

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.

## HOUSE ENROLLED ACT No. 1079

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

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

SECTION 1. IC 25-14-1-23, AS AMENDED BY P.L.264-2013, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 23. (a) A person is practicing dentistry within the meaning of this chapter if the person does any of the following:

- (1) Uses the word "dentist" or "dental surgeon", the letters "D.D.S." or "D.M.D.", or other letters or titles in connection with dentistry.
- (2) Directs and controls the treatment of patients within a place where dental services are performed.
- (3) Advertises or permits to be advertised by sign, card, circular, handbill, newspaper, radio, or otherwise that the person can or will attempt to perform dental operations of any kind.
- (4) Offers to ~~diagnose or professes to diagnose or treats or professes to treat any of the lesions or diseases of the human oral cavity; teeth; gingiva; or maxillary or mandibular structures; evaluate, diagnose, prevent, or treat:~~
  - (A) **diseases, disorders, and conditions of the oral cavity and maxillofacial area;**
  - (B) **diseases, disorders, and conditions of the associated and adjacent structures of the oral cavity and maxillofacial area if:**

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- (i) the dentist is providing emergency care; or**
- (ii) the dentist has completed postgraduate training and certification in oral and maxillofacial surgery from a program certified by the Commission on Dental Accreditation; and**

**(C) the effects of such diseases, disorders, and conditions on the human body;**

**using nonsurgical, surgical, or related procedures.**

(5) Extracts human teeth or corrects malpositions of the teeth or jaws.

(6) Except as provided in IC 25-13-1-10.5 and IC 25-13-1-10.6, administers dental anesthetics.

(7) Uses x-ray pictures for dental diagnostic purposes.

(8) Makes:

(A) oral images for the fabrication of a final restoration, impression, or cast;

(B) impressions; or

(C) casts of any oral tissues or structures;

for the purpose of diagnosis or treatment thereof or for the construction, repair, reproduction, or duplication of any prosthetic device to alleviate or cure any oral lesion or replace any lost oral structures, tissue, or teeth.

(9) Advertises to the public by any method, except trade and professional publications, to furnish, supply, construct, reproduce, repair, or adjust any prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth.

(10) Is the employer of a dentist who is hired to provide dental services.

(11) Directs or controls the use of dental equipment or dental material while the equipment or material is being used to provide dental services. However, a person may lease or provide advice or assistance concerning dental equipment or dental material if the person does not restrict or interfere with the custody, control, or use of the equipment or material by the dentist. This subdivision does not prevent a dental hygienist who is licensed under IC 25-13 from owning dental equipment or dental materials within the dental hygienist's scope of practice.

(12) Directs, controls, or interferes with a dentist's clinical judgment.

(13) Exercises direction or control over a dentist through a written contract concerning the following areas of dental practice:

(A) The selection of a patient's course of treatment.



(B) Referrals of patients, except for requiring referrals to be within a specified provider network, subject to the exceptions under IC 27-13-36-5.

(C) Content of patient records.

(D) Policies and decisions relating to refunds, if the refund payment would be reportable under federal law to the National Practitioner Data Bank, and warranties.

(E) The clinical content of advertising.

(F) Final decisions relating to the employment of dental office personnel.

However, this subdivision does not prohibit a person from providing advice or assistance concerning the areas of dental practice referred to in this subdivision or an insurer (as defined in IC 27-1-26-1) from carrying out the applicable provisions of IC 27 under which the insurer is licensed.

However, a person does not have to be a dentist to be a manufacturer of dental prostheses.

(b) In addition to subsection (a), a person is practicing dentistry who directly or indirectly by any means or method furnishes, supplies, constructs, reproduces, repairs, or adjusts any prosthetic denture, bridge, appliance, or any other structure to be worn in the human mouth and delivers the resulting product to any person other than the duly licensed dentist upon whose written work authorization the work was performed. A written work authorization shall include the following:

- (1) The name and address of the dental laboratory to which it is directed.
- (2) The case identification.
- (3) A specification of the materials to be used.
- (4) A description of the work to be done and, if necessary, diagrams thereof.
- (5) The date of issuance of the authorization.
- (6) The signature and address of the licensed dentist or other dental practitioner by whom the work authorization is issued.

A separate work authorization shall be issued for each patient of the issuing licensed dentist or other dental practitioner for whom dental technological work is to be performed.

(c) This section shall not apply to those procedures which a legally licensed and practicing dentist may delegate to a dental assistant as to which procedures the dentist exercises direct supervision and responsibility.

(d) Procedures delegated by a dentist may not include the following:

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(1) Those procedures which require professional judgment and skill such as diagnosis, treatment planning, the cutting of hard or soft tissues, or any intraoral impression which would lead to the fabrication of a final prosthetic appliance.

(2) Except for procedures described in subsections (g) and (h), procedures delegated to a dental assistant may not include procedures allocated under IC 25-13-1 to a licensed dental hygienist.

(e) This chapter shall not prevent dental students from performing dental operations under the supervision of competent instructors within the dental school or a university recognized by the board or in any public clinic under the supervision of the authorized superintendent of such clinic authorized under the authority and general direction of the board of health or school board of any city or town in Indiana.

(f) Licensed pharmacists of this state may fill prescriptions of licensed dentists of this state for any drug necessary in the practice of dentistry.

(g) Notwithstanding IC 25-13-1-11(4), a dental assistant who has completed a board approved curriculum may apply medicaments for the control or prevention of dental caries under the direct supervision of a licensed dentist. The curriculum must include instruction on the following:

- (1) Ethics and jurisprudence.
- (2) Reasons for fluorides.
- (3) Systemic fluoride.
- (4) Topical fluoride.
- (5) Fluoride application.
- (6) Laboratory work on topical fluoride applications and patient competency.

(h) Notwithstanding IC 25-13-1-11(3), a dental assistant who has completed a board approved curriculum may polish the coronal surface of teeth under the direct supervision of a licensed dentist. The curriculum must include instruction on the following:

- (1) Ethics and jurisprudence.
- (2) Plaque and materia alba.
- (3) Intrinsic and extrinsic stain.
- (4) Abrasive agents.
- (5) Use of a slow speed hand piece, prophylaxis cup, and occlusal polishing brush.
- (6) Theory of selective polishing.
- (7) Laboratory work concerning slow speed hand piece, hand dexterity, and patient competency.



SECTION 2. IC 25-14-6 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

**Chapter 6. Dentist Administration of Immunizations**

**Sec. 1. (a)** A dentist may order and administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are not less than eleven (11) years of age, if the dentist complies with the following requirements:

- (1) Before administering an immunization to an individual, the dentist receives the consent of one (1) of the following:
  - (A) If the individual to whom the immunization is to be administered is at least (11) years of age and is less than eighteen (18) years of age, the parent or legal guardian of the individual.
  - (B) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age and has a legal guardian, the legal guardian of the individual.
  - (C) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age and does not have a legal guardian, the individual.

A parent or legal guardian who is required to give consent under this subdivision must be present at the time of immunization.

- (2) Is certified in cardiopulmonary resuscitation.
  - (3) Has successfully completed a course of training in immunization that meets the requirements set forth in subsection (b).
  - (4) Administers the immunization in accordance with a protocol that meets the requirements set forth in section 2 of this chapter.
- (b) A course of training under subsection (a)(3) must:
- (1) be provided by an accredited provider;
  - (2) be approved by the board;
  - (3) meet the standards set forth by:
    - (A) the Centers for Disease Control and Prevention or a similar health authority; or
    - (B) a professional body approved by the board; and
  - (4) comply with guidelines issued by:
    - (A) the Centers for Disease Control and Prevention; and
    - (B) the Occupational Safety and Health Administration.
- (c) A dentist who administers immunizations under this chapter



shall maintain records of the dentist's completion of:

- (1) training in cardiopulmonary resuscitation; and
- (2) training described in subsection (b).

(d) If the state department of health or the department of homeland security determines that an emergency exists, subject to IC 16-41-9-1.7(a)(2), a dentist may administer any immunization in accordance with any instructions in the emergency determination.

**Sec. 2. (a) The protocol under which a dentist administers an immunization must include the following:**

- (1) For each immunization to be administered by the dentist:
  - (A) the name and strength of the vaccine;
  - (B) precautions and contraindications;
  - (C) the intended audience or patient population;
  - (D) the appropriate dosage;
  - (E) administration schedules in accordance with guidelines issued by the Centers for Disease Control and Prevention;
  - (F) appropriate routes of administration; and
  - (G) appropriate injection sites.

(2) The length of time for which the dentist recommends an individual be observed for adverse effects following administration of an immunization to the individual.

(3) A procedure for addressing emergency situations, including adverse and anaphylactic reactions.

(4) A procedure for administration of epinephrine, including appropriate dosages, when required in the event of an adverse or anaphylactic reaction.

(5) A requirement that not later than fourteen (14) days after the dentist administers an immunization to an individual, the dentist or dentist's designee shall provide notice of the immunization to the individual's physician.

(6) A requirement that, for each immunization administered by the dentist, the dentist shall maintain a copy of:

- (A) a record of immunization; and
- (B) the notification provided by the dentist or dentist's designee under subdivision (5);

in accordance with rules adopted by the board.

(b) The immunization protocol under which a dentist administers an immunization must be:

- (1) maintained at the dentist's office and available for inspection by the individual receiving the immunization; and
- (2) renewed annually.



**Sec. 3. A dentist may not delegate to another person the administration of an immunization under this chapter.**

**Sec. 4. (a) A dentist, who administers an immunization to a patient under this chapter, or dentist's designee shall:**

**(1) report the immunization of the patient to the immunization data registry under IC 16-38-5 unless a written immunization data exception form has been completed and filed for the patient in accordance with IC 16-38-5-2; and**

**(2) report any adverse event:**

**(A) to the patient's primary care physician not later than seventy-two (72) hours after the dentist knows of the adverse event; and**

**(B) to the Vaccine Adverse Events Reporting System maintained by the Centers for Disease Control and Prevention and the Food and Drug Administration.**

**(b) A dentist shall maintain a record of each adverse event reported by the dentist or dentist's designee under subsection (a)(2).**

**Sec. 5. (a) A dentist may not be required to:**

**(1) administer an immunization; or**

**(2) complete a course of training under section 1(a)(3) of this chapter;**

**if the dentist chooses not to administer immunizations.**

**(b) If a dentist chooses not to administer immunizations, the dentist is not required to complete a course of training under section 1(a)(3) of this chapter to maintain a license to practice as a dentist in this state.**

SECTION 3. IC 27-4-1-4, AS AMENDED BY P.L.50-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) The following are hereby defined as unfair methods of competition and unfair and deceptive acts and practices in the business of insurance:

(1) Making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, or statement:

(A) misrepresenting the terms of any policy issued or to be issued or the benefits or advantages promised thereby or the dividends or share of the surplus to be received thereon;

(B) making any false or misleading statement as to the dividends or share of surplus previously paid on similar policies;

(C) making any misleading representation or any misrepresentation as to the financial condition of any insurer,



or as to the legal reserve system upon which any life insurer operates;

(D) using any name or title of any policy or class of policies misrepresenting the true nature thereof; or

(E) making any misrepresentation to any policyholder insured 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 profits as an inducement to insurance.

(7) Making or permitting any of the following:

(A) Unfair discrimination between individuals of the same class and equal expectation of life in the rates or assessments charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract. However, in determining the class, consideration may be given to the nature of the risk, plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(B) Unfair discrimination between individuals of the same class involving essentially the same hazards in the amount of premium, policy fees, assessments, or rates charged or made for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever. However, in determining the class, consideration may be given to the nature of the risk, the plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(C) Excessive or inadequate charges for premiums, policy fees, assessments, or rates, or making or permitting any unfair discrimination between persons of the same class involving essentially the same hazards, in the amount of premiums, policy fees, assessments, or rates charged or made for:

- (i) policies or contracts of reinsurance or joint reinsurance, or abstract and title insurance;
- (ii) policies or contracts of insurance against loss or damage to aircraft, or against liability arising out of the ownership, maintenance, or use of any aircraft, or of vessels or craft, their cargoes, marine builders' risks, marine protection and indemnity, or other risks commonly insured under marine, as distinguished from inland marine, insurance; or
- (iii) policies or contracts of any other kind or kinds of insurance whatsoever.



However, nothing contained in clause (C) shall be construed to apply to any of the kinds of insurance referred to in clauses (A) and (B) nor to reinsurance in relation to such kinds of insurance. Nothing in clause (A), (B), or (C) shall be construed as making or permitting any excessive, inadequate, or unfairly discriminatory charge or rate or any charge or rate determined by the department or commissioner to meet the requirements of any other insurance rate regulatory law of this state.

(8) Except as otherwise expressly provided by law, knowingly permitting or offering to make or making any contract or policy of insurance of any kind or kinds whatsoever, including but not in limitation, life annuities, or agreement as to such contract or policy other than as plainly expressed in such contract or policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such insurance, or annuity, any rebate of premiums payable on the contract, or any special favor or advantage in the dividends, savings, or other benefits thereon, or any valuable consideration or inducement whatever not specified in the contract or policy; or giving, or selling, or purchasing or offering to give, sell, or purchase as inducement to such insurance or annuity or in connection therewith, any stocks, bonds, or other securities of any insurance company or other corporation, association, limited liability company, or partnership, or any dividends, savings, or profits accrued thereon, or anything of value whatsoever not specified in the contract. Nothing in this subdivision and subdivision (7) shall be construed as including within the definition of discrimination or rebates any of the following practices:

(A) Paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance, so long as any such bonuses or abatement of premiums are fair and equitable to policyholders and for the best interests of the company and its policyholders.

(B) In the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expense.

(C) Readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first year or of any subsequent year of insurance



thereunder, which may be made retroactive only for such policy year.

(D) Paying by an insurer or insurance producer thereof duly licensed as such under the laws of this state of money, commission, or brokerage, or giving or allowing by an insurer or such licensed insurance producer thereof anything of value, for or on account of the solicitation or negotiation of policies or other contracts of any kind or kinds, to a broker, an insurance producer, or a solicitor duly licensed under the laws of this state, but such broker, insurance producer, or solicitor receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.

(9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.

(10) Entering into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of commerce in the business of insurance.

(11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.

(12) Requiring as a condition precedent to the sale of real or personal property under any contract of sale, conditional sales contract, or other similar instrument or upon the security of a chattel mortgage, that the buyer of such property negotiate any



policy of insurance covering such property through a particular insurance company, insurance producer, or broker or brokers. However, this subdivision shall not prevent the exercise by any seller of such property or the one making a loan thereon of the right to approve or disapprove of the insurance company selected by the buyer to underwrite the insurance.

(13) Issuing, offering, or participating in a plan to issue or offer, any policy or certificate of insurance of any kind or character as an inducement to the purchase of any property, real, personal, or mixed, or services of any kind, where a charge to the insured is not made for and on account of such policy or certificate of insurance. However, this subdivision shall not apply to any of the following:

(A) Insurance issued to credit unions or members of credit unions in connection with the purchase of shares in such credit unions.

(B) Insurance employed as a means of guaranteeing the performance of goods and designed to benefit the purchasers or users of such goods.

(C) Title insurance.

(D) Insurance written in connection with an indebtedness and intended as a means of repaying such indebtedness in the event of the death or disability of the insured.

(E) Insurance provided by or through motorists service clubs or associations.

(F) Insurance that is provided to the purchaser or holder of an air transportation ticket and that:

(i) insures against death or nonfatal injury that occurs during the flight to which the ticket relates;

(ii) insures against personal injury or property damage that occurs during travel to or from the airport in a common carrier immediately before or after the flight;

(iii) insures against baggage loss during the flight to which the ticket relates; or

(iv) insures against a flight cancellation to which the ticket relates.

(14) Refusing, because of the for-profit status of a hospital or medical facility, to make payments otherwise required to be made under a contract or policy of insurance for charges incurred by an insured in such a for-profit hospital or other for-profit medical facility licensed by the state department of health.

(15) Refusing to insure an individual, refusing to continue to issue



insurance to an individual, limiting the amount, extent, or kind of coverage available to an individual, or charging an individual a different rate for the same coverage, solely because of that individual's blindness or partial blindness, except where the refusal, limitation, or rate differential is based on sound actuarial 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. 111-152), that is enforceable by the state.
- (34) After June 30, 2015, violating IC 27-2-23 concerning unclaimed life insurance, annuity, or retained asset account benefits.
- (35) Willfully violating IC 27-1-12-46 concerning a life insurance policy or certificate described in IC 27-1-12-46(a).
- (36) Violating IC 27-1-37-7 concerning prohibiting the disclosure of health care service claims data.
- (37) Violating IC 27-4-10-10 concerning virtual claim payments.**

(b) Except with respect to federal insurance programs under Subchapter III of Chapter 19 of Title 38 of the United States Code, the commissioner may, consistent with the federal Military Personnel Financial Services Protection Act (10 U.S.C. 992 note), adopt rules under IC 4-22-2 to:

- (1) define; and
- (2) while the members are on a United States military installation or elsewhere in Indiana, protect members of the United States Armed Forces from;

dishonest or predatory insurance practices.

SECTION 4. IC 27-4-10 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]:

**Chapter 10. Virtual Claim Payments for Dental Care Services**

**Sec. 1. As used in this chapter, "Automated Clearing House Network payment" means a payment made under National Automated Clearing House Association standards adopted in 45 CFR Section 162.1602.**

**Sec. 2. As used in this chapter, "dental care" means services provided by a dentist within the scope of the dentist's licensure under IC 25-14.**

**Sec. 3. As used in this chapter, "dental provider" means:**

- (1) a dentist licensed under IC 25-14; or
- (2) a dental office that provides billing and administrative services for one (1) or more dentists licensed under IC 25-14 who provide dental care through the dental office.



**Sec. 4.** As used in this chapter, "electronic funds transfer payment" includes a payment by any method of electronic funds transfer other than an Automated Clearing House Network payment.

**Sec. 5. (a)** As used in this chapter, "health insurance plan" means:

(1) a policy of accident and sickness insurance (as defined in IC 27-8-5-1);

(2) an individual contract or a group contract with a health maintenance organization under IC 27-13;

(3) a:

(A) policy of accident and sickness insurance; or

(B) limited service health maintenance organization (as defined in IC 27-13-34-4);

that provides coverage for dental care services; or

(4) another plan or program that provides payment, reimbursement, or indemnification for the costs of health care items or services.

**(b)** The term does not include the following:

(1) Accident only, credit, vision, Medicare supplement, long term care, or disability income insurance.

(2) Coverage issued as a supplement to liability insurance.

(3) Automobile medical payment insurance.

(4) A specified disease policy.

(5) A short term insurance plan that:

(A) may be renewed for the greater of:

(i) thirty-six (36) months; or

(ii) the maximum period permitted under federal law;

(B) has a term of not more than three hundred sixty-four (364) days; and

(C) has an annual limit of at least two million dollars (\$2,000,000).

(6) A policy that provides indemnity benefits not based on any expense incurred requirement, including a plan that provides coverage for:

(A) hospital confinement, critical illness, or intensive care;

or

(B) gaps for deductibles or copayments.

(7) Worker's compensation or similar insurance.

(8) A student health plan.

(9) A supplemental plan that always pays in addition to other coverage.



- (10) An employer sponsored health benefit plan that is:**
  - (A) provided to individuals who are eligible for Medicare;**
  - and**
  - (B) not marketed as, or held out to be, a Medicare supplement policy.**
- (11) The Medicaid program.**

**Sec. 6. As used in this chapter, "health insurer" means an entity or person that issues a health insurance plan.**

**Sec. 7. As used in this chapter, "health maintenance organization" means an entity that provides or arranges for delivery of dental care under a certificate of authority issued under IC 27-13.**

**Sec. 8. As used in this chapter, "provider billing agent" means a person or entity that contracts with a dental provider to provide billing services for the dental provider, including:**

- (1) submitting bills to patients;**
- (2) requesting payment from patients; and**
- (3) receiving payment from patients;**

**under the terms and conditions of the contract between the dental provider and the person or entity.**

**Sec. 9. (a) As used in this chapter, "virtual claim payment" means a type of electronic funds transfer in which:**

- (1) a health insurer or contracted vendor of a health insurer issues a single use series of numbers for purposes of payment for dental care performed by a dental provider and chargeable to a predetermined dollar amount; and**
- (2) the dental provider is responsible for processing the payment using a credit card terminal or Internet portal.**

**(b) The term includes virtual or online credit card payments in which:**

- (1) no physical credit card is presented to the dental provider; and**
- (2) the virtual or online credit card expires upon payment processing.**

**Sec. 10. (a) A health insurance plan may not require a dental provider to accept payment under the health insurance plan by virtual claim payment.**

**(b) Before an initial payment to a dental provider using an electronic funds transfer payment, including a virtual claim payment, or before modifying the method of payment, a health insurer or contracted vendor of a health insurer shall:**

- (1) notify the dental provider of any fees associated with the**





electronic funds transfer payment other than the fees imposed by the dental provider's financial institution; and

(2) concerning a virtual claim payment, advise the dental provider of the methods of payment available under the health insurance plan and provide clear instructions to the dental provider as to how to select an alternate payment method.

(c) A health insurer or contracted vendor of a health insurer may not charge a fee to a dental provider solely for transmitting an Automated Clearing House Network payment to the dental provider, unless the dental provider has consented to the fee. A provider billing agent may charge a reasonable fee to a dental provider for transmitting an Automated Clearing House Network payment as part of a fee charged by the provider billing agent for transaction management, data management, portal services, and other value added services in addition to the payment transmission that are provided by the provider billing agent to the dental provider.

(d) The provisions of this section may not be waived by contract, and any contractual clause that conflicts with the provisions of this section or that purports to waive any requirement of this section is void.

(e) Violation of this section is an unfair or deceptive act or practice in the business of insurance that is subject to enforcement by the commissioner under IC 27-4-1.

SECTION 5. An emergency is declared for this act.



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Speaker of the House of Representatives

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President of the Senate

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President Pro Tempore

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Governor of the State of Indiana

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**HEA 1079 — Concur**

