

*Source of Information*

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*Date Last Updated*

2/25/2022

*Steps in Indiana Legislative Process*

- 1 - Filed
- 2 - First Chamber: 1st Reading/Assigned to Committee
- 3 - First Chamber: Committee Hearing
- 4 - First Chamber: Committee Passage
- 5 - First Chamber: 2nd Reading
- 6 - First Chamber: 3rd Reading
- 7 - Bill Passed First Chamber, Referred to Second Chamber
- 8 - Second Chamber: 1st Reading/Assigned to Committee
- 9 - Second Chamber: Committee Hearing
- 10 - Second Chamber: Committee Passage
- 11 - Second Chamber: 2nd Reading
- 12 - Second Chamber: 3rd Reading
- 13 - Bill Passed Second Chamber
- 14 - Conference Committee (If Applicable)
- 15 - Awaiting Governor's Action

*Health-Related Topic Categories*

Behavioral Health  
Corrections  
Direct Care Workforce  
Maternal/Child Health  
Nursing Workforce  
Oral Health  
Other  
Physician Workforce  
Prevention and Awareness  
Regulatory  
Safety Net  
School Health  
Workforce Incentive Programs  
Workforce Pipeline  
N/A

Status	Bill Category (Health workforce vs. Health)	Bill Title	Primary Health Workforce Topic	Summary	Primary Author	Step
Active	Health Workforce	HB 1001: Administrative authority; COVID-19 immunizations	Regulatory (Agency Boards PLA)	Allows the secretary of family and social services (secretary) to issue a waiver of human services statutory provisions and administrative rules if the secretary determines that the waiver is necessary to claim certain enhanced federal matching funds available to the Medicaid program. Allows the secretary to issue an emergency declaration for purposes of participating in specified authorized federal Supplemental Nutrition Assistance Program (SNAP) emergency allotments. Requires the secretary to prepare and submit any waivers or emergency declarations to the budget committee. Allows the state health commissioner of the state department of health or the commissioner's designated public health authority to issue standing orders, prescriptions, or protocols to administer or dispense certain immunizations for individuals who are at least five years old (current law limits the age for the commissioner's issuance of standing orders, prescriptions, and protocols for individuals who are at least 11 years old). Defines "Indiana governmental entity" and specifies that an Indiana governmental entity (current law refers to a state or local unit) may not issue or require an immunization passport. Provides that an individual is not disqualified from unemployment benefits if the individual has complied with the requirements for seeking an exemption from an employer's COVID-19 immunization requirements and was discharged from employment for failing or refusing to receive an immunization against COVID-19. Provides that an employer may not impose a requirement that employees receive an immunization against COVID-19 unless the employer provides individual exemptions that allow an employee to opt out of the requirement on the basis of medical reasons, religious reasons, or immunity from COVID-19 acquired from a prior infection with COVID-19.	Rep. Lehman	10 - Public Law
Active	Health Workforce	HB 1003: Nursing programs and licensing matters	Nursing Workforce	Establishes certain requirements for the temporary licensure of retired or inactive emergency medical services personnel, retired or inactive health care professionals, out-of-state health care professionals, or recently graduated students who have applied for certain licenses. Allows a health care provider or an officer, agent, or employee of a health care provider who has a temporary license to qualify for coverage under the Medical Malpractice Act. Provides that the state board of nursing (board) shall issue by endorsement a license to practice as a registered nurse or practical nurse to an applicant who is a graduate of a foreign nursing school and provides certain documentation. Allows: (1) an eligible associate degree or bachelor's degree registered nursing program to increase enrollment at any rate deemed appropriate by the program; and (2) a nursing program that is not an eligible program but meets specified requirements to increase enrollment by not more than 100%. Allows a nursing program to substitute a certain number of simulation hours for clinical hours in certain circumstances. Establishes requirements for clinical preceptors. Provides that a majority of the faculty is not required to be full-time employees of a state educational institution that operates a nursing program that predominantly issues associate degrees.	Rep. Ethan Manning	10 - Public Law
Dead	Health Workforce	HB 1018: Mental health and addiction matters	Behavioral Health (substance use and mental health)	Specifies that an individual's incarceration, hospitalization, or other temporary cessation in substance or chemical use may not be used as a factor in determining the individual's eligibility for coverage in: (1) a state employee health care plan; (2) Medicaid; (3) the healthy Indiana plan; (4) a policy of accident and sickness insurance; or (5) a health maintenance health care contract. Requires an opioid treatment program to: (1) provide a patient of the facility appropriate referrals for continuing care before releasing the patient from care by the facility; and (2) counsel female patients concerning the effects of the program treatment if the female is or becomes pregnant and provide to the patient birth control if requested by the patient. Requires the division of mental health and addiction (division) to annually perform an audit of 20% of an opioid treatment program facility's patient plans to ensure compliance with federal and state laws and regulations. Requires the division to establish a mental health and addiction program to reduce the stigma of mental illness and addiction. Requires hospitals to establish emergency room treatment protocols concerning treatment of a patient who is overdosing, has been provided an overdose intervention drug, or is otherwise identified as having a substance use disorder.	Rep. Robin Shackelford	2 - Assigned to Committee
Dead	Health Related	HB 1020: End of life options	N/A	Allows individuals with a terminal illness who meet certain requirements to make a request to an attending provider for medication that the individual may take to bring about death. Specifies requirements a provider 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 bring about death or to destroy a rescission of a request for medication to bring about death. Establishes a Class A misdemeanor if a person, without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication in order to affect a health care decision by the individual. Establishes certain criminal and civil immunity for health care providers.	Rep. Matt Pierce	2 - Assigned to Committee
Dead	Health Workforce	HB 1030: Mental health professionals	Corrections	Mental health professionals. Allows a political subdivision, in consultation with the technical assistance center, to contract with mental health providers for the purpose of supplementing existing crisis intervention teams with mental health professionals. Specifies certain eligibility requirements for mental health professionals seeking an appointment to a crisis intervention team. Requires a mental health professional who is appointed to a crisis intervention team to accompany responding law enforcement or police officers to a call involving a mental health or substance abuse disorder crisis. Provides that a law enforcement or police officer (officer) may not be held liable for damages, including punitive damages, for any act or omission related to a mental health professional's contribution to a crisis intervention team or a crisis intervention team response. Specifies that no other person or entity may be held liable for certain damages by reason of an agency relationship with an officer. Defines certain terms.	Rep. Earl Harris	2 - Assigned to Committee
Dead	Health Related	HB 1046: Health insurance matters	N/A	Requires the commissioner of the department of insurance to provide an order directing the discontinuance of an illegal, unauthorized, or unsafe practice of an insurance company. Provides that a health plan may not require a participating provider to seek prior authorization for a particular health service if the health plan approved at least 90% of the prior authorization requests for the particular health service in the previous six month period. Requires a health plan to post notice of a technical issue with its claims submission system on the health plan's Internet web site. Requires a health plan to post on its Internet web site not later than February 1 of each year: (1) the 30 most frequently submitted CPT codes in the previous calendar year; and (2) the percentage of the 30 most frequently submitted CPT codes that were approved in the previous calendar year. Requires a health plan to provide annual and quarterly financial statements to the department of insurance. Establishes an approval process for a health plan's proposed premium rate increase of 5% or greater as compared to the previous calendar year. Requires an insurer and a health maintenance organization to provide a contracted provider with a current reimbursement rate schedule: (1) every two years; and (2) when three or more CPT code rates change in a 12 month period. Requires an insurer and a health maintenance organization to provide a contracted provider with notice of a proposed material change to the agreement between the insurer or health maintenance organization and the contracted provider at least 90 days prior to the proposed effective date. Establishes requirements for the contents of a notice of a proposed material change. Requires an insurer or health maintenance organization to provide a contracted provider with notice at least 15 days prior to a change to an existing prior authorization, precertification, notification, referral program, edit program, or specific edits.	Rep. Dave Heine	2 - Assigned to Committee
Dead	Health Related	HB 1057: Prescription drug donation repositories	N/A	Establishes the prescription drug donation repository program (program). Allows a person to donate prescription drugs and supplies to a central repository or local repository for use by an individual who is an eligible recipient or qualified individual. Provides that controlled substances are not allowed in the program. Allows a health care facility or pharmacy to elect to participate as a local repository in the program. Establishes criteria for the acceptance and distribution of donated prescription drugs and supplies. Allows an entity that participates in a drug donation program in another state to participate in the program in Indiana. Establishes immunity for certain persons who act reasonably and in good faith under the program.	Rep. Steve Bartels	2 - Assigned to Committee

Dead	Health Workforce	HB 1060: Professional licensing agency	Regulatory (Agency Boards PLA)	Reduces the membership of the following boards to five members: (1) The state board of dentistry. (2) The state board of registration for professional engineers. (3) The Indiana board of veterinary medical examiners. Reduces the membership of the state board of cosmetology and barber examiners to six members. Eliminates certain requirements for an applicant seeking licensure as a clinical social worker, marriage and family therapist, mental health counselor, addiction counselor, or clinical addiction counselor. Makes conforming amendments and a technical correction.	Rep. Dennis Zent	2 - Assigned to Committee
Dead	Health Related	HB 1061: Ambulance assessment fee and fund	N/A	Establishes the ambulance assessment fee (fee) and the ambulance assessment fee fund (fund). Requires the office of the secretary of family and social services (office) to establish the fee based upon the best available data. Requires a provider organization to be assessed the fee. Provides that the office shall make expenditures from the fund in a manner consistent with applicable federal law. Requires the office to establish and distribute a schedule of payment amounts in a manner that reduces the gap between Medicaid rates and average commercial rates. Requires the office to consult with the Indiana emergency medical services association in the development and implementation of the payments. Specifies that the fee is in addition to, and does not replace, any state general fund appropriations to support provider organization reimbursements. Prohibits the office from lowering Medicaid rates for provider organizations as a result of the fee.	Rep. Harold Slager	2 - Assigned to Committee
Dead	Health Workforce	HB 1065: Cultural awareness and competence training	Other	Provides that the state health data center (center) shall maintain statistics concerning race and ethnicity, sex, primary language, and disability status. (Under current law, the center is required to maintain statistics concerning gender and ethnicity.) Requires the center to adopt and implement the data collection standards established by the United States Department of Health and Human Services. Provides that a health care professional and a community health worker must complete two hours of cultural awareness and competence training every two years. Establishes certain requirements for the training. Provides that the state department of health may grant an exemption from the training requirements under certain circumstances.	Rep. Robin Shackelford	2 - Assigned to Committee
Dead	Health Related	HB 1066: Saftey PIN program grants	N/A	Requires a grant proposal for the safety PIN (protecting Indiana's newborns) program to include the targeted area or targeted population. (Current law requires the targeted area be included.) Specifies that the targeted area or targeted population may include minority communities. Allows the state department of health, in awarding a safety PIN grant, to give preference to proposals that seek to reduce infant mortality in minority communities.	Rep. Robin Shackelford	2 - Assigned to Committee
Dead	Health Workforce	HB 1069: Psychology interjurisdictional compact	Regulatory (Agency Boards PLA)	Establishes the psychology interjurisdictional compact concerning interjurisdictional telepsychology and the temporary authorization to practice psychology in another compact state. Sets forth requirements of a compact state. Sets forth the duties of the psychology interjurisdictional compact commission.	Rep. Cindy Ziemke	2 - Assigned to Committee
Dead	Health Workforce	HB 1087: Dementia services coordinator	Direct Care Workforce	Requires the division of aging of the family and social services administration to employ a full-time statewide dementia coordinator, and specifies the duties of the coordinator.	Rep. Ethan Manning	2 - Assigned to Committee
Dead	Health Workforce	HB 1088: Health workforce student loan repayment program	Workforce Incentive Programs	Establishes the following: (1) The health workforce student loan repayment program (program). (2) The health workforce advisory council (council). (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. Provides that the state department of health (state department) shall administer the program and fund. 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, beginning July 1, 2023, the state department and each board included in the program may award loan repayment to an eligible applicant who is a provider licensed by the board. Requires, not later than July 1, 2024, and not later than July 1 every two years thereafter, the state department to submit a report concerning the program and fund to the governor and the general assembly. Provides that money in the fund is continuously appropriated. Repeals provisions concerning the following: (1) The primary care physician loan forgiveness program. (2) The mental health services development programs. (3) The dental underserved area and minority recruitment program.	Rep. Ethan Manning	2 - Assigned to Committee
Dead	Health Workforce	HB 1090: Direct service professionals	Direct Care Workforce	Requires the bureau of developmental disabilities services (bureau) to: (1) semi-annually provide to each authorized service provider a report containing information concerning direct service professionals against whom substantiated incident reports have been made; and (2) establish an appeal process for a direct support professional to appeal the bureau's determination under these provisions.	Rep. Julie Olthoff	2 - Assigned to Committee
Active	Health Workforce	HB 1094: Education matters	Workforce Pipeline (Education)	Requires, not later than December 31, 2022, the department of education (department) to: (1) issue a request for proposals for the purpose of contracting with a company to provide; or (2) enter into a memorandum of understanding with a statewide entity to facilitate the procurement of; adequate employer liability and worker's compensation insurance coverage for employers that employ students in work based learning courses. Specifies an exception. Provides that the total amount of funds that the department may expend to carry out the request for proposals or the memorandum of understanding must be less than \$100,000. Provides that an employer: (1) may purchase the employer liability and worker's compensation coverage; and (2) is responsible for paying any costs associated with purchasing the coverage. Requires that, if the state board of education grants the designation of a transformation zone within a school corporation after June 30, 2022, the governing body of the school corporation may enter into an agreement with a nonprofit organization to manage and operate all of the schools included in the transformation zone. Provides that the governing body of a school corporation or entity that is a party to any agreement for the management and operation of a transformation zone may submit a complaint first to the governing body, and second to the department for an alleged violation of the agreement. Provides that, not later than 15 days after the date an entity submits a complaint to the department, the department shall issue a decision concerning the complaint. Provides that employees of a transformation zone may organize and create a separate bargaining unit to collectively bargain with the entity operating the transformation zone.	Rep. Jake Teshka	10 - Public Law
Dead	Health Workforce	HB 1095: Information required on reimbursement forms	Safety net (Medicaid SNAP TANF SNAP etc.)	Requires a provider to include the service facility location in order to obtain Medicaid reimbursement from the office of the secretary of family and social services or a managed care organization. Requires health care providers to include the address of the service facility location on submitted reimbursement forms. Establishes penalties.	Rep. Donna Schaibley	2 - Assigned to Committee

Dead	Health Related	HB 1104: Assisted reproduction and gestational surrogacy	N/A	Amends provisions regarding testing of donated human sperm and eggs. Repeals current Indiana law regarding surrogacy agreements. Enacts the gestational surrogacy act, which establishes: (1) presumptions regarding parentage; (2) prerequisites for individuals who wish to enter into a gestational surrogacy agreement; (3) procedural requirements for gestational surrogacy; (4) requirements for gestational surrogacy agreements; (5) support obligations with regard to a child born as the result of gestational surrogacy; (6) remedies for breach of a gestational surrogacy agreement; and (7) provisions for determination of jurisdiction over litigation regarding a gestational surrogacy agreement. Enacts the gamete donation act, which establishes: (1) presumptions regarding parentage of a child born as the result of gamete donation; (2) prerequisites for individuals who wish to enter into a gamete donation agreement; (3) procedural requirements for gamete donation; (4) requirements for gamete donation agreements; (5) provisions regarding parentage of a child born posthumously to a gamete donor; (6) remedies for breach of a gamete donation agreement; and (7) provisions for determination of jurisdiction over litigation regarding a gamete donation agreement. Provides certain criteria for the payment of compensation to an ovum donor. Provides that a gestational surrogacy agreement may not limit the right of the gestational surrogate to make any decision concerning the gestational surrogate's right to terminate or continue a pregnancy. Provides that any term or condition in a gestational surrogacy agreement that contradicts or seeks to abrogate a surrogate's right to continue or terminate a pregnancy is void. Provides that consent from the spouse of a gestational surrogate is not required in the execution of a gestational surrogacy agreement and defines the legal relationship between the spouse of a gestational surrogate and a resulting child. Provides that certain conditions must be met prior to the issuance of a prebirth court order by a court. Requires all reproductive endocrinologists and mental health professionals engaging in gestational surrogacy matters to remain informed of recommended guidelines published by the American Society for Reproductive Medicine and the American College of Obstetricians and Gynecologists. Provides that court orders concerning gestational surrogacy do not provide a court with jurisdiction over the matters of child custody or child support if jurisdiction over the matters is not otherwise authorized. Provides that a court order concerning the establishment of parentage shall be given full faith and credit in another state if an Indiana establishment of parentage court order constitutes a signed record and otherwise complies with the laws of the other state. Exempts donor compensation for gamete donation from certain prohibitions concerning the sale of a human ovum, zygote, embryo, or fetus under certain circumstances. Allows the retrieval of gametes from a person who is: (1) deceased; (2) brain dead; (3) comatose; or (4) in a persistent vegetative state; in certain instances. Specifies that: (1) maternity; and (2) paternity; must be established not later than four years after the death of a parent in instances involving children born through use of assisted reproduction. Specifies factors for a court to consider when deciding upon the disposition of cryopreserved embryos: (1) during a divorce or separation; and (2) in the absence of an agreement concerning the ultimate disposition of cryopreserved embryos. Defines certain terms. Makes conforming amendments.	Rep. Sean Eberhart	2 - Assigned to Committee
Dead	Health Related	HB 1108: Physician owned hospitals Medicaid waiver	N/A	Requires the office of the secretary of family and social services to apply for a Medicaid waiver to allow physician owned hospitals to expand in Indiana to provide access to health care for Medicaid recipients.	Rep. Harold Slager	2 - Assigned to Committee
Active	Health Related	HB 1112: Medicaid reimbursement rates	N/A	Requires, beginning July 1, 2023, the office of the secretary of family and social services (office of the secretary) and a managed care organization to reimburse under Medicaid an emergency medical services provider organization that is a Medicaid provider at a rate comparable to the federal Medicare reimbursement rate for the service. Specifies that the Medicaid reimbursement methodology for payments to out of state children's hospitals must factor in any cost outlier case in a manner that results in the final reimbursement rate made to a hospital meeting the specified reimbursement requirements. Allows the office to make retroactive reimbursement payments for out of state children's hospitals upon factoring in any cost outlier case.	Rep. Harold Slager	10 - Public Law
Dead	Health Workforce	HB 1113: Practitioner identification and advertising	Regulatory (Agency Boards PLA)	Provides that, beginning January 1, 2023, a practitioner holding a license issued by the board of chiropractic examiners, the state board of dentistry, the state board of health facility administrators, the medical licensing board, the state board of nursing, the optometry board, the board of pharmacy, the board of podiatric medicine, the speech-language pathology and audiology board, the state psychology board, the board of physical therapy, the respiratory care committee, the occupational therapy committee, the behavioral health and human services licensing board, the physician assistant committee, or the athletic trainers board is subject to disciplinary sanctions if the practitioner: (1) communicates or disseminates to the general public an advertisement that includes deceptive or misleading information or does not prominently state the type of license held by the practitioner; or (2) fails, while providing direct patient care, to wear an identification badge that clearly sets forth the practitioner's first and last name, type of license, and, if applicable, status as a student, intern, trainee, or resident. Establishes certain exceptions. Provides, for purposes of the law prohibiting the unlawful practice of medicine or osteopathic medicine, that "the practice of medicine or osteopathic medicine" includes attaching to an individual's name the words "anesthesiologist", "cardiologist", "dermatologist", or other specified words that identify a member of a medical specialty.	Rep. Dennis Zent	2 - Assigned to Committee
Dead	Health Related	HB 1117: Health provider contracts	N/A	Makes various changes to the provisions that are prohibited in a health provider contract. Allows the insurance commissioner to grant a waiver to allow certain prohibited provisions in a health provider contract if certain conditions are met. Establishes enforcement provisions by the attorney general, insurance commissioner, and persons who have suffered a loss due to a violation.	Rep. Donna Schaibley	2 - Assigned to Committee
Dead	Health Workforce	HB 1119: Income tax deduction for recent graduates	Workforce Pipeline (Education)	Provides an adjusted gross income tax deduction for Indiana residents who obtain: (1) a bachelor or an associate degree from a postsecondary educational institution; or (2) a certificate from a high value workforce certificate program, as determined by the commission for higher education (commission); in taxable years immediately following the taxable year in which the individual obtained the degree or certificate. Provides that a qualified individual is entitled to the tax deduction in each of the first two or four taxable years, depending on the type of degree or certificate obtained, that begin immediately following the taxable year in which the qualified individual completed the applicable educational program. Provides that the tax deduction for a particular qualified year is equal to the lesser of: (1) the amount of the individual's Indiana adjusted gross income; or (2) \$50,000. Requires the commission to, in part, determine and certify an individual's eligibility for the tax deduction.	Rep. Timothy O'Brien	2 - Assigned to Committee
Dead	Health Workforce	HB 1121: Gender transition therapies report	Other	Requires health care professionals to report certain information concerning gender transition to the state department of health (state department). Requires the state department to compile the reported data and annually submit the compiled data to the general assembly.	Rep. Michelle Davis	2 - Assigned to Committee
Dead	Health Related	HB 1123: Medicaid advisory committee	N/A	Adds one member representing the Alzheimer's Association, Greater Indiana Chapter, to the Medicaid advisory committee.	Rep. Gregory Porter	5 - Assigned to
Dead	Health Related	HB 1131: Emergency powers and orders	N/A	Removes specified emergency powers of the governor. Provides that an emergency order issued by: (1) the Indiana state department of health expires after 14 days unless renewal is authorized by the general assembly; and (2) a local health officer order expires after 14 days unless renewal is authorized by the local legislative body. Makes conforming amendments.	Rep. Jim Lucas	2 - Assigned to Committee
Dead	Health Related	HB 1133: Prior authorization for addiction treatment	N/A	Provides that Medicaid, a policy of accident and sickness insurance, and a health maintenance organization contract may not require prior authorization for a non-opioid prescription drug that is approved by the federal Food and Drug Administration for opioid withdrawal symptoms.	Rep. Dennis Zent	2 - Assigned to Committee

Dead	Health Workforce	HB 1134: Education matters	School Health	Provides that, if the governing body of a school corporation has not established a curriculum advisory committee (committee), a parent of a student may request the governing body to determine the level of interest in and discuss establishing a committee at the next regularly scheduled meeting of the governing body. Provides that, if a committee has been established, a parent of a student may request that the committee review specific learning material and presentation content of guest speakers. Requires, not later than November 30, 2022, the department of education (department) to prepare and submit to the general assembly a report regarding certain committees established by governing bodies. Provides that, if a school corporation or qualified school uses a third party vendor in providing certain personal analyses, evaluations, or surveys, the third party vendor and the school corporation or qualified school may not record, collect, or maintain the responses to or results of the analysis, evaluation, or survey in a manner that would identify the responses or results of an individual student without consent. Amends a provision regarding good citizenship instruction. Provides that the consent requirements for certain student personal analysis, evaluations, or surveys apply even if the analysis, evaluation, or survey is directly related to academic instruction. Requires, not later than July 1, 2023, each qualified school to use a web based learning management system. Requires a teacher or other employee of a qualified school, upon request, to allow a parent to review any learning material. Provides that a school corporation or qualified school shall not promote certain concepts as part of a course of instruction or in a curriculum or instructional program, or allow teachers or other employees to use supplemental learning materials to promote certain concepts regarding sex, race, ethnicity, religion, color, or national origin. Requires requesting to meet with a teacher for certain complaints. Requires each school corporation or qualified school to establish a grievance procedures for certain complaints. Provides that, if a parent of a student or a student, if the student is an adult or emancipated minor, is not satisfied with a final decision, the parent or student may submit a request to the department to review the complaint and decision. Establishes a notice and consent procedure to be used before a qualified school may provide certain mental, social-emotional, or psychological health services to a student. Requires the department to establish guidance materials regarding certain provisions and post the guidance materials on the department's Internet web site. Urges legislative council to assign to an appropriate interim study committee the task of studying the following: (1) The provision of services for mental, social-emotional, or psychological health issues in public schools by licensed psychologists, school psychologists, social workers, or other employees of public schools. (2) Parental consent regarding the provision of the services.	Rep. Anthony Cook	6 - Committee Passage
Active	Health Related	HB 1140: Medicaid coverage for pregnant women	N/A	Repeals the statute specifying Medicaid eligibility for qualified pregnant women. Increases the Medicaid income eligibility requirements for pregnant women. Removes the Medicaid limitation for pregnant women of medical assistance coverage only for pregnancy related services. Provides that the extension of postpartum Medicaid coverage for pregnant women shall be determined by the office of the secretary of family and social services and must be at least 60 days but not more than 12 months beginning on the last day of the pregnancy.	Rep. Ann Vermilion	10 - Public Law
Dead	Health Related	HB 1141: Mental health	N/A	Requires the office of the secretary of family and social services to apply for a state Medicaid waiver to reimburse providers who provide behavioral health services to committed offenders held by the department of correction. Requires the division of mental health and addiction to: (1) establish a plan to expand the use of certified community behavioral health clinics in Indiana; and (2) make certain considerations in preparing the plan.	Rep. Ann Vermilion	3 - Committee Passage
Dead	Health Related	HB 1142: Reporting of insureds' health indicators	N/A	Requires an insurer to report aggregate information regarding certain health indicators of its covered individuals in Indiana to the department of insurance on an annual basis. Requires the department of insurance to publish the information on its Internet web site. Requires an insurer to provide its covered individuals and prospective covered individuals with notice of the published information. Requires an insurer to provide a self-funded health plan with the opportunity to include its information as part of the insurer's reported aggregate information.	Rep. Ann Vermilion	2 - Assigned to Committee
Dead	Health Workforce	HB 1158: Health and human services matters	Direct Care Workforce	Allows an advanced practice registered nurse or physician assistant to sign certain individualized family service plans. Changes the composition and duties of the division of disability and rehabilitative services advisory council. Requires the services for individuals with intellectual and other developmental disabilities task force to establish a subcommittee to make certain recommendations to the task force. Modifies provisions concerning records and information about the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome. Repeals provisions concerning the following: (1) Reports to a health officer about a person who is believed to be a serious and present risk to the health of others. (2) Physician notification to: (A) a patient with a serious communicable disease; (B) a health officer; and (C) a person at risk. Changes the membership on the Indiana board of pharmacy. Removes the requirement that a qualifying pharmacist is responsible for the legal operations of a pharmacy. Specifies responsibilities of pharmacists concerning duties previously responsible by a qualifying pharmacist. Allows a qualified pharmacy technician to administer immunizations delegated by the pharmacist. (Current law allows pharmacy technicians to administer influenza and coronavirus disease immunizations.) Amends requirements for remote pharmacies. Adds an exception to the definition of "wholesale distribution" for prescription drugs. Repeals certain offenses concerning: (1) notification, reporting, and investigation related to communicable diseases; and (2) the donation, sale, or transfer of semen that contains antibodies for HIV. Makes technical and conforming changes.	Rep. Edward Clere	5 - Assigned to Committee
Dead	Health Related	HB 1168: Medical marijuana	N/A	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. Establishes the medical marijuana oversight board to review appeals and grievances concerning the medical marijuana program. Provides a defense to prosecution for a person who operates a vehicle or motorboat with marijuana or its metabolite in the person's blood under certain conditions that involve medical marijuana. Makes conforming amendments.	Rep. Jim Lucas	2 - Assigned to Committee

Active	Health Related	HB 1169: Health matters	Other	Prohibits certain health insurance plans from requiring authorization for covered early intervention services under an individualized family service plan signed by an advanced practice registered nurse (APRN) or a physician assistant (PA). Changes the composition and duties of the division of disability and rehabilitative services advisory council. Repeals and relocates laws concerning: (1) rules regulating the sanitary operation of tattoo parlors and body piercing facilities; (2) allowing the executive board of the state department of health (board) to adopt rules on behalf of the state department of health (department); (3) allowing the board to adopt emergency rules; (4) sanitation of public buildings and institutions; and (5) authority to adopt rules concerning the federal Clinical Laboratory Improvement Amendments. Repeals laws concerning: (1) safety guidelines for children during bad weather conditions; (2) automated external defibrillator rules in health clubs; (3) requiring the state health commissioner (commissioner) to comment on certain rules; (4) fees for serological tests; (5) the administrative unit for special institutions; (6) protection and regulation of department property; and (7) the registry of blind persons. Removes intemperance as a reason to remove a local health officer. Specifies that the department may request the office of administrative law proceedings to designate a person to administer a proceeding. Requires the department to provide facilities and disseminate information to the public concerning oral public health. Allows the department to have a designee to maintain a 24 hour poisons answering service. Adds information on prenatal care to the department's telephone information service concerning children with long term health care needs. Changes the reference from "illegal drug use" to "substance abuse disorder" for purposes of partnership and joint ventures with the department. Requires the department to employ a licensed physician as the chief medical officer. Allows the chief medical officer to perform the functions of the commissioner when the commissioner is not available. Specifies that the state health laboratory (laboratory) must be used to support public health. Changes the title of the person who manages the laboratory. Removes certain requirements concerning the appointment of the laboratory director and chemist. Removes a requirement that a director must report to the commissioner. Requires holders of a certificate of public advantage to pay for reasonable charges incurred by the department. Provides that home health agencies may enter into cooperative agreements to carry out the following activities for the Hoosier Care Connect program: (1) To form and operate, either directly or indirectly, one or more networks of home health agencies to arrange for the provision of health care services through such networks. (2) To contract, either directly or through such networks, with the office of the secretary of family and social services, or the office's contractors, to provide: (A) services to Medicaid beneficiaries; and (B) health care services in an efficient and cost effective manner on a prepaid, capitation, or other reimbursement basis. (3) To undertake other managed health care activities. Provides that a home health agency may authorize an association, corporation, or other person to undertake or effectuate any of these activities. Requires the secretary of family and social services to oversee and supervise these activities. Changes the requirement that the department "shall" to "may" use information compiled by a public or private entity to the greatest extent possible to develop a chronic disease registry. Allows the department to issue a certificate of free sale to a business that meets certain requirements. Amends the definition of "person" for purposes of the state health improvement plan and grant program. Amends the definition of "deaf or hard of hearing" for purposes of the laws governing language development for children who are deaf or hard of hearing. Changes the membership on the Indiana board of pharmacy. Removes the requirement that a qualifying pharmacist is responsible for the legal operations of a pharmacy. Amends references to certain pharmacy school accreditation organizations. Specifies responsibilities of pharmacists concerning duties previously responsible by a qualifying pharmacist. Allows a qualified pharmacy technician to administer immunizations delegated by the pharmacist. (Current law allows pharmacy technicians to administer influenza and coronavirus disease immunizations.) Amends requirements for remote pharmacies. Adds an exception to the definition of "wholesale distribution" for prescription drugs. Authorizes an APRN to sign an order or referral for physical therapy. Requires a health insurance plan to provide coverage for diabetes self-management training ordered by an APRN or PA. Provides that a county coroner may not certify the cause of death for certain infants as a sudden unexplained infant death until a comprehensive death investigation is performed. Makes conforming changes.	Rep. Edward Clere	10 - Public Law
Dead	Health Workforce	HB 1175: Physician noncompete agreements	Physician Workforce	Specifies that the reasonable price of a noncompete agreement buyout may not exceed \$75,000 under the following circumstances: (1) the physician's employer is a hospital system located in Allen County; (2) the physician has completed a minimum of eight years of employment with the hospital system; and (3) the physician practices primary care and specializes in family medicine.	Rep. Heath VanNatter	2 - Assigned to Committee
Dead	Health Workforce	HB 1178: Implicit bias training	Maternal/Child Health	Provides that after December 31, 2023, a hospital that provides inpatient maternity services and a birthing center shall implement an evidence based implicit bias training program for all health care providers who regularly provide perinatal treatment and care to pregnant women at the hospital or birthing center. Requires the health care providers to complete the training one time every two years. Provides that after December 31, 2023, a practitioner must complete implicit bias training before renewal of a license in a health care profession. Provides an exemption for a license issued by the board of veterinary medical examiners. Provides that a practitioner is not required to complete implicit bias training more than one time every two years unless specified by the board that regulates the practitioner. Requires the board to approve and publish on its Internet web site organizations approved to offer the implicit bias training to a practitioner. Allows the board to grant the practitioner a hardship waiver from the training requirement. Provides that taking implicit bias training satisfies the requirements for both training at a hospital or birthing center and the license renewal requirements.	Rep. Vanessa Summers	2 - Assigned to Committee
Active	Health Workforce	HB 1192: Qualified providers and Medicaid school services	School Health	Defines "qualified provider" and "school based nurse" for purposes of providing Medicaid covered services in a school setting. Specifies conditions that must be met in order for the school based Medicaid services to be provided.	Rep. Michael Karickhoff	10 - Public Law
Dead	Health Related	HB 1194: Risk based managed care and integrated care	N/A	Requires the office of the secretary of family and social services (office of the secretary) to apply to the United States Department of Health and Human Services for a Medicaid waiver or state plan amendment to implement, not earlier than January 1, 2024, a fee for service integrated care model program for specified category of Medicaid recipients. Sets forth requirements of the program. Sets forth certain requirements, including contract requirements for any contract between the office of the secretary and specified entities, in the operation of a risk based managed care program or integrated care model program for the specified covered population.	Rep. Michael Karickhoff	2 - Assigned to Committee
Dead	Health Workforce	HB 1202: Professional counselors licensure compact	Behavioral Health (substance use and mental health)	Requires the behavioral health and human services licensing board to administer the professional counselors licensure compact (compact). Adopts the compact. Sets forth requirements of a member state. Sets forth the duties and authority of the counseling compact commission (commission). Allows a counselor in a home state to practice via telehealth in a member state. Allows each member state to have one delegate on the commission. Establishes the procedure to withdraw from the compact. Makes conforming changes.	Rep. Mike Andrade	2 - Assigned to Committee
Active	Health	HB 1222: Various FSSA matters	N/A	Allows the family and social services administration to deny or revoke licensing for a child care home based on a household member's conviction for certain specified criminal offenses. Removes a limitation specifying that an occupancy provision regarding school-age children in class I child care homes applies only during the school year. Eliminates the bureau of quality improvement services and reassigns the bureau's responsibilities to the bureau of developmental disabilities services. Renames the bureau of child care as the office of early childhood and out of school learning. Amends the required composition of mobile crisis teams that provide behavioral health services in conjunction with the 9-8-8 suicide prevention hotline. Provides that a contract entered into with a third party by the division of mental health and addiction (division) for provision of competency restoration services to a defendant may confer to the third party all authority the division would have in providing the services to the defendant at a state psychiatric institution. Requires the division of mental health and addiction to: (1) establish a plan to expand the use of certified community behavioral health clinics in Indiana; and (2) make certain considerations in preparing the plan. Allows the office of the secretary of family and social services to apply for a Medicaid waiver to provide behavioral health services to a committed offender held by the department of correction. Makes conforming amendments.	Rep. Cindy Ziemke	10 - Public Law

Dead	Health	HB 1229: Vaccines and employment	N/A	Provides that if an employer requires an employee to receive a COVID-19 vaccine, the employer must waive the COVID-19 vaccine requirement if an employee requests a waiver and submits certain statements to the employer on the basis of medical reasons, religious reasons, or previous COVID-19 infection. Provides that an individual is not disqualified from unemployment benefits if the individual has requested an exemption from an employer's COVID-19 immunization requirement, has complied with the requirements for seeking an exemption, and was discharged from employment for failing or refusing to receive an immunization against COVID-19. Provides that charges based on the wage credits shall only be charged to the experience or reimbursable account of the employer who discharged the employee for failing or refusing to receive an immunization against COVID-19.	Rep. Shane Lindauer	2 - Assigned to Committee
Dead	Health Workforce	HB 1230: Telemedicine services	Other	Expands the application of the telehealth statute to additional practitioners.	Rep. Shane Lindauer	2 - Assigned to
Dead	Health Workforce	HB 1234: Occupational licensure reciprocity	Regulatory (Agency Boards PLA)	Requires a board that issues a license for certain regulated occupations to issue a license to an individual who: (1) is licensed in another state or jurisdiction in the regulated occupation; (2) has established residency in Indiana; (3) has passed a substantially equivalent examination as determined by the appropriate board; (4) is and has been in good standing; (5) pays a fee; and (6) completes the licensure application form. Allows for a board that requires an applicant to submit to a national criminal history background check to maintain that requirement even if an individual who applies for a license for a regulated occupation meets all of the license endorsement requirements. Provides that nothing in this bill prevents or supersedes a: (1) compact; or (2) reciprocity or comity agreement; if established by the board or the general assembly. Provides that, if a board has entered into a national reciprocal or endorsement agreement or a reciprocal or endorsement agreement with one or more states, then those agreements remain in effect.	Rep. Martin Carbaugh	2 - Assigned to Committee
Dead	Health Workforce	HB 1239: Music and art therapy	Behavioral Health (substance use and mental health)	Provides that art therapy services provided by a licensed art therapist to an individual who receives mental health services or to an individual who receives services from a community mental health center are reimbursable under Medicaid. Provides for the licensure of music therapists, art therapists, and art therapist associates. Adds music therapists and art therapists to the behavioral health and human services licensing board (board). Creates the music therapist and art therapist sections of the board. Requires music therapists to be licensed. Establishes requirements and procedures for an individual to be licensed as a music therapist, art therapist, and art therapist associate. Prohibits a person who is not licensed as a music therapist, art therapist, or an art therapist associate from using certain titles or certain words in a title. Makes technical and conforming changes.	Rep. Chris Judy	2 - Assigned to Committee
Dead	Health Workforce	HB 1241: Military family occupational licenses	Regulatory (Agency Boards PLA)	Provides that a military service applicant who has held an occupational license, certification, registration, or permit (license) in another jurisdiction for at least one year may qualify for an Indiana license. Removes the requirement that an applicant have a license for at least two of the five years preceding the date of the application. Provides that an applicant may not have a complaint or investigation pending before an occupational licensing board that relates to unprofessional conduct or an alleged crime. Provides that a military member's dependent may apply for an occupational license under the same conditions as a military member's spouse. Requires the board to issue a license to an applicant upon application based on work experience in another state if certain conditions are met. Allows an applicant to appeal a final determination of the board. Makes a technical correction.	Rep. Chris May	2 - Assigned to Committee
Active	Health Related	HB 1254: Newborn screening requirements	N/A	Provides that beginning July 1, 2022, only a disorder recommended by a perinatal genetics and genomics advisory committee (committee) with expertise in newborn screening, and through protocols prescribed by the state department, may be added to the list of disorders requiring the examination of infants. Provides that beginning July 1, 2022, a committee with expertise in newborn screening, and through protocols established by the state department, may recommend the addition of a disorder to, or deletion of a disorder from, the required examination. Provides that the state department shall adopt rules to add disorders to, or delete disorders from, the required examination. Provides that the state department shall include any disorder added to or deleted from the required examination on a list on the state department's Internet web site. Provides that the committee shall affirm the addition of, or deletion of, any disorder to the examination requirement on an annual basis.	Rep. Brad Barrett	10 - Public Law
Active	Health Workforce	HB 1255: Health matters	Regulatory (Agency Boards PLA)	Amends the definitions of "practitioner", for purposes of the health professions and professional standards of practice laws, to include individuals who held a license, certificate, registration, or permit when the alleged violation of the standard of practice occurred. Makes technical corrections and conforming changes to certain health related laws.	Rep. Brad Barrett	10 - Public Law
Dead	Health Related	HB 1270: Nonprofit hospital and insurer reporting	N/A	Requires a nonprofit hospital with more than 100 beds to report annually specified financial information to the state department of health. Requires a nonprofit hospital and a health carrier to post and send certain information at least 45 days before a public forum. Modifies requirements concerning the: (1) date on which the public forum must be held; (2) topics that must be discussed at a public forum; (3) submission of questions and feedback at a public forum; and (4) use of technology to allow attendance through real time audio and video through the Internet. Requires the insurance commissioner to report to the legislative council if the federal Transparency in Health Coverage rule (federal rule) is repealed or enforcement is stopped. Requires health payers to continue to post pricing information in compliance with the federal rule after the federal rule is repealed or stopped. Modifies the definition of "health payer" for purposes of the all payer claims data base.	Rep. Donna Schaibley	2 - Assigned to Committee
Dead	Health Related	HB 1271: Health care prior authorization	N/A	Provides that when a health plan makes an adverse determination in response to a health care provider's request for prior authorization of a health care service: (1) the health plan is required to provide the health care provider with an opportunity to have a peer to peer conversation with a clinical peer concerning the adverse determination; and (2) the peer to peer conversation opportunity must be provided not more than seven business days after the health plan receives the health care provider's request for the peer to peer conversation. Provides that after December 31, 2023: (1) if a health plan, during a six month evaluation period, approves at least 90% of a health care provider's requests for prior authorization for a particular type of health care service, the health plan may not require the health care provider to obtain prior authorization for that type of health care service for the entire duration of an exemption period of six calendar months immediately following the evaluation period; and (2) at the conclusion of the initial exemption period, the health plan shall continue a health care provider's exemption for consecutive periods of six months unless the health plan rescinds the health care provider's exemption; (3) a health plan's rescission of a health care provider's exemption must be based on: (A) a determination by a physician that, in cases randomly selected for review, less than 90% of the health care services provided by the health care provider met the health plan's medical necessity criteria; or (B) the health care provider committing health care provider fraud or the health care provider's license or legal authorization to provide health care services being suspended or revoked; (4) a health care provider whose exemption is rescinded may initiate a review of the rescission by an independent review panel; (5) the independent review panel is required to determine: (A) whether at least 90% of the health care services provided by the health care provider met the health plan's medical necessity criteria; or (B) whether the health care provider committed health care provider fraud or the health care provider's license or legal authorization to provide health care services is suspended or revoked; (6) the health plan is required to restore the health care provider's exemption if the independent review panel's determination is in favor of the health care provider; and (7) if a health care provider whose exemption is rescinded does not initiate a review or if the independent review panel's determination is not in favor of the health care provider, the health plan is not required to determine again whether the health care provider is entitled to an exemption until the first evaluation period beginning at least two years later. Requires the insurance commissioner to adopt rules.	Rep. Donna Schaibley	2 - Assigned to Committee

Dead	Health Related	HB 1275: Medicaid providers and Medicaid administration	N/A	Allows a provider that has entered into a contract with a managed care organization, after exhausting any internal procedures of the managed care organization for provider grievances and appeals, to request an administrative appeal within the office of Medicaid policy and planning of the managed care organization's action in denying or reducing reimbursement for claims for covered services provided to an applicant, pending applicant, conditionally eligible individual, or member. Establishes a procedure for an administrative appeal, including a hearing before an administrative law judge that could be followed by agency review and then by judicial review. Prohibits a provision in a contract between a provider and a managed care organization that would negate or restrict the right of a provider to an administrative appeal and provides that such a contract provision is void and unenforceable. Repeals a provision under which Medicaid law is controlling when Medicaid law conflicts with insurance law. Provides that if the office of the secretary of family and social services or a contractor of the office fails to pay or denies a clean claim for any eligible Medicaid service within certain time limits due to the office or contractor incorrectly processing the clean claim because of errors attributable to the internal system of an insurer or managed care organization, the office or contractor may not assert that the provider failed to meet the timely filing requirements for the claim. Requires the office of the secretary of family and social services (FSSA) to prepare a report that describes every type of report that must be prepared by a Medicaid contractor or managed care entity and submitted to FSSA or the office of Medicaid policy and planning. Specifies the information that must be contained in the report. Requires FSSA to submit the report to the Medicaid advisory committee (advisory committee) and the general assembly. Requires the advisory committee to hold public hearings on the report.	Rep. Edward Clere	2 - Assigned to Committee
Dead	Health Workforce	HB 1284: Telehealth services	Regulatory (Agency Boards PLA)	Requires a health care provider who provides telehealth services to obtain written health care consent for the provision of telehealth services. Requires a prescriber who provides telehealth services to a patient to conduct certain components of a physical examination and document the results in the patient's medical record. Allows a prescriber to issue a prescription for a controlled substance to a patient: (1) who is receiving services through the use of telehealth; and (2) who has been previously examined by the prescriber in person. Creates an exception by allowing a prescriber who specializes in psychiatry to issue a prescription for a controlled substance to a patient who is receiving psychiatric services through the use of telehealth.	Rep. Cindy Ledbetter	2 - Assigned to Committee
Active	Health Related	HB 1291: Department of health name change	Regulatory (Agency Boards PLA)	Requires the legislative services agency to prepare legislation for introduction in the 2023 regular session of the general assembly to make appropriate amendments to the Indiana Code to change references from the "state department of health" to the "Indiana department of health".	Rep. Wendy McNamara	10 - Public Law
Dead	Health Workforce	HB 1295: Physician noncompete agreements	Physician Workforce	Specifies a process by which a physician or employer may require binding arbitration to determine a reasonable price to purchase a release from a noncompete agreement.	Rep. Chris Judy	5 - Assigned to
Dead	Health Workforce	HB 1331: Dental hygienists	Oral health	Provides that a dental hygienist may administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are not less than 11 years of age on the order of a dentist or other health care provider qualified to order the immunization, if the dental hygienist: (1) is certified in cardiopulmonary resuscitation; (2) has successfully completed a course of training in immunization that meets specified requirements; and (3) administers the immunization in accordance with a protocol that includes specified requirements and procedures. Prescribes reporting requirements for a dental hygienist who administers an immunization. Provides that a dental hygienist: (1) is not required to administer immunizations; and (2) is not required to complete immunization training if the dental hygienist chooses not to administer immunizations.	Rep. Dennis Zent	2 - Assigned to Committee
Dead	Health Workforce	HB 1332: Employment agencies	Other	Provides that an employment agency (agency) commits price gouging if an agency's charge is in excess of three times the fair market value of the health care services of a health care employee or temporary worker. Raises the surety bond for an agency from \$1,000 to \$10,000. Raises the annual licensing fee for an agency from \$150 to \$200. Includes violation of laws by the agency as a reason to deny the issuance of an agency's license. Specifies that the filing of a list of fees, charges, and commissions does not cause the fees, charges, or commissions to be reasonable or conscionable. Prohibits an agency that contracts for services with a health care provider employer from charging fees, charges, or commissions in excess of three times the fair market value of the health care services rendered by the agency or by an applicant referred by the agency. Requires the agency to keep certain records for five years rather than two. Specifies that fees that are paid are not refundable. Amends the definition of "employment agency" to include the temporary performance of services. Prohibits an agency from giving false information or making a false representation to an employer regarding an applicant or the applicant's qualifications to provide service to the employer. Establishes the following requirements on an agency: (1) Timely billing to a health care provider employer. (2) Providing certain information on an employee's qualifications to a health care provider employer. (3) Requiring compliance with requirements relating to the qualifications of personnel employed. (4) Prohibiting the agency from restricting employment opportunities of its personnel. (5) Prohibiting the agency from recruiting employees of a health care provider to which the agency supplies personnel. (6) Requires the agency to reimburse a health care provider employer for fines for violations by the agency or an employee or personnel of the agency in the provision of health care services. (7) Prohibits an agency's contract with an employee or health care provider employer from requiring payment of liquidated damages, employment fees, or other compensation if the employee is hired as a permanent employee of the health care provider employer. Allows an applicant or employer to report an agency's violation and allows the applicant and employer a private right of action. Raises the fee for a conviction from \$10 to \$1,000. Allows the office of the attorney general to investigate and prosecute complaints. Provides that the division of consumer protection is responsible for the investigation of complaints. Specifies the procedures for investigating complaints against an agency. Requires an agency to: (1) screen prospective employees; (2) conduct background checks on employees before they work for a health care provider; (3) complete an employee performance review; (4) provide health care providers with certain information on the employees; and (5) annually submit a report. Makes conforming and stylistic changes, and removes obsolete language.	Rep. Cindy Ziemke	2 - Assigned to Committee
Dead	Health Workforce	HB 1346: Physician assistants	Physician Workforce	Amends current requirements for a collaborative agreement between a physician and a physician assistant with the following: (1) the collaborative agreement must include limitations; (2) the collaborative agreement must set forth the method of collaboration between the physician and physician assistant; and (3) the collaborative agreement must be signed, updated annually, and made available to the medical licensing board of Indiana upon request. Provides that a written collaborative agreement between a physician assistant, who is employed by a certain health care facility or center, and a particular collaborating physician is not required. Requires a physician assistant employed by a certain health care facility or center to enter into a practice agreement with the health care facility or center that employs the physician assistant. Eliminates: (1) a prohibition against a physician collaborating with more than four physician assistants at the same time; (2) a requirement that a physician submit a collaborative agreement to the medical licensing board; and (3) a requirement that a collaborating physician and physician assistant submit a list of locations the physician and physician assistant will practice to the medical licensing board.	Rep. Ann Vermilion	2 - Assigned to Committee
Dead	Health Related	HB 1350: Indiana vaccination adverse event reporting system	N/A	Requires the Indiana department of health (department) to establish an Indiana vaccination adverse event reporting system (IVAERS) for reporting the occurrence of adverse events relating to childhood vaccines. Provides that IVAERS must enable a health care provider to report the occurrence of an adverse event experienced by a child residing in Indiana who is under the care of the health care provider. Requires the department to create a searchable Internet data base for publishing information reported through IVAERS. Provides that the health information of a particular individual is confidential. Specifies to whom and the requirements for releasing health information of a particular individual. Provides that a person who knowingly, intentionally, or recklessly discloses confidential information received through IVAERS in violation of the statute commits a Class A misdemeanor. Authorizes the department to adopt rules concerning IVAERS. Makes an appropriation.	Rep. Bruce Borders	2 - Assigned to Committee

Dead	Health workforce	HB 1372: Dispensing ivermectin	Other	Allows a physician or advanced practice registered nurse to create a standing order that allows a pharmacist to dispense ivermectin. Provides that a prescription dispensed under a standing order is considered to be issued for a legitimate medical purpose in the usual course of professional practice. Prohibits a: (1) physician or advanced practice registered nurse who issues; or (2) pharmacist or pharmacy that follows; a standing order from seeking or receiving certain personal financial benefits. Requires a pharmacist to provide each recipient of ivermectin under a standing order with a standardized information sheet that includes certain information. Prohibits the information sheet from containing information discouraging the recipient from using ivermectin for the treatment of COVID-19. Prohibits the medical licensing board of Indiana, Indiana state board of nursing, or the Indiana board of pharmacy from disciplining a physician, advanced practice registered nurse, or pharmacist for certain failures in following a standing order or a defect in the standing order.	Rep. Curt Nisly	2 - Assigned to Committee
Dead	Health Related	HB 1373: Ambulance services	N/A	Provides for the attending physician, or the physician's designee, of a patient needing transportation by ambulance to sign an order that states the level of ambulance service needed for the patient and the condition or diagnosis of the patient that makes the transportation of the patient by ambulance necessary. Amends the law on emergency medical services to make that law apply to nonemergency ambulance services as well as emergency ambulance services. Requires a health plan to fairly negotiate rates and terms with any ambulance service provider willing to become a participating provider with respect to the health plan. Requires a health plan to pay ambulance service benefits directly to a nonparticipating ambulance service provider (nonparticipating provider) that provides ambulance service to a covered individual if the covered individual executes a written assignment of benefits in favor of the nonparticipating provider. Provides that a nonparticipating provider that provides ambulance service to a covered individual and that is paid less for the service by the health plan than the amount it billed may bill the covered individual for the balance. Provides that if the dispute concerning the amount to be paid to the nonparticipating provider for the ambulance service is not resolved through negotiation, the health plan operator or the nonparticipating provider may initiate binding arbitration to resolve the dispute. Provides that an accident and sickness insurance policy or HMO contract that provides coverage for emergency medical services must also provide reimbursement for: (1) emergency ambulance services; and (2) specialty care transport; provided by an emergency medical services provider organization. Provides that reimbursement provided for basic and advanced life support services through an accident and sickness insurance policy or HMO contract must be provided on an equal basis regardless of whether the services involve transportation of the patient by ambulance.	Rep. Brad Barrett	5 - Assigned to Committee
Dead	Health Related	HB 1383: Withdrawal from Medicare advantage networks	N/A	Provides that a hospital, physician, or physician group: (1) may not withdraw from a Medicare advantage network for any part of a calendar year after the calendar year has begun; (2) may withdraw from a Medicare advantage network only for an entire calendar year; and (3) may withdraw for an entire calendar year only by giving notice of the withdrawal to the insurer that operates the Medicare advantage plan not later than September 1 immediately preceding the calendar year. Provides that an insurer operating a Medicare advantage plan: (1) may not remove a hospital, physician, or physician group from the Medicare advantage plan's Medicare advantage network for any part of a calendar year after the calendar year has begun; (2) may remove a hospital, physician, or physician group from the Medicare advantage network only for an entire calendar year; and (2) may remove a hospital, physician, or physician group from the Medicare advantage network for a calendar year only by giving notice of the removal to the hospital, physician, or physician group not later than September 1 immediately preceding the calendar year. Makes certain exceptions. Provides that notice of the withdrawal or removal of a hospital, physician, or physician group from a Medicare advantage network must be given by letter, telephone message, or electronic mail message at least 60 days before the withdrawal or removal to each individual who is covered by the Medicare advantage plan and who, not more than two years before the date of the withdrawal or removal, was seen or treated by the physician or a physician of the physician group or was an inpatient in or received medical treatment in the hospital. Empowers the insurance commissioner to impose penalties for violations and authorizes the insurance commissioner to adopt administrative rules.	Rep. Heath VanNatter	2 - Assigned to Committee
Dead	Health Related	HB 1416: Maternal morbidity reporting	N/A	Requires the state department of health to report annually to the legislative council on maternal morbidity from postpartum complications.	Rep. Vanessa Summers	2 - Assigned to
Dead	Health Workforce	SB 3: Administrative authority	Regulatory (Agency Boards PLA)	Allows the secretary of family and social services (secretary) to issue a waiver of human services statutory provisions and administrative rules if the secretary determines that the waiver is necessary to claim certain enhanced federal matching funds available to the Medicaid program. Allows the secretary to issue an emergency declaration for purposes of participating in specified authorized federal Supplemental Nutrition Assistance Program (SNAP) emergency allotments. Requires the secretary to prepare and submit any waivers or emergency declarations to the budget committee. Allows the state health commissioner of the state department of health or the commissioner's designated public health authority to issue standing orders, prescriptions, or protocols to administer or dispense certain immunizations for individuals who are at least five years old (current law limits the age for the commissioner's issuance of standing orders, prescriptions, and protocols for individuals who are at least 11 years old).	Sen. Ed Charbonneau	6 - Committee Passage
Dead	Health Workforce	SB 4: Local workforce recruiting and retention	Workforce Incentive Programs	Authorizes a local unit (county, municipality, town, township, or school corporation) to establish a workforce retention and recruitment program (program) and fund (fund) for the purposes of recruiting and retaining individuals who will satisfy the current and future workforce needs of the unit's employers or provide substantial economic impact to the unit, including providing incentives in the form of grants or loans to qualified workers. Defines "qualified worker" for purposes of the program. Requires a qualified worker who receives a grant or loan from the fund to enter into an incentive agreement. Authorizes the unit to transfer money into the fund from other sources. Provides that the executive of the unit shall administer the fund in coordination with a workforce fund board of managers (workforce fund managers) appointed by the executive of the unit. Requires the workforce fund managers to annually submit a report setting out their activities during the preceding calendar year to the executive of the unit, the fiscal body of the unit, and the department of local government finance. Makes conforming changes.	Sen. Travis Holdman	5 - Assigned to Committee
Active	Health Workforce	SB 5: Reciprocity and audiology compact	Regulatory (Agency Boards PLA)	Establishes a procedure to grant licenses and certificates to practice certain health care professions in Indiana. Requires the applicant to hold a current license or certificate from another state or jurisdiction and meet other requirements. Allows the applicant who meets certain requirements to apply for a provisional license or provisional certificate. Requires the provisional license or provisional certificate to be issued within 30 days. Provides for penalties for submitting false information on an application for a provisional license or provisional certificate. Requires a board to make a final decision on a license or certificate application before the expiration of a provisional license or provisional certificate. Provides that if a board has a pending application for initial licensure or certification that requires final approval by the board, the board shall meet not more than 31 days after the application is ready for approval. Provides that the medical licensing board may not issue a physician's license to an applicant using the reciprocity law beginning July 1, 2026. Eliminates certain requirements for an applicant seeking licensure as a clinical social worker, marriage and family therapist, mental health counselor, addiction counselor, or clinical addiction counselor. Requires the boards that regulate bachelor's degree social workers, social workers, clinical social workers, marriage and family therapists, mental health counselors, licensed addiction counselors, licensed clinical addiction counselors, and respiratory care practitioners to issue a license by reciprocity within 30 days if certain requirements are met. Requires the speech-language pathology and audiology board to, before January 1, 2023, initiate and make every effort to enter into reciprocity agreements with contiguous states for individuals licensed as: (1) a speech-language pathologist; and (2) an audiologist; to practice the individual's profession under the license from one state in the other state. Adopts the audiology and speech-language pathology interstate compact. Makes conforming amendments.	Sen Liz Brown	9 - Awaiting Governor's Action
Dead	Health Related	SB 30: Workplace immunization	N/A	Prohibits an employer from requiring, as a condition of employment, an employee or prospective employee to receive any immunization if the immunization would pose a significant risk to the employee's or prospective employee's health or if receiving the immunization is against the employee's religious beliefs or conscience. Allows for a civil action against an employer for a violation.	Sen. Dennis Kruse	2 - Assigned to Committee

Dead	Health Related	SB 31: Workplace COVID-19 immunization	N/A	Prohibits an employer from requiring, as a condition of employment, an employee or prospective employee to receive an immunization against COVID-19 if the immunization would pose a significant risk to the employee's or prospective employee's health or if receiving the immunization is against the employee's religious beliefs. Allows for a civil action against an employer for a violation.	Sen. Dennis Kruse	2 - Assigned to Committee
Dead	Health Related	SB 34: Prohibited services relating to care of minors	N/A	Prohibits specified health care professionals from: (1) performing certain medical procedures on a minor; or (2) subjecting a minor to certain activities; that purposely attempt to change, reinforce, or affirm a minor's perception of the minor's own sexual attraction or sexual behavior, or attempt to change, reinforce, or affirm a minor's gender identity when the identity is inconsistent with the minor's biological sex.	Sen. Dennis Kruse	2 - Assigned to Committee
Dead	Health Workforce	SB 36: Audiology and speech-language pathology compact	Regulatory (Agency Boards PLA)	Adopts the audiology and speech-language pathology interstate compact. Establishes requirements regarding: (1) speech-language pathology assistants; and (2) the supervision of speech-language pathology support personnel. Requires the speech-language pathology and audiology board to adopt rules not later than June 30, 2023. Makes conforming amendments.	Sen. Dennis Kruse	5 - Assigned to Committee
Active	Health Related	SB 84: Suicide and drug overdose death reporting	N/A	Provides that the state department of health (department) shall annually prepare a report concerning all suicide and overdose fatalities in Indiana that occurred during the preceding calendar year. Requires the report to include: (1) the number of fatalities that occurred in each county; (2) the number of fatalities that occurred during each month; (3) the age, sex, and race of each fatality victim; (4) the method of suicide or overdose, including the type of weapon and each substance used; and (5) if known, whether the fatality victim has served in the armed forces of the United States or the national guard. Provides that the first report must also include information from the 2020 calendar year. Requires the department to submit the report and an executive summary of the report to the general assembly and the governor.	Sen. Jean Leising	10 - Public Law
Dead	Health Related	SB 88: Prescription drug rebates and pricing	N/A	Provides that, for individual health insurance coverage, the defined cost sharing for a prescription drug be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates received by the insurer in connection with the dispensing or administration of the prescription drug. Requires that, for group health insurance coverage, an insurer: (1) pass through to a plan sponsor 100% of all rebates received or estimated to be received by the insurer concerning the dispensing or administration of prescription drugs to the covered individuals of the plan sponsor; (2) provide a plan sponsor, at the time of contracting, the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by some or all of the rebates received or estimated to be received by the insurer concerning the dispensing or administration of the prescription drug; and (3) disclose specified information to the plan sponsor. Allows the department of insurance to enforce the provisions and impose a civil penalty.	Sen. Ed Charbonneau	5 - Assigned to Committee
Dead	Health Related	SB 112: Medicaid advisory committee	N/A	Adds one member representing the Alzheimer's Association, Greater Indiana Chapter, to the Medicaid advisory committee.	Sen. Stacey Donato	2 - Assigned to Committee
Active	Health Related	SB 136: Dental plans	Oral health	Prohibits a dental plan (an insurance policy, a health maintenance organization contract, or a preferred provider plan) from directly or indirectly requiring a dental provider to provide a dental service to a covered individual at a fee amount that is: (1) set by the dental plan; or (2) subject to the approval of the dental plan; unless the dental service is a covered service under the dental plan. Prohibits a third party administrator or another person from arranging for a dental provider to provide dental services for a dental plan that sets the amount of the fee for any dental services unless the dental services are covered services under the dental plan. Authorizes the insurance commissioner to issue a cease and desist order against a person that violates any of these prohibitions and, if the person violates the cease and desist order, to impose a civil penalty upon the person and suspend or revoke the person's certificate of authority.	Sen. Andy Zay	10 - Public Law
Dead	Health Workforce	SB 140: Advanced practice registered nurses	Nursing Workforce	Prohibits a state employee health plan, a state educational institution employee health plan, an accident and sickness insurance policy, and a health maintenance organization contract from requiring authorization for covered early intervention services under an individualized family service plan signed by an advanced practice registered nurse (APRN). Provides for an application for a waiver from certain requirements applying to certain intrastate motor carrier drivers who are insulin dependent diabetics to be signed by an APRN. Provides that an individual who is subject to epileptic seizures may not be denied a driver's license or permit if the individual provides certain documentation from an APRN. Provides for an APRN to sign an order or referral for physical therapy. Adds an APRN to the providers who may perform an examination and provide a statement concerning an injured employee for purposes of worker's compensation claims. Allows an APRN to affirm that an applicant has a temporary disability for purposes of a waiver from continuing education requirements to work on certain lift devices. Requires a health insurance plan to provide coverage for diabetes self-management training ordered by an APRN. Makes technical corrections.	Sen. Jean Leising	2 - Assigned to Committee
Dead	Health Workforce	SB 151: Scholarship for minority students in health care	Workforce Incentive Programs	Establishes the scholarship for minority students pursuing health care careers (scholarship) and the minority students pursuing health care careers fund (fund). Provides that the commission for higher education (commission) administers the scholarship program and the fund. Prescribes qualifications necessary to: (1) receive an initial scholarship; and (2) qualify for renewal of the scholarship. Provides that the amount of the scholarship awarded for an academic year is the lesser of: (1) the balance of the scholarship recipient's total cost of attendance for the academic year after the application of any other financial assistance for which the scholarship recipient qualifies; or (2) \$4,000. Requires a scholarship recipient to enter into a written agreement with the commission to: (1) use the scholarship solely to fund a course of study resulting in a degree or certificate that enables the individual to practice as a health care professional in Indiana; (2) apply for a position as a health care professional in Indiana following the individual's licensure or certification as a health care professional; and (3) if hired, practice as a health care professional in Indiana for at least three years. Requires a scholarship recipient to repay the scholarship if the scholarship recipient fails to: (1) complete the scholarship recipient's program of study; or (2) complete the terms of the scholarship recipient's agreement with the commission. Annually appropriates to the fund from the state general fund an amount sufficient to carry out the purposes of the scholarship program. Requires the commission to report to the general assembly not later than December 1, 2026, regarding the effect of the scholarship program.	Sen. Jean Leising	2 - Assigned to Committee
Dead	Health Related	SB 154: Medicaid advisory committee	N/A	Adds a member to the Medicaid advisory committee who represents an organization that serves underserved or minority communities.	Sen. Jean Breaux	2 - Assigned to Committee
Dead	Health Related	SB 162: Commission to combat substance use disorder	N/A	Changes the name of the Indiana commission to combat drug abuse to the Indiana commission to combat substance use disorder.	Sen. Shelli Yoder	2 - Assigned to Committee
Dead	Health Workforce	SB 171: Teachers and counselors	School Health	Requires the department of education (department) to establish and maintain a data base of information concerning employees of public schools who were physically injured while on the job by students of the public schools. Requires public schools to provide information concerning an employee of a public school who was physically injured while on the job by a student of the public school. Requires: (1) teacher preparation programs to include content within the curriculum regarding; and (2) certain teacher training to include training on; conflict deescalation techniques and conflict prevention and intervention strategies. Provides that each school corporation and charter school that receives or has received funds from the Elementary and Secondary School Emergency Relief Fund (ESSER funds) shall prioritize the use of any ESSER funds the school corporation or charter school, after June 30, 2022, has or receives for hiring additional: (1) licensed school counselors; (2) licensed social workers; or (3) licensed school psychologists. Urges the legislative council to assign to the interim study committee on education the task of studying the impediments that may exist for underrepresented groups in seeking to become teachers and other licensed school employees.	Sen. J.D. Ford	2 - Assigned to Committee

Dead	Health Workforce	SB 172: Behavior analysis services	Regulatory (Agency Boards PLA)	Adds one member to the behavior analyst committee (committee). Requires the state department of health to inspect at least one time per year each facility where a licensed behavior analyst practices behavior analysis. Requires the committee to recommend proposed rules to the medical licensing board of Indiana concerning standards for the annual inspections.	Sen. J.D. Ford	2 - Assigned to Committee
Dead	Health Related	SB 174: Student health	N/A	Requires the governing body of a school corporation or chief administrative officer of a nonpublic school system to authorize the absence and excuse of a student due to the student's mental or behavioral health concerns. Limits the number of excused absences for mental or behavioral health concerns, without documentation, to three instructional days in a school year. Allows a student to be excused for more than three instructional days if the student provides certain documentation. Requires that a school selected to participate in the United States Centers for Disease Control and Prevention's Youth Risk Behaviors Survey or a successor survey participate in the survey. Provides that the commission for higher education shall, before January 1, 2023, work with the statewide suicide prevention coordinator to develop a suicide prevention training for students at each state educational institution (institution). Requires each student at an institution, after July 1, 2023, to participate in the training in the student's first year at the institution. Requires each institution to collect and report certain information concerning suicide prevention to the statewide suicide prevention coordinator. Establishes a mental health and suicide prevention in higher education task force (task force). Provides that the task force shall create a statewide suicide prevention resource guide for institutions. Makes conforming changes.	Sen. J.D. Ford	2 - Assigned to Committee
Dead	Health Workforce	SB 189: Pharmacist contraceptive prescriptions	Regulatory (Agency Boards PLA)	Allows pharmacists who meet certain requirements to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives (contraceptives). Establishes requirements for pharmacists who prescribe and dispense contraceptives. Requires the Indiana board of pharmacy (board) to adopt rules. Requires health plans to provide coverage for contraceptives and certain services. Establishes an exception for nonprofit religious employers. Requires the board to issue an annual report to the legislative council.	Sen. Susan Glick	2 - Assigned to Committee
Dead	Health Workforce	SB 226: Marriage and family therapists	Behavioral Health (substance use and mental health)	Decreases the number of experiential practice hours required to obtain a license as a marriage and family therapist or a therapist associate. Specifies that the hours must be completed during at least 12 months.	Sen. Stacey Donato	5 - Assigned to Committee
Dead	Health Related	SB 231: Medical marijuana	N/A	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.	Sen. Greg Taylor	2 - Assigned to Committee
Active	Health Workforce	SB 239: Practitioner advertising	Regulatory (Agency Boards PLA)	Provides that, beginning January 1, 2023, certain practitioners are subject to disciplinary sanctions if the practitioner communicates or disseminates to the general public an advertisement that includes deceptive or misleading information or does not prominently state the profession or license held by the practitioner. Establishes certain exceptions. Provides, for purposes of the law prohibiting the unlawful practice of medicine or osteopathic medicine, that "the practice of medicine or osteopathic medicine" includes attaching to an individual's name additional terms or other specified words that identify a member of a medical specialty. Establishes certain exceptions. Specifies that the exclusions to the practice of medicine and osteopathic medicine do not allow a person to use words or abbreviations that indicate or induce an individual to believe that the person is engaged in the practice of medicine or osteopathic medicine.	Sen. Kevin Boehnlein	10 - Public Law
Dead	Health Related	SB 243: Prior authorization for addiction treatment	N/A	Provides that Medicaid, a policy of accident and sickness insurance, and a health maintenance organization contract may not require prior authorization for a non-opioid prescription drug that is approved by the federal Food and Drug Administration for opioid withdrawal symptoms.	Sen. Kyle Walker	2 - Assigned to Committee
Active	Health Related	SB 247: Report on 911 and regionalized trauma systems	N/A	Requires the department of homeland security, the state department of health, the integrated public safety commission, and the statewide 911 board to make recommendations before November 1, 2022, to the general assembly regarding: (1) improving emergency medical services response through increased interoperability of the 911 system; and (2) the effectiveness of regionalized trauma systems and the systems' impact on patient care.	Sen. Kyle Walker	10 - Public Law
Dead	Health Related	SB 249: Health insurance transparency	N/A	Specifies that the compliance of a practitioner and a provider facility with federal law meets the good faith estimate requirements concerning health service costs. Allows the commissioner of the department of insurance to issue an order to discontinue a violation of a law (current law specifies orders or rules). Requires a domestic stock insurer to file specified information with the department of insurance. Prohibits a health plan from requiring a health care provider to submit a prior authorization request to a third party and requires the health plan to transmit the request to the third party through secure electronic transmission. Amends the deadline by which a health plan must respond to a nonurgent care prior authorization request. Requires a health plan to offer a health care provider that submitted a prior authorization and received an adverse determination the option to request a peer to peer review by a clinical peer concerning the adverse determination. Requires a health plan to post notice of a technical issue with its claims submission system on the health plan's Internet web site. Requires a health plan to post on its Internet web site not later than February 1 of each year: (1) the 30 most frequently submitted CPT codes in the previous calendar year; and (2) the percentage of the 30 most frequently submitted CPT codes that were approved in the previous calendar year. Establishes an approval process for a health plan's proposed premium rate increase of 5% or greater as compared to the previous calendar year. Prohibits an insurer and a health maintenance organization from altering a CPT code for a claim unless the medical record of the claim has been reviewed by an employee who is a licensed physician. Requires an insurer and a health maintenance organization to provide a contracted provider with a current reimbursement rate schedule: (1) every two years; and (2) when three or more CPT code rates change in a 12 month period. Urges the study by an interim committee of prior authorization exemptions for certain health care providers.	Sen. Liz Brown	5 - Assigned to Committee
Dead	Health Workforce	SB 250: Health care providers	Nursing Workforce	Removes language allowing an advanced practice registered nurse (APRN) to: (1) certify that an individual has a permanent disability for purposes of obtaining a permanent parking placard; and (2) enter or sign a record on a death into the Indiana death registration system. Provides that an APRN who operates in collaboration with a licensed practitioner shall operate within a 75 mile radius of the licensed practitioner's primary practice location or residence. Requires an APRN and the APRN's collaborating practitioner to meet quarterly. Requires certain practitioners to wear an identification badge. Sets forth the requirements of the identification badge. Requires the program established by the medical licensing board of Indiana under which an APRN who meets certain requirements may prescribe drugs to require drug prescribing supervision and drug prescribing guidelines. Requires an APRN to include on each form the APRN uses to prescribe a legend drug certain information concerning the APRN's supervising practitioner. Sets forth requirements concerning the number of APRNs and physician assistants to whom a physician may delegate prescriptive authority.	Sen. Liz Brown	2 - Assigned to Committee
Active	Health Workforce	SB 251: Interstate medical licensure compact	Physician Workforce	Requires the medical licensing board of Indiana to administer the interstate medical licensure compact (compact). Adopts the compact. Sets forth requirements of a compact state. Sets forth the duties and authority of the interstate medical licensure compact commission. Provides for two voting members on the commission from each member state. Establishes the procedure to withdraw from the compact. Specifies that the compact supersedes any state law that is in conflict. Makes conforming changes.	Sen. Liz Brown	10 - Public Law

Active	Health Workforce	SB 284: Telehealth matters	Regulatory (Agency Boards PLA)	Consolidates Medicaid telehealth language. Provides that "health care services" does not include certain case management services, care management services, service coordination services, or care coordination services for purposes of telehealth. Adds occupational therapist assistants, school psychologists, specified developmental therapists, peers, clinical fellows, students and graduates of certain professional programs, physical therapist assistants, and certain community mental health center providers to the definition of "practitioner" for purposes of practicing telehealth. Allows behavior health analysts to temporarily perform telehealth during the time when the professional licensing agency is preparing to implement licensure for the profession.	Sen. Ed Charbonneau	10 - Public Law
Dead	Health Workforce	SB 285: Practitioner discipline	Regulatory (Agency Boards PLA)	Amends the definitions of "practitioner", for purposes of the health professions and professional standards of practice laws, to include individuals who held a license, certificate, registration, or permit when the alleged violation of the standard of practice occurred. Specifies that an individual who: (1) held a license and the license's current status is inactive, surrendered, expired, revoked, or suspended; and (2) engages in conduct in Indiana that requires a license; is subject to the same penalties as an individual who practiced without a license in violation of the law. Provides that if an individual has a conviction or judgment for practicing without a license in violation of the law, in addition to any other penalty, the court shall impose a fine equal to the amount of any fee or other compensation earned in the commission of the offense. Makes conforming changes.	Sen. Ed Charbonneau	2 - Assigned to Committee
Dead	Health Workforce	SB 287: Health and immunization matters	Physician Workforce	Specifies that a state educational institution may not require an immunization passport. Provides that a state educational institution with a COVID-19 vaccine mandate is not entitled to certain statutory immunities. Specifies that the budget agency may not allot certain funds to a state educational institution that requires an immunization passport or has implemented a COVID-19 vaccine mandate. Makes it unlawful for the state or a political subdivision to spend public funds promoting a medical treatment for COVID-19. Prohibits discrimination on the basis of COVID-19 immunization status, prohibits requiring a person to answer a question concerning the person's COVID-19 immunization status, and limits the retention of medical records concerning COVID-19 immunization status. Prohibits the medical licensing board of Indiana or the Indiana board of pharmacy from taking disciplinary action against a physician or pharmacist based on the failure to follow guidelines, recommendations, or rules concerning COVID-19. Specifies that a physician noncompetence agreement may not be enforced against a physician who suffers an adverse employment action due to the physician's opinion, recommendation, or treatment concerning COVID-19. Provides that a physician may not recommend that a child receive a COVID-19 immunization, and only authorizes a physician to administer a COVID-19 immunization if the physician provides: (1) a written document describing advantages and risks of a COVID-19 immunization; (2) the document is signed by the parent, guardian, health care representative, or emancipated child; and (3) the parent, guardian, health care representative, or emancipated child gives informed consent for the immunization.	Sen. Andy Zay	2 - Assigned to Committee
Dead	Health Workforce	SB 291: Workforce retention and recruitment fund	Workforce Incentive Programs	Authorizes a local unit (county, municipality, town, township, or school corporation) to establish a workforce retention and recruitment program (program) and fund (fund) for the purposes of recruiting and retaining individuals who will satisfy the current and future workforce needs of the unit's employers or provide substantial economic impact to the unit, including providing incentives in the form of grants or loans to qualified workers. Defines "qualified worker" for purposes of the program. Requires a qualified worker who receives a grant or loan from the fund to enter into an incentive agreement. Authorizes the unit to transfer money into the fund from other sources. Provides that the executive of the unit shall administer the fund in coordination with a workforce fund board of managers (workforce fund managers) appointed by the executive of the unit. Requires the workforce fund managers to annually submit a report setting out their activities during the preceding calendar year to the executive of the unit, the fiscal body of the unit, and the department of local government finance. Makes conforming changes.	Sen. Jeff Raatz	2 - Assigned to Committee
Active	Health Related	SB 298: Certificates of public advantage	N/A	Defines "merger" and "merger agreement" for purposes of the certificate of public advantage (certificate) for certain hospital mergers. Requires the state department of health (state department) to actively supervise a merger. Allows the state department to enter into an agreement with a nonprofit organization or a postsecondary educational institution to study the impacts of the certificate of public advantage on the community's health metrics and outcomes. Requires holders of a certificate to pay for reasonable charges incurred by the state department.	Sen. Ed Charbonneau	10 - Public Law
Dead	Health Related	SB 316: Medicaid long term services and supports	N/A	Requires: (1) the office of the secretary of family and social services; (2) an entity that has contracted with the office of the secretary; and (3) a person that has contracted with an entity; to contract with the area agencies on aging as the primary provider to perform specified long term services and supports programing for certain Medicaid applicants, enrollees, and recipients.	Sen. Vaneta Becker	2 - Assigned to Committee
Dead	Health Workforce	SB 317: Art therapy	Behavioral Health (substance use and mental health)	Provides that art therapy services provided by a certified art therapist or certified art therapist associate to an individual who receives mental health services or to an individual who receives services from a community mental health center are reimbursable under Medicaid. Provides for the certification of professional art therapists and art therapist associates by the behavioral health and human services licensing board through the professional licensing agency. Establishes qualifications and requirements for a certified art therapist and certified art therapist associate. Defines certain terms and makes conforming amendments.	Sen. Vaneta Becker	2 - Assigned to Committee
Dead	Health Related	SB 319: Study of pharmacy deserts	N/A	Creates a task force to study pharmacy deserts in Indiana. Requires the task force to report findings and recommendations to the general assembly and the governor not later than November 1, 2023.	Sen. Eddie Melton	2 - Assigned to Committee
Dead	Health Related	SB 332: Department of health reversion	N/A	Provides that money appropriated to the state department of health for a state fiscal year that remains unexpended and unencumbered at the close of the state fiscal year does not revert to the state general fund and is not subject to transfer, assignment, or reassignment to any other fund or purpose.	Sen. Jean Breaux	2 - Assigned to Committee
Dead	Health Workforce	SB 338: Graduate retention incentives	Workforce Incentive Programs	Provides for an exemption from the adjusted gross income tax for up to five years for an individual who graduates from a public or private four year college or university if the individual accepts a full-time position of employment in Indiana after graduation. Provides that if an individual leaves a full-time position in Indiana and subsequently accepts another full-time position in Indiana, the exemption carries over for the balance of the five year period. Provides that the department of state revenue shall prescribe a form requiring the Indiana employer to notify the department if the individual leaves employment with the Indiana employer before the end of the five year exemption.	Sen. Linda Rogers	2 - Assigned to Committee
Active	Health Workforce	SB 353: Home health aide training requirements	Direct Care Workforce	Requires a registered home health aide who: (1) is employed as a home health aide; and (2) provides care to an individual who has been diagnosed with or experiences symptoms of Alzheimer's disease, dementia, or a related cognitive disorder; to complete certain dementia training. Sets forth the requirements of dementia training. Requires the state department of health to: (1) identify and approve a dementia training program that meets certain requirements as an approved dementia training program; and (2) establish and implement a process for state department approval of a dementia training program. Allows a home health aide to produce a certificate of completion issued by an entity that provides approved dementia training as proof of compliance with the training requirements.	Sen. Vaneta Becker	10 - Public Law
Active	Health Workforce	SB 365: Psychology interjurisdictional compact	Behavioral Health (substance use and mental health)	Establishes the psychology interjurisdictional compact concerning interjurisdictional telepsychology and the temporary authorization to practice psychology in another compact state. Sets forth requirements of a compact state. Sets forth the duties of the psychology interjurisdictional compact commission.	Sen. Vaneta Becker	10 - Public Law

Dead	Health Related	SB 384: Medicaid buy-in program	N/A	Removes consideration of countable resources in determining an individual's eligibility for participation in the Medicaid buy-in program (program). Prohibits the office of the secretary of family and social services (office of the secretary) from considering resources and whether the individual participated in a specified program in determining the individual's eligibility or continuous eligibility for the program. Allows a recipient's participation in an employment network recognized by the federal Social Security Administration to qualify as participating with an approved provider of employment services. Changes minimum and maximum premiums that a recipient must pay and how the amount of premium is calculated for the program. Requires that the premium scale be promulgated by administrative rule. Allows the office of the secretary to annually review the premium amount that a recipient must pay in the program. (Current law requires annual review of the premium amount.) Specifies changes in circumstances that must result in an adjustment of the premium. Specifies that a recipient in the program is eligible for the same services as offered in the Medicaid program. States that an individual's participation in the program does not preclude the individual from participating in a Medicaid waiver program. Specifies that a recipient of the program may simultaneously participate in a Medicaid waiver program and requires the office of the secretary to individually determine eligibility for both programs based on the individual's medical need requirements.	Sen. Shelli Yoder	2 - Assigned to Committee
Dead	Health Related	SB 392: Home health care associations	N/A	Provides that home health agencies may enter into cooperative agreements to carry out the following activities: (1) To form and operate, either directly or indirectly, one or more networks of home health agencies, hospitals, skilled nursing facilities, physicians, and other health care providers and to arrange for the provision of health care services through such networks. (2) To contract, either directly or through such networks, with the office of the secretary of family and social services, or the office's contractors to provide: (A) services to Medicaid beneficiaries; and (B) health care services in an efficient and cost effective manner on a prepaid, capitation, or other reimbursement basis. (3) To undertake other managed health care activities. Provides that a home health agency may authorize an association, corporation, or other person to undertake or effectuate any of these activities. Requires the secretary of family and social services to oversee and supervise these activities.	Sen. Vaneta Becker	5 - Assigned to Committee
Dead	Health Workforce	SB 394: Medical malpractice	Physician Workforce	Provides that medical bills and medical expenses incurred in connection with the alleged injury or death of a patient are excluded from the maximum amount of damages that may be recovered in a medical malpractice action. Increases the amount that a health care provider is liable for in a medical malpractice action from \$500,000 to \$600,000 after June 30, 2022. Provides that recoverable medical expenses incurred in connection with the injury or death of a patient due from a judgment or settlement in a medical malpractice action shall be paid by the health care provider. Reduces the amount that a plaintiff's attorney may receive in a medical malpractice action from 32% to 25% of any recovery after June 30, 2022.	Sen. Rick Niemeyer	2 - Assigned to Committee
Dead	Health Workforce	SB 400: Physician noncompete agreements	Physician Workforce	Specifies a process by which a physician or employer may require binding arbitration to determine a reasonable price to purchase a release from a noncompete agreement.	Sen. Justin Busch	2 - Assigned to Committee
Dead	Health Related	SB 405: Regulation of hospitals and nursing homes	N/A	Repeals provisions that allow a county or city hospital to withhold from disclosure the individual salaries of hospital employees. Sets forth financial reporting requirements for hospitals concerning revenue generated from the ownership, operation, or management of a nursing facility. Requires the state department of health to: (1) jointly with the office of the secretary of family and social services, develop and finalize before July 1, 2024, quality metrics to improve clinical, administrative, and quality of life care for health facility residents; and (2) post on the state department's Internet web site certain information concerning a health facility's inspection reports, survey reports, and ownership information. Requires a health facility to disclose a description of the services provided by the facility and the rates charged for the services to prospective residents. Requires a health facility to: (1) post personnel and licensure classification information for on duty personnel; (2) retain personnel and licensure information for employees for public inspection; and (3) maintain a record of every inspection report and final citation issued to the health facility for public inspection. Prohibits a health facility from taking retaliatory action against an employee because the employee: (1) discloses or threatens to disclose actions or practices implemented by the health facility that the employee reasonably believes is in violation of federal or state law, rule, or regulation; (2) provides information or testifies in investigations or hearings; or (3) assists or participates in proceedings to enforce state law. Provides for relief to the employee.	Sen. Fady Qaddoura	2 - Assigned to Committee
Dead	Health Related	SB 407: Medicaid risk based managed care	N/A	Requires review by the budget committee before a request for proposal for the procurement of a covered population in a risk based managed care program or a capitated managed care program (program) is issued. Sets forth requirements that the office of the secretary (office) must ensure are met before the office may contract with an entity to operate a program. Sets forth provisions that must be included in a contract with an entity to operate the program. Requires the office to do the following: (1) determine all eligibility requirements; and (2) determine the base reimbursement rate structure, methodology, and reimbursement rates that are sufficient to provide an adequate number of providers to provide home and community based services. Requires a managed care organization to contract with any providers that meet specified requirements for the program. Prohibits a managed care organization from delegating or subcontracting specified functions within the program unless certain conditions are met. Requires the office to apply to amend the aged and disabled waiver to ensure that an individual in need of waiver services is authorized for reimbursable services within 72 hours of determining the individual would qualify for Medicaid and the waiver services. Expires the program on July 1, 2027. Requires the office to annually provide the budget committee information concerning the number of Medicaid recipients in certain categories and reimbursement rates for home and community based services. Allows the office of the attorney general to investigate and prosecute complaints concerning employment agencies. Provides that the division of consumer protection is responsible for the investigation of complaints concerning employment agencies.	Sen. Mark Messmer	5 - Assigned to Committee
Dead	Health Related	SB 413: Mental health care	N/A	Provides, for purposes of provisions of law under which a mentally ill individual may be committed if the individual is dangerous, that an individual may be "dangerous" even though the individual is not inclined toward violent behavior. Amends the provision of law under which an Indiana resident who has a mental illness may be voluntarily admitted to a facility (a hospital, health and hospital corporation, psychiatric hospital, community mental health center, or other institution where an individual with a mental illness can receive rehabilitative treatment and care) to provide that, for purposes of that provision, "mental illness" includes psychiatric and neurobiological brain disorders, including bipolar disorder and major depressive disorder, that sometimes make an individual's performance of the normal activities of everyday life very difficult or impossible. Provides that the voluntary admission of an Indiana resident to a facility by the facility's superintendent may not be limited to Indiana residents who are referred to the facility by a court, the department of child services, a law enforcement agency, or any other officer or entity of state or local government. Provides that whether an individual has insurance coverage and whether the cost of the individual's care may be paid by or on behalf of the individual with private funds may not be considered in determining whether the individual: (1) is admitted to or allowed to continue receiving care in a state institution (an institution that is owned or operated by the state for purposes of the observation, care, treatment, or detention of individuals); or (2) is allowed to receive or continue receiving care from a community mental health center.	Sen. David Niezgodski	2 - Assigned to Committee