

HOUSE BILL No. 1286

DIGEST OF HB 1286 (Updated February 8, 2021 3:29 pm - DI 77)

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

Synopsis: Telehealth matters. Provides for a standard definition of telehealth in titles 12, 16, 25, and 27. Prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement. Changes the use of the term "telemedicine" to "telehealth". Expands the application of the telehealth statute to additional licensed practitioners instead of applying only to prescribers. Provides that veterinarians may provide telehealth services only when an existing veterinarian-client-patient relationship has been established. Amends the definition of "telehealth". Requires that the telehealth medical records be created and maintained under the same standards of appropriate practice for medical records for patients in an in-person setting. Amends requirements for a prescriber issuing a prescription to a patient via telehealth services. Specifies that a patient waives confidentiality of medical information concerning individuals in the vicinity when the patient is using telehealth. Prohibits certain health care policies that provide coverage for telehealth services from requiring the use of a specific information technology application for those services.

Effective: Upon passage.

Lindauer, Barrett, Vermilion, Teshka

January 14, 2021, read first time and referred to Committee on Public Health. February 8, 2021, amended, reported — Do Pass.



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 BILL No. 1286

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

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

1	SECTION 1.1C 12-7-2-190.418 REPEALED [EFFECTIVE OPON
2	PASSAGE]. Sec. 190.4: "Telemedicine services", for purposes of
3	IC 12-15-5-11, has the meaning set forth in IC 12-15-5-11(b).
4	SECTION 2. IC 12-15-5-11, AS AMENDED BY P.L.150-2017,
5	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
6	UPON PASSAGE]: Sec. 11. (a) As used in this section, "telehealth
7	services" means the use of telecommunications and information
8	technology to provide access to health assessment, diagnosis,
9	intervention, consultation, supervision, clinical services,
10	rehabilitation services, and information across a distance.
11	(b) As used in this section, "telemedicine services" has the meaning
12	set forth for "telemedicine" in IC 25-1-9.5-6.
13	(e) (b) The office shall reimburse a Medicaid provider who is
14	licensed as a home health agency under IC 16-27-1 for telehealth

for medically necessary telemedicine telehealth services:

(d) (c) The office shall reimburse the following Medicaid providers

HB 1286—LS 7386/DI 143

services.



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1	(1) A federally qualified health center (as defined in 42 U.S.C.
2	1396d(l)(2)(B)).
3	(2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).
4	(3) A community mental health center certified under
5	IC 12-21-2-3(5)(C).
6	(4) A critical access hospital that meets the criteria under 42 CFR
7	485.601 et seq.
8	(5) A provider, as determined by the office to be eligible,
9	providing a covered telemedicine service. telehealth service.
10	(e) (d) The office may not impose any distance restrictions on
11	providers of telehealth services. or telemedicine services. Before
12	December 31, 2017, the office shall do the following:
13	(1) Submit a Medicaid state plan amendment with the United
14	States Department of Health and Human Services that eliminates
15	distance restrictions for telehealth services or telemedicine
16	services in the state Medicaid plan.
17	(2) Issue a notice of intent to adopt a rule to amend any
18	administrative rules that include distance restrictions for the
19	provision of telehealth services. or telemedicine services.
20	(e) Subject to federal law, the office may not impose any
21	requirements concerning the originating site or distant site in
22	which a telehealth service is provided to a Medicaid recipient.
23	(f) A Medicaid recipient waives confidentiality of any medical
24	information discussed with the health care provider that is:
25	(1) provided during a telehealth visit; and
26	(2) heard by another individual in the vicinity of the Medicaid
27	recipient during a health care service or consultation.
28	(f) (g) The office shall implement any part of this section that is
29	approved by the United States Department of Health and Human
30	Services.
31	(g) (h) The office may adopt rules under IC 4-22-2 necessary to
32	implement and administer this section.
33	SECTION 3. IC 16-18-2-348.5, AS ADDED BY P.L.185-2015,
34	SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35	UPON PASSAGE]: Sec. 348.5. "Telemedicine", "Telehealth", for
36	purposes of IC 16-36-1, means a specific method of delivery of
37	services, including medical exams and consultations and behavioral
38	health evaluations and treatment, including those for substance abuse,
39	using videoconferencing equipment to allow a provider to render an
40	examination or other service to a patient at a distant location. The term

does not include the use of the following: the use of

telecommunications and information technology to provide access



1	to health assessment, diagnosis, intervention, consultation,
2	supervision, clinical services, rehabilitation services, and
3	information across a distance.
4	(1) A telephone transmitter for transtelephonic monitoring.
5	(2) A telephone or any other means of communication for the
6	consultation from one (1) provider to another provider.
7	SECTION 4. IC 16-36-1-15, AS ADDED BY P.L.185-2015,
8	SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9	UPON PASSAGE]: Sec. 15. A health care provider (as defined in
10	IC 16-18-2-163(a)) may not be required to obtain a separate additional
11	written health care consent for the provision of telemedicine telehealth
12	services.
13	SECTION 5. IC 25-1-2-10, AS ADDED BY P.L.121-2018,
14	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
15	UPON PASSAGE]: Sec. 10. (a) As used in this section, "board" means
16	any of the following boards:
17	(1) The medical licensing board of Indiana.
18	(2) The Indiana state board of nursing.
19	(3) The state board of dentistry.
20	(4) The behavioral health and human services licensing board.
21	(5) The state psychology board.
22	(6) The Indiana board of pharmacy.
23	(b) As used in this section, "license" means:
24	(1) an unlimited license, certificate, or registration;
25	(2) a limited or probationary license, certificate, or registration;
26	(3) a temporary license, certificate, registration, or permit;
27	(4) an intern permit; or
28	(5) a provisional license;
29	issued by the board regulating the profession in question.
30	(c) As used in this section, "practitioner" means an individual who
31	holds a license under any of the following:
32	(1) IC 25-14-1.
33	(2) IC 25-22.5-5.
34	(3) IC 25-23.
35	(4) IC 25-23.6.
36	(5) IC 25-26.
37	(6) IC 25-27.5.
38	(7) IC 25-33.
39	(d) To allow for programmatic and policy recommendations to
40	improve workforce performance, address identified workforce
41	shortages, and retain practitioners, beginning January 1, 2019, every
42	practitioner who is renewing online a license issued by a board must



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1	include the following information related to the practitioner's work in
2	Indiana under the practitioner's license during the previous two (2)
3	years:
4	(1) The practitioner's specialty or field of practice.
5	(2) The following concerning the practitioner's current practice:
6	(A) The location or address.
7	(B) The setting type.
8	(C) The average hours worked weekly.
9	(D) The health care services provided.
10	(3) The practitioner's education background and training.
11	(4) For a practitioner that is a prescriber (as defined in
12	IC 25-1-9.5-4), whether the practitioner delivers health care
13	services through telemedicine telehealth (as defined in
14	IC 25-1-9.5-6).
15	(e) The Indiana professional licensing agency shall do the following:
16	(1) Include notification with a practitioner's license renewal notice
17	that the practitioner must submit the information required under
18	subsection (d) if the practitioner renews the license online.
19	(2) Compile the information collected under this section into an
20	annual report. The report may not contain any personal
21	identifying information and the report must be compliant with the
22	federal Health Insurance Portability and Accountability Act
23	(HIPAA).
24	(3) Post the annual report compiled under this subsection on the
25	agency's Internet web site.
26	(4) Submit the annual report compiled under this subsection to the
27	following:
28	(A) The office of Medicaid policy and planning.
29	(B) The department of workforce development.
30	(C) The commission on improving the status of children in
31	Indiana (IC 2-5-36).
32	(D) The legislative council in an electronic format under
33	IC 5-14-6.
34	(E) The office of the attorney general.
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	SECTION 6. IC 25-1-9.5-1, AS AMENDED BY P.L.150-2017,
36	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
37	UPON PASSAGE]: Sec. 1. (a) This chapter does not prohibit a
38	provider, prescriber, insurer, or patient from agreeing to an alternative
39	location of the patient, provider, or prescriber to conduct telemedicine.
40	telehealth.
41	(b) This chapter does not supersede any other statute concerning a

provider or prescriber who provides health care to a patient.



1	SECTION 7. IC 25-1-9.5-2, AS AMENDED BY P.L.150-2017,
2	SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	UPON PASSAGE]: Sec. 2. As used in this chapter, "distant site" means
4	a site at which a prescriber practitioner is located while providing
5	health care services through telemedicine. telehealth.
6	SECTION 8. IC 25-1-9.5-2.5 IS ADDED TO THE INDIANA
7	CODE AS A NEW SECTION TO READ AS FOLLOWS
8	[EFFECTIVE UPON PASSAGE]: Sec. 2.5. As used in this chapter,
9	"health care services" includes the following:
10	(1) Assessment, diagnosis, evaluation, consultation, treatment,
11	and monitoring of a patient.
12	(2) Transfer of medical data performed or directed by a
13	practitioner.
14	(3) Patient health related education performed or directed by
15	a practitioner.
16	(4) Public health services and health administration
17	performed or directed by a practitioner.
18	SECTION 9. IC 25-1-9.5-3, AS ADDED BY P.L.78-2016,
19	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20	UPON PASSAGE]: Sec. 3. As used in this chapter, "originating site"
21	means any site at which a patient is located at the time health care
22	services through telemedicine telehealth are provided to the individual.
23	SECTION 10. IC 25-1-9.5-3.5 IS ADDED TO THE INDIANA
24	CODE AS A NEW SECTION TO READ AS FOLLOWS
25	[EFFECTIVE UPON PASSAGE]: Sec. 3.5. As used in this chapter,
26	"practitioner" means any of the following:
27	(1) An individual who holds:
28	(A) an unlimited license, certificate, or registration;
29	(B) a limited or probationary license, certificate, or
30	registration;
31	(C) a temporary license, certificate, registration, or permit;
32	(D) an intern permit;
33	(E) a provisional license; or
34	(F) a post graduate training permit;
35	issued by the board regulating the profession in question,
36 37	including a certificate of registration issued under IC 25-20,
88	and who provides health care services under this chapter that
90 39	are within the individual's scope of practice. The term
10	includes a student pursuing a course of study that is required
tU	for licensure by a board and who is providing services

directed by a licensed individual of the same profession who

is eligible to provide telehealth under this section.



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1	(2) An individual who:
2	(A) does not qualify as a practitioner under subdivision
3	(1);
4	(B) has a license, certificate, registration, permit, or is
5	otherwise approved by an Indiana state governmental
6	department, division, bureau, or agency to provide health
7	care services; and
8	(C) provides health care services under this chapter that
9	are within the scope of practice under the individual's
10	license, certificate, registration, permit, or approval.
11	SECTION 11. IC 25-1-9.5-4, AS AMENDED BY P.L.247-2019,
12	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13	UPON PASSAGE]: Sec. 4. As used in this chapter, "prescriber" means
14	any of the following:
15	(1) A physician licensed under IC 25-22.5.
16	(2) A physician assistant licensed under IC 25-27.5 and granted
17	the authority to prescribe by the physician assistant's collaborating
18	physician in accordance with IC 25-27.5-5-4.
19	(3) An advanced practice registered nurse licensed and granted
20	the authority to prescribe drugs under IC 25-23.
21	(4) An optometrist licensed under IC 25-24.
22	(5) A podiatrist licensed under IC 25-29.
23	(6) A dentist licensed under IC 25-14.
24	(7) A veterinarian licensed under IC 25-38.1.
25	SECTION 12. IC 25-1-9.5-5, AS AMENDED BY P.L.150-2017,
26	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27	UPON PASSAGE]: Sec. 5. As used in this chapter, "store and forward"
28	means the transmission of a patient's medical information from an
29	originating site to the prescriber practitioner at a distant site without
30	the patient being present.
31	SECTION 13. IC 25-1-9.5-6, AS ADDED BY P.L.78-2016,
32	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
33	UPON PASSAGE]: Sec. 6. (a) As used in this chapter, "telemedicine"
34	"telehealth" means the delivery use of health care services using
35	electronic communications and information technology, including:
36	telecommunications and information technology to provide access
37	to health assessment, diagnosis, intervention, consultation,
38	supervision, clinical services, rehabilitation services, and
39	information across a distance.
40	(1) secure videoconferencing;
41	(2) interactive audio-using store and forward technology; or
42	(3) remote patient monitoring technology;



1	between a provider in one (1) location and a patient in another location.
2	(b) The term does not include the use of the following:
3	(1) Audio-only communication.
4	(2) A telephone call.
5	(3) Electronic mail.
6	(4) An instant messaging conversation.
7	(5) Facsimile.
8	(6) Internet questionnaire.
9	(7) Telephone consultation.
10	(8) Internet consultation.
11	(b) A practitioner providing telehealth services shall, if such
12	action would otherwise be required in the provision of the same
13	health care services in person, ensure that a proper
14	provider-patient relationship is established as described in
15	IC 25-1-9.5-7.
16	(c) Nothing in this chapter shall be construed to alter or expand
17	a practitioner's scope of practice.
18	(d) No practitioner shall be forced to provide services through
19	telehealth if they are uncomfortable providing services through
20	telehealth.
21	SECTION 14. IC 25-1-9.5-7, AS AMENDED BY P.L.129-2018,
22	SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23	UPON PASSAGE]: Sec. 7. (a) A prescriber practitioner who provides
24	health care services through telemedicine telehealth services shall be
25	held to the same standards of appropriate practice as those standards
26	for health care services provided at an in-person setting.
27	(b) A prescriber practitioner may not use telemedicine, telehealth,
28	including a prescriber issuing a prescription, for an individual who is
29	located in Indiana unless a provider-patient relationship between the
30	prescriber practitioner and the individual has been established. A
31	prescriber practitioner who uses telemedicine telehealth shall, if such
32	action would otherwise be required in the provision of the same health
33	care services in a manner other than telemedicine, telehealth, ensure
34	that a proper provider-patient relationship is established. The
35	provider-patient relationship by a prescriber practitioner who uses
36	telemedicine telehealth must at a minimum include the following:
37	(1) Obtain the patient's name and contact information and:
38	(A) a verbal statement or other data from the patient
39	identifying the patient's location; and
40	(B) to the extent reasonably possible, the identity of the
41	requesting patient.
42	(2) Disclose the prescriber's practitioner's name and disclose



1	whether the prescriber is a physician, physician assistant,
2	advanced practice registered nurse, optometrist, or podiatrist. the
3	practitioner's licensure, certification, or registration.
4	(3) Obtain informed consent from the patient.
5	(4) Obtain the patient's medical history and other information
6	necessary to establish a diagnosis.
7	(5) If applicable and in accordance with the practitioner's
8	scope of practice, discuss with the patient the: any:
9	(A) diagnosis;
10	(B) evidence for the diagnosis; and
11	(C) risks and benefits of various treatment options, including
12	when it is advisable to seek in-person care.
13	(6) Create and maintain a medical record for the patient. If a
14	prescription is issued for the patient, and subject to the consent
15	of the patient, the prescriber shall notify the patient's primary
16	care provider of any prescriptions the prescriber has issued for the
17	patient if the primary care provider's contact information is
18	provided by the patient. The requirements in this subdivision do
19	not apply when any of the following are met:
20	(A) The prescriber practitioner is using an electronic health
21	record system that the patient's primary care provider is
22	authorized to access.
23 24 25	(B) The prescriber practitioner has established an ongoing
24	provider-patient relationship with the patient by providing care
	to the patient at least two (2) consecutive times through the use
26	of telemedicine telehealth services. If the conditions of this
27	clause are met, the prescriber practitioner shall maintain a
28	medical record for the patient and shall notify the patient's
29	primary care provider of any issued prescriptions.
30	(7) Issue proper instructions for appropriate follow-up care.
31	(8) Provide a telemedicine telehealth visit summary to the
32	patient, including information that indicates any prescription that
33	is being prescribed.
34	(c) Notwithstanding subsection (d), a veterinarian licensed
35	under IC 25-38.1 may only provide telehealth services to a patient
36	with which the veterinarian has already established a
37	veterinarian-client-patient relationship as described in
38	IC 25-38.1-1-14.5.
39	(d) A practitioner may only establish a provider-patient
10	relationship using the following electronic communications and
1 1	information technology:
12	(1) Secure videoconferencing.



1	(2) Store and forward technology.
2	(3) Audio-only communication, including a telephone call.
3	(e) A practitioner may not establish a provider-patient
4	relationship with the following electronic communications and
5	information technology:
6	(1) electronic mail;
7	(2) an instant messaging conversation;
8	(3) a text message; or
9	(4) facsimile;
10	unless the use of that technology is in conjunction with the
11	establishment of a provider-patient relationship as described in
12	subsection (d). This subsection does not prohibit a practitioner
13	from using the listed electronic communications and information
14	technology once a provider-patient relationship has been
15	established pursuant to subsection (d) or through an in-person
16	visit.
17	(f) Visits required every four (4) months for patients with a
18	stable treatment plan pursuant to 844 IAC 5-6-6 may be conducted
19	via telehealth.
20	(g) The medical records under subsection (b)(6) must be created
21	and maintained by the practitioner under the same standards of
22	appropriate practice for medical records for patients in an
23	in-person setting.
24	(h) A patient waives confidentiality of any medical information
25	discussed with the practitioner that is:
26	(1) provided during a telehealth visit; and
27	(2) heard by another individual in the vicinity of the patient
28	during a health care service or consultation.
29	SECTION 15. IC 25-1-9.5-8, AS AMENDED BY P.L.52-2020,
30	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31	UPON PASSAGE]: Sec. 8. (a) A prescriber may issue a prescription to
32	a patient who is receiving services through the use of telemedicine
33	telehealth if the patient has not been examined previously by the
34	prescriber in person if the following conditions are met:
35	(1) The prescriber has satisfied the applicable standard of care in
36	the treatment of the patient.
$\sim -$	(2) The issuance of the prescription by the prescriber is within the
37	
38	prescriber's scope of practice and certification.
38 39	(3) The prescription:
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if the opioid is a partial agonist that is used to treat or manage



1	opioid dependence.
2	(4) The prescription is not for an abortion inducing drug (as
3	defined in IC 16-18-2-1.6).
4	(5) If the prescription is for a medical device, including an
5	ophthalmic device, the prescriber must use telemedicine
6	telehealth technology that is sufficient to allow the provider to
7	make an informed diagnosis and treatment plan that includes the
8	medical device being prescribed. However, a prescription for an
9	ophthalmic device is also subject to the conditions in section 13
10	of this chapter.
11	(b) Except as provided in subsection (a), a prescriber may issue a
12	prescription for a controlled substance (as defined in IC 35-48-1-9) to
13	a patient who is receiving services through the use of telemedicine,
14	telehealth, even if the patient has not been examined previously by the
15	prescriber in person, if the following conditions are met:
16	(1) The prescriber maintains a valid controlled substance
17	registration under IC 35-48-3.
18	(2) The prescriber meets the conditions set forth in 21 U.S.C. 829
19	et seq.
20	(3) The patient has been examined in person by a licensed Indiana
21	health care provider and the licensed health care provider has
22	established a treatment plan to assist the prescriber in the
23	diagnosis of the patient.
24	(4) The prescriber has reviewed and approved the treatment plan
25	described in subdivision (3) and is prescribing for the patient
26	pursuant to the treatment plan.
27	(3) A practitioner acting in the usual course of the
28	practitioner's professional practices issues the prescription
29	for a legitimate medical purpose.
30	(4) The telehealth communication is conducted using an
31	audiovisual, real time, two-way interactive communication
32	system.
33	(5) The prescriber complies with the requirements of the
34	INSPECT program (IC 25-26-24).
35	(6) All other applicable federal and state laws are followed.
36	(c) A prescription for a controlled substance under this section must
37	be prescribed and dispensed in accordance with IC 25-1-9.3 and
38	IC 25-26-24.
39	SECTION 16. IC 25-1-9.5-9, AS AMENDED BY P.L.150-2017,
40	SECTION 10. 1C 23-1-9.3-9, AS AMENDED BY F.E.130-2017, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41	UPON PASSAGE]: Sec. 9. (a) A prescriber practitioner who is
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42	physically located outside Indiana is engaged in the provision of health



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1	care services in Indiana when the prescriber: practitioner:
2	(1) establishes a provider-patient relationship under this chapter
3	with; or
4	(2) determines whether to issue a prescription under this chapter
5	for;
6	an individual who is located in Indiana.
7	(b) A prescriber practitioner described in subsection (a) may not
8	establish a provider-patient relationship under this chapter with or issue
9	a prescription under this chapter for an individual who is located in
10	Indiana unless the prescriber practitioner and the prescriber's
11	practitioner's employer or the prescriber's practitioner's contractor,
12	for purposes of providing health care services under this chapter, have
13	certified in writing to the Indiana professional licensing agency, in a

or prescriber's practitioner's contractor agree to be subject to: (1) the jurisdiction of the courts of law of Indiana; and

manner specified by the Indiana professional licensing agency, that the

prescriber practitioner and the prescriber's practitioner's employer

- (2) Indiana substantive and procedural laws; concerning any claim asserted against the prescriber, practitioner, the prescriber's practitioner's employer, or the prescriber's practitioner's contractor arising from the provision of health care services under this chapter to an individual who is located in Indiana at the time the health care services were provided. The filing of the certification under this subsection shall constitute a voluntary waiver by the prescriber, practitioner, the prescriber's practitioner's employer, or the prescriber's practitioner's contractor of any respective right to avail themselves of the jurisdiction or laws other than those specified in this subsection concerning the claim. However, a prescriber practitioner that practices predominately in Indiana is not required to file the certification required by this subsection.
- (c) A prescriber practitioner shall renew the certification required under subsection (b) at the time the prescriber practitioner renews the prescriber's practitioner's license.
- (d) A prescriber's practitioner's employer or a prescriber's **practitioner's** contractor is required to file the certification required by this section only at the time of initial certification.

SECTION 17. IC 25-1-9.5-10, AS AMENDED BY P.L.150-2017, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) A prescriber practitioner who violates this chapter is subject to disciplinary action under IC 25-1-9.

(b) A prescriber's practitioner's employer or a prescriber's practitioner's contractor that violates this section commits a Class B



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infraction for each act in which a certification is not filed as required by section 9 of this chapter.

SECTION 18. IC 25-1-9.5-11, AS AMENDED BY P.L.28-2019, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11. A pharmacy does not violate this chapter if the pharmacy fills a prescription for an opioid and the pharmacy is unaware that the prescription was written or electronically transmitted by a prescriber providing telemedicine telehealth services under this chapter.

SECTION 19. IC 25-1-9.5-12, AS ADDED BY P.L.78-2016, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 12. The Indiana professional licensing agency may adopt policies or rules under IC 4-22-2 necessary to implement this chapter. Adoption of policies or rules under this section may not delay the implementation and provision of telemedicine telehealth services under this chapter.

SECTION 20. IC 25-1-9.5-13, AS ADDED BY P.L.52-2020, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 13. (a) As used in this section, "HIPAA" refers to the federal Health Insurance Portability and Accountability Act.

- (b) A prescriber may not issue a prescription for an ophthalmic device unless the following conditions are met:
 - (1) If the prescription is for contact lenses or eyeglasses, the patient must be at least eighteen (18) years of age but not more than fifty-five (55) years of age.
 - (2) The patient must have completed a medical eye history that includes information concerning the following:
 - (A) Chronic health conditions.
 - (B) Current medications.
 - (C) Eye discomfort.
 - (D) Blurry vision.
 - (E) Any prior ocular medical procedures.
 - (3) The patient must have had a prior prescription from a qualified eye care professional that included a comprehensive in person exam that occurred within two (2) years before the initial use of telemedicine telehealth for a refraction under subdivision (5)(A).
 - (4) If the patient desires a contact lens prescription, at the discretion of the eye care professional, that patient must have had a prior contact lens fitting or evaluation by a qualified eye care professional that occurred within two (2) years before the initial



1	use of telemedicine telehealth for a refraction under subdivision
2	(5)(A).
3	(5) The patient:
4	(A) may not use telemedicine telehealth more than two (2)
5	consecutive times within two (2) years from the date of the
6	examination that occurred under subdivision (3) for a
7	refraction without a subsequent in person comprehensive eye
8	exam; and
9	(B) must acknowledge that the patient has had a
10	comprehensive eye exam as required under clause (A) before
11	receiving an online prescription.
12	(6) The patient may allow the prescriber to access the patient's
13	medical records using an appropriate HIPAA compliant process.
14	(7) The prescriber must ensure that the transfer of all information,
15	including the vision test and prescription, comply with HIPAA
16	requirements.
17	(8) The prescriber must use technology to allow the patient to
18	have continuing twenty-four (24) hour a day online access to the
19	patient's prescription as soon as the prescription is signed by the
20	prescriber.
21	SECTION 21. IC 25-22.5-2-7, AS AMENDED BY P.L.249-2019,
22	SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23	UPON PASSAGE]: Sec. 7. (a) The board shall do the following:
24 25	(1) Adopt rules and forms necessary to implement this article that
25	concern, but are not limited to, the following areas:
26	(A) Qualification by education, residence, citizenship,
27	training, and character for admission to an examination for
28	licensure or by endorsement for licensure.
29	(B) The examination for licensure.
30	(C) The license or permit.
31	(D) Fees for examination, permit, licensure, and registration.
32	(E) Reinstatement of licenses and permits.
33	(F) Payment of costs in disciplinary proceedings conducted by
34	the board.
35	(2) Administer oaths in matters relating to the discharge of the
36	board's official duties.
37	(3) Enforce this article and assign to the personnel of the agency
38	duties as may be necessary in the discharge of the board's duty.
39	(4) Maintain, through the agency, full and complete records of all
40	applicants for licensure or permit and of all licenses and permits
41	issued.
42	(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 ar
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 weigh
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.
(14) In consultation with the state department of health and the
office of the secretary of family and social services, adopt rules
under IC 4-22-2 or protocols concerning the following for
providers that are providing office based opioid treatment:
(A) Requirements of a treatment agreement (as described in
IC 12-23-20-2) concerning the proper referral and treatment of
mental health and substance use.
(B) Parameters around the frequency and types of visits
required for the periodic scheduled visits required by
IC 12-23-20-2.
(C) Conditions on when the following should be ordered or
performed:



1	(i) A urine toxicology screening.
2	(ii) HIV, hepatitis B, and hepatitis C testing.
3	(D) Required documentation in a patient's medical record
4	when buprenorphine is prescribed over a specified dosage.
5	(15) Adopt rules as set forth in IC 25-14.5 concerning the
6	certification of certified dietitians.
7	(b) The board may adopt rules that establish:
8	(1) certification requirements for child death pathologists;
9	(2) an annual training program for child death pathologists under
10	IC 16-35-7-3(b)(2); and
11	(3) a process to certify a qualified child death pathologist.
12	(c) The board may adopt rules under IC 4-22-2 establishing
13	guidelines for the practice of telemedicine telehealth in Indiana.
14	Adoption of rules under this subsection may not delay the
15	implementation and provision of telemedicine telehealth services by
16	a provider under IC 25-1-9.5.
17	SECTION 22. IC 27-8-34-5, AS ADDED BY P.L.185-2015,
18	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19	UPON PASSAGE]: Sec. 5. (a) As used in this chapter, "telemedicine
20	services" means health care services delivered by use of interactive
21	audio, video, or other electronic media, including the following:
22	"telehealth services" means the use of telecommunications and
23	information technology to provide access to health assessment,
24	diagnosis, intervention, consultation, supervision, clinical services,
25	rehabilitation services, and information across a distance.
26	(1) Medical exams and consultations.
27	(2) Behavioral health, including substance abuse evaluations and
28	treatment.
29	(b) The term does not include the delivery of health care services by
30	use of the following:
31	(1) A telephone transmitter for transtelephonic monitoring.
32	(2) A telephone or any other means of communication for the
33	consultation from one (1) provider to another provider.
34	SECTION 23. IC 27-8-34-6, AS ADDED BY P.L.185-2015,
35	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36	UPON PASSAGE]: Sec. 6. (a) A policy must provide coverage for
37	telemedicine telehealth services in accordance with the same clinical
38	criteria as the policy provides coverage for the same health care
39	services delivered in person.
40	(b) Coverage for telemedicine telehealth services required by

subsection (a) may not be subject to a dollar limit, deductible, or

coinsurance requirement that is less favorable to a covered individual



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1	than the dollar limit, deductible, or coinsurance requirement that
2	applies to the same health care services delivered to a covered
3	individual in person.
4	(c) Any annual or lifetime dollar limit that applies to telemedicine
5	telehealth services must be the same annual or lifetime dollar limit that
6	applies in the aggregate to all items and services covered under the
7	policy.
8	(d) A separate consent for telemedicine telehealth services may not
9	be required.
10	(e) If a policy provides coverage for telehealth services via:
11	(1) secure videoconferencing;
12	(2) store and forward technology; or
13	(3) remote patient monitoring technology;
14	between a provider in one (1) location and a patient in another
15	location, the policy may not require the use of a specific
16	information technology application for those services.
17	SECTION 24. IC 27-8-34-7, AS ADDED BY P.L.185-2015,
18	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19	UPON PASSAGE]: Sec. 7. This chapter does not do any of the
20	following:
21	(1) Require a policy to provide coverage for a telemedicine
22	telehealth service that is not a covered health care service under
23	the policy.
24	(2) Require the use of telemedicine telehealth services when the

- treating provider has determined that telemedicine telehealth services are inappropriate.
- (3) Prevent the use of utilization review concerning coverage for telemedicine telehealth services in the same manner as utilization review is used concerning coverage for the same health care services delivered to a covered individual in person.

SECTION 25. IC 27-13-1-34, AS ADDED BY P.L.185-2015, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 34. (a) "Telemedicine" "Telehealth services" means health eare services delivered by use of interactive audio, video, or other electronic media, including the following: means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, clinical services, rehabilitation services, and information across a distance.

- (1) Medical exams and consultations.
- 41 (2) Behavioral health, including substance abuse evaluations and 42 treatment.



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1	(b) The term does not include the delivery of health care services by
2	use of the following:
3	(1) A telephone transmitter for transtelephonic monitoring.
4	(2) A telephone or any other means of communication for the
5	consultation from one (1) provider to another provider.
6	SECTION 26. IC 27-13-7-22, AS ADDED BY P.L.185-2015,
7	SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8	UPON PASSAGE]: Sec. 22. (a) An individual contract or a group
9	contract must provide coverage for telemedicine telehealth services in
10	accordance with the same clinical criteria as the individual contract or
11	the group contract provides coverage for the same health care services
12	delivered to an enrollee in person.
13	(b) Coverage for telemedicine telehealth services required by
14	subsection (a) may not be subject to a dollar limit, copayment, or
15	coinsurance requirement that is less favorable to an enrollee than the
16	dollar limit, copayment, or coinsurance requirement that applies to the
17	same health care services delivered to an enrollee in person.
18	(c) Any annual or lifetime dollar limit that applies to telemedicine
19	telehealth services must be the same annual or lifetime dollar limit that
20	applies in the aggregate to all items and services covered under the
21	individual contract or the group contract.
22	(d) This section does not do any of the following:
23	(1) Require an individual contract or a group contract to provide
24	coverage for a telemedicine telehealth service that is not a
25	covered health care service under the individual contract or group
26	contract.
27	(2) Require the use of telemedicine telehealth services when the
28	treating provider has determined that telemedicine telehealth
29	services are inappropriate.
30	(3) Prevent the use of utilization review concerning coverage for
31	telemedicine telehealth services in the same manner as utilization
32	review is used concerning coverage for the same health care
33	services delivered to an enrollee in person.
34	(e) A separate consent for telemedicine telehealth services may not
35	be required.
36	(f) If a policy provides coverage for telehealth services via:
37	(1) secure videoconferencing;
38	(2) store and forward technology; or
39	(3) remote patient monitoring technology;
40	between a provider in one (1) location and a patient in another
41	location, the policy may not require the use of a specific
42	information technology application for those services.



1 SECTION 27. An emergency is declared for this act.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1286, 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 9, after "supervision," insert "clinical services, rehabilitation services,".

Page 2, line 36, strike "a specific method of delivery of".

Page 2, strike lines 37 through 39.

Page 2, line 40, strike "examination or other service to a patient at a distant location.".

Page 2, line 41, after "following:" insert "the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, clinical services, rehabilitation services, and information across a distance."

Page 5, line 8, delete "data." and insert "data performed or directed by a practitioner.".

Page 5, line 9, delete "education." and insert "education performed or directed by a practitioner.".

Page 5, line 10, delete "administration." and insert "administration performed or directed by a practitioner.".

Page 5, delete lines 16 through 29, begin a new paragraph and insert:

"SECTION 10. IC 25-1-9.5-3.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3.5. As used in this chapter, "practitioner" means any of the following:

- (1) An individual who holds:
 - (A) an unlimited license, certificate, or registration;
 - (B) a limited or probationary license, certificate, or registration;
 - (C) a temporary license, certificate, registration, or permit;
 - (D) an intern permit;
 - (E) a provisional license; or
 - (F) a post graduate training permit;

issued by the board regulating the profession in question, including a certificate of registration issued under IC 25-20, and who provides health care services under this chapter that are within the individual's scope of practice. The term includes a student pursuing a course of study that is required for licensure by a board and who is providing services



directed by a licensed individual of the same profession who is eligible to provide telehealth under this section.

- (2) An individual who:
 - (A) does not qualify as a practitioner under subdivision (1);
 - (B) has a license, certificate, registration, permit, or is otherwise approved by an Indiana state governmental department, division, bureau, or agency to provide health care services; and
 - (C) provides health care services under this chapter that are within the scope of practice under the individual's license, certificate, registration, permit, or approval.".

Page 6, delete lines 8 through 28, begin a new paragraph and insert: "SECTION 13. IC 25-1-9.5-6, AS ADDED BY P.L.78-2016, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) As used in this chapter, "telemedicine" "telehealth" means the delivery use of health care services using electronic communications and information technology, including: telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, clinical services, rehabilitation services, and information across a distance.

- (1) secure videoconferencing;
- (2) interactive audio-using store and forward technology; or
- (3) remote patient monitoring technology;

between a provider in one (1) location and a patient in another location.

- (b) The term does not include the use of the following:
 - (1) Audio-only communication.
 - (2) A telephone call.
 - (3) Electronic mail.
 - (4) An instant messaging conversation.
 - (5) Facsimile.
 - (6) Internet questionnaire.
 - (7) Telephone consultation.
 - (8) Internet consultation.".
- Page 7, line 4, strike "for an individual who is".
- Page 7, line 5, strike "located in Indiana".
- Page 8, between lines 9 and 10, begin a new paragraph and insert:
- "(c) Notwithstanding subsection (d), a veterinarian licensed under IC 25-38.1 may only provide telehealth services to a patient with which the veterinarian has already established a veterinarian-client-patient relationship as described in



IC 25-38.1-1-14.5.".

Page 8, line 10, delete "(c)" and insert "(d)".

Page 8, line 11, delete "interactive".

Page 8, line 16, delete "(d)" and insert "(e)".

Page 8, line 21, after "message;" insert "or".

Page 8, delete lines 23 through 24.

Page 8, line 27, delete "(c)" and insert "(d)".

Page 8, line 30, delete "(c)" and insert "(d)".

Page 8, line 31, delete "(e)" and insert "(f)".

Page 8, line 34, delete "(f)" and insert "(g)".

Page 8, line 38, delete "(g)" and insert "(h)".

Page 9, strike lines 34 through 40.

Page 9, between lines 40 and 41, begin a new line block indented and insert:

- "(3) A practitioner acting in the usual course of the practitioner's professional practices issues the prescription for a legitimate medical purpose.
- (4) The telehealth communication is conducted using an audiovisual, real time, two-way interactive communication system."

Page 9, after line 42, begin a new line block indented and insert:

"(6) All other applicable federal and state laws are followed.".

Page 14, line 26, strike "(a)".

Page 14, line 27, delete ""telehealth".

Page 14, line 27, strike "services" means health care services delivered by use of ".

Page 14, strike line 28.

Page 14, line 29, strike "following:" and insert ""telehealth services" means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, clinical services, rehabilitation services, and information across a distance."

Page 14, strike lines 30 through 37.

Page 15, between lines 13 and 14, begin a new paragraph and insert:

- "(e) If a policy provides coverage for telehealth services via:
 - (1) secure videoconferencing;
 - (2) store and forward technology; or
 - (3) remote patient monitoring technology;

between a provider in one (1) location and a patient in another location, the policy may not require the use of a specific information technology application for those services.".

Page 15, strike line 31.



Page 15, line 32, strike "or other electronic media, including the following:" and insert "means the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, clinical services, rehabilitation services, and information across a distance."

Page 15, strike lines 33 through 40.

Page 16, between lines 28 and 29, begin a new paragraph and insert:

- "(f) If a policy provides coverage for telehealth services via:
 - (1) secure videoconferencing;
 - (2) store and forward technology; or
 - (3) remote patient monitoring technology;

between a provider in one (1) location and a patient in another location, the policy may not require the use of a specific information technology application for those services.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1286 as introduced.)

BARRETT

Committee Vote: yeas 11, nays 0.

