

FAEGRE BAKER DANIELS

2019 Legislative Update #9

Indiana Society of Anesthesiologists



March 24, 2019

The Indiana General Assembly is heading into its final two full weeks of committee hearings. Last week, state lawmakers heard hours of testimony on a comprehensive gaming bill that would – among other things – authorize sports wagering and clear the way for a casino in Terre Haute. Legislation to expand the Indiana Convention Center and lay the groundwork for a professional soccer stadium was also heard in committee. However, several key measures still await hearings, include **Senate Bill 12**, the so-called “hate crimes” bill.

Republicans in the House and Senate differ with each other and with the governor’s office on how (or whether) Indiana should allow judges to increase a convicted criminal’s sentence for a bias-motivated crime. While some Republicans support broad legislation that would cover any sort of bias, business leaders, university officials and faith-based groups argue that detailed legislation is needed to remove Indiana from the short list of five states that have not enacted hate crime laws.

Looking ahead, House Public Health Committee chairman Rep. Cindy Kirchhofer has not yet posted an agenda for the upcoming week, so it’s possible that **Senate Bill 394** (APRNs) could be heard as early as next Wednesday. ISMA is working with ISA and other physician specialty groups on potential revisions to the bill which include:

- Requiring an APRN seeking independent practice to complete 10,000 hours (5 years) total collaboration with a physician who routinely practices with a patient population and in a practice area included within the category for which the APRN was certified and licensed. 6,000 of these hours (3 years) must be on-site.
- Requiring oversight of independent APRNs by the Medical Licensing Board or a hybrid committee of Medical Licensing Board and Board of Nursing members which would (1) approve APRNs who apply for independent practice; (2) receive physician input regarding an APRN seeking independent practice; and (3) handle discipline and complaints regarding independently practicing APRNs.

The Indiana Coalition of Advanced Practice Nurses was provided with information about these proposed changes two weeks ago but has yet to provide any feedback. In the meantime, ISMA and other physician stakeholder groups have been scrambling to educate House members about the bill and identify those members who either oppose the bill or who will not support it unless it is amended to address ISMA’s concerns.

On the Senate side, the Senate Health and Provider Services is set to hear testimony on **House Bill 1248**, which amends the physician assistant licensing statute to change the role of

the supervising physician to that of a collaborating physician and to lift certain restriction on a PA's prescriptive authority. The committee is also scheduled to amend and potentially adopt **House Bill 1308**, which sets forth requirements for Medicaid recovery audits of Medicaid providers.

Following is an updated tracking list of bills of interest to ISA that are still alive at this point in the legislative session. Please let us know if you have any questions or need additional information.

“LIVE” BILLS

SCOPE OF PRACTICE & LICENSURE

HB 1248 PHARMACY MATTERS & PHYSICIAN ASSISTANTS (DAVISSON S)

Pharmacists:

- 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.
- Provides that if a pharmacist prescribes certain devices or supplies, the pharmacist must provide the patient with a written advance beneficiary notice that is signed by the patient and that states that the patient may not be eligible for reimbursement for the device or supply. Requires that the pharmacy must keep a copy of the patient's advance beneficiary notice.

Physician Assistants:

- Changes the role of a supervising physician to that of a collaborating physician.
- Removes prescribing requirement language of at least 30 contact hours in pharmacology by a program approved by the committee and requires the physician assistant to have graduated from an accredited physician assistant program and have received the required pharmacology training from the program.
- Removes the following requirements concerning prescribing by a physician assistant: (1) A physician assistant prescribing a controlled substance to have practiced as a physician assistant for at least 1,800 hours. (2) Prescribing authority being delegated to a physician assistant to be expressly delegated in writing by the physician. (3) Limiting the amount prescribed to an amount not to exceed a 30 day supply.
- Removes a requirement that a physician review at least 25% of the patient's records in a physician assistant's first year of practice.
- Requires the review of at least 10% of the patient records concerning the prescribing or administering of a drug (instead of only certain scheduled drugs) for the first year in which a physician assistant obtains authority to prescribe a drug. Removes certain chart review requirements and a statement to the board by the physician.

Current Status: 3/27/2019 - Senate Health and Provider Services, (Bill Scheduled for Hearing);

Time & Location: 9:00 AM, Rm. 431

State Bill Page: [HB 1248](#)

HB 1269 BOARDS (GUTWEIN D) Among other things:

- Provides that members appointed to boards staffed by the professional licensing agency: (1) have four year term limits; (2) may serve multiple terms; (3) serve at the pleasure of the governor; (4) must be removed in certain instances; and (5) in certain instances, may not have more than two members from the same congressional district.
- Repeals the Indiana dietitians certification board and transfers the duties to the medical licensing board of Indiana.

Current Status: 3/25/2019 - House Bills on Third Reading

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. Provides that an additional fee of \$25 must be paid at the time of application and renewal of a license if the license is a multistate license.

Current Status: 3/25/2019 - House Bills on Second Reading

State Bill Page: [HB 1344](#)

HB 1569 PROFESSIONAL LICENSING MATTERS (ZENT D) Provides for an annual renewal process for appraisal management companies. Allows for a hearing aid dealer in training to fit or dispense hearing aids while under the supervision and direction of an individual who holds a temporary or valid hearing aid dealer certificate of registration. Defines a conviction of concern. Amends a provision concerning the way a conviction for a crime of concern affects an individual with a professional license or certification. Removes a provision that requires a dental hygienist to obtain and maintain a national provider identifier number. Allows for the state board of dentistry (board) to issue dental residency permits and dental faculty licenses. (Current law allows for the board to issue limited dental residency permits and limited faculty licenses.) Removes a provision that prohibits an Indiana dental school from having more than 10% of its full-time faculty licensed with an instructor's license. Makes various changes to provisions concerning how a conviction for a crime of concern affects an individual with a professional license or certification

Current Status: 3/28/2019 - Senate Commerce and Technology, (Bill Scheduled for Hearing);

Time & Location: 9:30 AM, Rm. 130

State Bill Page: [HB 1569](#)

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 three years 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. Requires the Indiana state board of nursing to study and report to the general assembly before October 1, 2019, concerning the clinical training of advanced practice registered nurses and information concerning implementation of allowing advanced practice registered nurses to operate without a practice agreement.

Current Status: 3/7/2019 - Referred to House Public Health

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: 3/5/2019 - Referred to House Statutory Committee on Interstate and International Cooperation

State Bill Page: [SB 436](#)

SB 586 REGULATION OF PHYSICAL THERAPISTS (MESSMER M) 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. Amends certain prohibited acts to include business entities. 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 42 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. Establishes requirements for physical therapists and physical therapist assistants who have been educated outside the United States. Establishes requirements to sit for the licensure and certification examinations. Allows the applicant to take the examination not more than six times. Allows the board to disqualify an applicant for certain acts related to the examination. Requires a person who seeks reinstatement for a lapsed license to demonstrate evidence of continuing competence. Establishes certain responsibilities for physical therapists. 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 to the board. Makes conforming changes.

Current Status: 3/7/2019 - Referred to House Public Health

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 consumers face related to prescription drug pricing, access, and costs.

Current Status: 3/19/2019 - Third reading passed; Roll Call 279: yeas 48, nays 0

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

Current Status: 3/27/2019 - Senate Health and Provider Services, (Bill Scheduled for Hearing);
Time & Location: 9:00 AM, Rm. 431

All Bill Status: 2/12/2019 - Third reading passed; Roll Call 162: yeas 90, nays 0

State Bill Page: [HB 1308](#)

SB 8 STUDY OF THE GROWTH OF 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 factors that are contributing to the growth of 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: 3/13/2019 - House Public Health, (Bill Scheduled for Hearing); **Time & Location:** 3:30 PM, House Chamber

State Bill Page: [SB 8](#)

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 the office of Medicaid policy and planning to apply for any Medicaid state plan amendment necessary to provide the coverage.

Current Status: 3/4/2019 - Referred to House Insurance

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: 2/26/2019 - Referred to House Public Health

State Bill Page: [SB 203](#)

OPIOIDS

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.

Current Status: 3/21/2019 - Committee Report do pass adopted; reassigned to Committee on Appropriations

State Bill Page: [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.

Current Status: 3/25/2019 - House Bills on Second Reading

State Bill Page: [HB 1294](#)

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: 3/12/2019 - Third reading passed; Roll Call 307: yeas 92, nays 0

State Bill Page: [SB 141](#)

SB 176 PRESCRIPTIONS (GROOMS R)

- Allows certain prescriptions to be transmitted electronically.
- Requires dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists to issue a prescription for a controlled substance in an electronic format and by electronic transmission after December 31, 2020. Provides exceptions to issuing an electronically transmitted prescription for a controlled substance. Requires the Indiana board of pharmacy to adopt rules concerning electronically transmitted prescriptions for controlled substances.
- Provides that dentists, physicians, advanced practice registered nurses, optometrists, physician assistants, and podiatrists are subject to disciplinary action for violating these provisions.
- Requires a pharmacy to transfer, upon the request of a patient, a prescription for the patient that the pharmacy has received but not filled to another pharmacy. Sets forth exceptions.
- Urges the legislative council to assign to an appropriate interim study committee the task of studying: (1) the advantages, disadvantages, and feasibility of requiring health care providers to issue prescriptions in an electronic format and by electronic transmission; and (2) any exceptions that would be needed to a requirement for health care providers to issue prescriptions in an electronic format and by electronic transmission. Makes conforming changes.

Current Status: 3/19/2019 - Third reading passed; Roll Call 322: yeas 96, nays 0

State Bill Page: [SB176](#)

MISCELLANEOUS

HB 1275 SEPSIS TREATMENT PROTOCOLS (MAHAN K) Requires a hospital to adopt, implement, and periodically update evidence based sepsis guidelines for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted guidelines. Exempts certain hospitals. Establishes the sepsis treatment guideline task force (task force). Assigns the task force certain duties concerning evidence based sepsis guidelines, best practices, education materials, and appropriate data measures. Requires the state department of health to prepare a report on the implementation of the sepsis guidelines.

Current Status: 3/20/2019 - Senate Health and Provider Services, (Bill Scheduled for Hearing);

Time & Location: 9:00 AM, Rm. 431

State Bill Page: [HB 1275](#)

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: 3/14/2019 - Referred to the Committee on Ways and Means pursuant to House Rule 127

State Bill Page: [SB 188](#)

SB 201 HEALTH PROVIDER ETHICAL EXEMPTION (BROWN L) Includes: (1) nurses; (2) physician assistants; and (3) pharmacists; 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.) Adds a prohibition on requiring certain providers to prescribe, administer, or dispense an abortion inducing drug.

Current Status: 3/14/2019 - Third reading passed; Roll Call 314: yeas 69, nays 25

State Bill Page: [SB 201](#)

- 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: 3/25/2019 - Senate Bills on Second Reading
State Bill Page: [SB 228](#)
- SB 575 HOSPITAL LICENSURE STUDY** (CHARBONNEAU E) Urges legislative council to assign the topic of hospital licensure to an interim study committee during the 2019 interim and sets forth requirements of the study.
Current Status: 3/7/2019 - Referred to House Public Health
State Bill Page: [SB 575](#)
- SB 631 DRUG CLASSIFICATIONS AND DRUG SCHEDULES** (YOUNG M) Adds numerous substances to the definition of "synthetic drug". Adds epidiolex and brivaracetam to Schedule V. Specifies that dronabinol is a Schedule II controlled substance only in oral solution. Defines "fentanyl related substance" and adds it to Schedule I. Moves certain fentanyl related substances from the definition of "synthetic drugs" in Schedule II to Schedule I. Adds Thiafentanil to Schedule II.
Current Status: 3/7/2019 - Referred to House Courts and Criminal Code
State Bill Page: [SB 631](#)