

FAEGRE BAKER DANIELS

2018 Legislative Update #2

Indiana Society of Anesthesiologists



January 14, 2018

Legislative activity is ramping up rapidly as state lawmakers finished their first full week of work at the Statehouse. Gov. Eric Holcomb delivered his second [State of the State address](#) on Tuesday evening, urging lawmakers to address workforce development, water infrastructure, and Indiana's opioid crisis. Senate Republicans also announced their [legislative agenda](#) last week, which included a proposal to allow the sale of carry-out alcohol on Sundays.

The other three legislative caucuses - [House Republicans](#), [Senate Democrats](#), and [House Democrats](#) -- announced their respective legislative priorities for 2018 prior to the start of session. While the badly outnumbered Democrats are pushing for redistricting reform, bias crime legislation, and an increase in the minimum wage, Republicans are focused on workforce development, opioid addiction, and filling an expected \$25 million shortfall in K-12 funding.

A total of 885 bills have been filed this year, including several that affect advanced practice nurses:

- [HB 1119](#), authored by Rep. Cindy Kirchhofer, would allow a treating physician, advanced practice nurse, or physician assistant to execute and exercise certain responsibilities concerning a physician order for scope of treatment (POST) form. The bill was adopted unanimously last week by the House Public Health Committee and now moves to second reading.
- [HB 1302](#), authored by Rep. Ron Bacon, would change the term "advanced practice nurse" to "advanced practice registered nurse" in the Indiana code, add two APRNs to the Board of Nursing, requires the BON to adopt rules concerning educational and certification requirements that an APRN must meet to prescribe legend drugs, and allow an APRN to practice without a collaborative agreement subject to certain requirements. CRNAs are expressly excluded from the sections addressing prescription drugs and collaborative agreements.
- [SB 410](#), authored by Sen. Ed Charbonneau, would change the term "advanced practice nurse" to "advanced practice registered nurse" in the Indiana code and requires the BON to adopt rules concerning educational and certification requirements that an APRN must meet to prescribe legend drugs. CRNAs are expressly excluded from the section addressing prescription drugs.

Following are summaries of bills of interest to ISA.

SCOPE OF PRACTICE & LICENSURE

HB 1087 TANNING FACILITIES (ZENT D) Among other things, exempts physicians who, in the practice of medicine, use or prescribe a phototherapy device for a patient from the tanning facility regulatory requirements. (Current law exempts a medical treatment facility that uses ultraviolet radiation in the treatment of disease.)

Current Status: 1/3/2018 - Referred to House Public Health

State Bill Page: [HB 1087](#)

HB 1119 PHYSICIAN ORDER FOR SCOPE OF TREATMENT AND CONSENT (KIRCHHOFER)

- Provides that the definition of "cardiopulmonary resuscitation" (CPR) that applies to a do not resuscitate declaration also applies to a physician order for scope of treatment (POST) form.
- Adds licensed dentists, home health aides, and physician assistants to the definition of "health care provider" for purposes of a POST form.
- Establishes a priority order for who may provide consent if an adult is incapable of providing consent to health care. Provides exceptions to the priority order. Provides that if the individuals at the same priority level disagree as to the health care decisions on behalf of the patient, a majority of the available individuals at the same priority level controls. Provides that if an individual is incapable of consenting to the individual's own health care, the health care provider shall make a reasonable inquiry as to the availability of individuals who are able to provide health care consent.
- Specifies that the POST laws do not create a duty for a person to perform CPR on a declarant if the declarant's POST form indicates the declarant is not to be resuscitated.
- Allows a treating physician, advanced practice nurse, or physician assistant to execute and exercise certain responsibilities concerning a POST form.
- Permits a representative to revoke a POST form if the declarant is incapable of making health care decisions and the representative acts: (1) in good faith; and (2) in accordance with the qualified person's intentions, if known, or in the qualified person's best interests, if the intentions are not known.
- Allows a POST document that was executed in another state and that meets certain conditions to be honored in Indiana. Requires the state department of health to maintain on the department's Internet web site a list of, or a link to the Internet web sites of, other states that may honor an Indiana POST form.

Current Status: 1/16/2018 - House Bills on Second Reading

State Bill Page: [HB 1119](#)

HB 1153 INTERSTATE MEDICAL LICENSURE COMPACT (ZIEMKE C) Requires the medical licensing board of Indiana (board) to administer the interstate medical licensure compact (compact). Adopts the compact. Grants eligible physicians an expedited license to practice medicine in compact member states. Requires a physician to designate a member state as the state of principal license for purposes of registration. Establishes application and issuance procedures. Allows the board to establish fees for the issuance and renewal of licenses. Authorizes the creation of the interstate medical licensure compact commission (commission) by the member states to administer the compact. Provides for two voting members on the commission from each member state. Requires the commission to establish a data base of all

physicians who have applied for or been granted an expedited licensure. Allows a member board to participate with other member boards in joint investigations. Allows the commission to collect an annual assessment from each member state. Provides civil liability immunity to officers and employees of the commission for certain acts, errors, or omissions. Allows the commission to adopt rules to achieve the purposes of the compact. Requires each member state to enforce the compact. Specifies that the compact does not override the state's authority to regulate the practice of medicine. Allows the commission to enforce the compact against member states. Requires the commission to adopt rules that provide mediation and binding dispute resolution. Establishes the procedure to withdraw from the compact. Specifies that the compact supersedes any state law that is in conflict. Makes a conforming change.

Current Status: 1/8/2018 - Referred to House Public Health

State Bill Page: [HB 1153](#)

HB 1302 ADVANCED PRACTICE REGISTERED NURSE COLLABORATION (BACON R) Changes "advanced practice nurse" references to "advanced practice registered nurse". Requires the Indiana state board of nursing to adopt rules concerning educational and certification requirements that an advanced practice registered nurse must meet to prescribe legend drugs. Requires that two members of the Indiana state board of nursing be advanced practice registered nurses with different specialty areas and addresses transition of current membership. Allows an advanced practice registered nurse to operate without a collaborative agreement with a practitioner if specified conditions are met, and requires these advanced practice registered nurses to attend additional continuing education. Requires the commissioner of insurance to review the impact of allowing an advanced practice registered nurse to operate without a collaborative agreement on an advanced practice registered nurse's annual surcharge for the patient's compensation fund.

Current Status: 1/16/2018 - Authored By Ronald Bacon

State Bill Page: [HB 1302](#)

HB 1317 INTERSTATE NURSE COMPACT (CLERE E) Among other things, specifies requirements for participation by the state in a multistate nurse licensure compact, including provisions concerning: (1) nurse qualifications, practice, and participation; (2) a compact commission; (3) interstate commission and state board of nursing authority and rulemaking; (4) a coordinated licensure information system; (5) oversight and enforcement; and (6) termination or withdrawal from the compact.

Current Status: 1/16/2018 - Authored By Edward Clere

State Bill Page: [HB 1317](#)

HB 1384 CHIROPRACTORS (BEUMER G) Amends the definition of "chiropractic". Removes certain acts that a chiropractor is prohibited from practicing. Requires that an applicant for a license to practice chiropractic must complete at least 90 semester hours of education after June 30, 2021. Prohibits an individual from using certain titles or abbreviations to indicate or imply that the individual is a chiropractor unless the individual is a licensed chiropractor. Allows a chiropractor to perform certain acts and functions to the extent the chiropractor was taught in an accredited chiropractic college or university or an approved postgraduate program.

Current Status: 1/16/2018 - Authored By Greg Beumer

State Bill Page: [HB 1384](#)

HB 1427 LICENSURE OF NATUROPATHIC PHYSICIANS (LEHE D) Provides for the licensure of practitioners of naturopathic medicine. Specifies certain individuals who are not required to be licensed. Establishes the board of naturopathic medicine (board). Establishes license

requirements. Requires licensed naturopathic doctors to obtain continuing education for license renewal. Requires a licensed naturopathic doctor, licensed health care provider, health care facility, state agency, and state or local law enforcement agency to file a complaint with the board if the person, based on personal knowledge or information, reasonably believes that a naturopathic doctor is or may be violating certain standards of practice. Provides that an individual who is not licensed may not use certain descriptions, titles, or initials to indicate or imply that the individual is a licensed naturopathic doctor.

Current Status: 1/16/2018 - Authored By Don Lehe

State Bill Page: [HB 1427](#)

SB 160 CHIROPRACTIC LICENSURE (MESSMER M) Amends the definition of "chiropractic". Allows chiropractors to perform certain procedures and functions that chiropractors are currently prohibited from performing Requires that after June 30, 2021, an applicant for a license to practice chiropractic must have completed at least 90 semester hours of education. Prohibits an individual from using certain titles or abbreviations to indicate or imply that the individual is a chiropractor unless the individual is a licensed chiropractor. Allows a chiropractor to perform certain therapies to the extent the chiropractor was taught the therapy in an accredited chiropractic college or university or an approved postgraduate program.

All Bill Status: 1/3/2018 - First Reading

1/3/2018 - Authored By Mark Messmer

State Bill Page: [SB 160](#)

SB 175 PRACTICE AND LICENSURE OF NATUROPATHIC MEDICINE STUDY (NIEZGODSKI D) Urges the legislative council to assign to an interim study committee the task of studying issues related to the creation of a license to practice naturopathic medicine in Indiana.

Current Status: 1/8/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 175](#)

SB 223 HEALTH PROFESSIONAL LICENSE RENEWAL SURVEYS (HEAD R) Requires a licensed health practitioner to provide certain information related to the practitioner's work with Medicaid patients when renewing the practitioner's professional license. Requires the Indiana professional licensing agency to: (1) compile the information collected into an annual report; (2) post a copy of the report on the agency's Internet web site; and (3) submit the report to the office of Medicaid policy and planning, the department of workforce development, and the legislative council.

All Bill Status: 1/3/2018 - First Reading

1/3/2018 - Authored By Randall Head

State Bill Page: [SB 223](#)

SB 408 INTERSTATE MEDICAL LICENSURE COMPACT (KOCH E) Requires the medical licensing board of Indiana (board) to administer the interstate medical licensure compact (compact). Adopts the compact. Grants eligible physicians an expedited license to practice medicine in compact member states. Requires a physician to designate a member state as the state of principal license for purposes of registration. Establishes application and issuance procedures. Allows the board to establish fees for the issuance and renewal of licenses. Authorizes the creation of the interstate medical licensure compact commission (commission) by the member states to administer the compact. Provides for two voting members on the commission from each member state. Requires the commission to establish a data base of all physicians who have applied for or been granted an expedited licensure. Allows a member board to participate with other member boards in joint investigations. Allows the commission to collect

an annual assessment from each member state. Provides civil liability immunity to officers and employees of the commission for certain acts, errors, or omissions. Allows the commission to adopt rules to achieve the purposes of the compact. Requires each member state to enforce the compact. Specifies that the compact does not override the state's authority to regulate the practice of medicine. Allows the commission to enforce the compact against member states. Requires the commission to adopt rules that provide mediation and binding dispute resolution. Establishes the procedure to withdraw from the compact. Specifies that the compact supersedes any state law that is in conflict. Makes a conforming change.

All Bill Status: 1/8/2018 - First Reading
1/8/2018 - Authored By Eric Koch

State Bill Page: [SB 408](#)

SB 410 ADVANCED PRACTICE REGISTERED NURSES (CHARBONNEAU E) Changes "advanced practice nurse" references to "advanced practice registered nurse". Requires the Indiana state board of nursing to adopt rules concerning educational and certification requirements that an advanced practice registered nurse must meet to prescribe legend drugs.

Current Status: 1/10/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 410](#)

INSURANCE

HB 1103 CHRONIC PAIN MANAGEMENT COVERAGE (ZENT D) Requires that state employee health plans, Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts must provide coverage for chronic pain management. Requires the office of Medicaid policy and planning to apply for any Medicaid state plan amendment necessary to provide the coverage.

Current Status: 1/4/2018 - Referred to House Insurance

State Bill Page: [HB 1103](#)

HB 1108 SMALL HOSPITAL CHARGE NOTICES (CARBAUGH M) Requires certain small hospitals to post certain notices concerning charges. Makes conforming amendments.

Current Status: 1/11/2018 - Reassigned to Committee on Insurance

State Bill Page: [HB 1108](#)

HB 1143 PRIOR AUTHORIZATION FOR HEALTH CARE SERVICES (SCHAIBLEY D) Specifies requirements for prior authorization of health plan coverage and claim payment, including provisions requiring electronic transmission of prior authorization requests and responses or, in certain circumstances, use of a standard prior authorization form established by the department of insurance.

Current Status: 1/9/2018 - added as coauthor Representative Carbaugh

State Bill Page: [HB 1143](#)

HB 1145 HEALTH INSURANCE COVERAGE AND COST INFORMATION (SCHAIBLEY D) Requires health care providers and health plans to provide to covered individuals and patients certain information concerning the cost of health care services. Requires health care providers to publish a payment policy for medically necessary health care services not covered by a third party payment source.

Current Status: 1/8/2018 - Referred to House Insurance

State Bill Page: [HB 1145](#)

HB 1196 PROVIDER DIAGNOSTIC INFORMATION RELEASE (SPEEDY M) Requires a health care provider, upon the request of a patient or the patient's designee, to provide the diagnostic billing code and procedural billing code for each diagnosis and health care procedure rendered to the patient.

Current Status: 1/9/2018 - Referred to House Public Health

State Bill Page: [HB 1196](#)

SB 62 HOSPICES AND MEDICAID (BECKER V) Requires the office of Medicaid policy and planning (office) to move a recipient who participates in the Medicaid risk based managed care program to the Medicaid fee for service program if the recipient is approved to receive hospice services without losing Medicaid coverage. Requires the office to reimburse the hospice provider through the fee for service program. Specifies that the Medicaid recipient remains in the fee for service Medicaid program through the recipient's Medicaid eligibility.

Current Status: 1/10/2018 - Senate Health and Provider Services, (Bill Scheduled for Hearing); **Time & Location:** 9:00 AM, Rm. 431

State Bill Page: [SB 62](#)

SB 208 PHYSICIAN MAINTENANCE OF CERTIFICATION (BROWN L) States that a hospital may not deny a physician hospital staff or admitting privileges solely because the physician refused to participate in maintenance of certification. Specifies that the medical licensing statute does not require a licensed physician to hold or maintain a board certification in a specialty medical area. Prohibits an accident and sickness insurer or a health maintenance organization from taking specified actions against a physician solely because the physician decided not to participate in maintenance of certification.

Current Status: 1/3/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 208](#)

SB 210 PRIOR AUTHORIZATION (BROWN L) Specifies requirements for prior authorization of health plan coverage and claim payment, including provisions concerning electronic transmission of prior authorization requests and responses or, in certain circumstances, use of a paper form. Requires that at least one member of a grievance review panel must have the same specialty as the treating provider.

Current Status: 1/11/2018 - Senate Insurance and Financial Institutions, (Bill Scheduled for Hearing); **Time & Location:** 10:00 AM, Rm. 130

State Bill Page: [SB 210](#)

SB 378 MEDICAID BASED STATEWIDE HEALTH PLAN (LANANE T) Establishes the Indiana statewide health plan within the Medicaid program. Sets forth requirements of the plan. Requires the office of the secretary of the family and social services administration to apply for any federal waivers required for the plan.

Current Status: 1/8/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 378](#)

SB 433 HEALTH CARE COST AND VALUE STUDY (SPARTZ V) Urges the legislative council to assign the issue of health care cost and value to an appropriate interim study committee for study during the 2018 interim of the general assembly. Requires the interim study committee

to study the issue and make recommendations not later than November 1, 2018.

Current Status: 1/10/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 433](#)

HB 1041 MEDICAL CANNABIS (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, 2019: (1) concerning the use, distribution, cultivation, production, and testing of medical cannabis; and (2) developing and implementing a medical cannabis registry. Provides limited reciprocity for holders of nonresident medical cannabis cards. Provides immunity from civil and criminal liability for physicians who recommend the medical use of cannabis. Provides a defense to: (1) arrest; and (2) criminal prosecution; for marijuana possession and use in certain circumstances. Makes conforming amendments. Makes a technical correction.

Current Status: 1/9/2018 - Referred to House Public Health

State Bill Page: [HB 1041](#)

HB 1106 MEDICAL MARIJUANA (LUCAS J) Permits the cultivation, dispensing, and use of medical marijuana by persons with serious medical conditions. Requires the state department of health to implement and enforce the medical marijuana program. Prohibits discrimination against medical marijuana users. Prohibits harassment of medical marijuana users by law enforcement officers, and prohibits cooperation with federal law enforcement officials seeking to enforce federal laws that criminalize the use of marijuana authorized in Indiana. Makes conforming amendments.

Current Status: 1/9/2018 - Referred to House Public Health

State Bill Page: [HB 1106](#)

HB 1131 OPIATE RISK INFORMATION (DAVISSON S) Provides that before issuing an initial prescription for an opiate, a practitioner shall specifically discuss with the patient who is at least 18 years of age or the patient's parent or guardian certain information concerning opiates. Requires the practitioner to include a note of the conversation in the patient's medical record. Creates an exception for patients receiving hospice care.

Current Status: 1/4/2018 - Referred to House Public Health

State Bill Page: [HB 1131](#)

HB 1273 CBD OIL FOR MEDICAL TREATMENT (GOODIN T) Exempts a physician from criminal penalties for possession or delivery of CBD oil and paraphernalia if the physician possessed or delivered the CBD oil or paraphernalia in connection with the treatment of a patient. Exempts a patient from criminal penalties for the possession of CBD oil or paraphernalia if the CBD oil or paraphernalia is used in connection with treatment by a physician. Repeals superseded provisions relating to the cannabidiol registry.

Current Status: 1/9/2018 - Referred to House Courts and Criminal Code

State Bill Page: [HB 1273](#)

SB 107 INSPECT REGISTRATION FOR DISPENSERS OF CONTROLLED SUBSTANCES (MERRITT J) Requires certain registered dispensers of controlled substances to be registered with the INSPECT program.

Current Status: 1/11/2018 - added as second author Senator Alting

State Bill Page: [SB 107](#)

- SB 219 INSPECT PROGRAM REPORTING AND REVIEW** (HOUCHIN E) Requires the medical director of the law enforcement agency or an emergency medical services agency supervising an emergency medical services provider to transmit certain information to the INSPECT program when an emergency medical services provider administers an overdose intervention drug to a patient. Removes lapsed provisions. Establishes the INSPECT peer review subcommittee.
Current Status: 1/3/2018 - Referred to Senate Health and Provider Services
State Bill Page: [SB 219](#)
- SB 221 INSPECT PROGRAM** (HOUCHIN E) Allows a dispenser of ephedrine, pseudoephedrine, or a controlled substance to transmit certain information to the INSPECT program by any electronic method that meets specifications prescribed by the state board of pharmacy (board). Provides that, to the extent considered appropriate by the board, the INSPECT data base must be interoperable with other similar registries operated by federal and state governments. Requires the following practitioners to obtain information about a patient from the data base before prescribing an opioid or benzodiazepine to the patient: (1) A practitioner who has had the information from the data base integrated into the patient's electronic health records. (2) Beginning January 1, 2019, a practitioner who provides services to the patient in the emergency department of a hospital or a pain management clinic. (3) Beginning January 1, 2020, a practitioner who provides services to the patient in a hospital. (4) Beginning January 1, 2021, all practitioners. Removes lapsed provisions. Provides that beginning January 1, 2019, a practitioner who is permitted to distribute, dispense, prescribe, conduct research with respect to, or administer ephedrine, pseudoephedrine, or a controlled substance in the course of the practitioner's professional practice or research must be certified to receive information from the INSPECT program.
Current Status: 1/17/2018 - Senate Health and Provider Services, (Bill Scheduled for Hearing); **Time & Location:** 9:00 AM, Rm. 431
State Bill Page: [SB 221](#)
- SB 225 CONTINUING EDUCATION REQUIREMENTS** (HEAD R) Establishes continuing education requirements for licensed health care practitioners who apply for a controlled substances registration. Provides that the continuing education requirements expire July 1, 2025.
Current Status: 1/16/2018 - Senate Bills on Second Reading
State Bill Page: [SB 225](#)
- SB 307 MEDICAL MARIJUANA** (TALLIAN K) Establishes a medical marijuana program (program), and permits caregivers and patients who have received a physician recommendation to possess a certain quantity of marijuana for treatment of certain medical conditions. Establishes the department of marijuana enforcement (DOME) as a state agency 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. Provides that a person commits possession of marijuana only if the person possesses or cultivates more than two ounces of marijuana. Makes conforming amendments.
Current Status: 1/4/2018 - Referred to Senate Judiciary
State Bill Page: [SB 307](#)
- SB 335 PRESCRIBING OF CONTROLLED SUBSTANCE** (GROOMS R) Requires that a controlled substance prescription be issued electronically after June 30, 2019, and establishes a Class B

infraction for a prescriber who fails to comply. Requires a prescriber to obtain three hours of continuing education every two years on the prescribing of opioid medication in order to continue issuing prescriptions for opioid medication and establishes a Class B infraction for failure to comply. Requires the medical licensing board of Indiana to study and determine, before November 1, 2018, whether a waiver is necessary for the electronic prescription requirement and to report back to the general assembly. Sets forth requirements for the report.

Current Status: 1/4/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 335](#)

SB 339 CONTROLLED SUBSTANCE DISPENSING (MERRITT J) Requires a pharmacy and pharmacist to sell or dispense a controlled drug in schedule II (controlled drug) in a lockable vial and bill the controlled drug manufacturer for the cost of the lockable vial. Prohibits billing the patient for the cost of the lockable vial. Provides for immunity from liability for a pharmacy, pharmacy personnel, and pharmacist in certain circumstances.

Current Status: 1/18/2018 - Senate Civil Law, (Bill Scheduled for Hearing); **Time & Location:** 8:30 AM, Rm. 130

State Bill Page: [SB 339](#)

SB 389 INSPECT PROGRAM REPORT (ZAY A) Requires the Indiana professional licensing agency to prepare an annual report concerning INSPECT information, submit the report to the general assembly, and post the report on the agency's Internet web site.

Current Status: 1/8/2018 - Referred to Senate Corrections and Criminal Law

State Bill Page: [SB 389](#)

SB 398 OFFICE BASED OPIOID TREATMENT PROGRAMS (HOUCHIN E) Establishes requirements for office based opioid treatment program providers in order to operate in Indiana. Requires the division of mental health and addiction (division) to: (1) oversee the office based opioid treatment programs; and (2) establish a central registry containing specified information concerning patients of office based opioid treatment programs. Allows a city, town, or county to adopt an ordinance or a township to adopt a resolution that: (1) establishes reporting requirements for office based opioid treatment programs that are more stringent or detailed than the statute; or (2) bans, after January 1, 2018, the establishment of an office based opioid treatment program.

Current Status: 1/8/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 398](#)

MISCELLANEOUS

Current Status: 1/16/2018 - House Employment, Labor and Pensions, (Bill Scheduled for Hearing); **Time & Location:** 8:30 AM, Rm. 156-A

State Bill Page: [HB 1130](#)

HB 1157 END OF LIFE OPTIONS (PIERCE M) Allows individuals with a terminal illness who meet certain requirements to make a written request to an attending physician for medication that the individual may self-administer to end the individual's life. Specifies requirements a physician must meet in order to prescribe the medication to a patient. Prohibits an insurer of a life insurance policy from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the

result of medical aid in dying. Establishes a Level 1 felony if a person: (1) without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to end the individual's life or to destroy a rescission of a request for medication to end the individual's life.

Current Status: 1/8/2018 - Referred to House Courts and Criminal Code

All Bill Status: 1/8/2018 - First Reading
1/8/2018 - Authored By Matt Pierce

State Bill Page: [HB 1157](#)

HB 1235 NONCOMPETE CLAUSES PROHIBITED IN PHYSICIAN CONTRACTS (MORRIS

R) Provides that an employer hospital may not require that an employee physician or a prospective employee physician sign a covenant not to compete against the employer hospital for any period of time after the termination of employment with the employer hospital. Provides that an employer hospital may not enforce any covenant not to compete against the employer hospital that is signed by the employer hospital and a former employee physician who is separated from employment under any circumstances. Provides that an employee physician, a prospective employee physician, or a former employee physician may bring a civil action against an employer hospital that attempts to enforce a covenant not to compete.

Current Status: 1/11/2018 - Referred to House Employment, Labor and Pensions

State Bill Page: [HB 1235](#)

SB 28 NURSING FACULTY LOAN REPAYMENT GRANT PROGRAM (BECKER V) Establishes the nursing faculty loan repayment grant program (program) to increase the number of nursing faculty in Indiana. Requires the commission for higher education to administer the program. Establishes the nursing faculty loan repayment grant fund. Sets forth requirements for an individual to participate in the program. Funds the program using 10% of nursing licensure fees. (The introduced version of this bill was prepared by the interim study committee on public health, behavioral health, and human services.)

Current Status: 1/3/2018 - Referred to Senate Health and Provider Services

State Bill Page: [SB 28](#)

SB 230 SUICIDE PREVENTION (HEAD R) Provides that the division of mental health and addiction is responsible for the development and provision of a research based training program for health care providers concerning suicide assessment, training, and management that is: (1) demonstrated to be an effective or promising program; and (2) recommended by the Indiana Suicide Prevention Network Advisory Council. Requires emergency medical technicians to complete a research based training program concerning suicide assessment, treatment, and management that is: (1) demonstrated to be an effective or promising program; and (2) recommended by the Indiana Suicide Prevention Network Advisory Council. Requires that teachers and other school employees receive at least two hours of research based youth suicide awareness and prevention training from a program that is: (1) demonstrated to be an effective or promising program; and (2) recommended by the Indiana Suicide Prevention Network Advisory Council.

Current Status: 1/16/2018 - Senate Bills on Second Reading

State Bill Page: [SB 230](#)