### **HOUSE BILL No. 1378**

#### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 5-10-8; IC 27-8-6; IC 27-13-7.

Synopsis: Coverage for mobile integrated healthcare services. Requires health plans, subject to applicable deductible and coinsurance for a state employee health plan, to provide reimbursement for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program currently established in Delaware, White, and Montgomery counties. Provides that the reimbursement for emergency medical services that are performed or provided as part of a mobile integrated healthcare program in Delaware, White, and Montgomery counties shall be in effect from July 1, 2024, through June 30, 2027. Requires the department of insurance (department) to compile a report detailing any cost changes based on claims data, as a result of the reimbursement for emergency medical services that are performed or provided as part of a mobile integrated healthcare program in Delaware, White, and Montgomery counties. Requires the department to compile the report not later than July 1, 2026.

Effective: July 1, 2024.

# Baird, Barrett

January 10, 2024, read first time and referred to Committee on Insurance.



#### Second Regular Session of the 123rd General Assembly (2024)

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 2023 Regular Session of the General Assembly.

## **HOUSE BILL No. 1378**

A BILL FOR 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, AS ADDED BY P.L.115-2020,
SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2024]: 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, "amorganou medical services provider

- (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.



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1	(d) A state employee health plan that provides coverage for
2	emergency medical services must at least provide reimbursement,
3	subject to applicable deductible and coinsurance, for a covered
4	individual for emergency medical services that are:
5	(1) rendered by an emergency medical services provider
6	organization;
7	(2) within the emergency medical services provider organization's
8	scope of practice;
9	(3) performed or provided as advanced life support services; and
10	(4) performed or provided during a response initiated through the
11	911 system or as part of a mobile integrated healthcare
12	program described in IC 16-31-12 currently established in
13	Delaware, White, and Montgomery counties, regardless of
14	whether the patient was transported.
15	(e) If multiple emergency medical services provider organizations
16	qualify and submit a claim for reimbursement under this section for an
17	encounter, the state employee health plan:
18	(1) may only reimburse, subject to applicable deductible and
19	coinsurance, under this section for one (1) claim per patient
20	encounter; and
21	(2) shall reimburse, subject to applicable deductible and
22	coinsurance, the claim submitted by the emergency medical
23	services provider organization that performed or provided the
24	majority of advanced life support services for the patient.
25	(f) The state personnel department may adopt rules under IC 4-22-2,
26	including emergency rules under IC 4-22-2-37.1, to implement this
27	section.
28	(g) This section does not restrict the state employee health plan from
29	providing coverage beyond the requirements in this section.
30	SECTION 2. IC 5-10-8-23.5 IS ADDED TO THE INDIANA CODE
31	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
32	1, 2024]: Sec. 23.5. (a) The reimbursement for emergency medical
33	services that are performed or provided as part of a mobile
34	integrated healthcare program described in section 23(d)(4) of this
35	chapter shall be in effect from July 1, 2024, through June 30, 2027.
36	(b) The department of insurance shall compile:
37	(1) a report detailing any cost changes based on claims data,
38	as a result of the reimbursement for emergency medical
39	services that are performed or provided as part of a mobile
40	integrated healthcare program described in section 23(d)(4)
41	of this chapter; and
42	(2) the report described in subdivision (1) not later than July



1	1, 2026.
2	SECTION 3. IC 27-8-6-8, AS AMENDED BY P.L.170-2022,
3	SECTION 37, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4	JULY 1, 2024]: Sec. 8. (a) As used in this section, "emergency medical
5	services" has the meaning set forth in IC 16-18-2-110.
6	(b) As used in this section, "emergency medical services provider
7	organization" means a provider of emergency medical services that is
8	certified by the Indiana emergency medical services commission as an
9	advanced life support provider organization under rules adopted under
10	IC 16-31-3.
11	(c) As used in this section, "policy of accident and sickness
12	insurance" has the meaning set forth in IC 27-8-5-1. However, for
13	purposes of this section, the term does not include the following:
14	(1) Accident only, credit, dental, vision, Medicare supplement,
15	long term care, or disability income insurance.
16	(2) Coverage issued as a supplement to liability insurance.
17	(3) Automobile medical payment insurance.
18	(4) A specified disease policy.
19	(5) A policy that provides a stipulated daily, weekly, or monthly
20	payment to an insured without regard to the actual expense of the
21	confinement.
22	(6) A short term insurance plan (as defined in IC 27-8-5.9-3).
23	(d) A policy of accident and sickness insurance that provides
24	coverage for emergency medical services must provide reimbursement
25	for emergency medical services that are:
26	(1) rendered by an emergency medical services provider
27	organization;
28	(2) within the emergency medical services provider organization's
29	scope of practice;
30	(3) performed or provided as advanced life support services; and
31	(4) performed or provided during a response initiated through the
32	911 system or as part of a mobile integrated healthcare
33	program described in IC 16-31-12 currently established in
34	Delaware, White, and Montgomery counties, regardless of
35	whether the patient is transported.
36	(e) Reimbursement for basic and advanced life support services
37	through a policy to which this section applies must be provided on an
38	equal basis regardless of whether the services involve transportation of
39	the patient by ambulance.
40	(f) If multiple emergency medical services provider organizations
41	qualify and submit a claim for reimbursement under this section for an



encounter, the insurer:

1	(1) may reimburse under this section only for one (1) claim per
2	patient encounter; and
3	(2) shall reimburse the claim submitted by the emergency medical
4	services provider organization that performed or provided the
5	majority of advanced life support services for the patient.
6	(g) The department may adopt rules under IC 4-22-2, including
7	emergency rules under IC 4-22-2-37.1, to implement this section.
8	(h) This section does not require a policy of accident and sickness
9	insurance to provide coverage for emergency medical services.
10	SECTION 4. IC 27-8-6-8.5 IS ADDED TO THE INDIANA CODE
11	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
12	1, 2024]: Sec. 8.5. (a) The reimbursement for emergency medical
13	services that are performed or provided as part of a mobile
14	integrated healthcare program described in section 8(d)(4) of this
15	chapter shall be in effect from July 1, 2024, through June 30, 2027.
16	(b) The department of insurance shall compile:
17	(1) a report detailing any cost changes based on claims data,
18	as a result of the reimbursement for emergency medical
19	services that are performed or provided as part of a mobile
20	integrated healthcare program described in section 8(d)(4) of
21	this chapter; and
22	(2) the report described in subdivision (1) not later than July
23	1, 2026.
24	SECTION 5. IC 27-13-7-27, AS AMENDED BY P.L.170-2022,
25	SECTION 39, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26	JULY 1, 2024]: Sec. 27. (a) This section applies to each of the
27	following:
28	(1) An individual contract.
29	(2) A group contract.
30	(b) As used in this section, "emergency medical services" has the
31	meaning set forth in IC 16-18-2-110.
32	(c) As used in this section, "emergency medical services provider
33	organization" means a provider of emergency medical services that is
34	certified by the Indiana emergency medical services commission as an
35	advanced life support provider organization under rules adopted under
36	IC 16-31-3.
37	(1) A ' 1' ' 1 1 4 4 1 1 4 4 1 1 4 4 1 4 1 1 1 1
	(d) An individual contract and a group contract that provide
38	coverage for emergency medical services must provide reimbursement



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organization;

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(2) within the emergency medical services provider organization's

1	scope of practice;
2	(3) performed or provided as advanced life support services; and
3	(4) performed or provided during a response initiated through the
4	911 system or as part of a mobile integrated healthcare
5	program described in IC 16-31-12 currently established in
6	Delaware, White, and Montgomery counties, regardless of
7	whether the patient is transported.
8	(e) Reimbursement for basic and advanced life support services
9	through a contract to which this section applies must be provided on an
10	equal basis regardless of whether the services involve transportation of
11	the patient by ambulance.
12	(f) If multiple emergency medical services provider organizations
13	qualify and submit a claim for reimbursement under this section, the
14	health maintenance organization:
15	(1) may reimburse under this section only for one (1) claim per
16	patient encounter; and
17	(2) shall reimburse the claim submitted by the emergency medical
18	services provider organization that performed or provided the
19	majority of advanced life support services.
20	(g) The department may adopt rules under IC 4-22-2, including
21	emergency rules under IC 4-22-2-37.1, to implement this section.
22	(h) This section does not require an individual contract or a group
23	contract to provide coverage for emergency medical services.
24	SECTION 6. IC 27-13-7-27.5 IS ADDED TO THE INDIANA
25	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
26	[EFFECTIVE JULY 1, 2024]: Sec. 27.5. (a) The reimbursement for
27	emergency medical services that are performed or provided as
28	part of a mobile integrated healthcare program described in
29	section 27(d)(4) of this chapter shall be in effect from July 1, 2024,
30	through June 30, 2027.
31	(b) The department shall compile:
32	(1) a report detailing any cost changes based on claims data,
33	as a result of the reimbursement for emergency medical
34	services that are performed or provided as part of a mobile
35	integrated healthcare program described in section 27(d)(4)
36	of this chapter; and
37	(2) the report described in subdivision (1) not later than July



1, 2026.