

HB1001

STATE BUDGET (THOMPSON J) Appropriates money for capital expenditures, the operation of the state, K-12 and higher education, the delivery of Medicaid and other services, and various other distributions and purposes. Requires a researcher to execute a data sharing agreement that is approved by the management performance hub to receive access to confidential records. Provides that the auditor of state is also known as the state comptroller. Provides that, after June 30, 2023, the auditor of state shall use the title "state comptroller" in conducting state business, in all contracts, on business cards, on stationery, and with other means of communication as necessary. Establishes the attorney general contingency fee fund. Establishes the: (1) state opioid settlement fund; and (2) local opioid settlement fund; into which funds received from opioid litigation settlements must be deposited. Provides that the office of the inspector general shall provide informal advisory opinions and that the opinions are confidential. Allows the budget committee to submit the budget report and budget bill or bills to the governor on or before the second Monday of January, or the third Monday of January in the year in which a gubernatorial election is held (instead of before that date). Requires the state personnel department to require a contractor, when contracting for health care coverage for state employees, to use value based coverage. Repeals a provision that makes a state general fund appropriation to the board of trustees of the Indiana public retirement system if the money available in the special death benefits fund is insufficient to pay death benefit claims. Allows the Indiana economic development corporation (IEDC) to certify an applicable tax credit that exceeds the maximum allowable amount after review by the budget committee. Provides that the regional economic acceleration and development initiative program expires June 30, 2026. Specifies that the county or municipality that did not approve the relocation of an outdoor advertising sign is responsible for compensation of the taking of the outdoor advertising sign. Provides that an owner may relocate an outdoor advertising sign that is subject to a pending eminent domain action. Allows an individual to claim an increased exemption amount for a dependent child in the first year in which the exemption amount may be claimed for the child. Reduces the individual income tax rate to 2.9% by 2027 and eliminates all trigger provisions in current law. Establishes the regional public safety training fund. Repeals provisions relating to the establishment of the: (1) Indiana homeland security foundation; (2) Indiana homeland security fund; and (3) fire training infrastructure fund. Allows certain members of the public employees' retirement fund or Indiana state teachers' retirement fund to file an election to begin receiving retirement benefits while holding a position. Changes the state police pre-1987 benefit and supplemental pension benefit calculation from being based on the sixth year of service to the fourth year of service. Repeals the public mass transportation fund. Repeals the financial responsibility compliance verification fund. Changes the number of years of service on which the salary matrix for state police employees is based to 15 years (instead of 20 years). Requires the department of correction to deposit the amount appropriated for the county misdemeanor fund by a county's multiplier. Requires the office of Medicaid policy and planning (office) to: (1) develop a schedule for the review of Medicaid reimbursement rates; and (2) provide a copy of the schedule to the budget committee; not later than November 1, 2023. Creates the residential water testing fund to test the water supply of an individual property owner of an eligible township. Requires the director of the state personnel department to submit a revision or adjustment to a pay plan developed for state employees to the state budget committee for review before the revision may take effect. Provides that the general assembly shall convene: (1) on the second Tuesday after the first Monday in June for the first regular technical session; and (2) on the second Tuesday after the first Monday in May for the second regular technical session. Provides that a technical session is not required to convene if the president pro tempore and the speaker jointly issue an order that convening is not necessary. Requires the general assembly to convene no later than the fourth Monday in January after organization day. Repeals provisions relating to emergency sessions and makes conforming amendments. Recouples the state earned income tax credit qualifications with the federal earned income tax credit qualifications under the Internal Revenue Code as in effect January 1, 2023. Requires a contractor that provides tangible personal property incorporated into real property in a project located in an innovation development district to maintain records of all state gross retail and use tax paid or collected during a state fiscal year. Adds state adjusted gross income taxes paid by an individual who is not an employee with respect to income received for services performed in an innovation development district for purposes of calculating income tax incremental amounts. Establishes the commission on improving the status of children fund to support the staffing and operations of the commission. Provides that a part of state user fees shall be deposited in the Indiana secured school fund. Repeals the distribution schedule for appropriations made for certain child development programs. Requires the department of local government finance to prepare an annual report and abstract concerning property tax data (instead of the auditor of state). Deletes reimbursement rate parameters for reimbursement of managed care organizations under the healthy Indiana plan. Extends the sunset of the collection of hospital assessment fees and health facility quality assessment fees from June 30, 2023, to June 30, 2025. Increases the total number of adult learner students at the Excel Centers for Adult Learners and Christel House DORS centers for whom the school may receive state funding. Establishes the Indiana education scholarship account donation fund to accept donations for administration of the Indiana education scholarship account program. Repeals the special education fund. Establishes a state tax credit for a taxpayer that makes certain qualified child care expenditures in providing child care to the taxpayer's employees. Extends provisions for the gasoline tax and the special fuel tax rates. Amends a statute concerning powers and duties of a regional water, sewage, or solid waste district established under prior law. Extends the sunset for the invasive species council and fund from July 1, 2023, to July 1, 2031. Prohibits school corporations and charter schools from charging a fee for curricular materials to students. Provides that the parent of a

student or an emancipated minor who attends an accredited nonpublic school and who meets financial eligibility requirements may request reimbursement of fees charged for curricular materials. Establishes the curricular materials fund. Requires a county auditor to distribute a portion of revenue received from an operations fund levy imposed by a school corporation located in certain counties to certain charter schools (excludes school corporations that are designated as a dist

Current Status: 4/28/2023 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 538: yeas 39, nays 10; Rules Suspended

Recent Status: 4/28/2023 - Conference Committee Report Adopted (H) Report 1: adopted by the House; Roll Call 565: yeas 70, nays 27; Rules Suspended
4/27/2023 - House Conference Committees Eligible for Action

State Bill Page: [HB1001](#)

HB1004

HEALTH CARE MATTERS (SCHAIBLEY D) Establishes the health care cost oversight task force and sets forth duties of the task force. Provides a credit against state tax liability to certain physicians who have an ownership interest in a physician practice and meet other eligibility criteria. Allows a credit against the state tax liability of an employer with fewer than 50 employees if the employer has adopted a health reimbursement arrangement in lieu of a traditional employer provided health insurance plan and if the employer's contribution toward the health reimbursement arrangement meets a certain standard. Requires the office of the secretary of family and social services to research and compile data concerning Medicaid reimbursement rates for Indiana and all other states and the national reimbursement rate average. Requires the submission of a report to the health care cost oversight task force and the general assembly. Establishes the payer affordability penalty fund. Specifies additional information that a hospital must report to the Indiana department of health in the hospital's annual report and establishes a fine for a hospital that fails to timely file the report. Provides that a bill for health care services provided by certain qualified providers in an office setting must be submitted on an individual provider form. Prohibits an insurer, health maintenance organization, employer, or other person responsible for the payment of the cost of health care services from accepting a bill that is submitted on an institutional provider form. Repeals language requiring a hospital to hold a public forum. Requires the department of insurance to contract with a third party to calculate an Indiana nonprofit hospital system's prices from certain health plans for specified calendar years. Before November 1, 2024, and before November 1 each subsequent year, requires the department's third party contractor to compare certain Indiana nonprofit hospital system facility pricing information with 285% of Medicare. Requires the calculations to be submitted as a report for review. Provides that a health care provider that enters into: (1) a value-based health care reimbursement agreement; and (2) an electronic medical records access agreement; with a health plan may qualify to participate in the health plan's program to reduce or eliminate prior authorization requirements. Requires a health plan that establishes a program to reduce or eliminate prior authorization requirements to provide certain information to health care providers concerning the program. Requires a third party administrator, insurer, or health maintenance organization that has contracted with a person to administer a self-funded insurance plan or a fully insured group plan to provide claims data to the person not later than 15 days from a request for the data. Specifies certain claims data to be provided and establishes a fine for a failure to timely provide the claims data. Requires the all payer claims data base advisory board to discuss specified issues concerning reimbursement rates. Allows for the provisional credentialing of physicians who establish or join an independent primary care practice.

Current Status: 4/28/2023 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 532: yeas 45, nays 5; Rules Suspended

Recent Status: 4/27/2023 - Conference Committee Report Adopted (H) Report 1: adopted by the House; Roll Call 559: yeas 90, nays 7; Rules Suspended
4/27/2023 - House Conference Committees Eligible for Action

State Bill Page: [HB1004](#)

HB1013

INDIANA DEPARTMENT OF HEALTH (SNOW C) Changes references from the state department of health to the Indiana department of health. Provides directions for publication of affected provisions. Makes technical corrections. (The introduced version of this bill was prepared by the code revision commission.)

Current Status: 4/20/2023 - Signed by the Governor

Recent Status: 4/20/2023 - SIGNED BY GOVERNOR
4/17/2023 - Signed by the President of the Senate

State Bill Page: [HB1013](#)

HB1091

ELIGIBILITY UNDER MEDICAID, CHIP AND OTHER BENEFITS (VERMILION A) Changes the requirements for submitting eligibility information for an individual who is: (1) less than 19 years of age; and (2) a recipient of either the Medicaid program or the children's health insurance program (CHIP) (programs). (Current law concerning the submission of eligibility information in the programs applies to individuals less than three years of age.) Provides Medicaid eligibility for certain individuals who have immigrated and are lawfully residing in the United States and meet other Medicaid eligibility requirements. Specifies eligibility for the children's health insurance program (CHIP) for lawfully residing individuals who are less than 19 years of age. Provides that an agency or political subdivision is not

required to verify citizenship or immigration status of an individual for purposes of the individual's eligibility for benefits under the Richard B. Russell National School Lunch Act or the Child Nutrition Act of 1966, including the special supplemental food program for women, infants, and children.

Current Status: 4/26/2023 - House Concurred in Senate Amendments ; Roll Call 512: yeas 89, nays 1

Recent Status: 4/26/2023 - Concurrences Eligible for Action
4/26/2023 - Motion to concur filed

State Bill Page: [HB1091](#)

HB1352 TELEHEALTH SERVICES (LEDBETTER C) Provides (beginning January 1, 2024) that the office of Medicaid policy and planning may not require: (1) a provider that is licensed, certified, registered, or authorized with the appropriate state agency or board and exclusively offers telehealth services to maintain a physical address or site in Indiana to be eligible for enrollment as a Medicaid provider; or (2) a telehealth provider group with providers that are licensed, certified, registered, or authorized with the appropriate state agency or board to have an in-state service address to be eligible to enroll as a Medicaid vendor or Medicaid provider group.

Current Status: 4/24/2023 - House Concurred in Senate Amendments ; Roll Call 480: yeas 95, nays 0

Recent Status: 4/24/2023 - Concurrences Eligible for Action
4/24/2023 - Motion to concur filed

State Bill Page: [HB1352](#)

HB1458 DOCTOR SCOPE OF TREATMENT AND DO NOT RESUSCITATE (BARRETT B) Provides that a declarant may include a person for whom a proxy has executed an out of hospital do not resuscitate (DNR) declaration if the person: (1) is at least 18 years of age and is certified as a qualified person; (2) is incapacitated or incompetent; and (3) has no representative who is able and available to execute an out of hospital DNR declaration. Defines "incapacitated" as related to an out of hospital DNR declaration. Defines "proxy" as related to an out of hospital DNR declaration and a physician order for scope of treatment (POST). Provides that a person's proxy may execute an out of hospital DNR declaration if certain conditions are met. Creates a declaration and order form to be used by hospitals if the declarant is incapacitated or incompetent. Allows a qualified person's proxy to complete a POST form if the person is incapable of making health care decisions and no representative is able and available to act. Allows a proxy to revoke a POST form or request alternative treatment. Provides that if alternative treatment is requested, the treating medical provider shall review the POST form with the declarant, the declarant's representative, or the proxy who has priority to act for the declarant. Makes conforming changes.

Current Status: 4/20/2023 - Signed by the Governor

Recent Status: 4/20/2023 - SIGNED BY GOVERNOR
4/17/2023 - Signed by the President of the Senate

State Bill Page: [HB1458](#)

HB1460 PROFESSIONAL AND OCCUPATIONAL LICENSING (BARRETT B) Allows a board that regulates a health care provider or a regulated professional under IC 25 to use electronic means of communication to conduct meetings if certain requirements are met. Allows the Indiana department of health (state department) to collect certain information from individuals who provide home health services, are a qualified medication aide, or are a certified nurse aide. Adds the board of physical therapy and the state department's consumer services and health care regulation commission for purposes of workforce renewal information and an annual report. Establishes time periods for the professional licensing agency (PLA) to post meeting agendas and meeting minutes on the applicable board's website. Requires the PLA to post certain information concerning board vacancies and application forms. Requires the PLA to send notification to an applicant of incomplete items in an application. Requires that new and renewed licenses with the PLA be submitted electronically, unless a paper application is requested. Requires the PLA to post on its website information about the number of licenses issued and wait times for the licenses. Requires the governor to fill a vacancy on certain occupational boards within 90 days. Allows the PLA to make an appointment to the board if the governor does not make the appointment. Allows the board to issue a temporary permit for a registered nurse applicant and a licensed practical nurse applicant.

Current Status: 4/26/2023 - Signed by the President of the Senate

Recent Status: 4/25/2023 - Signed by the President Pro Tempore
4/24/2023 - Signed by the Speaker

State Bill Page: [HB1460](#)

HB1513 FSSA MATTERS (BARRETT B) Changes the name of the bureau of developmental disabilities services to the bureau of disabilities services. Removes certain members from the 211 advisory committee. Repeals Medicaid copayment provisions that: (1) require the office of the secretary of family and social services (office) to apply a copayment for certain Medicaid services; (2) require a recipient to make a copayment upon the receipt of services and for a provider

not to voluntarily waive a copayment; (3) set forth exemptions from copayment requirements; and (4) require the provider to charge the maximum allowable copayment. Allows for an enrollment fee, a premium, a copayment, or a similar charge to be imposed as a condition of an individual's eligibility for the healthy Indiana plan and the children's health insurance program. Removes a prohibition on the office from: (1) requiring certain providers to submit non-Medicaid revenue information in the provider's annual historical financial report; and (2) only requesting balance sheets from certain providers that apply directly to the provider's facility. Allows the office to implement an end of therapy reclassification methodology in a successor of the RUG-IV, 48-Group model for payment of nursing facility services.

Current Status: 4/27/2023 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 511: yeas 49, nays 0; Rules Suspended

Recent Status: 4/27/2023 - House Conference Committees Eligible for Action
4/26/2023 - Conference Committee Report Adopted (H) Report 1: adopted by the House; Roll Call 519: yeas 94, nays 0; Rules Suspended

State Bill Page: [HB1513](#)

HB1568

PRESCRIPTION FOR HORMONAL CONTRACEPTIVES (ROWRAY E) Allows pharmacists who meet certain requirements to prescribe and dispense hormonal contraceptive patches and self-administered hormonal contraceptives (contraceptives). Establishes requirements for pharmacists who elect to prescribe and dispense contraceptives. Provides that a pharmacist is not required to prescribe a contraceptive to a woman if the pharmacist believes the contraceptive is contraindicated or objects on ethical, moral, or religious grounds. Provides that an individual who is a pharmacy technician, pharmacy technician in training, pharmacist student, or pharmacist intern is not required to dispense a contraceptive to a woman if the individual objects on ethical, moral, or religious grounds. Requires the Indiana board of pharmacy (board) to revoke the license of a pharmacist who knowingly or intentionally prescribes a drug that is intended to cause an abortion. Establishes penalties for a pharmacist who prescribes a drug that is intended to cause an abortion. Requires the state health commissioner or the commissioner's designated public health authority to issue a standing order that allows a pharmacist to prescribe and dispense contraceptives until the board adopts rules that adopt the standing order. Establishes requirements for the standing order. Requires the office of the secretary of family and social services to reimburse a pharmacist for services and prescriptions for contraceptives provided to an eligible Medicaid recipient.

Current Status: 4/26/2023 - Signed by the President of the Senate

Recent Status: 4/12/2023 - Returned to the House without amendments
4/11/2023 - added as cosponsor Senator Randolph

State Bill Page: [HB1568](#)

SB4

PUBLIC HEALTH COMMISSION (CHARBONNEAU E) Defines "core public health services" for purposes of public health laws. Adds members to the executive board of the Indiana department of health (state department). Removes a provision allowing the state department to establish branch offices. Provides that the state department may provide services to local health departments. Requires each local board of health to establish a local public health services fund to receive state funding. Provides a method of allocation of state funding to local boards of health, subject to state appropriations. Specifies the percentage of how additional funding may be expended on core public health services. Allows the local health department to enter into contracts or approve grants for core public health services. Allows the state department to issue guidance to local health departments. Requires the state department to make annual local health department reports available to the public. Changes the qualification requirements for a local health officer and requires certain training. Requires the state department to identify state level metrics and county level metrics and requires certain local health departments to report to the state department activities and metrics on the delivery of core public health services. Requires the state department to annually report on the metrics to the budget committee and publish information concerning the metrics on the Internet. Requires that a local health department post a position or contract for the provision or administration of core public health services for at least 30 days. Requires a local health department to provide certain education before administering a vaccine. Requires a multiple county health department to maintain at least one physical office in each represented county. Provides that a new city health department cannot be created after December 31, 2022, but allows current city health departments to continue to operate. Creates the Indiana trauma care commission. Allows a school corporation that cannot obtain an ophthalmologist or optometrist to perform the modified clinical technique vision test to conduct certain specified vision screenings. Requires the school to send to the parent of a student any recommendation for further testing by the vision screener. Allows for standing orders to be used for emergency stock medication in schools. Allows the state health commissioner or designee to issue a statewide standing order, prescription, or protocol for emergency stock medication for schools. Removes the distance requirement for an access practice dentist to provide communication with a dental hygienist. Repeals provisions concerning the Indiana local health department trust account.

Current Status: 4/27/2023 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 500: yeas 39, nays 10; Rules Suspended

Recent Status: 4/27/2023 - Conference Committee Report Adopted (H) Report 1: adopted by the House; Roll Call 529: yeas 74, nays 21; Rules Suspended

State Bill Page: [SB4](#)

- SB7 PHYSICIAN NONCOMPETE AGREEMENTS (BUSCH J) Provides that beginning July 1, 2023, a primary care physician and an employer may not enter into a noncompete agreement. Provides that beginning July 1, 2023, a physician noncompete agreement is not enforceable if any of the following circumstances occur: (1) The employer terminates the physician's employment without cause. (2) The physician terminates the physician's employment for cause. (3) The physician's employment contract has expired and the physician and employer have fulfilled the obligations of the contract. Specifies a process by which a physician or employer may pursue mediation to determine a reasonable price to purchase a release from a noncompete agreement.
- Current Status:* 4/25/2023 - Signed by the President Pro Tempore
- Recent Status:* 4/24/2023 - Senate Concurred in House Amendments ; Roll Call 466: yeas 41, nays 7
4/24/2023 - Concurrences Eligible for Action
- State Bill Page: [SB7](#)
- SB252 LONG ACTING REVERSIBLE CONTRACEPTIVES (YODER S) Allows a long acting reversible contraceptive that is prescribed to and obtained for a Medicaid recipient to be transferred to another Medicaid recipient if certain requirements are met.
- Current Status:* 4/25/2023 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 477: yeas 40, nays 8
- Recent Status:* 4/25/2023 - Conference Committee Report Adopted (H) Report 1: adopted by the House; Roll Call 498: yeas 82, nays 0; Rules Suspended
4/25/2023 - Senate Conference Committees Eligible for Action
- State Bill Page: [SB252](#)
- SB275 PRACTICE OF MEDICINE TERMS (JOHNSON T) Provides, for purposes of the law prohibiting the unlawful practice of medicine or osteopathic medicine, that "the practice of medicine or osteopathic medicine" includes attaching to an individual's name the words "allergist", "electrophysiologist", "geriatrician", "immunologist", "medical geneticist", "neonatologist", or "pulmonologist".
- Current Status:* 4/26/2023 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 489: yeas 49, nays 0
- Recent Status:* 4/26/2023 - Conference Committee Report Adopted (H) Report 1: adopted by the House; Roll Call 508: yeas 90, nays 1; Rules Suspended
4/26/2023 - Senate Conference Committees Eligible for Action
- State Bill Page: [SB275](#)
- SB400 HEALTH CARE MATTERS (BROWN L) Requires the state employee health plan, policies of accident and sickness insurance, and health maintenance organization contracts to provide coverage for wearable cardioverter defibrillators. Specifies requirements for credentialing a provider for the Medicaid program, an accident and sickness insurance policy, and a health maintenance organization contract. Establishes a provisional credential until a decision is made on a provider's credentialing application and allows for retroactive reimbursement. Provides that a hospital's quality assessment and improvement program must include a process for determining and reporting the occurrence of serious reportable events. Provides that the medical staff of a hospital may make recommendations on the granting of clinical privileges and the appointment or reappointment of an applicant to the governing board for a period not to exceed 36 months. Requires a hospital with an emergency department to have at least one physician on site and on duty who is responsible for the emergency department. Requires the legislative services agency to conduct an analysis of licensing fees and provide a report to the budget committee. Allows the commissioner of the department of insurance (commissioner) to issue an order to discontinue a violation of a law (current law specifies orders or rules). Requires the commissioner to consider specified information before approving or disapproving a premium rate increase. Requires a domestic stock insurer to file specified information with the department of insurance. Prohibits the state employee health plan from requiring prior authorization for certain specified services. Changes prior authorization time requirements for urgent care situations. Adds an employee benefit plan that is subject to the federal Employee Retirement Income Security Act of 1974 and a state employee health plan to the definition of "health payer" for the purposes of the all payer claims data base (data base). Allows the department of insurance to adopt rules on certain matters concerning the data base. Requires a health plan to post certain information on the health plan's website. Prohibits an insurer and a health maintenance organization from altering a CPT code for a claim or paying for a CPT code of lesser monetary value unless: (1) the CPT code submitted is not in accordance with certain guidelines and rules, or the terms and conditions of a participating provider's agreement or contract with the insurer or health maintenance organization; or (2) the medical record of the claim has been reviewed by an employee or contractor of the insurer or health maintenance organization. Requires an insurer and a health maintenance

organization to provide a contracted provider with a current reimbursement rate schedule at specified times. Urges the study by an interim committee of: (1) prior authorization exemptions for certain health care providers; and (2) whether Indiana should adopt an interstate mobility of occupational licensing. Requires a collaborating physician or physician designee to review certain patient encounters performed by a physician assistant within 14 business days. Requires a health plan to offer a health care provider the option to request a peer to peer review by a clinical peer concerning an adverse determination on a prior authorization request.

Current Status: 4/26/2023 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 492: yeas 50, nays 0

Recent Status: 4/26/2023 - Conference Committee Report Adopted (H) Report 1: adopted by the House; Roll Call 509: yeas 90, nays 1; Rules Suspended
4/26/2023 - Senate Conference Committees Eligible for Action

State Bill Page: [SB400](#)

SB480

GENDER TRANSITION PROCEDURES FOR MINORS (JOHNSON T) Prohibits a physician or other practitioner from: (1) knowingly providing gender transition procedures to an individual who is less than 18 years of age (minor); and (2) aiding or abetting another physician or practitioner in the provision of gender transition procedures to a minor. Specifies certain medical exceptions. Establishes civil enforcement actions.

Current Status: 4/5/2023 - SIGNED BY GOVERNOR

Recent Status: 3/29/2023 - Signed by the President of the Senate
3/29/2023 - Signed by the Speaker

State Bill Page: [SB480](#)