

ENGROSSED HOUSE BILL No. 1263

DIGEST OF HB 1263 (Updated February 24, 2016 11:43 am - DI 104)

Citations Affected: IC 12-15; IC 25-1; IC 25-22.5.

Health information; prescriptions and telemedicine. Requires the secretary of family and social services to provide information concerning the Medicaid program, the healthy Indiana plan, and the children's health insurance program to the legislative services agency upon request for the purposes of doing analysis related to those programs. Sets forth requirements that must be met before: (1) a physician; (2) a physician assistant; (3) an advanced practice nurse; or (4) an optometrist; with prescriptive authority may issue a prescription to a patient receiving telemedicine services. Specifies jurisdiction for out-of-state providers providing health care services to patients located in Indiana through the use of telemedicine and requires these providers to certify certain information with the secretary of state. Provides that certain drugs and devices may not be prescribed through the use of telemedicine. Authorizes the medical licensing board to adopt rules establishing guidelines for the practice of telemedicine.

Effective: Upon passage; July 1, 2016.

Kirchhofer, Eberhart, Bacon, Austin, Davisson

(SENATE SPONSORS — CRIDER, MILLER PATRICIA, TALLIAN)

January 11, 2016, read first time and referred to Committee on Public Health. January 28, 2016, amended, reported — Do Pass. February 2, 2016, read second time, amended, ordered engrossed. February 3, 2016, engrossed. Read third time, passed. Yeas 74, nays 24.

SENATE ACTION

February 8, 2016, read first time and referred to Committee on Health & Provider Services. February 25, 2016, amended, reported favorably — Do Pass.



Second Regular Session of the 119th General Assembly (2016)

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 2015 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1263

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

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

I	SECTION 1. IC 12-15-27-2 IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. (a) The use and
3	the disclosure of the information described in this chapter to persons
4	authorized by law in connection with the official duties relating to:
5	(1) financial audits;
6	(2) legislative investigations; or
7	(3) other purposes directly connected with the administration of
8	the plan;
9	is permitted.
10	(b) The secretary shall provide to the legislative services agency.
11	in the form and on the schedule specified by the executive director
12	of the legislative services agency, all information or data described
13	in section 1(1) through 1(4) of this chapter (including, but not
14	limited to, applications, enrollments, claims, and encounters) and
15	any additional information or data concerning a program
16	described in this article or concerning the children's health

insurance program established under IC 12-17.6 that is requested



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1	by the executive director of the legislative services agency. The
2	legislative services agency:
3	(1) shall maintain the confidentiality of confidential
4	information or data received under this subsection; and
5	(2) may use information or data received under this
6	subsection only to estimate the fiscal impact of proposed
7	legislation, prepare program evaluation reports, and forecast
8	enrollment and program costs of the Medicaid program, the
9	healthy Indiana plan, and the children's health insurance
10	program.
11	(c) Unless:
12	(1) redaction of an identifier is required under subsection (d);
13	or
14	(2) the executive director of the legislative services agency
15	requests redaction of an identifier;
16	from the information or data requested under subsection (b), the
17	information or data received under subsection (a) or (b) must
18	include all identifiers specified in 45 CFR 164.514(b).
19	(d) Before information or data with names, addresses, or
20	individualized identification numbers of applicants or individuals
21	receiving services under the Medicaid program, the healthy
22	Indiana plan, or the children's health insurance program is
23	provided to the legislative services agency under subsection (a) or
24	(b), the secretary or office shall as soon as practicable after a
25	request provide the information or data to the legislative services
26	agency after:
27	(1) redacting names, street addresses (other than county and
28	ZIP code information), and individualized identification
29	numbers used in the operation of the Medicaid program, the
30	healthy Indiana plan, or the children's health insurance
31	program; and
32	(2) generating and substituting for each applicant or
33	individual a unique number that is not used in the Medicaid
34	program, the healthy Indiana plan, or the children's health
35	insurance program but is maintained over time and is useful
36	for longitudinal analysis described in subsection (b).
37	The system of numbering under subdivision (2) must be approved
38	by the executive director of the legislative services agency.
39	SECTION 2. IC 25-1-9.5 IS ADDED TO THE INDIANA CODE
40	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
41	JULY 1, 2016]:

Chapter 9.5. Telemedicine Services and Prescriptions



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1	Sec. 1. (a) This chapter does not prohibit a provider, insurer, or
2	patient from agreeing to an alternative location of the patient or
3	provider to conduct telemedicine.
4	(b) This chapter does not supersede any other statute
5	concerning a provider who provides health care to a patient.
6	Sec. 2. As used in this chapter, "distant site" means a site at
7	which a provider is located while providing health care services
8	through telemedicine.
9	Sec. 3. As used in this chapter, "originating site" means any site
10	at which a patient is located at the time health care services
11	through telemedicine are provided to the individual.
12	Sec. 4. As used in this chapter, "provider" means any of the
13	following:
14	(1) A physician licensed under IC 25-22.5.
15	(2) A physician assistant licensed under IC 25-27.5 and
16	granted the authority to prescribe by the physician assistant's
17	supervisory physician in accordance with IC 25-27.5-5-4.
18	(3) An advanced practice nurse licensed and granted the
19	authority to prescribe drugs under IC 25-23.
20	(4) An optometrist licensed under IC 25-24.
21	Sec. 5. As used in this chapter, "store and forward" means the
22	transmission of a patient's medical information from an
23	originating site to the provider at a distant site without the patient
24	being present.
25	Sec. 6. (a) As used in this chapter, "telemedicine" means the
26	delivery of health care services using electronic communications
27	and information technology, including:
28	(1) secure videoconferencing;
29	(2) interactive audio-using store and forward technology; or
30	(3) remote patient monitoring technology;
31	between a provider in one (1) location and a patient in another
32	location.
33	(b) The term does not include the use of the following:
34	(1) Audio-only communication.
35	(2) A telephone call.
36	(3) Electronic mail.
37	(4) An instant messaging conversation.
38	(5) Facsimile.
39	(6) Internet questionnaire.
40	(7) Telephone consultation.
41	(8) Internet consultation.
42	Sec. 7. (a) A provider who provides health care services through



1	telemedicine shall be neid to the same standards of appropriate
2	practice as those standards for health care services provided at an
3	in-person setting.
4	(b) A provider may not use telemedicine, including issuing a
5	prescription, for a patient who is located in Indiana unless a
6	provider-patient relationship between the provider and the patient
7	has been established. A provider who uses telemedicine shall, if
8	such action would otherwise be required in the provision of the
9	same health care services in a manner other than telemedicine,
10	ensure that a proper provider-patient relationship is established.
11	The provider-patient relationship by a provider who uses
12	telemedicine must at a minimum include the following:
13	(1) Obtain the patient's name and contact information and
14	verify:
15	(A) the patient's location; and
16	(B) to the extent possible, identity of the requesting patient.
17	(2) Disclose the provider's name and disclose whether the
18	provider is a physician, physician assistant, advanced practice
19	nurse, or optometrist.
20	(3) Obtain informed consent from the patient.
21	(4) Obtain the patient's medical history and other information
22	necessary to establish a diagnosis.
23	(5) Discuss with the patient the:
24	(A) diagnosis;
25	(B) evidence for the diagnosis; and
26	(C) risks and benefits of various treatment options,
27	including when it is advisable to seek in-person care.
28	(6) Create and maintain a medical record for the patient and,
29	subject to the consent of the patient, notify the patient's
30	primary care provider of any prescriptions the provider has
31	written for the patient.
32	(7) Issue proper instructions for appropriate follow-up care.
33	(8) Provide a telemedicine visit summary to the patient,
34	including information that indicates any prescription that is
35	being prescribed.
36	Sec. 8. A provider may issue a prescription to a patient who is
37	receiving services through the use of telemedicine even if the
38	patient has not been seen previously by the provider in person if
39	the following conditions are met:
40	(1) The provider has satisfied the applicable standard of care



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in the treatment of the patient.

(2) The issuance of the prescription by the provider is within

1	the provider's scope of practice and certification.
2	(3) The prescription is not for a controlled substance (as
3	defined in IC 35-48-1-9).
4	(4) The prescription is not for an abortion inducing drug (as
5	defined in IC 16-18-2-1.6).
6	(5) The prescription is not for an ophthalmic device,
7	including:
8	(A) glasses;
9	(B) contact lenses; or
10	(C) low vision devices.
11	Sec. 9. (a) A provider who is physically located outside Indiana
12	is engaged in the provision of health care services in Indiana when
13	the provider:
14	(1) establishes a provider-patient relationship under this
15	chapter with; or
16	(2) determines whether to issue a prescription under this
17	chapter for;
18	an individual who is located in Indiana.
19	(b) A provider described in subsection (a) may not establish a
20	provider-patient relationship under this chapter with or issue a
21	prescription under this chapter for an individual who is located in
22	Indiana unless the provider and the provider's employer, for
23	purposes of providing health care services under this chapter, have
24	certified in writing to the secretary of state, in a manner specified
25	by the secretary of state, that the provider and the provider's
26	employer will be subject to:
27	(1) jurisdiction of the courts of law of Indiana; and
28	(2) Indiana substantive and procedural laws arising from the
29	provision of health care services under this chapter;
30	to an individual who is located in Indiana at the time the health
31	care services were provided.
32	Sec. 10. A provider who violates this chapter is subject to
33	disciplinary action under IC 25-1-9.
34	SECTION 3. IC 25-22.5-2-7, AS AMENDED BY P.L.232-2013,
35	SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36	JULY 1, 2016]: Sec. 7. (a) The board shall do the following:
37	(1) Adopt rules and forms necessary to implement this article that
38	concern, but are not limited to, the following areas:
39	(A) Qualification by education, residence, citizenship,
40	training, and character for admission to an examination for
41	licensure or by endorsement for licensure.
42	(B) The examination for licensure.



1	(C) The license or permit.
2	(D) Fees for examination, permit, licensure, and registration.
3	(E) Reinstatement of licenses and permits.
4	(F) Payment of costs in disciplinary proceedings conducted by
5	the board.
6	(2) Administer oaths in matters relating to the discharge of the
7	board's official duties.
8	(3) Enforce this article and assign to the personnel of the agency
9	duties as may be necessary in the discharge of the board's duty.
10	(4) Maintain, through the agency, full and complete records of all
11	applicants for licensure or permit and of all licenses and permits
12	issued.
13	(5) Make available, upon request, the complete schedule of
14	minimum requirements for licensure or permit.
15	(6) Issue, at the board's discretion, a temporary permit to an
16	applicant for the interim from the date of application until the
17	next regular meeting of the board.
18	(7) Issue an unlimited license, a limited license, or a temporary
19	medical permit, depending upon the qualifications of the
20	applicant, to any applicant who successfully fulfills all of the
21	requirements of this article.
22	(8) Adopt rules establishing standards for the competent practice
23	of medicine, osteopathic medicine, or any other form of practice
24	regulated by a limited license or permit issued under this article.
25	(9) Adopt rules regarding the appropriate prescribing of Schedule
26	III or Schedule IV controlled substances for the purpose of weight
27	reduction or to control obesity.
28	(10) Adopt rules establishing standards for office based
29	procedures that require moderate sedation, deep sedation, or
30	general anesthesia.
31	(11) Adopt rules or protocol establishing the following:
32	(A) An education program to be used to educate women with
33	high breast density.
34	(B) Standards for providing an annual screening or diagnostic
35	test for a woman who is at least forty (40) years of age and
36	who has been determined to have high breast density.
37	As used in this subdivision, "high breast density" means a
38	condition in which there is a greater amount of breast and
39	connective tissue in comparison to fat in the breast.
40	(12) Adopt rules establishing standards and protocols for the
41	prescribing of controlled substances.

(13) Adopt rules as set forth in IC 25-23.4 concerning the



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1	certification of certified direct entry midwives.
2	(b) The board may adopt rules that establish:
3	(1) certification requirements for child death pathologists;
4	(2) an annual training program for child death pathologists under
5	IC 16-35-7-3(b)(2); and
6	(3) a process to certify a qualified child death pathologist.
7	(c) The board may adopt rules under IC 4-22-2 establishing
8	guidelines for the practice of telemedicine in Indiana.
Q	SECTION 4. An amarganey is declared for this act



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1263, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 16, delete "and" and insert "or".

Page 2, line 9, delete "(a)".

Page 2, line 15, delete "." and insert ", including through the use of electronic communications or information technology.".

Page 2, delete lines 26 through 27, begin a new line block indented and insert:

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

and when so amended that said bill do pass.

(Reference is to HB 1263 as introduced.)

KIRCHHOFER

Committee Vote: yeas 8, nays 5.

HOUSE MOTION

Mr. Speaker: I move that House Bill 1263 be amended to read as follows:

Page 1, between lines 4 and 5, begin a new paragraph and insert:

- "Sec. 1. (a) This chapter does not prohibit a provider, insurer, or patient from agreeing to an alternative location of the patient or provider to conduct telemedicine.
- (b) This chapter does not supersede any other law concerning a provider who provides health care to a patient.

Page 1, line 5, delete "1." and insert "2.".

Page 1, line 5, delete ""prescriber"" and insert ""provider"".

Page 1, line 13, delete "2." and insert "3.".

Page 1, line 16, delete "or".

Page 1, line 17, after "technology;" insert "or".

Page 1, after line 17, begin a new line block indented and insert:

"(3) remote patient monitoring technology;".

Page 2, line 1, delete "health care".

Page 2, between lines 8 and 9, begin a new paragraph and insert:

"Sec. 4. As used in this chapter, "store and forward" means the



transmission of a patient's medical information from a site where the patient is located to the provider's location without the patient being present.

- Sec. 5. (a) A provider who uses telemedicine shall provide the same services to the patient that the provider would provide to a patient who was not receiving telemedicine.
- (b) A provider may not use telemedicine, including issuing a prescription, for a patient who is located in Indiana unless a provider-patient relationship between the provider and the patient has been established. The provider-patient relationship by a provider who uses telemedicine must include the following:
 - (1) Obtain the patient's name and contact information.
 - (2) Disclose the provider's name and disclose whether the provider is a physician, physician assistant, or advanced practice nurse.
 - (3) Obtain informed consent from the patient.
 - (4) Obtain the patient's medical history and other information necessary to establish a diagnosis.
 - (5) Discuss with the patient the:
 - (A) diagnosis;
 - (B) evidence for the diagnosis; and
 - (C) risks and benefits of various treatment options.
 - (6) Create and maintain a medical record for the patient and, subject to the consent of the patient, notify the patient's primary care provider of any prescriptions the provider has written for the patient.
 - (7) Issue proper instructions for appropriate follow-up care.
 - (8) Provide a telemedicine visit summary to the patient, including information that indicates any prescription that is being prescribed.".
 - Page 2, line 9, delete "3." and insert "6.".
 - Page 2, line 9, delete "prescriber" and insert "provider".
 - Page 2, line 11, delete "prescriber" and insert "provider".
- Page 2, line 13, delete "prescriber has done the following:" and insert "provider has satisfied the applicable standard of care in the treatment of the patient.".
 - Page 2, delete lines 14 through 20.
 - Page 2, line 22, delete "prescriber's" and insert "provider's".

(Reference is to HB 1263 as printed January 29, 2016.)

KIRCHHOFER



HOUSE MOTION

Mr. Speaker: I move that House Bill 1263 be amended to read as follows:

Page 2, line 3, after "include" insert "the provision of vision services or the".

(Reference is to HB 1263 as printed January 29, 2016.)

DELANEY

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1263, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 12-15-27-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. (a) The use and the disclosure of the information described in this chapter to persons authorized by law in connection with the official duties relating to:

- (1) financial audits;
- (2) legislative investigations; or
- (3) other purposes directly connected with the administration of the plan;

is permitted.

- (b) The secretary shall provide to the legislative services agency, in the form and on the schedule specified by the executive director of the legislative services agency, all information or data described in section 1(1) through 1(4) of this chapter (including, but not limited to, applications, enrollments, claims, and encounters) and any additional information or data concerning a program described in this article or concerning the children's health insurance program established under IC 12-17.6 that is requested by the executive director of the legislative services agency. The legislative services agency:
 - (1) shall maintain the confidentiality of confidential information or data received under this subsection; and
 - (2) may use information or data received under this



subsection only to estimate the fiscal impact of proposed legislation, prepare program evaluation reports, and forecast enrollment and program costs of the Medicaid program, the healthy Indiana plan, and the children's health insurance program.

- (c) Unless:
 - (1) redaction of an identifier is required under subsection (d); or
 - (2) the executive director of the legislative services agency requests reduction of an identifier;

from the information or data requested under subsection (b), the information or data received under subsection (a) or (b) must include all identifiers specified in 45 CFR 164.514(b).

- (d) Before information or data with names, addresses, or individualized identification numbers of applicants or individuals receiving services under the Medicaid program, the healthy Indiana plan, or the children's health insurance program is provided to the legislative services agency under subsection (a) or (b), the secretary or office shall as soon as practicable after a request provide the information or data to the legislative services agency after:
 - (1) redacting names, street addresses (other than county and ZIP code information), and individualized identification numbers used in the operation of the Medicaid program, the healthy Indiana plan, or the children's health insurance program; and
 - (2) generating and substituting for each applicant or individual a unique number that is not used in the Medicaid program, the healthy Indiana plan, or the children's health insurance program but is maintained over time and is useful for longitudinal analysis described in subsection (b).

The system of numbering under subdivision (2) must be approved by the executive director of the legislative services agency.".

Page 1, line 8, delete "law" and insert "statute".

Page 1, line 10, after "2." insert "As used in this chapter, "distant site" means a site at which a provider is located while providing health care services through telemedicine.

Sec. 3. As used in this chapter, "originating site" means any site at which a patient is located at the time health care services through telemedicine are provided to the individual.

Sec. 4.".

Page 1, after line 17, begin a new line block indented and insert:



"(4) An optometrist licensed under IC 25-24.".

Page 2, line 1, delete "3." and insert "5. As used in this chapter, "store and forward" means the transmission of a patient's medical information from an originating site to the provider at a distant site without the patient being present.

Sec. 6.".

- Page 2, line 9, delete "the provision of vision services or".
- Page 2, line 13, delete "E-mail." and insert "Electronic mail.".
- Page 2, delete lines 16 through 19, begin a new line block indented and insert:
 - "(6) Internet questionnaire.
 - (7) Telephone consultation.
 - (8) Internet consultation.".
 - Page 2, line 20, delete "5." and insert "7.".
- Page 2, line 20, delete "uses" and insert "**provides health care services through**".
- Page 2, line 20, delete "provide the" and insert "be held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting.".
 - Page 2, delete lines 21 through 22.
- Page 2, line 26, after "." insert "A provider who uses telemedicine shall, if such action would otherwise be required in the provision of the same health care services in a manner other than telemedicine, ensure that a proper provider-patient relationship is established."
 - Page 2, line 27, after "must" insert "at a minimum".
 - Page 2, line 28, delete "." and insert "and verify:
 - (A) the patient's location; and
 - (B) to the extent possible, identity of the requesting patient.".
 - Page 2, line 30, delete "or".
 - Page 2, line 31, delete "." and insert ", or optometrist.".
- Page 2, line 38, delete "." and insert ", including when it is advisable to seek in-person care.".
 - Page 3, line 5, delete "6." and insert "8.".
 - Page 3, line 11, delete ":".
 - Page 3, line 12, delete "(A)".
 - Page 3, run in lines 11 through 12.
 - Page 3, line 13, delete "; and" and insert ".".
 - Page 3, delete line 14.
 - Page 3, after line 18, begin a new line block indented and insert:
 - "(5) The prescription is not for an ophthalmic device,



including:

- (A) glasses;
- (B) contact lenses; or
- (C) low vision devices.
- Sec. 9. (a) A provider who is physically located outside Indiana is engaged in the provision of health care services in Indiana when the provider:
 - (1) establishes a provider-patient relationship under this chapter with; or
 - (2) determines whether to issue a prescription under this chapter for;

an individual who is located in Indiana.

- (b) A provider described in subsection (a) may not establish a provider-patient relationship under this chapter with or issue a prescription under this chapter for an individual who is located in Indiana unless the provider and the provider's employer, for purposes of providing health care services under this chapter, have certified in writing to the secretary of state, in a manner specified by the secretary of state, that the provider and the provider's employer will be subject to:
 - (1) jurisdiction of the courts of law of Indiana; and
 - (2) Indiana substantive and procedural laws arising from the provision of health care services under this chapter;

to an individual who is located in Indiana at the time the health care services were provided.

Sec. 10. A provider who violates this chapter is subject to disciplinary action under IC 25-1-9.

SECTION 3. IC 25-22.5-2-7, AS AMENDED BY P.L.232-2013, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 7. (a) The board shall do the following:

- (1) Adopt rules and forms necessary to implement this article that concern, but are not limited to, the following areas:
 - (A) Qualification by education, residence, citizenship, training, and character for admission to an examination for licensure or by endorsement for licensure.
 - (B) The examination for licensure.
 - (C) The license or permit.
 - (D) Fees for examination, permit, licensure, and registration.
 - (E) Reinstatement of licenses and permits.
 - (F) Payment of costs in disciplinary proceedings conducted by the board.
- (2) Administer oaths in matters relating to the discharge of the



board's official duties.

- (3) Enforce this article and assign to the personnel of the agency duties as may be necessary in the discharge of the board's duty.
- (4) Maintain, through the agency, full and complete records of all applicants for licensure or permit and of all licenses and permits issued.
- (5) Make available, upon request, the complete schedule of minimum requirements for licensure or permit.
- (6) Issue, at the board's discretion, a temporary permit to an applicant for the interim from the date of application until the next regular meeting of the board.
- (7) Issue an unlimited license, a limited license, or a temporary medical permit, depending upon the qualifications of the applicant, to any applicant who successfully fulfills all of the requirements of this article.
- (8) Adopt rules establishing standards for the competent practice of medicine, osteopathic medicine, or any other form of practice regulated by a limited license or permit issued under this article.
- (9) Adopt rules regarding the appropriate prescribing of Schedule III or Schedule IV controlled substances for the purpose of weight reduction or to control obesity.
- (10) Adopt rules establishing standards for office based procedures that require moderate sedation, deep sedation, or general anesthesia.
- (11) Adopt rules or protocol establishing the following:
 - (A) An education program to be used to educate women with high breast density.
 - (B) Standards for providing an annual screening or diagnostic test for a woman who is at least forty (40) years of age and who has been determined to have high breast density.

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

- (12) Adopt rules establishing standards and protocols for the prescribing of controlled substances.
- (13) Adopt rules as set forth in IC 25-23.4 concerning the certification of certified direct entry midwives.
- (b) The board may adopt rules that establish:
 - (1) certification requirements for child death pathologists;
 - (2) an annual training program for child death pathologists under IC 16-35-7-3(b)(2); and
 - (3) a process to certify a qualified child death pathologist.



(c) The board may adopt rules under IC 4-22-2 establishing guidelines for the practice of telemedicine in Indiana.

SECTION 4. An emergency is declared for this act.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1263 as reprinted February 3, 2016.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 9, Nays 0.

