

FAEGRE BAKER DANIELS

2019 Legislative Update #2

Indiana Society of Anesthesiologists



January 20, 2019

The pace of the 2019 legislative session picked up last week as committee meetings began in earnest and long lists of newly filed bills were released on a daily basis.

To date, 1,251 bills have been filed and released to the public. More bills are expected to be released next week. Although the total number will likely be a few hundred bills shy of this century's peak of 1,705 in 2001, the 2019 General Assembly already has outpaced its more recent predecessors in the sheer volume of filed bills.

One potential reason for the uptick in filed legislation might be the heightened urgency to address school security and hate crimes following a school shooting in Noblesville, vandalism at a synagogue in Carmel, and several other incidents that hit Hoosiers close to home. Governor Holcomb has made legislation to address both issues a top priority for the 2019 session. As of Friday, a total of 25 bills addressing school safety and security had been released, along with 11 bills that allow judges to impose tougher sentences for bias-motivated crimes.

Several bills of interest to ISA were heard last week, including [SB 203](#) (Physician Maintenance of Certification). Authored by **Sen. Liz Brown**, the bill would prohibit a hospital from denying hospital staff or admitting privileges to a physician based solely on the decision of the physician not to participate in maintenance of certification. The bill specifies that the medical licensing statute does not require a licensed physician to hold or maintain a board certification in a specialty medical area in order to practice. The bill also prohibits insurers from (1) denying a physician the right to enter into a reimbursement agreement with the insurer; (2) denying a physician reimbursement for a covered service; or (3) setting reimbursement for services provided by a physician at a lower rate; based solely on the decision of the physician not to participate in maintenance of certification.

Physicians on both sides of the issue testified at the hearing. The bill passed out of committee along party lines by a vote of 8-3 and now moves to the full Senate. A similar bill introduced last year by Brown stalled in committee.

The Senate Health and Provider Services Committee also heard [SB 436](#), authored by Sen. Andy Zay, which would allow Indiana to join the Nurse Licensure Compact (NLC). The NLC allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states without obtaining additional licenses. Currently, 31 states participate in the compact, including Kentucky and Wisconsin. Michigan and Illinois have pending legislation to join the compact. The bill does not provide for multi-state licensure of APRNs. An identical bill, [HB 1344](#), is scheduled

to be heard next week in the House Statutory Committee on Interstate and International Cooperation Committee.

Also next week, the Senate Health Committee will consider [SB 394](#) (authored by **Sen. Ed Charbonneau**), which would expand the scope of practice for APRNs. An identical bill ([HB 1097](#)) was heard earlier this session in the House Public Health Committee but was tabled to give the stakeholders time to work out a compromise.

The Statehouse will be closed tomorrow in honor of Martin Luther King Day, but when lawmakers return to work on Tuesday, they'll be greeted by CRNAs from across Indiana who are participating in IANA's Advocacy Day. ISA members will get their chance to meet with legislators on Thursday, January 31, during ISA's Statehouse Day.

Following are brief summaries of bills filed to date of potential interest to ISA. Please let me know if you have any questions or need additional information.

SCOPE OF PRACTICE

HB 1097 ADVANCED PRACTICE REGISTERED NURSES (BACON R) Provides that an advanced practice registered nurse with prescriptive authority and who has operated under a practice agreement with a practitioner for at least one year may operate without a practice agreement if certain conditions are met. Amends the hospital governing board requirements for the manner in which an advanced practice registered nurse who operates in the hospital will interact with other practitioners. Makes a conforming change.

Current Status: 1/14/2019 - added as coauthors Representatives Lindauer and Austin

All Bill Status: 1/10/2019 - added as coauthor Representative Kirchhofer
1/9/2019 - House Public Health, **Time & Location:** 3:30 PM, House Chamber

State Bill Page: [HB 1097](#)

HB 1197 REGULATION OF PHYSICAL THERAPISTS (FRIZZELL D) Among other things:

- Establishes the Indiana board of physical therapy (board). (Current law regulates physical therapy under the medical licensing board of Indiana, with certain functions delegated to the Indiana physical therapy committee.)
- Creates a new definition of "physical therapy" and adds or amends other definitions.
- Adds physician assistants and nurse practitioners to the list of persons who may issue an order to a physical therapist.
- Allows a physical therapist to treat a patient for 90 days without a referral from a provider. (Current law allows treatment for 24 days.)
- Provides that certain individuals are exempt from license and certification requirements.
- Adds two physical therapists and a physical therapist assistant to the board and removes the physician member.
- Allows a physical therapist assistant to work under a physical therapist.

Current Status: 1/10/2019 - Referred to House Public Health

State Bill Page: [HB 1197](#)

HB 1248 PHARMACY MATTERS (DAVISSON S) Sets out the conditions for emergency pharmaceutical refills and prescription adaptations. Permits a pharmacist to prescribe certain devices or supplies approved by the federal Food and Drug Administration.

Current Status: 1/16/2019 - House Public Health, **Time & Location:** 3:30 PM, House Chamber

State Bill Page: [HB 1248](#)

HB 1259 PHYSICIAN ASSISTANTS (DAVISSON S) Changes the role of a supervising physician to that of a collaborating physician. Makes conforming changes.

Current Status: 1/10/2019 - Referred to House Public Health

State Bill Page: [HB 1259](#)

HB 1344 NURSE LICENSURE COMPACT (CLERE E) 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: 1/23/2019 - House Statutory Committee on Interstate and International Cooperation, **Time & Location:** 1:30 PM, Rm. 156-B

All Bill Status: 1/14/2019 - Coauthored by Representatives Davisson and Shackelford

State Bill Page: [HB 1344](#)

HB 1464 ADVANCED PRACTICE REGISTERED NURSES (SMALTZ B) Allows an advanced practice registered nurse who: (1) had primary responsibility for the treatment and care of a deceased individual for a period longer than six months; and (2) pronounced the time of death for the deceased individual; to enter or sign a record on a death into the Indiana death registration system. Requires the state board of nursing to establish requirements that allow an advanced practice registered nurse to prescribe diabetic medical equipment.

Current Status: 1/15/2019 - Referred to House Public Health

State Bill Page: [HB 1464](#)

SB 291 PRACTICE 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: 1/23/2019 - Senate Health and Provider Services, **Time & Location:** 9:00 AM, Rm. 431

State Bill Page: [SB 291](#)

SB 343 ADVANCED PRACTICE REGISTERED NURSES (FORD J) **SEE HB 1097 SUMMARY**

Current Status: 1/8/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 343](#)

SB 394 ADVANCED PRACTICE REGISTERED NURSES (CHARBONNEAU E) SEE HB 1097 SUMMARY

Current Status: 1/23/2019 - Senate Health and Provider Services, **Time & Location:** 9:00 AM, Rm. 431

All Bill Status: 1/14/2019 - added as third author Senator Ford J.D
1/14/2019 - added as second author Senator Crider

State Bill Page: [SB 394](#)

SB 436 NURSE LICENSURE COMPACT (ZAY A) 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: 1/22/2019 - Senate Bills on Second Reading

All Bill Status: 1/17/2019 - Committee Report amend do pass, adopted

State Bill Page: [SB 436](#)

SB 515 LICENSURE OF NATUROPATHIC PHYSICIANS (NIEZGODSKI D) Provides for the licensure of naturopathic physicians.

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 515](#)

SB 586 REGULATION OF PHYSICAL THERAPISTS (MESSMER M) SEE HB 1197 SUMMARY

Current Status: 1/15/2019 - added as second author Senator Freeman

State Bill Page: [SB 586](#)

INSURANCE, MEDICAID & HEALTH CARE COSTS

HB 1029 PRESCRIPTION DRUG PRICING STUDY COMMITTEE (SHACKLEFORD R) Urges the legislative council to assign to the interim study committee on public health, behavioral health, and human services the task of studying issues related to prescription drug price transparency by drug manufacturers in Indiana.

Current Status: 1/16/2019 - added as coauthor Representative Chyung

State Bill Page: [HB 1029](#)

HB 1179 PRIOR AUTHORIZATION OF PRESCRIPTION DRUGS (DAVISSON S) Requires a health plan that denies prior authorization for a prescription drug to provide certain information in the notice of denial.

Current Status: 1/8/2019 - Referred to House Insurance

State Bill Page: [HB 1179](#)

HB 1228 PRESCRIPTION DRUG IMPORTATION STUDY (CHYUNG C) Requires the state department of health to conduct a study and report to the legislative council concerning a state prescription drug importation program through which the state would import certain prescription drugs, including insulin, from Canada for Indiana consumers.

Current Status: 1/10/2019 - Referred to House Public Health

State Bill Page: [HB 1228](#)

HB 1307 HEALTH CARE SERVICE COST SHARING (BACON R) Requires a state employee health plan, an accident and sickness insurer, and a health maintenance organization to count cost sharing payments made on behalf of a covered individual toward the covered individual's cost sharing amount.

Current Status: 1/14/2019 - Referred to House Insurance

State Bill Page: [HB 1307](#)

HB 1308 MEDICAID RECOVERY AUDITS (BACON R) Sets forth requirements for Medicaid recovery audits of Medicaid providers.

Current Status: 1/14/2019 - Referred to House Public Health

State Bill Page: [HB 1308](#)

HB 1392 HOSPITALS (BROWN T) Specifies that only general acute hospitals may post community wayfinding signage for hospitals. Requires the state department of health to, beginning May 1, 2020, designate hospitals as: (1) general acute hospitals; (2) specialty hospitals; or (3) limited service hospitals; when issuing or renewing a hospital license and sets forth requirements for each designation. Specifies that only a general acute hospital may use the term "hospital" when marketing to or soliciting business from the public. Beginning May 1, 2020, a hospital license expires two years from the date of issuance. (Current law requires a hospital license to expire one year after issuance.)

Current Status: 1/14/2019 - Referred to House Public Health

State Bill Page: [HB 1392](#)

HB 1441 EMERGENCY CARE REIMBURSEMENT (HAMILTON C) Requires a state employee health plan and an accident and sickness insurer to cover and reimburse expenses for care obtained by a covered individual in an emergency. Defines "emergency" to include a condition manifesting symptoms with consequences reasonably expected by a prudent lay person to occur without care.

Current Status: 1/16/2019 - added as coauthor Representative Barrett

State Bill Page: [HB 1441](#)

HB 1494 HEALTH COVERAGE (DELANEY E) Requires the department of insurance to provide annual funding for payments to navigators and assisters to maintain 2017 levels of effort for consumer outreach, education, and enrollment assistance with respect to health care coverage. Requires the department of insurance to annually report to the legislative council the percentage of Indiana residents who lack

health insurance coverage. Prohibits preexisting condition exclusions in individual policies of accident and sickness insurance, small employer group health insurance plans, and health maintenance organization contracts. Repeals provisions providing for preexisting condition limitations. Specifies that a policy of accident and sickness insurance, a health maintenance organization contract, and a state employee health plan must provide for availability, renewability, premium rating, and coverage without regard to health status, including preexisting conditions. Makes conforming amendments. Provides for the legislative services agency to prepare legislation for the 2020 legislative session to make conforming amendments. Makes an appropriation.

Current Status: 1/16/2019 - Referred to House Insurance

State Bill Page: [HB 1494](#)

HB 1505 HEALTH CARE SERVICE COST (HOSTETTLER M) Requires health care providers to provide to patients the cost of scheduled health care services.

Current Status: 1/16/2019 - Referred to House Public Health

State Bill Page: [HB 1505](#)

HB 1570 PRESCRIPTION PRICE (BAIRD B) Requires a retail pharmacy, before dispensing a prescription, to inform an insured patient of the cost of the drug or device without insurance or an applicable discount, if the cost of the drug or device is less than the copayment cost to the patient using the insurance or an applicable discount.

Current Status: 1/17/2019 - Referred to House Public Health

State Bill Page: [HB 1570](#)

SB 8 STUDY OF HOSPITAL MARKETS AND HEALTH CARE COSTS (RUCKELSHAUS J) Urges the legislative council to assign to an appropriate interim study committee for study during the 2019 interim of the general assembly the topic of the growth of the hospital market in Indiana and the impact on health care costs. Requires the interim study committee to report and make any recommendations to the legislative council not later than November 2019.

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 8](#)

SB 26 MEDICAL MALPRACTICE ACTIONS (RANDOLPH L) Permits a patient to bring an action against a health care provider without submitting the complaint to the medical review board if the amount of the claim is not more than \$187,000. (Under current law, a patient may bring a direct action only if the amount is not more than \$15,000.)

Current Status: 1/3/2019 - Referred to Senate Judiciary

State Bill Page: [SB 26](#)

SB 162 CHRONIC PAIN MANAGEMENT (MESSMER M) Requires state employee health plans, Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts to provide coverage for chronic pain management. Requires a practitioner to prescribe other forms of treatment for certain chronic pain before prescribing an opioid. Requires the office of Medicaid policy and planning to apply for any Medicaid state plan amendment necessary to provide the coverage.

Current Status: 1/3/2019 - Referred to Senate Insurance and Financial Institutions

State Bill Page: [SB 162](#)

SB 203 PHYSICIAN MAINTENANCE OF CERTIFICATION (BROWN L) Prohibits a hospital from denying hospital staff or admitting privileges to a physician or podiatrist based solely on the decision of the physician or podiatrist not to participate in maintenance of certification. Specifies that the medical licensing statute and the podiatrist licensing statute do not require a licensed physician or licensed podiatrist to hold or maintain a board certification in a specialty medical area in order to practice. Prohibits an accident and sickness insurer from: (1) denying a physician or podiatrist the right to enter into a reimbursement agreement with the insurer; (2) denying a physician or podiatrist reimbursement for a covered service; or (3) setting reimbursement for services provided by a physician or podiatrist at a lower rate; based solely on the decision of the physician or podiatrist not to participate in maintenance of certification. Prohibits a health maintenance organization (HMO) from: (1) preventing a physician or podiatrist from entering into a participating provider contract with the HMO; (2) denying a physician or podiatrist reimbursement for a covered service; or (3) setting reimbursement for services provided by a physician or podiatrist at a lower rate; based solely on the decision of the physician or podiatrist not to participate in maintenance of certification.

Current Status: 1/22/2019 - Senate Bills on Second Reading

All Bill Status: 1/16/2019 - Committee Report do pass, adopted
1/16/2019 - Senate Committee recommends passage Yeas: 8; Nays: 3

State Bill Page: [SB 203](#)

SB 312 MANDATORY ELECTRONIC PRESCRIPTIONS (MERRITT J) Requires dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists to issue a prescription in an electronic format and by electronic transmission after June 30, 2019. Provides exceptions to issuing an electronically transmitted prescription. Requires the Indiana board of pharmacy to adopt rules concerning electronically transmitted prescriptions. Provides that dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists are subject to disciplinary action for violating these provisions. Makes conforming changes.

Current Status: 1/7/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 312](#)

SB 386 HEALTH CARE COMPARISON INFORMATION AND PROGRAM (KOCH E) Requires the state department of health to establish a health care price data system to make information concerning certain health care services available to the public. Requires a health care provider to inform a covered individual of certain information when making a referral for a recommended health care service. Requires a health plan to make health care price information available to the public and specifies requirements for a health plan designed to create an incentive for a covered individual to compare health care provider prices. Makes conforming amendments.

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 386](#)

SB 415 ESSENTIAL OFF-PATENT OR GENERIC DRUGS (BREAUX J) Prohibits a manufacturer or a wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug. Provides that the office of the secretary of family and social services (office) may provide to the attorney general a written notice of an increase in the price of an essential off-patent or generic drug if

the price increase meets specified criteria. Provides that if the attorney general receives a notice of a price increase from the office, the attorney general may request the manufacturer identified in the notice to submit a statement that includes specified information about the increase. Provides that the attorney general has certain powers and duties with respect to price gouging in the sale of an essential off-patent or generic drug, including the power to bring a court action in Marion County if the attorney general determines that price gouging has occurred. Provides that if the court finds that a manufacturer or a wholesale distributor has engaged in price gouging, the court may issue an order to do one or more of the following: (1) Restrain or enjoin the violation. (2) Restore to any consumer (or third party payor) any money obtained by the manufacturer or wholesale distributor as a result of the violation. (3) Require a manufacturer that has engaged in price gouging to make the drug available to participants in certain state health plans or programs for a period of up to one year at the price at which the drug was available to the participants immediately before the effective date of the price increase constituting the violation. (4) Impose a civil penalty of up to \$10,000 for each violation. Provides that a person that engages in price gouging in the sale of an essential off-patent or generic drug commits a deceptive act that is subject to the remedies and penalties set forth in the statute concerning deceptive consumer sales. Makes a conforming amendment.

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 415](#)

SB 470 MEDICAID DIRECT PRIMARY CARE SERVICES PILOT PROGRAM (KOCH E) Requires the office of the secretary of family and social services (office) to apply to the United States Department of Health and Human Services for a Medicaid waiver or Medicaid state plan amendment necessary to allow the office to implement a direct primary care services pilot program for Medicaid recipients. Sets forth requirements of the program, participants, and direct primary care services providers. Requires the office to submit a quarterly report to the general assembly containing specified information concerning the pilot program.

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 470](#)

SB 573 HOSPITAL FACILITY CERTIFICATE OF NEED (RUCKELSHAUS J) Establishes a hospital certificate of need administered by the state department of health. Sets forth requirements of the program and requirements for owners of hospital construction projects.

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 573](#)

OPIOIDS

HB 1007 PERINATAL CARE (KIRCHHOFER C) Among other things: Requires a health care provider to: (1) use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant women who are seen by the health care provider; and (2) if the health care provider identifies a pregnant woman who has a substance use disorder and is not currently receiving treatment, provide treatment or refer the patient to treatment. Requires the department to establish guidelines for health care providers treating substance use disorder in pregnancy.

Current Status: 1/22/2019 - House Bills on Second Reading

All Bill Status: 1/17/2019 - Committee Report do pass, adopted

State Bill Page: [HB 1007](#)

HB 1294 INSPECT PROGRAM (ZENT D) Authorizes a practitioner's board to discipline the practitioner when there is a complaint or the director of the Indiana scheduled prescription electronic collection and tracking program (INSPECT) brings a notice of violation for a practitioner who fails to query the INSPECT program data base (data base) before prescribing a controlled substance or benzodiazepine. Decreases the instances in which a Class A misdemeanor is a violation to when a practitioner discloses confidential information without authorization. (Current law provides for a Class A misdemeanor for any violation of the chapter.) Provides for instances in which a practitioner is not required to obtain information from the data base.

Current Status: 1/10/2019 - Referred to House Public Health

All Bill Status: 1/10/2019 - First Reading
1/10/2019 - Authored By Dennis Zent

State Bill Page: [HB 1294](#)

SB 117 WAIVER TRAINING REIMBURSEMENT PILOT PROGRAM (MERRITT J) Establishes the physician waiver training reimbursement pilot program to reimburse qualified physicians who undergo certain training, for the purpose of increasing the number of physicians in Indiana allowed under the federal Drug Addiction Treatment Act of 2000 to prescribe certain controlled substances to treat opioid dependency in settings other than an opioid treatment program. Establishes requirements for participation in the pilot program.

Current Status: 1/3/2019 - Referred to Senate Health and Provider Services

All Bill Status: 1/3/2019 - First Reading
1/3/2019 - Authored By James Merritt

State Bill Page: [SB 117](#)

SB 141 OFFICE BASED OPIOID TREATMENT PROVIDERS (HOUCHIN E) Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient. Requires the medical licensing board of Indiana, in consultation with the state department of health and the office of the secretary of family and social services, to adopt rules or protocols concerning office based opioid treatment providers and: (1) treatment agreements; (2) periodic scheduled patient visits; (3) urine toxicology screenings; (4) HIV, hepatitis B, and hepatitis C testing; and (5) the medical record documentation required for the prescribing of buprenorphine over a specified dosage.

Current Status: 1/22/2019 - Senate Bills on Second Reading

All Bill Status: 1/17/2019 - Committee Report amend do pass, adopted

State Bill Page: [SB 141](#)

SB 146 PRESCRIBING OF CONTROLLED SUBSTANCE (MERRITT J) Requires that a controlled substance prescription be issued electronically after June 30, 2020, and establishes a Class B infraction for a prescriber who fails to comply. Requires a prescriber to obtain three hours of continuing education every two years on the prescribing of opioid medication in order to continue issuing prescriptions for opioid medication, and establishes a Class B infraction for failure to comply. Requires the medical licensing board of Indiana to study and determine, before November 1, 2019, whether a waiver is necessary for the electronic prescription requirement and to report back to the general assembly. Sets forth requirements for the report.

Current Status: 1/3/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 146](#)

SB 310 **OUTPATIENT BASED OPIOID TREATMENT PROVIDERS** (MERRITT J) Specifies requirements that a health care provider that prescribes for a patient in an office based opioid treatment setting must meet in the treatment of the patient.

Current Status: 1/7/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 310](#)

SB 378 **SUBSTANCE USE DISORDERS** (HEAD R) Requires an addiction treatment team and an office based opioid provider to use one of the three most effective medications as indicated by the federal Food and Drug Administration, unless contraindicated for the patient. Requires the coroner to notify the state department of health (department) and a deceased individual's prescribing physician, physician assistant, or advanced practice registered nurse upon learning of the death of the individual in the coroner's jurisdiction as the result of a controlled substance overdose. Requires the department to maintain a list of physicians, physician assistants, and advanced practice registered nurses who prescribe a controlled substance that results in an overdose death. Requires the medical licensing board to adopt rules to establish treatment requirements for physicians, physician assistants, and advanced practice registered nurses who treat patients with chronic pain that are based on the federal Centers for Disease Control and Prevention's guidelines for the treatment of chronic pain. Requires that the medical licensing board adopt rules to require physicians, physician assistants, and advanced practice registered nurses who treat patients with a drug addiction to use one of the three most effective medications as indicated by the federal Food and Drug Administration, unless contraindicated for the patient.

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 378](#)

SB 627 **SALE OF LOW THC HEMP EXTRACT PRODUCTS** (BROWN L) Repeals laws concerning: (1) the distribution of low tetrahydrocannabinol (THC) hemp extract; and (2) low THC hemp extract sales. Provides that only a pharmacy or National Precursor Log Exchange (NPLEx) retailer may sell low THC hemp extract. Specifies that a person who is denied the sale of a nonprescription product containing low THC hemp extract is not prohibited from obtaining low THC hemp extract pursuant to a prescription. Provides that a pharmacist or pharmacy technician may determine that the purchaser has a relationship on record with the pharmacy, in compliance with rules adopted by the board. Allows a pharmacist to deny the sale of low THC hemp extract on the basis of the pharmacist's professional judgment, and provides the pharmacist with civil immunity for making such a denial. Provides that a purchaser who has a relationship on record with the pharmacy may purchase low THC hemp extract. Allows the pharmacist to provide certain low THC hemp extract products to a purchaser who does not have a relationship on record with the pharmacy or for whom the pharmacist has made a professional judgment that there is not a medical or pharmaceutical need. Requires the Indiana scheduled prescription electronic collection and tracking (INSPECT) program to track low THC hemp extract dispensed pursuant to a prescription. Makes conforming changes.

Current Status: 1/15/2019 - Referred to Senate Corrections and Criminal Law

State Bill Page: [SB 627](#)

MISCELLANEOUS

- HB 1184 END OF LIFE OPTIONS** (PIERCE M) Allows individuals with a terminal illness who meet certain requirements to make a request to an attending physician for medication that the individual may self-administer to end the individual's life.
- Current Status:* 1/8/2019 - Referred to House Public Health
- State Bill Page:* [HB 1184](#)
- HB 1218 HEALTH WORKFORCE STUDENT LOAN REPAYMENT PROGRAM** (MANNING E) Establishes the following: (1) The health workforce student loan repayment program (program). (2) The health workforce student loan repayment program commission (commission). (3) The health workforce student loan repayment program fund (fund) for the purpose of providing funds to repay outstanding student loans of certain health providers who meet the program requirements.
- Current Status:* 1/10/2019 - Referred to House Ways and Means
- State Bill Page:* [HB 1218](#)
- HB 1229 MEDICAL RESIDENCY PROGRAMS** (CHYUNG C) Requires that the medical education board and the graduate medical education board study the medical residency programs in northwest Indiana and prepare a report that provides recommendations to increase the number of medical residents in those residency programs.
- Current Status:* 1/10/2019 - Referred to House Public Health
- State Bill Page:* [HB 1229](#)
- HB 1269 BOARDS** (GUTWEIN D) Among other things: Repeals the midwifery committee and transfers all duties performed by the medical licensing board of Indiana to the Indiana state board of nursing. Repeals the Indiana dietitians certification board and transfers the duties to the medical licensing board of Indiana.
- Current Status:* 1/10/2019 - Referred to House Select Committee on Government Reduction
- State Bill Page:* [HB 1269](#)
- HB 1275 SEPSIS TREATMENT PROTOCOLS** (MAHAN K) Requires a hospital to adopt, implement, and periodically update evidence based sepsis protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care. Requires certain hospital staff to be periodically trained to implement the sepsis protocols. Provides that subject to available funding, the state department of health (department) shall: (1) recommend evidence based sepsis definitions and metrics that incorporate evidence based findings; (2) establish and use a methodology for collecting, analyzing, and disclosing the information collected; and (3) consult with appropriate health representatives before issuing certain rules or guidance documents. Requires the department to prepare a report on the implementation of the sepsis protocols.
- Current Status:* 1/10/2019 - Referred to House Public Health
- State Bill Page:* [HB 1275](#)
- HB 1334 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: 1/14/2019 - Referred to House Public Health

State Bill Page: [HB 1334](#)

HB 1357 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: 1/14/2019 - Coauthored by Representatives Judy and Miller D

State Bill Page: [HB 1357](#)

HB 1599 STUDY COMMITTEE ON PATIENT RESTRAINT (WRIGHT M) Urges the legislative council to assign to an appropriate interim study committee in the 2019 interim the study of the use of restraints in specified health care settings.

Current Status: 1/22/2019 - Authored By Melanie Wright

State Bill Page: [HB 1599](#)

SB 188 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.

Current Status: 1/23/2019 - Senate Health and Provider Services, **Time & Location:** 9:00 AM, Rm. 431

State Bill Page: [SB 188](#)

SB 202 PHYSICIAN ORDER FOR SCOPE OF TREATMENT (BROWN L) Requires that a health provider assess an individual's mental health before the individual may execute a physician order for scope of treatment (POST) form. Removes artificially administered nutrition from inclusion in the POST form. Requires that there is space at the top of the POST form to indicate whether an individual has designated a health care representative.

Current Status: 1/3/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 202](#)

SB 300 END OF LIFE OPTIONS (RANDOLPH L) Allows individuals with a terminal illness who meet certain requirements to make a request to an attending physician for medication that the individual may self-administer to end the individual's life.

Current Status: 1/7/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 300](#)

SB 575 HOSPITAL MATTERS (CHARBONNEAU E) Specifies that only general acute hospitals may post community wayfinding signage for hospitals. Requires the state department of health to, beginning May 1, 2020, designate hospitals in classifications and sublicensure classifications when issuing or renewing a hospital's license. Specifies the following hospital licensure classifications: (1) general acute hospitals; (2) specialty acute hospitals; or (3) limited service acute hospitals; and sets forth requirements for each classification. Specifies that hospitals may only use the hospital's classification when marketing to or soliciting business from the public. Requires each license to list every location that is included under the license. Specifies requirements that a hospital must meet concerning transfer agreements. Prohibits the state department from basing a hospital's subclassification on guidelines for design and construction of hospitals and health care facilities. Beginning May 1, 2020, expires a hospital license every two years from the date of issuance. (Current law requires a hospital license to expire one year after issuance.)

Current Status: 1/14/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 575](#)

SB 576 REGULATION OF CERTAIN PROFESSIONS AND OCCUPATIONS (MERRITT J) Eliminates the professional licensing agency (PLA). Establishes the health professions licensing agency (HPLA) within the state department of health to license health professions. Requires the state health commissioner to appoint the director and deputy directors of the HPLA. Establishes the workforce licensing agency (WLA) within the department of workforce development to license occupations that are not health professions. Requires the commissioner of the department of workforce development to appoint the director and deputy directors of the WLA. Requires the WLA to operate and maintain the electronic registry of professions. Transfers responsibilities under the INSPECT program from the PLA to the HPLA. Removes the requirements that the directors of the HPLA and the WLA execute a surety bond. Establishes transition provisions. Makes conforming changes. Removes expired provisions. Makes technical changes.

Current Status: 1/14/2019 - Referred to Senate Commerce and Technology

State Bill Page: [SB 576](#)