

FAEGRE BAKER DANIELS

2019 Legislative Update #3

Indiana Society of Anesthesiologists



February 3, 2019

State lawmakers have now closed out the first month of the 2019 “long” session. Despite record cold temperatures that shut down many schools and businesses, nearly 30 ISA members and AA students braved the cold on Thursday to travel to the Statehouse to meet with legislators and celebrate Physician Anesthesiologists Week. **Dr. Corinna Yu** served as Doctor of the Day, and was introduced as a physician anesthesiologist on the floor of both the House and Senate. In her introduction, legislative leaders in both chambers also recognized Physician Anesthesiologists Week.

During the day-long event, ISA members had the opportunity to meet with the two newly elected physician-legislators -- **Rep. Rita Fleming**, an OB-GYN from southern Indiana, and **Rep. Brad Barrett**, a retired surgeon from Richmond – as well as with their state legislators and various members of the House and Senate Health Committees. In addition, the presence of Indiana’s first class of AA students was a big hit with lawmakers who worked on the original AA legislation, as well as with **Lieutenant Gov. Suzanne Crouch**, who served on the House Public Health Committee when the legislation was passed to allow AAs to practice in Indiana.

Last week, the Senate Health and Provider Services Committee heard testimony on [Senate Bill 573](#) which would reinstitute a certificate of need program (CON) for hospital facilities. The controversial bill is authored by **Sen. John Ruckelshaus**. Testimony was heard from both sides of the issue, but the committee did not take a vote on the bill.

At the end of the hearing, committee chairman **Sen. Ed Charbonneau**, who formerly served as CEO of Gary Methodist Hospital, indicated that the committee is more likely to adopt Senate Bill 8, which would create a study of hospital markets and health care costs. The Indiana Hospital Association is working with Sen. Charbonneau on an amendment to the study that is not focused specifically on hospitals, but instead on a larger public policy discussion surrounding health care costs.

After many years of faltering in the General Assembly, legislation which would allow Indiana to join the multi-state Nurse Licensure Compact (NLC) finally cleared one chamber. [House Bill 1344](#), authored by **Rep. Ed Clere**, passed the House by a vote of 96-0. 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. The bill will now move to the Senate during the second half of session for consideration. An identical bill ([SB 436](#), authored by **Sen.**

Andy Zay) was approved late last month by the Senate Health & Provider Services Committee, but was reassigned to the Appropriations Committee due to its fiscal impact.

Committee activity is expected to ramp up next week as the legislature heads into the final two weeks of committee hearings on bills in their house of origin. On Wednesday, the Senate Health Committee will bring back [SB 394](#), authored by **Sen. Ed Charbonneau**, for amendment and vote. Under the proposed legislation, an APRN with prescriptive authority would be able to practice independently after operating for one year under a practice agreement with a practitioner who has been licensed in Indiana for five or more years. "Practitioner" means physician, dentist, optometrist, podiatrist, or APRN. During that year, the practitioner must review at least 5% of the APRN's prescriptive charts. The bill does not apply to CRNAs, who do not have prescriptive authority under Indiana law.

SB 394 was originally heard two weeks ago, but was tabled in order to give stakeholders time to iron out a compromise. Potential amendments include requiring an APRN with prescriptive authority to hold a collaborative agreement with a physician for at least three years. An identical bill ([HB 1097](#)) was heard earlier this session in the House Public Health Committee but was also tabled.

Following are brief summaries of bills filed to date of potential interest to ISA. Bills that have received legislative action are highlighted in yellow. Please let me know if you have any questions or need additional information.

SCOPE OF PRACTICE & LICENSURE

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, (Bill Scheduled for Hearing); 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.) Allows a physical therapist assistant to work under a physical therapist. Transfers the rules, duties, and records concerning physical therapy from the medical licensing board of Indiana to the board. Makes conforming changes.

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: 1/28/2019 - added as coauthor Representative Fleming

All Bill Status: 1/16/2019 - House Public Health, (Bill Scheduled for Hearing); **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 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: 1/29/2019 - House Select Committee on Government Reduction, (Bill Scheduled for Hearing); **Time & Location:** 8:30 AM, Rm. 156-D

State Bill Page: [HB 1269](#)

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: 1/31/2019 - Cosponsor: Senator Breaux

All Bill Status: 1/31/2019 - Senate sponsors: Senators Zay, Charbonneau and Grooms
1/31/2019 - Third reading passed; Roll Call 77: yeas 96, nays 0

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](#)

HB 1633 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: 1/24/2019 - Referred to Committee on Public Health

State Bill Page: [HB 1633](#)

HB 1657 LICENSURE OF NATUROPATHIC PHYSICIANS (ZENT D) Provides for the licensure of naturopathic physicians. Specifies certain individuals who are not required to be licensed. Establishes the board of naturopathic medicine (board). Establishes license requirements. Requires licensed naturopathic

physicians to obtain continuing education for license renewal. Establishes the naturopathic formulary council to establish a formulary for naturopathic physicians. Establishes the childbirth attendance advisory committee to provide recommendation concerning the practice of naturopathic childbirth. 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 physician. Establishes criminal penalties for certain violations.

Current Status: 1/24/2019 - Referred to House Public Health

State Bill Page: [HB 1657](#)

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

State Bill Page: [SB 291](#)

SB 343 ADVANCED PRACTICE REGISTERED NURSES (FORD J) Provides that an advanced practice registered nurse with prescriptive authority and who has practiced under a practice agreement with a practitioner for the full time equivalent of one year may practice 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 practices in the hospital will interact with other practitioners. Makes conforming changes.

Current Status: 1/31/2019 - added as coauthor Senator Stoops

State Bill Page: [SB 343](#)

SB 394 ADVANCED PRACTICE REGISTERED NURSES (CHARBONNEAU E) 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: 2/6/2019 - Senate Health and Provider Services, (Bill Scheduled for Hearing);
Time & Location: 9:00 AM, Rm. 431

All Bill Status: 1/31/2019 - added as coauthor Senator Stoops
1/24/2019 - added as coauthor Senator Becker
1/23/2019 - Senate Health and Provider Services, (Bill Scheduled for Hearing);
Time & Location: 9:00 AM, Rm. 431
1/14/2019 - added as third author Senator Ford J.D
1/14/2019 - added as second author Senator Crider
1/14/2019 - Referred to Senate Health and Provider Services

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: 1/24/2019 - added as coauthor Senator Randolph

All Bill Status: 1/24/2019 - added as coauthor Senator Stoops
1/24/2019 - added as coauthor Senator Niezgodski
1/24/2019 - added as coauthor Senator Melton
1/24/2019 - Pursuant to Senate Rule 68(b); reassigned to Committee on Appropriations
1/24/2019 - Senate Bills on Third Reading
1/22/2019 - added as coauthor Senator Mrvan

	<p>1/22/2019 - added as coauthor Senator Merritt 1/22/2019 - Second reading ordered engrossed 1/22/2019 - Senate Bills on Second Reading 1/17/2019 - Committee Report amend do pass, adopted 1/16/2019 - Senate Committee recommends passage, as amended Yeas: 11; Nays: 0</p>
	<p>State Bill Page: SB 436</p>

SB 515 LICENSURE OF NATUROPATHIC PHYSICIANS (NIEZGODSKI D) Provides for the licensure of naturopathic physicians. Specifies certain individuals who are not required to be licensed. Establishes the board of naturopathic medicine (board). Establishes license requirements. Requires licensed naturopathic physicians to obtain continuing education for license renewal. Establishes the naturopathic formulary council to establish a formulary for naturopathic physicians. Establishes the childbirth attendance advisory committee to provide recommendation concerning the practice of naturopathic childbirth. 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 physician. Establishes criminal penalties for certain violations.

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

State Bill Page: [SB 515](#)

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](#)

SB 586 REGULATION OF PHYSICAL THERAPISTS (MESSMER M) Among other things: Establishes the Indiana board of physical therapy (board). (Current law regulates physical therapy under the medical licensing board, 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 60 days without a referral from a provider. (Current law allows treatment for 24 days.) Allows a physical therapist assistant to work under a physical therapist..

Current Status: 1/31/2019 - added as coauthor Senator Becker

All Bill 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: 1/31/2019 - added as coauthor Representative Kirchhofer

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

1/15/2019 - added as coauthor Representative Davisson

1/3/2019 - Referred to House Public Health
1/3/2019 - First Reading
1/3/2019 - Authored By Robin Shackelford

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

All Bill Status: 1/14/2019 - First Reading

1/14/2019 - Authored By Ronald Bacon

State Bill Page: [HB 1308](#)

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

All Bill Status: 1/14/2019 - Referred to House Employment, Labor and Pensions

State Bill Page: [HB 1357](#)

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

All Bill Status: 1/15/2019 - Referred to House Insurance

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](#)

HB 1653 ESSENTIAL HEALTH BENEFITS (DELANEY E) Prohibits preexisting condition exclusions in individual and small group policies of accident and sickness insurance and health maintenance organization contracts. Specifies benefits that must be included in individual and small group policies of accident and sickness insurance and health maintenance organization contracts. Repeals provisions providing for preexisting condition exclusions in small group policies of accident and sickness insurance. Requires the legislative services agency to draft legislation for introduction in the 2020 session of the general assembly to make conforming changes to the Indiana Code.

Current Status: 1/24/2019 - Referred to House Insurance

State Bill Page: [HB 1653](#)

HB 1655 PREEXISTING CONDITIONS AND ESSENTIAL BENEFITS (AUSTIN T) Prohibits preexisting condition exclusions in, and use of a preexisting condition to determine a premium for, individual policies of accident and sickness insurance, small employer group health insurance plans, and health maintenance organization contracts. Specifies benefits that must be included in individual and small group policies of accident and sickness insurance and health maintenance organization contracts. Repeals provisions providing for individual and association group accident and sickness insurance policy waivers of coverage. Repeals provisions providing for preexisting condition exclusions in small employer group health insurance plans. Requires the legislative services agency to draft legislation for introduction in the 2020 session of the general assembly to make conforming changes to the Indiana Code.

Current Status: 1/24/2019 - Referred to House Insurance

State Bill Page: [HB 1655](#)

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: 1/24/2019 - added as second author Senator Charbonneau

All Bill 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: 1/24/2019 - added as coauthor Senator Spartz

All Bill Status: 1/24/2019 - added as coauthor Senator Randolph
1/24/2019 - Cosponsor: Representative Morris
1/24/2019 - House sponsor: Representative Heine
1/24/2019 - Third reading passed; Roll Call 31: yeas 44, nays 4

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: 1/31/2019 - added as coauthor Senator Stoops

All Bill 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 504 MEDICAID MANAGED CARE MATTERS (MERRITT J) Establishes the joint commission on Medicaid oversight with the authority to meet throughout the year. Sets forth responsibilities of the commission. Repeals a statute specifying that Medicaid laws, with respect to managed care organizations, are controlling over insurance laws. Prohibits the office of Medicaid policy and planning or a contractor of the office from denying, delaying, or decreasing the amount of payment for a medically necessary covered service based on a lack of eligibility or coverage if the Medicaid provider meets certain requirements. Requires the secretary of the office of family and social services to adopt rules

establishing a dispute resolution procedure for disputes between Medicaid providers and Medicaid contractors.

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

State Bill Page: [SB 504](#)

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.
	<i>Current Status:</i> 1/30/2019 - Senate Health and Provider Services, (Bill Scheduled for Hearing); Time & Location: 9:00 AM, Rm. 431
	<i>All Bill Status:</i> 1/24/2019 - added as second author Senator Charbonneau 1/14/2019 - Referred to Senate Health and Provider Services
	<i>State Bill Page:</i> SB 573

HB 1007	PERINATAL CARE (KIRCHHOFER C) Requires the state department of health (department) to establish a perinatal navigator program. 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. Adds the department of child services to the list of agencies to which a health care provider may not release the results of certain tests given to a pregnant woman.
	<i>Current Status:</i> 1/24/2019 - Senate sponsors: Senators Charbonneau and Crider
	<i>All Bill Status:</i> 1/24/2019 - Third reading passed; Roll Call 31: yeas 99, nays 0
	<i>State Bill Page:</i> HB 1007

HB 1294	INSPECT PROGRAM (ZENT D) Moves existing language concerning the central repository for controlled substances data from Title 35 to Title 25 and makes conforming changes. Specifies that a practitioner may obtain information about a patient directly through the Indiana scheduled prescription electronic collection and tracking program data base (INSPECT data base) or through the patient's integrated health record. 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 INSPECT data base.
	<i>Current Status:</i> 1/31/2019 - Senate sponsor: Senator Houchin
	<i>All Bill Status:</i> 1/31/2019 - Third reading passed; Roll Call 75: yeas 97, nays 0
	<i>State Bill Page:</i> HB 1294

OPIOIDS & MEDICAL MARIJUANA

HB 1377 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, 2020: (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: 1/14/2019 - Referred to House Public Health

State Bill Page: [HB 1377](#)

HB 1384 MEDICAL MARIJUANA (LUCAS J) Permits the use of medical marijuana by persons with serious

medical conditions as determined by their physician. Establishes a medical marijuana program to permit the cultivation, processing, testing, transportation, and dispensing of medical marijuana by holders of a valid permit. Requires the state department of health (state department) to implement and enforce the medical marijuana program. Requires that permit holders undertake steps to prevent diversion of medical marijuana to unauthorized persons. Requires that medical marijuana and medical marijuana products be properly labeled, placed in child resistant packaging, and tested by an independent testing laboratory before being made available for purchase. Prohibits packaging medical marijuana in a manner that is appealing to children. Authorizes research on medical marijuana in accordance with rules set forth by the state department. 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: 1/29/2019 - added as coauthor Representative Judy

All Bill Status: 1/17/2019 - added as coauthor Representative Lindauer

State Bill Page: [HB 1384](#)

HB 1535 MEDICAL CANNABIS PILOT PROGRAM (HATCHER R) Establishes a five-year medical cannabis pilot program, administered by the state department of health, to permit the use of medical cannabis in Indiana. Imposes a medical cannabis cultivation tax.

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

State Bill Page: [HB 1535](#)

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

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: 1/24/2019 - added as coauthor Senator Randolph

All Bill Status: 1/24/2019 - added as coauthor Senator Zay
 1/24/2019 - added as coauthor Senator Bassler
 1/24/2019 - House sponsor: Representative Smaltz
 1/24/2019 - Third reading passed; Roll Call 24: yeas 42, nays 6

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 287 MEDICAL MARIJUANA FOR THE TERMINALLY ILL (STOOPS M) Creates a defense to possession of paraphernalia that: (1) the paraphernalia is for use with marijuana; and (2) a physician has certified in writing that the person suffers from a terminal illness or serious untreatable disease, and, in the professional opinion of the physician, the benefits of treatment with marijuana are greater than the risks. Creates a defense to possession of marijuana that: (1) the person possessed less than two ounces of marijuana; and (2) a physician has certified in writing that the person suffers from a terminal illness or serious untreatable disease, and, in the professional opinion of the physician, the benefits of treatment with marijuana are greater than the risks.

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

State Bill Page: [SB 287](#)

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: 1/28/2019 - added as coauthor Senator Niezgodski

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

State Bill Page: [SB 310](#)

SB 357 CANNABIS REGULATION (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 a regulatory agency to oversee the program, and creates the regulatory agency advisory committee to review the effectiveness of the program and to consider recommendations from the regulatory agency. Authorizes the regulatory agency 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: 1/31/2019 - added as coauthor Senator Stoops

All Bill Status: 1/10/2019 - Referred to Senate Health and Provider Services

State Bill Page: [SB 357](#)

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 1176 MEDICAL PROVIDER IMMUNITY FOR BODY CAVITY SEARCH (ZIEMKE C) Establishes a procedure authorizing licensed medical personnel to retrieve contraband from the bodily orifice of an individual as part of a criminal investigation, and grants immunity to the medical personnel.

Current Status: 1/8/2019 - Coauthored by Representative Barrett

All Bill Status: 1/8/2019 - Referred to House Courts and Criminal Code

State Bill Page: [HB 1176](#)

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. Specifies requirements a physician must meet in order to prescribe the medication to a patient. Prohibits an insurer 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: 1/8/2019 - 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. Establishes: (1) the imposition of fees at the time a license is issued or renewed for certain health profession licenses; and (2) qualifications to receive a student loan repayment award under the program. Provides that the commission shall, at the end of each state fiscal year, make student loan repayment awards under the program in an amount determined by the commission to an eligible applicant who met the program requirements during that state fiscal year. Provides that, if a recipient of a student loan repayment award does not fulfill the obligations of the agreement between the recipient and the commission, the recipient is required to repay in a timely fashion, as determined by the commission, the total amount of the student loan repayment award that the recipient received. Requires, not later than July 1, 2021, and not later than July 1 every two years thereafter, the commission to submit a report concerning the program and fund to the governor and the general assembly. Appropriates \$500,000 to the commission from the state general fund.

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 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. Establishes the sepsis treatment protocol task force (task force). Assigns the task force certain duties concerning evidence based sepsis protocols, best practices, and appropriate data measures. Requires the state department of health (department) to: (1) adopt model protocols based on recommendations of the task force; and (2) coordinate, develop, and implement sepsis protocol training. Requires the department to prepare a report on the implementation of the sepsis protocols.

Current Status: 2/4/2019 - House Bills on Second Reading

All Bill Status: 1/31/2019 - Committee Report amend do pass, adopted
1/30/2019 - House Committee recommends passage, as amended Yeas: 12;
Nays: 0

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 1516 HEALTH CARE ADVANCE DIRECTIVE (KIRCHHOFER C) Allows an individual to make a health care advance directive that gives instructions or expresses preferences or desires concerning any aspect of the individual's health care or health information and to designate a health care representative to make health care decisions and receive health information for the individual. Consolidates definitions of "life prolonging procedures". Allows a minor's parent, legal custodian, or legal guardian to sign an advance directive on behalf of the minor. Requires the state department of health to prepare a sample advance directive. Provides that the appointment of a representative or attorney in fact to consent to health care that was legally executed before January 1, 2023, is valid as executed. Adds cross references. Makes conforming changes. Makes technical changes.

Current Status: 1/17/2019 - Coauthored by Representative Hatfield

All Bill Status: 1/17/2019 - Referred to House Judiciary

State Bill Page: [HB 1516](#)

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 - Referred to House Public Health

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: 1/31/2019 - Cosponsors: Representatives Clere, Sullivan and Bacon

All Bill Status: 1/31/2019 - House sponsor: Representative Brown T

		1/31/2019 - Third reading passed; Roll Call 52: yeas 48, nays 1 1/31/2019 - Senate Bills on Third Reading 1/29/2019 - added as coauthor Senator Randolph 1/29/2019 - added as coauthor Senator Breaux 1/29/2019 - Second reading amended, ordered engrossed
	State Bill Page:	SB 188

SB 201	HEALTH PROVIDER ETHICAL EXEMPTION (BROWN L) Includes health care providers in the prohibition from being required to perform an abortion or assist or participate in procedures intended to result in an abortion if the health care provider objects to the procedures on ethical, moral, or religious grounds. (Current law applies only to physicians and employees.)
	Current Status: 1/30/2019 - Senate Health and Provider Services, (Bill Scheduled for Hearing); Time & Location: 9:00 AM, Rm. 431
	All Bill Status: 1/28/2019 - added as coauthor Senator Kruse 1/3/2019 - Referred to Senate Health and Provider Services
	State Bill Page: SB 201

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 228	DEPARTMENT OF HEALTH MATTERS (CHARBONNEAU E) Allows the state health commissioner to issue standing orders (current law allows for statewide standing orders) and sets forth requirements of a standing order. Removes requirement that the state department of health (state department) adopt rules defining a birth problem. Requires the state department to publish a list annually of birth problems required to be reported and allows for the state department to update the list. Adds considerations by the state department in compiling the birth problem list. Allows the state department to release information in the immunization data registry to the Centers for Disease Control and Prevention. Requires the state department to publish a list of reportable communicable diseases and other diseases and conditions that are a danger to health and to publish the list of control measures for the diseases and conditions on the state department's Internet web site. Sets forth considerations in updating the list of communicable diseases and conditions.
	Current Status: 1/29/2019 - added as coauthor Senator Stoops
	All Bill Status: 1/29/2019 - Cosponsor: Representative Fleming 1/29/2019 - House sponsor: Representative Kirchhofer 1/29/2019 - Third reading passed; Roll Call 45: yeas 49, nays 0
	State Bill Page: SB 228

SB 249 PSYCHIATRIST STUDENT LOAN FORGIVENESS PROGRAM (FORD J) Establishes a psychiatrist student loan forgiveness program to be used to provide student loan forgiveness payments to qualified psychiatrists who are residents of Indiana and practice psychiatric medicine in rural areas in Indiana. Provides that the commission for higher education shall, in coordination with the Indiana professional licensing agency and the medical licensing board of Indiana, administer the program. Establishes the psychiatrist student loan forgiveness program fund.

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

State Bill Page: [SB 249](#)

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. Specifies requirements a physician must meet in order to

prescribe the medication to a patient. Prohibits an insurer 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: 1/7/2019 - 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](#)