

Source of Information

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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 (Substance Use and Mental Health)
- Corrections
- Direct Care Workforce
- EMS Workforce
- Maternal/Child Health
- Nursing Workforce
- Oral Health
- Other
- Physician Workforce
- Prevention and Awareness (Public Health, Infrastructure, Healthy and Active Living)
- Regulatory (Agency, Boards, PLA)
- Safety Net (Medicaid, SNAP, TANF, etc.)
- School Health
- Workforce Incentive Programs
- Workforce Pipeline (Education)

Status	Bill Title	Originating Chamber	Bill Category	Topics	Summary	Direct Health Workforce Intersection	Primary Author	Step
Active	HB 1001: Education and higher education matters	House	Workforce	Workforce Pipeline (Education)	Provides that an annual grant amount awarded under the career scholarship account program (CSA) may be used for costs related to obtaining a driver's license if certain conditions are met. Provides that a CSA annual grant amount may not be used for the purchase or lease of a motor vehicle. Changes certain CSA application time frames from seven days to 30 days. Allows the recipient of a: (1) higher education award; (2) freedom of choice grant; or (3) scholarship under the twenty-first century scholars program; to apply the award, grant, or scholarship to the cost of training by an approved intermediary, employer, or labor organization. Allows certain recipients of a scholarship under the twenty-first century scholars program to apply the scholarship to the cost of a sequence, course, apprenticeship, or program of study provided by a CSA participating entity. Requires the commission for higher education (commission) to: (1) create a list of intermediaries, employers, and labor organizations approved to receive reimbursement from a: (A) higher education award; (B) freedom of choice grant; and (C) scholarship under the twenty-first century scholars program; and (2) establish requirements or limitations with regard to reimbursements. Requires each state educational institution to provide certain information regarding degrees, degree completion, faculty members, administrative support staff, costs, salaries, and debt loads to the commission. Requires the commission to prepare longitudinal analysis regarding certain data. Requires each private postsecondary educational institution and each out-of-state public and nonprofit degree granting institutions that offers instructional or educational services or training in Indiana to provide to the department of education information to carry out certain reporting requirements and requirements related to the Indiana Graduates Prepared to Succeed dashboard. Allows for the revocation of an out-of-state public or nonprofit degree granting institution's authorization if the institution fails to provide the information.		Rep. Chuck Goodrich.	16- Public Law
Dead	HB 1011: End of life options	House	Health	Other	Allows individuals with a terminal illness who meet certain requirements to make a request to an attending provider for medication that the individual may self-administer 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- 1st Reading; Committee Hearing
Dead	HB 1015: Health care staffing	House	Health Workforce	Nursing Workforce	Requires a hospital to establish a nurse staffing council or assign the functions of the council to an entity in the hospital to develop a nurse staffing plan and review any reported deviations from the plan. Prohibits a hospital from taking certain actions against an employee or contract worker for filing a deviation report. Prohibits a hospital, ambulatory outpatient surgical center, health facility, or residential care facility from requiring a registered nurse or licensed practical nurse to work mandatory overtime. Establishes exceptions. Prohibits a hospital, ambulatory outpatient surgical center, health facility, or residential care facility from taking certain actions against an employee who does not consent to work mandatory overtime.	Establishes nurse staffing councils within hospitals to develop nurse staffing plans	Rep. Cindy Ledbetter	2- 1st Reading; Committee Hearing
Dead	HB 1023: Violence prevention services	House	Health Workforce	Other	Requires Medicaid reimbursement for eligible community violence prevention services provided by a qualified violence prevention professional to certain Medicaid recipients. Requires the office of the secretary of family and social services to: (1) issue guidance on the use of; and (2) determine the reimbursement for; community violence prevention services. Requires the Indiana department of health to approve at least one accredited violence prevention professional training and certification program that meets certain criteria. Sets forth the requirements for a qualified violence prevention professional.	Establishes new statutory role of "qualified violence prevention professional" as an individual who has completed the appropriate training and maintained continuing education.	Rep. Cindy Ledbetter	2- 1st Reading; Committee Hearing
Dead	HB 1024: Pregnancy accommodations	House	Workforce	Oral health, Other	Codifies a section of the Pregnant Workers Fairness Act. Repeals superseded provisions.		Rep. Sharon Negele	2- 1st Reading; Committee Hearing
Active	HB 1027: Fire department work schedule	House	Workforce	EMS Workforce	Provides that a fire department may deviate from the required maximum work hours for members of the fire department only if authorized by a collective bargaining agreement, memorandum of understanding, or other similar written mutual agreement with an exclusive recognized representative of employees of the fire department.		Rep. Matt Hostettler	16- Public Law
Dead	HB 1028: Medicaid coverage for pregnancy services	House	Health	Maternal/Child Health	Requires Medicaid pregnancy services to include reimbursement for: (1) delivery services provided in a birthing center; and (2) a home birth performed by a physician or certified nurse midwife.		Rep. Maureen Bauer	2- 1st Reading; Committee Hearing
Dead	HB 1046: Wage history and wage range	House	Workforce	Other	Prohibits, with certain exceptions, an employer from relying on the wage history of an applicant in the hiring process and in determining wages. Prohibits an employer from failing or refusing to: (1) disclose the wage or wage range and a general description of benefits in a posting for a job, promotion, transfer, or other employment opportunity; and (2) provide an employee with the current wage or wage range and a general description of the benefits upon hire, promotion, transfer, and the employee's request. Prohibits an employer from retaliating against an applicant under the wage history provisions and an applicant or employee under the wage range provisions. Provides that an applicant or employee may file a complaint alleging a violation with the department of labor (department), or the department on its own may initiate an investigation and file a complaint alleging a violation. Sets forth civil penalties for a violation. Requires the department to provide a list of employers that have four or more violations to the office of the chief equity, inclusion, and opportunity officer (office). Requires the office to post the list on the equity data portal.		Rep. Sue Errington	2- 1st Reading; Committee Hearing
Dead	HB 1054: Screening for scoliosis	House	Health Workforce	Other	Requires a health care provider who provides health care services to a child who is at least nine years of age but less than 13 years of age to take certain actions concerning a scoliosis screening.	Requires provider action related to scoliosis screenings.	Rep. Victoria Garcia Wilburn.	2- 1st Reading; Committee Hearing
Active	HB 1058: Breast tissue density	House	Health	Other	Requires a facility performing a mammography examination to provide: (1) an assessment of the patient's breast tissue density using specified classifications; (2) written notice to the patient and the referring provider; and (3) concerning the notice to the patient, specified notification language depending on whether the facility determined the patient to have dense breast tissue or not dense breast tissue. Requires the medical licensing board of Indiana to amend an administrative code rule to remove references to "high breast density" and to align with the breast tissue density classifications in this act.		Rep. Sharon Negele.	16- Public Law
Dead	HB 1059: Advanced practice registered nurses	House	Health Workforce	Nursing Workforce	Removes the requirement that an advanced practice registered nurse (APRN) have a practice agreement with a collaborating physician. Removes a provision requiring an APRN to operate under a collaborative practice agreement or the privileges granted by a hospital governing board. Removes certain provisions concerning the audit of practice agreements. Allows an APRN with prescriptive authority to prescribe a schedule II controlled substance for weight reduction or to control obesity. Makes conforming changes.	Removes collaborative practice agreement requirements for APRNs.	Rep. Cindy Ledbetter	2- 1st Reading; Committee Hearing
Dead	HB 1065: Resident tuition rate	House	Workforce	Workforce Pipeline (Education)	Provides that an individual who meets certain conditions is eligible for the resident tuition rate as determined by the state educational institution. Requires such an individual to verify that the individual meets the criteria to receive the resident tuition rate.		Rep. Earl Harris	2- 1st Reading; Committee Hearing
Active	HB 1067: IDD task force	House	Workforce	Other	Requires the services for individuals with intellectual and other developmental disabilities task force (task force) to establish a subcommittee to make recommendations to the task force regarding the Medicaid buy-in program and benefit related barriers to employment for individuals with intellectual and developmental disabilities. Requires the task force to establish the subcommittee not later than May 1, 2024. Requires the subcommittee to prepare and submit recommendations to the task force not later than October 1, 2024. Changes the expiration date of the task force from December 31, 2025, to December 31, 2024. Requires the division of disability and rehabilitative services to provide quarterly updates to the division of disability and rehabilitative services advisory council regarding the implementation of recommendations made by the task force.		Rep. Edward Clere.	16- Public Law
Dead	HB 1069: Prohibition of certain abortion funding	House	Health	Other	Provides that neither the state nor any political subdivision may: (1) make a payment from any fund for the performance of or costs associated with procuring an abortion; (2) allow the use of facilities or funds controlled by a hospital or ambulatory outpatient surgical center for the performance of or costs associated with procuring an abortion; or (3) make a payment or grant from any fund under its control to an organization that performs abortions, makes referrals for individuals to obtain abortions, or uses state or political subdivision funds for the performance of or costs associated with procuring an abortion. Provides an exception. Defines "private entity" and "political subdivision".		Rep. Peggy Mayfield	2- 1st Reading; Committee Hearing
Active	HB 1070: Mental health grants	House	Health	Behavioral Health (substance use and mental health)	Provides that the division of mental health and addiction may not exclude a for-profit organization from consideration and any award of a grant that is administered by the division that is for mental health care and services solely because the organization is a for-profit organization.		Rep. Becky Cash	16- Public Law
Dead	HB 1071: Exceptions to required immunizations	House	Health	Prevention and awareness (public health, infrastructure, and healthy and active living)	Provides that a person may not be required to receive an immunization if: (1) the entity requiring an immunization has certain documentation that the person received the immunization required by the entity; (2) the immunization is medically contraindicated; (3) receiving the immunization is against the person's religious belief; or (4) the person refuses to permit the immunization after being fully informed of the health risks. Makes conforming amendments.		Rep. Becky Cash	2- 1st Reading; Committee Hearing
Dead	HB 1072: Student immunizations	House	Health Workforce	Prevention and awareness (public health, infrastructure, and healthy and active living)	Provides that a student enrolled in a health profession education program may not be required to receive an immunization as a condition of: (1) participating in; or (2) obtaining; clinical training or clinical experience required by the program. Allows a student to bring a civil action against an entity for a violation of these provisions. Amends the definition of "documentation of exemption" for purposes of provisions governing immunization requirements at state educational institutions. Prohibits a state educational institution from requiring a student to provide specific information regarding the student's religious objection in a request for an exemption from immunization requirements.	Provides pathways to immunization exemption for health professions students.	Rep. Becky Cash	2- 1st Reading; Committee Hearing
Dead	HB 1091: Prior authorization	House	Health Workforce	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires, on or after January 1, 2026, health plans (plan) to allow health professionals who have at least an 85% approval rate of prior authorization requests through a plan to receive a one year exemption from the plan's prior authorization requirements. Provides that health professionals have a right to an appeal of a prior authorization denial or rescission. Provides that the appeal is to be conducted by a health professional of the same or similar specialty as the health professional who has or is being considered for an exemption.	Remove prior authorization requirements for health professionals with high approval rates.	Rep. Jim Pressel.	2- 1st Reading; Committee Hearing
Dead	HB 1094: Human immunodeficiency virus	House	Health	Corrections	Removes certain sentencing enhancements for battery and malicious mischief that relate to human immunodeficiency virus (HIV). Amends the sentencing enhancement for battery against a public safety officer that relates to HIV. Repeals certain offenses concerning the donation, sale, or transfer of blood or semen that contains HIV. Makes conforming changes.		Rep. Edward Clere	2- 1st Reading; Committee Hearing
Dead	HB 1099: Alzheimer's disease and dementia education	House	Health	Other, Prevention and awareness (public health, infrastructure, and healthy and active living)	Requires the Indiana department of health (state department) to: (1) collaborate with a national Alzheimer's disease and dementia organization in educating the public about Alzheimer's disease and dementia; and (2) identify and collaborate with additional partners in the education. Requires the state department to partner for outreach in the education and publish certain educational materials on the state department's website. Allows the state department to accept grants, services, and property from public and private entities for the education.		Rep. Gregory Porter.	2- 1st Reading; Committee Hearing
Dead	HB 1103: Licensed professional music therapists	House	Health Workforce	Regulatory (Agency, Boards, PLA)	Provides for the licensure of professional music therapists by the medical licensing board. Establishes a music therapy advisory council to advise the medical licensing board. Establishes requirements and procedures for an individual to be licensed as a professional music therapist. Prohibits a person who is not licensed as a music therapist from using certain titles or certain words in a title.	Establishes new license of professional music therapists.	Rep. Mitch Gore.	2- 1st Reading; Committee Hearing
Dead	HB 1110: Information concerning cytomegalovirus infection	House	Health	Prevention and awareness (public health, infrastructure, and healthy and active living)	Requires the Indiana department of health to: (1) establish and administer a public education program to provide information on cytomegalovirus to pregnant women; and (2) distribute the information to specified persons. Requires a clinic or medical facility that offers fertility care to make the information concerning cytomegalovirus available to patients of the clinic or facility.		Rep. Chris Campbell	2- 1st Reading; Committee Hearing
Dead	HB 1114: Coverage for cancer screening and prescriptions	House	Health	Other	Requires a state employee health plan to cover supplemental breast examinations. Requires a policy of accident and sickness insurance and a health maintenance organization to cover diagnostic breast examinations and supplemental breast examinations. Provides that the coverage of diagnostic breast examinations and supplemental breast examinations may not be subject to any cost sharing requirements. Prohibits a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization that provides coverage for advanced, metastatic cancer and associated conditions from requiring that, before providing coverage of a prescription drug, the insured fail to successfully respond to a different prescription drug or prove a history of failure of a different prescription drug.			2- 1st Reading; Committee Hearing
Dead	HB 1115: Health information and BMV records	House	Health	Other	Provides that an identifying symbol for a medical condition on a driver's license, permit, or identification card may also be used to indicate an autism spectrum disorder. Requires an application for a driver's license, a permit, or an identification card to enable an applicant to indicate that the applicant has a medical condition of note and wishes to have information concerning the medical condition accessible to the state police department. Requires the bureau of motor vehicles (BMV) to disclose this information to the state police department. Requires the state police department to enter the information into the Indiana data and communications system computer. Prohibits the BMV and state police department from disclosing the information.		Rep. Cherrish Pryor	2- 1st Reading; Committee Hearing
Dead	HB 1118: Mental health care for first responders	House	Health Workforce	EMS Workforce	Establishes the Indiana first responders mental health wellness fund and program (fund and program). Provides that the division of mental health and addiction of the office of the secretary of family and social services (division) shall administer the fund and program. Provides that a first responder who meets certain requirements may apply to the division for: (1) costs associated with the first responder's active participation in a mental health treatment plan as determined by a psychologist or physician treating the first responder; and (2) compensation if the first responder is unable to work. Establishes requirements for obtaining compensation. Makes a continuous appropriation.	Establishes program to support mental health of first responders.	Rep. Carolyn Jackson	2- 1st Reading; Committee Hearing
Dead	HB 1119: Consent for pelvic, prostate, and rectal exams	House	Health Workforce	Other	Prohibits health practitioners and other specified individuals from performing pelvic, prostate, or rectal examinations on an anesthetized or unconscious patient except in specified circumstances.	Prohibits professionals from performing certain exams on unconscious patients.	Rep. Carolyn Jackson	2- 1st Reading; Committee Hearing

Dead	HB 1125: Maternal health	House	Health	Maternal/Child Health	Requires the Indiana department of health (department) to develop a program to award grants to certain community based programs to reduce the prevalence of maternal mortality in Indiana. Requires the department to collaborate with the statewide maternal mortality review committee in developing the program. Provides that the department shall establish workgroups to assist in developing the program. Allows the department to adopt rules to administer the charter.		Rep. Vanessa Summers	2- 1st Reading; Committee Hearing
Active	HB 1138: Professional Licensing Matters	House	Health Workforce	Behavioral Health (substance use and mental health), Regulatory (Agency, Boards, PLA)	Allows an individual to take the examination provided by the behavioral health and human services licensing board for a license as a social worker if the individual: (1) is enrolled in the last term of the last year of a program leading to a degree that meets the educational requirements; and (2) provides a letter of good standing from the director of the social work department or the director's designee. Specifies requirements for a letter of good standing.	Allows a Social Work student to sit for the examination if they are in their last term of a approved program, and can provide a letter of good standing from the program.	Rep. Lori Goss-Reaves	16- Public Law
Active	HB 1142: Hoosier first responder medal of self-sacrifice	House	Health Workforce	EMS Workforce	Establishes the Hoosier first responder medal of self-sacrifice (medal) for an Indiana first responder killed or seriously injured in the line of duty (Indiana first responder). Provides that the department of homeland security (department) is responsible for the design, adoption, and procurement of the medal. Provides that a public safety agency may submit to the department a nomination of an Indiana first responder to be awarded a medal. Provides that, upon approval of a nomination, the department shall notify the governor of the nomination. Provides that the governor may award the medal to the Indiana first responder or the Indiana first responder's next of kin at a public ceremony.	Establishes recognition program for first responder killed or injured in line of duty.	Rep. Jim Lucas.	16- Public Law
Dead	HB 1146: Medical marijuana	House	Health	Other	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 Indiana 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 committee 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- 1st Reading; Committee Hearing
Dead	HB 1156: Report on Medicaid behavior analysis services	House	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires the office of the secretary of family and social services to prepare and submit a report to specified entities concerning data on the provision of applied behavior analysis services in the Medicaid program.		Rep. Robb Greene	8- 1st Reading/Assigned to Committee
Dead	HB 1159: Worker's compensation	House	Workforce	Other	Provides that a bid specification that is entered into, issued, amended, or renewed after June 30, 2024, may not contain a provision requiring an employer to have or maintain a specified experience rating. Requires certain insurance companies that make a successful subrogation claim to revise an insured party's prior experience ratings in a specified manner. Provides exceptions. Defines terms and makes a conforming amendment.		Rep. Matt Lehman	2- 1st Reading; Committee Hearing
Dead	HB 1166: Chronic weight management task force	House	Health	Prevention and awareness (public health, infrastructure, and healthy and active living)	Establishes the chronic weight management task force to study and make recommendations concerning chronic weight related diseases and Type 2 diabetes		Rep. Robin Shackelford	2- 1st Reading; Committee Hearing
Dead	HB 1167: Implicit bias continuing education	House	Health Workforce	Physician Workforce, Nursing Workforce, Regulatory (Agency, Boards, PLA)	Requires the medical licensing board of Indiana to adopt rules requiring a physician and a physician assistant who apply for a license or renewal to complete continuing education addressing the topic of implicit bias. Requires the Indiana state board of nursing to adopt rules requiring a nurse who applies for a license or renewal to complete continuing education addressing the topic of implicit bias. Establishes certain requirements for an implicit bias continuing education course. Provides that the Indiana professional licensing agency must maintain on the agency's website a schedule of or link to implicit bias continuing education courses that are available.	Requires implicit bias-related continuing education for certain health professionals.	Rep. Robin Shackelford.	2- 1st Reading; Committee Hearing
Dead	HB 1175: Repayment of medical school loans	House	Health Workforce	Physician Workforce, Workforce Incentive Programs	Requires the Indiana department of health (department) to establish and administer a medical school loan forgiveness pilot program (program) for the purpose of attracting physicians to practice medicine in Indiana. Establishes the medical school loan forgiveness fund (fund). Sets forth criteria for the program. Requires the department to, not later than November 1, 2025, and each November 1 thereafter, prepare and submit a report to the general assembly regarding the program. Makes an appropriation to the fund.	Requires establishment of a medical school loan forgiveness pilot program.	Rep. Earl Harris	2- 1st Reading; Committee Hearing
Dead	HB 1180: Public employers	House	Workforce	Other	Prohibits a public employer from requiring or stating a preference for a postsecondary degree for employment, rejecting an applicant solely on the basis of the applicant lacking a postsecondary degree, or giving preferential treatment to an applicant who holds a postsecondary degree. Provides an exemption if the job duties require a postsecondary degree and the public employer demonstrates the necessity of a specific postsecondary degree in the job posting. Requires a public employer to provide written notice to each applicant who has been eliminated from hiring consideration. Allows an applicant to appeal a hiring decision to the department of labor (department) if the applicant believes the decision was based on the applicant's lack of a postsecondary degree. Allows any person to report to the department a job posting that includes a requirement or preference for a postsecondary degree and fails to include an explanation of the necessity of the postsecondary degree. Requires the department to take certain actions if an appeal or a report is substantiated by the department.		Rep. Cory Criswell	2- 1st Reading; Committee Hearing
Active	HB 1182: Regulation of controlled substances	House	Health	Regulatory (Agency, Boards, PLA), Other	Relocates requirements that the board of pharmacy must comply with when adopting interim rules declaring a substance a synthetic drug from the professional licensing law to the statutes governing administrative rulemaking. Makes certain changes to the lists of controlled substances.		Rep. Wendy McNamara	16- Public Law
Dead	HB 1184: Breakthrough therapies	House	Health	Other	Establishes the breakthrough therapies research fund. Provides that a drug, biological product, or medical device that has been designated as a breakthrough therapy under federal law may be made available to a qualified patient and offered by a physician as a part of the patient's medical treatment. Specifies that a civil or criminal cause of action is not created against a manufacturer or health care provider for any harm to a qualified patient resulting from use of an investigational drug, biological product, or device.		Rep. Justin Moed	2- 1st Reading; Committee Hearing
Dead	HB 1188: Mental health and addiction services	House	Health	Behavioral Health (substance use and mental health)	Prohibits lifetime limitations on a Medicaid recipient receiving substance use disorder inpatient rehabilitation or treatment.		Rep. Renee Pack	2- 1st Reading; Committee Hearing
Dead	HB 1191: Medicaid matters	House	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	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 independent review of the managed care organization's action with an independent third party provider selected by the office of Medicaid policy and planning. Establishes a procedure for an independent third party provider to review an action of a managed care organization. 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 independent review and provides that such a contract provision is void and unenforceable. Provides that if the office of the secretary of family and social services (office) 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. Changes the membership of the Medicaid advisory committee (committee). Allows a member of the committee whose position was eliminated to continue to serve until the member's term expires. Establishes co-chairs for the committee and provides that the elected co-chair of the committee serves for a two year term. Requires the office 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 the office or the office of Medicaid policy and planning. Specifies the information that must be contained in the report. Requires the office to submit the report to the committee and the general assembly. Requires the committee to hold public hearings on the report. Makes technical changes.		Rep. Edward Clere	2- 1st Reading; Committee Hearing
Dead	HB 1196: Health finance matters	House	Health Workforce	Workforce Incentive Programs	Adds capital projects, technology upgrades, and operational expenses for certain county hospitals to the definition of "public safety" for purposes of local income tax revenue use. Increases the maximum local income tax that may be imposed in certain counties if a tax rate is adopted for purposes related to certain hospitals located in the county. Establishes the Indiana rural hospital and critical health care services fund (rural health care services fund) for the purpose of awarding grants to certain rural hospitals. Provides that the Indiana department of health (state department) administers the rural health care services fund. Establishes the following: (1) The health workforce student loan repayment program (program). (2) The health workforce advisory board (advisory board). (3) The health workforce student loan repayment program fund (repayment program 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 shall administer the program and repayment program 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, 2025, the state department and each board included in the program may award a student loan repayment to an eligible applicant who is a provider licensed by the board. Provides that money in the repayment program 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. Urges the legislative council to assign to an appropriate interim study committee the task of studying topics related to the rural health care services fund. Urges the legislative council to assign to an appropriate study committee the task of studying certain topics related to health care services.	Establishes a health workforce student loan repayment program.	Rep. Ethan Manning	2- 1st Reading; Committee Hearing
Dead	HB 1200: State employee health plan payment limits	House	Health	Other	Limits the amount that a state employee health plan may pay for a medical facility service provided to a covered individual to: (1) 200% of the amount paid by the Medicare program for that type of medical facility service or for a medical facility service of a similar type, if the medical facility service is provided by an in network provider; and (2) 185% of the amount paid by the Medicare program for that type of medical facility service or for a medical facility service of a similar type, if the medical facility service is provided by an out of network provider. Provides that a determination of the state personnel department, a state employee health plan, or a firm providing administrative services to a state employee health plan that a medical facility service provided to a covered individual is of a type similar to a particular type of medical facility service covered by the Medicare program is conclusive. Requires a medical facility that provides drugs to a covered individual, in billing a state employee health plan for the cost of the drugs, to include in the billing the same "TB" or "JG" modifier that the medical facility would include in the billing if the medical facility were billing the Medicare program for the drugs.		Rep. Julie McGuire	5- 2nd Reading
Active	HB 1205: Community mental health center reporting	House	Health	Behavioral Health (substance use and mental health)	Specifies information that must be reported by a community mental health center as part of the community mental health center's annual report.		Rep. Jennifer Meltzer	16- Public Law
Dead	HB 1213: Statewide stroke plan	House	Health	Other	Requires the Indiana department of health (state department) to establish and implement a statewide stroke plan. Sets forth requirements of the plan and requirements for certain health care providers to report stroke data. Requires the state department to establish a data base for the reported data and sets forth additional requirements. Requires the state department to annually report certain stroke data to the governor and the executive director of the legislative services agency.		Rep. Dennis Zent	2- 1st Reading; Committee Hearing
Dead	HB 1214: Dental matters	House	Health Workforce	Oral health, Regulatory (Agency, Boards, PLA)	Establishes the dentist and dental hygienist compact (compact). Provides the requirements states must follow in order to participate in the compact. Provides that dentists and dental hygienists may practice in participating states so long as the dentists and dental hygienists meet certain criteria. Provides that active military members and their spouses should pay reduced or no fees in order to practice in participating states. Establishes a governing commission and sets out its powers, duties, financing, and liability. Provides various mechanisms for the participating states and the governing commission to regulate the interstate practice of dentists and dental hygienists. Provides for various contingencies, including the process to effect, amend, enforce, withdraw from, or terminate the compact. Makes technical corrections. Clarifies when a person is practicing dentistry. Removes certain language regarding the regulation of dentists.	Establishes the dentist and dental hygiene licensure compacts.	Rep. Dennis Zent	8- 1st Reading/Assigned to Committee
Dead	HB 1215: Dental hygienists	House	Health Workforce	Oral health, Prevention and awareness (public health, infrastructure, and healthy and active living)	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.	Permits dental hygienists to administer immunizations under certain conditions.	Rep. Dennis Zent	2- 1st Reading; Committee Hearing
Active	HB 1216: Medical services for certain detainees	House	Health	Behavioral Health (substance use and mental health)	Removes provisions in current law specifying that services provided to an individual while the individual is involuntarily committed to a facility for mental health services are medically necessary when provided in accordance with generally accepted clinical care guidelines. Requires Medicaid reimbursement for services required to be covered by the office of the secretary of family and social services provided to an eligible individual while the individual is involuntarily committed to a facility for mental health services. Amends the requirements for an application for detention.		Rep. Gregory Steuerwald	16- Public Law
Dead	HB 1227: Opioid overdose reversal medication in schools	House	Health	School Health, Behavioral Health (substance use and mental health)	Sets forth certain requirements concerning naloxone nasal spray.		Rep. Pat Boy	2- 1st Reading; Committee Hearing
Dead	HB 1236: Apprenticeship tax credit	House	Workforce	Workforce Pipeline (Education)	Provides for an apprenticeship tax credit (credit) for an eligible employer. Provides that the amount of the credit is equal to 50% of qualified expenses attributable to the establishment of an apprenticeship program. Provides maximum amounts of the credit: (1) in a taxable year; and (2) in aggregate. Provides that the total amount of credits that may be awarded for a state fiscal year may not exceed \$10,000,000.		Rep. Chuck Goodrich	2- 1st Reading; Committee Hearing

Active	HB 1238: Competency to stand trial	House	Health Workforce	Behavioral Health (substance use and mental health), Corrections	Provides that certain licensed individuals may examine a defendant and testify as to whether the defendant can understand the criminal proceedings and assist in the preparation of the defendant's defense. Allows a court to dismiss criminal charges, without prejudice if the defendant has a certain diagnosis and the defendant is charged with a misdemeanor or Level 6 felony. Makes conforming changes.	Expands professions eligible to evaluate competency to include additional profession types with a specialty or training in behavioral health and certified by DMHA	Rep. Wendy McNamara.	16- Public Law
Active	HB 1243: Various education and workforce related matters	House	Workforce	Workforce Pipeline (Education)	Makes various changes to the education law concerning the following: (1) Indiana diploma requirements and designations and satisfying certain course requirements by obtaining a diploma. (2) The criteria to receive a waiver from postsecondary readiness competency requirements. (3) The minimum number of alternate diplomas that may be counted in determining a school's or school corporation's graduation rate. (4) Use of the terms "statewide assessment program" and "statewide summative assessment". (5) The responsibilities of the state advisory council on the education of children with disabilities. (6) The criteria an individual must meet to participate in the Indiana high school equivalency diploma program. Requires the following: (1) The department of education (department) to send a notice to a school corporation that fails to meet the percentage of state tuition support that must be expended on teacher compensation. (2) A school corporation that receives a notice to meet certain requirements and post the notice and any relevant individual reports on the school corporation's website until the school corporation has met the expenditure requirements. (3) Each public high school to offer, after June 30, 2028, at least once each school year at least one computer science course as a separate subject in the public high school's curriculum. (4) The department, in revising and updating academic standards, to consider integrating computer science standards into a subject area being revised. (5) Beginning with the cohort of students who are expected to graduate from a public school or a state accredited nonpublic school in 2029, a student to successfully complete instruction on computer science as a separate subject before the student may graduate. (6) Each public school to participate in an annual statewide survey concerning school fees charged to students or parents to be eligible to receive a distribution from the curricular materials fund. (7) The department to develop proposals to align diploma waiver statutes with new diploma requirements. Provides that the state board of education may allow a computer science course to satisfy one or more diploma course requirements. Establishes the executive committee of the governor's workforce cabinet. Establishes the executive committee's duties. Requires employers to provide an employee's current standardized occupational classification code and starting compensation on the employee's withholding allowance certificate or an equivalent form. Requires certain state providers to deliver to the management performance hub a workforce related program submission. Sets out the information to be included in the workforce related program submission. Requires the management performance hub to: (1) compile the workforce related program submissions into an annual data product; and (2) make the data product available to the department of workforce development and the governor's workforce cabinet. Removes provisions regarding the application and waiver of requirements concerning the percentage of state tuition support that must be used for teacher compensation. Removes provisions that have expired concerning high school graduation requirements and graduation waivers. Makes conforming changes regarding the removal of these provisions. Removes language concerning the disqualification of certain students for state scholarships, grants, or assistance administered by the commission for higher education and provides that a student may not receive or use any state scholarships, grants, or assistance administered by the commission for certain noncredit-bearing, nondegree seeking courses.		Rep. Robert Behning	16- Public Law
Dead	HB 1246: Choice of physician for worker injury or disease	House	Health	Other	Permits an employee to choose the attending physician who will provide services and goods resulting from an employment injury or occupational disease for purposes of the worker's compensation law.		Rep. Chuck Moseley	2- 1st Reading; Committee Hearing
Dead	HB 1247: Repeal of right to work law	House	Workforce	Other	Repeals the chapter prohibiting an employer from requiring: (1) labor organization membership; (2) payment of dues or fees to a labor organization; or (3) payment to a charity or other third party an amount equivalent to fees required by a labor organization; as a condition of employment. Makes corresponding changes.		Rep. Chuck Moseley	2- 1st Reading; Committee Hearing
Dead	HB 1249: Recovery community organizations	House	Health	Behavioral Health (substance use and mental health)	Requires the secretary of family and social services to provide that the standards for services provided by recovery community organizations for behavioral health recovery, when used as a recovery community organization, be certified through a certain entity and meet other standards established by the division of mental health and addiction.		Rep. Victoria Garcia Wilburn	2- 1st Reading; Committee Hearing
Dead	HB 1254: Study of nutritional support Medicaid waiver	House	Health	Prevention and awareness (public health, infrastructure, and healthy and active living)	Urges the legislative council to assign to an appropriate committee during the 2024 legislative interim the issue of applying for and implementing a Medicaid waiver to include nutrition supports for certain Medicaid recipients.		Rep. Mike Andrade.	2- 1st Reading; Committee Hearing
Active	HB 1259: Health licensing matters	House	Health Workforce	Regulatory (Agency, Boards, PLA), Nursing Workforce	Allows the Indiana state board of nursing (board) to issue, by examination, a registered nurse license to graduates of a foreign nursing school. Allows the board to issue, by examination, a licensed practical nurse license to graduates of a foreign nursing school. Removes the requirement that a clinical preceptor must have at least 18 months of experience as a licensed nurse. Allows the majority of nursing program faculty to be part-time employees of an approved postsecondary educational institution or a hospital that conducts the nursing program. Allows the holder of a student permit issued by the respiratory care committee to perform certain respiratory care procedures on certain child patients. Clarifies the requirements that certain foreign nursing applicants must meet to obtain certain nursing licenses. Makes conforming changes.	Various changes to nurse licensing and education/training regulations.	Rep. Brad Barrett	16- Public Law
Dead	HB 1260: Indiana department of health	House	Workforce	Direct Care Workforce	Specifies that provisions of law governing the office of administrative law proceedings apply to the Indiana department of health (state department) in matters concerning the involuntary transfer or discharge of a resident of a health facility. Requires the fee amount for a service provided by the state health laboratory to be based on the federal Medicare reimbursement rate for the service or if the service does not have a Medicare reimbursement rate, the Medicaid reimbursement rate. Amends the list of crimes or acts that preclude a home health aide, nurse aide, or other unlicensed employee from employment at a home health agency and certain health care facilities. Requires the state department to: (1) investigate any report that a nurse aide or home health aide has been convicted of a certain crime; and (2) after an administrative hearing, remove the individual from the state nurse aide registry. Makes it a Class A infraction for a person convicted of a certain crime to knowingly or intentionally apply for a job as a home health aide or other unlicensed employee at a home health agency or certain health care facilities. For provisions concerning the women, infants, and children nutrition program (WIC program), defines "WIC vendor agreement" and requires the state department to include in a WIC vendor agreement a list of sanctions for failing to comply with the agreement. Requires the state department to: (1) select WIC program vendors based on selection criteria set forth in federal regulations; (2) review the selection criteria annually; (3) include the selection criteria in the WIC state plan; and (4) publish the selection criteria on the state department's website. Includes reporting to local child fatality review teams, the statewide child fatality review committee, local fetal-infant mortality review teams, and suicide and overdose fatality review teams for the release of mental health records without the consent of the patient. For provisions governing home based food products, repeals the term "potentially hazardous food product" and defines "time temperature control for safety food". Amends the membership of the statewide child fatality review committee.	Modifies the types of offenses that would disqualify a HHA, CNA or other employee.	Rep. Brad Barrett	8- 1st Reading/Assigned to Committee
Dead	HB 1266: Freedom of conscience in health care	House	Health Workforce	Other	Provides that a health care provider, health care entity, and a health carrier may not be required to provide or refer an individual for a health care service that violates the conscience of the health care provider, health care entity, or health carrier. Establishes an exception for a health carrier. Specifies that a health care provider, health care entity, or a health carrier may not be subject to discrimination and certain other acts and liability for declining to provide the health care service. Establishes a civil action for a violation of these provisions. Provides that a person who prevails in a civil action is entitled to certain relief.	Supports health care professionals in providing health care services that align with their conscience.	Rep. Doug Miller	2- 1st Reading; Committee Hearing
Dead	HB 1287: Protection of born alive infants	House	Health	Maternal/Child Health	Provides that when a woman who is in premature labor presents to a hospital, the hospital must inform the woman of the hospital's capabilities of treating the born alive infant and managing a high risk pregnancy and, if the hospital's capabilities interfere with the woman's care, the hospital must provide this information before the woman is admitted to the hospital. Provides that if a born alive infant is transported to a hospital with an appropriate perinatal level of care, the woman must be offered an opportunity to be transported to the same hospital. Provides that if the local prosecuting attorney has probable cause to believe that a health care provider may have knowingly or intentionally: (1) violated the requirements concerning the treatment and care of a born alive infant or mother or the professional standards of practice, through the health care provider's actions or inactions; and (2) caused harm or death to the born alive infant or mother; the prosecuting attorney shall investigate the health care provider for appropriate criminal prosecution.		Rep. Lorissa Sweet	2- 1st Reading; Committee Hearing
Dead	HB 1297: Reservist tuition supplement program	House	Workforce	Workforce Incentive Programs	Establishes the reservist tuition supplement program (program) and reservist tuition supplement program fund (fund). Requires the commission for higher education to administer the program and fund. Provides that money in the fund is continuously appropriated.		Rep. Mike Speedy.	2- 1st Reading; Committee Hearing
Dead	HB 1301: Income tax deduction for recent graduate	House	Workforce	Workforce Incentive Programs	Provides an adjusted gross income tax deduction for Indiana residents who obtain: (1) a bachelor's 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 qualified 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- 1st Reading; Committee Hearing
Active	HB 1302: Emergency medical services	House	Health	EMS Workforce	Provides that not later than May 15, 2024, the county executive shall provide the department of homeland security (department) certain information relating to each emergency medical services (EMS) provider in the county. Provides that not later than July 1, 2024, the department shall prepare and submit a report to the general assembly relating to the provision of EMS. Urges the legislative council to assign to the appropriate study committee the topic of improving the provision of EMS throughout Indiana.		Rep. Timothy O'Brien	16- Public Law
Dead	HB 1323: Minimum wage	House	Workforce	Other	Provides that, for any work week beginning on or after July 1, 2024, the minimum wage paid to certain employees is 0.008% of the governor's annual salary. (Under current law, the minimum wage is \$7.25 per hour.)		Rep. Ryan Dvorak	2- 1st Reading; Committee Hearing
Dead	HB 1327: Health and insurance matters	House	Health	Other	Requires a hospital, physician group practice, insurer, third party administrator, and pharmacy benefit manager to file with the Indiana department of health (department) a report that includes information regarding each person or entity that has an ownership interest, in whole or in part, or a controlling interest in the hospital, physician group practice, insurer, third party administrator, or pharmacy benefit manager. Requires the department to publicly post a searchable consolidated document on the department's website that contains the information. Sets forth penalties for a violation of the reporting requirements. Requires the department to submit an annual report of violations of the reporting requirements to certain members of the general assembly. Allows a contract holder to request an audit of a pharmacy benefit manager up to one time each quarter. Prohibits a third party administrator, health plan, or pharmacy benefit manager from charging a fee if the plan sponsor opts out of an additional offered service. Requires a contract with a third party administrator, pharmacy benefit manager, or prepaid health care delivery plan to provide that the plan sponsor has ownership of the claims data. Allows a plan sponsor that contracts with a third party administrator, the office of the secretary of family and social services that contracts with a managed care organization to provide services to a Medicaid recipient, or the state personnel department that contracts with a prepaid health care delivery plan to provide group health coverage for state employees to request an audit up to one time each quarter. Provides that a violation of the requirements concerning audits of a third party administrator, managed care organization, or prepaid health care delivery plan is an unfair or deceptive act or practice in the business of insurance and allows the department of insurance to adopt rules to set forth fines for a violation.		Rep. Donna Schaibley	8- 1st Reading/Assigned to Committee
Dead	HB 1333: Emerging therapies	House	Health	Other	Requires, before January 1, 2025, the state personnel department to explore evidence supporting opportunities for benefit modification of the state employee health plan informed by the Choosing Wisely initiative, emerging therapies, and therapeutic alternatives to invasive surgical procedures. Requires, before July 1, 2025, the state personnel department to: (1) identify and consider implementation of pilot programs that include step therapy or center of excellence approaches for which evidence demonstrates cost savings to the state employee health plan; and (2) identify opportunities to stimulate conversations between covered individuals and health care providers about appropriate and necessary treatment.		Rep. Bruce Borders	2- 1st Reading; Committee Hearing
Dead	HB 1334: Employer immunization requirements	House	Workforce	Prevention and awareness (public health, infrastructure, and healthy and active living)	Provides that an employer may require an immunization only if the employer respects the employee's right to refuse an immunization. Provides that an employee shall be free from coercion or an adverse action based on the employee's refusal of an immunization. Requires an employer that offers an immunization at no cost to an employee to provide certain notice to the employee. Provides that a violation may be reported to the department of labor (department). Requires the department to impose a civil penalty of \$5,000 per incident. Allows an employee to bring a civil action against an employer to enforce the provisions. Repeals provisions concerning exemptions from COVID-19 immunization requirements. Makes a corresponding change.		Rep. Bruce Borders	2- 1st Reading; Committee Hearing
Dead	HB 1335: Indiana vaccination adverse event reporting system	House	Health	Prevention and awareness (public health, infrastructure, and healthy and active living)	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- 1st Reading; Committee Hearing

Dead	HB 1341: Hair loss treatment coverage	House	Health	Other	Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide coverage for scalp cooling items for certain individuals.		Rep. Elizabeth Rowray	2- 1st Reading; Committee Hearing
Dead	HB 1342: Consumer genetic testing providers	House	Health	Other	Provides that a person may not discriminate against an individual on the basis of the individual's solicitation and use of consumer genetic testing services or on the basis of the results of genetic testing performed by a provider of consumer genetic testing services (provider). Requires a provider to disclose specified information to an individual who submits biological material to the provider for genetic testing. Prohibits a provider that performs, or causes to be performed, genetic testing on an individual's biological material from: (1) taking specified actions with regard to: (A) the biological material; or (B) data resulting from genetic testing performed on the biological material; unless the provider has solicited and received the individual's consent to the action; or (2) providing data, other than deidentified data, resulting from genetic testing performed on the individual's biological material to: (A) an insurer; (B) a business that provides information or data to insurers for the purposes of underwriting or rating of risks; or (C) the individual's employer. Imposes specified requirements on a provider with respect to: (1) controlling access to an individual's biological material and data; (2) complying with the individual's revocation of consent with regard to the individual's biological material and data; and (3) marketing or advertising sent to the individual as a result of the individual's solicitation and use of the provider's services or use of the provider's website or other remote or virtual services. Provides that a consumer genetic testing provider may not charge a fee for the provision of biological material or for the provision of data resulting from genetic testing performed on biological material: (1) to a law enforcement agency; or (2) as required by a court order; that is more than the provider's actual cost of providing the material or data. Provides that the attorney general may bring an enforcement action against a provider and specifies penalties for both negligent violations and willful violations.		Rep. Kyle Pierce	2- 1st Reading; Committee Hearing
Dead	HB 1346: Medicare supplement insurance	House	Health	Other	Provides, after December 31, 2024, the following protections to an individual who is less than 65 years of age and is eligible for and enrolled in Medicare by reason of a disability or having end stage renal disease: (1) Requires an issuer of Medicare supplement policies or certificates (issuer) to make available to the individual the equivalent Medicare supplement policy or certificate that the issuer makes available to a person at least 65 years of age. (2) Provides that an issuer required to make a Medicare supplement policy or certificate available to the individual is prohibited from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy or certificate for the individual because of the health status, claims experience, receipt of health care, or medical condition of the individual, subject to certain conditions. (3) Prohibits an issuer: (A) from charging the individual a premium rate for a Medicare supplement policy or certificate that exceeds the premium rate the issuer charges an individual who is 65 years of age; or (B) from issuing to the individual a Medicare supplement policy or certificate that contains a waiting period or a preexisting condition limitation or exclusion; subject to certain conditions.		Rep. David Abbott	2- 1st Reading; Committee Hearing
Dead	HB 1348: Professional licensing matters	House	Workforce	Regulatory (Agency, Boards, PLA)	Removes references to a quality review in provisions relating to the licensing of accountants. Requires the Indiana board of accountancy (board) to adopt rules requiring the firm to allow the administering entity to provide access to the results of its most recently accepted peer review and other objective information to the board. Removes language requiring the administering entity to make a peer review report available to the oversight committee not more than 30 days after the issuance of the peer review report. Provides that the results of a peer review may be treated as a complaint submitted by the board. Removes language requiring the peer review committee issuing a report to cooperate with an investigation of a complaint. Allows the use of certain titles by an individual who is enrolled in or has graduated from a school or college of architecture or an accredited curriculum of landscape architecture.		Rep. Heath VanNatter	2- 1st Reading; Committee Hearing
Dead	HB 1351: Dental matters	House	Health	Oral health	Provides that if an insured assigns the insured's rights to benefits for dental services to the provider of the dental services, the insurer shall pay the benefits assigned by the insured to the provider of the dental services. 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. Provides that a contracting entity (a dental carrier, a third party administrator, or another person that enters into a provider network contract with providers of dental services) may not grant a third party access to the provider network contract or to dental services or contractual discounts provided pursuant to the provider network contract unless certain conditions are satisfied. Provides that when a dental provider network contract is entered into, renewed, or materially modified, any provider that is a party to the network contract must be allowed to choose not to participate in the third party access. Prohibits a contracting entity from: (1) altering the rights or status under a provider network contract of a dental provider that chooses not to participate in third party access; or (2) rejecting a provider as a party to a provider network contract because the provider chose not to participate in third party access. 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.		Rep. Dennis Zent	2- 1st Reading; Committee Hearing
Active	HB 1359: Health provider contracts	House	Health Workforce	Other	Provides that if a party to a health provider contract intends to terminate the contractual relationship with another party to the health provider contract as of January 1 of the following calendar year, the terminating party must provide written notice to the other party before September 1. Provides that if a party intending to terminate a health provider contract fails to provide the required written notice before September 1 of a particular calendar year, the health provider contract remains in effect and is binding upon the parties in the following calendar year. Provides that the law governing the amendment of a health provider contract does not apply to the termination of a health provider contract under the bill.	Sets minimum amount of notification time for termination of health provider contracts.	Rep. Martin Carbaugh	16- Public Law
Dead	HB 1371: Certified registered nurse anesthetists	House	Health Workforce	Nursing Workforce	Allows a certified registered nurse anesthetist (CRNA) to administer anesthesia under the direction of and in the immediate presence of a podiatrist or dentist. (Under current law, a CRNA may administer anesthesia under the direction of and in the immediate presence of a physician.) Provides that a physician, podiatrist, or dentist is not liable for any act or omission of a CRNA who administers anesthesia. Makes corresponding changes.	Permits CRNAs to administer anesthesia under immediate presence of podiatrist or dentist (previously only physicians).	Rep. Martin Carbaugh	2- 1st Reading; Committee Hearing
Dead	HB 1374: Medicaid claim payments for nursing facilities	House	Health	Other	Beginning July 1, 2024, and ending December 31, 2024, requires the office of the secretary of family and social services (office) and a managed care organization to pay 87.5% of a claim to a nursing facility if the claim is not paid within a specified time. Requires the office to assess a managed care organization a fine of \$4,800 per claim for failure to pay a nursing facility claim within the required time. Repeals a provision concerning reporting that has expired.		Rep. Michael Karickhoff	2- 1st Reading; Committee Hearing
Dead	HB 1377: Prescription drug pricing	House	Health	Other	Provides that the price that a health plan, third party administrator, or pharmacy benefit manager sets for a covered individual's purchase of a prescription drug from a pharmacist or pharmacy must be equal to or less than the amount directly or indirectly paid by the health plan, third party administrator, or pharmacy benefit manager to the pharmacist or pharmacy for the prescription drug.		Rep. Donna Schaibley	2- 1st Reading; Committee Hearing
Dead	HB 1378: Coverage for mobile integrated healthcare services	House	Health	EMS Workforce	Requires health plans, subject to applicable deductible and coinsurance for a state employee health plan, to provide reimbursement for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program currently established in Delaware, White, and Montgomery counties. Provides that the reimbursement for emergency medical services that are performed or provided as part of a mobile integrated healthcare program in Delaware, White, and Montgomery counties shall be in effect from July 1, 2024, through June 30, 2027. Requires the department of insurance (department) to compile a report detailing any cost changes based on claims data, as a result of the reimbursement for emergency medical services that are performed or provided as part of a mobile integrated healthcare program in Delaware, White, and Montgomery counties. Requires the department to compile the report not later than July 1, 2026.		Rep. Beau Baird	2- 1st Reading; Committee Hearing
Dead	HB 1386: Medicaid matters	House	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Sets forth the powers and duties of the office of the secretary of family and social services (office of the secretary) concerning Medicaid home and community based services waivers. Defines "home and community based services waiver". Requires a provider of services under a home and community based services waiver to follow any waiver requirements under federal law and developed by the office of the secretary. Establishes requirements for home and community based services waivers. Relocates provisions requiring reimbursement for assisted living services for individuals who are aged and disabled and receiving services under a Medicaid waiver. Specifies that: (1) these provisions apply to an individual receiving services under a home and community based services waiver; and (2) reimbursement is required for certain services determined to be medically necessary for the individual. Relocates provisions establishing limitations concerning assisted living services provided in a home and community based services program. Relocates a provision requiring the office of the secretary to annually determine any state savings generated by home and community based services. Removes a provision allowing the division of aging to adopt rules concerning an appeals process for a housing with services establishment provider's determination that the provider is unable to meet the health needs of a resident and allows the office of the secretary to adopt rules concerning the appeals process. Requires an individual who provides attendant care services for compensation from Medicaid to register with the office of the secretary. Removes the requirement that the division of aging administer programs established under Medicaid waivers for in-home services for treatment of medical conditions. Requires certain facilities to provide notice within a specified time to the division of family resources (division) that a delinquent child will be released from the facility. Requires the division to take action necessary to ensure that the delinquent child, if eligible, participates in the Medicaid program upon the child's release and receives services required by federal law. Specifies that an insurer may not deny a Medicaid claim solely due to a lack of prior authorization in accordance with federal law. Requires an insurer to respond to a state inquiry regarding a Medicaid claim not later than 60 days after receiving the inquiry. Specifies, for purposes of a provision concerning Medicaid third party liability, that the state is considered to have acquired the rights of the person to payment by any other party for accumulated and future health care items or services. (Current law provides that the state is considered to have acquired these rights for the health care items or services.) Repeals a provision providing that licensed home health agencies and licensed personal services agencies are approved to provide certain services under a Medicaid waiver granted to the state under federal law that provides services for treatment of medical conditions. Repeals provisions requiring the division of aging to submit a plan, before October 1, 2017, to the general assembly to expand the scope and availability of home and community based services for individuals who are aged and disabled. Makes conforming amendments.		Rep. Brad Barrett	4- Committee Passage
Dead	HB 1389: School based health services and report	House	Health Workforce	School Health	Requires the office of the secretary of family and social services (office) to submit a Medicaid state plan amendment to the United States Department of Health and Human Services to allow school corporations to seek Medicaid reimbursement for medically necessary school based Medicaid covered services (program). (Current law allows for the state plan amendment.) Sets forth requirements of the state plan amendment and program. Specifies how school corporations can expend the funds. Requires the office and the department of education (department) to each employ one employee for the program and to train school corporations concerning the program. Requires the department to conduct a study concerning workload levels for school based health providers who are licensed occupational therapists and licensed physical therapists. Specifies components to consider in determining a methodology and requirements of the study. Requires the department to submit a report of the study to the legislative council before November 1, 2024, and to post the report on the department's website.	Requires study of workload levels for school-based OT and PTs.	Rep. Victoria Garcia Wilburn	2- 1st Reading; Committee Hearing
Dead	HB 1392: Medicaid work requirements	House	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Sets forth work requirements for certain individuals in order to be eligible for Medicaid. Makes exceptions. Requires the office of the secretary of family and social services to apply for any state plan amendment or Medicaid waiver necessary and to continue to apply for the plan amendment or waiver request if the plan amendment or waiver is denied by the United States Department of Health and Human Services.		Rep. Harold Slager	2- 1st Reading; Committee Hearing
Dead	HB 1393: Managed care and hospital assessment fee	House	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Authorizes the managed care assessment fee to be assessed against specified insurers and administered by the office of the secretary of family and social services. Establishes the managed care assessment fee committee. Sets forth requirements of the managed care assessment fee. Establishes the high risk pool fund. Expires the managed care assessment fee on June 30, 2025. Allows certain providers to contractually agree to a different reimbursement rate with a managed care organization as part of a value based services contract. Excludes hospitals and private psychiatric hospitals. Provides for payments to hospitals out of the phase out trust fund and expires the fund. Exempts: (1) physician owned hospitals; and (2) hospitals that only provide respite care to certain individuals; from the hospital assessment fee. Makes assessment of the hospital assessment fee subject to federal approval of changes made by this act. Requires the hospital assessment fee committee to: (1) review and approve the quality program; and (2) be guided to ensure hospitals are reimbursed at a rate that meets specified requirements. Specifies components of a state directed payment program. Specifies uses of the hospital assessment fee and that hospital assessment fees will not be used for disproportionate share payments if the state directed payment program is implemented. Reduces the hospital fee assessment by the managed care assessment fee and the payment from the phase out trust fund. Requires the commissioner of the department of insurance to revoke or suspend the authority of a managed care organization to do business in Indiana if the managed care organization fails to pay the managed care assessment fee. Repeals language concerning the hospital care for the indigent program. Repeals language specifying the distribution of the hospital assessment fee.		Rep. Brad Barrett	2- 1st Reading; Committee Hearing
Dead	HB 1414: Managed care organization reimbursement	House	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Allows a managed care organization and a Medicaid provider to both agree in writing to a reimbursement rate for a Medicaid service that is less than an established reimbursement rate for that service.		Rep. Michael Karickhoff	10- Committee Passage
Dead	HB 1420: Contraceptive coverage	House	Health	Maternal/Child Health, Other	Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide coverage, without cost sharing, for: (1) contraceptive products and services; (2) counseling and screening for certain sexually transmitted infections; and (3) pre-exposure prophylaxis, post-exposure prophylaxis, and human papillomavirus vaccination.		Rep. Sue Errington	2- 1st Reading; Committee Hearing

Active	HB 1426: Long acting reversible contraceptives	House	Health	Maternal/Child Health, Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires a hospital that operates a maternity unit to ensure that a Medicaid recipient giving birth in the hospital has the option of having a long acting reversible contraceptive implanted after delivery and before the Medicaid recipient is discharged. Allows a hospital to be exempt from the requirement if the hospital has a faith based objection. Requires the office of the secretary of family and social services to reimburse a hospital for the following provided to a Medicaid recipient: (1) A long acting reversible contraceptive, including the cost of stocking the long acting reversible contraceptive. (2) Insertion or placement of the long acting reversible contraceptive. Provides that the reimbursement must be separate from, and in addition to, the reimbursement for maternity services for the Medicaid recipient. Specifies the reimbursement rate for insertion or placement of the long acting reversible contraceptive.		Rep. Rita Fleming	16- Public Law
Dead	HB 1428: Reimbursement for prosthetic and orthotic devices	House	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Provides that, after June 30, 2025, orthotic devices are provided under Medicaid. Requires the office of the secretary of family and social services to apply for any state plan amendment or waiver necessary to include prosthetic and orthotic devices under Medicaid. Specifies that a minor may receive a prosthetic or orthotic device for the recipient's medical needs. Requires reimbursement for the replacement of an orthotic device or a prosthetic device for a minor for certain reasons.		Rep. Harold Slager	2- 1st Reading; Committee Hearing
Dead	SB 3: Prior authorization	Senate	Health Workforce	Other	Provides that a utilization review entity may only impose prior authorization requirements on less than 1% of any given specialty or health care service and 1% of health care providers overall in a calendar year. Prohibits a utilization review entity from requiring prior authorization for: (1) a health care service that is part of the usual and customary standard of care; (2) a prescription drug that is approved by the federal Food and Drug Administration; (3) medication for opioid use disorder; (4) pre-hospital transportation; or (5) the provision of an emergency health care service. Sets forth requirements for a utilization review entity that requires prior authorization of a health care service. Provides that all adverse determinations and appeals must be reviewed by a physician who meets certain conditions. Requires a utilization review entity to provide an exemption from prior authorization requirements if in the most recent 12 month period the utilization review entity has approved or would have approved at least 80% of the prior authorization requests submitted by the health care provider for a particular health care service. Repeals superseded provisions regarding prior authorization. Makes corresponding changes.	Health care providers with >80% approval of previous prior authorization (PA) requests in past 12 months would be exempt from PA requirements. An individual's physician will be engaged in medical necessity review for potential adverse determinations.	Sen. Tyler Johnson	4- Committee Passage
Active	SB 8: Higher education matters	Senate	Workforce	Workforce Pipeline (Education)	Requires, beginning with the 2025-2026 school year, each high school to offer the Indiana college core (college core) or submit a college core implementation plan to the commission for higher education (commission). Provides that: (1) a student who successfully completes an eligible course under the college core is entitled to secondary credit toward graduation requirements; and (2) the student's transcripts must reflect the secondary credit. Requires the department of education, in coordination with the commission, to maintain a list of eligible college core courses. Establishes the reverse transfer program for community college associate degrees. Requires each state educational institution (institution) to prepare and submit a report to the commission that includes information regarding a determination by the institution of the feasibility and advisability of establishing and conferring associate degrees to certain students. Establishes certain requirements for the commission regarding the reports. Requires each institution that offers baccalaureate degrees to establish a policy to review each of the institution's four year baccalaureate degree program offerings to determine the feasibility of providing each in a specifically structured manner to allow a full-time student to complete the baccalaureate degree within three years. Requires, not later than July 1, 2025, each institution to offer at least one baccalaureate degree program specifically structured to allow a full-time student to complete the baccalaureate degree within three years. Requires an institution to provide an annual report to the commission regarding offering four year baccalaureate degree programs completed in three years. Expands the schools to which requirements regarding secondary credit apply. Changes the name of the statewide transfer general education core to the Indiana college core.		Sen. Jean Leising	16- Public Law
Active	SB 9: Notice of health care entity mergers	Senate	Health	Other	Requires health care entities to provide notice of certain mergers or acquisitions to specified members of the general assembly. Specifies notice requirements.		Sen. Chris Garten, Sen. Ed Charbonneau, Sen. Liz Brown	16- Public Law
Dead	SB 10: Community cares initiative grant pilot program	Senate	Health Workforce	EMS Workforce	Establishes the community cares initiative grant pilot program for the purpose of assisting in the costs of starting or expanding mobile integrated health care programs and mobile crisis teams in Indiana. Establishes the community cares initiative fund.	Provides for a pilot program for mobile integrated health and community-based paramedics/EMTs under the Division of Mental Health and Addiction.	Sen. Scott Baldwin, Sen. Michael Crider, Sen. Ed Charbonneau	10- Committee Passage
Active	SB 34: Occupational licensing	Senate	Workforce	Regulatory (Agency, Boards, PLA)	Requires the professional licensing agency (agency) to study occupational licensing laws enacted in other states and contact representatives of each of the occupations regulated by the agency for certain recommendations. Requires the agency to submit a report with findings and recommendations to the general assembly not later than October 31, 2024. (The introduced version of this bill was prepared by the interim study committee on employment and labor.)		Sen. Linda Rogers	16- Public Law
Dead	SB 41: Coverage for living organ donors	Senate	Health	Other	Prohibits an insurer that issues a policy of life insurance, disability insurance, or long term care insurance from taking certain actions with respect to the coverage of individuals who are living organ donors. Specifies that certain actions constitute an unfair and deceptive act and practice in the business of insurance when taken against a living organ donor by an insurer.		Sen. Jean Breaux	2- 1st Reading; Committee Hearing
Dead	SB 43: Rare disease advisory council	Senate	Health	Other	Adds a physician member to the rare disease advisory council who specializes in the treatment of children with rare diseases. Adjusts the number of members required to establish a quorum.		Sen. Jean Breaux	2- 1st Reading; Committee Hearing
Dead	SB 45: Trauma informed care	Senate	Health Workforce	Nursing Workforce	Requires an individual who holds an active license as a nurse to complete a trauma informed care training program (program) at least once every two years. Establishes requirements for a program.	Requires registered nurses to complete a trauma-informed care training program every 2 years.	Sen. Michael Crider	8- 1st Reading/Assigned to Committee
Dead	SB 47: Comparative college and career information	Senate	Workforce	Workforce Pipeline (Education)	Tasks the commission for higher education (commission) and the department of workforce development with collecting and compiling certain information concerning: (1) postsecondary education; (2) career and technical education; (3) workforce qualifications; (4) workforce earnings; and (5) workforce debt. Requires the commission to create an interactive website known as the student horizon dashboard to provide public access to certain collected and compiled information. Requires the commission, with assistance from the department of education and the department of workforce development, to create a report known as the student graduate horizon scorecard (scorecard) for annual distribution. Specifies that the scorecard contain certain information concerning high paying civilian and military careers and in demand jobs. Requires the commission to prepare an annual report for the legislative council. Requires state educational institutions and career and technical education centers to collect and provide information as requested by the commission.		Sen. Gary Byrne	2- 1st Reading; Committee Hearing
Active	SB 48: State educational institutions	Senate	Workforce	Workforce Pipeline (Education)	Requires state educational institutions (institutions) to publish certain information on the institution's website regarding bachelor's, master's, or doctoral degrees. Requires institutions to publish on the home page of the institution's website: (1) acceptance rates; (2) graduation rates; and (3) certain student debt information.		Sen. Blake Doriot	16- Public Law
Dead	SB 56: Seizure training requirements	Senate	Workforce	School Health	Provides that school corporations and charter schools shall require all applicants for employment and school employees who will have direct, ongoing contact with children within the scope of the applicant's or school employee's employment to attend training concerning recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.		Sen. David Niezgodski	2- 1st Reading; Committee Hearing
Dead	SB 100: Unemployment benefits	Senate	Workforce	Other	Amends the definition of "wage credits". Specifies the rate for unemployment insurance benefits for initial claims filed by an individual who is totally unemployed for any week beginning after June 30, 2024. Specifies, for initial claims filed for any week beginning after June 30, 2024: (1) the maximum weekly benefit amount; and (2) an additional weekly benefit for eligible and qualified individuals with dependents.		Sen. Rodney Pol	2- 1st Reading; Committee Hearing
Dead	SB 102: Therapist immunity from professional discipline	Senate	Health Workforce	Behavioral Health (substance use and mental health)	Provides that the behavioral health and human services licensing board may not impose disciplinary sanctions against a practitioner if the basis of the licensing complaint is retaliatory against the practitioner for testifying in a child in need of services (CHINS) proceeding.		Sen. Dan Demulc	2- 1st Reading; Committee Hearing
Dead	SB 106: Resident tuition rate	Senate	Workforce	Workforce Pipeline (Education)	Provides that an individual who meets certain conditions is eligible for the resident tuition rate as determined by the state educational institution. Requires such an individual to verify that the individual meets the criteria to receive the resident tuition rate.		Sen. David Niezgodski, Sen. Blake Doriot	2- 1st Reading; Committee Hearing
Dead	SB 110: Social work licensure compact	Senate	Health Workforce	Behavioral Health (substance use and mental health)	Establishes the social work licensure compact.		Sen. Michael Crider	4- Committee Passage
Dead	SB 126: Medical cannabis	Senate	Health	Other	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- 1st Reading; Committee Hearing
Active	SB 132: Professions and professional services	House	Health Workforce	Nursing Workforce, Direct Care Workforce, Safety net (Medicaid, SNAP, TANF, SNAP, etc.), Oral health, Regulatory (Agency, Boards, PLA)	Authorizes the office of the secretary of family and social services (office) to implement a risk based managed care program for certain Medicare recipients who: (1) are eligible to participate in the federal Medicare program and receive nursing facility services; or (2) are: (A) at least 60 years of age; (B) blind, aged, or disabled; and (C) receiving services through the aged and disabled Medicaid waiver, a risk based managed care program for aged, blind, or disabled individuals who are not eligible to participate in the federal Medicare program, or the state Medicaid plan. Establishes claim payment requirements for a managed care organization that contracts with the office to provide services under a risk based managed care program to these Medicare recipients. Amends statutes concerning Medicaid provider agreements, health insurance reimbursement agreements, and Medicare supplement insurance to specify that a 15 day period consists of 15 business days. Eliminates the requirement that a provider who is licensed in Indiana, physically located outside Indiana, but providing telehealth services to patients who are in Indiana, file a certification constituting a waiver of jurisdiction. Authorizes certain individuals to use the term "architectural graduate", "architectural intern", "landscape architectural intern" in reference to themselves. Makes a number of changes in the law concerning health facility administrators, including eliminating the requirement that a health facility administrator display the individual's license in a prominent location in the individual's principal office and providing that a particular course of study for administrators in training is not mandatory. 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. Provides that a contracting entity (a dental carrier, a third party administrator, or another person that enters into a provider network contract with providers of dental services) may not grant a third party access to the provider network contract or to dental services or contractual discounts provided pursuant to the provider network contract unless certain conditions are satisfied. Provides that when a dental provider network contract is entered into, renewed, or materially modified, any provider that is a party to the network contract must be allowed to choose not to participate in the third party access. Prohibits a contracting entity from: (1) altering the rights or status under a provider network contract of a dental provider that chooses not to participate in third party access; or (2) rejecting a provider as a party to a provider network contract because the provider chose not to participate in third party access. 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. Provides that if a covered individual assigns the covered individual's rights to benefits for dental services to the provider of the dental services, the dental carrier shall pay the benefits assigned by the covered individual to the provider of the dental services. However, prohibits the provider from billing the covered individual (except for a copayment, coinsurance, or a deductible amount) if the provider is in the dental carrier's network.	Modifies certain licensure requirements for health facility administrators; Allows NCLEX passage to satisfy English proficiency requirements for internationally-educated nurse applicants. Eliminates telehealth certification requirements.	Sen. Liz Brown, Sen. Ed Charbonneau	16- Public Law
Dead	SB 139: Psilocybin treatment program	Senate	Health	Other	Establishes the therapeutic psilocybin research fund, administered by the Indiana department of health (state department), to provide financial assistance to research institutions in Indiana to study the use of psilocybin to treat mental health and other medical conditions. Sets forth clinical study requirements. Requires a research institution that conducts a clinical study to prepare and submit a report to the interim study committee on public health, behavioral health, and human services, the state department, and the division of mental health and addiction.		Sen. Ed Charbonneau	10- Committee Passage
Dead	SB 142: Coverage for mobile integrated healthcare services	Senate	Health Workforce	EMS Workforce	Provides that a state employee health plan that provides coverage for emergency medical services must provide reimbursement, subject to applicable deductible and coinsurance, for a covered individual for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program. Provides that a policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program. Provides that an individual contract and a group contract that provide coverage for emergency medical services must provide reimbursement for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program.	Requires coverage for mobile integrated healthcare and emergency medical services for state employee health plans.	Sen. Brian Buchanan	8- 1st Reading/Assigned to Committee
Active	SB 148: Workforce data collection	Senate	Workforce	Other	Requires employers to provide an employee's current standardized occupational classification code and starting compensation on the employee's withholding allowance certificate or an equivalent form. Requires certain state providers to deliver to the management performance hub a workforce related program submission. Sets out the information to be included in the workforce related program submission. Requires the management performance hub to: (1) compile the workforce related program submissions into an annual data product; and (2) make the data product available to the department of workforce development and the governor's workforce cabinet. Makes conforming amendments.		Sen. Liz Brown, Sen. Linda Rogers	16- Public Law
Dead	SB 152: Unemployment compensation	Senate	Workforce	Other	Reduces the maximum amount of regular unemployment benefits to 14 times the individual's weekly benefit. (Under current law, the maximum amount of regular unemployment benefits is 26 times the individual's weekly benefit or 28% of the individual's wage credits, whichever is less.) Provides for additional benefits in an amount not to exceed two times the individual's weekly benefit if the individual meets certain conditions. Removes outdated provisions. Makes conforming changes.		Sen. Scott Alexander	2- 1st Reading; Committee Hearing

Dead	SB 154: Transportation funding	Senate	Workforce	Workforce Pipeline (Education)	Provides that a school corporation may use the school corporation's operations fund for transportation of school children to certain: (1) apprenticeship programs; (2) career and technical education programs; (3) modern youth apprenticeships; and (4) work based learning courses.		Sen. Scott Alexander	8- 1st Reading/Assigned to Committee
Dead	SB 164: Federally qualified health center reimbursement	Senate	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires the office of the secretary of family and social services to allow a federally qualified health center to elect for a separate reimbursement for pharmacy costs by removing pharmacy costs from the facility specific prospective payment system rate.		Sen. Ed Charbonneau	2- 1st Reading; Committee Hearing
Dead	SB 166: Behavioral health and human services professionals	Senate	Health Workforce	Behavioral Health (substance use and mental health)	Specifies that statutes concerning behavioral health and human services professionals may not be construed to limit social work or clinical social work services performed by an employee or staff member of a community mental health center. Removes board approval to take a licensure examination as a requirement for a temporary permit to profess to be a clinical social worker, marriage and family therapist, mental health counselor, licensed addiction counselor, or licensed clinical addiction counselor.	Allows CMHC staff to provide social work and clinical social work services. Removes examination requirement for temporary permit-seekers for BHHS licenses.	Sen. Ron Altling, Sen. Michael Crider, Sen. Vaneta Becker	2- 1st Reading; Committee Hearing
Dead	SB 167: Division of mental health and addiction matters	Senate	Health	Behavioral Health (substance use and mental health)	Prohibits the division of mental health and addiction (division) from requiring providers that are required to be accredited or certified by other entities to submit information to the division that would have been submitted to the accrediting or certifying body. Requires the division to establish a work group to discuss specified issues concerning audits and requires a report to be submitted before November 1, 2024.		Sen. Ron Altling, Sen. Michael Crider, Sen. Vaneta Becker	2- 1st Reading; Committee Hearing
Dead	SB 168: 340B drug program report	Senate	Health	Other	Requires an entity authorized to participate in the federal 340B Drug Pricing Program to annually report specified data to the Indiana department of health (department). Requires the department to submit a report of the aggregated data to the legislative council and post the report on the department's website.		Sen. Ed Charbonneau	2- 1st Reading; Committee Hearing
Active	SB 169: Child caring institutions and group homes	Senate	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires certain residential facilities to: (1) maintain certain personnel records; (2) follow particular processes to provide psychotropic medications; and (3) obtain certain health records, immunizations, and examinations for each child. Requires that personnel must have a certain level of education or duration of work related experience. Provides certain restrictions on caseloads. Makes conforming changes.		Sen. Greg Walker	16- Public Law
Dead	SB 178: Hospital assessment fee	Senate	Health	Other, Safety net (Medicaid, SNAP, TANF, SNAP, etc.), Physician Workforce	Provides that a physician owned hospital that is ineligible to receive certain Medicaid or Medicare reimbursement is not considered to be a hospital for purposes of the hospital assessment fee.		Sen. Blake Doriot, Sen. Ed Charbonneau	2- 1st Reading; Committee Hearing
Dead	SB 192: Various health care matters	Senate	Health Workforce	Physician Workforce, Direct Care Workforce	Makes changes to the law governing administrative adjudication and to provisions related to managed care organizations. Provides that if a physician has entered into a provider agreement with the office of Medicaid policy and planning (office) or a managed care organization and the physician, subject to the provider agreement, provides professional services to individuals participating in the state Medicaid program, the office or the managed care organization shall promptly compensate the physician for the professional services in accordance with the provider agreement. Prohibits any delay in or denial of compensation to the physician unless the cause of the delay or denial is specifically provided for in: (1) the Medicaid managed care law; (2) an administrative rule adopted under the Medicaid managed care law; (3) the federal administrative rules on Medicaid managed care; or (4) the provider agreement. Defines "antiretroviral" as a drug used to prevent a retrovirus, such as the human immunodeficiency virus (HIV), from replicating. Provides, for purposes of the Medicaid program and the children's health insurance program, that an FDA approved drug that is prescribed for the treatment or prevention of HIV or acquired immunodeficiency syndrome (AIDS), including antiretrovirals, shall not be subject to: (1) prior authorization; (2) a step therapy protocol; or (3) any other protocol that could restrict or delay the dispensing of the drug. Prohibits a health plan (including a policy of accident and sickness insurance, a health maintenance organization contract, the state employee self-insurance program and prepaid health care delivery plan, and a Medicaid risk based managed care program) from imposing or enforcing: (1) a prior authorization requirement; (2) a step therapy protocol requirement; or (3) any other protocol requirement; if imposing or enforcing the requirement could restrict or delay the dispensing to a covered individual of an FDA approved drug, including an antiretroviral, that is prescribed for the treatment or prevention of HIV or AIDS. States that a home health agency is not required to conduct a tuberculosis test on a job applicant before the individual has contact with a patient. Repeals a statute that requires certain personal services agency employees or agents to complete a tuberculosis test. Authorizes the establishment of home health agency cooperative agreements. (A similar law enacted in 2022 expired on July 1, 2023.) Makes statements and findings of the general assembly concerning home health agency cooperative agreements. Specifies that a home health agency may contract directly or indirectly through a network of home health agencies. Exempts: (1) a remote location of a hospital; and (2) a free standing emergency department or other provider-based entity, from health care billing requirements. Allows a pharmacist to administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if certain conditions are met. (Current law allows a pharmacist to administer specified immunizations to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if certain conditions are met.) Removes a provision allowing a pharmacist to administer pneumonia immunizations to individuals who are at least 50 years of age.	Specifies that a physician's compensation should not be delayed due to review or denial of services provided. Permits home health agencies to enter into cooperative agreements.	Sen. Tyler Johnson	4- Committee Passage
Dead	SB 208: Abortion	Senate	Health	Maternal/Child Health	Reestablishes the licensure of abortion clinics. Changes statutes concerning when an abortion may be performed. Removes the eight week limitation on the use of an abortion inducing drug. Allows, rather than requires, the revocation of a physician's license for the performance of an abortion in violation of the law.		Sen. Shelll Yoder	2- 1st Reading; Committee Hearing
Dead	SB 214: Student mental health resources	Senate	Health	School Health	Requires the department of education to approve and make available student mental health resources for certain schools. Requires the governing body of a school corporation or the equivalent authority for a charter school to publish and publicly post the approved student mental health resources.		Sen. Scott Alexander, Sen. Michael Crider	8- 1st Reading/Assigned to Committee
Active	SB 215: Medicare supplement insurance	Senate	Health	Other	Provides, after December 31, 2024, the following protections to an individual who is less than 65 years of age and is eligible for and enrolled in Medicare by reason of a disability or having end stage renal disease: (1) Requires an issuer of Medicare supplement policies or certificates (issuer) to make available to the individual the equivalent Medicare supplement policy or certificate that the issuer makes available to a person at least 65 years of age. (2) Provides that an issuer required to make a Medicare supplement policy or certificate available to the individual is prohibited from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy or certificate for the individual because of the health status, claims experience, receipt of health care, or medical condition of the individual, subject to certain conditions. (3) Prohibits an issuer: (A) from charging the individual a premium rate for a Medicare supplement policy or certificate that exceeds the premium rate the issuer charges an individual who is 65 years of age; or (B) from issuing to the individual a Medicare supplement policy or certificate that contains a waiting period or a preexisting condition limitation or exclusion; subject to certain conditions.		Sen. Kyle Walker	16- Public Law
Dead	SB 217: Abortion matters	Senate	Health	Other	Prohibits the prescribing or possessing of an abortion inducing drug. Provides for the discipline of a practitioner and a Class A misdemeanor for a violation of the prohibition with a Level 6 felony for subsequent offenses. Establishes a defense to possessing an abortion inducing drug. Prohibits a nonprofit organization in Indiana from providing or offering to provide financial assistance to pay for, offset the cost of, or reimburse the cost of an abortion inducing drug. Gives the attorney general concurrent jurisdiction of actions concerning abortion inducing drugs. Prohibits the state or a political subdivision of the state from assisting an individual in seeking or obtaining an abortion. Allows for the state or a political subdivision to inform an individual of alternatives to an abortion. Requires a woman who is pregnant as a result of rape or incest to provide to her physician an affidavit attesting to the rape or incest before the physician performs the abortion. Prohibits state employee health plans, the state Medicaid program, policies of accident and sickness insurance, and health maintenance contracts from providing coverage for an abortion inducing drug. Makes conforming amendments.		Sen. Michael Young	2- 1st Reading; Committee Hearing
Dead	SB 231: CHOICE program	Senate	Health	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Prohibits the division of aging from requiring a community and home options to institutional care for the elderly and disabled program (CHOICE) provider to be certified under a Medicaid waiver program. Requires a local area agency on aging to negotiate and set reimbursement rates for the CHOICE program. (Current law requires the office of secretary to negotiate the rates in consultation with the local area agencies on aging.)		Sen. Stacey Donato	2- 1st Reading; Committee Hearing
Dead	SB 233: Certified community behavioral health clinics	Senate	Health	Behavioral Health (substance use and mental health)	Requires the office of the secretary of family and social services and the division of mental health and addiction to include each community mental health center that meets certain requirements in: (1) the community mental health services demonstration program (program), if Indiana is approved to participate in the program and as a state plan amendment for specified reimbursement after the program; or (2) if Indiana is not approved to participate in the program, a Medicaid state plan amendment or waiver to allow for Medicaid reimbursement for eligible certified community behavioral health clinic services by certain Medicaid providers.		Sen. Michael Crider	10- Committee Passage
Dead	SB 237: Prior authorization for health care services	Senate	Health	Other	Amends the law on health care service prior authorizations: (1) to establish a standard by which to determine whether a health care service is "medically necessary"; (2) to require that the medical review or utilization review practices of a health plan be governed by this standard of medical necessity; (3) to require a health plan to employ a medical director who is responsible for reviewing and approving the health plan's policies on responses to requests for prior authorization; (4) to require a health plan to establish clear written policies and procedures for prior authorization for health care services; (5) to restrict a health plan's prior authorization requirements applying to: (A) physical medicine or rehabilitation services for a covered individual diagnosed with chronic pain; and (B) rehabilitative or habilitative services, including physical therapy, occupational therapy, and chiropractic services; (6) to provide that, under certain circumstances (including the failure of a health plan to respond to a request within certain time limits), a request for prior authorization is conclusively considered to be approved by the health plan; (7) to require a health plan to provide a procedure under which providers and covered individuals may seek retroactive authorization for health care services that are medically necessary covered benefits; and (8) to prohibit a health plan from denying coverage for a health care service merely because prior authorization was not obtained for the health care service before it was provided to a covered individual if: (A) the health care service would have been a covered benefit if prior authorization had been obtained before the health care service was provided to the covered individual; (B) a determination of medical necessity can be made after the health care service is provided; and (C) it is determined that the health care service was medically necessary. Defines "medically necessary" for use in these provisions.		Sen. Mark Messmer	2- 1st Reading; Committee Hearing
Dead	SB 242: Medicaid pregnancy related reimbursement rates	Senate	Health	Maternal/Child Health	Sets forth increases in Medicaid reimbursement rates for: (1) prenatal obstetric and gynecological services; (2) pregnancy delivery care services; and (3) postnatal care services.		Sen. Mike Bohacek	2- 1st Reading; Committee Hearing
Dead	SB 257: Fiduciary duty in health plan administration	Senate	Health	Other	Provides that any third party administrator, pharmacy benefit manager, employee benefit consultant, or insurance producer acting on behalf of a plan sponsor owes a fiduciary duty to the plan sponsor.		Sen. Justin Busch	2- 1st Reading; Committee Hearing
Dead	SB 258: Physician referrals and reimbursement rates	Senate	Health Workforce	Physician Workforce	Prohibits a referring physician from receiving compensation or an incentive from a health care entity or another physician, who is in the same health care network as the referring physician, for referring a patient to the health care entity or other physician. Provides that the rules adopted by the department of insurance regarding the all payer claims data base must include a requirement that health payers report physician reimbursement rates for each contract and specify a process for health payers to report the physician reimbursement rates. Requires the all payer claims data base to publish the physician reimbursement rates as a separate line item for each contract instead of in the aggregate.	Prohibits physicians from receiving compensation/incentive for referrals.	Sen. Justin Busch	2- 1st Reading; Committee Hearing
Dead	SB 261: Clinical social worker licensure	Senate	Health Workforce	Behavioral Health (substance use and mental health)	Provides that licensed physicians with training in psychiatric medicine or licensed clinical psychologists (qualified supervisors) may supervise individuals seeking a clinical social worker license. Permits 75% of supervised clinical social work experience hours to be accounted for through virtual supervision by qualified supervisors.	Expands eligible clinical experience supervisors to include physicians and psychologists; Enables expansion of tele-supervision.	Sen. Greg Goode	2- 1st Reading; Committee Hearing
Dead	SB 262: Licensure of naturopathic physicians	Senate	Health Workforce	Other, Regulatory (Agency, Boards, PLA)	Provides for the licensure of naturopathic physicians. Specifies certain individuals who are not required to be licensed. Establishes the board of naturopathic medicine (board). Establishes license requirements. Requires licensed naturopathic physicians to obtain continuing education for license renewal. Establishes the naturopathic formulary council to establish a formulary for naturopathic physicians. Establishes the childbirth attendance advisory commission to provide recommendations concerning the practice of naturopathic childbirth attendance. Provides that an individual who is not licensed may not use certain descriptions, titles, or initials to indicate or imply that the individual is a licensed naturopathic physician. Establishes criminal penalties for certain violations.	Establishes licensure for naturopathic physicians.	Sen. Greg Goode, Sen. David Niezgodski	2- 1st Reading; Committee Hearing
Dead	SB 264: Religious exemption from worker's compensation	Senate	Workforce	Other	Provides an exemption from worker's compensation and occupational diseases coverage for a member of certain religious sects or a division of a religious sect who meets certain requirements and obtains a certificate of exemption (certificate) from the worker's compensation board (board). Provides that if certain information about an individual who holds a certificate is no longer true: (1) the individual and the individual's employer must take certain steps; and (2) the certificate is no longer effective. Makes conforming changes.		Sen. Eric Basstler	8- 1st Reading/Assigned to Committee
Dead	SB 269: Coverage for doula services	Senate	Health	Maternal/Child Health	Requires a health plan (an accident and sickness insurance policy or a health maintenance organization contract) to provide coverage for doula services if: (1) the services provided are within the doula's area of professional competence; and (2) the health plan would provide coverage for those services if the services were provided by any other health care provider.		Sen. David Vinzant	2- 1st Reading; Committee Hearing

Dead	SB 272: School based health centers and student health	Senate	Health	School Health	Requires a school corporation to provide certain health services to students. Allows a school corporation to contract with a health care provider, health system, or community partner to establish a school based health center (center). Sets forth requirements to establish a center. Requires the office of the secretary of family and social services to apply to the United States Department of Health and Human Services for a state plan amendment to allow school corporations and centers to seek Medicaid reimbursement for certain covered services. Requires the Indiana department of health to develop first aid guidelines for school emergencies that include certain information. Provides that the governing body of a school corporation may not conduct a certain vision test or hearing test on a student without the prior written consent from the student's parent or guardian.		Sen. Andy Zay	4- Committee Passage
Active	SB 273: Biomarker testing coverage	Senate	Health	Other	Requires a health plan (which includes a policy of accident and sickness insurance, a health maintenance organization contract, the Medicaid risk based managed care program, and a state employee health plan) to provide coverage for biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition when biomarker testing is supported by medical and scientific evidence. Requires the office of Medicaid policy and planning to provide biomarker testing as a Medicaid program service, and to apply to the United States Department of Health and Human Services for approval of any waiver necessary under the federal Medicaid program for the purpose of providing biomarker testing.		Sen. Ed Charbonneau, Sen. Vaneta Becker	16- Public Law
Dead	SB 276: Health care debt and costs	Senate	Health	Other	Adds a new chapter to the Indiana Code governing hospitals' billing practices and financial disclosures to patients. Provides that the unpaid earnings of a consumer who resides in Indiana may not, at any time, be attached by garnishment in satisfaction of: (1) any amount of health care debt owed or alleged to be owed by the consumer; or (2) in an action against the consumer in which a judgment has been entered, any amount of the judgment that represents health care debt determined to be owed by the consumer. Prohibits a health care provider from reporting or furnishing to a consumer reporting agency any information related to health care debt owed or alleged to be owed by a consumer who resides in Indiana. Defines a "third party furnisher" as a person that regularly and in the ordinary course of business furnishes to consumer reporting agencies information about the transactions and experiences of health care providers with consumers, including information regarding delinquent account actions. Requires a health care provider to include in any contract entered into with a third party furnisher a provision that prohibits the reporting or furnishing to a consumer reporting agency any information related to health care debt owed or alleged to be owed by a consumer, including information concerning any delinquent account action taken with respect to health care debt. Provides that if information related to health care debt is reported to a consumer reporting agency in violation of these provisions: (1) the consumer who owes or is alleged to owe the health care debt is relieved from any liability to pay the amount of health care debt reported; and (2) the health care provider and any third party furnisher engaged by the health care provider before or after the reporting of the information may not collect or pursue the collection of the amount reported. Prohibits a consumer reporting agency from recording or retaining in the file of a consumer any information that is: (1) related to health care debt incurred or alleged to be incurred by the consumer; and (2) reported to the consumer reporting agency after June 30, 2024. Provides that if a consumer reporting agency receives a request from a consumer to delete any record of health care debt maintained in the file of the consumer, the consumer reporting agency shall, not later than five business days after receiving the request, take all lawful and reasonable actions to delete from the consumer's file the record of the health care debt, regardless of when the health care debt was reported to the consumer reporting agency. Prohibits a health care provider from: (1) charging or collecting interest on the unpaid balances of health care debt at a rate that exceeds an annual rate of 9%; or (2) initiating any delinquent account action with respect to health care debt during the pendency of an appeal by the consumer for the denial of insurance or other third party coverage for the health care services, products, or devices with respect to which the health care debt was incurred. Prohibits a creditor from obtaining or using a consumer's medical information in connection with any determination of the consumer's eligibility, or continued eligibility, for credit, as required under the federal Fair Credit Reporting Act. Provides that a person that violates these provisions commits a deceptive act that is actionable only by the attorney general under the Indiana statute concerning deceptive consumer sales. Amends the statute concerning adverse claims against deposit accounts to prohibit a depository financial institution that receives notice of an adverse claim based on health care debt owed or alleged to be owed by a consumer from: (1) recognizing the adverse claim in any manner; or (2) placing a hold on, or otherwise restricting withdrawal of funds from, a deposit account in which the consumer who is the subject of the adverse claim has an interest. Provides that: (1) any amount of health care debt owed or alleged to be owed by a consumer; or (2) in an action against a consumer in which a judgment has been entered, any amount of the judgment that represents health care debt determined to be owed by the consumer; does not constitute a lien against the consumer's principal residence or against certain personal property of the consumer. Provides that in any action filed, in a court of competent jurisdiction in Indiana, for the recovery of health care debt owed or alleged to be owed by a consumer, the court does not have and shall not entertain jurisdiction in any: (1) action of attachment against the real or personal property of the consumer; or (2) action of garnishment; upon, or any time after, the filing of the complaint in the action. Provides that in any action filed, in a court of competent jurisdiction in Indiana, for the recovery of health care debt owed or alleged to be owed by a consumer, the principal residence of the consumer is not liable to judgment or attachment or to be sold on execution against the consumer.		Sen. Fady Qaddoura	2- 1st Reading: Committee Hearing
Dead	SB 294: Medical cannabis	Senate	Health	Other	After marijuana is removed as a federal schedule I controlled substance, permits the use of cannabis by a person with a serious medical condition as determined by the person's physician. Establishes a cannabis program (program) to permit the cultivation, processing, testing, transportation, and sale of cannabis by holders of a valid permit. Establishes the Indiana cannabis commission (ICC) as a state agency to oversee, implement, and enforce the program, and establishes the ICC advisory committee to review the effectiveness of the program. Requires that permit holders take steps to prevent diversion of cannabis to unauthorized persons. Requires that cannabis and cannabis products be properly labeled, placed in child resistant packaging, and tested by an independent testing laboratory before being made available for purchase. Prohibits packaging cannabis in a manner that is appealing to children. Authorizes research on cannabis in accordance with rules set forth by the ICC. Establishes a procedure for the expungement of a cannabis related conviction if the act constituting the conviction becomes legal. Makes conforming amendments.		Sen. Eric Basler	2- 1st Reading: Committee Hearing