

SENATE BILL No. 3

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-7-2; IC 12-15-5-11; IC 16-18-2-348.5; IC 16-36-1-15; IC 25-1; IC 25-22.5-2-7; IC 27-8-34; IC 27-13-1-34; IC 27-13-7-22.

Synopsis: Telehealth matters. Prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement and voids administrative rules with these requirements. 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 "telehealth". 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 certain insurance policies and individual and group contracts from mandating the use of certain technology applications in the provision of telehealth services.

Effective: Upon passage.

Charbonneau

January 7, 2021, read first time and referred to Committee on Health and Provider Services.



First Regular Session of the 122nd General Assembly (2021)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2020 Regular Session of the General Assembly.

SENATE BILL No. 3

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-7-2-190.3, AS ADDED BY P.L.204-2013,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 UPON PASSAGE]: Sec. 190.3. (a) **"Telehealth activities", for**
4 **purposes of IC 12-15-5-11, has the meaning set forth in**
5 **IC 12-15-5-11(a).**
6 (b) **"Telehealth services", for purposes of IC 12-15-5-11, has the**
7 **meaning set forth in IC 12-15-5-11(a); IC 12-15-5-11(b).**
8 SECTION 2. IC 12-7-2-190.4 IS REPEALED [EFFECTIVE UPON
9 PASSAGE]. ~~Sec. 190.4. "Telemedicine services", for purposes of~~
10 ~~IC 12-15-5-11, has the meaning set forth in IC 12-15-5-11(b).~~
11 SECTION 3. IC 12-15-5-11, AS AMENDED BY P.L.150-2017,
12 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 UPON PASSAGE]: Sec. 11. (a) As used in this section, **"telehealth**
14 **services" activities"** means the use of telecommunications and
15 information technology to provide access to health assessment,
16 diagnosis, intervention, consultation, supervision, and information
17 across a distance.



(b) As used in this section, ~~"telemedicine"~~ **"telehealth services"** has the meaning set forth for ~~"telemedicine"~~ in IC 25-1-9.5-6.

(c) The office shall reimburse a Medicaid provider who is licensed as a home health agency under IC 16-27-1 for telehealth ~~services~~ **activities**.

(d) The office shall reimburse the following Medicaid providers for medically necessary ~~telemedicine~~ **telehealth** services:

(1) A federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)).

(2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).

(3) A community mental health center certified under IC 12-21-2-3(5)(C).

(4) A critical access hospital that meets the criteria under 42 CFR 485.601 et seq.

(5) A provider, as determined by the office to be eligible, providing a covered ~~telemedicine service~~ **telehealth activity**.

(e) The office may not impose any distance restrictions on providers of telehealth ~~services activities~~ or ~~telemedicine~~ **telehealth** services. Before December 31, 2017, the office shall do the following:

(1) Submit a Medicaid state plan amendment with the United States Department of Health and Human Services that eliminates distance restrictions for telehealth ~~services activities~~ or ~~telemedicine~~ **telehealth** services in the state Medicaid plan.

(2) Issue a notice of intent to adopt a rule to amend any administrative rules that include distance restrictions for the provision of telehealth ~~services activities~~ or ~~telemedicine~~ **telehealth** services.

(f) **Subject to federal law, the office may not impose any requirements concerning the originating site or distant site in which a telehealth service is provided to a Medicaid recipient. 405 IAC 5-38 is void effective July 1, 2021. The publisher of the Indiana Administrative Code and Indiana Register shall remove 405 IAC 5-38 from the Indiana Administrative Code after June 30, 2021.**

(g) A Medicaid recipient waives confidentiality of any medical information discussed with the health care provider that is:

(1) provided during a telehealth visit; and

(2) heard by another individual in the vicinity of the Medicaid recipient during a health care service or consultation.

(~~f~~) **(h)** The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.



(g) (i) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.

SECTION 4. IC 16-18-2-348.5, AS ADDED BY P.L.185-2015, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 348.5. "~~Telemedicine~~", "**Telehealth**", for purposes of IC 16-36-1, means a specific method of delivery of services, including medical exams and consultations and behavioral health evaluations and treatment, including those for substance abuse, using videoconferencing equipment to allow a provider to render an examination or other service to a patient at a distant location. ~~The term does not include the use of the following:~~

(1) ~~A telephone transmitter for transtelephonic monitoring.~~

(2) ~~A telephone or any other means of communication for the consultation from one (1) provider to another provider.~~

SECTION 5. IC 16-36-1-15, AS ADDED BY P.L.185-2015, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 15. A health care provider (as defined in IC 16-18-2-163(a)) may not be required to obtain a separate additional written health care consent for the provision of ~~telemedicine~~ **telehealth** services.

SECTION 6. IC 25-1-2-10, AS ADDED BY P.L.121-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) As used in this section, "board" means any of the following boards:

- (1) The medical licensing board of Indiana.
- (2) The Indiana state board of nursing.
- (3) The state board of dentistry.
- (4) The behavioral health and human services licensing board.
- (5) The state psychology board.
- (6) The Indiana board of pharmacy.

(b) As used in this section, "license" means:

- (1) an unlimited license, certificate, or registration;
- (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) a provisional license;

issued by the board regulating the profession in question.

(c) As used in this section, "practitioner" means an individual who holds a license under any of the following:

- (1) IC 25-14-1.
- (2) IC 25-22.5-5.
- (3) IC 25-23.



- 1 (4) IC 25-23.6.
- 2 (5) IC 25-26.
- 3 (6) IC 25-27.5.
- 4 (7) IC 25-33.
- 5 (d) To allow for programmatic and policy recommendations to
- 6 improve workforce performance, address identified workforce
- 7 shortages, and retain practitioners, beginning January 1, 2019, every
- 8 practitioner who is renewing online a license issued by a board must
- 9 include the following information related to the practitioner's work in
- 10 Indiana under the practitioner's license during the previous two (2)
- 11 years:
- 12 (1) The practitioner's specialty or field of practice.
- 13 (2) The following concerning the practitioner's current practice:
- 14 (A) The location or address.
- 15 (B) The setting type.
- 16 (C) The average hours worked weekly.
- 17 (D) The health care services provided.
- 18 (3) The practitioner's education background and training.
- 19 (4) For a practitioner that is a prescriber (as defined in
- 20 IC 25-1-9.5-4), whether the practitioner delivers health care
- 21 services through ~~telemedicine~~ **telehealth** (as defined in
- 22 IC 25-1-9.5-6).
- 23 (e) The Indiana professional licensing agency shall do the following:
- 24 (1) Include notification with a practitioner's license renewal notice
- 25 that the practitioner must submit the information required under
- 26 subsection (d) if the practitioner renews the license online.
- 27 (2) Compile the information collected under this section into an
- 28 annual report. The report may not contain any personal
- 29 identifying information and the report must be compliant with the
- 30 federal Health Insurance Portability and Accountability Act
- 31 (HIPAA).
- 32 (3) Post the annual report compiled under this subsection on the
- 33 agency's Internet web site.
- 34 (4) Submit the annual report compiled under this subsection to the
- 35 following:
- 36 (A) The office of Medicaid policy and planning.
- 37 (B) The department of workforce development.
- 38 (C) The commission on improving the status of children in
- 39 Indiana (IC 2-5-36).
- 40 (D) The legislative council in an electronic format under
- 41 IC 5-14-6.
- 42 (E) The office of the attorney general.



SECTION 7. IC 25-1-9.5-1, AS AMENDED BY P.L.150-2017, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) This chapter does not prohibit a provider, prescriber, insurer, or patient from agreeing to an alternative location of the patient, provider, or prescriber to conduct ~~telemedicine~~. **telehealth.**

(b) This chapter does not supersede any other statute concerning a provider or prescriber who provides health care to a patient.

SECTION 8. IC 25-1-9.5-2, AS AMENDED BY P.L.150-2017, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. As used in this chapter, "distant site" means a site at which a ~~prescriber~~ **practitioner** is located while providing health care services through ~~telemedicine~~. **telehealth.**

SECTION 9. IC 25-1-9.5-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2.5. As used in this chapter, "health care services" includes the following:

- (1) Assessment, diagnosis, evaluation, consultation, treatment, and monitoring of a patient.
- (2) Transfer of medical data.
- (3) Patient health related education.
- (4) Public health services and health administration.

SECTION 10. IC 25-1-9.5-3, AS ADDED BY P.L.78-2016, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. As used in this chapter, "originating site" means any site at which a patient is located at the time health care services through ~~telemedicine~~ **telehealth** are provided to the individual.

SECTION 11. IC 25-1-9.5-3.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3.5. As used in this chapter, "practitioner" means an individual who holds an unlimited license to practice as any of the following in Indiana:

- (1) A dentist licensed under IC 25-14.
- (2) A diabetes educator licensed under IC 25-14.3.
- (3) A dietitian licensed under IC 25-14.5.
- (4) A genetic counselor licensed under IC 25-17.3.
- (5) A physician licensed under IC 25-22.5.
- (6) A nurse licensed under IC 25-23.
- (7) An occupational therapist licensed under IC 25-23.5.
- (8) Any behavioral health and human services professional licensed under IC 25-23.6.
- (9) An optometrist licensed under IC 25-24.



(10) A pharmacist licensed under IC 25-26.

(11) A physical therapist licensed under IC 25-27.

(12) A physician assistant licensed under IC 25-27.5.

(13) A podiatrist licensed under IC 25-29.

(14) A psychologist licensed under IC 25-33.

(15) A speech-language pathologist or audiologist licensed under IC 25-35.6.

(16) A veterinarian licensed under IC 25-38.1.

SECTION 12. IC 25-1-9.5-5, AS AMENDED BY P.L.150-2017, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. As used in this chapter, "store and forward" means the transmission of a patient's medical information from an originating site to the **prescriber practitioner** at a distant site without the patient being present.

SECTION 13. IC 25-1-9.5-6, AS ADDED BY P.L.78-2016, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) As used in this chapter, "**telemedicine**" "**telehealth**" means the delivery of health care services using **interactive** electronic communications and information technology, including:

(1) secure videoconferencing;

(2) ~~interactive audio-using~~ store and forward technology; or

(3) remote patient monitoring technology;

between a provider in one (1) location and a patient in another location.

(b) The term does not include the use of the following:

~~(1) Audio-only communication.~~

~~(2) A telephone call.~~

~~(3) (1) Electronic mail.~~

~~(4) (2) An instant messaging conversation.~~

~~(5) (3) Facsimile.~~

~~(6) (4) Internet questionnaire.~~

~~(7) Telephone consultation.~~

~~(8) (5) Internet consultation.~~

SECTION 14. IC 25-1-9.5-7, AS AMENDED BY P.L.129-2018, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) A **prescriber practitioner** who provides health care services through ~~telemedicine~~ **telehealth** shall be held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting.

(b) ~~A prescriber may not use telemedicine, including issuing a prescription, for an individual who is located in Indiana unless a provider-patient relationship between the prescriber and the individual~~



has been established. A **prescriber practitioner** who uses **telemedicine telehealth** shall, if such action would otherwise be required in the provision of the same health care services in a manner other than **telemedicine, telehealth**, ensure that a proper provider-patient relationship is established. The provider-patient relationship by a **prescriber practitioner** who uses **telemedicine telehealth** must at a minimum include the following:

- (1) Obtain the patient's name and contact information and:
 - (A) a verbal statement or other data from the patient identifying the patient's location; and
 - (B) to the extent reasonably possible, the identity of the requesting patient.
- (2) Disclose the **prescriber's practitioner's** name and disclose ~~whether the prescriber is a physician, physician assistant, advanced practice registered nurse, optometrist, or podiatrist.~~ **the practitioner's licensure, certification, or registration.**
- (3) Obtain informed consent from the patient.
- (4) Obtain the patient's medical history and other information necessary to establish a diagnosis.
- (5) Discuss with the patient the:
 - (A) diagnosis;
 - (B) evidence for the diagnosis; and
 - (C) risks and benefits of various treatment options, including when it is advisable to seek in-person care.
- (6) Create and maintain a medical record for the patient. ~~and, If a prescription is issued for the patient, and~~ subject to the consent of the patient, **the prescriber shall** notify the patient's primary care provider of any prescriptions the prescriber has issued for the patient if the primary care provider's contact information is provided by the patient. The requirements in this subdivision do not apply when any of the following are met:
 - (A) The **prescriber practitioner** is using an electronic health record system that the patient's primary care provider is authorized to access.
 - (B) The **prescriber practitioner** has established an ongoing provider-patient relationship with the patient by providing care to the patient at least two (2) consecutive times through the use of **telemedicine telehealth** services. If the conditions of this clause are met, the **prescriber practitioner** shall maintain a medical record for the patient and shall notify the patient's primary care provider of any issued prescriptions.
- (7) Issue proper instructions for appropriate follow-up care.



(8) Provide a ~~telemedicine~~ **telehealth** visit summary to the patient, including information that indicates any prescription that is being prescribed.

(c) The medical records under subsection (b)(6) must be created and maintained by the practitioner under the same standards of appropriate practice for medical records for patients in an in-person setting.

(d) A patient waives confidentiality of any medical information discussed with the practitioner that is:

(1) provided during a telehealth visit; and

(2) heard by another individual in the vicinity of the patient during a health care service or consultation.

SECTION 15. IC 25-1-9.5-8, AS AMENDED BY P.L.52-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. (a) A prescriber may issue a prescription to a patient who is receiving services through the use of ~~telemedicine~~ **telehealth** if the patient has not been examined previously by the prescriber in person if the following conditions are met:

(1) The prescriber has satisfied the applicable standard of care in the treatment of the patient.

(2) The issuance of the prescription by the prescriber is within the prescriber's scope of practice and certification.

(3) The prescription:

(A) meets the requirements of subsection (b); and

(B) is not for an opioid. However, an opioid may be prescribed if the opioid is a partial agonist that is used to treat or manage opioid dependence.

(4) The prescription is not for an abortion inducing drug (as defined in IC 16-18-2-1.6).

(5) If the prescription is for a medical device, including an ophthalmic device, the prescriber must use ~~telemedicine~~ **telehealth** technology that is sufficient to allow the provider to make an informed diagnosis and treatment plan that includes the medical device being prescribed. However, a prescription for an ophthalmic device is also subject to the conditions in section 13 of this chapter.

(b) Except as provided in subsection (a), a prescriber may issue a prescription for a controlled substance (as defined in IC 35-48-1-9) to a patient who is receiving services through the use of ~~telemedicine~~, **telehealth**, even if the patient has not been examined previously by the prescriber in person, if the following conditions are met:

(1) The prescriber maintains a valid controlled substance



1 registration under IC 35-48-3.

2 (2) The prescriber meets the conditions set forth in 21 U.S.C. 829
3 et seq.

4 (3) The patient has been examined in person by a licensed Indiana
5 health care provider and the licensed health care provider has
6 established a treatment plan to assist the prescriber in the
7 diagnosis of the patient.

8 (4) The prescriber has reviewed and approved the treatment plan
9 described in subdivision (3) and is prescribing for the patient
10 pursuant to the treatment plan.

11 (5) The prescriber complies with the requirements of the
12 INSPECT program (IC 25-26-24).

13 (c) A prescription for a controlled substance under this section must
14 be prescribed and dispensed in accordance with IC 25-1-9.3 and
15 IC 25-26-24.

16 SECTION 16. IC 25-1-9.5-9, AS AMENDED BY P.L.150-2017,
17 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18 UPON PASSAGE]: Sec. 9. (a) A **prescriber practitioner** who is
19 physically located outside Indiana is engaged in the provision of health
20 care services in Indiana when the **prescriber practitioner**:

21 (1) establishes a provider-patient relationship under this chapter
22 with; or

23 (2) determines whether to issue a prescription under this chapter
24 for;

25 an individual who is located in Indiana.

26 (b) A **prescriber practitioner** described in subsection (a) may not
27 establish a provider-patient relationship under this chapter with or issue
28 a prescription under this chapter for an individual who is located in
29 Indiana unless the **prescriber practitioner** and the **prescriber's**
30 **practitioner's** employer or the **prescriber's practitioner's** contractor,
31 for purposes of providing health care services under this chapter, have
32 certified in writing to the Indiana professional licensing agency, in a
33 manner specified by the Indiana professional licensing agency, that the
34 **prescriber practitioner** and the **prescriber's practitioner's** employer
35 or **prescriber's practitioner's** contractor agree to be subject to:

36 (1) the jurisdiction of the courts of law of Indiana; and

37 (2) Indiana substantive and procedural laws;

38 concerning any claim asserted against the **prescriber practitioner**, the
39 **prescriber's practitioner's** employer, or the **prescriber's practitioner's**
40 contractor arising from the provision of health care services under this
41 chapter to an individual who is located in Indiana at the time the health
42 care services were provided. The filing of the certification under this



subsection shall constitute a voluntary waiver by the ~~prescriber,~~
~~practitioner,~~ the ~~prescriber's~~ ~~practitioner's~~ employer, or the
~~prescriber's~~ ~~practitioner's~~ contractor of any respective right to avail
 themselves of the jurisdiction or laws other than those specified in this
 subsection concerning the claim. However, a ~~prescriber~~ ~~practitioner~~
 that practices predominately in Indiana is not required to file the
 certification required by this subsection.

(c) A ~~prescriber~~ ~~practitioner~~ shall renew the certification required
 under subsection (b) at the time the ~~prescriber~~ ~~practitioner~~ renews the
~~prescriber's~~ ~~practitioner's~~ license.

(d) A ~~prescriber's~~ ~~practitioner's~~ employer or a ~~prescriber's~~
~~practitioner's~~ contractor is required to file the certification required by
 this section only at the time of initial certification.

SECTION 17. IC 25-1-9.5-10, AS AMENDED BY P.L.150-2017,
 SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 UPON PASSAGE]: Sec. 10. (a) A ~~prescriber~~ ~~practitioner~~ who violates
 this chapter is subject to disciplinary action under IC 25-1-9.

(b) A ~~prescriber's~~ ~~practitioner's~~ employer or a ~~prescriber's~~
~~practitioner's~~ contractor that violates this section commits a Class B
 infraction for each act in which a certification is not filed as required
 by section 9 of this chapter.

SECTION 18. IC 25-1-9.5-11, AS AMENDED BY P.L.28-2019,
 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 UPON PASSAGE]: Sec. 11. A pharmacy does not violate this chapter
 if the pharmacy fills a prescription for an opioid and the pharmacy is
 unaware that the prescription was written or electronically transmitted
 by a prescriber providing ~~telemedicine~~ ~~telehealth~~ services under this
 chapter.

SECTION 19. IC 25-1-9.5-12, AS ADDED BY P.L.78-2016,
 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 UPON PASSAGE]: Sec. 12. The Indiana professional licensing agency
 may adopt policies or rules under IC 4-22-2 necessary to implement
 this chapter. Adoption of policies or rules under this section may not
 delay the implementation and provision of ~~telemedicine~~ ~~telehealth~~
 services under this chapter.

SECTION 20. IC 25-1-9.5-13, AS ADDED BY P.L.52-2020,
 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 UPON PASSAGE]: Sec. 13. (a) As used in this section, "HIPAA"
 refers to the federal Health Insurance Portability and Accountability
 Act.

(b) A prescriber may not issue a prescription for an ophthalmic
 device unless the following conditions are met:



(1) If the prescription is for contact lenses or eyeglasses, the patient must be at least eighteen (18) years of age but not more than fifty-five (55) years of age.

(2) The patient must have completed a medical eye history that includes information concerning the following:

(A) Chronic health conditions.

(B) Current medications.

(C) Eye discomfort.

(D) Blurry vision.

(E) Any prior ocular medical procedures.

(3) The patient must have had a prior prescription from a qualified eye care professional that included a comprehensive in person exam that occurred within two (2) years before the initial use of ~~telemedicine~~ **telehealth** for a refraction under subdivision (5)(A).

(4) If the patient desires a contact lens prescription, at the discretion of the eye care professional, that patient must have had a prior contact lens fitting or evaluation by a qualified eye care professional that occurred within two (2) years before the initial use of ~~telemedicine~~ **telehealth** for a refraction under subdivision (5)(A).

(5) The patient:

(A) may not use ~~telemedicine~~ **telehealth** more than two (2) consecutive times within two (2) years from the date of the examination that occurred under subdivision (3) for a refraction without a subsequent in person comprehensive eye exam; and

(B) must acknowledge that the patient has had a comprehensive eye exam as required under clause (A) before receiving an online prescription.

(6) The patient may allow the prescriber to access the patient's medical records using an appropriate HIPAA compliant process.

(7) The prescriber must ensure that the transfer of all information, including the vision test and prescription, comply with HIPAA requirements.

(8) The prescriber must use technology to allow the patient to have continuing twenty-four (24) hour a day online access to the patient's prescription as soon as the prescription is signed by the prescriber.

SECTION 21. IC 25-22.5-2-7, AS AMENDED BY P.L.249-2019, SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) The board shall do the following:



(1) Adopt rules and forms necessary to implement this article that concern, but are not limited to, the following areas:

(A) Qualification by education, residence, citizenship, training, and character for admission to an examination for licensure or by endorsement for licensure.

(B) The examination for licensure.

(C) The license or permit.

(D) Fees for examination, permit, licensure, and registration.

(E) Reinstatement of licenses and permits.

(F) Payment of costs in disciplinary proceedings conducted by the board.

(2) Administer oaths in matters relating to the discharge of the board's official duties.

(3) Enforce this article and assign to the personnel of the agency duties as may be necessary in the discharge of the board's duty.

(4) Maintain, through the agency, full and complete records of all applicants for licensure or permit and of all licenses and permits issued.

(5) Make available, upon request, the complete schedule of minimum requirements for licensure or permit.

(6) Issue, at the board's discretion, a temporary permit to an applicant for the interim from the date of application until the next regular meeting of the board.

(7) Issue an unlimited license, a limited license, or a temporary medical permit, depending upon the qualifications of the applicant, to any applicant who successfully fulfills all of the requirements of this article.

(8) Adopt rules establishing standards for the competent practice of medicine, osteopathic medicine, or any other form of practice regulated by a limited license or permit issued under this article.

(9) Adopt rules regarding the appropriate prescribing of Schedule III or Schedule IV controlled substances for the purpose of weight reduction or to control obesity.

(10) Adopt rules establishing standards for office based procedures that require moderate sedation, deep sedation, or general anesthesia.

(11) Adopt rules or protocol establishing the following:

(A) An education program to be used to educate women with high breast density.

(B) Standards for providing an annual screening or diagnostic test for a woman who is at least forty (40) years of age and who has been determined to have high breast density.



As used in this subdivision, "high breast density" means a condition in which there is a greater amount of breast and connective tissue in comparison to fat in the breast.

(12) Adopt rules establishing standards and protocols for the prescribing of controlled substances.

(13) Adopt rules as set forth in IC 25-23.4 concerning the certification of certified direct entry midwives.

(14) In consultation with the state department of health and the office of the secretary of family and social services, adopt rules under IC 4-22-2 or protocols concerning the following for providers that are providing office based opioid treatment:

(A) Requirements of a treatment agreement (as described in IC 12-23-20-2) concerning the proper referral and treatment of mental health and substance use.

(B) Parameters around the frequency and types of visits required for the periodic scheduled visits required by IC 12-23-20-2.

(C) Conditions on when the following should be ordered or performed:

(i) A urine toxicology screening.

(ii) HIV, hepatitis B, and hepatitis C testing.

(D) Required documentation in a patient's medical record when buprenorphine is prescribed over a specified dosage.

(15) Adopt rules as set forth in IC 25-14.5 concerning the certification of certified dietitians.

(b) The board may adopt rules that establish:

(1) certification requirements for child death pathologists;

(2) an annual training program for child death pathologists under IC 16-35-7-3(b)(2); and

(3) a process to certify a qualified child death pathologist.

(c) The board may adopt rules under IC 4-22-2 establishing guidelines for the practice of ~~telemedicine~~ **telehealth** in Indiana. Adoption of rules under this subsection may not delay the implementation and provision of ~~telemedicine~~ **telehealth** services by a provider under IC 25-1-9.5.

SECTION 22. IC 27-8-34-5, AS ADDED BY P.L.185-2015, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. (a) As used in this chapter, "~~telemedicine~~ **telehealth** services" means health care services delivered by use of interactive audio, video, or other electronic media, including the following:

(1) Medical exams and consultations.



(2) Behavioral health, including substance abuse evaluations and treatment.

(b) The term does not include the delivery of health care services by use of the following:

(1) A telephone transmitter for transtelephonic monitoring.

(2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.

SECTION 23. IC 27-8-34-6, AS ADDED BY P.L.185-2015, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) A policy must provide coverage for ~~telemedicine~~ **telehealth** services in accordance with the same clinical criteria as the policy provides coverage for the same health care services delivered in person.

(b) Coverage for ~~telemedicine~~ **telehealth** services required by subsection (a) may not be subject to a dollar limit, deductible, or coinsurance requirement that is less favorable to a covered individual than the dollar limit, deductible, or coinsurance requirement that applies to the same health care services delivered to a covered individual in person.

(c) Any annual or lifetime dollar limit that applies to ~~telemedicine~~ **telehealth** services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the policy.

(d) A separate consent for ~~telemedicine~~ **telehealth** services may not be required.

(e) A policy may not require that telehealth services be provided using a specific technology application.

SECTION 24. IC 27-8-34-7, AS ADDED BY P.L.185-2015, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. This chapter does not do any of the following:

(1) Require a policy to provide coverage for a ~~telemedicine~~ **telehealth** service that is not a covered health care service under the policy.

(2) Require the use of ~~telemedicine~~ **telehealth** services when the treating provider has determined that ~~telemedicine~~ **telehealth** services are inappropriate.

(3) Prevent the use of utilization review concerning coverage for ~~telemedicine~~ **telehealth** services in the same manner as utilization review is used concerning coverage for the same health care services delivered to a covered individual in person.

SECTION 25. IC 27-13-1-34, AS ADDED BY P.L.185-2015,



SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 34. (a) ~~"Telemedicine"~~ **"Telehealth"** services" means health care services delivered by use of interactive audio, video, or other electronic media, including the following:

(1) Medical exams and consultations.

(2) Behavioral health, including substance abuse evaluations and treatment.

(b) The term does not include the delivery of health care services by use of the following:

(1) A telephone transmitter for transtelephonic monitoring.

(2) A telephone or any other means of communication for the consultation from one (1) provider to another provider.

SECTION 26. IC 27-13-7-22, AS ADDED BY P.L.185-2015, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 22. (a) An individual contract or a group contract must provide coverage for ~~telemedicine~~ **telehealth** services in accordance with the same clinical criteria as the individual contract or the group contract provides coverage for the same health care services delivered to an enrollee in person.

(b) Coverage for ~~telemedicine~~ **telehealth** services required by subsection (a) may not be subject to a dollar limit, copayment, or coinsurance requirement that is less favorable to an enrollee than the dollar limit, copayment, or coinsurance requirement that applies to the same health care services delivered to an enrollee in person.

(c) Any annual or lifetime dollar limit that applies to ~~telemedicine~~ **telehealth** services must be the same annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the individual contract or the group contract.

(d) This section does not do any of the following:

(1) Require an individual contract or a group contract to provide coverage for a ~~telemedicine~~ **telehealth** service that is not a covered health care service under the individual contract or group contract.

(2) Require the use of ~~telemedicine~~ **telehealth** services when the treating provider has determined that ~~telemedicine~~ **telehealth** services are inappropriate.

(3) Prevent the use of utilization review concerning coverage for ~~telemedicine~~ **telehealth** services in the same manner as utilization review is used concerning coverage for the same health care services delivered to an enrollee in person.

(e) A separate consent for ~~telemedicine~~ **telehealth** services may not be required.



1 **(f) An individual contract or group contract may not require**
 2 **that telehealth services be provided using a specific technology**
 3 **application.**
 4 **SECTION 27. An emergency is declared for this act.**

