

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.

HOUSE ENROLLED ACT No. 1209

AN ACT to amend the Indiana Code concerning insurance.

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

SECTION 1. IC 5-10-8-23 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 23. (a) As used in this section, "covered individual" means an individual who is entitled to coverage under a state employee health plan.**

(b) As used in this section, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

(c) As used in this section, "state employee health plan" means either of the following that provides coverage for emergency medical services:

(1) A self-insurance program established under section 7(b) of this chapter to provide group health coverage.

(2) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(d) A state employee health plan that provides coverage for emergency medical services must at least provide reimbursement, subject to applicable deductible and coinsurance, for a covered individual for emergency medical services that are:

(1) rendered by an emergency medical services provider

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organization;

(2) within the emergency medical services provider organization's scope of practice;

(3) performed or provided as advanced life support services; and

(4) performed or provided during a response initiated through the 911 system, regardless of whether the patient was transported.

(e) If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section for an encounter, the state employee health plan:

(1) may only reimburse, subject to applicable deductible and coinsurance, under this section for one (1) claim per patient encounter; and

(2) shall reimburse, subject to applicable deductible and coinsurance, the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services for the patient.

(f) The state personnel department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to implement this section.

(g) This section does not restrict the state employee health plan from providing coverage beyond the requirements in this section.

SECTION 2. IC 12-7-2-76.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 76.1. "Emergency medical services", for purposes of IC 12-15-5-18.5, has the meaning set forth in IC 16-18-2-110.

SECTION 3. IC 12-15-5-18.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 18.5. (a) This section applies to an emergency medical services provider organization that meets the following requirements:

(1) Is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

(2) Is a Medicaid provider.

(b) The office of the secretary shall provide reimbursement for Medicaid covered services provided to a Medicaid recipient that are:

(1) rendered by an emergency medical services provider organization that is a Medicaid provider;

(2) within the emergency medical services provider



organization's scope of practice;

(3) performed or provided as advanced life support services;
and

(4) performed or provided during a response initiated through the 911 system, regardless of whether the patient is transported.

(c) If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section, the office of the secretary:

(1) may reimburse under this section only for one (1) claim per patient encounter; and

(2) shall reimburse the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services.

(d) The office of the secretary may apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or for any Medicaid waiver necessary to implement this section.

SECTION 4. IC 27-8-6-8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 8. (a) As used in this section, "emergency medical services" has the meaning set forth in IC 16-18-2-110.

(b) As used in this section, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

(c) As used in this section, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1. However, for purposes of this section, the term does not include the following:

(1) Accident only, credit, dental, 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 policy that provides a stipulated daily, weekly, or monthly payment to an insured without regard to the actual expense of the confinement.

(6) A short term insurance plan (as defined in IC 27-8-5.9-3).

(d) A policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement for emergency medical services that are:



- (1) rendered by an emergency medical services provider organization;
- (2) within the emergency medical services provider organization's scope of practice;
- (3) performed or provided as advanced life support services; and
- (4) performed or provided during a response initiated through the 911 system regardless of whether the patient is transported.

(e) If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section for an encounter, the insurer:

- (1) may reimburse under this section only for one (1) claim per patient encounter; and
- (2) shall reimburse the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services for the patient.

(f) The department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to implement this section.

(g) This section does not require a policy of accident and sickness insurance to provide coverage for emergency medical services.

SECTION 5. IC 27-13-7-27 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 27. (a) This section applies to each of the following:

- (1) An individual contract.
- (2) A group contract.

(b) As used in this section, "emergency medical services" has the meaning set forth in IC 16-18-2-110.

(c) As used in this section, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

(d) An individual contract and a group contract that provide coverage for emergency medical services must provide reimbursement for emergency medical services that are:

- (1) rendered by an emergency medical services provider organization;
- (2) within the emergency medical services provider organization's scope of practice;



(3) performed or provided as advanced life support services;
and

(4) performed or provided during a response initiated through the 911 system regardless of whether the patient is transported.

(e) If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section, the health maintenance organization:

(1) may reimburse under this section only for one (1) claim per patient encounter; and

(2) shall reimburse the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services.

(f) The department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to implement this section.

(g) This section does not require an individual contract or a group contract to provide coverage for emergency medical services.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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