SENATE BILL No. 337

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8.1-9; IC 12-15-1-23; IC 16-21; IC 24-1-6; IC 25-1; IC 27-1; IC 27-4-1-4; IC 27-8-5.9-4.2.

Synopsis: Various insurance and health care matters. Requires the state personnel department to: (1) evaluate whether to offer state employees a health reimbursement arrangement benefit and consider the population of state employees to whom the benefit should be offered; and (2) report to the general assembly on the department's findings by November 1, 2020. Requires the office of the secretary of family and social services to study the feasibility of: (1) changing Indiana's Medicaid program to a block grant; (2) establishing a consumer-directed Medicaid pilot program; and (3) restructuring Medicaid payments for long term care. Requires hospitals and ambulatory outpatient surgical centers to provide a good faith estimate of all health care costs for an individual at least 48 hours prior to providing the services. Sets forth requirements of the estimate and allows for disciplinary action and reimbursement limitations for violations by certain providers and insurers. Requires a nonprofit hospital that deducts an amount for charity care that exceeds the Medicare reimbursement rate for the services to disclose in its annual report to the state department of health the total amount of deductions in excess of the Medicare reimbursement rate that were taken by the nonprofit hospital in determining net patient revenue and categorized by the type of service for which the deduction was taken. Requires a nonprofit hospital that deducts an amount for charity care that exceeds the Medicare reimbursement rate for the services to disclose in its annual report to the state department of health the total amount of deductions in excess of the Medicare reimbursement rate that were taken by the nonprofit hospital in determining net patient revenue and
(Continued next page)

Effective: Upon passage; July 1, 2020.

Spartz

January 13, 2020, read first time and referred to Committee on Insurance and Financial Institutions.

categorized by the type of service for which the deduction was taken. Establishes limitations on covenants not to compete concerning physicians. Requires specified licensing boards to submit information and recommendations on various licensure matters. Requires registration of pharmacy benefit managers and allows for audits by clients of pharmacy benefit managers. Requires the department of insurance (department) to take certain action on association health plans in compliance with federal law. Sets forth requirements of short term insurance plans and insurers that issue these plans. Requires the department to examine various integration opportunities. Urges the legislative council to assign various topics for study during the 2020 legislative interim. Requires the department to assess the feasibility of allowing the sale of health insurance across state lines and a multistate reciprocity system. Requires specified agencies to report on Medicaid claim auditing and fraud. Requires the department and the secretary of family and social services to develop a framework for long term care insurance policies and sets requirements. Requires the attorney general to make recommendations on enhancing strict antitrust enforcement of anticompetitive practices. Requires the commission on higher education to provide an executive summary on medical training programs. Requires the department of workforce development to provide an executive summary on health worker supply needs. Requires the medical licensing board of Indiana to provide an executive summary concerning the creation and implementation of expedited licensure pathways. Requires the trustee of the net level Indiana trust fund to report on trust assets in health care related infrastructure. Requires the Indiana economic development corporation to provide a report concerning incentive programs related to health care infrastructure. Requires the department and the office of the secretary of family and social services to assess the feasibility of applying for federal 1332 waivers concerning the insurance market.

Introduced

Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

SENATE BILL No. 337

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

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

1 SECTION 1. IC 5-10-8.1-9 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2020]: **Sec. 9. (a) As used in this section, "health reimbursement**
4 **arrangement" means an arrangement that:**
5 **(1) is paid for solely by the employer and not provided under**
6 **a salary reduction election or otherwise under a cafeteria plan**
7 **under Section 125 of the Internal Revenue Code;**
8 **(2) reimburses the employee for medical care expenses (as**
9 **defined by Section 213(d) of the Internal Revenue Code)**
10 **incurred by the employee and the employee's spouse and**
11 **dependents; and**
12 **(3) provides reimbursements up to a maximum dollar amount**
13 **for a coverage period, and any unused portion of the**
14 **maximum dollar amount at the end of a coverage period is**
15 **carried forward to increase the maximum reimbursement**

1 **amount in subsequent coverage periods.**
2 **(b) The state personnel department shall:**
3 **(1) evaluate whether the state should offer a health**
4 **reimbursement arrangement for state employees; and**
5 **(2) if it determines that offering a health reimbursement**
6 **arrangement to state employees would be beneficial, consider**
7 **the population of state employees to whom a health**
8 **reimbursement arrangement should be offered.**
9 **(c) Before November 1, 2020, the state personnel department**
10 **shall report its findings under subsection (b) to the general**
11 **assembly in an electronic format under IC 5-14-6.**
12 **(d) This section expires December 31, 2020.**
13 SECTION 2. IC 12-15-1-23 IS ADDED TO THE INDIANA CODE
14 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
15 1, 2020]: **Sec. 23. (a) Before September 1, 2020, the office of the**
16 **secretary of family and social services shall study the feasibility of**
17 **the following changes to the Medicaid program:**
18 **(1) Administering the Medicaid program under a block grant.**
19 **(2) Establishing a consumer directed pilot program under**
20 **Medicaid.**
21 **(3) Restructuring Medicaid payments for long term care.**
22 **(b) Before October 1, 2020, the office of the secretary of family**
23 **and social services shall report to the general assembly in an**
24 **electronic format under IC 5-14-6 the findings of the study under**
25 **subsection (a).**
26 **(c) This section expires December 31, 2020.**
27 SECTION 3. IC 16-21-2-17 IS ADDED TO THE INDIANA CODE
28 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
29 1, 2020]: **Sec. 17. (a) This section does not apply to emergency care**
30 **services.**
31 **(b) Except as provided in subsection (d), a hospital or an**
32 **ambulatory outpatient surgical center shall, not later than**
33 **forty-eight (48) hours before a health care service is scheduled,**
34 **provide a good faith estimate of all costs for each health care**
35 **service that a patient is to receive, including the patient's share of**
36 **the cost, if available, to the patient, the patient's guardian, or the**
37 **patient's health care representative, for the facility and each**
38 **provider that will be providing a service.**
39 **(c) An estimate under this section must include the following:**
40 **(1) Disclosure of the consolidated amounts for each health**
41 **care service provided to the patient, including any**
42 **prescription drugs, diagnostic tests, medical devices, and**

1 **other medical supplies to be used.**
2 **(2) A brief description of each health care service in plain**
3 **language that an individual without medical training can**
4 **understand.**
5 **(3) The amount that the patient is responsible for paying for**
6 **the patient's care. For a patient who is insured, an estimate of**
7 **the out-of-pocket costs unless the health plan fails to provide**
8 **the necessary information as set forth in subsection (f).**
9 **(4) A list of all amounts that each health care practitioner**
10 **providing services will be billing and whether the bill will be**
11 **separate from a bill from the hospital or ambulatory**
12 **outpatient surgical center.**
13 **(5) Specification of any health care practitioner that is not in**
14 **the patient's health plan network.**
15 **(6) Notice that the estimate is based on available facts at the**
16 **time of issue and may not include any unexpected health care**
17 **service costs for unexpected additional health care services.**
18 **(d) A patient, the patient's guardian, or the patient's health care**
19 **representative, may, in writing, waive the provision of an estimate**
20 **under subsection (b).**
21 **(e) If a hospital or an ambulatory outpatient surgical center**
22 **does not provide a good faith estimate required under subsection**
23 **(b), and a waiver under subsection (d) of the provision of the**
24 **estimate was not obtained, the hospital, ambulatory outpatient**
25 **surgical center, or a health care practitioner may not bill a patient**
26 **for the cost of services above a rate that exceeds:**
27 **(1) a payment made under:**
28 **(A) a policy of accident and sickness insurance (as defined**
29 **in IC 27-8-5-1);**
30 **(B) an individual contract (as defined in IC 27-13-1-21); or**
31 **(C) a group contract (as defined in IC 27-13-1-16);**
32 **for covered services rendered at the hospital or ambulatory**
33 **outpatient surgical center to the patient; and**
34 **(2) any copayment, deductible, or coinsurance amounts**
35 **applicable under the policy or contract.**
36 **For an individual who does not have health insurance coverage or**
37 **is not eligible for coverage, the hospital, ambulatory outpatient**
38 **surgical center, or a health care practitioner may not bill the**
39 **patient for the cost of services above the average in network**
40 **contracted reimbursement rate for the health care service.**
41 **(f) A health plan (as defined in IC 25-1-9.1-5) shall provide a**
42 **hospital or ambulatory outpatient surgical center with the**

information necessary as required by federal and state law concerning the patient's coverage, including copayments, deductibles, and other out-of-pocket costs, in order for the hospital or ambulatory outpatient surgical center to provide the out-of-pocket estimate required under this section. A health plan that fails to provide the information under this section commits an unfair and deceptive act or practice in the business of insurance under IC 27-4-1-4 and is subject to the penalties and procedures set forth in IC 27-4-1.

(g) The state department may take action under IC 16-21-3 for a violation of this section.

(h) The licensing board of a practitioner may take disciplinary action against a health care practitioner under IC 25-1-9-9 for a violation of this section.

SECTION 4. IC 16-21-6-3, AS AMENDED BY P.L.2-2007, SECTION 190, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) Each hospital shall file with the state department a report for the preceding fiscal year within one hundred twenty (120) days after the end of the hospital's fiscal year. The state department shall grant an extension of the time to file the report if the hospital shows good cause for the extension. The report must contain the following:

(1) A copy of the hospital's balance sheet, including a statement describing the hospital's total assets and total liabilities.

(2) A copy of the hospital's income statement.

(3) A statement of changes in financial position.

(4) A statement of changes in fund balance.

(5) Accountant notes pertaining to the report.

(6) A copy of the hospital's report required to be filed annually under 42 U.S.C. 1395g, and other appropriate utilization and financial reports required to be filed under federal statutory law.

(7) Net patient revenue.

(8) If a deduction for charity care is taken by a nonprofit hospital in determining net patient revenue under subdivision (7) that exceeds the Medicare reimbursement rate amount for the services or the Medicaid reimbursement rate if there is no Medicare reimbursement for the service, a statement including:

(A) each type of patient care service for which a deduction was taken by the nonprofit hospital for charity care in determining net patient revenue, the amount of which exceeded the Medicare reimbursement rate, or Medicaid

reimbursement rate, if applicable;
(B) any education services or other types of services not included in clause (A) for which a deduction for charity care was taken by the nonprofit hospital in determining net patient revenue, the amount of which exceeded the Medicare reimbursement rate, or Medicaid reimbursement rate, if applicable; and
(C) the total amount of the deductions in excess of the Medicare reimbursement rate, or Medicaid reimbursement rate if applicable, that were taken by the nonprofit hospital in determining net patient revenue and categorized by each applicable type of service under clauses (A) and (B).

~~(8)~~ **(9)** A statement including:
(A) Medicare gross revenue;
(B) Medicaid gross revenue;
(C) other revenue from state programs;
(D) revenue from local government programs;
(E) local tax support;
(F) charitable contributions;
(G) other third party payments;
(H) gross inpatient revenue;
(I) gross outpatient revenue;
(J) contractual allowance;
(K) any other deductions from revenue;
(L) charity care provided;
(M) itemization of bad debt expense; and
(N) an estimation of the unreimbursed cost of subsidized health services.

~~(9)~~ **(10)** A statement itemizing donations.

~~(10)~~ **(11)** A statement describing the total cost of reimbursed and unreimbursed research.

~~(11)~~ **(12)** A statement describing the total cost of reimbursed and unreimbursed education separated into the following categories:
(A) Education of physicians, nurses, technicians, and other medical professionals and health care providers.
(B) Scholarships and funding to medical schools, and other postsecondary educational institutions for health professions education.
(C) Education of patients concerning diseases and home care in response to community needs.
(D) Community health education through informational

programs, publications, and outreach activities in response to community needs.
(E) Other educational services resulting in education related costs.

(b) The information in the report filed under subsection (a) must be provided from reports or audits certified by an independent certified public accountant or by the state board of accounts.

SECTION 5. IC 24-1-6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

Chapter 6. Covenants Not to Compete

Sec. 1. This chapter applies to a contract entered into, renewed, or amended after June 30, 2020.

Sec. 2. As used in this chapter, "covenant not to compete" means a provision of:
(1) an employment contract; or
(2) a contract to sell a business;
under which the promisor agrees, for a specific period and within a particular area, not to compete with the promisee.

Sec. 3. As used in this chapter, "physician" means a physician licensed under IC 25-22.5.

Sec. 4. A covenant not to compete is unenforceable unless:
(1) at the time it was entered into, it was ancillary to or part of an otherwise enforceable contract;
(2) its limitations as to:
(A) time of duration;
(B) geographical area; and
(C) scope of activity to be restrained;
are reasonable; and
(3) it does not impose a greater restraint than is necessary to protect:
(A) the goodwill; or
(B) another legitimate business interest;
of the promisee.

Sec. 5. (a) This section:
(1) applies to a covenant not to compete in a contract to employ a physician; and
(2) does not apply to a covenant not to compete in a contract under which a physician sells the physician's ownership interest in a licensed hospital or licensed ambulatory surgical center.

(b) A covenant not to compete in a contract to employ a

1 **physician is not enforceable against the physician unless it complies**
2 **with section 4(1) through 4(3) of this chapter and with all of the**
3 **following:**
4 **(1) The covenant not to compete must not apply to a physician**
5 **for a period longer than seven hundred thirty (730) days after**
6 **the date of termination of the physician's contract of**
7 **employment.**
8 **(2) The covenant not to compete must allow the physician**
9 **access to a list of the patients whom the physician saw or**
10 **treated not more than one (1) year before the termination of**
11 **the physician's contract of employment.**
12 **(3) The covenant not to compete must allow the physician**
13 **access to the medical records of a patient whom the physician**
14 **saw or treated before the termination of the physician's**
15 **contract of employment if the patient authorizes the**
16 **physician's access to the medical records.**
17 **(4) The covenant not to compete must not provide for the**
18 **physician to be charged more than a reasonable fee for being**
19 **provided:**
20 **(A) a list of patients under subdivision (2); or**
21 **(B) copies of a patient's medical records under subdivision**
22 **(3).**
23 **(5) The covenant not to compete must provide for or allow a**
24 **buy out of the covenant not to compete by the physician at a**
25 **reasonable price, subject to the following:**
26 **(A) A reasonable price for the buyout may be set forth in**
27 **the covenant not to compete.**
28 **(B) If a reasonable buyout price is not set forth in the**
29 **covenant not to compete, a reasonable price for the buyout**
30 **may be determined by an arbitrator mutually agreed upon**
31 **by the physician and the promisee, and the determination**
32 **of the arbitrator under this clause shall be binding upon**
33 **the physician and the promisee.**
34 **(C) If the physician and the promisee are unable to agree**
35 **upon the selection of arbitrator, a reasonable buyout price**
36 **shall be determined by an arbitrator appointed by a court,**
37 **and the determination of the arbitrator under this clause**
38 **shall be binding upon the physician and the promisee.**
39 **(6) The covenant not to compete must not prohibit the**
40 **physician from continuing to provide care and treatment to a**
41 **particular patient with an acute illness if the physician's care**
42 **and treatment of the patient began before the termination of**

1 **the physician's contract of employment.**
2 **(c) Subsection (b)(2) and (b)(3) does not require that:**
3 **(1) a list of patients; or**
4 **(2) a patient's medical records;**
5 **be provided to a physician after termination of the physician's**
6 **contract of employment in a format different from the format in**
7 **which the list of patients or medical records are ordinarily**
8 **maintained.**
9 SECTION 6. IC 25-1-9-4, AS AMENDED BY P.L.35-2018,
10 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2020]: Sec. 4. (a) A practitioner shall conduct the
12 practitioner's practice in accordance with the standards established by
13 the board regulating the profession in question and is subject to the
14 exercise of the disciplinary sanctions under section 9 of this chapter if,
15 after a hearing, the board finds:
16 (1) a practitioner has:
17 (A) engaged in or knowingly cooperated in fraud or material
18 deception in order to obtain a license to practice, including
19 cheating on a licensing examination;
20 (B) engaged in fraud or material deception in the course of
21 professional services or activities;
22 (C) advertised services in a false or misleading manner; or
23 (D) been convicted of a crime or assessed a civil penalty
24 involving fraudulent billing practices, including fraud under:
25 (i) Medicaid (42 U.S.C. 1396 et seq.);
26 (ii) Medicare (42 U.S.C. 1395 et seq.);
27 (iii) the children's health insurance program under
28 IC 12-17.6; or
29 (iv) insurance claims;
30 (2) a practitioner has been convicted of a crime that:
31 (A) has a direct bearing on the practitioner's ability to continue
32 to practice competently; or
33 (B) is harmful to the public;
34 (3) a practitioner has knowingly violated any state statute or rule,
35 or federal statute or regulation, regulating the profession in
36 question;
37 (4) a practitioner has continued to practice although the
38 practitioner has become unfit to practice due to:
39 (A) professional incompetence that:
40 (i) may include the undertaking of professional activities
41 that the practitioner is not qualified by training or experience
42 to undertake; and

(ii) does not include activities performed under IC 16-21-2-9;
(B) failure to keep abreast of current professional theory or practice;
(C) physical or mental disability; or
(D) addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely;
(5) a practitioner has engaged in a course of lewd or immoral conduct in connection with the delivery of services to the public;
(6) a practitioner has allowed the practitioner's name or a license issued under this chapter to be used in connection with an individual who renders services beyond the scope of that individual's training, experience, or competence;
(7) a practitioner has had disciplinary action taken against the practitioner or the practitioner's license to practice in any state or jurisdiction on grounds similar to those under this chapter;
(8) a practitioner has diverted:
(A) a legend drug (as defined in IC 16-18-2-199); or
(B) any other drug or device issued under a drug order (as defined in IC 16-42-19-3) for another person;
(9) a practitioner, except as otherwise provided by law, has knowingly prescribed, sold, or administered any drug classified as a narcotic, addicting, or dangerous drug to a habitue or addict;
(10) a practitioner has failed to comply with an order imposing a sanction under section 9 of this chapter;
(11) a practitioner has engaged in sexual contact with a patient under the practitioner's care or has used the practitioner-patient relationship to solicit sexual contact with a patient under the practitioner's care;
(12) a practitioner who is a participating provider of a health maintenance organization has knowingly collected or attempted to collect from a subscriber or enrollee of the health maintenance organization any sums that are owed by the health maintenance organization;
(13) a practitioner has assisted another person in committing an act that would be grounds for disciplinary sanctions under this chapter; ~~or~~
(14) a practitioner has failed to report to the department of child services or a local law enforcement agency suspected child abuse in accordance with IC 31-33-5; **or**
(15) a practitioner has failed, in violation of IC 16-21-2-17, to

1 **provide a good faith estimate of the total costs of each health**
2 **service the individual will incur for a health care service to be**
3 **provided by the practitioner or bills the individual an amount**
4 **that is in violation of IC 16-21-2-17.**
5 (b) A practitioner who provides health care services to the
6 practitioner's spouse is not subject to disciplinary action under
7 subsection (a)(11).
8 (c) A certified copy of the record of disciplinary action is conclusive
9 evidence of the other jurisdiction's disciplinary action under subsection
10 (a)(7).
11 SECTION 7. IC 25-1-21 IS ADDED TO THE INDIANA CODE AS
12 A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
13 1, 2020]:
14 **Chapter 21. Expanded Scope of Practice and License**
15 **Accessability Report**
16 **Sec. 1. As used in this chapter, "agency" means the Indiana**
17 **professional licensing agency.**
18 **Sec. 2. As used in this chapter, "board" means any of the**
19 **entities described in IC 25-0.5-11.**
20 **Sec. 3. As used in this chapter, "license" means:**
21 **(1) an unlimited license, certificate, registration, or permit;**
22 **(2) a limited or probationary license, certificate, registration,**
23 **or permit;**
24 **(3) a temporary license, certificate, registration, or permit;**
25 **(4) an intern permit; or**
26 **(5) a provisional license;**
27 **issued by a board regulating a profession or an occupation.**
28 **Sec. 4. Each board shall submit information, at a time**
29 **determined by the agency, concerning the following:**
30 **(1) A summary of each license issued by the board or a**
31 **committee under the authority of the board.**
32 **(2) Any recommendations on the following:**
33 **(A) Laws or rules that could be amended to expand scope**
34 **of practice restrictions to allow individuals with a license**
35 **to practice to the full extent of an individual's education**
36 **and training.**
37 **(B) Allowing a nonlicensed individual to provide and be**
38 **paid directly for the individual's services where evidence**
39 **supports that the nonlicensed individual can safely and**
40 **effectively provide that care.**
41 **(C) Proposals to eliminate requirements for rigid**
42 **collaborative practice and supervision agreements between**

physicians and dentists and licensed individuals who work for physicians and dentists that are not justified by legitimate health and safety concerns.

(D) Proposals to expand license portability to improve workforce mobility and telehealth services using the least restrictive standard through mutual recognition, providing reciprocal out of state licensing, interstate mobility, or expedited licensing.

(E) Improving the structure and make up of members on a board or a committee.

Sec. 5. The agency shall submit a report to the general assembly, before November 1, 2020, containing the information collected in section 4 of this chapter. The report must be in an electronic format under IC 5-14-6.

SECTION 8. IC 27-1-3-7, AS AMENDED BY P.L.278-2013, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 7. (a) The department may promulgate rules and regulations for any of the following enumerated purposes:

(1) For the conduct of the work of the department.

(2) Prescribing the methods and standards to be used in making the examinations and prescribing the forms of reports of the several insurance companies to which IC 27-1 is applicable.

(3) Defining what is a safe or an unsafe manner and a safe or an unsafe condition for conducting business by any insurance company to which IC 27-1 is applicable.

(4) For the establishment of safe and sound methods for the transaction of business by such insurance companies and for the purpose of safeguarding the interests of policyholders, creditors, and shareholders respecting the withdrawal or payment of funds by any life insurance company in times of emergency. Any rule or regulation promulgated under this subdivision may apply to one (1) or more insurance companies as the department may determine.

(5) For the administration and termination of the affairs of any such insurance company which is in involuntary liquidation or whose business and property have been taken possession of by the department for the purpose of rehabilitation, liquidation, conservation, or dissolution under IC 27-1.

(6) For the regulation of the solicitation or use of proxies, in general and as they concern consents or authorizations, in respect of securities issued by any domestic stock company for the purpose of protecting investors by prescribing the form of proxies,

1 including such consents or authorizations, and by requiring
2 adequate disclosure of information relevant to such proxies,
3 including such consents or authorizations, and relevant to the
4 business to be transacted at any meeting of shareholders with
5 respect to which such proxies, including such consents or
6 authorizations, may be used, which regulations may, in general,
7 conform to those prescribed by the National Association of
8 Insurance Commissioners.
9 (7) For regulation related to a health benefit exchange established
10 under the federal Patient Protection and Affordable Care Act (P.L.
11 111-148), as amended by the federal Health Care and Education
12 Reconciliation Act of 2010 (P.L. 111-152), and operating in
13 Indiana.
14 **(8) For the establishment and administration of a certificate**
15 **of registration of pharmacy benefit managers as required**
16 **under IC 27-1-24.8-5.**
17 (b) The department may adopt a rule under IC 4-22-2 to provide
18 reasonable simplification of the terms and coverage of individual and
19 group Medicare supplement accident and sickness insurance policies
20 and individual and group Medicare supplement subscriber contracts in
21 order to facilitate public understanding and comparison and to
22 eliminate provisions contained in those policies or contracts which may
23 be misleading or confusing in connection either with the purchase of
24 those coverages or with the settlement of claims and to provide for full
25 disclosure in the sale of those coverages.
26 SECTION 9. IC 27-1-24.8-5 IS ADDED TO THE INDIANA CODE
27 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
28 1, 2020]: **Sec. 5. (a) A person shall not act as a pharmacy benefit**
29 **manager without first obtaining a certificate of registration issued**
30 **by the commissioner.**
31 **(b) The commissioner shall prescribe the requirements and**
32 **manner in which a pharmacy benefit manager shall obtain and**
33 **maintain a certificate of registration as required under this section.**
34 **(c) A person seeking a certificate of registration to act as a**
35 **pharmacy benefit manager shall file with the commissioner the**
36 **following:**
37 **(1) An application for a certificate of registration on a form**
38 **prescribed by the commissioner, including the following:**
39 **(A) The name, address, official position, and professional**
40 **qualifications of each individual who is responsible for the**
41 **conduct of the affairs of the pharmacy benefit manager,**
42 **including all members of the board of directors, board of**

1 **trustees, executive committee, other governing board or**
2 **committee, the principal officers in the case of a**
3 **corporation, the partners or members in the case of a**
4 **partnership or association, and any other individual who**
5 **exercises control or influence over the affairs of the**
6 **pharmacy benefit manager.**
7 **(B) The name and address of the applicant's agent for**
8 **service of process in Indiana.**
9 **(2) A nominal application fee set by the commissioner.**
10 **(d) A certificate of registration issued under this section expires**
11 **one (1) year after the date of issue and may be renewed in a**
12 **manner and time determined by the commissioner. The**
13 **commissioner may set a nominal renewal fee for the registration.**
14 SECTION 10. IC 27-1-24.8-6 IS ADDED TO THE INDIANA
15 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
16 [EFFECTIVE JULY 1, 2020]: **Sec. 6. (a) A party that has contracted**
17 **with a pharmacy benefit manager to provide services may, at least**
18 **one (1) time in a calendar year, request an audit of compliance with**
19 **the contract. The audit may include full disclosure of rebate**
20 **amounts secured on prescription drugs, whether product specific**
21 **or general rebates, that were provided by a pharmaceutical**
22 **manufacturer.**
23 **(b) A pharmacy benefit manager shall disclose, upon request**
24 **from a party that has contracted with a pharmacy benefit**
25 **manager, to the party the actual amounts paid by the pharmacy**
26 **benefit manager to any pharmacy.**
27 **(c) A pharmacy benefit manager shall provide notice to a party**
28 **contracting with the pharmacy benefit manufacturer any**
29 **consideration that the pharmacy benefit manager receives from a**
30 **pharmacy manufacturer for any name brand dispensing of a**
31 **prescription when a generic or biologically similar product is**
32 **available for the prescription.**
33 **(d) Any provision of a contract entered into, issued, or renewed**
34 **after June 30, 2020, that violates this section is unenforceable.**
35 SECTION 11. IC 27-1-34.2 IS ADDED TO THE INDIANA CODE
36 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
37 JULY 1, 2020]:
38 **Chapter 34.2. Association Health Plans**
39 **Sec. 1. (a) If allowable under federal law, the department shall**
40 **adopt rules under IC 4-22-2 concerning the establishment of**
41 **association health plans, including:**
42 **(1) allowing employers to join together to establish association**

1 **health plans;**
2 **(2) sole proprietors; and**
3 **(3) working owners;**
4 **in compliance with 29 CFR part 2510. In the implementation and**
5 **administration of association health plans in Indiana, the**
6 **department may use the department's enforcement authority to**
7 **ensure compliance with the rules adopted under this subsection.**
8 **(b) If the commissioner determines that federal law does not**
9 **allow for the operation of association health plans described in**
10 **subsection (a), the department shall assess the feasibility of**
11 **submitting a request to the United States Department of Health**
12 **and Human Services or the United States Department of Treasury**
13 **for a state innovation waiver under Section 1332 of the federal**
14 **Patient Protection and Affordable Care Act (P.L. 111-148)**
15 **concerning allowing working owners and sole proprietors to**
16 **participate in a group health plan in accordance with federal law.**
17 **(c) Before November 1, 2020, the commissioner shall update the**
18 **general assembly in an electronic format under IC 5-14-6 on the**
19 **status of operating association health plans as described in**
20 **subsection (a) and of any feasibility determination made under**
21 **subsection (b). This subsection expires December 31, 2020.**
22 SECTION 12. IC 27-4-1-4, AS AMENDED BY P.L.124-2018,
23 SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JULY 1, 2020]: Sec. 4. (a) The following are hereby defined as unfair
25 methods of competition and unfair and deceptive acts and practices in
26 the business of insurance:
27 (1) Making, issuing, circulating, or causing to be made, issued, or
28 circulated, any estimate, illustration, circular, or statement:
29 (A) misrepresenting the terms of any policy issued or to be
30 issued or the benefits or advantages promised thereby or the
31 dividends or share of the surplus to be received thereon;
32 (B) making any false or misleading statement as to the
33 dividends or share of surplus previously paid on similar
34 policies;
35 (C) making any misleading representation or any
36 misrepresentation as to the financial condition of any insurer,
37 or as to the legal reserve system upon which any life insurer
38 operates;
39 (D) using any name or title of any policy or class of policies
40 misrepresenting the true nature thereof; or
41 (E) making any misrepresentation to any policyholder insured
42 in any company for the purpose of inducing or tending to

induce such policyholder to lapse, forfeit, or surrender the policyholder's insurance.

(2) Making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a newspaper, magazine, or other publication, or in the form of a notice, circular, pamphlet, letter, or poster, or over any radio or television station, or in any other way, an advertisement, announcement, or statement containing any assertion, representation, or statement with respect to any person in the conduct of the person's insurance business, which is untrue, deceptive, or misleading.

(3) Making, publishing, disseminating, or circulating, directly or indirectly, or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature which is false, or maliciously critical of or derogatory to the financial condition of an insurer, and which is calculated to injure any person engaged in the business of insurance.

(4) Entering into any agreement to commit, or individually or by a concerted action committing any act of boycott, coercion, or intimidation resulting or tending to result in unreasonable restraint of, or a monopoly in, the business of insurance.

(5) Filing with any supervisory or other public official, or making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false statement of financial condition of an insurer with intent to deceive. Making any false entry in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to which such insurer is required by law to report, or which has authority by law to examine into its condition or into any of its affairs, or, with like intent, willfully omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report, or statement of such insurer.

(6) Issuing or delivering or permitting agents, officers, or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common law corporation, or securities or any special or advisory board contracts or other contracts of any kind promising returns and

1 profits as an inducement to insurance.
2 (7) Making or permitting any of the following:
3 (A) Unfair discrimination between individuals of the same
4 class and equal expectation of life in the rates or assessments
5 charged for any contract of life insurance or of life annuity or
6 in the dividends or other benefits payable thereon, or in any
7 other of the terms and conditions of such contract. However,
8 in determining the class, consideration may be given to the
9 nature of the risk, plan of insurance, the actual or expected
10 expense of conducting the business, or any other relevant
11 factor.
12 (B) Unfair discrimination between individuals of the same
13 class involving essentially the same hazards in the amount of
14 premium, policy fees, assessments, or rates charged or made
15 for any policy or contract of accident or health insurance or in
16 the benefits payable thereunder, or in any of the terms or
17 conditions of such contract, or in any other manner whatever.
18 However, in determining the class, consideration may be given
19 to the nature of the risk, the plan of insurance, the actual or
20 expected expense of conducting the business, or any other
21 relevant factor.
22 (C) Excessive or inadequate charges for premiums, policy
23 fees, assessments, or rates, or making or permitting any unfair
24 discrimination between persons of the same class involving
25 essentially the same hazards, in the amount of premiums,
26 policy fees, assessments, or rates charged or made for:
27 (i) policies or contracts of reinsurance or joint reinsurance,
28 or abstract and title insurance;
29 (ii) policies or contracts of insurance against loss or damage
30 to aircraft, or against liability arising out of the ownership,
31 maintenance, or use of any aircraft, or of vessels or craft,
32 their cargoes, marine builders' risks, marine protection and
33 indemnity, or other risks commonly insured under marine,
34 as distinguished from inland marine, insurance; or
35 (iii) policies or contracts of any other kind or kinds of
36 insurance whatsoever.
37 However, nothing contained in clause (C) shall be construed to
38 apply to any of the kinds of insurance referred to in clauses (A)
39 and (B) nor to reinsurance in relation to such kinds of insurance.
40 Nothing in clause (A), (B), or (C) shall be construed as making or
41 permitting any excessive, inadequate, or unfairly discriminatory
42 charge or rate or any charge or rate determined by the department

1 or commissioner to meet the requirements of any other insurance
2 rate regulatory law of this state.
3 (8) Except as otherwise expressly provided by law, knowingly
4 permitting or offering to make or making any contract or policy
5 of insurance of any kind or kinds whatsoever, including but not in
6 limitation, life annuities, or agreement as to such contract or
7 policy other than as plainly expressed in such contract or policy
8 issued thereon, or paying or allowing, or giving or offering to pay,
9 allow, or give, directly or indirectly, as inducement to such
10 insurance, or annuity, any rebate of premiums payable on the
11 contract, or any special favor or advantage in the dividends,
12 savings, or other benefits thereon, or any valuable consideration
13 or inducement whatever not specified in the contract or policy; or
14 giving, or selling, or purchasing or offering to give, sell, or
15 purchase as inducement to such insurance or annuity or in
16 connection therewith, any stocks, bonds, or other securities of any
17 insurance company or other corporation, association, limited
18 liability company, or partnership, or any dividends, savings, or
19 profits accrued thereon, or anything of value whatsoever not
20 specified in the contract. Nothing in this subdivision and
21 subdivision (7) shall be construed as including within the
22 definition of discrimination or rebates any of the following
23 practices:
24 (A) Paying bonuses to policyholders or otherwise abating their
25 premiums in whole or in part out of surplus accumulated from
26 nonparticipating insurance, so long as any such bonuses or
27 abatement of premiums are fair and equitable to policyholders
28 and for the best interests of the company and its policyholders.
29 (B) In the case of life insurance policies issued on the
30 industrial debit plan, making allowance to policyholders who
31 have continuously for a specified period made premium
32 payments directly to an office of the insurer in an amount
33 which fairly represents the saving in collection expense.
34 (C) Readjustment of the rate of premium for a group insurance
35 policy based on the loss or expense experience thereunder, at
36 the end of the first year or of any subsequent year of insurance
37 thereunder, which may be made retroactive only for such
38 policy year.
39 (D) Paying by an insurer or insurance producer thereof duly
40 licensed as such under the laws of this state of money,
41 commission, or brokerage, or giving or allowing by an insurer
42 or such licensed insurance producer thereof anything of value,

1 for or on account of the solicitation or negotiation of policies
2 or other contracts of any kind or kinds, to a broker, an
3 insurance producer, or a solicitor duly licensed under the laws
4 of this state, but such broker, insurance producer, or solicitor
5 receiving such consideration shall not pay, give, or allow
6 credit for such consideration as received in whole or in part,
7 directly or indirectly, to the insured by way of rebate.
8 (9) Requiring, as a condition precedent to loaning money upon the
9 security of a mortgage upon real property, that the owner of the
10 property to whom the money is to be loaned negotiate any policy
11 of insurance covering such real property through a particular
12 insurance producer or broker or brokers. However, this
13 subdivision shall not prevent the exercise by any lender of the
14 lender's right to approve or disapprove of the insurance company
15 selected by the borrower to underwrite the insurance.
16 (10) Entering into any contract, combination in the form of a trust
17 or otherwise, or conspiracy in restraint of commerce in the
18 business of insurance.
19 (11) Monopolizing or attempting to monopolize or combining or
20 conspiring with any other person or persons to monopolize any
21 part of commerce in the business of insurance. However,
22 participation as a member, director, or officer in the activities of
23 any nonprofit organization of insurance producers or other
24 workers in the insurance business shall not be interpreted, in
25 itself, to constitute a combination in restraint of trade or as
26 combining to create a monopoly as provided in this subdivision
27 and subdivision (10). The enumeration in this chapter of specific
28 unfair methods of competition and unfair or deceptive acts and
29 practices in the business of insurance is not exclusive or
30 restrictive or intended to limit the powers of the commissioner or
31 department or of any court of review under section 8 of this
32 chapter.
33 (12) Requiring as a condition precedent to the sale of real or
34 personal property under any contract of sale, conditional sales
35 contract, or other similar instrument or upon the security of a
36 chattel mortgage, that the buyer of such property negotiate any
37 policy of insurance covering such property through a particular
38 insurance company, insurance producer, or broker or brokers.
39 However, this subdivision shall not prevent the exercise by any
40 seller of such property or the one making a loan thereon of the
41 right to approve or disapprove of the insurance company selected
42 by the buyer to underwrite the insurance.

1 (13) Issuing, offering, or participating in a plan to issue or offer,
2 any policy or certificate of insurance of any kind or character as
3 an inducement to the purchase of any property, real, personal, or
4 mixed, or services of any kind, where a charge to the insured is
5 not made for and on account of such policy or certificate of
6 insurance. However, this subdivision shall not apply to any of the
7 following:
8 (A) Insurance issued to credit unions or members of credit
9 unions in connection with the purchase of shares in such credit
10 unions.
11 (B) Insurance employed as a means of guaranteeing the
12 performance of goods and designed to benefit the purchasers
13 or users of such goods.
14 (C) Title insurance.
15 (D) Insurance written in connection with an indebtedness and
16 intended as a means of repaying such indebtedness in the
17 event of the death or disability of the insured.
18 (E) Insurance provided by or through motorists service clubs
19 or associations.
20 (F) Insurance that is provided to the purchaser or holder of an
21 air transportation ticket and that:
22 (i) insures against death or nonfatal injury that occurs during
23 the flight to which the ticket relates;
24 (ii) insures against personal injury or property damage that
25 occurs during travel to or from the airport in a common
26 carrier immediately before or after the flight;
27 (iii) insures against baggage loss during the flight to which
28 the ticket relates; or
29 (iv) insures against a flight cancellation to which the ticket
30 relates.
31 (14) Refusing, because of the for-profit status of a hospital or
32 medical facility, to make payments otherwise required to be made
33 under a contract or policy of insurance for charges incurred by an
34 insured in such a for-profit hospital or other for-profit medical
35 facility licensed by the state department of health.
36 (15) Refusing to insure an individual, refusing to continue to issue
37 insurance to an individual, limiting the amount, extent, or kind of
38 coverage available to an individual, or charging an individual a
39 different rate for the same coverage, solely because of that
40 individual's blindness or partial blindness, except where the
41 refusal, limitation, or rate differential is based on sound actuarial
42 principles or is related to actual or reasonably anticipated

experience.
(16) Committing or performing, with such frequency as to indicate a general practice, unfair claim settlement practices (as defined in section 4.5 of this chapter).
(17) Between policy renewal dates, unilaterally canceling an individual's coverage under an individual or group health insurance policy solely because of the individual's medical or physical condition.
(18) Using a policy form or rider that would permit a cancellation of coverage as described in subdivision (17).
(19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1 concerning motor vehicle insurance rates.
(20) Violating IC 27-8-21-2 concerning advertisements referring to interest rate guarantees.
(21) Violating IC 27-8-24.3 concerning insurance and health plan coverage for victims of abuse.
(22) Violating IC 27-8-26 concerning genetic screening or testing.
(23) Violating IC 27-1-15.6-3(b) concerning licensure of insurance producers.
(24) Violating IC 27-1-38 concerning depository institutions.
(25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning the resolution of an appealed grievance decision.
(26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1, 2007, and repealed).
(27) Violating IC 27-2-21 concerning use of credit information.
(28) Violating IC 27-4-9-3 concerning recommendations to consumers.
(29) Engaging in dishonest or predatory insurance practices in marketing or sales of insurance to members of the United States Armed Forces as:
(A) described in the federal Military Personnel Financial Services Protection Act, P.L.109-290; or
(B) defined in rules adopted under subsection (b).
(30) Violating IC 27-8-19.8-20.1 concerning stranger originated life insurance.
(31) Violating IC 27-2-22 concerning retained asset accounts.
(32) Violating IC 27-8-5-29 concerning health plans offered through a health benefit exchange (as defined in IC 27-19-2-8).
(33) Violating a requirement of the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L.

1 111-152), that is enforceable by the state.
2 (34) After June 30, 2015, violating IC 27-2-23 concerning
3 unclaimed life insurance, annuity, or retained asset account
4 benefits.
5 (35) Willfully violating IC 27-1-12-46 concerning a life insurance
6 policy or certificate described in IC 27-1-12-46(a).
7 **(36) Violating IC 16-21-2-17 concerning the provision of**
8 **information to a hospital or ambulatory outpatient surgical**
9 **center concerning an individual's coverage.**
10 (b) Except with respect to federal insurance programs under
11 Subchapter III of Chapter 19 of Title 38 of the United States Code, the
12 commissioner may, consistent with the federal Military Personnel
13 Financial Services Protection Act (10 U.S.C. 992 note), adopt rules
14 under IC 4-22-2 to:
15 (1) define; and
16 (2) while the members are on a United States military installation
17 or elsewhere in Indiana, protect members of the United States
18 Armed Forces from;
19 dishonest or predatory insurance practices.
20 SECTION 13. IC 27-8-5.9-4.2 IS ADDED TO THE INDIANA
21 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
22 [EFFECTIVE JULY 1, 2020]: **Sec. 4.2. (a) An insurer that issues a**
23 **short term insurance plan to a covered individual under this**
24 **chapter may sell to the covered individual a separate policy**
25 **product with an option to renew the short term insurance plan at**
26 **the election of the covered individual for one (1) or more additional**
27 **renewal periods after the maximum cumulative renewal period**
28 **allowed by section 3(1) of this chapter. The insurer may not**
29 **require additional underwriting for the separate policy product or**
30 **change the risk class as of the time of initial issuance of the plan at**
31 **continuation or renewal of coverage.**
32 **(b) A short term insurance plan insurer shall obtain approval**
33 **from the commissioner of any marketing materials concerning the**
34 **offering or sale of a guaranteed renewable option for the short**
35 **term insurance plans described in subsection (a) before the**
36 **marketing materials may be used.**
37 SECTION 14. [EFFECTIVE UPON PASSAGE] **(a) The**
38 **department of insurance, in consultation with the department of**
39 **workforce development shall:**
40 **(1) examine the possible opportunities of the integration of:**
41 **(A) worker's compensation insurance; and**
42 **(B) disability insurance;**

1 **with individual and group policies of accident and sickness**
2 **insurance (as defined in IC 27-8-5-1(a)); and**
3 **(2) not later than August 1, 2021, issue to the interim study**
4 **committee on:**
5 **(A) financial institutions and insurance; and**
6 **(B) employment and labor;**
7 **an executive summary making recommendations, if any,**
8 **concerning potential consumer driven solutions.**
9 **(b) This SECTION expires December 31, 2021.**
10 SECTION 15. [EFFECTIVE UPON PASSAGE] **(a) The legislative**
11 **counsel is urged to assign to the appropriate interim study**
12 **committee during the 2020 legislative interim the topic of tort**
13 **reform, including the following issues:**
14 **(1) Actions for medical malpractice under IC 34-18.**
15 **(2) The use of contingency fees.**
16 **(3) Bad faith penalties.**
17 **(4) The types of damages sought in a civil cause of action.**
18 **(5) Liability by contract.**
19 **(6) Arbitration as an option in resolving litigation.**
20 **(7) Assessment of current capitations.**
21 **(8) Study of reimbursements payments that are made to**
22 **providers even when the provider has performed malpractice**
23 **or other malfeasance.**
24 **(9) Disciplinary process for licensed health care practitioners**
25 **resulting from negligence, malfeasance, or malpractice.**
26 **(b) This SECTION expires January 1, 2021.**
27 SECTION 16. [EFFECTIVE UPON PASSAGE] **(a) As used in this**
28 **SECTION, "corporate practice of medicine laws" refers to**
29 **IC 25-22.5-1-2(a)(20), IC 25-22.5-1-2(c), and any other laws**
30 **pertaining to the legal entities through which medical services are**
31 **delivered.**
32 **(b) The legislative council is urged to assign to an appropriate**
33 **interim study committee during the 2020 legislative interim the**
34 **task of studying the effect that corporate practice of medicine laws**
35 **have upon the availability and affordability of medical services in**
36 **Indiana. An interim study committee assigned to study the subject**
37 **set forth in this SECTION shall consider whether corporate**
38 **practice of medicine laws:**
39 **(1) create unnecessary barriers to the delivery of medical**
40 **services; and**
41 **(2) could be revised to allow greater flexibility in the delivery**
42 **of medical services, including:**

1 **(A) greater involvement of personnel operating under the**
2 **supervision of physicians, without a decline in the quality**
3 **of the medical services delivered; and**
4 **(B) corporations that are not licensed health care**
5 **practitioners operating a business of employing health care**
6 **practitioners to provide services with any necessary legal**
7 **protections.**
8 **(c) This SECTION expires January 1, 2021.**
9 SECTION 17. [EFFECTIVE UPON PASSAGE] **(a) The legislative**
10 **council is urged to assign to an appropriate interim study**
11 **committee during the 2020 legislative interim the task of studying**
12 **the streamlining of hospital licensure to promote innovative**
13 **business models.**
14 **(b) This SECTION expires January 1, 2021.**
15 SECTION 18. [EFFECTIVE UPON PASSAGE] **(a) The legislative**
16 **council is urged to assign to an appropriate interim study**
17 **committee during the 2020 legislative interim the task of studying:**
18 **(1) pricing model transparency and disclosure requirements**
19 **for bonus overrides, administrative fees, rebates,**
20 **commissions, discounts, vendor incentives, or other types of**
21 **compensation received for services by pharmacy benefit**
22 **managers;**
23 **(2) expanding a pharmacist's scope of practice to include the**
24 **prescribing of prescription drugs; and**
25 **(3) limiting prescription authority and strengthening of audit**
26 **procedures for opioid prescriptions.**
27 **(b) This SECTION expires January 1, 2021.**
28 SECTION 19. [EFFECTIVE UPON PASSAGE] **(a) The**
29 **commissioner of the department of insurance shall assess the**
30 **feasibility of allowing the sale of health insurance across state lines**
31 **and explore with other insurance commissioners of any of the**
32 **states of the United States, the District of Columbia, the**
33 **Commonwealth of Puerto Rico, Guam, the Virgin Islands, and**
34 **American Samoa, and any territory of the United States, the**
35 **creation of a multistate reciprocity system for the approval of**
36 **individual health insurance policies with participating states and**
37 **territories.**
38 **(b) The commissioner shall consult with other insurance**
39 **commissioners described in subsection (a) concerning a multistate**
40 **reciprocity system, including any rules of reciprocity on the**
41 **approval of health insurance policies that may be agreed upon by**
42 **a majority of the interested commissioners and prepare a report**

1 **concerning the consensus.**
2 **(c) The commissioner shall also evaluate enhancing cross-border**
3 **competition for complex medical conditions to enhance price and**
4 **value competition in Indiana.**
5 **(d) Before December 1, 2020, the commissioner shall report to**
6 **the legislative council in an electronic format under IC 5-14-6 any**
7 **recommendations under this SECTION.**
8 **(e) This SECTION expires December 31, 2021.**
9 SECTION 20. [EFFECTIVE JULY 1, 2020] **(a) Before November**
10 **1, 2020, the:**
11 **(1) state Medicaid fraud control unit established under**
12 **IC 4-6-10;**
13 **(2) state board of accounts established under IC 5-11-1; and**
14 **(3) office of the secretary of family and social services under**
15 **IC 12-15-13.5;**
16 **shall provide a report in an electronic under IC 5-14-6 concerning**
17 **Medicaid claims auditing and fraud to the legislative council, the**
18 **audit committee established by IC 2-5-1.1-6.3, and the interim**
19 **study committee on public health, behavioral health, and human**
20 **services established by IC 2-5-1.3-4.**
21 **(b) This SECTION expires January 1, 2021.**
22 SECTION 21. [EFFECTIVE JULY 1, 2020] **(a) As used in this**
23 **SECTION, "long term care insurance policy" has the meaning set**
24 **forth in IC 27-8-12-5.**
25 **(b) The insurance commissioner appointed under IC 27-1-1-2**
26 **and the secretary of family and social services appointed under**
27 **IC 12-8-1.5-2 shall develop a framework for long term care**
28 **insurance policies with asset protection and cash surrender value**
29 **that:**
30 **(1) provides a means of preparing for eventual long term care**
31 **for consumers representing a broad range of incomes and**
32 **potential needs; and**
33 **(2) qualifies the policyholder for an asset disregard under**
34 **IC 12-15-39.6-10.**
35 **(c) Before July 1, 2021, the insurance commissioner and the**
36 **secretary shall report to the legislative council in an electronic**
37 **format under IC 5-14-6.**
38 **(d) This SECTION expires July 1, 2022.**
39 SECTION 22. [EFFECTIVE UPON PASSAGE] **(a) Before**
40 **November 1, 2020, the attorney general, in consultation with the**
41 **department of insurance (as described under IC 27-1-1-1) shall**
42 **provide, in a electronic format under IC 5-14-6, recommendations,**

if any, to the legislative council and the general assembly, on enhancing strict antitrust enforcement of potential anticompetitive practices, including the following:
(1) Price protection practices.
(2) Payment parity.
(3) Most favored nation clauses.
(4) Advertising restrictions.
(5) Price fixing.
(6) Accreditation and speciality certifications.
(7) Hospital staff privileges.
(8) Gag clauses.
(9) Price discrimination.
(10) Undue influence.
(11) Antitiering or antisteering clauses.
(12) Bundling.
(13) Tying arrangements.
(14) Vertical and horizontal consolidation.
(15) Collusion.
(16) All or none clauses.
(17) Naked market allocation.
(18) Exclusive dealing.
(19) Any other:
(A) form of anticompetitive contract language;
(B) unreasonable restraint on trade; or
(C) unreasonable or unlawful attempt at monopolization.
(b) This SECTION expires January 1, 2021.

SECTION 23. [EFFECTIVE UPON PASSAGE] **(a) Before November 1, 2020, the commission for higher education, in consultation with the office of the secretary of family and social services (as described under IC 12-8-1.5-1), shall provide, in an electronic format under IC 5-14-6, an executive summary, if applicable, to the legislative council and the general assembly, concerning medical training programs and current sources of state and federal funding for medical and nursing school students and graduates who are currently working in hospitals or teaching institutions, as applicable, for the purpose of completing residency or fellowship training.**
(b) This SECTION expires January 1, 2021.

SECTION 24. [EFFECTIVE UPON PASSAGE] **(a) Before November 1, 2020, the department of workforce development, in consultation with the Indiana economic development corporation (as described under IC 5-28), shall provide, in an electronic format**

1 **under IC 5-14-6, an executive summary, if applicable, to the**
2 **legislative council and the general assembly concerning health**
3 **worker supply needs across:**
4 **(1) specialities; and**
5 **(2) geographic regions of the state;**
6 **as determined by data from the national center for health**
7 **workforce analysis or any other source of available and**
8 **comparable data.**
9 **(b) This SECTION expires January 1, 2021.**
10 SECTION 25. [EFFECTIVE UPON PASSAGE] **(a) Before**
11 **November 1, 2020, the medical licensing board of Indiana (created**
12 **by IC 25-22.5-2-1), in consultation with the state department of**
13 **health (established by IC 16-19-1-1), the Accreditation Council for**
14 **Graduate Medical Education, and the United States Department**
15 **of Health and Human Services, if applicable, shall provide, in an**
16 **electronic format under IC 5-14-6:**
17 **(1) an executive summary, if applicable; and**
18 **(2) recommendations, if any;**
19 **to the legislative council and the general assembly, concerning the**
20 **creation and implementation of an expedited licensure pathway for**
21 **highly qualified, foreign trained physicians that have successfully**
22 **completed a residency program equivalent to an American**
23 **graduate medical education program.**
24 **(b) This SECTION expires January 1, 2021.**
25 SECTION 26. [EFFECTIVE UPON PASSAGE] **(a) Not later than**
26 **November 1, 2020, the trustee of the next level Indiana trust fund**
27 **established under IC 8-14-15.1-5 shall provide a report in an**
28 **electronic format under IC 5-14-6 to the legislative council, interim**
29 **study committee on public health, behavioral health, and human**
30 **services (established by IC 2-5-1.3-4), and interim study committee**
31 **on fiscal policy (established by IC 2-5-1.3-4); concerning:**
32 **(1) investments, if any, of trust assets in health care related**
33 **infrastructure, including innovations related to:**
34 **(A) value based health care delivery models;**
35 **(B) information sharing;**
36 **(C) price and value transparency; and**
37 **(D) medical education and research; and**
38 **(2) any return on investments in health care related**
39 **infrastructure.**
40 **(b) This SECTION expires June 30, 2022.**
41 SECTION 27. [EFFECTIVE UPON PASSAGE] **(a) Not later than**
42 **November 1, 2020, the Indiana economic development corporation**

1 **shall provide a report in an electronic format under IC 5-14-6 to**
2 **the legislative council, interim study committee on public health,**
3 **behavioral health, and human services (established by**
4 **IC 2-5-1.3-4), and interim study committee on fiscal policy**
5 **(established by IC 2-5-1.3-4); concerning:**
6 **(1) incentive programs, if any, related to health care**
7 **infrastructure, including innovations related to:**
8 **(A) value based health care delivery models;**
9 **(B) information sharing;**
10 **(C) price and value transparency; and**
11 **(D) medical education and research; and**
12 **(2) any activity or results of incentive programs related to**
13 **health care infrastructure.**
14 **(b) This SECTION expires June 30, 2022.**
15 SECTION 28. [EFFECTIVE UPON PASSAGE] **(a) The office of**
16 **the secretary and the department of insurance shall assess the**
17 **feasibility of applying to the United States Department of Health**
18 **and Human Services for a Section 1332 waiver to improve price**
19 **and value for Indiana's individual health insurance market,**
20 **encourage new market entries, and develop a consumer driven**
21 **health care delivery and payment system.**
22 **(b) Before October 1, 2020, the department of insurance shall**
23 **report to the general assembly in an electronic format under**
24 **IC 5-14-6 the finding of the assessment under subsection (a).**
25 **(c) This SECTION expires December 31, 2020.**
26 SECTION 29. **An emergency is declared for this act.**