

# FAEGRE BAKER DANIELS

## 2013 Legislative Update #6

### Indiana Society of Anesthesiologists



*February 24, 2013*

The upcoming week is going to be short but hectic, as the General Assembly wraps up the first half of the 2013 legislative session. Monday is the final day for bills to pass the House, and Tuesday is the Senate deadline. Lawmakers will then take a few days off, and return on Monday, March 4, to begin considering measures that were adopted by the other chamber.

Both **SB 273** (anesthesiologist assistants) and **SB 268** (CRNAs) are eligible for floor amendment tomorrow in the Senate. The bills were amended and adopted unanimously by the Senate Health & Provider Services Committee on Wednesday. The amendment to SB 273 simply requires that a patient be notified and grant consent when anesthesia care will be provided by an AA. The amendment to SB 268 included a similar requirement for CRNAs and also deleted provisions that would have defined CRNAs as an advanced practice nurse and authorized CRNAs to administer anesthesia under the direction of and in the immediate presence of a dentist. As amended, SB 268 now allows CRNAs to administer anesthesia under the direction of a podiatrist only in a hospital setting and only if a physician is in the immediate vicinity. Because the committee amendment added the physician presence requirement, ISA did not oppose it.

As of Friday, Sen. Miller did not anticipate any problems in securing passage of SB 273 and was not aware of any amendments. However, we will know more tomorrow. The Senate goes into session at 1:30 p.m., which means that any floor amendments must be filed by 11:30 a.m. **If opposition develops to SB 273, or if SB 268 is amended to further expand CRNA scope of practice, I will be sending each of you an email tomorrow afternoon asking you to contact your state senator immediately via email or telephone. I will provide contact and message information.**

To date, 26 of the 62 bills on ISA's tracking list have died, although provisions from these bills may be revived in other measures. There may be additional casualties this week, including **HB 1591**, the Medicaid expansion measure that enjoys bipartisan support in the otherwise sharply divided House. Authored by Rep. Ed Clere, HB 1591 would expand Medicaid to 133% of the FPL through a program similar to the Healthy Indiana Plan, the state's insurance plan for low-income Hoosiers which emphasizes cost-sharing and personal responsibility. The bill would also require managed care for the Aged, Blind and Disabled populations. Gov. Mike Pence is opposed to the bill, citing his reluctance to embrace Medicaid expansion until CMS grants approval of the state's request to use the Healthy Indiana Plan as the expansion vehicle. However, given the likelihood that CMS may not act on Indiana's waiver request before the legislature adjourns on April 29, the General Assembly may elect to adopt legislation that would make the expansion of Medicaid contingent upon a favorable response from CMS.

**SB 551** adopts this approach. Authored by Sen. Pat Miller, SB 551 authorizes FSSA to negotiate with CMS to establish a Medicaid block grant system for providing Medicaid services to recipients, including those individuals described as the expansion population in the ACA. The bill would authorize any State Plan amendments or Medicaid waivers necessary to establish a program funded by a federal block grant. Under SB 551, any waiver or state plan amendment must do the following:

- Include consumer driven principles.
- Include coverage for preventative care services provided at no cost to the recipient and allow incentives for increasing preventative care for recipients.
- Allow for personal responsibility requirements.
- Require a recipient to make out-of-pocket payments related to coverage for health care expenses provided under the program.
- Require a health care account to be used to pay out-of-pocket health care expenses.
- Include health care initiatives designed to promote the general health and well-being of recipients and encourage an understanding of the cost and quality of care.

Following are detailed summaries of bills of interest to ISA. Bills that are still alive are highlighted in blue.

As always, please let me know if you have any questions or need additional information.

<b>HB 1001</b>	<b><i>Biennial budget.</i></b> (T. Brown)  See attached summary  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 20%;">Action</th> <th style="width: 60%;"></th> </tr> </thead> <tbody> <tr> <td>02/21/2013</td> <td>H: 2nd Reading</td> <td>Amended Order Engrossed</td> </tr> </tbody> </table>	Date	Action		02/21/2013	H: 2nd Reading	Amended Order Engrossed
Date	Action						
02/21/2013	H: 2nd Reading	Amended Order Engrossed					
<b>HB 1014</b>	<b><i>Income tax credit for specialty drugs.</i></b> (T. Brown) <b>DEAD</b>  Provides a refundable individual income tax credit to the extent that a taxpayer's copayment or coinsurance amount in a particular year for specialty drugs exceeds 8% of the taxpayer's federal adjusted gross income for that year. Defines "specialty drug" as a drug that meets the following conditions: (1) The amount of coinsurance or copayments paid for the drug is more than \$600 per month. (2) The drug is included in a specialty pricing group or tier. (3) The drug satisfies other requirements concerning use, handling, and patient management. (The introduced version of this bill was prepared by the health finance commission.)						
<b>HB 1024</b>	<b><i>Private sector impacts of administrative rules.</i></b> (Koch, Hershman)  Provides that for the required cost benefit analysis prepared by the office of management and budget (OMB) for a proposed administrative rule, an analysis prepared after June 30, 2013, must include a private sector employment impact statement that sets forth the OMB's estimate of the economic impact of the proposed rule on private sector employment in Indiana. Specifies the particular impacts that the OMB must identify in the statement. Provides that if the OMB determines that the preparation of a private sector employment impact statement is unnecessary or impractical with						

respect to a particular proposed rule, the OMB may decline to prepare a statement with respect to the rule. Provides that for the required cost benefit analysis prepared by the OMB for the three year period following an adopted rule's effective date, an analysis prepared after June 30, 2013, must include: (1) the private sector employment impact statement, if any, prepared by the OMB before the rule's adoption; and (2) the actual economic impact of the adopted rule on private sector employment during the three year period covered by the analysis.

Date	Action	
01/22/2013	H: 3rd Reading	Pass (96-0)
01/22/2013	H: Referred	Referred to the Senate
01/22/2013	H: Sponsor	Added Brandt Hershman

**HB 1034** *Physical therapy services without a referral.* (Frizzell, Becker, Pat Miller)

Allows a physical therapist to evaluate and treat a patient without a referral for not more than 30 days. Requires a physical therapist to obtain a referral from the patient's provider if further treatment by the physical therapist is needed. Provides that a physical therapist may not perform spinal manipulation of the spinal column or the vertebral column unless: (1) the physical therapist is acting on the order or referral of a physician, an osteopath or a chiropractor; and (2) the referring physician, osteopath, or chiropractor has examined the patient before issuing the order or referral. Provides that a physical therapist may not perform sharp debridement unless a physical therapist has an order or referral of a licensed physician, osteopath, or podiatrist.

Date	Action	
02/12/2013	H: 3rd Reading	Pass (80-18)
02/12/2013	H: Referred	Referred to the Senate
02/12/2013	H: Sponsor	Added Patricia L. Miller
02/12/2013	H: Sponsor	Added Vaneta Becker

**HB 1039** *State administration.* (T. Brown) **DEAD – see summary of HB 1001**

Abolishes the select joint commission on Medicaid oversight, and moves its duties to the health finance commission. Abolishes the health finance advisory committee and the health policy advisory committee within the health finance commission. Extends the leave conversion pilot project for legislative and judicial branch state employees until June 30, 2016. (Under current law, the pilot project expires June 30, 2013.)

**HB 1051** *Credentialing of music therapists.* (Crouch, Becker)

Provides that an individual may not profess to be a certified music therapist unless the individual holds and maintains the credentialing administered by the Certification Board for Music Therapists (CBMT). Provides that language concerning certification of music therapists does not apply to the practice of an occupation or a profession for which an individual is licensed, certified, or registered in Indiana by a state agency if the individual is practicing within the scope of the license, certificate, or registration of the individual. Requires the Indiana professional licensing agency (agency) to maintain a hyperlink to the Internet web site for the Certification Board for Music Therapists on the Internet web site of the agency.

		<b>Date</b>	<b>Action</b>	
		01/29/2013	<b>H: 3rd Reading</b>	Pass (80-14)
		01/29/2013	<b>H: Referred</b>	Referred to the Senate
		01/29/2013	<b>H: Sponsor</b>	Added Vaneta Becker
<b>HB 1055</b>	<b><i>Emergency rulemaking statute.</i></b> (McMillin, M. Young, Zakas)			
	Removes from the statute providing the procedure by which Indiana administrative agencies may adopt emergency rules (emergency rules statute) a list enumerating the statutes that convey emergency rulemaking authority, and codifies in substantive administrative law emergency rulemaking authority that is currently codified only in this list. Relocates exceptions and conditions applicable only to certain emergency rules from the emergency rules statute to the statute establishing the authority for adoption of the emergency rule to which the exception or condition applies. Provides that the publisher of the Indiana administrative code shall annually publish a list of agencies authorized to adopt rules under the emergency rules statute. Makes other technical corrections. (The introduced version of this bill was prepared by the code revision commission.)			
		<b>Date</b>	<b>Action</b>	
		01/22/2013	<b>H: 3rd Reading</b>	Pass (96-0)
		01/22/2013	<b>H: Referred</b>	Referred to the Senate
		01/22/2013	<b>H: Sponsor</b>	Added R. Michael Young
		01/22/2013	<b>H: Sponsor</b>	Added Joseph C. Zakas
<b>HB 1085</b>	<b><i>Spinal manipulation.</i></b> (Davis) <b>DEAD</b>			
	Provides that a health practitioner may not perform spinal manipulation or spinal adjustment unless the practitioner has statutory authority to differentially diagnose and meets certain educational requirements. Excludes physicians and osteopaths from the requirements. Provides for disciplinary sanctions for violations.			
<b>HB 1099</b>	<b><i>Physician assistants.</i></b> (Davisson, Pat Miller, Skinner, Grooms)			
	Amends the definition of "supervision" for purposes of the physician assistant law concerning where the supervising physician or physician designee is located. Allows a physician assistant that meets certain practice requirements to prescribe schedule II controlled substances. Allows a supervising physician to delegate a physician assistant to prescribe a controlled substance for an aggregate 30 day supply. (Current law limits the prescription to a one time 30 day supply.) Changes the percentages of patient charts that a supervising physician or physician designee must review based on the number of years the physician assistant has been employed. Specifies that a physician may supervise not more than two physician assistants at the same time.			
		<b>Date</b>	<b>Action</b>	
		01/23/2013	<b>H: 3rd Reading</b>	Pass (94-0)
		01/23/2013	<b>H: Referred</b>	Referred to the Senate
		01/23/2013	<b>H: Sponsor</b>	Added Patricia L. Miller

	<table border="1"> <tr> <td>01/23/2013</td> <td>H: Sponsor</td> <td>Added Timothy D. Skinner</td> </tr> <tr> <td>01/23/2013</td> <td>H: Sponsor</td> <td>Added Ron Grooms</td> </tr> </table>	01/23/2013	H: Sponsor	Added Timothy D. Skinner	01/23/2013	H: Sponsor	Added Ron Grooms
01/23/2013	H: Sponsor	Added Timothy D. Skinner					
01/23/2013	H: Sponsor	Added Ron Grooms					
<b>HB 1100</b>	<p><b><i>Pharmacy coverage terms.</i></b> (Davisson) <b>DEAD</b></p> <p>Prohibits certain requirements related to pharmaceutical coverage at a community retail pharmacy or a mail order or Internet based pharmacy. Specifies requirements that apply to terms and conditions of a contract entered into by a pharmacy to participate in a health care provider network.</p>						
<b>HB 1104</b>	<p><b><i>Immunizations by pharmacists.</i></b> (Frizzell) <b>DEAD</b></p> <p>Adds immunizations for pneumonia and tetanus, diphtheria, and acellular pertussis (Tdap) to the immunizations that a pharmacist is allowed to administer to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if certain requirements are met. Provides that if a physician uses a protocol, the protocol may apply only to an individual or group of individuals who are: (1) at least nine years of age but less than 18 years of age, if the individual's parent or guardian is present and consents to the immunization; or (2) at least 18 years of age. (Current law provides that an individual given an immunization by a pharmacist pursuant to a protocol must be at least 14 years of age.) Requires a pharmacist or pharmacist's designee to provide immunization data to the immunization data registry unless the patient or the patient's parent or guardian completes an immunization data exemption form.</p>						
<b>HB 1135</b>	<p><b><i>Midwives.</i></b> (Lehe)</p> <p>Requires the local health officer to make a permanent record of the person in attendance at a birth. Establishes the midwifery board (board). Sets qualifications for a certified direct entry midwife (CDEM). Requires the board to: (1) establish continuing education requirements; (2) develop peer review procedures; and (3) adopt rules concerning liability insurance and the competent practice of CDEMs. Establishes procedures and qualifications for certain practicing CDEMs to receive a license. Establishes a Class D felony for practicing midwifery without a license. Provides that certain individuals may not be held jointly or severally liable for the acts or omissions of a client's CDEM. Adds culpability standards to the crimes of practicing medicine or osteopathic medicine and acting as a physician assistant without a license. Allows CDEMs to administer certain prescription drugs. Allows certain individuals to act under the supervision of a CDEM. Repeals the definition of "midwife" in the medical malpractice law, and adds the definition of "certified nurse midwife". Makes conforming changes.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/20/2013</td> <td>H: 2nd Reading</td> <td>Amended Order Engrossed</td> </tr> </tbody> </table>	Date	Action		02/20/2013	H: 2nd Reading	Amended Order Engrossed
Date	Action						
02/20/2013	H: 2nd Reading	Amended Order Engrossed					
<b>HB 1152</b>	<p><b><i>Practice of occupational therapy.</i></b> (Kirchhofer, Pat Miller)</p> <p>Revises the definition of "practice of occupational therapy". Adds a definition of "occupational therapy services". Adds osteopaths or physician assistants to the practitioners that may provide a referral or order to an occupational therapist. Provides that an occupational therapist must report to the practitioner as specified by the practitioner who provided the referral or order. However, if the practitioner does not specify a reporting requirement, the occupational therapist shall report to the practitioner upon completion or termination of occupational therapy services. Makes a conforming</p>						

	change.												
	<table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/21/2013</td> <td>H: 3rd Reading</td> <td>Pass (95-0)</td> </tr> <tr> <td>02/21/2013</td> <td>H: Referred</td> <td>Referred to the Senate</td> </tr> <tr> <td>02/21/2013</td> <td>H: Sponsor</td> <td>Added Patricia L. Miller</td> </tr> </tbody> </table>	Date	Action		02/21/2013	H: 3rd Reading	Pass (95-0)	02/21/2013	H: Referred	Referred to the Senate	02/21/2013	H: Sponsor	Added Patricia L. Miller
Date	Action												
02/21/2013	H: 3rd Reading	Pass (95-0)											
02/21/2013	H: Referred	Referred to the Senate											
02/21/2013	H: Sponsor	Added Patricia L. Miller											
<b>HB 1153</b>	<p><b><i>Controlled substances data fund.</i></b> (Morris) <b>DEAD</b></p> <p>Increases, from 16% to 75%, the percentage of revenue from the controlled substances registration fees that is used to operate the INSPECT program.</p>												
<b>HB 1162</b>	<p><b><i>Prescriptions.</i></b> (Pryor) <b>DEAD</b></p> <p>Requires a pharmacist who is presented a prescription and either: (1) does not have the drug in stock at the pharmacy; or (2) is unable to fill the prescription in a timely manner; to offer to assist the patient in finding a pharmacy that is able to fill the prescription.</p>												
<b>HB 1182</b>	<p><b><i>Physician order for scope of treatment forms.</i></b> (T. Brown, Pat Miller)</p> <p>Establishes a process for the execution of a physician order for scope of treatment (POST) form by an individual, or the individual's representative, and the individual's treating physician to indicate treatment the individual would like to have or have withheld under specified circumstances. Requires the state department of health to: (1) develop and distribute the POST form; and (2) place the POST form on the state department's Internet web site. Specifies provisions that must be included in the POST form. Allows for the modification or revocation of the POST form. Specifies that the existence of an executed POST form cannot affect life insurance policies or premiums. Provides civil and criminal immunity for certain actions taken by a health care provider or its employees under an executed POST form. Provides civil immunity concerning the use or misuse of the POST form placed on the state department of health's Internet web site.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/05/2013</td> <td>H: 3rd Reading</td> <td>Pass (99-0)</td> </tr> <tr> <td>02/05/2013</td> <td>H: Referred</td> <td>Referred to the Senate</td> </tr> <tr> <td>02/05/2013</td> <td>H: Sponsor</td> <td>Added Patricia L. Miller</td> </tr> </tbody> </table>	Date	Action		02/05/2013	H: 3rd Reading	Pass (99-0)	02/05/2013	H: Referred	Referred to the Senate	02/05/2013	H: Sponsor	Added Patricia L. Miller
Date	Action												
02/05/2013	H: 3rd Reading	Pass (99-0)											
02/05/2013	H: Referred	Referred to the Senate											
02/05/2013	H: Sponsor	Added Patricia L. Miller											
<b>HB 1199</b>	<p><b><i>Medical licensing board investigation fund.</i></b> (Pond) <b>DEAD</b></p> <p>Creates the medical licensing board investigation fund consisting of fines and penalties collected by the medical licensing board. Continually appropriates money in the fund to the medical licensing board for investigative and enforcement purposes.</p>												
<b>HB 1242</b>	<p><b><i>Licensing of diabetes educators.</i></b> (Frizzell, Pat Miller)</p> <p>Creates the diabetes educators board, and provides for the licensure of diabetes educators. Makes a</p>												

technical correction.

Date	Action	
02/19/2013	H: 3rd Reading	Pass (61-35)
02/19/2013	H: Referred	Referred to the Senate
02/19/2013	H: Sponsor	Added Patricia L. Miller

**HB 1272**

***Dietitian licensure.*** (Bacon)

Requires that, with certain exceptions, an individual who: (1) professes to be a licensed dietitian; or (2) implies by words or letters that the individual is a licensed dietitian; must be licensed. Repeals provisions providing for certification of dietitians. Changes the name of the Indiana dietitians certification board to the Indiana dietitians licensing board. Specifies that an individual who is a certified dietitian on June 30, 2013, becomes a licensed dietitian beginning July 1, 2013. Makes other conforming changes.

Date	Action	
02/21/2013	H: 2nd Reading	Order Engrossed

**HB 1315**

***Biosimilar biological products.*** (Clere, Pat Miller, Grooms)

Provides that a biological product that is substituted under the biosimilar biological products requirements is not subject to the generic drug substitution requirements. Allows a pharmacist to substitute a biosimilar product for a prescribed biological product if certain conditions are met. Requires the board of pharmacy to maintain an Internet web site that lists the biosimilar biological products that are determined to be interchangeable. Allows the board of pharmacy to adopt rules. Provides that a written or electronic prescription for a biological product must comply with the existing prescription form requirements.

Date	Action	
02/04/2013	H: 3rd Reading	Pass (77-18)
02/04/2013	H: Referred	Referred to the Senate
02/04/2013	H: Sponsor	Added Patricia L. Miller
02/04/2013	H: Sponsor	Added Ron Grooms

**HB 1319**

***Health benefit exchange provisions.*** (Lehman, Pat Miller)

Provides for implementation of the federal Patient Protection and Affordable Care Act with respect to a health benefit exchange in Indiana. Specifies that Indiana insurance law applies to a health plan offered through a health benefit exchange to the same extent the law applies to a health plan offered independent of the health benefit exchange. Specifies requirements for health plans issued through a health benefit exchange. Requires a navigator to be certified and an application organization to be registered before providing services with respect to a health benefit exchange. Provides for dissolution of the Indiana comprehensive health insurance association.

Date	Action	
02/21/2013	H: 3rd Reading	Pass (95-0)

	<table border="1"> <tr> <td>02/21/2013</td> <td><b>H: Referred</b></td> <td>Referred to the Senate</td> </tr> <tr> <td>02/21/2013</td> <td><b>H: Sponsor</b></td> <td>Added Patricia L. Miller</td> </tr> </table>	02/21/2013	<b>H: Referred</b>	Referred to the Senate	02/21/2013	<b>H: Sponsor</b>	Added Patricia L. Miller						
02/21/2013	<b>H: Referred</b>	Referred to the Senate											
02/21/2013	<b>H: Sponsor</b>	Added Patricia L. Miller											
<b>HB 1376</b>	<p><b><i>Various privacy issues.</i></b> (Koch, Steele)</p> <p>Among other things, prohibits the professional licensing agency (PLA) or a board administered by the PLA from disclosing to the public personal information of an individual who: (1) applies for or holds a license, certificate, registration, or permit issued by a board; or (2) is a member of a board administered by the PLA; subject to certain exceptions specified by law.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/11/2013</td> <td><b>H: 3rd Reading</b></td> <td>Pass (96-0)</td> </tr> <tr> <td>02/11/2013</td> <td><b>H: Referred</b></td> <td>Referred to the Senate</td> </tr> <tr> <td>02/11/2013</td> <td><b>H: Sponsor</b></td> <td>Added Brent Steele</td> </tr> </tbody> </table>	Date	Action		02/11/2013	<b>H: 3rd Reading</b>	Pass (96-0)	02/11/2013	<b>H: Referred</b>	Referred to the Senate	02/11/2013	<b>H: Sponsor</b>	Added Brent Steele
Date	Action												
02/11/2013	<b>H: 3rd Reading</b>	Pass (96-0)											
02/11/2013	<b>H: Referred</b>	Referred to the Senate											
02/11/2013	<b>H: Sponsor</b>	Added Brent Steele											
<b>HB 1383</b>	<p><b><i>Practice of polysomnography.</i></b> (Kirchhofer) <b>DEAD</b></p> <p>Urges the legislative council to assign a summer study committee to study topics related to the practice of polysomnography.</p>												
<b>HB 1439</b>	<p><b><i>Affordable care study committee.</i></b> (DeLaney) <b>DEAD – see HB 1591</b></p> <p>Establishes the Indiana affordable care study committee to study and make recommendations to the legislative council concerning establishment and implementation of a health benefit exchange in Indiana and defining "essential health benefits" for use in Indiana. Requires the department of insurance to annually report to the study committee concerning the status and operation of the health benefit exchange established by the department of insurance.</p>												
<b>HB 1455</b>	<p><b><i>Use of computer software in assistance programs.</i></b> (Hale) <b>DEAD</b></p> <p>Requires the office of the secretary of family and social services to use computer software programs to reduce inefficiencies, identify fraud mistakes, and eliminate duplication in specified assistance programs. Requires the office of the secretary of family and social services to report annually to the health finance commission concerning the use of the computer software programs.</p>												
<b>HB 1461</b>	<p><b><i>Health care professionals conscience clause.</i></b> (Davisson) <b>DEAD</b></p> <p>Provides that a health care professional may not be required to dispense a drug or medical device if the health care professional believes the drug or medical device would be used to: (1) cause an abortion; (2) destroy an unborn child; or (3) cause the death of a person by means of assisted suicide, euthanasia, or mercy killing. Specifies that a health care professional's refusal to dispense a drug or medical device under these circumstances may not be the basis for: (1) a claim for damages against the health care professional, the health care professional's employer, or the facility where the health care professional is employed; or (2) disciplinary, recriminatory, or discriminatory action against the health care professional. Provides that an employer who knowingly or intentionally takes disciplinary, recriminatory, or discriminatory action against a health care professional who refuses to dispense a</p>												

	<p>drug or medical device under these circumstances commits health care professional discrimination, a Class A misdemeanor. Makes a second or subsequent offense a Class D felony. Authorizes the health care professional's licensing board to assess additional fines against the employer.</p>																		
<b>HB 1463</b>	<p><b><i>Study of pharmacy take-back programs.</i></b> (Davisson) <b>DEAD</b></p> <p>Requires the health finance commission to study issues concerning pharmacy programs designed to take back and dispose of old and expired prescription drugs.</p>																		
<b>HB 1464</b>	<p><b><i>Immunizations by pharmacists and pharmacy students.</i></b> (Davisson, Walker, Banks, Grooms)</p> <p>Adds immunizations for pneumonia, tetanus, diphtheria, acellular pertussis (Tdap), and human papillomavirus (HPV) infection to the immunizations that a pharmacist is allowed to administer to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if certain requirements are met. Provides that if a physician uses a protocol, the protocol may apply only to an individual or group of individuals who are: (1) at least 12 years of age but less than 18 years of age, if the individual's parent or guardian is present and consents to the immunization; (2) at least 18 years of age who have a legal guardian if the individual's guardian consents; or (3) at least 18 years of age. (Current law provides that an individual given an immunization by a pharmacist under a protocol must be at least 14 years of age.) Requires the physician who writes the protocol to actively practice with a medical office in Indiana. Requires certain information to be available when an immunization is administered under a protocol. Requires a pharmacist or pharmacist's designee to provide immunization data to the immunization data registry unless the patient or the patient's parent or guardian completes an immunization data exemption form. Allows a pharmacist intern or a pharmacist student to administer an immunization to an individual under a drug order or prescription or to administer an immunization to a group of individuals under a drug order or prescription or according to a protocol, subject to rules adopted by the Indiana board of pharmacy. Provides that the rules: (1) must provide for the direct supervision by a pharmacist, a physician, a physician assistant, or an advanced practice nurse; and (2) may not be less stringent than the requirements applying to a pharmacist who administers an immunization to an individual. Establishes the interim study committee on adult and children immunization issues.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/11/2013</td> <td><b>H: 3rd Reading</b></td> <td>Pass (94-2)</td> </tr> <tr> <td>02/11/2013</td> <td><b>H: Referred</b></td> <td>Referred to the Senate</td> </tr> <tr> <td>02/11/2013</td> <td><b>H: Sponsor</b></td> <td>Added Greg Walker</td> </tr> <tr> <td>02/11/2013</td> <td><b>H: Sponsor</b></td> <td>Added Ron Grooms</td> </tr> <tr> <td>02/11/2013</td> <td><b>H: Sponsor</b></td> <td>Added Jim Banks</td> </tr> </tbody> </table>	Date	Action		02/11/2013	<b>H: 3rd Reading</b>	Pass (94-2)	02/11/2013	<b>H: Referred</b>	Referred to the Senate	02/11/2013	<b>H: Sponsor</b>	Added Greg Walker	02/11/2013	<b>H: Sponsor</b>	Added Ron Grooms	02/11/2013	<b>H: Sponsor</b>	Added Jim Banks
Date	Action																		
02/11/2013	<b>H: 3rd Reading</b>	Pass (94-2)																	
02/11/2013	<b>H: Referred</b>	Referred to the Senate																	
02/11/2013	<b>H: Sponsor</b>	Added Greg Walker																	
02/11/2013	<b>H: Sponsor</b>	Added Ron Grooms																	
02/11/2013	<b>H: Sponsor</b>	Added Jim Banks																	
<b>HB 1465</b>	<p><b><i>INSPECT program.</i></b> (Davisson)</p> <p>Allows prescriptions for schedule V controlled substances to be transmitted by an electronic prescription from the practitioner or the agent of the practitioner to a pharmacy. Provides that the controlled substances registration fees must be deposited into the controlled substances data fund. (Current law requires the deposit of 16% of the fees into the fund.) Establishes the INSPECT interim study committee.</p>																		



	<p>requirements. Specifies policies that must be included in a contract between the office of Medicaid policy and planning (office) and a managed care organization. Requires the office to apply to the United States Department of Health and Human Services to: (1) require risk based managed care for certain Medicaid recipients; (2) authorize implementation of a Medicaid program for individuals with an income less than 133% of the federal income poverty level; and (3) require certain Medicaid recipients to contribute to premiums and cost sharing. Requires the office to report to the health finance commission concerning Medicaid risk-based managed care. Establishes the Indiana health benefit exchange advisory committee.</p> <table border="1" data-bbox="269 474 938 562"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/18/2013</td> <td>H: 2nd Reading</td> <td>Amended Order Engrossed</td> </tr> </tbody> </table>	Date	Action		02/18/2013	H: 2nd Reading	Amended Order Engrossed						
Date	Action												
02/18/2013	H: 2nd Reading	Amended Order Engrossed											
<p><b>SB 52</b></p>	<p><b><i>Evaluation of agencies and programs.</i></b> (Delph) <b>DEAD</b></p> <p>Provides procedures to evaluate and terminate all state agencies and programs on a ten year cycle. Requires the schools of public and environmental affairs or business schools of Indiana University, Purdue University, Ball State University, Indiana State University, and the University of Southern Indiana to develop internship programs to give credit to students who perform the evaluation of state agencies and programs, and requires the universities to provide the evaluation service under the direction of the legislative services agency. Makes appropriations necessary to implement the termination of an agency or agency program. Repeals the current law concerning the agency evaluation process, and makes conforming changes.</p>												
<p><b>SB 101</b></p>	<p><b><i>Written materials on abortions.</i></b> (Kruse, Banks) <b>DEAD</b></p> <p>Requires the state department of health to develop written materials to be provided to a pregnant woman setting forth specified information. Allows the state department to charge a provider who requests the materials the cost of printing and distributing the materials. Specifies information to be included in the written materials.</p>												
<p><b>SB 105</b></p>	<p><b><i>Child abuse and neglect inquiries.</i></b> (Steele, Koch)</p> <p>Provides that when confronted with a potential case of child abuse or neglect, any law enforcement employee, judiciary employee, medical doctor, employee of a medical doctor, or school official may contact a local office of the department of child services to report the suspected child abuse or neglect.</p> <table border="1" data-bbox="269 1556 873 1730"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>01/29/2013</td> <td>S: 3rd Reading</td> <td>Pass (47-0)</td> </tr> <tr> <td>01/29/2013</td> <td>S: Referred</td> <td>Referred to the House</td> </tr> <tr> <td>01/29/2013</td> <td>S: Sponsor</td> <td>Added Eric Koch</td> </tr> </tbody> </table>	Date	Action		01/29/2013	S: 3rd Reading	Pass (47-0)	01/29/2013	S: Referred	Referred to the House	01/29/2013	S: Sponsor	Added Eric Koch
Date	Action												
01/29/2013	S: 3rd Reading	Pass (47-0)											
01/29/2013	S: Referred	Referred to the House											
01/29/2013	S: Sponsor	Added Eric Koch											
<p><b>SB 121</b></p>	<p><b><i>Limitation on adoption of agency rules.</i></b> (Leising) <b>DEAD</b></p> <p>For a rule that meets this requirement, requires the agency proposing it to submit the rule to the office of management and budget for a fiscal analysis and preparation of a fiscal impact statement.</p>												

<b>SB 183</b>	<p><b><i>Sex selection and genetic abnormality abortion ban.</i></b> (Kruse, Banks) <b>DEAD</b></p> <p>Prohibits a person from performing an abortion if the person knows that the pregnant woman is seeking the abortion because of: (1) the sex of the fetus; or (2) a diagnosis or potential diagnosis of the fetus having Down syndrome or a genetic abnormality. Makes it a Class C felony if a person knowingly or intentionally commits a sex-selective abortion or an abortion conducted because of a diagnosis of Down syndrome or other genetic abnormality. Provides for civil relief.</p>						
<b>SB 230</b>	<p><b><i>Applicability of federal law in Indiana.</i></b> (Delph, Boots) <b>DEAD</b></p> <p>Provides that any federal act, order, law, rule, regulation, or statute found by the general assembly to be inconsistent with the power granted to the federal government in the Constitution of the United States is void in Indiana. Provides that a resident of Indiana has a cause of action to enjoin the enforcement or implementation or the attempted enforcement or implementation of a federal act, order, law, rule, regulation, or statute declared void by the general assembly. Provides that a plaintiff who prevails in such an action is entitled to reasonable attorney's fees and costs. Provides that a person who knowingly or intentionally implements or enforces, or attempts to implement or enforce, a federal law that is declared void by the general assembly commits a Class D felony. Finds that the federal Patient Protection and Affordable Care Act and the federal Health Care and Education Reconciliation Act of 2010 are inconsistent with the power granted to the federal government in the Constitution of the United States.</p>						
<b>SB 246</b>	<p><b><i>Certification of controlled drug clinics.</i></b> (Pat Miller, Grooms)</p> <p>Allows only specified persons to have an ownership interest in an entity that prescribes, dispenses, or administers controlled substances. Requires the board, before October 1, 2013, to adopt rules to establish standards and protocols for the prescribing of controlled substances. Requires the state board of pharmacy and other boards that oversee controlled substance registrations to adopt necessary rules to complement rules adopted by the board concerning standards and protocols for the prescribing of controlled substances.</p> <table border="1" data-bbox="269 1318 932 1409"> <thead> <tr> <th data-bbox="269 1318 418 1360">Date</th> <th data-bbox="418 1318 605 1360">Action</th> <th data-bbox="605 1318 932 1360"></th> </tr> </thead> <tbody> <tr> <td data-bbox="269 1360 418 1409">02/21/2013</td> <td data-bbox="418 1360 605 1409"><b>S: 2nd Reading</b></td> <td data-bbox="605 1360 932 1409">Amended Order Engrossed</td> </tr> </tbody> </table>	Date	Action		02/21/2013	<b>S: 2nd Reading</b>	Amended Order Engrossed
Date	Action						
02/21/2013	<b>S: 2nd Reading</b>	Amended Order Engrossed					
<b>SB 255</b>	<p><b><i>State board of nursing.</i></b> (Merritt) <b>DEAD</b></p> <p>Allows the Indiana state board of nursing (board) to hire an education compliance officer. Allows the board to use the impaired nurses account to fund the education compliance officer and to cover costs incurred by members of the board.</p>						
<b>SB 265</b>	<p><b><i>Health care provider peer review committees.</i></b> (Pat Miller, Stoops, Frizzell)</p> <p>Amends the definition of "professional health care provider" for purposes of the law concerning privileged communications of peer review committees.</p> <table border="1" data-bbox="269 1866 932 1908"> <thead> <tr> <th data-bbox="269 1866 418 1908">Date</th> <th data-bbox="418 1866 605 1908">Action</th> <th data-bbox="605 1866 932 1908"></th> </tr> </thead> <tbody> <tr> <td data-bbox="269 1908 418 1925"></td> <td data-bbox="418 1908 605 1925"></td> <td data-bbox="605 1908 932 1925"></td> </tr> </tbody> </table>	Date	Action				
Date	Action						

	<table border="1"> <tr> <td>01/31/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (49-0)</td> </tr> <tr> <td>01/31/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>01/31/2013</td> <td><b>S: Sponsor</b></td> <td>Added David Nason Frizzell</td> </tr> </table>	01/31/2013	<b>S: 3rd Reading</b>	Pass (49-0)	01/31/2013	<b>S: Referred</b>	Referred to the House	01/31/2013	<b>S: Sponsor</b>	Added David Nason Frizzell
01/31/2013	<b>S: 3rd Reading</b>	Pass (49-0)								
01/31/2013	<b>S: Referred</b>	Referred to the House								
01/31/2013	<b>S: Sponsor</b>	Added David Nason Frizzell								
<b>SB 268</b>	<p><b><i>Certified registered nurse anesthetists.</i></b> (Pat Miller)</p> <p>Allows a registered certified nurse anesthetist to administer anesthesia under the direction of and in the immediate presence of a podiatrist if specified conditions are met. (Current law allows a registered certified nurse anesthetist to administer anesthesia under the direction of and in the immediate presence of a physician.)</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/20/2013</td> <td><b>S: Committee Action</b></td> <td>Pass Amend(11-0) Health and Provider Services</td> </tr> <tr> <td>02/21/2013</td> <td><b>S: Committee Report</b></td> <td>amend do pass, adopted</td> </tr> </tbody> </table>	Date	Action		02/20/2013	<b>S: Committee Action</b>	Pass Amend(11-0) Health and Provider Services	02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted
Date	Action									
02/20/2013	<b>S: Committee Action</b>	Pass Amend(11-0) Health and Provider Services								
02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted								
<b>SB 272</b>	<p><b><i>Opioid treatment program and controlled substances.</i></b> (Pat Miller)</p> <p>Requires the Indiana professional licensing agency to report to the health finance commission during the 2013 legislative interim concerning: (1) the expansion of the Indiana scheduled prescription electronic collection and tracking program (INSPECT) ; and (2) how to implement a program to require an opioid treatment program to transmit specified information concerning a patient to INSPECT before dispensing or administering a controlled substance to the patient. Requires the medical licensing board of Indiana to adopt rules establishing standards and protocols in the prescribing of controlled substances. Beginning January 1, 2015, requires dispensers to transmit certain prescription drug information to INSPECT. Requires, during the 2013 legislative interim, the division of mental health and addiction to provide the health finance commission with specified information concerning opioid treatment programs.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/21/2013</td> <td><b>S: 2nd Reading</b></td> <td>Amended Order Engrossed</td> </tr> </tbody> </table>	Date	Action		02/21/2013	<b>S: 2nd Reading</b>	Amended Order Engrossed			
Date	Action									
02/21/2013	<b>S: 2nd Reading</b>	Amended Order Engrossed								
<b>SB 273</b>	<p><b><i>Anesthesiologist assistant licensure.</i></b> (Pat Miller)</p> <p>Requires anesthesiologist assistants to be licensed and to work under a supervising anesthesiologist. Establishes the anesthesiologist assistant committee to make recommendations to the medical licensing board concerning the licensure of anesthesiologist assistants. Establishes requirements of the protocol entered into between the supervising anesthesiologist and the anesthesiologist assistant. Makes it a Class D felony for a person who acts as an anesthesiologist assistant without the required license. Makes it a Class B misdemeanor for an individual who professes to be an anesthesiologist assistant or uses the title "anesthesiologist assistant" without being licensed.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/20/2013</td> <td><b>S: Committee Action</b></td> <td>Pass(9-0) Health and Provider Services</td> </tr> <tr> <td>02/21/2013</td> <td><b>S: Committee Report</b></td> <td>amend do pass, adopted</td> </tr> </tbody> </table>	Date	Action		02/20/2013	<b>S: Committee Action</b>	Pass(9-0) Health and Provider Services	02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted
Date	Action									
02/20/2013	<b>S: Committee Action</b>	Pass(9-0) Health and Provider Services								
02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted								
<b>SB 351</b>	<p><b><i>Health care service providers.</i></b> (Head) <b>DEAD</b></p>									

	<p>Requires a physician to provide certain information concerning providers of a prescribed health care service. Requires that a prior authorization provision in a policy of accident and sickness insurance or a health maintenance organization contract must be based on the health care service rather than the provider of the health care service.</p>												
<p><b>SB 362</b></p>	<p><b><i>Battery by body waste.</i></b> (Crider, T. Brown)</p> <p>Makes it battery by body waste, a Class D felony, for a person to knowingly or intentionally: (1) in a rude, insolent, or angry manner place blood or another body fluid or waste on a health care professional identified as such and while engaged in the performance of official duties; or (2) coerce another person to place blood or another body fluid or waste on the health care professional. Enhances the penalties for committing the offense if the blood, bodily fluid, or waste is infected with hepatitis B or hepatitis C, HIV, or tuberculosis.</p> <table border="1" data-bbox="269 716 873 890"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/11/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (47-1)</td> </tr> <tr> <td>02/11/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>02/11/2013</td> <td><b>S: Sponsor</b></td> <td>Added Tim Brown</td> </tr> </tbody> </table>	Date	Action		02/11/2013	<b>S: 3rd Reading</b>	Pass (47-1)	02/11/2013	<b>S: Referred</b>	Referred to the House	02/11/2013	<b>S: Sponsor</b>	Added Tim Brown
Date	Action												
02/11/2013	<b>S: 3rd Reading</b>	Pass (47-1)											
02/11/2013	<b>S: Referred</b>	Referred to the House											
02/11/2013	<b>S: Sponsor</b>	Added Tim Brown											
<p><b>SB 371</b></p>	<p><b><i>Abortion inducing drugs.</i></b> (Holdman)</p> <p>Amends the definition of "abortion clinic" to include facilities that provide abortion inducing drugs. Specifies that only a physician may administer to a pregnant woman an abortion inducing drug. Sets forth the procedure an abortion clinic must follow before giving, selling, dispensing, administering, prescribing, or providing an abortion inducing drug to a pregnant woman. Requires certain physicians who learn of an adverse event following the use of an abortion inducing drug to report the adverse event to the medical licensing board. Specifies that the reports of adverse events related to abortion inducing drugs and maintained by the medical licensing board are public records. Makes a violation concerning distribution of an abortion inducing drug and failure to report an adverse event a Class A misdemeanor.</p> <table border="1" data-bbox="269 1356 980 1444"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/21/2013</td> <td><b>S: Committee Report</b></td> <td>amend do pass, adopted</td> </tr> </tbody> </table>	Date	Action		02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted						
Date	Action												
02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted											
<p><b>SB 414</b></p>	<p><b><i>Insurance coverage for breast ultrasound exams.</i></b> (Pat Miller, Leising, Crouch)</p> <p>Requires state employee health plans, policies of accident and sickness insurance, and individual and group health maintenance contracts to provide coverage for appropriate medical screening, tests, or examinations for certain women who have been determined to have high breast density. Requires the medical licensing board to adopt rules or protocol establishing: (1) an education program to be used to educate women with high breast density; and (2) standards for annual screening or diagnostic tests of certain women who have been determined to have high breast density. Requires a facility that performs a mammography examination to notify a patient who is determined by the facility to have high breast density and who would require follow up care or testing.</p> <table border="1" data-bbox="269 1875 883 1917"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> </tbody> </table>	Date	Action										
Date	Action												

	<table border="1"> <tr> <td>02/19/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (49-0)</td> </tr> <tr> <td>02/19/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>02/19/2013</td> <td><b>S: Sponsor</b></td> <td>Added Suzanne Crouch</td> </tr> </table>	02/19/2013	<b>S: 3rd Reading</b>	Pass (49-0)	02/19/2013	<b>S: Referred</b>	Referred to the House	02/19/2013	<b>S: Sponsor</b>	Added Suzanne Crouch			
02/19/2013	<b>S: 3rd Reading</b>	Pass (49-0)											
02/19/2013	<b>S: Referred</b>	Referred to the House											
02/19/2013	<b>S: Sponsor</b>	Added Suzanne Crouch											
<b>SB 417</b>	<p><b><i>Health provider reporting of domestic violence.</i></b> (Waltz, McNamara)</p> <p>Requires a health care provider to: (1) implement protocols and policies for the identification of domestic violence and to offer intervention and treatment services; and (2) report an incident of domestic violence to the local law enforcement agency. Specifies information to be included in the report. Provides civil and criminal immunity for a person who is required to report an incident of domestic violence.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/14/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (36-12)</td> </tr> <tr> <td>02/14/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>02/14/2013</td> <td><b>S: Sponsor</b></td> <td>Added Wendy McNamara</td> </tr> </tbody> </table>	Date	Action		02/14/2013	<b>S: 3rd Reading</b>	Pass (36-12)	02/14/2013	<b>S: Referred</b>	Referred to the House	02/14/2013	<b>S: Sponsor</b>	Added Wendy McNamara
Date	Action												
02/14/2013	<b>S: 3rd Reading</b>	Pass (36-12)											
02/14/2013	<b>S: Referred</b>	Referred to the House											
02/14/2013	<b>S: Sponsor</b>	Added Wendy McNamara											
<b>SB 471</b>	<p><b><i>Prescriptions for brand name drugs.</i></b> (Grooms, Davisson)</p> <p>Permits a health care practitioner to use words of similar meaning instead of the statutory phrase "Brand Medically Necessary" when writing a prescription for a brand name drug when the practitioner does not want the pharmacist to substitute, under certain government programs, a generically equivalent drug product for the brand name drug.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>01/29/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (48-0)</td> </tr> <tr> <td>01/29/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>01/29/2013</td> <td><b>S: Sponsor</b></td> <td>Added Steve Davisson</td> </tr> </tbody> </table>	Date	Action		01/29/2013	<b>S: 3rd Reading</b>	Pass (48-0)	01/29/2013	<b>S: Referred</b>	Referred to the House	01/29/2013	<b>S: Sponsor</b>	Added Steve Davisson
Date	Action												
01/29/2013	<b>S: 3rd Reading</b>	Pass (48-0)											
01/29/2013	<b>S: Referred</b>	Referred to the House											
01/29/2013	<b>S: Sponsor</b>	Added Steve Davisson											
<b>SB 503</b>	<p><b><i>Tactical emergency medicine.</i></b> (Becker) <b>DEAD</b></p> <p>Allows an individual to practice tactical emergency medicine if the individual: (1) is an emergency medical technician, an advanced emergency medical technician, or a paramedic; (2) is employed by a law enforcement agency or an emergency medical services agency to provide retrieval and field medical treatment to victims of violent confrontations; and (3) has successfully completed an accredited educational training program in tactical emergency medicine. Provides that the individual must act within the scope of the individual's training and as allowed by the supervising medical director. Requires a law enforcement agency or an emergency medical services agency that allows a person to practice tactical medicine to be certified. Requires the emergency medical services commission to adopt emergency rules to incorporate existing policy and curriculum requirements.</p>												
<b>SB 508</b>	<p><b><i>Health coverage.</i></b> (Steele) <b>DEAD</b></p> <p>Removes an Indiana check up plan eligibility requirement that an individual be without health insurance coverage for six months. Exempts certain short term accident and sickness insurance policies from certain requirements if the policy duration is less than 12 months. (Current law provides the</p>												

	exemptions if the duration is less than six months.)												
<b>SB 515</b>	<p><b><i>Hospital assessment fee.</i></b> (Pat Miller) <b>DEAD – see summary of HB 1001</b></p> <p>Extends the hospital assessment fee until June 30, 2017. (The current law assessing the fee expires June 30, 2013.) Updates statutory references to the hospital assessment fee.</p>												
<b>SB 520</b>	<p><b><i>ERASER committee.</i></b> (Head, Mahan)</p> <p>Creates the eliminate, reduce, and streamline employee regulation (ERASER) committee to study professional licensing in Indiana. Provides that the office of management and budget staffs the committee. Repeals the regulated occupations evaluation committee. Creates a five year cycle for sunseting certain professional licenses, registrations, and certifications.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/19/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (36-13)</td> </tr> <tr> <td>02/19/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>02/19/2013</td> <td><b>S: Sponsor</b></td> <td>Added Kevin Mahan</td> </tr> </tbody> </table>	Date	Action		02/19/2013	<b>S: 3rd Reading</b>	Pass (36-13)	02/19/2013	<b>S: Referred</b>	Referred to the House	02/19/2013	<b>S: Sponsor</b>	Added Kevin Mahan
Date	Action												
02/19/2013	<b>S: 3rd Reading</b>	Pass (36-13)											
02/19/2013	<b>S: Referred</b>	Referred to the House											
02/19/2013	<b>S: Sponsor</b>	Added Kevin Mahan											
<b>SB 534</b>	<p><b><i>Prescription drug costs.</i></b> (Grooms) <b>DEAD</b></p> <p>Specifies limitations on certain out of pocket costs for prescription drugs under coverage provided by a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract.</p>												
<b>SB 540</b>	<p><b><i>Implementation of federal Affordable Care Act.</i></b> (Tallian) <b>DEAD</b></p> <p>Establishes the Indiana affordable care study committee to study and make recommendations to the legislative council concerning the establishment and implementation of a health benefit exchange in Indiana and the defining of "essential health benefits" for use in Indiana. Changes Medicaid eligibility requirements as allowed under the federal Patient Protection and Affordable Care Act. Expires, on December 31, 2013, language that sets forth certain asset limitations within the Medicaid program. Requires the department of insurance to create a health benefit exchange in Indiana. Requires the legislative services agency to prepare legislation for introduction in the 2014 session to make necessary changes to statutes affected by this act. Requires the department of insurance to report annually to the study committee concerning the status and operation of the health benefit exchange established by the department of insurance.</p>												
<b>SB 551</b>	<p><b><i>Federal health care reform.</i></b> (Pat Miller, Tallian)</p> <p>Defines populations that may be subject to Medicaid resource requirements. Eliminates certain Medicaid eligibility resource requirements. Specifies Medicaid recipients who are eligible to receive payments related to certain Medicare premium and cost sharing amounts. Provides for negotiations between the office of Medicaid policy and planning (office) and the United States Department of Health and Human Services (HHS) concerning a block grant system related to Medicaid. Requires the</p>												

office to apply to HHS to amend the state Medicaid plan to require Medicaid recipient cost sharing. Provides for implementation of the federal Patient Protection and Affordable Care Act with respect to a health benefit exchange (exchange) in Indiana. Specifies requirements for health plans issued through an exchange, including application of Indiana insurance law. Requires certification of navigators and registration of application organizations related to an exchange. Provides for dissolution of the Indiana comprehensive health insurance association. Requires the office to present specified information to the health finance commission (commission) before August 1, 2013. Requires certain state agencies to report to the commission related to an exchange in Indiana.

Date	Action	
02/21/2013	<b>S: Committee Action</b>	Pass Amend(12-0) Appropriations

**SB 573** *Massage therapists.* (Landske, Randolph, Frizzell)

Provides that an individual must be licensed by the state board of massage therapy to engage in the practice of massage therapy. (Under current law, massage therapists are certified by the board but certification is not required for the practice of massage therapy.) Makes it a Class B misdemeanor to practice massage therapy without a license. Provides that the massage therapy licensing requirements do not apply to a health care provider who is acting within the scope of the health care provider's license, registration, or certificate. Provides that the massage therapist licensing law preempts local ordinances, resolutions, rules, and policies concerning massage therapists except for zoning requirements and occupational license fees. Makes conforming changes.

Date	Action	
02/19/2013	<b>S: 3rd Reading</b>	Pass (38-11)
02/19/2013	<b>S: Referred</b>	Referred to the House
02/19/2013	<b>S: Sponsor</b>	Added David Nason Frizzell

**SB 589** *Occupational licensing issues.* (Mishler, Frizzell)

Permits professional licensing boards to include consumer restitution orders in cease and desist orders issued against persons who commit unlicensed practice. Permits medical and professional licensing boards to include orders requiring repayment of certain costs relating to cease and desist proceedings. Includes within the cease and desist statute failure to obtain a certificate required for sellers of preneed funeral services and merchandise. Allows the state board of funeral and cemetery service to issue a cease and desist order against a person who solicits or sells preneed funeral services and merchandise if the person has not obtained a preneed certificate from the board, even if the person possesses an active funeral director license, funeral home license, embalmer license, or cemetery registration. Authorizes the division of consumer protection in the attorney general's office to obtain mental health records without a court order if access to or inspection of the records is necessary for the investigation of a consumer protection or licensing complaint. Amends the law governing the auctioneer consumer recovery fund, real estate recovery fund, and plumbing recovery fund to provide that petitions requesting payment from the funds are filed with the respective licensing commission instead of with the court in which the underlying judgment against the licensee was entered. Prohibits a person from misrepresenting the effect a purchase of prepaid funeral services and merchandise may have on the purchaser's eligibility for Medicaid.

Date	Action	
------	--------	--

	<table border="1"> <tr> <td>02/12/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (49-0)</td> </tr> <tr> <td>02/12/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>02/12/2013</td> <td><b>S: Sponsor</b></td> <td>Added David Nason Frizzell</td> </tr> </table>	02/12/2013	<b>S: 3rd Reading</b>	Pass (49-0)	02/12/2013	<b>S: Referred</b>	Referred to the House	02/12/2013	<b>S: Sponsor</b>	Added David Nason Frizzell			
02/12/2013	<b>S: 3rd Reading</b>	Pass (49-0)											
02/12/2013	<b>S: Referred</b>	Referred to the House											
02/12/2013	<b>S: Sponsor</b>	Added David Nason Frizzell											
<b>SB 590</b>	<p><b>Dental matters.</b> (Mishler, Bacon)</p> <p>Establishes a limited voluntary charitable permit for dental hygienists and dentists. Adds "R.D.H." to the titles to be used for a dental hygienist. Adds a \$20 compliance fee that a dental hygienist must pay at license renewal. Repeals provisions requiring that continuing education courses for dental hygienists and dentists be made available in all Indiana geographic regions. Sets forth requirements for dental applicants who have graduated from an unaccredited dental college located outside the United States. Sets forth requirements that a person who is not a licensed dentist must meet in order to own, operate, conduct, or maintain a dental office. Removes a requirement that dentures must include a patient's Social Security number.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/19/2013</td> <td><b>S: 3rd Reading</b></td> <td>Pass (49-0)</td> </tr> <tr> <td>02/19/2013</td> <td><b>S: Referred</b></td> <td>Referred to the House</td> </tr> <tr> <td>02/19/2013</td> <td><b>S: Sponsor</b></td> <td>Added Ron Bacon</td> </tr> </tbody> </table>	Date	Action		02/19/2013	<b>S: 3rd Reading</b>	Pass (49-0)	02/19/2013	<b>S: Referred</b>	Referred to the House	02/19/2013	<b>S: Sponsor</b>	Added Ron Bacon
Date	Action												
02/19/2013	<b>S: 3rd Reading</b>	Pass (49-0)											
02/19/2013	<b>S: Referred</b>	Referred to the House											
02/19/2013	<b>S: Sponsor</b>	Added Ron Bacon											
<b>SB 616</b>	<p><b>Study of electronic medical records.</b> (Breaux)</p> <p>Requires the health finance commission to study during the 2013 legislative interim the coordination and efficiency of the collection, maintenance, sharing, and use of electronic health data in Indiana.</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Action</th> <th></th> </tr> </thead> <tbody> <tr> <td>02/21/2013</td> <td><b>S: Committee Report</b></td> <td>amend do pass, adopted</td> </tr> </tbody> </table>	Date	Action		02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted						
Date	Action												
02/21/2013	<b>S: Committee Report</b>	amend do pass, adopted											