

IAAA Tracked Bills
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HB1001 STATE BUDGET (BROWN T) Appropriates money for capital expenditures, the operation of the state, K-12 and higher education, the delivery of Medicaid and other services, and various other distributions and purposes. Specifies that the deadline for adjourning sine die for the 2021 session of the general assembly is November 15, 2021, and that the current deadline of April 29 remains in place for future long sessions. Provides that the regular technical session statute does not apply in calendar year 2021. Specifies the deadlines for signing enrolled acts and presenting them to the governor for bills passed after April 19, 2021, and before May 1, 2021. Specifies the following: (1) That the 2021 interim is the period beginning May 1, 2021, and ending November 15, 2021. (2) That for 2021, the prohibited period concerning fundraising activities is through April 29, 2021, rather than the date on which the general assembly adjourns sine die. (3) That the budget committee is required to meet at least once between April 30, 2021, and July 1, 2021. (Current law requires the budget committee to meet at least once in the two months following the general assembly adjournment sine die.) Provides that a redistricting commission is established to determine congressional districts if the general assembly adjourns sine die before November 15, 2021, without having enacted a law establishing congressional districts. (Current law refers to the adjournment of the general assembly without specifying an adjournment sine die or a particular date.) Provides provisions for opioid litigation and settlements, including opt out provisions for political subdivisions. Specifies distributions and uses of funds received from opioid litigation settlements that resolve existing state and political subdivision litigation lawsuits as of January 1, 2021. Establishes the Pokagon Band Tribal-state compact fund and specifies the purposes for the fund. Transfers the operations of the Indiana department of gaming research into a newly established gaming research division of the Indiana gaming commission. Repeals the exoneration fund. Removes the annual appropriation provision for the examinations fund of the state board of accounts. Establishes the Indiana career accelerator fund (fund) to be administered by the Indiana economic development corporation (IEDC). Provides that the IEDC may award financial assistance awards from the fund to assist individuals in obtaining credentials from qualified education programs. Defines "qualified education program" for purposes of an award. Repeals the Indiana regional cities development fund. Establishes the regional economic acceleration and development initiative (READI) fund to provide grants and loans to support economic development and regional economic acceleration and development. Provides that the IEDC shall administer the fund. Requires the IEDC to establish a policy for the regional economic acceleration and development initiative. Replaces the state superintendent of public instruction with the secretary of education or the secretary's designee as a member of the distressed unit appeal board. Specifies the provisions that apply when the distressed unit appeal board suspends payments on loans or advances from the common school fund. Provides certain add backs and subtraction used in determining Indiana adjusted gross income. Changes the definition of "Internal Revenue Code" in the adjusted gross income tax law to mean the Internal Revenue Code of 1986 as amended and in effect on March 31, 2021. Makes changes to the state income tax deduction for unemployment compensation. Amends the venture capital investment tax credit to apply to taxpayers that provide qualified investment capital to certain qualified Indiana investment funds (qualified fund). Provides that the IEDC may only certify a fund as a qualified fund if the fund meets the definition of a venture capital fund under federal regulations and the fund makes investments according to specified policy requirements and priorities. Provides that a taxpayer may not claim a credit certified with regard to a qualified fund before July 1, 2023. Specifies the maximum available tax credits in a calendar year with regard to a qualified fund. Increases the maximum available tax credits in a calendar year with regard to qualified Indiana businesses under current law, including an additional increase in the maximum amount if the qualified Indiana business is a minority

business enterprise or a women's business enterprise. Caps the total amount of credits that the IEDC may award in a calendar year at \$20,000,000, provided that not more than \$7,500,000 is awarded for proposed investments in a qualified fund. Increases the tax credit that a taxpayer can claim for contributions made to a scholarship granting organization for state fiscal years 2022 and 2023. Provides a tax credit against adjusted gross income tax and financial institutions tax liability for monetary contributions to a qualifying foster care organization equal to 50% of the amount of the contribution, but not to exceed \$10,000 for a taxable year. Defines a "qualifying foster care organization". Caps the total amount of the tax credits allowed in any state fiscal year to \$2,000,000. Sunsets the tax credit on July 1, 2025. Adds certain procedural, accounting, and reporting requirements regarding the local income tax. Increases the special purpose local income tax rate that may be imposed in a county that is a member of a regional development authority. Imposes an excise tax, known as the electronic cigarette tax, on the retail sale of vapor products and consumable material in Indiana (does not include closed system cartridges). Imposes a tax on the distribution of closed system cartridges. Extends the expiration date of the Nashville food and beverage tax. Repeals the deposit of a part of the wine excise tax rate collected on each gallon of wine in the wine grape market development fund and requires the department of state revenue to instead deposit that part of the wine excise tax in the state general fund. Provides that, beginning July 1, 2021, all aviation fuel excise tax revenue is transferred to the airport development grant fund. (Under current law, 50% of the aviation fuel excise tax revenue is transferred to the general fund and 50% is transferred to the airport development grant fund.) Removes annual budget committee review of the distribution formula established by Indiana department of transportation for the public mass transportation fund. Requires budget committee review before any money may be transferred from the local road and bridge matching grant fund. Establishes the Internet crimes against children fund to be administered by the state police department. Specifies the uses of the fund. Requires an authorized service provider to use at least 85% (instead of 75%) of the reimbursement rate increase to pay payroll tax liabilities and to increase wages and benefits paid to direct care staff. Makes a conforming change to a provision for annual transfers to the Marion County health and hospitals corporation. Provides that the office of the secretary of family and social services shall apply to the United States Department of Health and Human Services regarding a waiver to implement the mobile integrated healthcare program and to receive funding through Section 9813 of the American Rescue Plan (ARP). Requires the office of the secretary of family and social services

Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1002 CIVIL IMMUNITY RELATED TO COVID-19 (TORR J) Protects health care providers from professional discipline for certain acts or omissions arising from a disaster emergency unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a health care provider is not protected from professional discipline for actions that are outside the skills, education, and training of the health care provider, unless certain circumstances apply. Specifies that orders and recommendations issued by local, state, and federal government agencies and officials during a state disaster emergency do not create new causes of action or new legal duties. Specifies that the orders and recommendations are presumed irrelevant to the issue of the existence of a duty or breach of a duty. Prohibits filing a class action lawsuit against a defendant in a civil action allowed by the statute. Specifies that a governmental entity or employee is not liable if a loss results from an act or omission arising from COVID-19 unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a person is not liable to a claimant for loss, damage, injury, or death arising from COVID-19 unless the claimant proves that the person caused the loss, damage, injury, or death by an act or omission constituting gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides immunity from civil liability to certain persons, entities, and facilities providing health care and other services for certain acts or omissions related to the

provision of health care services and other services during a state disaster emergency. Extends COVID-19 health care immunity during periods of disaster emergency after February 29, 2020, and before April 1, 2022. Resolves conflicts between SEA 1 and HB 1002.

Current Status: 4/20/2021 - Signed by the President Pro Tempore

HB1007 STATE HEALTH IMPROVEMENT PLAN AND GRANT PROGRAM (VERMILION A) Requires the state department of health (department), in consultation with the office of the secretary of family and social services, to study and prepare a plan (plan) to improve the health and behavioral health of Indiana residents based on specified criteria. Requires the department to submit and present the plan to the interim study committee on public health, behavioral health, and human services (interim study committee). Requires the department to prepare and present an annual report to the interim study committee regarding the progress made in meeting the metrics and goals of the plan. Requires that the department establish and maintain on the department's Internet web site a web page that indicates the performance and progress of the metrics and goals of the most significant areas identified in the plan. Establishes the prevention and addressing of health issues and challenges grant program (grant program). Establishes the prevention and addressing of health issues and challenges grant fund. Requires the department to administer the grant program. Provides requirements for grant proposals and specifies the types of proposals for which the grants must be awarded. Requires the management performance hub to develop and publish on an Internet web site a web page that tracks Indiana's metrics on the most significant areas of health and behavioral health impacting Indiana residents and demonstrate any progress made in these metrics. Provides that the web page must include specific progress reported by organizations awarded a grant under the grant program.

Current Status: 4/23/2021 - **SIGNED BY GOVERNOR**

HB1009 TANF PROGRAM (GOODRICH C) Increases the state earned income tax credit to an amount equal to 10% (instead of 9%) of the federal earned income tax credit that an individual claimed for a taxable year. Provides that for purposes of the Temporary Assistance for Needy Families program, income earned by a certain individual in the household who is participating in or pursuing a postsecondary degree, a workforce certificate, a pre-apprenticeship, or an apprenticeship may not disqualify an eligible household from receiving benefits, and may not be considered in determining the amount of assistance.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1079 PRACTICE OF DENTISTRY; VIRTUAL CLAIM PAYMENTS (ZENT D) Amends the definition of dentistry. Provides that a dentist may order and administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are not less than eleven years of age, if the dentist: (1) is certified in cardiopulmonary resuscitation; (2) has successfully completed a course of training in immunization that meets specified requirements; and (3) administers the immunization in accordance with a protocol that includes specified requirements and procedures. Prescribes reporting requirements for a dentist who administers an immunization. Provides that a dentist: (1) is not required to administer immunizations; and (2) is not required to complete immunization training if the dentist chooses not to administer immunizations. Provides that a health insurance plan, including a health management organization contract, may not require a dental provider to accept payment under the health insurance plan by virtual claim payment. Requires a health insurer, including a health maintenance organization, to do the following before providing payment to a dental provider by electronic funds transfer, including by virtual claim payment: (1) Notify the dental provider of fees associated with the electronic funds transfer. (2) Advise, concerning virtual claim payments, the dental provider of

the methods of payment available under the health insurance plan and provide clear instructions to the dental provider as to how to select an alternate payment method.

Current Status: 4/8/2021 - **SIGNED BY GOVERNOR**

HB1118 MOBILE INTEGRATED HEALTHCARE PROGRAMS AND SAFETY PLANS (SCHAIBLEY D) Specifies that an individualized mental health safety plan includes information concerning a patient's physical health. Allows a mobile integrated healthcare program or a mental health community paramedicine program to provide certain services to help facilitate the patient's safe transition back into the community upon disclosure of a patient's individualized mental health safety plan. Allows a representative of a mobile integrated healthcare program or a representative of a mental health community paramedicine program to request a patient's individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider if certain conditions are met.

Current Status: 4/22/2021 - Signed by the President Pro Tempore

HB1123 LEGISLATIVE OVERSIGHT OF CERTAIN FISCAL AND EMERGENCY MATTERS (LEHMAN M) Specifies that the bill is severable. Provides that the general assembly may convene in an emergency session if the legislative council adopts a resolution making certain findings concerning a state of emergency declared by the governor. Specifies the maximum length of an emergency session. Provides that in an emergency session the general assembly may enact only bills relating to the agenda stated in the legislative council's resolution. Provides that the general assembly may adopt concurrent resolutions and each house may adopt simple resolutions during an emergency session. Establishes the legislative state of emergency advisory group. Creates the economic stimulus fund (ESF) for the deposit of all discretionary funds received by the state. Defines "discretionary funds" to mean federal economic stimulus funds received under federal legislation granting the state authority to determine the amounts and manner in which the federal economic stimulus funds may be expended. Provides that discretionary funds deposited into the ESF during a period in which the general assembly is convened in a regular session, an emergency session, or a special session may not be allotted or expended unless appropriated by the general assembly or reviewed by the budget committee. Provides that before discretionary funds deposited into the ESF during a period in which the general assembly is not convened in a regular session, an emergency session, or a special session may be allotted to or expended by a state agency or instrumentality, the allotment or expenditure must be reviewed by the budget committee. Provides that discretionary funds deposited into the ESF may not be expended, transferred, assigned, or otherwise removed from the ESF by the state board of finance, the budget agency, or any other state agency except as permitted under the provisions of the statute. Exempts federal economic stimulus funds obligated or expended before April 29, 2021, from the application of the statute. Provides that a violation of the disaster statute (IC 10-14-3) or an order authorized by that statute is a Class B infraction instead of a Class B misdemeanor.

Current Status: 4/15/2021 - Veto overridden by the Senate; Roll Call 443: yeas 36, nays 8

HB1177 STRATEGIC PLAN ON DEMENTIA (PORTER G) Requires the division of aging (division) to develop a strategic plan concerning dementia in Indiana. Requires the division to submit an annual report to the general assembly concerning the dementia strategic plan and the outcomes of implementing the dementia strategic plan.

Current Status: 4/8/2021 - **SIGNED BY GOVERNOR**

HB1203 VARIOUS DEPARTMENT OF HEALTH MATTERS (MCNAMARA W) Provides that the state department of health (department) may officially be known as the Indiana department of health. Removes by July 1, 2022, appeals panels from the appeals process of department orders. Provides that the executive board or the department's designee may act as the ultimate

authority for department matters under the administrative and procedures laws. Provides that the state health commissioner (commissioner) is the appointing authority and director of the department. Provides that any physicians employed by the department are governed by the state ethics commission's conflict of interest requirements. Allows the commissioner to designate in writing employees in the department who are licensed as a physician and may engage in the practice of medicine outside of their official duties. Provides that the state is not liable for any act performed by a physician employed by the department for any medical care provided to a patient by the physician that is provided in an individual capacity as a licensed physician. Removes the executive board of the department from determining the commissioner's salary. Provides that the commissioner's salary is determined by the governor and the state budget agency. Removes the executive board's approval for the commissioner to organize the personnel and functions of the department into divisions and subdivisions.

Specifies that the state department of health may release certain information to an Indiana nonprofit entity that performs health data services for health care providers if specified conditions are met. Extends the expiration of the syringe exchange program until July 1, 2026.

Current Status: 4/22/2021 - Signed by the President Pro Tempore

HB1225 OPIOID TREATMENT PROGRAMS (VERMILION A) Requires an opioid treatment program to obtain prior authorization from the division of mental health and addiction (division) for patients receiving more than 14 days of opioid treatment medication from an opioid treatment program unless otherwise prescribed by the division. Allows the state opioid treatment authority (authority) to: (1) take certain remedial actions; and (2) impose a civil penalty of up to \$10,000; in response to certain violations concerning the operation of an opioid treatment program. Specifies that the authority may issue a civil penalty for each violation found by the authority. Requires the division to report certain findings to the general assembly not later than April 1 of each year. Requires certain information to be provided to the division for the purpose of completing specified reporting requirements.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1252 PROBATE AND GUARDIANSHIP MATTERS (YOUNG J) Removes conflicts between probate and guardianship statutes regarding classification of claims. Requires, for purposes of the power of attorney act, that a principal may not be a minor. Creates a tenant's representative for a deceased tenant or a tenant who is under a guardianship and specifies who may accept an appointment as a tenant's representative. Protects the proceeds from the sale of real property where no estate administration has been opened within five months of the decedent's date of death from claims of all creditors. Lists the claims having priority and preference in certain circumstances. Makes a technical correction between SEA 276 and HB 1252.

Current Status: 4/13/2021 - Signed by the Speaker

HB1255 PROBATE AND PROPERTY MATTERS (YOUNG J) Provides that a testator may execute a will in two or more counterparts. Specifies certain requirements for a will executed in two or more counterparts. Provides that a self-proving clause may be incorporated into or affixed to a will. Specifies certain requirements for self-proving clauses and wills. Specifies that certain photographic, video, and audio evidence may be used as evidence with respect to the execution of a will. Exempts a will from the need for a recertification or a reexecution in certain instances. Specifies certain requirements concerning the execution of an electronic will. Allows an attorney or paralegal to supervise the execution of an electronic will. Exempts electronic wills from the need for recertification or reexecution in certain instances. Specifies that certain photographic, video, and audio evidence may be used as evidence with respect to the execution of an electronic will. Specifies certain requirements concerning the execution of a power of attorney. Allows a power of attorney to be executed in two or more counterparts. Specifies certain requirements for the execution of a power of attorney in two or more

counterparts. Allows a self-proving clause to be incorporated into or affixed to a power of attorney. Specifies certain requirements for self-proving clauses incorporated into or affixed to a power of attorney. Specifies that certain photographic, video, and audio evidence may be used as evidence with respect to the execution of a power of attorney. Provides that an electronically signed and notarized electronic power of attorney is valid if the electronic power of attorney complies with certain specified requirements. Specifies certain requirements for attesting witnesses involved in the execution of a power of attorney or an electronic power of attorney. Allows a self-proving clause to be incorporated into or affixed to a power of attorney. Specifies that certain photographic, video, and audio evidence may be used as evidence with respect to the execution of an electronic power of attorney. Provides that certain persons are ineligible to sign certain trust instruments. Requires certain transfer on death conveyances to occur in the presence of a disinterested witness. Repeals certain provisions concerning mortgages, conveyances, and other written instruments that are executed in a foreign country. Repeals certain provisions concerning the affixing of a private seal or ink scroll on certain conveyances involving land or interests in land. Specifies certain requirements concerning land conveyances performed by attorneys in fact. Requires certain notarial acts to accompany the recording of certain conveyances. Requires an English translation for certain instruments, acknowledgments, and proofs when the original document is not in English. Repeals a provision concerning the recording of a conveyance, mortgage, or other instrument in a county other than the county where the conveyance, mortgage, or other instrument is required to be recorded. Repeals a provision concerning the recording of a conveyance that is acknowledged outside Indiana but within the United States. Specifies: (1) certain prerequisites; and (2) a certain form; for the recording of certain instruments. Repeals a provision concerning the receipt of an acknowledgment by a public officer. Specifies that an instrument's acknowledgment or proof is incomplete when an instrument does not include an accompanying certificate. Provides that the transcript of an instrument that is recorded without a certificate cannot be read into or received as evidence. Specifies requirements concerning electronic recording of certain instruments concerning real property. Requires county recorders to implement specified functions concerning the: (1) acceptance; (2) receipt; (3) indexing; (4) storage; (5) archiving; and (6) transmittal; of electronically recorded instruments. Specifies certain requirements concerning the recording of a paper or tangible copy of an electronic instrument. Repeals a provision concerning the acknowledgment of certain instruments and the performance of certain notarial acts for a person serving in the armed forces, merchant marine, or outside the United States in connection with a wartime activity. Repeals provisions concerning: (1) certain notarial acts; and (2) acknowledgments; and their respective uses as prima facie evidence. Repeals a provision concerning certain executed instruments and a failure to state the location of the instrument's execution or any accompanying acknowledgment, if applicable. Provides that certain notarial acts are considered to have been performed in Indiana when certain specified criteria are met. Requires a county recorder's office to provide notice of office closures that last three or more days. Defines certain terms. Makes conforming amendments. Removes sections that conflict with HEA 1056. Makes a technical correction.

Current Status: 4/8/2021 - Signed by the President Pro Tempore

HB1305 MEDICAID REIMBURSEMENT FOR CHILDREN'S HOSPITALS (SLAGER H) Specifies the reimbursement rate for inpatient and outpatient Medicaid services that are provided by an out-of-state children's hospital located in a state bordering Indiana in state fiscal years 2022 and 2023. Requires budget committee review of the reimbursements provided to those out-of-state children's hospital. Requires the children's hospitals to provide information required in the review to the family and social services administration not later than August 1.

Current Status: 4/21/2021 - Signed by the President Pro Tempore

HB1309 PREGNANCY ACCOMMODATION (ENGLEMAN K) Allows an employee to request an accommodation for the employee's pregnancy. Requires an employer to respond to an employee's request for an accommodation within a reasonable time frame. Provides that a request for accommodation does not require an employer to provide an accommodation for an employee's pregnancy, or impose a duty or obligation upon the employer to provide an accommodation or an exception to the employer's policies unless existing federal or state laws require that an accommodation must be made. Prohibits an employer from disciplining, terminating, or retaliating against an employee because the employee has requested or used an accommodation for the employee's pregnancy.
Current Status: 4/20/2021 - **SIGNED BY GOVERNOR**

HB1313 STUDENTS WITH DISABILITIES (CLERE E) Requires the Indiana management performance hub to: (1) use its data resources and technology to cross-reference with data bases of certain state agencies to identify certain former students with disabilities (eligible individuals); (2) coordinate with the state department of health to determine whether identified eligible individuals are deceased; and (3) provide the information concerning eligible individuals to the department of workforce development (DWD). Requires the state department of health to, not later than November 1, 2021, coordinate with the Indiana management performance hub. Requires the DWD to: (1) communicate with identified eligible individuals; and (2) provide to the eligible individuals a copy of a resource list concerning training and education opportunities and employment services resources. Requires the state advisory council on the education of children with disabilities (council) to annually update and submit the resource list to the department of education and the DWD. Requires the department of education and DWD to post a copy of the most recently updated resource list on the department's and DWD's Internet web sites. Requires the DWD, in consultation with the department of education, to prepare and submit an annual report to the general assembly and the council. Requires the state board of education to, not later than December 1, 2021, adopt rules to create an alternate diploma for students with significant cognitive disabilities.
Current Status: 4/23/2021 - **SIGNED BY GOVERNOR**

HB1340 HUMAN IMMUNODEFICIENCY VIRUS (CLERE E) Replaces statutory references to "dangerous communicable disease" with "serious communicable disease". Replaces statutory references to "carrier" with "individual with a communicable disease". Makes conforming amendments.
Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1402 ALL PAYER CLAIMS DATA BASE (SCHAIBLEY D) Amends the definition of "health payer" to except some policies of accident and sickness insurance. Establishes requirements for the development and administration of the all payer claims data base. Establishes the all payer claims data base advisory board (advisory board) and sets forth membership requirements. Specifies the duties of: (1) the advisory board; and (2) the executive director who oversees the operation of the data base. Requires the establishment of a fee formula for data licensing and claims data collection and release.
Current Status: 4/21/2021 - Signed by the President Pro Tempore

HB1405 INSURANCE MATTERS (CARBAUGH M) Allows the office of the secretary of family and social services to apply for a Medicaid state plan amendment to allow school corporations to seek Medicaid reimbursement for medically necessary, school based Medicaid covered services that are provided under federal or state mandates. Specifies possible services for Medicaid reimbursement. Adds physical therapy to the list of services for which a school psychologist may refer a student. Establishes the long term care insurance partnership program and requires the office of the secretary of family and social services to apply before September 1,

2021, for a Medicaid state plan amendment that would: (1) provide for the establishment of the new long term care insurance partnership program and the discontinuance of the current long term care program; and (2) ensure that an individual who purchased a qualified long term care policy under the current program will be eligible for an asset disregard even if the current program is discontinued and even though the policy was issued before the date of the state plan amendment, is not tax qualified, and does not meet the standards of Section 6021 the federal Deficit Reduction Act. Provides that if approval is not given for the state plan amendment, the new long term care insurance partnership program is not established and the office and the department of insurance shall study ways to improve the affordability and cost effectiveness of the current program. Requires an audit examining prescription drug cost sharing for the Medicaid program once every three state fiscal years. Provides that the county sheriff may receive reimbursement from a nonincarcerated person's health coverage for providing nonemergency transport of the person to a facility for a mental health detention. Requires a provider to provide the health records requested by a patient within 30 days after the date the written request is made, unless the provider seeks an extension of not more than 30 days and informs the patient in writing of the reasons for the extension and the date by which the provider will provide the health records. Prohibits the state or a local unit from issuing or requiring a COVID-19 "immunization passport" (a document concerning an individual's immunization status). Allows a nonprofit association of cities and towns to participate in the state aggregate prescription drug purchasing program. Adopts the physical therapy licensure compact. Provides that if a resident insurance producer completed more than 24 hours of credit in continuing education courses before the effective date of the producer's last license renewal, not more than 12 of the excess hours of credit for those continuing education courses may apply toward satisfaction of the continuing education requirement for the producer's next license renewal, subject to certain restrictions. Prohibits a pharmacy benefit manager (PBM) from: (1) imposing limits on a pharmacy's access to medication that differ from those existing for a PBM affiliate; or (2) sharing any covered individual's information, except as permitted by the federal Health Insurance Portability and Accountability Act (HIPAA). Prohibits the inclusion of certain provisions in a contract between a PBM and an entity authorized to participate in the federal 340B Drug Pricing Program, with certain exceptions. Requires a PBM: (1) to update the PBM's maximum allowable cost list at least every seven days; (2) to determine that a prescription drug is not obsolete, is generally available for purchase by pharmacies, and is not temporarily unavailable, listed on a drug shortage list, or unable to be lawfully substituted before placing the prescription drug on a maximum allowable cost list. Provides that: (1) if a PBM approves an appeal concerning maximum allowable cost pricing, the PBM must notify each pharmacy in the PBM's network that the maximum allowable cost for the drug has been adjusted; and (2) if a PBM denies an appeal, the PBM must provide the reason for the denial and other information, and the appealing pharmacy or other entity may then file a complaint with the department of insurance (department). Also allows a contracted pharmacy or pharmacy services administrative organization to file a complaint with the department if it believes that its contract with a PBM contains an unlawful contractual provision. Provides that a PBM's violation of these requirements or prohibitions is an unfair or deceptive act or practice in the business of insurance. Amends code sections requiring an insurer to "deliver" or "provide" certain notices within a certain time period to make those sections provide instead that the insurer is required to "mail" the notices. Provides that if a party procures a policy of insurance through an online platform: (1) the party affirmatively consents to have all notices and other documents related to the policy delivered to the party electronically; and (2) other statutory prerequisites to the electronic delivery of notices do not apply. Provides that a merchant or other seller that acts as an agent for purposes of the sale of an auto service contract is not a person contractually obligated under the service contract by virtue of acting as the seller. Provides, as an exception to the general prohibition against rebates, that: (1) an insurer, an employee of an insurer, or a producer may offer and give gifts of limited value in connection with marketing of insurance and may conduct a drawing for prizes of limited value; (2) an

insurer, through its employees, affiliates, insurance producers, or third-party representatives, may provide, for free or at a discount, products or services that relate to or are provided in conjunction with a policy and are exclusively intended to educate about, assess, monitor, control, or prevent risk of loss; (3) a person holding an insurance license may offer or provide, for free or for less than fair market value, services that are at least tangentially related to an insurance contract but are not contingent upon the purchase of insurance, subject to certain conditions. Amends the law requiring an insurer to provide 10 days' advance notice to the insurance producer who procured an automobile policy when the insurer intends to cancel or not to renew the policy to make the law applicable only if the insurance producer who procured the policy was an independent insurance producer. Requires the state department of health, in consultation with the department of insurance, the office of the secretary of family and social services, and the Indiana board of pharmacy, to submit to the legislative council a report concerning: (1) best practice guidelines in providing specialty drugs in a manner that ensures the patient's safety; and (2) information concerning any adverse events affecting the safety of patients resulting from the specialty drug protocols of a health carrier or hospital. Requires the legislative services agency to conduct a study of market concentration in Indiana in the health insurance industry, the hospital industry, and five other industries and to present the findings of the study to the combined interim study committees on financial institutions and insurance and public health, behavioral health, and human services, the legislative council, and the governor before December 31, 2022.

Current Status: 4/22/2021 - added as coauthors Representatives Barrett and Clere

HB1421 VARIOUS HEALTH CARE MATTERS (SCHAIBLEY D) Provides that the state employee health plan statute does not prohibit the state personnel department from directly contracting with health care providers for health care services for state employees. Provides that if a woman who is in premature labor presents to a hospital, the hospital must inform the woman of the hospital's capabilities of treating the born alive infant and managing a high risk pregnancy. Sets forth requirements that a hospital must meet concerning: (1) a woman who is in premature labor; and (2) a born alive infant. Changes the date that ambulatory outpatient surgical centers are required to begin posting certain pricing information from March 31, 2021, to December 31, 2021. Specifies that the pricing information posted is the standard charge rather than the weighted average negotiated charge and sets forth what is included in the standard charge. Specifies that if an ambulatory outpatient surgical center offers less than 30 additional services, the center is required to post all of the services the center provides. Requires a hospital to post pricing information in compliance with the federal Hospital Price Transparency Rule of the Centers for Medicare and Medicaid Services as in effect on January 1, 2021, if: (1) the federal Hospital Price Transparency Rule is repealed; or (2) federal enforcement of the federal Hospital Price Transparency Rule is stopped. Defines "health carrier" for purposes of the law on health provider contracts. Prohibits the inclusion in a health provider contract of any provision that would: (1) prohibit the disclosure of health care service claims data, including for use in the all payer claims data base; (2) limit the ability of a health carrier or health provider facility to disclose the allowed amount and fees of services to any insured or enrollee, or to the treating health provider facility or physician of the insured or enrollee; or (3) limit the ability of a health carrier or health provider facility to disclose out-of-pocket costs to an insured or an enrollee. Requires the department of insurance to issue a report to: (1) the legislative council; and (2) the interim study committees on financial institutions and insurance and public health, behavioral health, and human services; setting forth its suggestions for revising the department's administrative rules to reduce the regulatory costs incurred by employers seeking to provide health coverage for their employees through multiple employer welfare arrangements.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1437 ELECTRONIC MEETINGS AND SIGNATURES (COOK A) Allows a member of a governing body of a political subdivision to participate in a meeting electronically subject to the following: (1) Requires the governing body to adopt a written policy establishing procedures for electronic participation. (2) Requires the technology to permit simultaneous communication between members and the public to attend and observe the proceedings. (3) Requires at least 50% of the members to be physically present at the meeting site. (4) Allows a member participating electronically to be counted for quorum purposes. (5) Provides that a member participating electronically may participate in a final action taken by the governing body only if the member can be seen and heard. Exempts governing bodies of state agencies that have a majority of members with disabilities from certain attendance requirements. Provides that if a statute requires a manual signature for attesting or authenticating an obligation issued by certain state and local public entities, an electronic signature has the same force and effect as a manual signature. Adds provisions applicable to state and local public agencies when a state or local disaster emergency is declared. Makes stylistic changes.

Current Status: 4/20/2021 - **SIGNED BY GOVERNOR**

HB1447 GOOD FAITH HEALTH CARE ESTIMATES (VERMILION A) Revises the definition of "practitioner" in the laws concerning good faith estimates of costs for health care services. Postpones, from July 1, 2021, to January 1, 2022, the effective date of the requirement that a practitioner provide a good faith estimate of the amount the practitioner intends to charge for a health care service. Requires that the communication by a provider facility and a practitioner to a patient about the patient's right to request a good faith estimate be conspicuous and be provided by at least three of eight specified potential means. Provides that the written notice that a practitioner provides to an individual about a scheduled or ordered nonemergency health care service must state that a good faith estimate of cost need not be provided if the service is scheduled to be performed within five business days of the date of the patient's request. Provides that certain written statements must be in "conspicuous" type instead of in type at least as large as 14 point type. Requires a practitioner or facility to provide a written explanation if the charge for a health care service exceeds the practitioner's or facility's good faith estimate by the greater of: (1) \$100; or (2) 5%. Revises the content of the written statement that an out of network practitioner providing health care services at an in network facility must give to a covered individual in order to be reimbursed more for the health care services than allowed according to the rate established by the covered individual's network plan. Provides that a practitioner can comply with the requirement to provide a good faith estimate of the amount that the practitioner intends to charge a covered individual by complying with the requirements of the new federal No Surprises Act (Act). Provides that a health carrier may satisfy certain requirements concerning good faith estimates by complying with the Act.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1449 BROADBAND DEVELOPMENT (SOLIDAY E) Amends the statute governing the awarding of grants from the rural broadband fund as follows: (1) Provides that an "eligible broadband project" for purposes of the statute includes a project for the deployment of terrestrial broadband infrastructure: (A) to buildings used by public school corporations primarily for educating students; (B) to rural health clinics; (C) to ensure that eligible students (defined as Indiana residents who are less than 23 years of age and who are enrolled in a K-12 school in Indiana) have access points providing a connection to eligible broadband service; and (D) in rural areas in Indiana. (Current law provides that an "eligible broadband project" means only a project for the deployment of broadband infrastructure for the provision of eligible broadband service in rural areas in Indiana.) (2) Specifies that terrestrial broadband infrastructure includes infrastructure used for a fixed wireless Internet connection but does not include infrastructure used for a satellite Internet connection. (3) Provides that "eligible broadband service" means a

connection to the Internet that provides an actual speed of at least: (A) 1,000 megabits per second downstream for a project involving the deployment of broadband infrastructure to public school corporation buildings or rural health clinics; or (B) 50 megabits per second downstream and at least five megabits per second upstream for a project to provide to eligible students access points for connections to eligible broadband service, or for a project to provide eligible broadband service to rural areas. (4) Specifies the following priorities for the awarding of grants from the rural broadband fund: (A) First, for extending eligible broadband service to public school corporation buildings with respect to which the only available Internet connections are at actual speeds of less than 1,000 megabits per second downstream. (B) Second, for extending eligible broadband service to rural health clinics with respect to which the only available Internet connections are at actual speeds of less than 1,000 megabits per second downstream. (C) Third, for extending eligible broadband service so as to ensure that every eligible student has at the student's residence an access point providing a connection to eligible broadband service. (D) Fourth, extending eligible broadband service to rural areas in which the only available connections to the Internet are at actual speeds of less than 25 megabits per second downstream. (5) Provides that a state agency may fund an eligible broadband project that is designated as a lower priority under the funding priorities set forth in the statute if no competitive applications for eligible broadband projects designated as a higher priority are submitted in a particular round of grant funding. (6) Specifies that a grant may not be awarded from the rural broadband fund: (A) for any project to extend the deployment of eligible broadband service to one or more service addresses for which funding from the federal government has been used or will be disbursed to extend broadband service at actual speeds of at least 25 megabits per second downstream to those same addresses; or (B) if the awarding of the grant would jeopardize funding that has been awarded by the federal government under certain programs for purposes of expanding broadband service in Indiana. (7) Provides that the system of priorities used by the office of community and rural affairs (office) for awarding grants from the rural broadband fund must give preference to projects that require a lower contribution from the fund per passing, as determined by a specified calculation. (8) Provides that the procedures established by the office for the awarding of grants from the rural broadband fund must require the office to: (A) include, in publishing grant applications to the office's Internet web site, specific addresses for which state funds would be used to provide eligible broadband service; and (B) consider, in making a determination as to whether to award a grant to an applicant, all comments or objections received during the statutory comment period, including any new grant application that: (i) is submitted within the statutory comment period by another eligible broadband service provider; and (ii) indicates that such other provider would be willing to provide eligible broadband service to the same addresses at a lower cost to the state. (9) Requires the office to establish a program to expand broadband Internet connectivity by: (A) entering into agreements with broadband service providers under which such providers agree to accept subsidy payments distributed by the office as a form of payment for eligible broadband service; and (B) distributing subsidy payments to participating providers to be used as a form of payment for eligible broadband service provided before July 1, 2025, to certain persons and entities, prioritized as follows: (i) School buildings. (ii) Rural health clinics. (iii) Eligible students. Provides that money in the rural broadband fund may be used to provide financial assistance under the new program. (10) Requires the office to establish and publish on the office's Internet web site: (A) specific, measurable goals; and (B) metrics to be used in assessing the progress made toward accomplishing those goals; for the disbursement of state broadband grant funds. (11) Requires the office to report annually to the interim study committee on energy, utilities, and telecommunications (rather than to the general assembly, under current law) concerning the awarding of state broadband grants. (12) Requires the state board of accounts to conduct an annual audit (rather than an audit every three years, under current law) of the awarding of state broadband grants. Establishes the Indiana broadband connectivity program (connectivity program), under which the office must establish a public

broadband portal through which an individual may report that minimum broadband Internet (defined as a connection to the Internet at an actual speed of at least 25 megabits per second downstream and at least three megabits per second upstream) is unavailable at the individual's residential or business address. Provides that the public broadband portal must solicit information as to whether one or more eligible students reside at an address that is reported by an individual through the portal. Provides that the office may contract or consult with one or more third parties in the creation or administration of the portal. Provides that a broadband Internet provider may: (1) register with the connectivity program; (2) receive, at least every three months, notice of addresses submitted to the office as addresses at which minimum broadband Internet is unavailable; (3) report to the office any listed address at which the provider's minimum broadband Internet service is already available; and (4) bid for an award of a grant for purposes of extending connectivity to broadband Internet service (defined as a connection to the Internet at an actual speed of at least 50 megabits per second downstream and at least five megabits per second upstream) to an address at which minimum broadband Internet is unavailable. Provides that if the office does not receive notice from any providers that minimum broadband Internet is available at an address reported through the public broadband portal, the office shall transmit to each registered provider

Current Status: 4/20/2021 - **SIGNED BY GOVERNOR**

HB1468 VARIOUS HEALTH MATTERS (DAVISSON S) Requires the office of the secretary of family and social services (office) to apply for a Medicaid state plan amendment or Medicaid waiver for the following: (1) Reimbursement of Medicaid rehabilitation option services for a Medicaid eligible recipient who is undertaking an initial assessment, intake, or counseling in a community mental health center. (2) Reimbursement for Medicaid rehabilitation option services concurrently with reimbursement under the residential addiction treatment program. Requires a community mental health center to commence a plan of treatment within two weeks for a Medicaid recipient who receives services after the office has amended the state plan. Specifies that for purposes of a community mental health center, telehealth services satisfy any face to face meeting requirement between a clinician and consumer. Requires at least two members of the division of mental health and addiction planning and advisory council to be community mental health center chief executive officers or designees. Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. Establishes the statewide 9-8-8 trust fund. Allows advanced practice registered nurses and physician assistants to perform certain duties that are performed by a physician under the home health agencies laws. Allows a nonprofit association of cities and towns to participate in the state aggregate prescription drug purchasing program. Requires a public school that issues, after June 30, 2022, a student identification card to a student in grade 6, 7, 8, 9, 10, 11, or 12 to include on the student identification card the 9-8-8 crisis hotline and other crisis hotline phone numbers. Delays the requirement that a prescription for a controlled substance be in an electronic format until January 1, 2022. Allows for an exemption from the requirement of issuing a controlled substance prescription in an electronic format if the dispensing pharmacy or provider is unable to receive or process an electronically transmitted prescription. Requires certain rules adopted by the Indiana board of pharmacy (board) to be substantially similar to certain federal regulations. Adds behavior analysts to the definition of "practitioner" for purposes of the telehealth laws. Amends the definition of "telehealth". Amends the required graduate level courses and clinical experience that an applicant is required to obtain for a license as a clinical addiction counselor. **Allows a pharmacist and pharmacy technician to administer an immunization for coronavirus disease.** Allows a registered nurse to provide for the direct supervision of a pharmacist intern or pharmacist student who administers an immunization. Changes references of the "pharmacist in charge" to the "pharmacist on duty". Allows a pharmacist to supervise eight pharmacy interns. Allows a pharmacy technician to work

remotely to perform specified responsibilities. Provides that the board shall hold the pharmacy permit holder accountable, rather than the qualifying pharmacy, for staffing violations if the qualifying pharmacist does not have the authority to make staffing determinations. Specifies that a transfer of a prescription includes a schedule II controlled substance. Removes the requirement that a pharmacist provide a patient with a written advance beneficiary notice that states that the patient may not be eligible for reimbursement for the device or supply. Changes remote dispensing facility requirements concerning location of the facility. Changes how long a remote dispensing facility must retain a surveillance recording from 45 days to 30 days. Removes specified physical requirements that a video monitor being used by the remote facility must meet. Adds therapeutic substitution to the definition of "protocol" for purposes of drug regimen adjustments and defines "therapeutic alternative" and specifies use of therapeutic alternative requirements for protocols. Removes a requirement for drug protocols concerning availability of medical records. Allows for physician assistants and advanced practice registered nurses to make referrals to pharmacists. Removes the requirement that the executive director of the Indiana professional licensing agency provide advice and consent before a majority of the members of the physical therapist committee may call a meeting. Requires the medical licensing board to adopt rules before January 1, 2022, that are required under the laws concerning physician assistants. Adds any plan or program that provides payment, reimbursement, or indemnification for the cost of prescription drugs to the definition of a "health plan". Adds two members to the justice reinvestment advisory council.

Current Status: 4/22/2021 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 489: yeas 49, nays 0; Rules Suspended

HB1497 HOME HEALTH SERVICES (BARRETT B) Amends the definition of "home health agency", for purposes of the home health agency licensure laws, to provide that a person may provide or offer to provide nursing services and at least one home health service for compensation. Specifies that the term does not include: (1) services under the Program of All-Inclusive Care for the Elderly (PACE); or a person that only administers home infusion therapy based on a specialty medication prescription.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1516 LICENSURE OF BEHAVIOR ANALYSTS (JUDY C) Establishes the behavior analyst committee (committee) with oversight by the medical licensing board of Indiana (board). Requires the committee to recommend proposed rules to the board concerning the practice of behavior analysis and continuing education requirements for behavior analysts and assistant behavior analysts. Requires the board to establish fees upon consideration of recommendations from the committee. Provides for the licensing of behavior analysts and assistant behavior analysts. Requires a licensed behavior analyst or licensed assistant behavior analyst to comply with a professional code published by the Behavior Analyst Certification Board, Inc. Makes it a Class A misdemeanor for an unlicensed individual to profess to be a licensed behavior analyst or licensed assistant behavior analyst, but provides that certain types of individuals may use applied behavior analysis techniques without being licensed.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

HB1541 LANDLORD-TENANT RELATIONS (MANNING E) Eliminates the general restriction on the authority of a county, city, town, or township concerning regulation of landlord-tenant relationship matters not specifically described by state statute. Prohibits the waiver of laws regarding retaliatory acts by a landlord.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

SB1 CIVIL IMMUNITY RELATED TO COVID-19 (MESSMER M) Provides civil tort immunity for damages arising from COVID-19 on the premises owned or operated by a person, on any

premises on which the person or an employee or agent of the person provided property or services to the individual, or during an activity managed, organized, or sponsored by the person, except for an act or omission that constitutes gross negligence or willful or wanton misconduct (including fraud and intentionally tortious acts). Defines "COVID-19 protective product" and provides civil tort immunity for harm that results from the design, manufacture, labeling, sale, distribution, or donation of a COVID-19 protective product, except for an act or omission that constitutes gross negligence or willful or wanton misconduct (including fraud and intentionally tortious acts). Prohibits class action suits.

Current Status: 2/18/2021 - Public Law 1

SB3 TELEHEALTH MATTERS (CHARBONNEAU E) Prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement. Prohibits the use of telehealth to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion. Changes the use of the term "telemedicine" to "telehealth". Specifies certain activities that are considered to be health care services for purposes of the telehealth laws. Expands the application of the telehealth statute to additional licensed practitioners instead of applying only to prescribers. Amends the definition of "prescriber" and "telehealth". Provides that a practitioner who directs an employee to perform a specified health service is held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting. Requires that the telehealth medical records be created and maintained under the same standards of appropriate practice for medical records for patients in an in-person setting. Specifies that a patient waives confidentiality of medical information concerning individuals in the vicinity when the patient is using telehealth. Prohibits an employer from requiring a practitioner to provide a health care service through telehealth if the practitioner believes: (1) that health quality may be negatively impacted; or (2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting. Provides that an applicable contract, employment agreement, or policy to provide telehealth services must explicitly provide that a practitioner may refuse at any time to provide health care services if in the practitioner's sole discretion the practitioner believes: (1) that health quality may be negatively impacted; or (2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting. Amends requirements for a prescriber issuing a prescription to a patient via telehealth services. Requires that if a veterinarian is required to establish a veterinarian-client-patient relationship to perform a health care service, the veterinarian shall ensure that a veterinarian-client-patient relationship is established. Repeals the law concerning telepsychology. Prohibits certain insurance policies and individual and group contracts from mandating the use of certain technology applications in the provision of telehealth services.

Current Status: 4/20/2021 - **SIGNED BY GOVERNOR**

SB5 LOCAL HEALTH DEPARTMENTS; PUBLIC HEALTH EMERGENCIES (GARTEN C) Provides that if a local order addresses an aspect of a declared emergency addressed by an executive order, the local order may be less stringent than the executive order to the extent permitted by the executive order. Provides that if a local order addresses an aspect of a declared emergency that is not addressed by an executive order or if a local order addresses an aspect of a declared emergency more stringently than an executive order, the local order may not take effect, or remain in effect, unless the local order is approved by the county legislative body (in the case of a county health department) or by an ordinance adopted by the city legislative body and approved by the mayor (in the case of a city health department). Provides that the appointment of a county health officer is subject to the approval of the county legislative body. Adds other good cause to the reasons for which a local health officer may be removed in counties other than Marion County. Specifies that a local health officer serves until a successor

is appointed and qualified. Establishes an appeals process before legislative bodies of enforcement actions taken by local boards of health and local health officers in response to declared state and local public health emergencies.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

SB20 REGULATION OF MICRO MARKET FOOD SALES (FORD J) Specifies that "micro market display" includes a hot beverage brewer. Specifies that a "vending machine" includes a self-service device that can be activated by the use of a software application on a smartphone. Provides that a micro market can sell hot beverages. Provides that an owner or operator of a micro market shall not be required to: (1) submit any documentation; or (2) be subject to any pre-plan review, inspection process, or approval process by the state department, corporation, or local health department before the installation of a micro market. Provides that an owner or operator of a micro market must notify the corporation or local health department where the micro market is located no later than 10 business days after the installation of the micro market. Provides that an owner or operator of a micro market shall not be subject to any fee associated with providing notice to a corporation or local health department.

Current Status: 4/22/2021 - **SIGNED BY GOVERNOR**

SB59 OCCUPATIONAL THERAPY SERVICES (BECKER V) Allows an occupational therapist to provide occupational therapy services to an individual during a period of not more than 42 calendar days beginning on the day on which the occupational therapist first provides occupational therapy services to the individual. Allows an occupational therapist to provide occupational therapy services to an individual after the 42 day period only if the occupational therapist obtains a referral from, or acts on the order of, a physician, podiatrist, advanced practice registered nurse, psychologist, chiropractor, optometrist, or physician's assistant. Allows an occupational therapist, without a referral or order from a health care provider, to provide: (1) ergonomic or home assessment services; (2) injury or illness prevention education and wellness services; (3) occupational therapy activities provided in an educational setting; or (4) occupational therapy activities that the medical licensing board of Indiana determines to be appropriate to be conducted in a community based environment.

Current Status: 4/15/2021 - **SIGNED BY GOVERNOR**

SB82 MENTAL HEALTH DIAGNOSIS (CRIDER M) Defines "mental health diagnosis" and sets forth requirements that must be met in order for certain licensed professionals to provide a mental health diagnosis. Requires certain mental health professionals who are making a mental health diagnosis and who determine that the patient may have a physical condition that requires medical attention or has not been examined by a physician, an advanced practice registered nurse, or a physician assistant in the preceding 12 months to: (1) advise the patient to schedule, and offer to assist the patient with scheduling, a physical examination for the patient; (2) provide the patient with a list of practitioners and certain information concerning the practitioners; and (3) coordinate patient care with the practitioner as appropriate. Requires documentation of the actions of the licensed professional in the patient's medical record.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

SB91 HYPERBARIC OXYGEN TREATMENT PILOT PROGRAM (TOMES J) Extends the expiration date of the hyperbaric oxygen treatment pilot program for veterans from June 30, 2021, to June 30, 2025. Provides that certain: (1) billing documentation; or (2) attendance documentation; may be used to authenticate the receipt of hyperbaric oxygen treatments for the purpose of payment approval by the department of veterans' affairs. Removes a provision that requires the state department of health to request proposals concerning hyperbaric oxygen treatment from certain geographic areas of Indiana. Specifies that a certain appropriation does not revert to the state general fund until July 1, 2025.

Current Status: 4/8/2021 - **SIGNED BY GOVERNOR**

SB169 HOUSING WITH SERVICES ESTABLISHMENT DISCLOSURES (FORD J) Requires housing with services establishments to make certain disclosures concerning Alzheimer's and dementia special care and file the disclosure with the division of aging. Requires the division of aging to publish the disclosures.

Current Status: 4/15/2021 - **SIGNED BY GOVERNOR**

SB202 HOSPITAL AND HEALTH FACILITY VISITATION (ROGERS L) Allows a person admitted as a patient to a hospital or ambulatory outpatient surgical center (facility) to receive visitation by specified individuals during a declared emergency or public health emergency. Requires visitors to comply with applicable disease control or prevention guidelines issued by the Centers for Medicare and Medicaid Services or the Centers for Disease Control and Prevention when visiting a patient. Requires a facility to permit the visitation of a person admitted as a patient in a facility during specified compassionate care scenarios. Allows a facility to limit visitation in certain instances. Provides certain civil immunity for a facility, its employees, and contractors for an injury or harm caused by or resulting from: (1) the exposure of a contagious disease or other harmful agent that is specified during a disaster emergency; or (2) acts or omissions by visitors who are present in the facility; as a result of the implementation of the required protocols. Requires health facilities and residential care facilities (health facilities) to allow visitation of a resident in a compassionate care situation. Requires the state department of health to adopt standards and guidelines concerning the essential family caregiver program during a declared emergency or public health emergency and requires facilities to participate in the program. Allows for the designation of an essential family caregiver for a resident of a health facility and allows for visitation during restricted visitation at the health facility. Specifies requirements for an individual to be designated as an essential family caregiver and allows for the reconsideration and reporting of a denial of a request for designation. Allows the state department of health to adopt certain rules concerning the program. Provides certain civil immunity for a health facility, its employees, and contractors for an injury or harm caused by or resulting from: (1) the exposure of a contagious disease or other harmful agent that is specified during a disaster emergency; or (2) acts or omissions by visitors who are present in the health facility; as a result of the implementation of the required protocols.

Current Status: 4/22/2021 - Signed by the Speaker

SB204 HEALTH CARE ADVANCE DIRECTIVES (ROGERS L) Allows an individual to make a health care advance directive that gives instructions or expresses preferences or desires concerning any aspect of the individual's health care or health information and to designate a health care representative to make health care decisions and receive health information for the individual. Consolidates definitions of "life prolonging procedures". Requires the state department of health to prepare a sample advance directive. Provides that the appointment of a representative or attorney in fact to consent to health care that was legally executed before January 1, 2023, is valid as executed. Adds definitions of "notarial officer", "observe", "present", and "telephonic interaction" to allow a mentally competent declarant to sign an advance directive by using technology to interact in real time with a notarial officer or with two attesting witnesses. Specifies certain prerequisites when witnessing specified directives through telephonic interaction. Provides for remote witnessing or signing of separate paper counterparts that are assembled later into a complete composite paper advance directive. Provides that the new health care directive provisions do not affect the consent provisions concerning abortion or a minor's medical or hospital care and treatment with respect to the minor's pregnancy, delivery, or postpartum care. Provides that an attending advanced practice registered nurse or physician assistant may perform the same functions and have the same responsibilities as an attending physician for purposes of an out of hospital do not resuscitate

declaration. Adds cross references. Defines certain terms. Makes conforming changes. Makes technical changes.

Current Status: 4/16/2021 - **SIGNED BY GOVERNOR**

SB214 LOW INCOME HOUSING (HOLDMAN T) Reinstates provisions that were repealed in the 2016 session in Senate Bill 309 regarding eligibility for the property tax exemption for improvements on real property that are constructed, rehabilitated, or acquired for the purpose of providing low income housing. Provides that payments in lieu of taxes (PILOTS) may be required from a property owner claiming such an exemption.

Current Status: 4/19/2021 - **SIGNED BY GOVERNOR**

SB218 TOWNSHIP HOMELESS ASSISTANCE (SANDLIN J) Establishes the low barrier homeless shelter task force. Beginning July 1, 2022: (1) allows a township trustee to place a homeless individual temporarily in a county home or provide temporary township assistance; and (2) requires the township trustees within a county to collaborate and prepare a list of public and private resources available to the homeless population that is distributed and published on the county's Internet web site, if the county has a web site, not later than March 1 of each year. Provides that a person commits the offense of criminal trespass if: (1) the person, who does not have a contractual interest in the property, knowingly or intentionally enters or refuses to leave the property of another person after having been prohibited from entering or asked to leave the property by a law enforcement officer when the property is designated by a municipality or county enforcement authority to be an unsafe building or premises; or (2) the person knowingly or intentionally enters the property of another person after being denied entry by a court order that has been issued to the person or issued to the general public by conspicuous posting on or around the premises in areas where a person can observe the order when the property has been designated by a municipality or county enforcement authority to be an unsafe building or premises; unless the person has the written permission of the owner, the owner's agent, an enforcement authority, or a court to come onto the property for purposes of performing maintenance, repair, or demolition. Provides that an individual who harasses another person with the intent to obtain property from the other person commits aggressive harassment, a Class C misdemeanor. Defines "harasses". Repeals the chapter concerning panhandling.

Current Status: 4/19/2021 - **SIGNED BY GOVERNOR**

SB242 PATIENT LIFT SERVICES (ROGERS L) Provides that attendant care services include the use of lift equipment. Requires a personal services agency that provides lift services to have liability insurance. Provides that a client who receives attendant care services may decline assistance with any component of the attendant care services. Specifies that a client is not required to use lift equipment when lift services are provided. Requires a personal services agency that offers lift services to train each employee who provides those services. Specifies that lift services are subject to the same evaluation and training requirements as other attendant care service tasks.

Current Status: 4/19/2021 - **SIGNED BY GOVERNOR**

SB259 PARENTS WITH DISABILITIES (NIEZGODSKI D) Specifies that it is the policy of the state to recognize the parenting rights of a parent regardless of whether the parent has a disability. Provides that the right of a person with a disability to parent the person's child may not be denied or restricted solely because the person has a disability. Provides that: (1) a court, in: (A) considering the appointment of a person as a guardian; (B) hearing an action to modify custody or an action to determine or modify parenting time; or (C) determining whether to grant a petition for adoption; and (2) the department of child services, in determining whether to grant a person a license to operate a foster family home; may not discriminate against, and

shall take into consideration the provision of reasonable accommodations to, a person with a disability.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

SB263 RELIGIOUS ACTIVITIES AS ESSENTIAL SERVICES (KOCH E) Prohibits the state and a political subdivision from imposing restrictions on a religious organization that are more restrictive than the restrictions imposed upon other businesses and organizations that provide essential services to the public. Permits the state or a political subdivision to require a religious organization to comply with a neutral and generally applicable health, safety, or occupancy requirement to the same extent as other organizations, if the requirement is otherwise allowable under Indiana's religious freedom law. Provides that the state, a political subdivision, or an officer or employee of the state or a political subdivision may not restrict the right of the people to worship or to worship in person during a disaster emergency.

Current Status: 4/22/2021 - **SIGNED BY GOVERNOR**

SB276 POWERS OF GUARDIAN AFTER DEATH (LANANE T) Authorizes certain guardians to make certain arrangements and control the disposition of a decedent's body subsequent to the death of a protected person. Makes conforming amendments.

Current Status: 4/8/2021 - **SIGNED BY GOVERNOR**

SB292 PUBLICATION OF HEALTH FACILITY REPORTING (BREAUX J) Requires the state department of health to compile case and death data related to COVID-19 reported by health facilities and residential care facilities in a specified manner and publish the information on the state department's Internet web site. Requires the state department to update the data at least every seven days. Provides that the reporting and publishing requirements expire April 1, 2022.

Current Status: 4/22/2021 - Signed by the Speaker

SB352 BROADBAND DEVELOPMENT (HOUCHIN E) Requires the office of community and rural affairs (office) to establish a process to be used before each formal submission of applications for grants from the rural broadband fund (fund) in which the office will: (1) invite any prospective grant applicant to submit a letter of intent identifying all addresses and census blocks that the applicant intends to include in a grant application; and (2) make all addresses and census blocks submitted in letters of intent publicly available for a period of time, during which eligible broadband service providers will have the opportunity to challenge a listed address or census block. Provides that challenges under the new process are to be based on the asserted deployment of "minimum broadband Internet" (defined as a terrestrial connection to the Internet that provides an actual speed of at least 25 megabits per second downstream and at least three megabits per second upstream) at a specific address. Specifies that the process established is to precede and remain distinct from the statutory procedures for actual grant applications. Provides that the department of transportation (INDOT) may require a private entity to agree, as a condition of INDOT leasing a right-of-way to the private entity, that facilities constructed or installed by the private entity in or under the right-of-way, which if removed would: (1) cause irreparable soil disturbance; or (2) have a detrimental effect on INDOT's facilities or on the facilities of other utilities; will be considered abandoned without additional consideration, upon the private entity's written notice to INDOT. Provides that upon being abandoned, a facility may no longer be used for any purpose by any public or private entity.

Current Status: 4/22/2021 - Signed by the Speaker

SB359 BROADBAND PROJECTS (BALDWIN S) Requires the Indiana department of transportation (INDOT) to create a broadband corridor program (dig once program) to manage the location,

installation, and maintenance of communications infrastructure that is used for the provision of broadband services and is located within the rights-of-way of limited access highways. Requires INDOT to adopt policies, procedures, and standards under the dig once program for required installation of fiber conduit by a public or private entity that performs an excavation within a limited access highway right-of-way.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

SB377 BROADBAND DEVELOPMENT (ZAY A) Establishes the Indiana broadband connectivity program (program) for the purpose of expanding availability of broadband Internet connectivity throughout Indiana. Provides that as part of the program, the office must establish a public broadband portal through which an individual may report that minimum broadband Internet (defined as a connection to the Internet at an actual speed of at least 25 megabits per second downstream and at least three megabits per second upstream) is unavailable at the individual's residential or business address. Provides that a broadband Internet provider may: (1) register with the program; (2) receive, at least every three months, listings of addresses submitted to the office as addresses at which minimum broadband Internet is unavailable; (3) report to the office any listed address at which the provider's minimum broadband Internet service is already available; and (4) bid for an award of a grant for purposes of extending connectivity to broadband Internet service (defined as a connection to the Internet at an actual speed of at least 50 megabits per second downstream and at least five megabits per second upstream) to an address at which minimum broadband Internet is unavailable. Provides that in evaluating any bids received under the program, the office shall select the provider whose bid presents the lowest cost to the state. Provides that a grant awarded to a provider under the program may not exceed the following: (1) A per-line extension amount that exceeds \$25,000, regardless of the number of addresses served by the line extension. (2) A per-passing amount that exceeds the state's cost per passing for all rural broadband grants awarded from the fund as of the last day of the immediately preceding state fiscal year. Requires the office to provide to the general assembly an annual report containing specified data regarding the program. Provides that the office may maintain a geographic information system (GIS) or similar data base that contains spatial data regarding the availability of broadband Internet service in Indiana. Provides that the office may evaluate the broadband Internet coverage map created by the Federal Communications Commission under the Broadband Deployment Accuracy and Technological Availability Act (FCC map) and: (1) if the office finds that the FCC map: (A) provides address level broadband Internet coverage information; or (B) provides a greater level of detail than the office's broadband Internet coverage map; use the FCC map to update the office's broadband Internet coverage map; or (2) if the office finds that the FCC map does not: (A) provide address level broadband Internet coverage information; or (B) provide a greater level of detail than the office's broadband Internet coverage map; report that finding to the interim study committee on energy, utilities, and telecommunications during the 2022 legislative interim.

Current Status: 4/23/2021 - Signed by the President Pro Tempore

SB416 HOSPITALS AND CERTIFICATES OF PUBLIC ADVANTAGE (FORD J) Establishes a certificate of public advantage (certificate) pertaining to mergers between hospitals located in counties that meet certain requirements to be issued by the state department of health (state department). Provides that a hospital that has been issued a certificate may not be purchased by another hospital or system of hospitals unless the purchase has been approved by the Federal Trade Commission. Sets forth the procedure and standards for obtaining a certificate and maintaining the certificate. Requires the state department to establish fees for the application of a certificate and the monitoring of an entity holding a certificate in an amount reasonably sufficient to fully fund the costs of the review and supervision of the application. Provides that for the first five years that a hospital is operating under a certificate the hospital:

(1) may not increase the charge for each individual service that the hospital offers by more than the increase in the Consumer Price Index for Medical Care; and (2) must invest the realized cost savings for the benefit of the community. Requires a hospital the has been issued a certificate to file an annual report. Allows the office of the attorney general to issue an investigative demand concerning the issuance or maintenance of a certificate. Provides for an appeal of a determination made by the state department concerning the issuance or maintenance of a certificate.

Current Status: 4/22/2021 - **SIGNED BY GOVERNOR**

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