



Reprinted
February 22, 2017

SENATE BILL No. 63

DIGEST OF SB 63 (Updated February 21, 2017 2:27 pm - DI 104)

Citations Affected: IC 12-7; IC 12-21; IC 25-1.

Synopsis: Community mental health center telemedicine pilot. Establishes a two year community mental health center telemedicine pilot program (program) to be administered by the division of mental health and addiction (division). Provides that the purpose of the program is to provide mental health counseling and services to children through the use of telemedicine. Sets forth requirements for the program and for participation in the program. Requires the reporting of certain information. Allows a provider providing telemedicine services in the program to prescribe any prescription drug except for certain opioids for a patient that is within the provider's scope of practice for the treatment of the patient's mental health. Specifies that the provider may not prescribe an abortion inducing drug. Requires the division to submit a report to the general assembly concerning the effectiveness of the program. Specifies that a provider is not required to have a prior established provider-patient relationship in order to provide telemedicine services in Indiana.

Effective: July 1, 2017.

**Head, Charbonneau, Becker,
Randolph Lonnie M**

January 3, 2017, read first time and referred to Committee on Health and Provider Services.
February 16, 2017, reported favorably — Do Pass.
February 21, 2017, read second time, amended, ordered engrossed.

SB 63—LS 6423/DI 104



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First Regular Session 120th General Assembly (2017)

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 2016 Regular Session of the General Assembly.

SENATE BILL No. 63

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. IC 12-7-2-146, AS AMENDED BY P.L.149-2016,
2 SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2017]: Sec. 146. "Program" refers to the following:
4 (1) For purposes of IC 12-10-7, the adult guardianship services
5 program established by IC 12-10-7-5.
6 (2) For purposes of IC 12-10-10, the meaning set forth in
7 IC 12-10-10-5.
8 (3) For purposes of IC 12-10-10.5, the meaning set forth in
9 IC 12-10-10.5-4.
10 (4) For purposes of IC 12-17.2-2-14.2, the meaning set forth in
11 IC 12-17.2-2-14.2(a).
12 (5) For purposes of IC 12-17.2-3.6, the meaning set forth in
13 IC 12-17.2-3.6-7.
14 (6) For purposes of IC 12-17.2-3.8, the meaning set forth in
15 IC 12-17.2-3.8-2.
16 (7) For purposes of IC 12-17.6, the meaning set forth in
17 IC 12-17.6-1-5.

SB 63—LS 6423/DI 104



- 1 **(8) For purposes of IC 12-21-7, the meaning set forth in**
 2 **IC 12-21-7-1.**
- 3 SECTION 2. IC 12-7-2-190.4, AS ADDED BY P.L.204-2013,
 4 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 5 JULY 1, 2017]: Sec. 190.4. **"Telemedicine" or "telemedicine**
 6 **services" means the following:**
- 7 **(1) For purposes of IC 12-15-5-11, has the meaning set forth in**
 8 **IC 12-15-5-11(b).**
- 9 **(2) For purposes of IC 12-21-7, the meaning set forth in**
 10 **IC 12-21-7-2.**
- 11 SECTION 3. IC 12-21-7 IS ADDED TO THE INDIANA CODE AS
 12 A **NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY**
 13 **1, 2017]:**
- 14 **Chapter 7. Community Mental Health Center Telemedicine**
 15 **Pilot Program**
- 16 **Sec. 1. As used in this chapter, "program" refers to the**
 17 **community mental health center telemedicine pilot program**
 18 **established by section 3 of this chapter.**
- 19 **Sec. 2. (a) As used in this chapter, "telemedicine" means the**
 20 **delivery of health care services using electronic communications**
 21 **and information technology, including:**
- 22 **(1) secure videoconferencing;**
 23 **(2) interactive audio-using store and forward technology; or**
 24 **(3) remote patient monitoring technology;**
- 25 **between a provider in one (1) location and a patient in another**
 26 **location.**
- 27 **(b) The term does not include the use of the following:**
- 28 **(1) Audio-only communication.**
 29 **(2) A telephone call.**
 30 **(3) Electronic mail.**
 31 **(4) An instant messaging conversation.**
 32 **(5) Facsimile.**
 33 **(6) Internet questionnaire.**
 34 **(7) Telephone consultation.**
 35 **(8) Internet consultation.**
- 36 **Sec. 3. (a) The community mental health center telemedicine**
 37 **pilot program is established for the purpose of providing mental**
 38 **health counseling and services to children through the use of**
 39 **telemedicine.**
- 40 **(b) The division shall administer the program.**
- 41 **(c) The division shall set forth the procedure for a community**
 42 **mental health center to submit an application to participate in the**



1 program. In determining what community mental health centers
 2 may participate in the program, the division shall meet the
 3 following requirements:

4 (1) Select at least two (2) community mental health centers to
 5 participate in the program that represent geographic
 6 diversity with both urban and rural areas by meeting the
 7 following parameters:

8 (A) At least one (1) participating community mental health
 9 center must be located in a county containing a
 10 consolidated city or a second class city.

11 (B) At least one (1) participating community mental health
 12 center must be located in a county not containing a
 13 consolidated city or a second class city.

14 (2) Require a participating community mental health center
 15 to do the following concerning the Indiana scheduled
 16 prescription electronic collection and tracking (INSPECT)
 17 program established by IC 25-1-13-4:

18 (A) Check a patient's INSPECT record before dispensing
 19 or issuing the patient a prescription under the program.

20 (B) Report the dispensing of a prescription under the
 21 program to the INSPECT program.

22 Sec. 4. The division shall do the following concerning the
 23 program:

24 (1) Collect data concerning services provided under the
 25 program, including the following:

26 (A) The number of patients receiving services under the
 27 program.

28 (B) Case progress and case results.

29 (C) The number, dosage, and type of prescription issued or
 30 dispensed.

31 (D) Patient and provider satisfaction with the program.

32 Data collected under this subdivision from which the identity
 33 of an individual may be ascertained is confidential.

34 (2) Monitor prescriptions written to any patient provided with
 35 services under the program.

36 (3) Before November 1 of each year, prepare a written report
 37 to the general assembly in an electronic format under
 38 IC 5-14-6 concerning the effectiveness of the program.

39 Sec. 5. (a) A provider of a community mental health center
 40 participating in the program must consent in writing to
 41 participation in the program before providing services to a patient
 42 under the program. A patient desiring to receive services under the



1 program must consent in writing to participation in the program
2 before receiving services under the program.

3 (b) A provider providing services to a patient under the
4 program is not required to have a prior established
5 provider-patient relationship with the patient before providing
6 services under the program.

7 Sec. 6. (a) When providing services to a patient under the
8 program, a provider whose scope of practice includes the
9 prescribing of medication may prescribe for the patient any
10 prescription drug:

- 11 (1) within the provider's scope of practice;
- 12 (2) for the treatment of the patient's mental health; and
- 13 (3) that is not an opioid. However, a provider may prescribe
14 an opioid if the opioid is a partial agonist used to treat or
15 manage an opioid dependence.

16 (b) A provider may not prescribe an abortion inducing drug for
17 a patient under this chapter.

18 Sec. 7. This chapter expires June 30, 2019.

19 SECTION 4. IC 25-1-9.5-7, AS ADDED BY P.L.78-2016,
20 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
21 JULY 1, 2017]: Sec. 7. (a) A provider who provides health care
22 services through telemedicine shall be held to the same standards of
23 appropriate practice as those standards for health care services
24 provided at an in-person setting.

25 (b) A provider may not use telemedicine, including issuing a
26 prescription, for an individual who is located in Indiana unless a
27 provider-patient relationship between the provider and the individual
28 has been established. A provider who uses telemedicine shall, if such
29 action would otherwise be required in the provision of the same health
30 care services in a manner other than telemedicine, ensure that a proper
31 provider-patient relationship is established. The provider-patient
32 relationship by a provider who uses telemedicine must at a minimum
33 include the following:

- 34 (1) Obtain the patient's name and contact information and:
 - 35 (A) a verbal statement or other data from the patient
 - 36 identifying the patient's location; and
 - 37 (B) to the extent reasonably possible, the identity of the
 - 38 requesting patient.
- 39 (2) Disclose the provider's name and disclose whether the
- 40 provider is a physician, physician assistant, advanced practice
- 41 nurse, or optometrist.
- 42 (3) Obtain informed consent from the patient.



- 1 (4) Obtain the patient's medical history and other information
 2 necessary to establish a diagnosis.
 3 (5) Discuss with the patient the:
 4 (A) diagnosis;
 5 (B) evidence for the diagnosis; and
 6 (C) risks and benefits of various treatment options, including
 7 when it is advisable to seek in-person care.
 8 (6) Create and maintain a medical record for the patient and,
 9 subject to the consent of the patient, notify the patient's primary
 10 care provider of any prescriptions the provider has written for the
 11 patient if the primary care provider's contact information is
 12 provided by the patient. The requirements in this subdivision do
 13 not apply when the provider is using an electronic health record
 14 system that the patient's primary care provider is authorized to
 15 access.
 16 (7) Issue proper instructions for appropriate follow-up care.
 17 (8) Provide a telemedicine visit summary to the patient, including
 18 information that indicates any prescription that is being
 19 prescribed.
- 20 SECTION 5. IC 25-1-9.5-8, AS ADDED BY P.L.78-2016,
 21 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2017]: Sec. 8. A provider may issue a prescription to a patient
 23 who is receiving services through the use of telemedicine even if the
 24 patient has not been seen previously by the provider in person if the
 25 following conditions are met:
- 26 (1) The provider has satisfied the applicable standard of care in
 27 the treatment of the patient.
 28 (2) The issuance of the prescription by the provider is within the
 29 provider's scope of practice and certification.
 30 (3) **Except as provided in IC 12-21-7-6**, the prescription is not
 31 for a controlled substance (as defined in IC 35-48-1-9).
 32 (4) The prescription is not for an abortion inducing drug (as
 33 defined in IC 16-18-2-1.6).
 34 (5) The prescription is not for an ophthalmic device, including:
 35 (A) glasses;
 36 (B) contact lenses; or
 37 (C) low vision devices.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 63, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is to SB 63 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 8, Nays 0

 SENATE MOTION

Madam President: I move that Senate Bill 63 be amended to read as follows:

Page 3, line 31, delete "physician" and insert "**provider**".

Page 3, line 39, delete "physician" and insert "**provider**".

Page 4, line 3, delete "physician" and insert "**provider**".

Page 4, line 8, delete "physician" and insert "**provider whose scope of practice includes the prescribing of medication**".

Page 4, line 10, delete "physician's" and insert "**provider's**".

Page 4, line 10, delete "and".

Page 4, line 11, delete "." and insert "; **and**

(3) that is not an opioid. However, a provider may prescribe an opioid if the opioid is a partial agonist used to treat or manage an opioid dependence."

Page 4, line 12, delete "physician" and insert "**provider**".

(Reference is to SB 63 as printed February 17, 2017.)

HEAD

