospital is able to provide based on a newborn infant's gestational age at the time of preregistration by a pregnant woman for maternity care at the hospital.



# House Bill 1211

## Abortion Matters

- Provides that a person may not knowingly or intentionally perform a dismemberment abortion unless a physician reasonably believes that performing the dismemberment abortion is necessary to
  1. prevent serious health risks to the mother; or
  2. save the mother's life.
- Provides that the penalty for performing a dismemberment abortion is a Level 5 felony.
- Provides that certain individuals:
  1. may petition for an injunction;
  2. may bring an action for the recovery of damages; and
  3. are entitled to attorney's fees;
  4. if a dismemberment abortion is performed.
- Provides anonymity safeguards in court or administrative actions for a woman on whom a dismemberment abortion was performed.
- Amends the definition of "abortion complication"

## Senate Bill 278

# Statewide Infant Fatality Review Committee

- Requires the State Department of Health (ISDH) to establish a statewide Infant Fatality Review committee to study infant fatalities in Indiana until June 30, 2024, and sets forth duties and membership of the committee.
- Specifies type of records to which the committee has access along with confidentiality of records reviewed by the committee.
- Requires a health care provider or health care facility that has an infant patient die to report the death to the committee and sets forth immunity provisions for the provider or facility.
- Requires the committee to submit a report to the ISDH before July 1 of each year concerning the committee's reviews and requires the ISDH to post the report on the department's Internet web site and make the report available for public inspection.
- Provides civil and criminal immunity to committee members in discussing confidential matters before the committee.

## Senate Bill 201

# Health Provider Ethical Exception

- This bill expands to give health providers an ethical exception from being required to:
  - Perform, assist, or participate in procedures intended to result in an abortion if the health care provider objects to the procedures on ethical, moral, or religious grounds.
  - The current exception law applies only to physicians and employees of a hospital or other facility in which an abortion may be performed.

## House Bill 1200

# Telepsychology

- Allows a psychologist and a health service provider who meets certain requirements to use telepsychology.
- Requires the psychologist or the supervisor of a supervisee who uses telepsychology to ensure that confidential communications stored electronically cannot be recovered or accessed by unauthorized persons when the psychologist or the supervisor of a supervisee disposes of electronic equipment and data.

## House Bill 1179

# Prior Authorization of Prescription Drugs

- Requires a health plan that denies prior authorization for a prescription drug to provide certain information in the notice of denial.

## Senate Bill 312

# Mandatory Electronic Prescriptions

- Requires dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists to issue a prescription in an electronic format and by electronic transmission after June 30, 2019.
- Provides exceptions to issuing an electronically transmitted prescription.
- Requires the Indiana Board of Pharmacy to adopt rules concerning electronically transmitted prescriptions.
- Provides that dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists are subject to disciplinary action for violating these provisions.

## Senate Bill 141

# Office Based Opioid Treatment Providers

- Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient.
- Requires the Medical Licensing Board of Indiana adopt rules or protocols concerning office based opioid treatment providers and:
  1. treatment agreements;
  2. periodic scheduled patient visits;
  3. urine toxicology screenings;
  4. HIV, hepatitis B, and hepatitis C testing; and
  5. the medical record documentation required for the prescribing of buprenorphine over a specified dosage.

## House Bill 1294

# INSPECT Program

- IHA, ISMA and numerous health providers with prescriptive authority seek legislation in the 2019 session to move statutory language related to the operation and integration of INSPECT from the criminal code to the Professional Licensing Agency (PLA).
- **This change will put Indiana in alignment with other states throughout the country. This moving of statutory language does not change the current process of monitoring, investigation, adjudication and prosecution for prescribing activity which rises to a criminal level.**
- To that end, the bill will seek to create authority for individual professional licensing boards to apply the appropriate discipline for failure to query INSPECT.
- The bill will retain a Class A misdemeanor penalty for unauthorized disclosure of confidential information in Indiana criminal code.



## Senate Bill 11

# Needle Exchange Program Participation

- Requires a qualified entity to establish and maintain a syringe exchange program registry.
- Provides a defense to prosecution of certain offenses related to controlled substances if:
  - a person is currently registered under a syringe exchange program;
  - the person obtained the hypodermic syringe or needle under a syringe exchange program; and
  - there is no more than a residual amount of a controlled substance located in the hypodermic syringe or needle.

## Senate Bill 33

# Comprehensive Recovery Centers

- Establishes a comprehensive addiction recovery center grant program to be administered by the Division of Mental Health and Addiction.
- Sets forth requirements for a grant.
- Requires entities that are awarded a grant to report specified data to the division.
- Appropriates \$9,000,000 to the division from the state general fund for the biennium beginning July 1, 2019, for purposes of the grant program.
- Provides that the division may award only one grant per congressional district, and specifies that not more than \$1,000,000 may be granted per congressional district.

## Senate Bill 146

# Prescribing of a Controlled Substance

- Requires that a controlled substance prescription be issued electronically after June 30, 2020, and establishes a Class B infraction for a prescriber who fails to comply.
- Requires a prescriber to obtain three hours of continuing education every two years on the prescribing of opioid medication in order to continue issuing prescriptions for opioid medication, and establishes a Class B infraction for failure to comply.
- Requires the Medical Licensing Board to study and determine, before November 1, 2019, whether a waiver is necessary for the electronic prescription requirement and to report back to the general assembly.

## Senate Bill 162

# Chronic Pain Management

- Requires state employee health plans, Medicaid, policies of accident and sickness insurance, and HMO contracts to provide coverage for chronic pain management.
- Requires a practitioner to prescribe other forms of treatment for certain chronic pain before prescribing an opioid.
- Requires the Office of Medicaid Policy and Planning to apply for any Medicaid state plan amendment necessary to provide the coverage.

## House Bill 1344/Senate Bill 436

# Nurse Licensure Compact

- Specifies requirements for participation by the state in a multistate nurse licensure compact, including provisions concerning: (1) nurse qualifications, practice, and participation; (2) a compact commission; (3) interstate commission and state board of nursing authority and rulemaking; (4) a coordinated licensure information system; (5) oversight and enforcement; and (6) termination or withdrawal from the compact.

## House Bill 1275

# Sepsis Treatment Protocols

- Requires a hospital to adopt, implement, and periodically update evidence based sepsis protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care.
- Requires certain hospital staff to be periodically trained to implement the sepsis protocols.
- Subject to available funding, the State Department of Health (ISDH) shall: (1) recommend evidence based sepsis definitions and metrics that incorporate evidence based findings; (2) establish and use a methodology for collecting, analyzing, and disclosing the information collected; and (3) consult with appropriate health representatives before issuing certain rules or guidance documents.
- Requires ISDH to prepare a report on the implementation of the sepsis protocols.

## Senate Bill 359

# Individualized Mental Health Safety Plans

- Requires the Division of Mental Health and Addiction to establish a standard format for individualized mental health safety plans.
- Requires each psychiatric crisis center, psychiatric inpatient unit, and psychiatric residential treatment provider to, upon request and without the consent of the patient, disclose a patient's individualized mental health safety plan to certain licensed physicians and mental health providers.
- Provides that a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider that discloses an individualized mental health safety plan to certain licensed physicians and mental health providers in good faith is immune from civil and criminal liability.
- Requires psychiatric crisis centers, psychiatric inpatient units, and psychiatric residential treatment providers to:
  1. Collaboratively develop a mental health safety plan with each patient;
  2. Explain the benefits of coordinating care and sharing mental health safety plans with mental health providers in the community that can help with the patient's safe transition back into the community; and
  3. Make a good faith effort before a patient leaves a facility at which the patient is receiving care to obtain the patient's consent to disclose the patient's individualized mental health safety plan with mental health providers, integrated school based mental health providers, and mental health community paramedicine programs that will be supporting the patient's safe transition back into the community and, if applicable, school.

## Senate Bill 203

# Physician Maintenance Certification

- Prohibits a hospital from denying hospital staff or admitting privileges to a physician or podiatrist based solely on the decision of the physician or podiatrist not to participate in maintenance of certification.
- Specifies that the medical licensing statute and the podiatrist licensing statute do not require a licensed physician or licensed podiatrist to hold or maintain a board certification in a specialty medical area in order to practice.
- Prohibits insurers from:
  1. Denying a physician or podiatrist the right to enter into a reimbursement agreement with the insurer;
  2. Denying a physician or podiatrist reimbursement for a covered service; or
  3. Setting reimbursement for services provided by a physician or podiatrist at a lower rate based solely on the decision of the physician or podiatrist not to participate in maintenance of certification.



## House Bill 1176/SB 333

### Medical Provider Immunity for Body Cavity Search

- Establishes a procedure authorizing licensed medical personnel to retrieve contraband from the bodily orifice of an individual as part of a criminal investigation, and grants immunity to the medical personnel.

# Questions?



# Contact Information

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