

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
- 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	Originating Chamber	Bill Category (Health Workforce, Health, Workforce)	Bill Title	Primary Topic	Summary	Direct Health Workforce Intersection	Primary Author	Step
Active	House	Workforce	HB 1002: Education and workforce matters.	Workforce Pipeline (Education)	Establishes the: (1) career scholarship account program (CSA program); (2) career scholarship account program fund (CSA program fund); (3) career scholarship account administration fund; and (4) credential completion grant. Provides that the department of education (department), in consultation with the governor's workforce cabinet, shall: (1) designate and approve course sequences, career courses, modern youth apprenticeships, and course sequences leading to certification; and (2) determine the grant amount that a career scholarship student may receive under the CSA program fund for each sequence, course, or apprenticeship. Establishes eligibility requirements to participate in the CSA program. Provides that the governor's workforce cabinet may approve participating entities that meet certain requirements to participate in the CSA program. Provides that grant amounts that career scholarship students receive are not included in adjusted gross income for tax purposes. Prohibits a school corporation or charter school from receiving a career and technical education grant for a student enrolled in a career and technical education program if the student is enrolled in the CSA program. Requires the state board of education, in consultation with the department, to establish new high school diploma requirements. Removes a provision that provides that a student who satisfies an Indiana diploma with a Core 40 with academic honors designation through a certain alternative course shall not count toward a school's honor designation award. Requires the governor's workforce cabinet to create a list of approved intermediaries, employers, and labor organizations. Requires certain high school and college students to meet with an intermediary, an employer, or a labor organization. Requires certain committed offenders and recipients of unemployment benefits to meet with an intermediary. Specifies exceptions. Allows the recipient of a: (1) higher education award; (2) freedom of choice grant; and (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 instead of the educational costs of a postsecondary educational institution. Allows certain recipients of a scholarship under the twenty-first century scholars program to apply the scholarship to the cost of a course sequence or an apprenticeship provided by a CSA participating entity. Provides that during each school year, a public high school must hold at least one career fair during regular school hours. Repeals and replaces a definition of "participating entity" with "ESA participating entity."		Rep. Chuck Goodrich	10 - Public Law
Dead	House	Health	HB 1003: Health Matters	Other	Allows a credit against an employer's state tax liability if the employer has adopted a health reimbursement arrangement in lieu of a traditional employer provided health insurance plan. Provides that the amount of the credit depends on the number of employees employed by the employer. Provides that employers that claim and are allowed the credit must report certain information to the department of insurance. Provides that the amount of credits granted may not exceed \$10,000,000 in a taxable year. Provides that the credit may be carried over for 10 years, but may not be carried back. Prohibits a health provider facility from entering into a health provider contract with a health carrier if the reimbursement under the provider contract would result in the health provider facility being reimbursed at greater than 10% for a service or item of any other health provider contract the health provider facility has entered into with another health carrier. Requires a health plan to provide a peer to peer conversation if the health plan makes an adverse determination concerning a health care provider's request for prior authorization of a health care service. Prohibits a health plan, after December 31, 2024, from requiring a health provider to obtain prior authorization for a particular type of health care service if the health provider meets specified requirements. Specifies requirements a health plan must meet in order to rescind a health provider's exemption from prior authorization. Requires the insurance commissioner to adopt rules concerning the prior authorization exemption and rescission.		Rep. Craig Snow	6 - Committee Passage
Active	House	Health Workforce	HB 1004: Health care matters.	Other	Provides a credit against state tax liability to a physician who has an ownership interest in a physician practice and meets other eligibility criteria. Provides that the credit amount for a particular taxable year is \$10,000. Provides that a physician may not claim the credit in more than three taxable years and that the credit is nonrefundable. Allows a credit to be carried forward for not more than 10 years. Sets forth requirements that a hospital or a health carrier must meet in order to employ a physician. Exempts certain specialties from the requirements. Provides that a bill for health care services provided by a provider in an office setting: (1) must not be submitted on an institutional provider form; and (2) must be submitted on an individual provider form. Provides that an insurer, health maintenance organization, employer, or other person responsible for the payment of the cost of health care services provided by a provider in an office setting is not required to accept a bill for the health care services that is submitted on an institutional provider form. Prohibits certain nonprofit hospitals from entering into physician noncompete agreements. Specifies provisions that may not be included in a health provider contract. Beginning in 2025, requires a nonprofit hospital operating in Indiana to annually submit to the department of insurance (department): (1) a certified statement of, and supporting documentation to demonstrate: (A) the average price charged by the hospital for each health care service provided to patients; and (B) the hospital's total patient service revenue generated from all health care services provided by the hospital; and (2) the federal Medicare reimbursement rate for the health care service; in the preceding calendar year. Provides that, if a nonprofit hospital charged amounts for health care services that exceeded 260% of the federal Medicare reimbursement rate, the department shall assess a penalty against the hospital. Specifies the calculation of the penalty amount. Provides that a nonprofit hospital that is assessed a penalty may petition the department for reconsideration of the assessment determination based on a clerical, mathematical, or typographical error in the information submitted. Provides that revenue collected from the penalty shall be deposited in the state general fund and may be used to pay the state's share of the cost of Medicaid services provided under the federal Medicaid program.	Allows a tax credit for physicians with ownership in a physician practice. Prohibits certain physician noncompete agreements.	Rep. Donna Schaibley	10 - Public Law
Active	House	Health	HB 1006: Mental health programs.	Behavioral Health (Substance use and mental health)	Specifies the circumstances under which a person may be involuntarily committed to a facility for mental health services and specifies that these services are medically necessary. Establishes a local mental health referral program to provide mental health treatment for certain persons who have been arrested. Repeals obsolete provisions.		Rep. Gregory Steuerwald	10 - Public Law
Dead	House	Health	HB 1011: End of life options.	Prevention & awareness (public health, infrastructure, and healthy and active living)	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 - Assigned to Committee
Dead	House	Workforce	HB 1012: Exclusion of discharged student loans as income.	Workforce Pipeline (Education)	Exclusion of discharged student loans as income. Provides that the Indiana adjusted gross income add back of forgiven federal student loan debt that is excluded under the Internal Revenue Code applies only to the 2021 taxable year and does not apply to forgiven federal student loan debt forgiven in subsequent taxable years.		Rep. Gregory Porter	2 - Assigned to Committee
Active	House	Health	HB 1013: Indiana department of health.	Regulatory (Agency, Boards, PLA)	Changes references from the state department of health to the Indiana department of health. Provides directions for publication of affected provisions. Makes technical corrections. (The introduced version of this bill was prepared by the code revision commission.)		Rep. Craig Snow	10 - Public Law
Active	House	Health Workforce	HB 1017: Prescription drug donation repositories.	Other	Prescription drug donation repositories. Establishes the prescription drug donation repository program (program). Allows a person to donate prescription drugs and supplies to a central repository or local repository for use by an individual who is an eligible recipient or qualified individual. Provides that controlled substances are not allowed in the program. Allows an eligible entity to elect to participate as a local repository in the program. Establishes criteria for the acceptance and distribution of donated prescription drugs and supplies. Allows an entity that participates in a drug donation program in another state to participate in the program in Indiana. Establishes immunity for certain persons who act reasonably and in good faith under the program.	Would create a fund for a prescription drug donation repository; this fund would be sourced from a surcharge on licensure fees, including health workforce licenses.	Rep. Steve Bartels	10 - Public Law
Dead	House	Health	HB 1018: Medicaid and medical equipment	Regulatory (Agency, Boards, PLA)	Removes medical equipment and supplies from the list of items or services for which the office of the secretary of family and services (office) may seek competitive bids for the Medicaid program. Specifies that the office, managed care organizations, subcontractors, and third party administrators must reimburse: (1) durable medical equipment; (2) complex rehabilitation technology; and (3) supplies; at a rate that is at least 100% of the rate in specified fee schedules. Requires the office to develop and implement a tool to assist in the determination of capped rental payments for certain items. Adds a member to the Medicaid advisory committee.		Rep. Julie Otthoff	2 - Assigned to Committee
Dead	House	Health	HB 1039: Medical and adult use cannabis	Other	After marijuana is removed as a federal schedule I controlled substance, permits the use of cannabis by: (1) a person at least 21 years of age; and (2) a person with a serious medical condition as determined by the person's physician. Establishes the adult use cannabis excise tax, and requires a retailer to transfer the tax to the department of state revenue for deposit in the state general fund. Exempts veterans from payment of the sales tax on medical or adult use cannabis. Establishes a cannabis 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.		Rep. Jake Teshka	2 - Assigned to Committee
Dead	House	Workforce	HB 1043: Resident tuition for eligible individuals	Other	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. Makes a technical correction.		Rep. Earl Harris	2 - Assigned to Committee
Dead	House	Workforce	HB 1054: Tuition Caps	Other	Provides that the commission for higher education shall determine a tuition rate and mandatory fee cost of living adjustment for specified postsecondary educational institutions. Requires that, except for cost of living adjustments, the tuition rate and mandatory fees at specified postsecondary educational institutions may not increase from the time the student initially enrolls until the student graduates for an undergraduate student who is an Indiana resident.		Rep. Earl Harris	2 - Assigned to Committee
Dead	House	Health	HB 1058: Remains of a miscarried fetus	Maternal/Child Health	Provides that a health care facility may transfer the remains of a miscarried fetus to a nonprofit organization that provides funerals, cremations, or burials for a miscarried fetus in certain circumstances.		Rep. Randall Frye	2 - Assigned to Committee
Dead	House	Health	HB 1059: Emergency medical services providers	Other	Amends the definition of "emergency medical services provider" for the offense of battery to include a staff member in the emergency department of a hospital.		Rep. Karen Engleman	2 - Assigned to Committee
Dead	House	Health	HB 1065: Cannabis regulation	Other	Establishes the cannabis compliance advisory committee to review and evaluate certain rules, laws, and programs. Establishes the cannabis compliance commission to regulate all forms of legal cannabis in Indiana, including hemp and low THC hemp extract.		Rep. Sue Errington	2 - Assigned to Committee

Dead	House	Health	HB 1066: Sexual health education	Prevention & awareness (public health, infrastructure, and healthy and active living)	Provides that if a state accredited school provides instruction on human sexuality or sexually transmitted diseases, the school shall provide comprehensive sexual health education, using appropriate instructors, to students in certain grade levels. Lists criteria for comprehensive sexual health education. Provides that the department of education may not distribute human immunodeficiency virus (HIV) educational materials to students without the consent of the governing body of the school corporation that the students attend. Repeals certain state board of education requirements regarding HIV information. Makes a conforming change.		Rep. Sue Errington	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1071: Implicit bias continuing education	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.	Would require the medical licensing board of Indiana and Indiana state board of nursing to adopt rules requiring implicit bias training as part of their regulated profession's continuing education requirements.	Rep. Robin Shackelford	2 - Assigned to Committee
Dead	House	Health	HB 1083: Student immunizations	Prevention & awareness (public health, infrastructure, and healthy and active living)	Removes a requirement that a school corporation record or include certain immunization information in the official high school transcript for a high school student. Specifies that only the general assembly (rather than the Indiana department of health) may expand or modify the list of communicable diseases that require documentation of immunity for a student.		Rep. Jake Teshka	2 - Assigned to Committee
Active	House	Health	HB 1091: Continuous eligibility under Medicaid and CHIP	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Changes the requirements for submitting eligibility information for an individual who is: (1) less than 19 years of age; and (2) a recipient of either the Medicaid program or the children's health insurance program (CHIP) programs. (Current law concerning the submission of eligibility information in the programs applies to individuals less than three years of age.)		Rep. Ann Vermilion	10 - Public Law
Dead	House	Health	HB 1095: Mental health and addiction matters.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Specifies that an individual's incarceration, hospitalization, or other temporary cessation in substance or chemical use may not be used as a factor in determining the individual's eligibility for coverage in: (1) a state employee health care plan; (2) Medicaid; (3) the healthy Indiana plan; (4) a policy of accident and sickness insurance; or (5) a health maintenance health care contract. Requires an opioid treatment program to: (1) provide a patient of the facility appropriate referrals for continuing care before releasing the patient from care by the facility; and (2) counsel female patients concerning the effects of the program treatment if the female is or becomes pregnant and provide to the patient birth control if requested by the patient. Requires the division of mental health and addiction (division) to annually perform an audit of 20% of an opioid treatment program facility's patient plans to ensure compliance with federal and state laws and regulations. Requires the division to establish a mental health and addiction program to reduce the stigma of mental illness and addiction. Requires hospitals to establish emergency room treatment protocols concerning treatment of a patient who is overdosing, has been provided an overdose intervention drug, or is otherwise identified as having a substance use disorder.		Rep. Robin Shackelford	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1101: Music and art therapy	Regulatory (Agency, Boards, PLA)	Provides that art therapy services provided by a licensed art therapist to an individual who receives mental health services or to an individual who receives services from a community mental health center are reimbursable under Medicaid. Provides for the licensure of music therapists, art therapists, and art therapist associates. Adds music therapists and art therapists to the behavioral health and human services licensing board (board). Creates the music therapist and art therapist sections of the board. Requires music therapists to be licensed. Establishes requirements and procedures for an individual to be licensed as a music therapist, art therapist, and art therapist associate. Prohibits a person who is not licensed as a music therapist, an art therapist, or an art therapist associate from using certain titles or certain words in a title. Makes technical and conforming changes.	Would create a licensure of music therapists, art therapists, and art therapist associates under the behavioral health and human services licensing board.	Rep. Mitch Gore	2 - Assigned to Committee
Dead	House	Health	HB 1103: Renewal of SNAP benefit registration.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Allows the division of family resources to contract with a community partner for purposes of recertifying an individual's Supplemental Nutrition Assistance Program (SNAP) benefits.		Rep. Mitch Gore	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1109: Collaborative care disclosures.	Regulatory (Agency, Boards, PLA)	Provides that if an advanced practice registered nurse, a certified direct entry midwife, or a physician assistant is under a collaborative agreement with a licensed practitioner or physician, the advanced practice registered nurse, certified direct entry midwife, or physician assistant must display or provide certain information in an office based setting, to the patient, and, if applicable, on a website.	Would require APRNs, Certified Direct Entry Midwives, and Physician Assistants who are under a collaborative agreement to display certain details about their identity, credentials, and collaborating provider.	Rep. Dennis Zent	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1110: Dental anesthesia	Oral health	Provides that any rule adopted by the medical licensing board concerning standards for office based procedures that require moderate sedation, deep sedation, or general anesthesia to be administered does not apply to a dental office setting if the dentist who performs the dental services on a patient holds a permit to administer general anesthesia or moderate sedation issued by the state board of dentistry. Allows a licensed dentist who has completed all education requirements in a dental specialty area recognized by the American Dental Association to use a designation or term in conjunction with the dentist's practice. (Current law allows a licensed dentist who has completed a dental anesthesiology residency recognized by the American Dental Board of Anesthesiology before July 1, 2025, to use a designation or term in conjunction with the dentist's practice.)	Outlines requirements for certain workers to administer sedation/anesthesia in a dental office (under direction and presence of physician).	Rep. Dennis Zent	2 - Assigned to Committee
Dead	House	Health	HB 1112: Medicaid reimbursement for dental services.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Specifies that Medicaid pediatric dental service reimbursement rates (reimbursement rates) must at least be in the tenth percentile of one of the specified fee schedules. Requires the office of the secretary of family and social services to: (1) annually review reimbursement rates; and (2) adjust the reimbursement rates based on the review. Requires the new reimbursement rates to be provided before December 15 of each year to the house committee on ways and means and the senate committee on appropriations.		Rep. Dennis Zent	3 - Committee Passage
Active	House	Health Workforce	HB 1113: Dental compliance fund.	Regulatory (Agency, Boards, PLA)	Removes a requirement that dentists and dental hygienists pay a \$20 compliance fee when renewing a license that is deposited into the dental compliance fund (fund). Provides that money in the fund is to be used to provide funds for administering and enforcing the provisions of the Indiana Code chapter concerning the regulation of dentists (as opposed to the Indiana Code article concerning dentists).	Removes requirement for \$20 fee on dentist/dental hygiene licenses (reducing overall license fee).	Rep. Dennis Zent	10 - Public Law
Dead	House	Health	HB 1126: Mental health grants.	Behavioral Health (substance use and mental health)	Provides that the division of mental health and addiction (division) may not exclude an organization that is not a nonprofit 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	2 - Assigned to Committee
Dead	House	Workforce	HB 1127: Exemption from COVID-19 immunization requirements.	Other	Provides that an employer may not require an employee to submit to testing for the presence of COVID-19 unless the employee had a known high risk exposure to COVID-19 or has active symptoms of COVID-19. Removes a provision that allows an employer to require an employee who receives an exemption from COVID-19 immunization requirements to submit to testing under certain conditions. Provides that an employer may not subject an employee who claims an exemption based on religious reasons to religious testing or questioning unless the employer has documented evidence of an insincere belief. Removes a provision that allows an employer to request a new laboratory test result from an employee who claims an exemption based on immunity from COVID-19 not more than once every three months. Allows an employee or prospective employee to bring a civil action against an employer to enforce the exemption requirements		Rep. Becky Cash	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1129: Health facility staff ratios.	Direct Care Workforce	Provides that each health facility and residential care facility shall post on the facility's public website the minimum ratio of direct patient care staff to residents in the facility. Requires that the information must specify the minimum ratio for each employee classification that provides direct patient care. Provides that the website address to access the facility's information must be provided annually and upon admission to the facility to the resident, resident's guardian, and resident's health care representative. Allows the Indiana department of health to receive the information.	Would require health facilities, comprehensive care facilities, and residential care facilities to publicly post their minimum ratio of direct patient care staff to residents. Ratio reporting would be required for licensed nurses, certified nurse aides, qualified medication aides, dining assistants.	Rep. Becky Cash	2 - Assigned to Committee
Dead	House	Health	HB 1136: Mental health care for first responders.	Behavioral Health (substance use and mental health)	Establishes the Indiana first responders mental health wellness fund and program. Provides that the division of mental health and addiction of the office of the secretary of family and social services shall administer the program and fund. 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.		Rep. Carolyn Jackson	2 - Assigned to Committee
Dead	House	Workforce	HB 1137: Equal pay; wage disclosure protection.	Other	Provides that it is an unlawful employment practice to: (1) pay wages that discriminate based on sex for substantially similar work; (2) discharge, discipline, discriminate against, coerce, intimidate, threaten, or interfere with any employee or other person because the employee inquired about, disclosed, compared, or otherwise discussed the employee's wages; (3) require as a condition of employment nondisclosure by an employee of the employee's wages; or (4) require an employee to sign a waiver or other document that purports to deny the employee the right to disclose the employee's wage information. Provides that the civil rights commission has jurisdiction for the investigation and resolution of complaints of these employment actions.		Rep. Carolyn Jackson	2 - Assigned to Committee
Dead	House	Health	HB 1139: Consent for pelvic, prostate, and rectal exams.	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.		Rep. Carolyn Jackson	2 - Assigned to Committee
Dead	House	Health	HB 1149: IDOH authority over health and safety in schools.	School Health	Allows the Indiana department of health (department) to do what is reasonable and necessary to address health and safety issues in public schools. Allows the executive board of the department to adopt reasonable rules to regulate health and safety issues in public schools.		Rep. Sue Errington	2 - Assigned to Committee
Dead	House	Health	HB 1158: Breakthrough therapies.	Other	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 - Assigned to Committee

Active	House	Workforce	HB 1160: Workforce training and TANF matters.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Sets the income eligibility requirements for the Temporary Assistance for Needy Families (TANF) program at a specified percentage of the federal income poverty level. Increases certain payment amounts under the TANF program. Repeals language regarding: (1) payments for a child born more than 10 months after a family qualifies for assistance; (2) the adoption of rules authorizing certain vouchers; (3) eligibility for child support enforcement services; (4) encouraging a family that receives assistance to receive family planning counseling; and (5) requiring the division to apply a percentage reduction to the total needs of TANF applicants and recipients in computing TANF benefits. Requires the commission for higher education (commission) to establish an education and career support services pilot program (pilot program). Establishes the education and career support services pilot program fund. Establishes certain requirements for the pilot program. Establishes a workforce training program (training program) to provide training and other services to: (1) incumbent workers of participating employers to allow those workers to qualify for higher paying positions; and (2) unemployed or underemployed individuals, with priority being given to individuals who are eligible to receive assistance under TANF and individuals with intellectual and other developmental disabilities, to allow those individuals to qualify for job openings created by the incumbent workers taking new positions. Provides that the department of workforce development (department) shall administer the training program. Requires the office of the secretary of family and social services, in coordination with the department, to provide services under TANF to certain participants of the training program. Provides that the department shall use funds allocated to the next level jobs employer training grant program to reimburse employers for the costs of training and onboarding certain workers. Makes conforming changes.		Rep. Edward Clere	10 - Public Law
Dead	House	Health	HB 1162: Nonprofit hospital and insurer reporting.	Other	Requires a nonprofit hospital and a health carrier to post and provide certain information at least 45 days before a public forum. Modifies requirements concerning the: (1) date on which a public forum must be held; (2) topics that must be discussed at a public forum; (3) requirements of a public forum; and (4) use of technology to allow attendance at a public forum through real time audio and video through the Internet. Requires the Indiana department of health and the department of insurance to post specified information concerning public forums on the agency website.		Rep. Earl Harris	2 - Assigned to Committee
Dead	House	Workforce	HB 1179: Professional licensing.	Regulatory (Agency, Boards, PLA)	Allows specified professional licensing boards to conduct meetings using electronic communications if the requirements for an electronic public meeting are met. Allows the reinstatement of a professional license that was retired, inactive, or surrendered (inactive) if the applicant meets the requirements for a delinquent or lapsed license. Provides that the reinstatement law applies to all licenses that were inactive for more than three years. Requires, for purposes of the license reinstatement law, that each board make available a list of standards that require a personal appearance before the board. Adds nonhealth professions to the professions that an out-of-state applicant may use to apply for license under the general reciprocity law. Provides that if a board does not act on an application within one year for an applicant who holds a provisional license or provisional certificate under the reciprocity law, the professional licensing agency shall issue the applicant a license or certificate.		Rep. Edward Clere	5 - Assigned to Committee
Dead	House	Health	HB 1181: Medicaid matters.	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 administrative appeal within the office of Medicaid policy and planning of the managed care organization's action in denying or reducing reimbursement for claims for covered services provided to an applicant, pending applicant, conditionally eligible individual, or member. Establishes a procedure for an administrative appeal, including a hearing before an administrative law judge that could be followed by agency review and then by judicial review. Prohibits a provision in a contract between a provider and a managed care organization that would negate or restrict the right of a provider to an administrative appeal and provides that such a contract provision is void and unenforceable. Repeals a provision under which Medicaid law is controlling when Medicaid law conflicts with insurance law. Provides that if the office of the secretary of family and social services (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. Adds members to 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. 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 advisory committee to hold public hearings on the report. Makes technical changes.		Rep. Edward Clere	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1182: Pharmacy matters.	Other	Removes the authority of the commissioner's designated public health authority to issue a standing order, prescription, or protocol to allow certain health practitioners to administer or dispense an immunization or a pharmacist a smoking cessation product. Requires the state health commissioner to issue a standing order, prescription, or protocol (standing order) that allows a pharmacist to treat or screen, test, administer, or dispense for certain health conditions. Allows a pharmacist to order tests that are waived under the federal Clinical Laboratory Improvement Amendments (CLIA) or established under a standing order. Allows a pharmacy intern or a pharmacy technician to perform a test that is: (1) delegated by a supervising pharmacist; and (2) a waived test under CLIA. Allows a pharmacy technician, who is certified to perform any activity delegated by a supervising pharmacist or pharmacist owner if the activities: (1) do not require the clinical judgment of a pharmacist; (2) are not prohibited by a rule adopted by the Indiana board of pharmacy; or (3) are not an activity required by law to be performed only by a pharmacist. Provides that a health carrier may not deny reimbursement for services and procedures that are performed by a pharmacist and that are within the scope of the pharmacist's license if the same services and procedures would be covered if performed by a physician, an advanced practice registered nurse, or a physician assistant. Provides civil and criminal immunity for a pharmacist related to filling a prescription for a drug, medicine, or other prescribed substance. Establishes exceptions.	Would allow for pharmacist (or pharmacy technicians under delegation) to administer certain treatments, screening, tests for certain conditions under standing order from a state health commissioner.	Rep. Edward Clere	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1194: Competency to stand trial.	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, upon motion by either party, if: (1) a substantial probability does not exist that a defendant will attain competency restoration or if the defendant has not attained competency restoration after six months of restoration services; (2) the defendant has a certain diagnosis; and (3) the defendant is charged with a misdemeanor or Level 6 felony. Makes conforming changes.	Would allow for Psychiatrist, Psychologists, Physicians, APRNs or NP with a psychiatrist certification, or a physician assistant specialized in psychiatry and mental health 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.	Rep. Wendy McNamara	5 - Assigned to Committee
Dead	House	Health Workforce	HB 1199: Emergency departments.	Physician Workforce	Requires a hospital with an emergency department to have a physician onsite and on duty who is primarily responsible for the emergency department at all times the department is open.	Would require an emergency department to have a physician onsite and on duty who is primarily responsible for the emergency department at all times.	Rep. Cory Criswell	2 - Assigned to Committee
Active	House	Health	HB 1201: Rare disease advisory council.	Regulatory (Agency, Boards, PLA)	Establishes the rare disease advisory council (council) to address various issues concerning the needs of patients in Indiana with rare diseases and their caregivers and providers. Establishes duties and procedures of the council. Requires the Indiana department of health to provide administrative assistance to and pay the administrative expenses of the council. Establishes the rare disease fund to provide funding for: (1) publications; and (2) grants for studies and research; concerning rare diseases.		Rep. Cindy Ledbetter	10 - Public Law
Dead	House	Health Workforce	HB 1205: Medicaid reimbursement for school services.	School Health	Adds a school psychologist as a qualified provider for purposes of the Medicaid program. Requires the office of the secretary of family and social services to apply for a Medicaid state plan amendment before September 1, 2023, to allow school corporations to obtain Medicaid reimbursement for specified services. Provides that a school psychologist does not need supervision or authorization from another qualified provider in order to obtain Medicaid reimbursement for certain services provided to a Medicaid recipient.	Would allow a school to seek reimbursement for services provided by a school psychologist (if federally approved).	Rep. Michael Karickhoff	2 - Assigned to Committee
Dead	House	Health	HB 1213: Community integration and habilitation waiver.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Establishes the special service review team to review denied applications for the community integration and habilitation waiver. Establishes reporting requirements. Provides that the review team expires December 31, 2024. Removes the emergency placement priority for individuals under a Medicaid waiver in which the primary caregiver is at least 80 years of age and alternate placement in a supervised group living setting is not available or is determined to be an inappropriate option. Removes the requirement in emergency placements that an alternate placement in a supervised group living setting is not available or is determined to be an inappropriate option. Adds emergency placement if the primary caregiver is at least 70 years of age or the primary caregiver has serious health concerns that would limit the primary caregiver's ability to care for the individual.		Rep. Julie Olthoff	6 - Committee Passage
Dead	House	Health Workforce	HB 1216: Funding for the development of health professions.	Workforce Pipeline (Education)	Establishes the linking industry to nursing education fund (fund) for the purpose of expanding nursing education opportunities. Defines terms and provides administrative provisions for the fund. Requires the commission for higher education (commission), before August 1, 2023, to develop an application for a competitive grant program that matches contributions from a health care entity to an educational institution on a dollar for dollar basis from the fund. Provides that the application may be submitted by any educational institution and must require the educational institution to include the expected number of additional students the educational institution will be able to accept into its nursing education program as a result of the matching program. Requires the commission to approve an application if sufficient funds are available and if the matching grant will be used by the educational institution for certain purposes. Provides that a partial grant may be awarded. Requires the commission to make an annual report of certain information to the legislative council. Provides that a matching grant may not be used for the construction of a new building or the renovation of an existing building. Requires the professional licensing agency to retain 80% of all fees collected from new and renewed board licenses and certificates unless a certain amount or percentage of the fee is designated for a specific fund. Requires the agency to use the amount retained to carry out the agency's purposes and to work toward the goal of issuing all new licenses and certificates within 30 days after a complete application is submitted. Appropriates from the state general fund to the commission for higher education \$30,000,000 for the state fiscal year beginning July 1, 2023, and ending June 30, 2024, and \$30,000,000 for the state fiscal year beginning July 1, 2024, and ending June 30, 2025, to be used for the fund.	Would establish a fund to expand nursing education (to support faculty recruitment/retention, scholarships, or equipment). 80% of license fees would be retained at PLA.	Rep. Ethan Manning	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1224: Pharmacist contraceptive prescriptions.	Regulatory (Agency, Boards, PLA)	Allows pharmacists to prescribe and dispense self-administered oral hormonal contraceptives and hormonal contraceptive patches (contraceptives). Establishes requirements for pharmacists who want to prescribe and dispense contraceptives. Requires the Indiana board of pharmacy to adopt rules. Requires health plans to provide coverage for contraceptives and certain services. Establishes an exception for nonprofit religious employers.	Would allow pharmacists to prescribe and dispense certain contraceptives.	Rep. Rita Fleming	2 - Assigned to Committee
Dead	House	Workforce	HB 1226: Twenty-first century scholars program.	Workforce Pipeline (Education)	Defines, for purposes of the twenty-first century scholars program, "qualified early college student". Provides that a qualified early college student may apply to the commission for higher education for a twenty-first century scholarship to pay for postsecondary tuition costs associated with up to 30 postsecondary credit hours for dual credit or concurrent enrollment courses. Makes technical corrections.		Rep. Wendy McNamara	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1235: Massage therapist licensure by endorsement.	Regulatory (Agency, Boards, PLA)	Provides that a massage therapist who is licensed, certified, or registered in another state may receive an Indiana license by endorsement if the other state's credentialing standards are substantially equivalent to or exceed the credentialing standards in effect in Indiana at the time that the individual's license, certification, or registration was granted in the other state.	Would grant massage therapist licensure by endorsement in Indiana if they are licensed, certified, or registered in other state if that state credentialing standards are equivalent or exceed the standards in Indiana.	Rep. Sheila Klinker	2 - Assigned to Committee

Dead	House	Health	HB 1239: Transportation for Medicaid presumptive eligible.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires coverage for nonemergency medical transportation of individuals who have been deemed presumptively eligible for Medicaid during the time in which the individual is deemed presumptively eligible for Medicaid. Requires the office of the secretary of family and social services to apply for any Medicaid state plan amendment or waiver necessary to provide for the coverage.		Rep. Chris Campbell	2 - Assigned to Committee
Dead	House	Health	HB 1263: Medical marijuana.	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 board to review appeals and grievances concerning the medical marijuana program. Provides a defense to prosecution for a person who operates a vehicle or motorboat with marijuana or its metabolite in the person's blood under certain conditions that involve medical marijuana. Makes conforming amendments		Rep. Jim Lucas	2 - Assigned to Committee
Dead	House	Health	HB 1267: Assisted reproduction and gestational surrogacy.	Maternal/Child Health	Amends provisions regarding testing of donated human sperm and eggs. Repeals current Indiana law regarding surrogacy agreements. Enacts the gestational surrogacy act, which establishes: (1) presumptions regarding parentage; (2) prerequisites for individuals who wish to enter into a gestational surrogacy agreement; (3) procedural requirements for gestational surrogacy; (4) requirements for gestational surrogacy agreements; (5) support obligations with regard to a child born as the result of gestational surrogacy; (6) remedies for breach of a gestational surrogacy agreement; and (7) provisions for determination of jurisdiction over litigation regarding a gestational surrogacy agreement. Enacts the gamete donation act, which establishes: (1) presumptions regarding parentage of a child born as the result of gamete donation; (2) prerequisites for individuals who wish to enter into a gamete donation agreement; (3) procedural requirements for gamete donation; (4) requirements for gamete donation agreements; (5) provisions regarding parentage of a child born posthumously to a gamete donor; (6) remedies for breach of a gamete donation agreement; and (7) provisions for determination of jurisdiction over litigation regarding a gamete donation agreement. Provides certain criteria for the payment of compensation to an ovum donor. Provides that a gestational surrogacy agreement may not limit the right of the gestational surrogate to make any decision concerning the gestational surrogate's right to terminate or continue a pregnancy. Provides that any term or condition in a gestational surrogacy agreement that contradicts or seeks to abrogate a surrogate's right to continue or terminate a pregnancy is void. Provides that consent from the spouse of a gestational surrogate is not required in the execution of a gestational surrogacy agreement and defines the legal relationship between the spouse of a gestational surrogate and a resulting child. Provides that certain conditions must be met prior to the issuance of a prebirth court order by a court. Requires all reproductive endocrinologists and mental health professionals engaging in gestational surrogacy matters to remain informed of recommended guidelines published by the American Society for Reproductive Medicine and the American College of Obstetricians and Gynecologists. Provides that court orders concerning gestational surrogacy do not provide a court with jurisdiction over the matters of child custody or child support if jurisdiction over the matters is not otherwise authorized. Provides that a court order concerning the establishment of parentage shall be given full faith and credit in another state if an Indiana establishment of parentage court order constitutes a signed record and otherwise complies with the laws of the other state. Exempts donor compensation for gamete donation from certain prohibitions concerning the sale of a human ovum, zygote, embryo, or fetus under certain circumstances. Allows the retrieval of gametes from a person who is: (1) deceased; (2) brain dead; (3) comatose; or (4) in a persistent vegetative state; in certain instances. Specifies that: (1) maternity; and (2) paternity; must be established not later than four years after the death of a parent in instances involving children born through use of assisted reproduction. Specifies factors for a court to consider when deciding upon the disposition of cryopreserved embryos: (1) during a divorce or separation; and (2) in the absence of an agreement concerning the ultimate disposition of cryopreserved embryos. Defines certain terms. Makes conforming amendments.		Rep. Robert Heaton	2 - Assigned to Committee
Dead	House	Health	HB 1271: Nonprofit hospital and insurer reporting.	Other	Requires a nonprofit hospital and a health carrier to post and provide certain information at least 45 days before a public forum. Modifies requirements concerning the: (1) date on which a public forum must be held; (2) topics that must be discussed at a public forum; (3) requirements of a public forum; and (4) use of technology to allow attendance at a public forum through real time audio and video through the Internet. Requires the Indiana department of health and the department of insurance to post specified information concerning public forums on the agency website.		Rep. Donna Schaibley	2 - Assigned to Committee
Dead	House	Health	HB 1272: Hospital pricing information and penalties.	Other	Requires a hospital to post certain pricing information on the hospital's website. Sets forth civil penalties for the Indiana department of health to assess a hospital or ambulatory outpatient surgical center that fails to post the pricing information.		Rep. Donna Schaibley	2 - Assigned to Committee
Dead	House	Health	HB 1273: Prescription drug rebates and pricing.	Other	Provides that, for individual health insurance coverage, the defined cost sharing for a prescription drug be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates received by the insurer in connection with the dispensing or administration of the prescription drug. Requires that, for group health insurance coverage, an insurer: (1) pass through to a plan sponsor 100% of all rebates received or estimated to be received by the insurer concerning the dispensing or administration of prescription drugs to the covered individuals of the plan sponsor; (2) provide a plan sponsor, at the time of contracting, the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by some or all of the rebates received or estimated to be received by the insurer concerning the dispensing or administration of the prescription drug; and (3) disclose specified information to the plan sponsor. Allows the department of insurance to enforce the provisions and impose a civil penalty.		Rep. Donna Schaibley	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1285: Implicit bias in medicine.	Physician Workforce	Requires the medical education board to establish an education program for first year medical students that addresses implicit bias in the delivery of health care services to different racial and ethnic minority groups in Indiana.	Would require the board to create an education program for 1st year medical students to address implicit bias.	Rep. Vanessa Summers	2 - Assigned to Committee
Dead	House	Health	HB 1291: Information about health care and health coverage	Other	Amends the law requiring a hospital to file an annual report with the Indiana department of health: (1) to require that a hospital's report also be filed with the all payer claims data base; and (2) to require a hospital to include in the report additional information concerning the hospital's medical loss ratio, the total funding received by the hospital under the CARES Act, and other matters. Requires the insurance commissioner, when deciding whether to approve a premium rate increase or decrease for an accident and sickness insurance policy or an increase or decrease in the rates to be used by a health maintenance organization (HMO), to consider the median cost sharing for the affected insurance policy or HMO contract, the benefits provided under the policy or contract, the underlying costs of the health services covered by the policy or contract, and other matters.		Rep. Martin Carbaugh	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1292: Physician noncompete agreements.	Physician Workforce	Specifies that the reasonable price of a noncompete agreement buyout may not exceed \$75,000 under the following circumstances: (1) the physician's employer is a hospital system located in Allen County; (2) the physician has completed a minimum of eight years of employment with the hospital system; and (3) the physician practices primary care and specializes in family medicine.	Would establish a maximum price of a physician noncompete buyout for certain physicians.	Rep. Heath VanNatter	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1295: Art and music therapy.	Behavioral Health (substance use and mental health)	Provides that art therapy services provided by a licensed art therapist to an individual who receives mental health services or to an individual who receives services from a community mental health center are reimbursable under Medicaid. Provides for the licensure of music therapists, art therapists, and art therapist associates. Adds music therapists and art therapists to the behavioral health and human services licensing board (board). Creates the music therapist and art therapist sections of the board. Requires music therapists to be licensed. Establishes requirements and procedures for an individual to be licensed as a music therapist, art therapist, and art therapist associate. Prohibits a person who is not licensed as a music therapist, art therapist, or an art therapist associate from using certain titles or certain words in a title. Makes technical and conforming changes.	Would create a licensure of music therapists, art therapists, and art therapist associates. Add music therapists and art therapists to the behavioral health and human services licensing board and prohibits a person who is not licensed from using certain titles or certain words in a title.	Rep. Heath VanNatter	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1299: Social worker loan forgiveness program.	Workforce Incentive Programs	Establishes a social worker student loan forgiveness program (program) to be used to provide student loan forgiveness payments to qualified social workers who are residents of Indiana and employed by the department of correction or department of child services to practice social work. Provides that the commission for higher education shall, in coordination with the Indiana professional licensing agency and the behavioral health and human services licensing board, administer the program. Establishes the social worker student loan forgiveness program fund.	Would create a social worker student loan forgiveness program for qualified social workers who are residents of Indiana and employed by the department of correction or department of child services.	Rep. Julie McGuire	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1302: Pregnancy support services advisory board.	Maternal/Child Health	Changes the name of the doula reimbursement advisory board to the pregnancy support professions advisory board. Adds additional issues for the advisory board to consider and adds a member appointed by the executive director of the professional licensing agency.	Would modify doula advisory board to pregnancy support professions advisory board, which would be tasked with determining certain requirements for pregnancy support professions.	Rep. Ann Vermilion	2 - Assigned to Committee
Dead	House	Workforce	HB 1307: High value workforce ready credit-bearing grant.	Workforce Incentive Programs	Provides that an applicant who has previously received a baccalaureate degree or an associate degree may be eligible for a high value workforce ready credit-bearing grant if the applicant: (1) received a diploma of graduation, high school equivalency certificate, or state of Indiana general educational development diploma five or more years before the applicant applies for a grant; and (2) is not working in the subject matter field in which the applicant received the baccalaureate degree or associate degree. (Current law provides that an applicant for a high value workforce ready credit-bearing grant may not have previously received a baccalaureate degree, an associate degree, or an eligible certificate.)		Rep. Cindy Ledbetter	2 - Assigned to Committee
Active	House	Health	HB 1313: Medicaid reimbursement for children's hospitals.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Removes the expiration date of language specifying Medicaid reimbursement of certain out of state children's hospitals.		Rep. Harold Slager	10 - Public Law
Dead	House	Health	HB 1314: Pediatric cancer research and treatment grant.	Other	Establishes the pediatric cancer research and treatment grant program (grant program) to be administered by the Indiana department of health (state department). Establishes the pediatric cancer research and treatment fund and appropriates \$2,000,000 to the fund for the biennium. Sets forth requirements for an entity to receive a grant. Requires the state department to develop criteria, policies, procedures, and a plan concerning awarding of the grants. Prioritizes use of the funds to be on innovative research and treatments with the potential of resulting in novel therapies for pediatric cancer. Requires the state department to submit an annual report to the governor and legislative council concerning the grant program and publish the report on the state department's website.		Rep. Ryan Lauer	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1319: Loan repayment for health professionals.	Workforce Incentive Programs	Provides that occupational therapists, occupational therapy assistants, physical therapists, and speech language pathologists are eligible for certain loan repayments made available to health care professionals.	Would include occupational therapists, occupational therapy assistants, physical therapists, and speech language pathologists in loan repayment programs.	Rep. Victoria Garcia Wilburn	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1320: Occupational therapists.	Behavioral Health (substance use and mental health)	Provides that for any rules adopted concerning community care for individuals with mental illness, a licensed occupational therapist is considered to be a qualified behavioral health professional.	Would include occupational therapists as a qualified behavioral health professional.	Rep. Victoria Garcia Wilburn	2 - Assigned to Committee
Dead	House	Health	HB 1322: School based occupational and physical therapists.	School Health	Provides that if a school corporation employs or contracts with: (1) an occupational therapist to provide occupational therapy services; or (2) a physical therapist to provide physical therapy services; to students with a disability, the school corporation shall ensure that the maximum student to therapist caseload does not exceed fifty (50) students per each full-time therapist. Requires consent before occupational or physical therapy services may be provided.	Would establish a maximum caseload for occupational therapists and physical therapists providing services to students at a school corporation.	Rep. Victoria Garcia Wilburn	2 - Assigned to Committee

Dead	House	Health Workforce	HB 1330: Advanced practice registered nurses.	Nursing Workforce	Removes the requirements 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. Repeals law 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.	Would allow an APRN to practice without a practice agreement with a collaborating physician.	Rep. Cindy Ledbetter	2 - Assigned to Committee
Active	House	Health Workforce	HB 1342: Direct support professionals.	Direct Care Workforce	Requires the division of disability and rehabilitative services (division) to establish and maintain a direct support professional registry. Requires a direct support professional to register with the division in order to provide direct support services. Requires the division to consult with stakeholders and establish a tiered training certification program for direct support professionals. Requires the division to issue a request for proposals before January 1, 2024, to operate the training program. Requires the division to contract with a vendor for the training program not later than July 1, 2024. Allows the division to use any federal dollars available for the registry and training. Requires the division to apply to the federal government for approval of Medicaid reimbursement for services provided by a direct support professional.	Would require the division of disability and rehabilitative services to establish and maintain a DSW professional registry. By January 1, 2025 if a DSW is not registered with the division they may not provide direct support services. Establish standards of a competency based training curriculum for direct support professionals. By January 1, 2024, would require DRS to issue a request for proposals to operate the training and make every effort to contract with a vendor no later than July 1, 2024.	Rep. Julie Olthoff	10 - Public Law
Active	House	Workforce	HB 1343: Review of occupational regulations.	Regulatory (Agency, Boards, PLA)	Provides that all occupational regulations must be limited to those demonstrably necessary and carefully tailored to fulfill legitimate public health, safety, or welfare objectives. Requires each public agency to conduct a review of all occupational regulations within the public agency's jurisdiction not later than July 1, 2024. Provides that a public agency shall take certain actions to modify or repeal an occupational regulation that does not conform to these standards. Provides that a person may file a petition with a public agency to repeal or modify an occupational regulation under the public agency's jurisdiction. Allows a person to bring an action in a court of general jurisdiction to challenge an occupational regulation.		Rep. Jake Teshka	10 - Public Law
Active	House	Health Workforce	HB 1352: Telehealth services.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Provides that the office of Medicaid policy and planning may not require: (1) a provider that is licensed, certified, registered, or authorized with the appropriate state agency or board and exclusively offers telehealth services to maintain a physical address or site in Indiana to be eligible for enrollment as a Medicaid provider; or (2) a telehealth provider group with providers that are licensed, certified, registered, or authorized with the appropriate state agency or board to have an in-state service address to be eligible to enroll as a Medicaid vendor or Medicaid provider group.	Would disallow OMPP from requiring telehealth providers have a physical address in Indiana.	Rep. Cindy Ledbetter	10 - Public Law
Dead	House	Health Workforce	HB 1353: Health care staffing.	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 surgery 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 surgery center, health facility, or residential care facility from taking certain actions against an employee who does not consent to work mandatory overtime.	Would establish a nurse staffing council at hospitals to support development of a nurse staffing plan and related activities.	Rep. Cindy Ledbetter	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1372: Medicaid services provided pending credentialing.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Provides that after a provider who is an individual: (1) is enrolled in the Medicaid program; (2) files a provider agreement with the office of Medicaid policy and planning (office); (3) applies for credentialing; and (4) applies to participate in the network of a managed care organization or contractor of the office; the individual may begin providing services to individuals eligible for Medicaid services and may bill for the services provided. Requires the managed care organization or contractor of the office to compensate the provider for the services provided if the provider's application for credentialing is approved and the provider qualifies to participate in the network. Provides that, if the provider is denied credentialing, the managed care organization or contractor of the office is not required to compensate the provider for the services provided.	Would allow a provider who has enrolled with OMPP to provide services and bill while under review.	Rep. Joanna King	5 - Assigned to Committee
Dead	House	Health	HB 1374: Notice of change to provider agreement.	Other	Requires an insurer and a health maintenance organization to provide a contracted provider with a current reimbursement rate schedule: (1) every two years; and (2) when three or more Current Procedural Terminology (CPT) code rates change in a 12 month period. Requires an insurer and a health maintenance organization to provide a contracted provider with notice of a proposed material change to the agreement between the insurer or health maintenance organization and the contracted provider at least 90 days prior to the proposed effective date. Establishes requirements for the contents of a notice of a proposed material change. Requires an insurer or health maintenance organization to provide a contracted provider with notice at least 15 days prior to a change to an existing prior authorization, precertification, notification, referral program, edit program, or specific edits.		Rep. Dave Heine	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1397: Professional counselors licensure compact.	Behavioral Health (substance use and mental health)	Requires the behavioral health and human services licensing board to administer the professional counselors licensure compact (compact). Adopts the compact. Sets forth requirements of a member state. Sets forth the duties and authority of the counseling compact commission (commission). Allows a counselor in a home state to practice via telehealth in a member state. Allows each member state to have one delegate on the commission. Establishes the procedure to withdraw from the compact. Makes conforming changes.	Would establish Indiana's participation in the professional counselors licensure compact (mental health).	Rep. Mike Andrade	2 - Assigned to Committee
Active	House	Health Workforce	HB 1422: Dementia care.	Direct Care Workforce	Requires an area agency on aging designated by the bureau of aging services (area agency) to: (1) establish a dementia care specialist program; and (2) designate or hire at least one individual as a dementia care specialist to administer the program. Requires the division of aging to employ a dementia care specialist coordinator. Sets forth the duties of: (1) a dementia care specialist; and (2) the dementia care specialist coordinator. Makes conforming changes. Makes an appropriation.	Would require the establishment of a dementia care specialist program. Would require Area Agencies on Aging employ a dementia care specialist and coordinator.	Rep. Gregory Porter	10 - Public Law
Dead	House	Health	HB 1423: Rare disease advisory committee.	Other	Establishes the rare disease advisory committee.		Rep. Gregory Porter	2 - Assigned to Committee
Dead	House	Health	HB 1433: Reimbursement for prosthetic and orthotic devices.	Other	Provides that orthotic devices are provided under Medicaid. Requires the office of the secretary of family and social services and a managed care organization to reimburse under Medicaid a provider of prosthetic and orthotic devices at a rate comparable to the federal Medicare reimbursement rate. Requires reimbursement for the replacement of an orthotic device or a prosthetic device for a minor for certain reasons.		Rep. Harold Slager	6 - Committee Passage
Active	House	Health Workforce	HB1457: Public health matters.	Direct Care Workforce	Establishes licensing standards for rural emergency hospitals. Provides that certain personal information is confidential if a complaint is filed with the Indiana department of health (department). Allows the department to analyze information submitted by entities regulated by the department for quality improvement purposes. Repeals the provision concerning a provisional license for certain hospice programs. Provides that the definition of "home health services" includes community based palliative care. Establishes standards for housing with services establishments that offer memory care services. Changes references from "venereal disease" to "sexually transmitted infection". Allows a local health officer to issue a birth, death, or stillbirth certificate from the electronic registration system regardless of the location of the filing of the record. Removes the requirement that the department develop educational materials concerning prenatal and neonatal transmission of HIV. Removes the requirement that the department be notified if certain emergency responders request test results following a potential exposure to a serious communicable disease. Changes the date that the department submits a report concerning childhood lead poisoning. Removes the exemption to a vendor of a farmer's market or roadside stand from the requirements relating to food products that are not potentially hazardous. Provides a preference for awarding grants from the safety pin program to populations with demonstrable higher need. Provides that the center for deaf and hard of hearing education shall provide assistance to classroom instruction and professionals. Makes technical and conforming changes.		Rep. Brad Barrett	10 - Public Law
Dead	House	Health	HB 1459: Cooperative agreements of home health agencies.	Direct Care Workforce	Adds language concerning 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. Removes the expiration of the home health agency cooperative agreement statute.		Rep. Brad Barrett	2 - Assigned to Committee
Active	House	Health Workforce	HB 1460: Professional and occupational licensing.	Regulatory (Agency, Boards, PLA)	Provides that the state board of nursing (board) may not require an applicant for a nursing license by endorsement to provide a Social Security number if the applicant can prove that the applicant is in the United States lawfully. Allows a board that regulates a health care provider or a regulated professional under IC 25 to use electronic means of communication to conduct meetings if certain requirements are met. Allows the Indiana department of health (state department) to collect certain information from individuals who provide home health services, are a qualified medication aide, or are a certified nurse aide. Allows the emergency medical services commission (EMS commission) to collect certain information from individuals licensed or certified under the emergency services law. Adds the board of physical therapy, EMS commission, and the state department for purposes of workforce renewal information and an annual report. Establishes time periods for the professional licensing agency (PLA) to post meeting agendas and meeting minutes on the applicable board's website. Requires the PLA to post certain information concerning board vacancies and application forms. Requires that new and renewed licenses with the PLA be submitted electronically, unless a paper application is requested. Requires the PLA to post on its website information about the number of licenses issued and wait times for the licenses. Requires the governor to fill a vacancy on certain occupational boards within 90 days. Allows the affected board to make an appointment to the board if the governor does not make the appointment. Makes various changes to the reciprocity law concerning issuing a license for a health care professional. Allows the board to issue a temporary permit for a registered nurse applicant and a licensed practical nurse applicant. Amends the criteria for certain nursing programs to allow the program to increase enrollment. Requires the state board of health facility administrators to amend certain rules concerning an administrator-in-training (AIT), a health facility administrator (HFA), and a residential care administrator (RCA). Makes conforming changes.	Would make several technical changes to the operations, oversight, and regulation of Indiana's health profession boards, and professional licensure agency. Would also change that applicants for nursing license through endorsement would no longer have to provide their Social Security Number if the applicant can prove they are lawfully in the United States. Would allow practice under a temporary registered nurse permit while pending application review. Would allow information to be collected from home health aides, qualified medication aides, certified nurse aides, and licenses under physical therapy, EMS, and IDOH consumer services and health care regulation commission.	Rep. Brad Barrett	10 - Public Law

Active	House	Health Workforce	HB 1461: Long term services.	Direct Care Workforce	Requires the housing and community development authority to: (1) assess the feasibility of the development of new assisted living communities for low and middle income individuals; and (2) determine possible funding for the assisted living communities; and submit a report to the legislative services agency. Authorizes certain providers to perform functional eligibility assessments for individuals applying for the aged and disabled Medicaid waiver. Requires the office of the secretary of family and social services (office) to contract with more than one entity to provide functional eligibility determinations for individuals applying for the aged and disabled Medicaid waiver. Requires the office to submit an amendment to the Medicaid aged and disabled waiver to: (1) require that a functional eligibility determination be made not later than 72 hours after a functional eligibility assessment is performed; and (2) authorize certain providers to perform the functional eligibility assessments. Specifies reimbursement requirements when level of services is changed for a recipient of assisted living services. Specifies that integrated health care coordination and transportation are assisted living services. Prohibits the office from reducing the scope of services that may be provided by an assisted living services provider under the Medicaid aged and disabled waiver, as in effect on July 1, 2021. Specifies provisions that must be included in a risk based managed care program or capitated managed care program for specified Medicaid recipients. Removes the requirement that the transfer of comprehensive care beds in a health facility equalize the number of certified Medicaid beds in the county. Sets forth requirements for residential care facility administrators and notification requirements to the Indiana department of health upon a vacancy or new hire of a residential care administrator. Requires the Indiana department of health to establish and administer the registration of a temporary health care service agency. Repeals current laws concerning the regulation of employment services. Provides that an individual who receives home and community based services under a Medicaid waiver and resides in a residential care facility has the same protections and rights afforded under landlord-tenant law concerning eviction. Specifies that the lease between the individual and residential care facility applies concerning transfer, discharge, and the eviction process. Prohibits the Indiana state board of health facility administrators from: (1) requiring a health facility administrator program for residential care facility administrators to require more than 40 hours of training; and (2) imposing any requirement that specifies the length of time that an individual has to complete a training program for a residential care facility administrator license. Removes references to a residential care facility administrator as a separate classification of license. Changes the requirements for the temporary permit for a health facility administrator from another state.	Would set the professional requirements for an individual to serve as a residential care facility administrator and create notification requirements to the Indiana department of health when there is a vacancy or new hire of a residential care administrator. Would codify "Temporary Health Care Services Agencies" and establish which Indiana licensed health professions met its criteria, services provided, regulatory requirements, and registration process of temporary health care service agencies.	Rep. Brad Barrett	10 - Public Law
Dead	House	Health Workforce	HB 1462: Emergency department substance use plans.	Behavioral Health (substance use and mental health)	Requires an emergency department to: (1) annually submit to the Indiana department of health (department) a plan to initiate interventions with patients who have a substance use related emergency department visit; and (2) implement a continuing education and training program to emergency department personnel on substance use disorder and best practices for emergency medical care delivery for patients who are most at risk of dying after emergency room discharge. Provides that the services provided to a patient under a substance use disorder treatment plan provided to the department are considered to be medically necessary. Provides that the office of the secretary of family and social services shall require managed care organizations to consider services provided to an individual under a substance use disorder treatment plan as medically necessary.	Would require implementation of a continuing education and training program to emergency department workers related to substance use disorder and related best practices.	Rep. Ann Vermilion	6 - Committee Passage
Dead	House	Health	HB 1472: Hospital and health care cost and quality controls.	Other	Provides for implementation of a health care improvement and cost control strategy in Indiana that requires equalization of hospital reimbursement rates for all payers by July 1, 2025, and a total cost of care model of health care improvement and cost control for all health care providers by July 1, 2030. Conditions implementation of the strategy upon approval of the strategy by federal Medicare and Medicaid agencies.		Rep. Matt Pierce	2 - Assigned to Committee
Dead	House	Workforce	HB 1502: Workforce development grants.	Workforce Incentive Programs	Establishes the workforce development board grant program and the workforce development board grant program fund. Requires the department of workforce development to annually award grants to each of the 12 workforce development boards in Indiana. Specifies that grants must be used to: (1) serve individuals that are not eligible for services; and (2) leverage existing funding; under the federal Workforce Innovation and Opportunity Act of 2014. Makes an appropriation.		Rep. Julie Otthoff	2 - Assigned to Committee
Active	House	Health Workforce	HB 1513: FSSA Matters	Direct Care Workforce	Changes the name of the bureau of developmental disabilities services to the bureau of disabilities services. Repeals Medicaid copayment provisions that: (1) require the office of the secretary of family and social services (office) to apply a copayment for certain Medicaid services; (2) require a recipient to make a copayment upon the receipt of services and for a provider not to voluntarily waive a copayment; (3) set forth exemptions from copayment requirements; and (4) require the provider to charge the maximum allowable copayment. Allows for an enrollment fee, a premium, or a similar charge to be imposed as a condition of an individual's eligibility for the healthy Indiana plan. Removes a prohibition on the office from: (1) requiring certain providers to submit non-Medicaid revenue information in the provider's annual historical financial report; and (2) only requesting balance sheets from certain providers that apply directly to the provider's facility. Allows the office to implement an end of therapy reclassification methodology in a successor of the RUG-IV, 48-Group model for payment of nursing facility services.		Rep. Brad Barrett	10 - Public Law
Dead	House	Workforce	HB 1516: Comparative college and career information.	Workforce Pipeline (Education)	Tasks the commission for higher education (commission), the department of education, and the department of workforce development to collect and compile 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, 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 programs to collect and provide information as requested by the commission.		Rep. J.D. Prescott	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1546: Art and music therapy.	Regulatory (Agency, Boards, PLA)	Provides that art therapy services provided by a licensed art therapist to an individual who receives mental health services or to an individual who receives services from a community mental health center are reimbursable under Medicaid. Provides for the licensure of music therapists, art therapists, and art therapist associates. Adds music therapists and art therapists to the behavioral health and human services licensing board (board). Creates the music therapist and art therapist sections of the board. Requires music therapists to be licensed. Establishes requirements and procedures for an individual to be licensed as a music therapist, art therapist, and art therapist associate. Prohibits a person who is not licensed as a music therapist, art therapist, or an art therapist associate from using certain titles or certain words in a title. Makes technical and conforming changes.	Would create a licensure of music therapists, art therapists, and art therapist associates under the behavioral health and human services licensing board.	Rep. Chis Judy	2 - Assigned to Committee
Active	House	Workforce	HB 1555: Military family occupational licenses.	Regulatory (Agency, Boards, PLA)	Provides that a military service applicant who has held an occupational license, certification, registration, or permit (license) in another jurisdiction for at least one year may qualify for an Indiana license. Removes the requirement that an applicant have a license for at least two of the five years preceding the date of the application. Provides that an applicant may not have a complaint or investigation pending before an occupational licensing board (board) that relates to unprofessional conduct or an alleged crime. Provides that a military member's dependent may apply for an occupational license under the same conditions as a military member's spouse. Requires the board to issue a license to an applicant upon application based on work experience in another state if certain conditions are met. Allows an applicant to appeal a final determination of the board. Makes a technical correction.		Rep. Chris May	10 - Public Law
Active	House	Health Workforce	HB 1568: Prescription for hormonal contraceptives.	Other	Allows pharmacists who meet certain requirements to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives (contraceptives). Establishes requirements for pharmacists who elect to prescribe and dispense contraceptives. Requires the Indiana board of pharmacy (board) to adopt rules. Provides that a pharmacist is not required to prescribe a contraceptive to a woman if the pharmacist believes the contraceptive is contraindicated or objects on ethical, moral, or religious grounds.	Would allow certain pharmacists to prescribe and dispense certain forms of contraceptives.	Rep. Elizabeth Rowray	10 - Public Law
Dead	House	Health Workforce	HB 1573: Repayment of medical school loans.	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, 2024, and each November 1 thereafter, prepare and submit a report to the general assembly regarding the program. Makes an appropriation to the fund.	Would establish a loan forgiveness pilot program to eligible physicians to support physician recruitment in certain geographies.	Rep. Earl Harris	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1580: Licensure of home health aides.	Direct Care Workforce	Provides for the licensure of home health aides by the Indiana department of health (state department). Establishes certain training and competency evaluation requirements for licensed home health aides. Provides that the state department shall include licensed home health aides in the registry of nurse aides. Makes a technical correction.	Would enable establishment of processes under IDOH for home health aide licensure.	Rep. Timothy O'Brien	2 - Assigned to Committee
Dead	House	Health Workforce	HB 1598: Income tax credit for nursing preceptors.	Nursing Workforce	Provides a refundable credit of \$1,000 against the adjusted gross income tax liability of a taxpayer who has served as a nursing preceptor during the taxable year.	Would provide a \$1,000 income tax credit for nursing preceptors.	Rep. Cindy Ledbetter	2 - Assigned to Committee
Dead	House	Workforce	HB 1606: Employer tax credit for apprenticeship programs.	Workforce Pipeline (Education)	Provides for a nonrefundable apprenticeship tax credit (credit) for an eligible employer. Provides that the amount of the credit is equal to not more than \$1,250 for each apprentice employed. Provides that an eligible employer may claim: (1) a credit for not more than 10 apprentices employed for a taxable year; and (2) the credit for an individual apprentice for not more than three taxable years. Provides that the total amount of credits that may be awarded for a state fiscal year may not exceed \$10,000,000. Allows the department of state revenue to adopt rules to implement the credit.		Rep. Robert Behning	2 - Assigned to Committee
Dead	House	Health	HB 1610: Exemption from prior authorization requirements.	Other	Amends the law concerning the prior authorization of health care services by a health plan (which includes a policy of accident and sickness insurance, a health maintenance organization contract, and the Medicaid risk based managed care program). Provides that: (1) if a health plan, during a six month evaluation period, approves at least 90% of a health care provider's requests for prior authorization for a particular type of health care service, the health plan may not require the health care provider to obtain prior authorization for that type of health care service for the entire duration of an exemption period of six calendar months immediately following the evaluation period; and (2) at the conclusion of the initial exemption period, the health plan shall continue granting consecutive exemption periods of six months to the health care provider unless the health plan rescinds the exemption. Provides that a health plan may rescind a health care provider's exemption only on the basis of a determination by a physician that, in at least five and not more than 20 cases randomly selected for review, less than 90% of the health care services provided by the health care provider met the health plan's medical necessity criteria. Authorizes a health care provider that is notified of the rescission of its exemption to initiate a review of the rescission by an independent review panel. Requires the independent review panel to determine whether at least 90% of the health care services provided by the health care provider met the health plan's medical necessity criteria. Requires a health plan to restore the health care provider's exemption if the independent review panel's determination is in favor of the health care provider. Requires the insurance commissioner to adopt rules.		Rep. Rita Fleming	2 - Assigned to Committee

Dead	House	Health Workforce	HB 1612: Professional counselors licensure compact.	Regulatory (Agency, Boards, PLA)	Requires the behavioral health and human services licensing board to administer the professional counselors licensure compact (compact). Adopts the compact. Sets forth requirements of a member state. Sets forth the duties and authority of the counseling compact commission (commission). Allows a counselor in a home state to practice via telehealth in a member state. Allows each member state to have one delegate on the commission. Establishes the procedure to withdraw from the compact. Makes conforming changes.	Would establish Indiana's participation in the Professional counselors licensure compact (related to SB 160).	Rep. Rita Fleming	2 - Assigned to Committee
Dead	House	Health	HB 1628: Newborn nurse visitation program.	Maternal/Child Health	Establishes a newborn nurse visitation program (program) within the Indiana department of health. Provides that the program begins July 1, 2023. Establishes an advisory group and criteria for the program. Requires insurance for state employees, health insurers, and health maintenance organization contracts that provide basic health care services to provide coverage for services under the program. Requires the office of Medicaid policy and planning to apply for a demonstration waiver to provide Medicaid coverage for program services. Makes an appropriation for the program. Makes conforming changes.		Rep. Maureen Bauer	2 - Assigned to Committee
Dead	House	Health	HB1640: Maternal mortality information.	Maternal/Child Health	Requires the statewide maternal mortality review committee (committee) to: (1) promote greater diversity and community engagement in maternal mortality review; (2) conduct a comprehensive review of maternal health data collection process and quality measures to consider certain maternal mortality concerns; and (3) conduct a comprehensive study on maternal mortality and severe maternal morbidity among Native American pregnant and postpartum individuals. Appropriates \$1,000,000 to the committee to carry out the comprehensive studies.		Rep. Vanessa Summers	2 - Assigned to Committee
Dead	House	Health	HB1641: Maternal health.	Maternal/Child Health	Provides that the Indiana department of health (department) shall develop a program to award grants to certain community based programs. Requires the department to collaborate with the statewide maternal mortality 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 chapter.		Rep. Vanessa Summers	2 - Assigned to Committee
Active	Senate	Health Workforce	SB 1: Behavioral health matters.	Behavioral Health (substance use and mental health)	Provides that, not later than December 31, 2024, the office of the secretary of family and social services shall apply to the United States Department of Health and Human Services: (1) for a Medicaid state plan amendment, a waiver, or an amendment to an existing waiver to require reimbursement for eligible certified community behavioral health clinic services; or (2) to participate in the expansion of a community mental health services demonstration program. Requires the division of mental health and addiction to establish and maintain a help line: (1) to provide confidential emotional support and referrals to certain resources to individuals who call the help line; and (2) that is accessible by calling a toll free telephone number. Reestablishes the Indiana behavioral health commission. Changes the name of the "9-8-8 crisis hotline center" to "9-8-8 crisis response center". Makes an appropriation. Makes conforming changes.	Would support reimbursement for certain services provided in certified community behavioral health clinics and would therefore may have implications for the health professionals delivering those services; Codifies the Behavioral Health Commission and requires an evaluation of certain behavioral health topics, which include access to behavioral health services (and therefore likely workforce implications).	Sen. Michael Crider; Sen. Ed Charbonneau; Sen. Ron Atling	10 - Public Law
Active	Senate	Health Workforce	SB 4: Public health commission	Prevention & awareness (public health, infrastructure, and healthy and active living)	Defines "core public health services" for purposes of public health laws. Adds members to the executive board of the Indiana department of health (state department). Requires the state department to provide district or regional services to local health departments. Allows the state department to issue guidance to local health departments. Requires the state department to make annual local health department reports available to the public. Changes the qualification requirements for a local health officer and requires certain training. Requires local health departments to report to the state department activities and metrics on the delivery of core public health services. Sets political affiliation limitations on local boards of health and adds two members to local boards of health. Requires a multiple county health department to maintain at least one physical office in each represented county. Provides that a new city health department cannot be created after December 31, 2022, but allows current city health departments to continue to operate. Creates the Indiana trauma care commission and sets forth the commission's duties. Specifies that certain vision screenings in schools for students may be performed by an ophthalmologist or an optometrist. Requires vision screening in kindergarten and first grade (current law allows for the screening in either grade). Modifies the list of vision tests that may be used. Requires the school to send to the parent of a student any recommendation for further testing by the vision screener. Allows for standing orders to be used for emergency stock medication in schools. Allows the state health commissioner or designee to issue a statewide standing order, prescription, or protocol for emergency stock medication for schools. Removes the distance requirement for an access practice dentist to provide communication with a dental hygienist.	Follow up from Governor's Public Health Commission recommendations; outlines core public health services that must be provided by local health departments; likely has accompanying workforce implications; APRNs and PAs with appropriate training could serve as local health officer.	Sen. Ed Charbonneau	10 - Public Law
Dead	Senate	Health	SB 6: Health care billing forms	Other	Provides that a bill for health care services provided by a provider in an office setting must be submitted on an individual provider form. Prohibits an insurer, health maintenance organization, employer, or other person responsible for the payment of the cost of health care services from accepting a bill that is submitted on an institutional provider form. Requires the Indiana department of health to adopt rules for the enforcement of these provisions.		Sen. Ed Charbonneau; Sen. Justin Busch	5 - Assigned to Committee
Active	Senate	Health Workforce	SB 7: Physician noncompete agreements and referrals.	Physician Workforce	Provides that beginning July 1, 2023, a physician and an employer may not enter into a noncompete agreement. Prohibits a referring physician from receiving compensation or an incentive from a health care entity or other 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.	Disallows physicians and employers from participating in noncompete agreements.	Sen. Justin Busch	10 - Public Law
Active	Senate	Health	SB 8: Prescription drug rebates and pricing.	Other	Provides that, for individual health insurance coverage, the defined cost sharing for a prescription drug must be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates received by the insurer in connection with the dispensing or administration of the prescription drug. Requires that, for group health insurance coverage, an insurer: (1) pass through to a plan sponsor 100% of all rebates received or estimated to be received by the insurer concerning the dispensing or administration of prescription drugs to the covered individuals of the plan sponsor; (2) provide a plan sponsor, at the time of contracting, the option of calculating defined cost sharing for covered individuals of the plan sponsor at the point of sale based on a price that is reduced by some or all of the rebates received or estimated to be received by the insurer concerning the dispensing or administration of the prescription drug; and (3) disclose specified information to the plan sponsor. Allows the department of insurance to enforce the provisions and impose a civil penalty.		Sen. Ed Charbonneau	10 - Public Law
Active	Senate	Health Workforce	SB 11: Marriage and family therapists.	Behavioral Health (substance use and mental health)	Decreases the number of experiential practice hours required to obtain a license as a marriage and family therapist or a therapist associate. Specifies that the hours must be completed during at least 12 months.	Decreases the number of experiential practice hours required to obtain a license as a marriage and family therapist or a therapist associate. Specifies that the hours must be completed during at least 12 months.	Sen. Stacey Donato.	10 - Public Law
Dead	Senate	Workforce	SB 34: Expungement of addiction related convictions.	Regulatory (Agency, Boards, PLA)	Establishes a procedure to permit a person: (1) with an addiction disorder related conviction; and (2) who has completed a high intensity residential treatment program; to expunge the person's addiction disorder related conviction.		Sen. Michael Crider	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 49: Certified registered nurse anesthetists.	Nursing Workforce	Removes the requirement that a certified registered nurse anesthetist (CRNA) must be in the immediate presence of a physician to administer anesthesia. Allows a CRNA to administer anesthesia under the direction 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.)	Removes the requirement that a certified registered nurse anesthetist (CRNA) must be in the immediate presence of a physician to administer anesthesia. Allows a CRNA to administer anesthesia under the direction of a podiatrist or dentist.	Sen. Ed Charbonneau	2 - Assigned to Committee
Active	Senate	Health Workforce	SB 73: Occupational therapy licensure compact.	Regulatory (Agency, Boards, PLA)	Establishes the occupational therapy licensure compact.	Would establish Indiana's participation in the Occupational Therapy licensure compact.	Sen. Vaneta Becker; Sen. Jean Leising	10 - Public Law
Dead	Senate	Health	SB 81: Community intellectual and developmental disability centers.	Direct Care Workforce	Provides that if the county executive of a county authorizes the furnishing of financial assistance to a community intellectual and developmental disability center (CIDD), the county fiscal body is required, upon request of the county executive, to annually appropriate an amount of money from the county's general fund that is not less than the amount that would be collected from an annual rate of \$0.01 on each \$100 of taxable property within the county to provide the financial assistance to the CIDD. (Under current law, a county fiscal body may (rather than shall) make the annual appropriation.) Requires the county auditor to distribute the amounts appropriated by the county fiscal body to furnish financial assistance to a CIDD first before making any other distributions of appropriated amounts from the county's general fund. Makes corresponding changes to provisions that authorize two or more counties to furnish financial assistance to a CIDD that is organized to provide services in more than one county and that authorize a county to furnish a share of financial assistance to a CIDD in certain circumstances.		Sen. Mike Bohacek	3 - Committee Passage
Dead	Senate	Health	SB 87: Exemption from prior authorization.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Provides that the Medicaid program and children's health insurance program may not require prior authorization for a medication that is approved by the federal Food and Drug Administration (FDA) for the mitigation of opioid withdrawal or approved by the FDA for the treatment of opioid use disorder.		Sen. Mike Bohacek	2 - Assigned to Committee
Dead	Senate	Workforce	SB 88: Expungement of wrongful convictions.	Regulatory (Agency, Boards, PLA)	Provides that the court shall, on its own motion and without holding a hearing, order the expungement of a person's vacated conviction record if the person qualifies for restitution as a wrongfully incarcerated person within 60 days of receiving notice from the criminal justice institute, unless the court finds that automatic expungement would not serve the interests of justice.		Sen. Mike Bohacek	2 - Assigned to Committee
Dead	Senate	Workforce	SB 135: Eligibility for resident tuition.	Other	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. Blake Doriot; Sen. David Niezgodski; Sen. Linda Rogers	2 - Assigned to Committee
Dead	Senate	Health	SB 139: Fentanyl	Other	Defines "fentanyl containing substance" and increases the penalty for dealing a drug that is a fentanyl containing substance.		Sen. James Tomes	2 - Assigned to Committee
Dead	Senate	Health	SB 140: COVID-19 immunizations for minors.	Prevention & awareness (public health, infrastructure, and healthy and active living)	Prohibits a city, town, county, or state agency from requiring an individual who is less than 18 years of age to receive an immunization for COVID-19. Removes an expired cross-reference.		Sen. James Tomes	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 152: Medicaid reimbursement for clinical pharmacist.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires the office of the secretary of family and social services to reimburse a federally qualified health center for clinical pharmacist services.	Would require Indiana to amend state plan to request reimbursement for clinical pharmacists at federally qualified health centers.	Sen. Ed Charbonneau	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 153: Pharmacist contraceptive prescriptions.	Other	Allows pharmacists who meet certain requirements to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives (contraceptives). Establishes requirements for pharmacists who prescribe and dispense contraceptives. Requires the Indiana board of pharmacy (board) to adopt rules. Requires health plans to provide coverage for contraceptives and certain services. Establishes an exception for nonprofit religious employers. Requires the board to issue an annual report to the legislative council.	Would allow certain pharmacists to prescribe and dispense certain forms of contraceptives.	Sen. Ed Charbonneau	2 - Assigned to Committee
Active	Senate	Health Workforce	SB 160: Professional counselors licensure compact.	Regulatory (Agency, Boards, PLA)	Requires the behavioral health and human services licensing board to administer the professional counselors licensure compact (compact). Adopts the compact. Sets forth requirements of a member state. Sets forth the duties and authority of the counseling compact commission (commission). Allows a counselor in a home state to practice via telehealth in a member state. Allows each member state to have one delegate on the commission. Establishes the procedure to withdraw from the compact. Makes conforming changes.	Would establish Indiana's participation in the professional counselors licensure compact (mental health) (related to SB 198).	Sen. Michael Crider; Sen. Kyle Walker	10 - Public Law
Dead	Senate	Health	SB 169: Grants for ambulance purchase.	Other	Establishes the rural community ambulance grant pilot program and fund. Provides that the program and fund are administered by the emergency medical services commission (commission). Provides that the commission shall award grants on a competitive basis. Makes an appropriation.		Sen. Jean Leising	3 - Committee Passage

Dead	Senate	Health Workforce	SB 190: Physician assistants	Physician Workforce	Amends current requirements for a collaborative agreement between a physician and a physician assistant with the following: (1) the collaborative agreement must include limitations; (2) the collaborative agreement must set forth the method of collaboration between the physician and physician assistant; and (3) the collaborative agreement must be signed, updated annually, and made available to the medical licensing board of Indiana upon request. Amends the definition of "prescriber" for purposes of electronically transmitted prescriptions for controlled substances, overdose intervention drugs, and telehealth services and prescriptions. Provides that a written collaborative agreement between a physician assistant, who is employed by a certain health care facility or center, and a particular collaborating physician is not required. Requires a physician assistant employed by a certain health care facility or center to enter into a practice agreement with the health care facility or center that employs the physician assistant. Eliminates: (1) a prohibition against a physician collaborating with more than four physician assistants at the same time; (2) a requirement that a physician submit a collaborative agreement to the medical licensing board; and (3) a requirement that a collaborating physician and physician assistant submit a list of locations the physician and physician assistant will practice to the medical licensing board	Would amend collaborative agreement requirements for physician assistants (PA) and physicians. Would remove requirement for collaborative agreement in certain settings, but replace with requirements for a "practice agreement" in those settings with that entity.	Sen. Ed Charbonneau	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 191: Associate physicians.	Physician Workforce	Establishes the licensure of associate physicians and sets forth requirements for licensure. Sets forth collaborative agreement requirements between a physician and an associate physician.	Would establish and set forth the requirements for licensure for "Associate Physicians", or medical school graduates who have not completed a residency. Associate Physicians could provide primary care services in underserved areas under a collaborative agreement with a licensed physician.	Sen. Ed Charbonneau; Sen. Liz Brown	2 - Assigned to Committee
Dead	Senate	Health	SB 196: Healthy Indiana plan health care accounts.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Repeals the health care account and cost sharing requirements of an individual for the healthy Indiana plan.		Sen. J.D. Ford	2 - Assigned to Committee
Dead	Senate	Health	SB 197: Student health.	School Health	Requires the governing body of a school corporation or chief administrative officer of a nonpublic school system to authorize the absence and excuse of a student due to the student's mental or behavioral health concerns. Limits the number of excused absences for mental or behavioral health concerns, without documentation, to three instructional days in a school year. Allows a student to be excused for more than three instructional days if the student provides certain documentation. Requires that a school selected to participate in the United States Centers for Disease Control and Prevention's Youth Risk Behaviors Survey or a successor survey participate in the survey. Provides that the commission for higher education shall, before January 1, 2024, work with the statewide suicide prevention coordinator to develop a suicide prevention training for students at each state educational institution (institution). Requires each student at an institution, after July 1, 2024, to participate in the training in the student's first year at the institution. Requires each institution to collect and report certain information concerning suicide prevention to the statewide suicide prevention coordinator. Establishes a mental health and suicide prevention in higher education task force (task force). Provides that the task force shall create a statewide suicide prevention resource guide for institutions. Makes conforming changes.		Sen. J.D. Ford	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 198: Professional counselors licensure compact.	Behavioral Health (substance use and mental health)	Requires the behavioral health and human services licensing board to administer the professional counselors licensure compact (compact). Adopts the compact. Sets forth requirements of a member state. Sets forth the duties and authority of the counseling compact commission (commission). Allows a counselor in a home state to practice via telehealth in a member state. Allows each member state to have one delegate on the commission. Establishes the procedure to withdraw from the compact. Makes conforming changes.	Would establish Indiana's participation in the Professional counselors licensure compact (related to SB 160).	Sen. J.D. Ford	2 - Assigned to Committee
Dead	Senate	Health	SB 207: FSSA matters.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Limits work requirements for Supplemental Nutrition Assistance Program (SNAP) recipients to the minimum required by federal law. Changes the requirements for submitting eligibility information for an individual who is: (1) less than 19 years of age; and (2) a recipient of either the Medicaid program or the children's health insurance program (CHIP) (programs). (Current law concerning the submission of eligibility information in the programs applies to individuals less than three years of age.) Prohibits the office of the secretary of family and social services (office) from requiring a participant of the healthy Indiana plan (plan) to cost share or otherwise make copayments in order to participate in the plan. Prohibits the office from requiring an individual to work or be a student in order to participate in the plan.		Sen. Jean Breaux	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 213: Advanced practice registered nurses.	Nursing Workforce	Removes the requirements 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. Repeals law 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.	Would remove collaborative practice agreement requirements for APRNs and modify other APRN practice provisions.	Sen. Jean Breaux	2 - Assigned to Committee
Dead	Senate	Health	SB 234: School based health centers	School Health	Requires the department of education, in consultation with the Indiana department of health, to establish a program to provide technical assistance to public schools, including charter schools, that are interested in establishing a school based health center.		Sen. Andrea Hunley	2 - Assigned to Committee
Dead	Senate	Health	SB 237: Medical cannabis.	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 - Assigned to Committee
Active	Senate	Health	SB 252: Long acting reversible contraceptives.	Other	Allows a long acting reversible contraceptive that is prescribed to and obtained for a Medicaid recipient to be transferred to another Medicaid recipient if certain requirements are met.		Sen. Shelli Yoder; Sen. Susan Glick	10 - Public Law
Dead	Senate	Health Workforce	SB 253: Medicaid reimbursement for school psychologists.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Adds a school psychologist as a qualified provider for purposes of the Medicaid program. Provides that a school psychologist does not need supervision or authorization from another qualified provider in order to obtain Medicaid reimbursement for certain services provided to a Medicaid recipient.	Adds school psychologists as qualified providers for Medicaid reimbursement.	Sen. Shelli Yoder	2 - Assigned to Committee
Dead	Senate	Health	SB 256: Licensure of pregnancy resource centers.	Maternal/Child Health	Requires the licensure of pregnancy resource centers. Requires pregnancy resource centers to disclose specified information to patients.		Sen. Shelli Yoder	2 - Assigned to Committee
Active	Senate	Health	SB 265: TANF eligibility.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Sets the income eligibility requirements for the Temporary Assistance for Needy Families (TANF) program at a specified percentage of the federal income poverty level. Requires the division of family resources (division) to amend the state TANF plan or take any other action necessary to implement the income requirements. Increases certain payment amounts under the TANF program. Requires the payments to be annually adjusted using the Social Security cost of living adjustment rate, but provides that the total adjustment in a year must be reduced to the extent the adjustment would result in the transfer to the Child Care and Development Fund grant program being less than the maximum allowable transfer under federal law. Authorizes emergency rulemaking concerning the payments. Repeals language regarding: (1) payments for a child born more than 10 months after a family qualifies for assistance; (2) the adoption of rules authorizing certain vouchers; (3) eligibility for child support enforcement services; (4) encouraging a family that receives assistance to receive family planning counseling; and (5) requiring the division to apply a percentage reduction to the total needs of TANF applicants and recipients in computing TANF benefits. Makes conforming changes.		Sen. Jon Ford	10 - Public Law
Dead	Senate	Health	SB 266: Long acting reversible contraceptives	Maternal/Child Health	Requires a hospital that operates a maternity unit to ensure that a woman giving birth in the hospital has the option of having a long acting reversible subdermal contraceptive implanted after delivery and before the woman is discharged. Allows a hospital to be exempt from the requirement if the hospital has a faith based objection.		Sen. Jean Breaux	5 - Assigned to Committee
Active	Senate	Health Workforce	SB 273: Administration of anesthesia in dental office.	Oral health	Provides that any rule adopted by the medical licensing board concerning standards for office based procedures that require moderate sedation, deep sedation, or general anesthesia to be administered does not apply to a dental office setting if the dentist who performs the dental services on a patient holds a permit to administer general anesthesia or moderate sedation issued by the state board of dentistry.	Would establish conditions for a physician anesthesiologist or a certified registered nurse anesthetist acting under the direction of and in the immediate presence of a physician to administer moderate sedation, deep sedation, or general anesthesia to the patient in a dental office.	Sen. Tyler Johnson	10 - Public Law
Active	Senate	Health Workforce	SB 275: Practitioner identification.	Regulatory (Agency, Boards, PLA)	Provides that a practitioner holding a license issued by the board of chiropractic examiners, the state board of dentistry, the state board of health facility administrators, the medical licensing board, the state board of nursing, the optometry board, the board of pharmacy, the board of podiatric medicine, the speech-language pathology and audiology board, the state psychology board, the board of physical therapy, the respiratory care committee, the occupational therapy committee, the behavioral health and human services licensing board, the physician assistant committee, the athletic trainers board, or the behavior analyst committee is subject to disciplinary sanctions if the practitioner fails, while providing direct patient care, to wear an identification badge that clearly sets forth the practitioner's first and last name, type of license, and, if applicable, status as a student, intern, trainee, or resident. Establishes certain exceptions. Provides, for purposes of the law prohibiting the unlawful practice of medicine or osteopathic medicine, that "the practice of medicine or osteopathic medicine" includes attaching to an individual's name the words allergist, electrophysiologist, geriatrician, immunologist, medical geneticist, neonatologist, pulmonologist, or any similar title or description of services.	Would require various practitioners to wear an identification badge that clearly sets forth the practitioner's first and last name, type of license, and, if applicable, status as a student, intern, trainee, or resident while providing direct patient care. Practitioners would be subject to disciplinary sanctions if the practitioner fails to wear proper identification.	Sen. Tyler Johnson	10 - Public Law
Dead	Senate	Health Workforce	SB 309: Direct service provider registry.	Direct Care Workforce	Requires the division of disability and rehabilitative services (division) to establish and maintain a direct support professional registry. Requires a direct support professional to register with the division in order to provide direct support services. Requires the division to consult with stakeholders and establish a tiered training certification program for direct support professionals. Requires the division to issue a request for proposals before October 1, 2023, to operate the training program and select a vendor. Allows the division to use any federal dollars available for the registry and training. Requires the division to apply to the federal government for approval of Medicaid reimbursement for services provided by a direct support professional during training.	Would establish and maintain a DSW professional registry. By September 1, 2023 if a DSW is not registered with the division they may not provide direct support services.	Sen. Shelli Yoder	2 - Assigned to Committee
Dead	Senate	Health	SB 310: Medicaid buy-in program.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Removes consideration of income and countable resources in determining an individual's eligibility for participation in the Medicaid buy-in program (program). Requires the office of the secretary of family and social services (office of the secretary) to apply for a state plan amendment or waiver to implement this provision. Prohibits the office of the secretary from considering resources and whether the individual participated in a specified program in determining the individual's eligibility or continuous eligibility for the program. Allows a recipient's participation in an employment network recognized by the federal Social Security Administration to qualify as participating with an approved provider of employment services. Changes minimum and maximum premiums that a recipient must pay. Requires that the premium scale be promulgated by administrative rule. Allows the office of the secretary to annually review the premium amount that a recipient must pay in the program. (Current law requires annual review of the premium amount.) Specifies changes in circumstances that must result in an adjustment of the premium. Specifies that a recipient in the program is eligible for the same services as offered in the Medicaid program. States that an individual's participation in the program does not preclude the individual from participating in a Medicaid waiver program. Specifies that a recipient of the program may simultaneously participate in a Medicaid waiver program and requires the office of the secretary to individually determine eligibility for both programs based on the individual's medical need requirements.		Sen. Shelli Yoder	2 - Assigned to Committee
Dead	Senate	Health	SB 311: Abortion	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. Shelli Yoder	2 - Assigned to Committee

Dead	Senate	Health	SB 312: Medicare supplement insurance.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Provides that an issuer of Medicare supplement policies or certificates (issuer) is prohibited from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of applicants who meet certain conditions. Prohibits an issuer from charging a non-age eligible individual more for a Medicare supplement policy or certificate than the issuer's weighted average premium rate. Requires an issuer to make a Medicare supplement policy or certificate available to any applicant who, without regard to age, is eligible for benefits under Medicare Part B. Prohibits an issuer from denying, conditioning the issuance or effectiveness of, or discriminating in the pricing of a Medicare supplement policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an individual who changes coverage from a Medicare supplement policy or certificate issued by an issuer to a Medicare supplement policy or certificate issued by another issuer if the former Medicare supplement policy or certificate and the latter Medicare supplement policy or certificate are of the same Medicare supplement plan.		Sen. Dan Dernulc	2 - Assigned to Committee
Dead	Senate	Health	SB 321: School based health centers.	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 includes certain information. Removes a requirement that a school corporation record or include certain immunization information in the official high school transcript for a high school student. 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	6 - Committee Passage
Active	Senate	Health	SB 334: Simplified application for SNAP benefits.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires the division of family resources of the family and social services administration (division) to develop and implement simplified requirements by which an individual who: (1) is 60 years of age or older or a person with a disability; and (2) resides in a household every resident of which is 60 years of age or older or a person with a disability (eligible individual); may certify or recertify the individual's eligibility for supplemental nutrition assistance program (SNAP) benefits. Provides that the simplified requirements must allow an eligible individual who certifies or recertifies the individual's eligibility to receive SNAP benefits under the simplified requirements to remain eligible for SNAP benefits for 36 months after the certification or recertification. Requires the division to use data matching to provide SNAP eligibility information to eligible individuals who are receiving Medicaid benefits and are eligible for SNAP benefits.		Sen. Shelli Yoder	10 - Public Law
Dead	Senate	Health	SB 337: Mental health care	Behavioral Health (substance use and mental health)	Provides, for purposes of provisions of law under which a mentally ill individual may be committed if the individual is dangerous, that an individual may be "dangerous" even though the individual is not inclined toward violent behavior. Amends the provision of law under which an Indiana resident who has a mental illness may be voluntarily admitted to a facility to provide that, for purposes of that provision, "mental illness" includes psychiatric and neurobiological brain disorders, including bipolar disorder and major depressive disorder, that sometimes make an individual's performance of the normal activities of everyday life very difficult or impossible. Provides that the voluntary admission of an Indiana resident to a facility by the facility's superintendent may not be limited to Indiana residents who are referred to the facility by a court, the department of child services, a law enforcement agency, or any other officer or entity of state or local government. Provides that whether an individual has insurance coverage and whether the cost of the individual's care may be paid by or on behalf of the individual with private funds may not be considered in determining whether the individual: (1) is admitted to or allowed to continue receiving care in a state institution; or (2) is allowed to receive or continue receiving care from a community mental health center.		Sen. David Niezgodski	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 338: Art and music therapy.	Behavioral Health (substance use and mental health)	Provides that art therapy services provided by a licensed art therapist to an individual who receives mental health services or to an individual who receives services from a community mental health center are reimbursable under Medicaid. Provides for the licensure of music therapists, art therapists, and art therapist associates. Adds music therapists and art therapists to the behavioral health and human services licensing board (board). Creates the music therapist and art therapist sections of the board. Requires music therapists to be licensed. Establishes requirements and procedures for an individual to be licensed as a music therapist, art therapist, and art therapist associate. Prohibits a person who is not licensed as a music therapist, art therapist, or an art therapist associate from using certain titles or certain words in a title. Makes technical and conforming changes.	Would create a licensure of music therapists, art therapists, and art therapist associates under the behavioral health and human services licensing board.	Sen. Vaneta Becker; Sen. Jean Leising; Sen. J.D. Ford	5 - Assigned to Committee
Active	Senate	Health Workforce	SB 350: Behavioral health and human services licensing.	Behavioral Health (substance use and mental health)	Specifies that a political subdivision may not regulate the performance of behavioral health and human services by a person who is: (1) licensed or certified by the state; or (2) exempted from licensure or certification by the state.	Creates an overarching term for the practices of BHHS professionals as "behavioral health and human services."	Sen. Jeff Raatz	10 - Public Law
Dead	Senate	Workforce	SB 356: Workforce retention incentives.	Workforce Incentive Programs	Provides that an individual who is enrolled in certain associate degree programs may be eligible for the high value workforce ready credit-bearing grant. Requires the commission of higher education (commission), in conjunction with the department of workforce development, to determine which associate degree programs are eligible, including associate degree programs in advanced manufacturing, information technology, and science, technology, engineering, and mathematics. Establishes the workforce retention and brain gain loan forgiveness program (program). Provides that the commission shall administer the program. Establishes the workforce retention and brain gain loan forgiveness fund to provide annual student loan forgiveness payments to individuals who meet certain requirements.		Sen. Fady Qaddoura	2 - Assigned to Committee
Dead	Senate	Workforce	SB 357: Regulation of hospitals and health facilities	Regulatory (Agency, Boards, PLA)	Sets forth requirements for the use of money and financial reporting for county hospitals concerning revenue generated from the ownership, operation, or management of a nursing facility. Prohibits the governing board of a county hospital or the board of a municipal corporation from including any incentives, bonuses, or salary increases for executives and employees based on metrics or performance measures concerning the maximizing of nursing facility revenues or profits.		Sen. Fady Qaddoura	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 363: Loan repayment for health care professionals.	Workforce Incentive Programs	Amends the requirements a health care professional must meet to be eligible for student loan repayment from the Indiana health care professional recruitment and retention fund. Specifies the total amount that may be awarded to a health care professional.	Would modify loan repayment requirements for health professionals: requires five years of service in shortage area and caps the total amount for repayment at \$80,000.	Sen. Shelli Yoder	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 371: Advanced practice registered nurses.	Nursing Workforce	Amends the hospital governing board requirements for the manner in which a psychiatric mental health advanced practice registered nurse will interact with other practitioners. Requires the Indiana state board of nursing to provide a report to the general assembly concerning psychiatric mental health advanced practice registered nurses who practice without a practice agreement. Makes conforming changes.	Would allow psychiatric mental health APRNs with prescriptive authority to practice without a collaborative practice agreement in certain conditions.	Sen. Jon Ford	2 - Assigned to Committee
Dead	Senate	Health	SB 378: Hospital assessment fee.	Other	Provides that a physician owned hospital that is ineligible to receive Medicaid disproportionate share payments is not considered to be a hospital for purposes of the hospital assessment fee.		Sen. Blake Doriot; Sen. Ed Charbonneau; Sen. James Buck	2 - Assigned to Committee
Active	Senate	Health	SB 379: Drug schedules.	Other	Adds specified substances to the list of controlled substances.		Sen. Jack Sandlin; Sen. Aaron Freeman	10 - Public Law
Dead	Senate	Health	SB 387: Health care.	Other	Authorizes the Indiana department of health (state department) to assess a public health assessment fee (fee) upon nonprofit hospitals (excluding county hospitals). Provides that the fee shall be imposed on total hospital net patient revenues at a rate determined by the state department after review by the budget committee. Requires the rate to be formulated to result in total fee revenue generation of: (1) \$120,000,000 in state fiscal year 2024; and (2) \$230,000,000 in state fiscal year 2025, and each state fiscal year thereafter. Establishes the local public health department fund (fund). Requires the revenue from the fee to be deposited in the fund. Provides that the fund is administered by the state department. Specifies the purposes for which money in the fund may be used.		Sen. Travis Holdman	2 - Assigned to Committee
Dead	Senate	Workforce	SB 393: Graduate retention incentives.	Workforce Incentive Programs	Provides for an exemption from the adjusted gross income tax for up to five years for an individual who graduates from a public or private four year college or university if the individual accepts a full-time position of employment in Indiana after graduation. Provides that if an individual leaves a full-time position in Indiana and subsequently accepts another full-time position in Indiana, the exemption carries over for the balance of the five year period. Provides that the department of state revenue shall prescribe a form requiring the Indiana employer to notify the department if the individual leaves employment with the Indiana employer before the end of the five year exemption.		Sen. Linda Rogers	2 - Assigned to Committee
Dead	Senate	Health	SB 396: Contracting of Medicaid services.	Safety net (Medicaid, SNAP, TANF, SNAP, etc.)	Requires the office of the secretary of family and social services to require, as part of the office's initial contract for a specified risk based managed care program, a managed care organization to subcontract at least 75% of the specified services and programs to a home and community based entity for the duration of the contract. Allows for exceptions in specified circumstances.		Sen. Vaneta Becker	2 - Assigned to Committee

Active	Senate	Health Workforce	SB 400: Health care matters	Other	Specifies requirements for credentialing a provider for the Medicaid program, an accident and sickness insurance policy, and a health maintenance organization contract. Establishes a provisional credential for Medicaid reimbursement purposes until a decision is made on a provider's credentialing application and allows for retroactive reimbursement. Requires the office of the secretary to reimburse any Medicaid provider that meets specified requirements for the provision of Medicaid rehabilitation option services to an eligible Medicaid recipient. Provides that a hospital's quality assessment and improvement program must include a process for determining and reporting the occurrence of serious reportable events. Provides that the medical staff of a hospital may make recommendations on the appointment or reappointment of an applicant to the governing board for a period not to exceed 36 months. Requires a hospital with an emergency department to have at least one physician on site and on duty who is responsible for the emergency department. Provides an exception from this requirement for a critical access hospital. Provides that a child who is blind is eligible for the Indiana Children's Special Health Care Services. Establishes the public health fund (fund) for the purpose of providing public health grants. Requires the Indiana professional licensing agency to transfer to the fund certain proceeds from collected licensing fees. Requires the legislative services agency to conduct an analysis of licensing fees and provide a report to the budget committee. Requires certain licensing boards to issue an occupational license or government certification to an applicant under certain conditions. Allows the governor to take certain actions concerning occupational licenses during a state of disaster emergency. Removes the dental compliance fee. Allows the commissioner of the department of insurance to issue an order to discontinue a violation of a law (current law specifies orders or rules). Requires a domestic stock insurer to file specified information with the department of insurance. Establishes and amends certain requirements relating to prior authorization. Adds a third party administrator of an employee benefit plan that is subject to the federal Employee Retirement Income Security Act of 1974 to the definition of "health payer" for the purposes of the all payer claims data base. Requires a health plan to post certain information on the health plan's website. Establishes a procedure for an insurer filing a planned premium rate increase for a health insurance policy with the department of insurance. Prohibits an insurer and a health maintenance organization from altering a CPT code for a claim unless the medical record of the claim has been reviewed by an employee who is a licensed physician. Requires an insurer and a health maintenance organization to provide a contracted provider with a current reimbursement rate schedule at specified times. Urges the study by an interim committee of prior authorization exemptions for certain health care providers. Makes an appropriation for donated dental services.	Expands types of providers who can provide mental health services to Medicaid patients. Requires hospitals to have 24/7 physician staffing in emergency department (with some exceptions). Includes provisions for providing a license if a similar license is held in another state.	Sen. Liz Brown; Sen. Ed Charbonneau; Sen. Chris Garten	10 - Public Law
Dead	Senate	Health Workforce	SB 437: Education funding.	Workforce Incentive Programs	Increases the federal poverty level threshold for the prekindergarten program from 127% of the federal poverty level for an eligible child, or 185% of the federal poverty level for a limited eligibility child, to 300% of the federal poverty level (removes the limited eligibility child category under the prekindergarten program). Increases the federal poverty level threshold for the twenty-first century scholars program from 185% of the federal poverty level to 300% of the federal poverty level. Requires the commission for higher education to: (1) coordinate with the department of education to identify each student who qualifies for a twenty-first century scholarship each year; (2) automatically enroll those students identified in the scholarship program without application; and (3) provide written notification of the approval to the student. Removes a provision that prohibits the commission for higher education from awarding a next generation Hoosier educators scholarship to more than 200 new applicants each academic year. Appropriates \$10,000,000 from the state general fund to the next generation Hoosier educators scholarship fund each state fiscal year of the state budget biennium for purposes of the scholarship. Amends certain qualification requirements and the award amount for the primary care physician loan forgiveness program, and renames the program the physician loan forgiveness program. Appropriates \$10,000,000 from the state general fund to the primary care physician loan forgiveness fund each state fiscal year of the state budget biennium for purposes of the loan forgiveness program, and renames the fund the physician loan forgiveness fund. Appropriates \$10,000,000 from the state general fund to the medical residency education fund each state fiscal year of the state budget biennium for purposes of medical residency education grants.	Adds psychiatrists as eligible physician specialty types for the physician loan forgiveness fund (formerly primary care physician loan forgiveness fund), as well as any other shortage area determined by CHE in consultation with FSSA, IDOH. Increases amount of funding provided to physicians to at least \$25,000. Only Indiana medical school graduates would be eligible.	Sen. Fady Qaddoura	2 - Assigned to Committee
Active	Senate	Health Workforce	SB 438: Home health services	Direct Care Workforce	Sets forth minimum Medicaid reimbursement rates for home health services. Allows the office of the secretary of family and social services to reimburse parents and guardians of certain minor Medicaid recipients for the provision of home health services to the recipient. Establishes the home health services advisory council and sets forth the advisory council's duties.	Outlines reimbursement for certain home health services, with the amount dependent on the type of practitioner providing the services (RN vs. other professionals). Also outlines the percent of reimbursement increase that must be passed on to the employee (worker) providing the service. Establishes an advisory council that is tasked with creating a plan which includes workforce recommendations.	Sen. Fady Qaddoura	10 - Public Law
Dead	Senate	Health	SB 440: Area agencies on aging.	Direct Care Workforce	Requires the area agencies on aging to: (1) provide individuals with comprehensive and coordinated information and access to long term services and supports through individual counseling; and (2) serve as the primary access point for individuals for home and community based services programs.		Sen. Jean Breaux	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 453: Scholarship for minority students in health care.	Workforce Incentive Programs	Establishes the scholarship for minority students pursuing health care careers (scholarship) and the minority students pursuing health care careers fund (fund) for the purpose of providing scholarships to minority individuals who are working in an entry-level health care position involving direct patient care and wish to pursue a career as a licensed nurse in Indiana. Provides that the commission for higher education (commission) administers the scholarship program and the fund. Prescribes qualifications necessary to: (1) receive an initial scholarship; and (2) qualify for renewal of the scholarship. Requires a scholarship recipient to enter into a written agreement with the commission to: (1) use the scholarship solely to fund a course of study resulting in an associate's degree or certificate that enables the individual to practice as a licensed nurse in Indiana; (2) apply for a position as a licensed nurse in Indiana following the individual's licensure as a nurse; and (3) if hired, practice as a licensed nurse in Indiana for at least three years. Requires a scholarship recipient to repay the scholarship if the scholarship recipient fails to: (1) complete the scholarship recipient's program of study; or (2) complete the terms of the scholarship recipient's agreement with the commission. Provides that the amount of the scholarship awarded for an academic year is the lesser of: (1) the balance of the scholarship recipient's total cost of attendance for the academic year after the application of any other financial assistance for which the scholarship recipient qualifies; or (2) \$4,000. Appropriates annually to the fund from the state general fund an amount sufficient to carry out the purposes of the scholarship program. Requires the commission to report to the general assembly not later than December 1, 2027, regarding the effect of the scholarship program.	Would establish a scholarship for minority students pursuing education for a health care career	Sen. Jean Breaux	2 - Assigned to Committee
Dead	Senate	Health Workforce	SB 457: Medicaid waiver reimbursement for direct care.	Direct Care Workforce	Requires the office of the secretary of family and social services to apply for an amendment to specified Medicaid waivers to increase reimbursement rates for services provided by direct care staff. Sets forth the manner in which the increased reimbursement may be expended and sets requirements on authorized service providers as a condition to retaining the additional reimbursement.	Upon federal approval, would require a service provider to use at least 95% of the amount of the increase in Medicaid waiver reimbursement to pay payroll tax liabilities and to increase wages and benefits paid to direct care staff with associated reporting requirements and non-compliance penalties.	Sen. Eddie Melton	2 - Assigned to Committee
Dead	Senate	Health	SB 463: Prevention of health care associated infections.	Prevention & awareness (public health, infrastructure, and healthy and active living)	Requires the Indiana department of health (department) to establish and implement a health care associated infection prevention pilot program (program) to evaluate the effectiveness of hand hygiene monitoring technology in preventing and reducing health care associated infections in Indiana. Sets forth criteria for hand hygiene monitoring technology. Makes an appropriation to the department to establish and implement a program.		Sen. Andy Zay	2 - Assigned to Committee
Active	Senate	Health Workforce	SB474: Home health agencies.	Direct Care Workforce	Allows a home health agency to provide services in any county in Indiana. Allows the department of health to adopt rules concerning the oversight and supervision of the services a home health agency provides in noncontiguous counties. Provides that a home health agency is not required to conduct a preemployment physical on a job applicant before the individual has contact with a home health agency patient. Allows a registered nurse who practices for a home health agency to delegate any appropriate service to a home health aide who has received the appropriate training and supervision. Repeals laws concerning drug testing of home health agency employees.	Would allow nurses to delegate any appropriate service to a home health aide who has received appropriate training and supervision.	Sen. Vaneta Becker; Sen. Tyler Johnson	10 - Public Law