

FAEGRE BAKER DANIELS

2015 Legislative Update

Indiana Society of Anesthesiologists



February 8, 2015

Committee activity ramped up last week at the Statehouse as legislators began racing toward the deadline for hearing bills in their house of origin. Thursday, February 19, is the last day for committee reports to be approved in the House and Senate, so as a practical matter, if a bill hasn't been set for hearing by the end of this week, it is likely dead for the session.

During the past week, several bills on the tracking list passed out of committee or received floor action. Highlights include:

- Both **SB 358** (medication therapy management) and **SB 462** (advertising by health care practitioners) passed the Senate on 44-0 votes, and **HB 1183** (physician assistants) passed the House 96-0. These bills are now eligible for consideration in the second chamber.
- **SB 55** (medical malpractice) was amended on 2nd reading to increase the direct file threshold amount from \$15,000 to \$45,000. This increase would be in effect until July 1, 2020, at which time the Indiana Department of Insurance would apply annual adjustments based on the Consumer Price Index. Under the amendment, a patient whose claim is in excess of \$45,000 could also skip the Medical Review Panel if the claim is based on removal of a wrong body part or a foreign object left in the patient's body. The bill has been eligible for final passage from the Senate for several days but has not been called for a vote. Health provider advocates believe that the bill's author, Sen. Steele, does not have enough votes for passage.
- **SB 439** was amended and approved by the Senate Health & Provider Services Committee. Among other things, the bill limits Medicaid reimbursement for Subutex and Suboxone or an equivalent or generic of the drug when the drug is prescribed for the treatment of pain management, and allows OMPP to require prior authorization for these drugs when prescribed for substance abuse treatment or for more than six months.
- Another opioid prescribing bill, **SB 464**, also passed the Senate Health & Provider Services Committee. Among other things, SB 464 would prohibit Medicaid reimbursement for methadone when the drug is prescribed for pain and would require the drug utilization review board to review the prescribing and reimbursement for long acting addictive medication assistance treatment drugs for the treatment of pain and for the treatment of substance abuse. Because of its potential fiscal impact, the bill was reassigned to the Senate Appropriations Committee for further review.
- Other bills on the tracking list that passed committee include **HB 1065** (use of investigational drugs), **SB 406** (prescription of an overdose prevention drug), **HB 1184** (optometrists and Tramadol), and **HB 1351** (restrictions on rulemaking).

Looking ahead, the House Public Health Committee is scheduled to hear a presentation tomorrow (2/9) on the role of advanced practice nurses in primary care. We will be monitoring the hearing to see whether CRNAs are included in the discussion.

On a related note, it's looking less likely that Rep. Clere will schedule a hearing for **House Bill 1310**. The bill would allow a CRNA to administer anesthesia in a hospital under the direction of and in the immediate presence of a podiatrist, provided that a physician is available to respond immediately and in person to a medical emergency. Sen. Pat Miller introduced an identical bill in the Senate, but has told ISA that she will not grant it a hearing. **ISA opposes both measures.**

Two bills aimed at easing the physician shortage are set for hearing this week. **House Bill 1323** would provide funding for new residency slots, and **Senate Bill 496** would establish a loan forgiveness program for primary care physicians who work in rural areas.

Following are summaries of bills of potential interest to ISA that have been filed, along with their current status. Bills that have passed from committee or have been set for hearing are highlighted in blue.

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

SCOPE OF PRACTICE

HB1183 PHYSICIAN ASSISTANTS (DAVISSON S)

- Allows a physician assistant who is delegated authority to prescribe a controlled substance after practicing for at least 1,800 hours. (Current law allows a physician assistant to be delegated to prescribe a controlled substance after practicing for one year after graduating from a physician assistant program and practicing for at least 1,800 hours.)
- Removes requirement that supervising physician must delegate prescribing authority by the name of the drug or drug classification.
- Removes the 30 day limitation on the amount of a controlled substance a physician assistant may prescribe.
- Provides that a pharmacist may not require the supervising agreement or a cosignature to fill a prescription written by a physician assistant.
- Removes requirement that patient encounters must be reviewed within 72 hours and provides that a physician must review physician assistant charts within a reasonable time which is appropriate for the maintenance of quality medical care. Reduces the number of physician assistant charts that a physician must review.
- Requires 50% of patient records for a Schedule II prescription that a physician assistant, with less than a year of authority to prescribe Schedule II controlled substances, writes must be reviewed by the physician.
- Provides that a physician may supervise four physician assistants at the same time.
- Allows a physician assistant and advanced practice nurses with prescriptive authority to treat a patient with a Schedule III or Schedule IV controlled substance for weight reduction or to control obesity if certain conditions are met.

<i>Current Status:</i>	2/3/2015 - Senator Charbonneau added as third sponsor
<i>All Bill Status:</i>	2/3/2015 - Senator Miller, Pat added as sponsor 2/3/2015 - Senator Grooms added as second sponsor 2/3/2015 - Third reading passed
<i>State Bill Page:</i>	HB1183

HB1310 CERTIFIED REGISTERED NURSE ANESTHETIST (FRIZZELL D) Allows a certified registered nurse anesthetist to administer anesthesia under the direction of and in the immediate presence of a podiatrist if the administration takes place in a hospital and a licensed physician is available to respond immediately in person to a medical emergency.

Current Status: 1/13/2015 - Referred to House Public Health

State Bill Page: [HB1310](#)

HB1548 MIDWIVES (LEHE D)

- Changes the requirement that a direct entry midwife (midwife) have a collaborative agreement with a physician requiring that the midwife's client have a consulting physician.
- Extends the date: (1) by which a midwife is required to submit certain information to obtain an exemption from certain certification requirements; (2) relating to restrictions of use of the title "certified direct entry midwife"; and (3) after which practicing midwifery without a certificate is a felony.
- Requires certain information to be included in a midwife's disclosure form, client's records, and emergency plan.
- Requires a client's medical records that are prepared by a consulting physician be provided to the midwife.
- Repeals certain provisions concerning physician collaboration.

Current Status: 1/20/2015 - Coauthored by Representatives Clere, Brown T and Frizzell

State Bill Page: [HB1548](#)

HB1598 MEDICAL HISTORY FORMS (SUMMERS V) Prohibits the medical licensing board of Indiana from requiring a physician to obtain a completed medical history from a patient.

Current Status: 1/20/2015 - Referred to House Public Health

State Bill Page: [HB1598](#)

SB167 CERTIFIED REGISTERED NURSE ANESTHETISTS (MILLER P) Allows a certified registered nurse anesthetist to administer anesthesia under the direction and in the immediate presence of a podiatrist if the administration of the anesthesia takes place in a hospital and a physician is available to respond immediately in person to a medical emergency.

Current Status: 1/6/2015 - Referred to Health and Provider Services

State Bill Page: [SB167](#)

SB272 MIDWIFE CERTIFICATION (KRUSE D)

- Transfers the responsibility for certifying direct entry midwives from the medical licensing board to the midwifery committee (committee).
- Removes the requirements that the committee establish: (1) continuing education requirements; (2) peer review procedures; and (3) geographical requirements for collaborating physicians.
- Removes the requirements that a direct entry midwife applicant must have: (1) a postsecondary educational degree; and (2) additional births beyond the credentialing requirements for a Certified Professional Midwife.
- Removes the requirement that a physician examine a midwife's client twice during the client's pregnancy. (However, this bill does not change laws requiring a midwife to refer a patient to a physician for certain health conditions.)

Current Status: 1/7/2015 - Referred to Health and Provider Services

State Bill Page: [SB272](#)

MEDICAL MALPRACTICE

HB1043 MEDICAL MALPRACTICE CAPS (TORR J) Increases the medical malpractice cap from \$1,250,000 to \$1,650,000 for claims arising after June 30, 2015. Increases the maximum amount of liability for a health care provider or a health care provider's insurer from \$250,000 to \$300,000.

Current Status: 1/6/2015 - Referred to House Judiciary

State Bill Page: [HB1043](#)

HB1145 CIVIL IMMUNITY FOR VOLUNTEER HEALTH CARE PROVIDERS (FRIZZELL D) Specifies criteria for civil immunity from liability for certain volunteer health care providers. Requires the professional licensing agency to establish and maintain: (1) a process for the approval of locations at which volunteer health care services may be provided; and (2) a health care volunteer registry.

Current Status: 2/5/2015 - Representative Huston added as coauthor

State Bill Page: [HB1145](#)

SB55 MEDICAL MALPRACTICE ACTIONS (STEELE B)

- Defines "direct file threshold amount" as an amount equal to: (1) before July 1, 2020, \$45,000; and (2) after June 30, 2020, an adjusted amount calculated by applying the average of the consumer price index and the medical care component of the consumer price index to the \$45,000 base amount.
- Requires the department of insurance to calculate the direct file threshold

amount on July 1, 2020 and every five years thereafter, and to publish the direct file threshold amount in the Indiana Register.

- Permits a patient to bring an action against a health care provider without submitting the complaint to the medical review board if: (1) the amount of the claim is not more than the direct file threshold amount; (2) the cause of action is based on the removal of the wrong body part; or (3) the patient's cause of action is based on the existence of a foreign object in the patient's body.

Current Status: 2/9/2015 - Senate Bills on Third Reading

State Bill Page: [SB55](#)

MISCELLANEOUS MEDICAL

HB1065 USE OF INVESTIGATIONAL DRUGS, BIOLOGICAL PRODUCTS, AND DEVICES

(CULVER W) Provides that a manufacturer of an investigational drug, biological product, or device may make the drug, biological product, or device available to a patient who meets certain requirements. Adds to the requirements concerning experimental or nonconventional medical treatment the authority to allow a patient to receive an experimental or nonconventional medical treatment if a physician determines that the patient: (1) has been diagnosed with a terminal disease or condition; and (2) does not have comparable or satisfactory treatment options. Makes a technical correction.

Current Status: 2/9/2015 - House Bills on Second Reading

State Bill Page: [HB1065](#)

HB1184 CONTROLLED SUBSTANCES (DAVISSON S) Authorizes optometrists who meet certain requirements to prescribe Tramadol. Adds Tramadol as a schedule IV controlled substance. Includes hydrocodone combination products as schedule II controlled substances. Removes dihydrocodeinone from the schedule III controlled substance list.

Current Status: 2/9/2015 - House Bills on Third Reading

State Bill Page: [HB1184](#)

HB1213 COST OF MEDICAL PROCEDURES (CULVER W) Requires each hospital and ambulatory outpatient surgical center (facility) to: (1) prepare a list of the facility's average charge for the treatment of common or frequent diagnostic, inpatient, and outpatient procedures and treatment; and (2) disclose to a prospective patient before admission the facility's average charge for the procedure or treatment.

Current Status: 1/13/2015 - Referred to House Public Health

State Bill Page: [HB1213](#)

HB1229 ANATOMICAL GIFTS (BACON R) Requires an individual who harvests human bone, skin, tissue, heart valves, ligaments, or tendons to register with the medical licensing board. Provides that if a person authorized to make an anatomical gift objects to the making of an anatomical gift, neither the hospital nor the procurement organization may contact the person at a later time to ask the person to allow the anatomical gift.

Requires that before obtaining consent for an anatomical gift of a decedent, the hospital or procurement organization shall provide the person authorized to make an anatomical gift with written information concerning the procedures that will take place in or on the decedent's body.

Current Status: 1/13/2015 - Referred to House Public Health

State Bill Page: [HB1229](#)

HB1241 PUBLICATION OF HEALTH CARE CHARGES (BRAUN M) Requires physicians and health facilities to make health care charge information available to the public.

Current Status: 1/13/2015 - Coauthored by Representatives Brown T and Heaton

State Bill Page: [HB1241](#)

HB1254 MEDICAID EXPANSION AND AFFORDABLE CARE STUDY COMMITTEE (CLERE E) Establishes the affordable care study committee. Allows the department of state revenue to establish a procedure to set off the earned income credit and the tax refund of certain Medicaid recipients for out-of-pocket expenses owed by the recipient. Modifies Medicaid provider reimbursement rates to mirror Medicare reimbursement rates for services provided to certain Medicaid recipients. Adds Medicaid rehabilitation option services, chiropractic services, dental services, and optometric services to the Indiana check-up plan and requires certain services to be included if Medicaid is expanded. Requires the office of Medicaid policy and planning (office) to negotiate with the United States Department of Health and Human Services (HHS) for a Medicaid state plan amendment or Medicaid waiver concerning expansion of Medicaid. Requires the office of the secretary of family and social services to report to the budget committee and the public health, behavioral health, and human services interim committee (interim committee) if negotiations are unsuccessful. Requires the office to present specified information to the interim committee before August 1, 2015. Requires certain state agencies to report to the interim committee concerning a health insurance exchange in Indiana.

Current Status: 1/22/2015 - Referred to House Public Health

State Bill Page: [HB1254](#)

HB1285 PRIVATE CERTIFYING ORGANIZATIONS (BURTON W) Establishes a procedure for individuals to apply to the professional licensing agency (agency) to allow qualified individuals to become state certified and be placed on the electronic registry of professions. Requires a private certifying organization be certified by the agency. Prohibits an individual who is not state certified from using the title "state certified".

Current Status: 1/13/2015 - Referred to House Employment, Labor and Pensions

State Bill Page: [HB1285](#)

HB1303 REGISTRY OF CERTIFIED PROFESSIONS (MCMILLIN J) Establishes a procedure for individuals to apply to the professional licensing agency to allow qualified individuals to become state certified and be placed on the electronic registry of professions. Prohibits an individual who is not state certified from using the title "state certified".

Current Status: 1/15/2015 - Representative Burton added as coauthor

State Bill Page: [HB1303](#)

HB1323	MEDICAL RESIDENCY EDUCATION FUND (BROWN T) Establishes the medical residency education fund for the purpose of expanding medical education in Indiana by funding new residency program slots at licensed hospitals. Specifies uses of money from the fund.
	<i>Current Status:</i> 2/9/2015 - House Ways and Means, (Bill Scheduled for Hearing); Time & Location: 10:00 AM, Rm. 404
	<i>State Bill Page:</i> HB1323

HB1351	RESTRICTIONS ON RULEMAKING (WOLKINS D) Voids state administrative rules, guidelines, and other policies or standards that are not specifically authorized by state statute or do not implement a federal requirement. Establishes the office of regulatory accountability in the legislative services agency to review administrative rules for compliance with regulatory goals specified by the general assembly.
	<i>Current Status:</i> 2/3/2015 - Committee Report Filed-amend do pass
	<i>State Bill Page:</i> HB1351

HB1401 MEDICAID FRAUD (WASHBURN T) Expands the crime of Medicaid fraud to include knowingly or intentionally making, uttering, presenting, or causing to be presented a Medicaid claim that is false, incomplete, or misleading.

Current Status: 1/14/2015 - Referred to House Courts and Criminal Code

State Bill Page: [HB1401](#)

HB1450 MEDICAL USE OF HEMP EXTRACT AND COMPASSIONATE USE REGISTRY (DAVISSON S) Requires the state seed commissioner to apply to the federal government to select an area in Indiana in which to grow hemp for the production of medical hemp oil. Allows the possession of hemp extract for the treatment of specified medical conditions if referred by a treating physician. Establishes the compassionate use registry for the registration of physicians, patients, and caregivers for the possession of hemp extract for medical treatment and sets forth requirements. Provides immunity to physicians who recommend hemp extract treatment for patients. Provides for exemption from criminal penalties concerning the possession, manufacturing, or delivery of hemp extract. Urges the legislative council to assign to the public health, behavioral health, and human services interim study committee during the 2015 interim the study topic of the proper means for the production and dispensing of hemp extract for the use by patients for medical treatments.

Current Status: 1/22/2015 - Referred to House Rules and Legislative Procedures

State Bill Page: [HB1450](#)

HB1454 AUTO-INJECTABLE EPINEPHRINE (EBERHART S) Allows a health care provider with prescriptive authority to prescribe auto-injectable epinephrine to a business, association, or governmental entity (entity) or an entity's branch office. Sets requirements for certain individuals employed by an entity to fill, store, and administer

	auto-injectable epinephrine. Provides civil immunity for: (1) a certain entity's employees in the administration of auto-injectable epinephrine; and (2) health care providers in the prescribing of auto-injectable epinephrine and in the training of employees in the administration of auto-injectable epinephrine.
	<i>Current Status:</i> 1/27/2015 - Mishler added as cosponsor
	<i>All Bill Status:</i> 1/27/2015 - Senator Yoder added third sponsor 1/27/2015 - Senator Miller, Pat added first sponsor 1/27/2015 - Senator Breaux added second sponsor 1/27/2015 - Third reading passed
	<i>State Bill Page:</i> HB1454

HB1487 MEDICAL MARIJUANA (ERRINGTON S) Defines "qualifying patient" and permits a qualifying patient to use medical cannabis under certain circumstances. Requires the state department of health to adopt rules before July 1, 2016, concerning the use, distribution, cultivation, production, and testing of medical cannabis. Provides immunity for physicians who recommend the medical use of cannabis. Makes conforming amendments.

Current Status: 1/14/2015 - Referred to House Rules and Legislative Procedures

State Bill Page: [HB1487](#)

HB1494 FIREARM OWNERSHIP AND MEDICAL RECORDS (JUDY C) Prohibits a practitioner or medical records custodian from disclosing certain information relating to a patient's ownership of a firearm. Prohibits a political subdivision or the board regulating a practitioner from requiring the practitioner to: (1) inquire whether a patient owns a firearm; (2) document in a patient's medical record whether the patient owns a firearm; or (3) notify any governmental entity of the patient's identification solely on the basis of the patient's ownership of a firearm.

Current Status: 1/14/2015 - Coauthored by Representatives Lucas, VanNatter and Morris

State Bill Page: [HB1494](#)

HB1562 PROFESSIONAL LICENSING MATTERS (ZENT D) Requires individuals who hold professional licenses issued by the professional licensing agency (agency) to notify the professional licensing board (board) of any criminal convictions not later than 90 days after the entry of an order or judgment. Allows the agency to delay issuing a license renewal for up to 120 days. (Current law allows up to 90 days.) Removes provisions concerning matters voted on by the funeral and cemetery board. Adds "hydrocodone combination products" to the list of schedule II controlled substances. Adds "tramadol" to the list of schedule IV controlled substances. Creates a civil penalty for failure to complete or timely transmit a pregnancy termination form.

Current Status: 2/2/2015 - House Public Health, (Bill Scheduled for Hearing); **Time & Location:** 10:30 AM, House Chamber

State Bill Page: [HB1562](#)

HB1614 OPIOID PRESCRIPTIONS FOR PAIN MANAGEMENT TREATMENT

(KIRCHHOFER C) Requires the Indiana board of pharmacy or any licensing board, commission, or agency that controls, authorizes, or oversees controlled substance registrations to adopt rules to establish standards and protocols for practitioners who prescribe opioid controlled substances for pain management treatment. Provides that the rules may not be amended unless the proposed amendment has been approved by the medical licensing board. Makes a technical correction.

Current Status: 1/26/2015 - House Public Health, (Bill Scheduled for Hearing);
Time & Location: 10:30 AM, House Chamber

State Bill Page: [HB1614](#)

SB47 HEALTH CARE PROFESSIONAL CULTURAL TRAINING (BREAUX J) Requires an individual seeking licensure in a health care profession to complete cultural competency training.

Current Status: 2/11/2015 - Senate Pensions and Labor, (Bill Scheduled for Hearing); **Time & Location:** 9:00 AM, Rm. 233

State Bill Page: [SB47](#)

SB123 CENTERS FOR MEDICAL EDUCATION (BECKER V) Revises the law setting forth the locations and names for centers for comprehensive medical education.

Current Status: 1/29/2015 - Third reading passed;

State Bill Page: [SB123](#)

SB168 ACCESS TO CONTROLLED SUBSTANCE DATA BASE (MILLER P) Permits physicians who hold a temporary medical license to have access to confidential information in the Indiana scheduled prescription electronic collection and tracking (INSPECT) program.

Current Status: 1/26/2015 - Representatives Kirchofer and Brown, C. added as cosponsor

All Bill Status: 1/26/2015 - Third reading passed

State Bill Page: [SB168](#)

SB284 MEDICAL MARIJUANA (TALLIAN K) Establishes a medical marijuana program and permits caregivers and patients who have received a physician recommendation to possess a certain quantity of marijuana for treatment. Creates the department of marijuana enforcement (DOME) to oversee the program, and creates the DOME advisory committee to review the effectiveness of the program and to consider recommendations from DOME. Authorizes DOME to grant research licenses to research facilities with a physical presence in Indiana. Repeals the controlled substance excise tax and the marijuana eradication program. Makes conforming amendments.

Current Status: 1/8/2015 - Referred to Health and Provider Services

State Bill Page: [SB284](#)

SB293 MEDICAL PEER REVIEW (MILLER P) Provides for use of a peer review committee by a medical school located in Indiana. Allows sharing of peer review information

	between a medical school peer review committee and another peer review committee.
	<i>Current Status:</i> 1/29/2015 - Third reading passed;
	<i>State Bill Page:</i> SB293

SB294 LEGEND DRUG INVESTIGATIONS (MILLER P) Provides that certain laws concerning obtaining a legend drug or the validity of a prescription or drug order do not apply to actions of a person, practitioner, or pharmaceutical manufacturer performed in an investigation of a pharmaceutical manufacturer's legend drug that is suspected of being counterfeited, adulterated, or misbranded. Prohibits a person from owning or operating a store, facility, or other place of business in Indiana where: (1) prescriptions are accepted to be filled; or (2) prescription drugs or devices are ordered, offered or advertised for sale, or paid for; unless the person has a pharmacy permit. Excludes mail order and Internet based pharmacies to the extent that they are allowed to operate under state law.

Current Status: 1/26/2015 - Senator Crider added as second author

State Bill Page: [SB294](#)

SB358 MEDICATION THERAPY MANAGEMENT (GROOMS R) Defines "medication therapy management" for the purposes of the regulation of pharmacies and pharmacists. Adds the provision of medication therapy management to the definition of "the practice of pharmacy". Includes advanced practice nurses and physician assistants in the definition of "direct supervision" for the purposes of consulting with a pharmacist on certain drug regimen protocols.

Current Status: 2/2/2015 - Representatives Clere and Stemler added as cosponsor

All Bill Status: 2/2/2015 - Representative Davisson added as sponsor
2/2/2015 - Third reading passed

State Bill Page: [SB358](#)

SB406 PRESCRIPTION FOR AN OVERDOSE INTERVENTION DRUG (MERRITT J) Allows specified health care professionals with prescriptive authority to dispense or write a prescription for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met. Allows for an individual who is a person at risk, a family member, friend, or other individual in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met. Requires a pharmacy that fills a prescription for an overdose intervention drug to report certain information to the INSPECT program. Provides for civil and criminal immunity.

Current Status: 2/9/2015 - Senate Bills on Second Reading

State Bill Page: [SB406](#)

SB439 CONTROLLED SUBSTANCES (HERSHMAN B)

- Limits Medicaid reimbursement for Subutex and Suboxone or an equivalent or generic of the drug when the drug was prescribed for the treatment of pain management to only if the drug was prescribed by a physician who meets

	<p>certain requirements.</p> <ul style="list-style-type: none"> • Allows for the office of Medicaid policy and planning to require prior authorization for these drugs when being prescribed for substance abuse treatment as determined by the board or when being prescribed for more than six months. • Requires the division of mental health and addiction to adopt rules concerning: (1) opioid treatment by an opioid treatment provider; (2) take home opioid treatment medications; (3) clinical standards for tapering of a patient, relapse, and overdose prevention; and (4) specified standards and protocols for an opioid treatment provider. • Requires an opioid treatment provider to periodically and randomly test a patient for specified drugs during treatment.
	<i>Current Status:</i> 2/9/2015 - Senate Bills on Second Reading
	<i>State Bill Page:</i> SB439

SB462	ADVERTISING BY HEALTH CARE PRACTITIONERS (MILLER P) Specifies certain information to be included beginning January 1, 2016, in health care advertisements by a health care practitioner. Sets forth requirements that must be met in order for a physician to use the term "board certified".
	<i>Current Status:</i> 2/2/2015 - Representatives Davisson, Kirchofer and Brown, C. added as cosponsor
	<i>All Bill Status:</i> 2/2/2015 - Representative Zent added as sponsor 2/2/2015 - Third reading passed
	<i>State Bill Page:</i> SB462

SB496	PRIMARY CARE PHYSICIAN LOAN FORGIVENESS PROGRAM (BREAUX J) Provides that a primary care physician who is eligible for student loan forgiveness under the primary care physician loan forgiveness program may have student loans forgiven up to an amount of \$25,000 each year the primary care physician's practice provides service primarily in a rural area.
	<i>Current Status:</i> 2/11/2015 - Senate Health and Provider Services, (Bill Scheduled for Hearing); Time & Location: 9:00 AM, Rm. 431
	<i>State Bill Page:</i> SB496

SB534	PRESCRIBING CONTROLLED SUBSTANCES (GROOMS R) Requires the Indiana board of pharmacy or any licensing board, commission, or agency that controls, authorizes, or oversees controlled substance registrations to adopt rules, including emergency rules, for prescribing opioid controlled substances for pain management treatment. Provides that if the rules have not been adopted by January 1, 2016, the Indiana board of pharmacy shall adopt the rules. Provides that a practitioner who submits a controlled substances registration application shall acknowledge that the practitioner has read the applicable rules for prescribing opioid controlled substances for pain management treatment. Makes a technical correction.
	<i>Current Status:</i> 2/11/2015 - Senate Health and Provider Services, (Bill Scheduled

	for Hearing); Time & Location: 9:00 AM, Rm. 431
	<i>State Bill Page:</i> SB534

SB543 OFFICE OF HEALTH INFORMATION TECHNOLOGY (BREAUX J) Creates the office of health information technology within the state department of health to: (1) study and report on certain uses of health information; (2) study and report on incentives for use of electronic health records; and (3) implement, and report on implementation of, certain recommendations for further study and legislation concerning health information technology.

Current Status: 1/14/2015 - Referred to Family & Children Services

State Bill Page: [SB543](#)

INSURANCE

HB1331 PHARMACY DISPENSING COVERAGE (KIRCHHOFER C) A BILL FOR AN ACT to amend the Indiana Code concerning insurance

Current Status: 1/13/2015 - Coauthored by Representative Davisson

State Bill Page: [HB1331](#)

HB1451 COVERAGE OF TELEMEDICINE SERVICES (DAVISSON S) Includes, within the health care consent law, telemedicine services. Provides for coverage of telemedicine services under a policy of accident and sickness insurance and a health maintenance organization contract.

Current Status: 1/21/2015 - House Public Health, (Bill Scheduled for Hearing);
Time & Location: 3:30 PM, House Chamber

State Bill Page: [HB1451](#)

HB1472 VARIOUS TAX MATTERS (NEGELE S) Among other things:

- Amends the sales tax exemption for medical equipment, supplies, and devices to: (1) restate the application of the sales tax exemption for medical equipment, supplies, and devices; and (2) provide a sales tax exemption for food, food ingredients, and dietary supplements that are sold by a licensed practitioner or pharmacist.
- Amends the sales tax exemption for drugs, insulin, oxygen, blood, or blood plasma to restate the application of the sales tax exemption.
- Repeals the sales tax exemption for food and food ingredients prescribed as medically necessary by a physician.
- Amends the definition of "research and development activities" for purposes of the sales tax exemption for research and development equipment and property.

Current Status: 2/4/2015 - House Ways and Means, (Bill Scheduled for Hearing);
Time & Location: 1:30 PM, Rm. 404

State Bill Page: [HB1472](#)

HB1479 APPLICATION OF FEDERAL AFFORDABLE CARE ACT (HARMAN T) Prohibits certain state actions related to enforcement or implementation of the federal Patient Protection and Affordable Care Act (PPACA). Requires the attorney general to file a civil action for injunctive relief in certain circumstances. Requires a tax deduction for taxpayers paying a penalty in relation to PPACA. Repeals a provision concerning application for a state innovation waiver under PPACA.

Current Status: 1/14/2015 - Coauthored by Representatives Nisly and Smaltz

State Bill Page: [HB1479](#)

HB1555 NOTICE OF HEALTH EXCHANGE COVERAGE GRACE PERIOD (LEHMAN M) Requires a health benefit exchange carrier to provide certain notice to providers, upon request, related to coverage for health care services furnished during a grace period. Specifies requirements for payment of related claims and violations of the requirements.

Current Status: 1/20/2015 - Referred to House Insurance

State Bill Page: [HB1555](#)

SB417 INDIANA HEALTH EXCHANGE (TALLIAN K) Establishes the Indiana health exchange. Requires the commissioner of the department of insurance to design, implement, and administer the Indiana health exchange in accordance with federal law. Specifies certain exchange related requirements, including financial requirements and health plan certification requirements.

Current Status: 1/12/2015 - Referred to Senate Appropriations

State Bill Page: [SB417](#)

SB438 STATE AND LOCAL TAX ISSUES (HERSHMAN B) Among other things:

- Amends the sales tax exemption for medical equipment, supplies, and devices to: (1) restate the application of the sales tax exemption for medical equipment, supplies, and devices; and (2) provide a sales tax exemption for food, food ingredients, and dietary supplements that are sold by a licensed practitioner or pharmacist.
- Amends the sales tax exemption for drugs, insulin, oxygen, blood, or blood plasma to restate the application of the sales tax exemption.
- Repeals the sales tax exemption for food and food ingredients prescribed as medically necessary by a physician.
- Amends the definition of "research and development activities" for purposes of the sales tax exemption for research and development equipment and property.

Current Status: 2/10/2015 - Senate Tax and Fiscal Policy, (Bill Scheduled for Hearing); **Time & Location:** 9:00 AM, Rm. 431

State Bill Page: [SB438](#)

