



SENATE BILL No. 3

DIGEST OF SB 3 (Updated February 1, 2021 1:58 pm - DI 104)

Citations Affected: IC 12-7; IC 12-15; IC 16-18; IC 16-36; IC 25-1; IC 25-22.5; IC 27-8; IC 27-13.

Synopsis: Telehealth matters. Prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement. 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, Doriot, Crider, Yoder, Bassler, Ford Jon, Zay

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

January 28, 2021, amended, reported favorably — Do Pass. February 1, 2021, read second time, amended, ordered engrossed.



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.

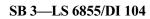


1	(b) As used in this section, "telemedicine" telehealth services" has
2	the meaning set forth for "telemedicine" in IC 25-1-9.5-6.
3	(c) The office shall reimburse a Medicaid provider who is licensed
4	as a home health agency under IC 16-27-1 for telehealth services.
5	activities.
6	(d) The office shall reimburse the following Medicaid providers for
7	medically necessary telemedicine telehealth services:
8	(1) A federally qualified health center (as defined in 42 U.S.C.
9	1396d(1)(2)(B)).
10	(2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).
11	(3) A community mental health center certified under
12	IC 12-21-2-3(5)(C).
13	(4) A critical access hospital that meets the criteria under 42 CFR
14	485.601 et seq.
15	(5) A provider, as determined by the office to be eligible,
16	providing a covered telemedicine service. telehealth activity.
17	(e) The office may not impose any distance restrictions on providers
18	of telehealth services activities or telemedicine telehealth services.
19	Before December 31, 2017, the office shall do the following:
20	(1) Submit a Medicaid state plan amendment with the United
21	States Department of Health and Human Services that eliminates
22	distance restrictions for telehealth services activities or
23	telemedicine telehealth services in the state Medicaid plan.
24	(2) Issue a notice of intent to adopt a rule to amend any
25	administrative rules that include distance restrictions for the
26	provision of telehealth services activities or telemedicine
27	telehealth services.
28	(f) Subject to federal law, the office may not impose any location
29	requirements concerning the originating site or distant site in
30	which a telehealth service is provided to a Medicaid recipient.
31	(g) A Medicaid recipient waives confidentiality of any medical
32	information discussed with the health care provider that is:
33	(1) provided during a telehealth visit; and
34	(2) heard by another individual in the vicinity of the Medicaid
35	recipient during a health care service or consultation.
36	(f) (h) The office shall implement any part of this section that is
37	approved by the United States Department of Health and Human
38	Services.
39	(g) (i) The office may adopt rules under IC 4-22-2 necessary to
40	implement and administer this section.
41	SECTION 4. IC 16-18-2-348.5, AS ADDED BY P.L.185-2015,

SECTION 4. IC 16-18-2-348.5, AS ADDED BY P.L.185-2015, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1	UPON PASSAGE]: Sec. 348.5. "Telemedicine", "Telehealth", for
2	purposes of IC 16-36-1, means a specific method of delivery or
3	services, including medical exams and consultations and behavioral
4	health evaluations and treatment, including those for substance abuse
5	using videoconferencing equipment technology allowed under
6	IC 25-1-9.5-6 to allow a provider to render an examination or other
7	service to a patient at a distant location. The term does not include the
8	use of the following:
9	(1) A telephone transmitter for transtelephonic monitoring.
10	(2) A telephone or any other means of communication for the
11	consultation from one (1) provider to another provider.
12	SECTION 5. IC 16-36-1-15, AS ADDED BY P.L.185-2015
13	SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14	UPON PASSAGE]: Sec. 15. A health care provider (as defined in
15	IC 16-18-2-163(a)) may not be required to obtain a separate additional
16	written health care consent for the provision of telemedicine telehealth
17	services.
18	SECTION 6. IC 25-1-2-10, AS ADDED BY P.L.121-2018
19	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20	UPON PASSAGE]: Sec. 10. (a) As used in this section, "board" means
21	any of the following boards:
22	(1) The medical licensing board of Indiana.
23	(2) The Indiana state board of nursing.
24	(3) The state board of dentistry.
25	(4) The behavioral health and human services licensing board.
26	(5) The state psychology board.
27	(6) The Indiana board of pharmacy.
28	(b) As used in this section, "license" means:
29	(1) an unlimited license, certificate, or registration;
30	(2) a limited or probationary license, certificate, or registration;
31	(3) a temporary license, certificate, registration, or permit;
32	(4) an intern permit; or
33	(5) a provisional license;
34	issued by the board regulating the profession in question.
35	(c) As used in this section, "practitioner" means an individual who
36	holds a license under any of the following:
37	(1) IC 25-14-1.
38	(2) IC 25-22.5-5.
39	(3) IC 25-23.
40	(4) IC 25-23.6.
41	(5) IC 25-26.
42	(6) IC 25-27.5.





1	(7) IC 25-33.
2	(d) To allow for programmatic and policy recommendations to
3	improve workforce performance, address identified workforce
4	shortages, and retain practitioners, beginning January 1, 2019, every
5	practitioner who is renewing online a license issued by a board must
6	include the following information related to the practitioner's work in
7	Indiana under the practitioner's license during the previous two (2)
8	years:
9	(1) The practitioner's specialty or field of practice.
10	(2) The following concerning the practitioner's current practice:
11	(A) The location or address.
12	(A) The location of address. (B) The setting type.
13	(C) The average hours worked weekly.
14	(D) The health care services provided.
15	(3) The practitioner's education background and training.
16	` ' '
	(4) For a practitioner that is a prescriber (as defined in
17	$\frac{1C}{25-1-9.5-4}$, IC 25-1-9.5-3.5), whether the practitioner delivers
18	health care services through telemedicine telehealth (as defined
19	in IC 25-1-9.5-6).
20	(e) The Indiana professional licensing agency shall do the following:
21	(1) Include notification with a practitioner's license renewal notice
22	that the practitioner must submit the information required under
23	subsection (d) if the practitioner renews the license online.
24	(2) Compile the information collected under this section into an
25	annual report. The report may not contain any personal
26	identifying information and the report must be compliant with the
27	federal Health Insurance Portability and Accountability Act
28	(HIPAA).
29	(3) Post the annual report compiled under this subsection on the
30	agency's Internet web site.
31	(4) Submit the annual report compiled under this subsection to the
32	following:
33	(A) The office of Medicaid policy and planning.
34	(B) The department of workforce development.
35	(C) The commission on improving the status of children in
36	Indiana (IC 2-5-36).
37	(D) The legislative council in an electronic format under
38	IC 5-14-6.
39	(E) The office of the attorney general.
40	SECTION 7. IC 25-1-9.5-1, AS AMENDED BY P.L.150-2017,
41	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42	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) An athletic trainer licensed under IC 25-5.1.
(2) A chiropractor licensed under IC 25-10.
(3) A dental hygienist licensed under IC 25-13.
(4) The following:
(A) A dentist licensed under IC 25-14.
(B) An individual who holds a dental residency permit
issued under IC 25-14-1-5.
(C) An individual who holds a dental faculty license under
IC 25-14-1-5.5.
(5) A diabetes educator licensed under IC 25-14.3.
(6) A dietitian licensed under IC 25-14.5.
(7) A genetic counselor licensed under IC 25-17.3.
(8) The following:



1	(A) A physician licensed under IC 25-22.5.
2	(B) An individual who holds a temporary permit under
3	IC 25-22.5-5-4.
4	(9) A nurse licensed under IC 25-23.
5	(10) An occupational therapist licensed under IC 25-23.5.
6	(11) Any behavioral health and human services professional
7	licensed under IC 25-23.6.
8	(12) An optometrist licensed under IC 25-24.
9	(13) A pharmacist licensed under IC 25-26.
10	(14) A physical therapist licensed under IC 25-27.
11	(15) A physician assistant licensed under IC 25-27.5.
12	(16) A podiatrist licensed under IC 25-29.
13	(17) A psychologist licensed under IC 25-33.
14	(18) A respiratory care practitioner licensed under IC 25-34.5.
15	(19) A speech-language pathologist or audiologist licensed
16	under IC 25-35.6.
17	(20) A veterinarian licensed under IC 25-38.1.
18	SECTION 12. IC 25-1-9.5-5, AS AMENDED BY P.L.150-2017,
19	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20	UPON PASSAGE]: Sec. 5. As used in this chapter, "store and forward"
21	means the transmission of a patient's medical information from an
22	originating site to the prescriber practitioner at a distant site without
23	the patient being present.
24	SECTION 13. IC 25-1-9.5-6, AS ADDED BY P.L.78-2016,
25	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26	UPON PASSAGE]: Sec. 6. (a) As used in this chapter, "telemedicine"
27	"telehealth" means the delivery of health care services using
28	interactive electronic communications and information technology,
29	including:
30	(1) secure videoconferencing;
31	(2) interactive audio-using store and forward technology; or
32	(3) remote patient monitoring technology;
33	between a provider in one (1) location and a patient in another location.
34	(b) The term does not include the use of the following unless the
35	practitioner has an established relationship with the patient:
36	(1) Audio-only communication.
37	(2) A telephone call.
38	(3) (1) Electronic mail.
39	(4) (2) An instant messaging conversation.
40	(5) (3) Facsimile.
41	(6) (4) Internet questionnaire.
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1	(8) (5) Internet consultation.
2	SECTION 14. IC 25-1-9.5-7, AS AMENDED BY P.L.129-2018,
3	SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4	UPON PASSAGE]: Sec. 7. (a) A prescriber practitioner who provides
5	health care services through telemedicine telehealth shall be held to
6	the same standards of appropriate practice as those standards for health
7	care services provided at an in-person setting.
8	(b) A prescriber may not use telemedicine, including issuing a
9	prescription, for an individual who is located in Indiana unless a
10	provider-patient relationship between the prescriber and the individual
11	has been established. A prescriber practitioner who uses telemedicine
12	telehealth shall, if such action would otherwise be required in the
13	provision of the same health care services in a manner other than
14	telemedicine, telehealth, ensure that a proper provider-patient
15	relationship is established. The provider-patient relationship by a
16	prescriber practitioner who uses telemedicine telehealth must at a
17	minimum include the following:
18	(1) Obtain the patient's name and contact information and:
19	(A) a verbal statement or other data from the patient
20	identifying the patient's location; and
21	(B) to the extent reasonably possible, the identity of the
22	requesting patient.
23	(2) Disclose the prescriber's practitioner's name and disclose
24	whether the prescriber is a physician, physician assistant,
25	advanced practice registered nurse, optometrist, or podiatrist. the
26	practitioner's licensure, certification, or registration.
27	(3) Obtain informed consent from the patient.
28	(4) Obtain the patient's medical history and other information
29	necessary to establish a diagnosis.
30	(5) Discuss with the patient the:
31	(A) diagnosis;
32	(B) evidence for the diagnosis; and
33	(C) risks and benefits of various treatment options, including
34	when it is advisable to seek in-person care.
35	(6) Create and maintain a medical record for the patient. and, It
36	a prescription is issued for the patient, and subject to the
37	consent of the patient, the prescriber shall notify the patient's
38	primary care provider of any prescriptions the prescriber has
39	issued for the patient if the primary care provider's contact
40	information is provided by the patient. The requirements in this
41	subdivision do not apply when any of the following are met:

(A) The prescriber practitioner is using an electronic health



1	record system that the patient's primary care provider is
2	authorized to access.
3	(B) The prescriber practitioner has established an ongoing
4	provider-patient relationship with the patient by providing care
5	to the patient at least two (2) consecutive times through the use
6	of telemedicine telehealth services. If the conditions of this
7	clause are met, the prescriber practitioner shall maintain a
8	medical record for the patient and shall notify the patient's
9	primary care provider of any issued prescriptions.
10	(7) Issue proper instructions for appropriate follow-up care.
11	(8) Provide a telemedicine telehealth visit summary to the
12	patient, including information that indicates any prescription that
13	is being prescribed.
14	(c) The medical records under subsection (b)(6) must be created
15	and maintained by the practitioner under the same standards of
16	appropriate practice for medical records for patients in an
17	in-person setting.
18	(d) A patient waives confidentiality of any medical information
19	discussed with the practitioner that is:
20	(1) provided during a telehealth visit; and
21	(2) heard by another individual in the vicinity of the patient
22	during a health care service or consultation.
23	SECTION 15. IC 25-1-9.5-8, AS AMENDED BY P.L.52-2020,
24	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
25	UPON PASSAGE]: Sec. 8. (a) A prescriber may issue a prescription to
26	a patient who is receiving services through the use of telemedicine
27	telehealth if the patient has not been examined previously by the
28	prescriber in person if the following conditions are met:
29	(1) The prescriber has satisfied the applicable standard of care in
30	the treatment of the patient.
31	(2) The issuance of the prescription by the prescriber is within the
32	prescriber's scope of practice and certification.
33	(3) The prescription:
34	(A) meets the requirements of subsection (b); and
35	(B) is not for an opioid. However, an opioid may be prescribed
36	if the opioid is a partial agonist that is used to treat or manage
37	opioid dependence.
38	(4) The prescription is not for an abortion inducing drug (as
39	defined in IC 16-18-2-1.6).
40	(5) If the prescription is for a medical device, including an
41	ophthalmic device, the prescriber must use telemedicine

telehealth technology that is sufficient to allow the provider to



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1	make an informed diagnosis and treatment plan that includes the
2	medical device being prescribed. However, a prescription for an
3	ophthalmic device is also subject to the conditions in section 13
4	of this chapter.
5	(b) Except as provided in subsection (a), a prescriber may issue a
6	prescription for a controlled substance (as defined in IC 35-48-1-9) to
7	a patient who is receiving services through the use of telemedicine.
8	telehealth, even if the patient has not been examined previously by the
9	prescriber in person, if the following conditions are met:
10	(1) The prescriber maintains a valid controlled substance
11	registration under IC 35-48-3.
12	(2) The prescriber meets the conditions set forth in 21 U.S.C. 829

- et seq.
- (3) The patient has been examined in person by a licensed Indiana health care provider and the licensed health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient.
- (4) The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.
- (5) The prescriber complies with the requirements of the INSPECT program (IC 25-26-24).
- (c) A prescription for a controlled substance under this section must be prescribed and dispensed in accordance with IC 25-1-9.3 and IC 25-26-24.

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

- (1) establishes a provider-patient relationship under this chapter with; or
- (2) determines whether to issue a prescription under this chapter

an individual who is located in Indiana.

(b) A prescriber practitioner described in subsection (a) may not establish a provider-patient relationship under this chapter with or issue a prescription under this chapter for an individual who is located in Indiana unless the prescriber practitioner and the prescriber's practitioner's employer or the prescriber's practitioner's contractor, for purposes of providing health care services under this chapter, have certified in writing to the Indiana professional licensing agency, in a



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manner specified by the Indiana professional licensing agency, that the prescriber practitioner and the prescriber's practitioner's employer or prescriber's practitioner's contractor agree to be subject to:

- (1) the jurisdiction of the courts of law of Indiana; and
- (2) Indiana substantive and procedural laws; concerning any claim asserted against the prescriber, practitioner, the prescriber's practitioner's employer, or the prescriber's practitioner's contractor arising from the provision of health care services under this chapter to an individual who is located in Indiana at the time the health 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



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. (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.	1 2	this chapter. Adoption of policies or rules under this section may not delay the implementation and provision of telemedicine telehealth
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.	3	services under this chapter.
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	-1	(6) The patient may allow the prescriber to access the patient's

medical records using an appropriate HIPAA compliant process.



1	(7) The prescriber must ensure that the transfer of all information,
2	including the vision test and prescription, comply with HIPAA
3	requirements.
4	(8) The prescriber must use technology to allow the patient to
5	have continuing twenty-four (24) hour a day online access to the
6	patient's prescription as soon as the prescription is signed by the
7	prescriber.
8	SECTION 21. IC 25-1-9.5-14 IS ADDED TO THE INDIANA
9	CODE AS A NEW SECTION TO READ AS FOLLOWS
10	[EFFECTIVE UPON PASSAGE]: Sec. 14. Nothing in this chapter
11	requires an individual to provide or use telehealth.
12	SECTION 22. IC 25-22.5-2-7, AS AMENDED BY P.L.249-2019,
13	SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14	UPON PASSAGE]: Sec. 7. (a) The board shall do the following:
15	(1) Adopt rules and forms necessary to implement this article that
16	concern, but are not limited to, the following areas:
17	(A) Qualification by education, residence, citizenship,
18	training, and character for admission to an examination for
19	licensure or by endorsement for licensure.
20	(B) The examination for licensure.
21	(C) The license or permit.
22	(D) Fees for examination, permit, licensure, and registration.
23	(E) Reinstatement of licenses and permits.
24	(F) Payment of costs in disciplinary proceedings conducted by
25	the board.
26	(2) Administer oaths in matters relating to the discharge of the
27	board's official duties.
28	(3) Enforce this article and assign to the personnel of the agency
29	duties as may be necessary in the discharge of the board's duty.
30	(4) Maintain, through the agency, full and complete records of all
31	applicants for licensure or permit and of all licenses and permits
32	issued.
33	(5) Make available, upon request, the complete schedule of
34	minimum requirements for licensure or permit.
35	(6) Issue, at the board's discretion, a temporary permit to an
36	applicant for the interim from the date of application until the
37	next regular meeting of the board.
38	(7) Issue an unlimited license, a limited license, or a temporary
39	medical permit, depending upon the qualifications of the
40	applicant, to any applicant who successfully fulfills all of the
41	requirements of this article.
42	(8) Adopt rules establishing standards for the competent practice



2	regulated by a limited license or permit issued under this article.
2 3	(9) Adopt rules regarding the appropriate prescribing of Schedule
4	III or Schedule IV controlled substances for the purpose of weight
5	reduction or to control obesity.
6	(10) Adopt rules establishing standards for office based
7	procedures that require moderate sedation, deep sedation, or
8	general anesthesia.
9	(11) Adopt rules or protocol establishing the following:
10	(A) An education program to be used to educate women with
11	high breast density.
12	(B) Standards for providing an annual screening or diagnostic
13	test for a woman who is at least forty (40) years of age and
14	who has been determined to have high breast density.
15	As used in this subdivision, "high breast density" means a
16	condition in which there is a greater amount of breast and
17	connective tissue in comparison to fat in the breast.
18	(12) Adopt rules establishing standards and protocols for the
19	prescribing of controlled substances.
20	(13) Adopt rules as set forth in IC 25-23.4 concerning the
21	certification of certified direct entry midwives.
22	(14) In consultation with the state department of health and the
23	office of the secretary of family and social services, adopt rules
24	under IC 4-22-2 or protocols concerning the following for
25	providers that are providing office based opioid treatment:
26	(A) Requirements of a treatment agreement (as described in
27	IC 12-23-20-2) concerning the proper referral and treatment of
28	mental health and substance use.
29	(B) Parameters around the frequency and types of visits
30	required for the periodic scheduled visits required by
31	IC 12-23-20-2.
32	(C) Conditions on when the following should be ordered or
33	performed:
34	(i) A urine toxicology screening.
35	(ii) HIV, hepatitis B, and hepatitis C testing.
36	(D) Required documentation in a patient's medical record
37	when buprenorphine is prescribed over a specified dosage.
38	(15) Adopt rules as set forth in IC 25-14.5 concerning the
39	certification of certified dietitians.
40	(b) The board may adopt rules that establish:
41	(1) certification requirements for child death pathologists;
42	(2) an annual training program for child death pathologists under



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

IC 16-35-7-3(b)(2); and

3	(c) The board may adopt rules under IC 4-22-2 establishing
4	guidelines for the practice of telemedicine telehealth in Indiana.
5	Adoption of rules under this subsection may not delay the
6	implementation and provision of telemedicine telehealth services by
7	a provider under IC 25-1-9.5.
8	SECTION 23. IC 27-8-34-5, AS ADDED BY P.L.185-2015,
9	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
10	UPON PASSAGE]: Sec. 5. (a) As used in this chapter, "telemedicine
11	"telehealth services" means health care services delivered by use of
12	interactive audio, video, or other electronic media, technology allowed
13	under IC 25-1-9.5-6, including the following:
14	(1) Medical exams and consultations.
15	(2) Behavioral health, including substance abuse evaluations and
16	treatment.
17	(b) The term does not include the delivery of health care services by
18	use of the following:
19	(1) A telephone transmitter for transtelephonic monitoring.
20	(2) A telephone or any other means of communication for the
21	consultation from one (1) provider to another provider.
22	SECTION 24. IC 27-8-34-6, AS ADDED BY P.L.185-2015,
23	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24	UPON PASSAGE]: Sec. 6. (a) A policy must provide coverage for
25	telemedicine telehealth services in accordance with the same clinical
26	criteria as the policy provides coverage for the same health care
27	services delivered in person.
28	(b) Coverage for telemedicine telehealth services required by
29	subsection (a) may not be subject to a dollar limit, deductible, or
30	coinsurance requirement that is less favorable to a covered individual
31	than the dollar limit, deductible, or coinsurance requirement that
32	applies to the same health care services delivered to a covered
33	individual in person.
34	(c) Any annual or lifetime dollar limit that applies to telemedicine
35	telehealth services must be the same annual or lifetime dollar limit that
36	applies in the aggregate to all items and services covered under the
37	policy.
38	(d) A separate consent for telemedicine telehealth services may not
39	be required.
40	(e) A policy may not require that telehealth services be provided



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using a specific technology application.

SECTION 25. IC 27-8-34-7, AS ADDED BY P.L.185-2015,

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1	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2	UPON PASSAGE]: Sec. 7. This chapter does not do any of the
3	following:
4	(1) Require a policy to provide coverage for a telemedicine
5	telehealth service that is not a covered health care service under
6	the policy.
7	(2) Require the use of telemedicine telehealth services when the
8	treating provider has determined that telemedicine telehealth
9	services are inappropriate.
10	(3) Prevent the use of utilization review concerning coverage for
11	telemedicine telehealth services in the same manner as utilization
12	review is used concerning coverage for the same health care
13	services delivered to a covered individual in person.
14	SECTION 26. IC 27-13-1-34, AS ADDED BY P.L.185-2015,
15	SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16	UPON PASSAGE]: Sec. 34. (a) "Telemedicine" "Telehealth services"
17	means health care services delivered by use of interactive audio, video,
18	or other electronic media, technology allowed under IC 25-1-9.5-6,
19	including the following:
20	(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 27. 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



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1	individual contract or the group contract.
2	(d) This section does not do any of the following:
3	(1) Require an individual contract or a group contract to provide
4	coverage for a telemedicine telehealth service that is not a
5	covered health care service under the individual contract or group
6	contract.
7	(2) Require the use of telemedicine telehealth services when the
8	treating provider has determined that telemedicine telehealth
9	services are inappropriate.
10	(3) Prevent the use of utilization review concerning coverage for
11	telemedicine telehealth services in the same manner as utilization
12	review is used concerning coverage for the same health care
13	services delivered to an enrollee in person.
14	(e) A separate consent for telemedicine telehealth services may not
15	be required.
16	(f) An individual contract or group contract may not require
17	that telehealth services be provided using a specific technology
18	application.
19	SECTION 28. An emergency is declared for this act.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 3, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, line 28, after "any" insert "location".

Page 2, line 30, delete "405".

Page 2, delete lines 31 through 34.

Page 3, line 9, strike "videoconferencing equipment" and insert "technology allowed under IC 25-1-9.5-6".

Page 4, line 19, strike "that is a prescriber".

Page 4, line 20, strike "IC 25-1-9.5-4)," and insert "IC 25-1-9.5-3.5),".

Page 5, delete lines 28 through 42, begin a new paragraph and insert:

"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) An athletic trainer licensed under IC 25-5.1.
- (2) A chiropractor licensed under IC 25-10.
- (3) A dental hygienist licensed under IC 25-13.
- (4) The following:
 - (A) A dentist licensed under IC 25-14.
 - (B) An individual who holds a dental residency permit issued under IC 25-14-1-5.
 - (C) An individual who holds a dental faculty license under IC 25-14-1-5.5.
- (5) A diabetes educator licensed under IC 25-14.3.
- (6) A dietitian licensed under IC 25-14.5.
- (7) A genetic counselor licensed under IC 25-17.3.
- (8) The following:
 - (A) A physician licensed under IC 25-22.5.
 - (B) An individual who holds a temporary permit under IC 25-22.5-5-4.
- (9) A nurse licensed under IC 25-23.
- (10) An occupational therapist licensed under IC 25-23.5.
- (11) Any behavioral health and human services professional licensed under IC 25-23.6.
- (12) An optometrist licensed under IC 25-24.



- (13) A pharmacist licensed under IC 25-26.
- (14) A physical therapist licensed under IC 25-27.
- (15) A physician assistant licensed under IC 25-27.5.
- (16) A podiatrist licensed under IC 25-29.
- (17) A psychologist licensed under IC 25-33.
- (18) A respiratory care practitioner licensed under IC 25-34.5.
- (19) A speech-language pathologist or audiologist licensed under IC 25-35.6.
- (20) A veterinarian licensed under IC 25-38.1.".

Page 6, delete lines 1 through 8.

Page 6, line 25, delete ":" and insert "unless the practitioner has an established relationship with the patient:".

Page 6, between lines 33 and 34, begin a new paragraph and insert: "SECTION 14. IC 25-1-9.5-6.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6.5. A veterinarian licensed under IC 25-38.1 may only provide telehealth services to a patient with which the veterinarian has already established a veterinarian-client-patient relationship as described in IC 25-38.1-1-14.5."

Page 11, between lines 39 and 40, begin a new paragraph and insert: "SECTION 22. IC 25-1-9.5-14 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 14. Nothing in this chapter requires an individual to provide or use telehealth."

Page 13, line 38, strike "(a)".

Page 13, line 40, strike "interactive audio, video, or other electronic media," and insert "technology allowed under IC 25-1-9.5-6,".

Page 14, strike lines 3 through 7.

Page 15, line 2, strike "(a)".

Page 15, line 3, strike "interactive audio, video,".

Page 15, line 4, strike "or other electronic media," and insert "technology allowed under IC 25-1-9.5-6,".

Page 15, strike lines 8 through 12.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 3 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 10, Nays 0.



SENATE MOTION

Madam President: I move that Senate Bill 3 be amended to read as follows:

Page 7, delete lines 2 through 8.

Renumber all SECTIONS consecutively.

(Reference is to SB 3 as printed January 29, 2021.)

CHARBONNEAU

