SENATE BILL No. 140

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.3; IC 8-2.1-24-18; IC 9-24-2-3; IC 21-38-6-1; IC 22-3; IC 22-15-5-15; IC 25-27-1-2; IC 27-8.

Synopsis: Advanced practice registered nurses. Prohibits a state employee health plan, a state educational institution employee health plan, an accident and sickness insurance policy, and a health maintenance organization contract from requiring authorization for covered early intervention services under an individualized family service plan signed by an advanced practice registered nurse (APRN). Provides for an application for a waiver from certain requirements applying to certain intrastate motor carrier drivers who are insulin dependent diabetics to be signed by an APRN. Provides that an individual who is subject to epileptic seizures may not be denied a driver's license or permit if the individual provides certain documentation from an APRN. Provides for an APRN to sign an order or referral for physical therapy. Adds an APRN to the providers who may perform an examination and provide a statement concerning an injured employee for purposes of worker's compensation claims. Allows an APKN to affirm that an applicant has a temporary disability for purposes of a waiver from continuing education requirements to work on certain lift devices. Requires a health insurance plan to provide coverage for diabetes self-management training ordered by an APRN. Makes technical corrections.

Effective: July 1, 2022.

Leising

January 4, 2022, read first time and referred to Committee on Health and Provider Services.



Second Regular Session of the 122nd General Assembly (2022)

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 2021 Regular Session of the General Assembly.

SENATE BILL No. 140

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:

1	SECTION 1. IC 5-10-8-7.3, AS AMENDED BY P.L.133-2020,
2	SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2022]: Sec. 7.3. (a) As used in this section, "covered
4	individual" means an individual who is:
5	(1) covered under a self-insurance program established under
6	section 7(b) of this chapter to provide group health coverage; or
7	(2) entitled to services under a contract with a prepaid health care
8	delivery plan that is entered into or renewed under section 7(c) of
9	this chapter.
10	(b) As used in this section, "early intervention services" means
11	services provided to a first steps child under IC 12-12.7-2 and 20
12	U.S.C. 1432(4).
13	(c) As used in this section, "first steps child" means an infant or
14	toddler from birth through two (2) years of age who is enrolled in the

Indiana first steps program and is a covered individual.

(d) As used in this section, "first steps program" refers to the

program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to



15

meet the needs of:

- (1) children who are eligible for early intervention services; and
- (2) their families.

The term includes the coordination of all available federal, state, local, and private resources available to provide early intervention services within Indiana.

- (e) As used in this section, "health benefits plan" means a:
 - (1) self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
 - (2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.
- (f) A health benefits plan that provides coverage for early intervention services shall reimburse the first steps program a monthly fee established by the division of disability and rehabilitative services established by IC 12-9-1-1. Except when the monthly fee is less than the product determined under IC 12-12.7-2-23(b), the monthly fee shall be provided instead of claims processing of individual claims.
- (g) The reimbursement required under subsection (f) may not be applied to any annual or aggregate lifetime limit on the first steps child's coverage under the health benefits plan.
- (h) The first steps program may pay required deductibles, copayments, or other out-of-pocket expenses for a first steps child directly to a provider. A health benefits plan shall apply any payments made by the first steps program to the health benefits plan's deductibles, copayments, or other out-of-pocket expenses according to the terms and conditions of the health benefits plan.
- (i) A health benefits plan may not require authorization for services specified in the covered individual's individualized family service plan, if those services are a covered benefit under the plan, once the individualized family service plan is signed by a physician **or an advanced practice registered nurse.**
- (j) The department of insurance shall adopt rules under IC 4-22-2 to ensure compliance with this section.

SECTION 2. IC 8-2.1-24-18, AS AMENDED BY P.L.198-2016, SECTION 62, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 18. (a) 49 CFR Parts 40, 375, 380, 382 through 387, 390 through 393, and 395 through 398 are incorporated into Indiana law by reference, and, except as provided in subsections (d), (e), (f), (g), and (j), must be complied with by an interstate and intrastate motor carrier of persons or property throughout Indiana. Intrastate motor carriers subject to compliance reviews under 49 CFR 385 shall be selected according to criteria determined by the



superintendent which must include but are not limited to factors such
as previous history of violations found in roadside compliance checks
and other recorded violations. However, the provisions of 49 CFR 395
that regulate the hours of service of drivers, including requirements for
the maintenance of logs, do not apply to a driver of a truck that is
registered by the bureau of motor vehicles and used as a farm truck
under IC 9-18 (before its expiration) or IC 9-18.1-7 or a vehicle
operated in intrastate construction or construction related service, or
the restoration of public utility services interrupted by an emergency.
Except as provided in subsection (i) and (j):

- (1) intrastate motor carriers not operating under authority issued by the United States Department of Transportation shall comply with the requirements of 49 CFR 390.21(b)(3) by registering with the department of state revenue as an intrastate motor carrier and displaying the certification number issued by the department of state revenue preceded by the letters "IN"; and
- (2) all other requirements of 49 CFR 390.21 apply equally to interstate and intrastate motor carriers.
- (b) 49 CFR 107 subpart (F) and subpart (G), 171 through 173, 177 through 178, and 180, are incorporated into Indiana law by reference, and every:
 - (1) private carrier;

- (2) common carrier;
- (3) contract carrier;
- (4) motor carrier of property, intrastate;
- (5) hazardous material shipper; and
- (6) carrier otherwise exempt under section 3 of this chapter; must comply with the federal regulations incorporated under this subsection, whether engaged in interstate or intrastate commerce.
- (c) Notwithstanding subsection (b), nonspecification bulk and nonbulk packaging, including cargo tank motor vehicles, may be used only if all the following conditions exist:
 - (1) The maximum capacity of the vehicle is less than three thousand five hundred (3,500) gallons.
 - (2) The shipment of goods is limited to intrastate commerce.
 - (3) The vehicle is used only for the purpose of transporting fuel oil, kerosene, diesel fuel, gasoline, gasohol, or any combination of these substances.

Maintenance, inspection, and marking requirements of 49 CFR 173.8 and Part 180 are applicable. In accordance with federal hazardous materials regulations, new or additional nonspecification cargo tank motor vehicles may not be placed in service under this subsection.



1	(d) For the purpose of enforcing this section, only:
2	(1) a state police officer or state police motor carrier inspector
3	who:
4	(A) has successfully completed a course of instruction
5	approved by the United States Department of Transportation;
6	and
7	(B) maintains an acceptable competency level as established
8	by the state police department; or
9	(2) an employee of a law enforcement agency who:
10	(A) before January 1, 1991, has successfully completed a
11	course of instruction approved by the United States
12	Department of Transportation; and
13	(B) maintains an acceptable competency level as established
14	by the state police department;
15	on the enforcement of 49 CFR, may, upon demand, inspect the books,
16	accounts, papers, records, memoranda, equipment, and premises of any
17	carrier, including a carrier exempt under section 3 of this chapter.
18	(e) A person hired before September 1, 1985, who operates a motor
19	vehicle intrastate incidentally to the person's normal employment duties
20	and who is not employed to operate a motor vehicle for hire is exempt
21	from 49 CFR 391 as incorporated by this section.
22	(f) Notwithstanding any provision of 49 CFR 391 to the contrary, a
23	person at least eighteen (18) years of age and less than twenty-one (21)
24	years of age may be employed as a driver to operate a commercial
25	motor vehicle intrastate. However, a person employed under this
26	subsection is not exempt from any other provision of 49 CFR 391.
27	(g) Notwithstanding subsection (a) or (b), the following provisions
28	of 49 CFR do not apply to private carriers of property operated only in
29	intrastate commerce or any carriers of property operated only in
30	intrastate commerce while employed in construction or construction
31	related service:
32	(1) Subpart 391.41(b)(3) as it applies to physical qualifications of
33	a driver who has been diagnosed as an insulin dependent diabetic,
34	if the driver has applied for and been granted an intrastate
35	medical waiver by the bureau of motor vehicles pursuant to this
36	subsection. The same standards and the following procedures
37	shall apply for this waiver whether or not the driver is required to
38	hold a commercial driver's license. An application for the waiver
39	shall be submitted by the driver and completed and signed by a
40	certified endocrinologist, or the driver's treating physician, or the
41	driver's treating advanced practice registered nurse attesting



that the driver:

	5
1	(A) is not otherwise physically disqualified under Subpart
2 3	391.41 to operate a motor vehicle, whether or not any
	additional disqualifying condition results from the diabetic
4	condition, and is not likely to suffer any diminution in driving
5	ability due to the driver's diabetic condition;
6	(B) is free of severe hypoglycemia or hypoglycemia
7	unawareness and has had less than one (1) documented,
8	symptomatic hypoglycemic reaction per month;
9	(C) has demonstrated the ability and willingness to properly
10	monitor and manage the driver's diabetic condition;
11	(D) has agreed to and, to the endocrinologist's, or treating
12	physician's, or treating advanced practice registered
13	nurse's knowledge, has carried a source of rapidly absorbable
14	glucose at all times while driving a motor vehicle, has self
15	monitored blood glucose levels one (1) hour before driving
16	and at least once every four (4) hours while driving or on duty
17	before driving using a portable glucose monitoring device
18	equipped with a computerized memory; and
19	(E) has submitted the blood glucose logs from the monitoring
20	device to the endocrinologist, or treating physician, or
21	treating advanced practice registered nurse at the time of
22	the annual medical examination.
23	A copy of the blood glucose logs shall be filed along with the
24	annual statement from the endocrinologist, or treating physician,
25	or treating advanced practice registered nurse with the bureau
26	of motor vehicles for review by the driver licensing medical
27	advisory board established under IC 9-14-11. A copy of the
28	annual statement shall also be provided to the driver's employer
29	for retention in the driver's qualification file, and a copy shall be

annual statement from the endocrinologist, or treating physician, or treating advanced practice registered nurse with the bureau of motor vehicles for review by the driver licensing medical advisory board established under IC 9-14-11. A copy of the annual statement shall also be provided to the driver's employer for retention in the driver's qualification file, and a copy shall be retained and held by the driver while driving for presentation to an authorized federal, state, or local law enforcement official. Notwithstanding the requirements of this subdivision, the endocrinologist, the treating physician, the treating advanced practice registered nurse, the advisory board of the bureau of motor vehicles, or the bureau of motor vehicles may, where medical indications warrant, establish a short period for the medical examinations required under this subdivision.

(2) Subpart 396.9 as it applies to inspection of vehicles carrying or loaded with a perishable product. However, this exemption does not prohibit a law enforcement officer from stopping these vehicles for an obvious violation that poses an imminent threat of an accident or incident. The exemption is not intended to include



1	refrigerated vehicles loaded with perishables when the
2	refrigeration unit is working.
3	(3) Subpart 396.11 as it applies to driver vehicle inspection
4	reports.
5	(4) Subpart 396.13 as it applies to driver inspection.
6	(h) For purposes of 49 CFR 395.1(k)(2), "planting and harvesting
7	season" refers to the period between January 1 and December 31 of
8	each year. The intrastate commerce exception set forth in 49 CFR
9	395.1(k), as it applies to the transportation of agricultural commodities
10	and farm supplies, is restricted to single vehicles and cargo tank motor
11	vehicles with a capacity of not more than five thousand four hundred
12	(5,400) gallons.
13	(i) The requirements of 49 CFR 390.21 do not apply to an intrastate
14	motor carrier or a guest operator not engaged in interstate commerce
15	and operating a motor vehicle as a farm vehicle in connection with
16	agricultural pursuits usual and normal to the user's farming operation
17	or for personal purposes unless the vehicle is operated either part time
18	or incidentally in the conduct of a commercial enterprise.
19	(j) This section does not apply to private carriers that operate using
20	only the type of motor vehicles specified in IC 8-2.1-24-3(6).
21	(k) The superintendent of state police may adopt rules under
22	IC 4-22-2 governing the parts and subparts of 49 CFR incorporated by
23	reference under this section.
24	SECTION 3. IC 9-24-2-3, AS AMENDED BY P.L.198-2016,
25	SECTION 424, IS AMENDED TO READ AS FOLLOWS
26	[EFFECTIVE JULY 1, 2022]: Sec. 3. (a) The bureau may not issue a
27	driver's license or learner's permit or grant driving privileges to the
28	following individuals:
29	(1) An individual whose driving privileges have been suspended,
30	during the period for which the driving privileges are suspended,
31	or to an individual whose driver's license has been revoked, until
32	the time the bureau is authorized under Indiana law to issue the
33	individual a new driver's license.
34	(2) An individual whose learner's permit has been suspended or
35	revoked until the time the bureau is authorized under Indiana law
36	to issue the individual a new learner's permit.
37	(3) An individual who, in the opinion of the bureau, is afflicted
38	with or suffering from a physical or mental disability or disease

that prevents the individual from exercising reasonable and

ordinary control over a motor vehicle while operating the motor

(4) An individual who is unable to understand highway warnings

vehicle on a highway.



39

40

41

42

or direction signs written in the English language.
(5) An individual who is required under this article to take an
examination unless:
(A) the individual successfully passes the examination; or
(B) the bureau waives the examination requirement.
(6) An individual who is required under IC 9-25 or any other
statute to deposit or provide proof of financial responsibility and
who has not deposited or provided that proof.
(7) An individual when the bureau has good cause to believe that
the operation of a motor vehicle on a highway by the individual
would be inimical to public safety or welfare.
(8) An individual who is the subject of an order issued by:
(A) a court under IC 31-16-12-7 (or IC 31-1-11.5-13,
IC 31-6-6.1-16, or IC 31-14-12-4 before their repeal); or
(B) the Title IV-D agency;
ordering that a driver's license or permit not be issued to the
individual.
(9) An individual who has not presented valid documentary
evidence to the bureau of the individual's legal status in the
United States, as required by IC 9-24-9-2.5.
(10) An individual who does not otherwise satisfy the
requirements of this article.
(b) An individual subject to epileptic seizures may not be denied a
driver's license or permit under this section if the individual presents
a statement from a licensed physician or an advanced practice
registered nurse, on a form prescribed by the bureau, that the
individual is under medication and is free from seizures while under
medication.
SECTION 4. IC 21-38-6-1, AS AMENDED BY P.L.133-2020,
SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2022]: Sec. 1. (a) An employee health plan that provides
coverage for early intervention services shall reimburse the first steps
program a monthly fee established by the division of disability and
rehabilitative services. Except when the monthly fee is less than the
product determined under IC 12-12.7-2-23(b), the monthly fee shall be
provided instead of claims processing of individual claims.
(b) An employee health plan may not require authorization for
services specified in the covered individual's individualized family
service plan, if those services are a covered benefit under the plan,
once the individualized family service plan is signed by a physician or
an advanced practice registered nurse.
(c) The department of insurance shall adopt rules under IC 4-22-2



to ensure compliance with this section.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15 16

17

18

19

20

21

22

23

24

25

26

27

28

29

30 31

32

33

34

35

36

37

38

39

40

41

42

2022

SECTION 5. IC 22-3-3-6, AS AMENDED BY P.L.1-2006, SECTION 337, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) After an injury and during the period of claimed resulting disability or impairment, the employee, if so requested by the employee's employer or ordered by the worker's compensation board, shall submit to an examination at reasonable times and places by a duly qualified physician, or surgeon, or advanced practice registered nurse designated and paid by the employer or by order of the worker's compensation board. The employee shall have the right to have present at any such examination any duly qualified physician, or surgeon, or advanced practice registered nurse provided and paid for by the employee. No fact communicated to, or otherwise learned by, any physician, or surgeon, or advanced practice registered nurse who may have attended or examined the employee, or who may have been present at any examination, shall be privileged, either in the hearings provided for in IC 22-3-2 through IC 22-3-6, or in any action at law brought to recover damages against any employer who is subject to the compensation provisions of IC 22-3-2 through IC 22-3-6. If the employee refuses to submit to or in any way obstructs such examinations, the employee's right to compensation and his the employee's right to take or prosecute any proceedings under IC 22-3-2 through IC 22-3-6 shall be suspended until such refusal or obstruction ceases. No compensation shall at any time be payable for the period of suspension unless in the opinion of the worker's compensation board the circumstances justified the refusal or obstruction. The employee must be served with a notice setting forth the consequences of the refusal under this subsection. The notice must be in a form prescribed by the board.

(b) Any employer requesting an examination of any employee residing within Indiana shall pay, in advance of the time fixed for the examination, sufficient money to defray the necessary expenses of travel by the most convenient means to and from the place of examination, and the cost of meals and lodging necessary during the travel. If the method of travel is by automobile, the mileage rate to be paid by the employer shall be the rate currently being paid by the state to its employees under the state travel policies and procedures established by the department of administration and approved by the budget agency. If such examination or travel to or from the place of examination causes any loss of working time on the part of the employee, the employer shall reimburse the employee for such loss of wages upon the basis of the employee's average daily wage. When any



employee injured in Indiana moves outside Indiana, the travel expense and the cost of meals and lodging necessary during the travel payable under this section shall be paid from the point in Indiana nearest to the employee's then residence to the place of examination. No travel and other expense shall be paid for any travel and other expense required outside Indiana.

(c) A duly qualified physician, or surgeon, or advanced practice registered nurse provided and paid for by the employee may be present at an examination if the employee so desires. In all cases where the examination is made by a physician, or surgeon, or advanced practice registered nurse engaged by the employer and the injured employee has no physician, or surgeon, or advanced practice registered nurse present at such examination, it shall be the duty of the physician, or surgeon, or advanced practice registered nurse making the examination to deliver to the injured employee, or the employee's representative, a statement in writing of the conditions evidenced by such examination. The statement shall disclose all facts that are reported by such physician, or surgeon, or advanced practice registered nurse to the employer. Such statement shall be furnished to the employee or the employee's representative, as soon as practicable, but not later than thirty (30) days before the time the case is set for hearing. The statement may be submitted by either party as evidence by that physician, or surgeon, or advanced practice registered nurse at a hearing before the worker's compensation board if the statement meets the requirements of subsection (e). If such physician, or surgeon, or advanced practice registered nurse fails or refuses to furnish the employee or the employee's representative with such statement thirty (30) days before the hearing, then the statement may not be submitted as evidence, and such physician, or surgeon, or advanced practice registered nurse shall not be permitted to testify before the worker's compensation board as to any facts learned in such examination. All of the requirements of this subsection apply to all subsequent examinations requested by the employer.

(d) In all cases where an examination of an employee is made by a physician, or a surgeon, or an advanced practice registered nurse engaged by the employee, and the employer has no physician, or surgeon, or advanced practice registered nurse present at such examination, it shall be the duty of the physician, or surgeon, or advanced practice registered nurse making the examination to deliver to the employer or the employer's representative a statement in writing of the conditions evidenced by such examination. The statement shall disclose all facts that are reported by such physician, or



1

2

3

4

5

6

7

8

9

10

11 12

13

14

15

16 17

18

19

20

21

22

23

2425

26 27

28 29

30

31

32

33

34

35

36

37

38

39

40

surgeon, or advanced practice registered nurse to the employee. Such statement shall be furnished to the employer or the employer's representative as soon as practicable, but not later than thirty (30) days before the time the case is set for hearing. The statement may be submitted by either party as evidence by that physician, or surgeon, or advanced practice registered nurse at a hearing before the worker's compensation board if the statement meets the requirements of subsection (e). If such physician, or surgeon, or advanced practice registered nurse fails or refuses to furnish the employer, or the employer's representative, with such statement thirty (30) days before the hearing, then the statement may not be submitted as evidence, and such physician, or surgeon, or advanced practice registered nurse shall not be permitted to testify before the worker's compensation board as to any facts learned in such examination. All of the requirements of this subsection apply to all subsequent examinations made by a physician, or a surgeon, or an advanced practice registered nurse engaged by the employee.

- (e) All statements of physicians, or surgeons, or advanced practice registered nurses required by this section, whether those engaged by employee or employer, shall contain the following information:
 - (1) The history of the injury, or claimed injury, as given by the patient.
 - (2) The diagnosis of the physician, or surgeon, or advanced practice registered nurse concerning the patient's physical or mental condition.
 - (3) The opinion of the physician, or surgeon, or advanced practice registered nurse concerning the causal relationship, if any, between the injury and the patient's physical or mental condition, including the physician's, or surgeon's, or advanced practice registered nurse's reasons for the opinion.
 - (4) The opinion of the physician, or surgeon, or advanced practice registered nurse concerning whether the injury or claimed injury resulted in a disability or impairment and, if so, the opinion of the physician, or surgeon, or advanced practice registered nurse concerning the extent of the disability or impairment and the reasons for the opinion.
 - (5) The original signature of the physician, or surgeon, or advanced practice registered nurse.

Notwithstanding any hearsay objection, the worker's compensation board shall admit into evidence a statement that meets the requirements of this subsection unless the statement is ruled inadmissible on other grounds.



- (f) Delivery of any statement required by this section may be made to the attorney or agent of the employer or employee and such action shall be construed as delivery to the employer or employee.
- (g) Any party may object to a statement on the basis that the statement does not meet the requirements of subsection (e). The objecting party must give written notice to the party providing the statement and specify the basis for the objection. Notice of the objection must be given no later than twenty (20) days before the hearing. Failure to object as provided in this subsection precludes any further objection as to the adequacy of the statement under subsection (e).
- (h) The employer upon proper application, or the worker's compensation board, shall have the right in any case of death to require an autopsy at the expense of the party requesting the same. If, after a hearing, the worker's compensation board orders an autopsy and such autopsy is refused by the surviving spouse or next of kin, then any claim for compensation on account of such death shall be suspended and abated during such refusal. The surviving spouse or dependent must be served with a notice setting forth the consequences of the refusal under this subsection. The notice must be in a form prescribed by the worker's compensation board. No autopsy, except one performed by or on the authority or order of the coroner in the discharge of the coroner's duties, shall be held in any case by any person, without notice first being given to the surviving spouse or next of kin, if they reside in Indiana or their whereabouts can reasonably be ascertained, of the time and place thereof, and reasonable time and opportunity given such surviving spouse or next of kin to have a representative or representatives present to witness same. However, if such notice is not given, all evidence obtained by such autopsy shall be suppressed on motion duly made to the worker's compensation board.

SECTION 6. IC 22-3-3-10.5, AS ADDED BY P.L.204-2018, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 10.5. (a) The following must be tendered to an employee not later than fifteen (15) days after the date of the physician's **or advanced practice registered nurse's** statement described in subdivision (2):

- (1) A proposed permanent partial impairment agreement.
- (2) The associated physician's **or advanced practice registered nurse's** statement required by IC 22-3-3-6(e).
- (3) The employee waiver of examination.
- (4) A hand/foot chart, if necessary.
- (b) A permanent partial impairment agreement signed by the



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16 17

18

19

20

21

22

23

24

25

26 27

28

29

30

31

32

33

34

35

36

37

38

39

40

41 42

- employee, along with the supporting documentation listed in subsection (a), must be submitted to the worker's compensation board for approval not later than fifteen (15) days after the date of receipt from the employee.
- (c) Not later than thirty (30) days after the date the worker's compensation board approves the permanent partial impairment agreement, one (1) of the following amounts must be paid:
 - (1) The first weekly installment of compensation for permanent partial impairment.
 - (2) The lump sum, if the compensation is to be paid in a lump sum amount.
- (d) An employer that fails to comply with subsection (c) is subject to a civil penalty under IC 22-3-4-15.

SECTION 7. IC 22-3-7-20, AS AMENDED BY P.L.99-2007, SECTION 183, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 20. (a) After disablement and during the period of claimed resulting disability or impairment, the employee, if so requested by the employee's employer or ordered by the worker's compensation board, shall submit to an examination at reasonable times and places by a duly qualified physician, or surgeon, or advanced practice registered nurse designated and paid by the employer or by order of the board. The employee shall have the right to have present at any such examination any duly qualified physician, or surgeon, or advanced practice registered nurse provided and paid for by the employee. No fact communicated to or otherwise learned by any physician, or surgeon, or advanced practice registered nurse who may have attended or examined the employee, or who may have been present at any examination, shall be privileged either in the hearings provided for in this chapter, or in any action at law brought to recover damages against any employer who is subject to the compensation provisions of this chapter. If the employee refuses to submit to, or in any way obstructs the examinations, the employee's right to compensation and right to take or prosecute any proceedings under this chapter shall be suspended until the refusal or obstruction ceases. No compensation shall at any time be payable for the period of suspension unless in the opinion of the board, the circumstances justified the refusal or obstruction. The employee must be served with a notice setting forth the consequences of the refusal under this subsection. The notice must be in a form prescribed by the worker's compensation board.

(b) Any employer requesting an examination of any employee residing within Indiana shall pay, in advance of the time fixed for the



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16 17

18

19

20

21

22

23

24

25

26

27

28

29

30 31

32

33

34

35

36

37

38

39

40

41

42

examination, sufficient money to defray the necessary expenses of travel by the most convenient means to and from the place of examination, and the cost of meals and lodging necessary during the travel. If the method of travel is by automobile, the mileage rate to be paid by the employer shall be the rate as is then currently being paid by the state to its employees under the state travel policies and procedures established by the department of administration and approved by the state budget agency. If the examination or travel to or from the place of examination causes any loss of working time on the part of the employee, the employer shall reimburse the employee for the loss of wages upon the basis of such employee's average daily wage.

- (c) When any employee injured in Indiana moves outside Indiana, the travel expense and the cost of meals and lodging necessary during the travel, payable under this section, shall be paid from the point in Indiana nearest to the employee's then residence to the place of examination. No travel and other expense shall be paid for any travel and other expense required outside Indiana.
- (d) A duly qualified physician, or surgeon, or advanced practice registered nurse provided and paid for by the employee may be present at an examination, if the employee so desires. In all cases, where the examination is made by a physician, or a surgeon, or an advanced practice registered nurse engaged by the employer and the employee who has a disability or is injured has no physician, or surgeon, or advanced practice registered nurse present at the examination, it shall be the duty of the physician, or surgeon, or advanced practice registered nurse making the examination to deliver to the injured employee, or the employee's representative, a statement in writing of the conditions evidenced by such examination. The statement shall disclose all facts that are reported by the physician, or surgeon, or advanced practice registered nurse to the employer. This statement shall be furnished to the employee or the employee's representative as soon as practicable, but not later than thirty (30) days before the time the case is set for hearing. The statement may be submitted by either party as evidence by that physician, or surgeon, or advanced practice registered nurse at a hearing before the worker's compensation board if the statement meets the requirements of subsection (f). If the physician, or surgeon, or advanced practice registered nurse fails or refuses to furnish the employee or the employee's representative with such statement thirty (30) days before the hearing, then the statement may not be submitted as evidence, and the physician, surgeon, or advanced practice registered nurse shall not be permitted to testify before the worker's compensation board as



to any facts learned in the examination. All of the requirements of this subsection apply to all subsequent examinations requested by the employer.

(e) In all cases where an examination of an employee is made by a physician, or a surgeon, or an advanced practice registered nurse engaged by the employee, and the employer has no physician, or surgeon, or advanced practice registered nurse present at such examination, it shall be the duty of the physician, or surgeon, or advanced practice registered nurse making the examination to deliver to the employer or the employer's representative a statement in writing of the conditions evidenced by such examination. The statement shall disclose all the facts that are reported by such physician, or surgeon, or advanced practice registered nurse to the employee. The statement shall be furnished to the employer or the employer's representative as soon as practicable, but not later than thirty (30) days before the time the case is set for hearing. The statement may be submitted by either party as evidence by that physician, or surgeon, or advanced practice registered nurse at a hearing before the worker's compensation board if the statement meets the requirements of subsection (f). If the physician, or surgeon, or advanced practice registered nurse fails or refuses to furnish the employer or the employer's representative with such statement thirty (30) days before the hearing, then the statement may not be submitted as evidence, and the physician, or surgeon, or advanced practice registered nurse shall not be permitted to testify before the worker's compensation board as to any facts learned in such examination. All of the requirements of this subsection apply to all subsequent examinations made by a physician, or surgeon, or advanced practice registered nurse engaged by the employee.

- (f) All statements of physicians, or surgeons, or advanced practice registered nurses required by this section, whether those engaged by employee or employer, shall contain the following information:
 - (1) The history of the injury, or claimed injury, as given by the patient.
 - (2) The diagnosis of the physician, or surgeon, or advanced practice registered nurse concerning the patient's physical or mental condition.
 - (3) The opinion of the physician, or surgeon, or advanced practice registered nurse concerning the causal relationship, if any, between the injury and the patient's physical or mental condition, including the physician's, or surgeon's, or advanced practice registered nurse's reasons for the opinion.



1

2

3

4

5

6

7

8

9

10

11 12

13

14

15

16

17

18

19

20

21

22

23

24

25

26 27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

- (4) The opinion of the physician, or surgeon, or advanced practice registered nurse concerning whether the injury or claimed injury resulted in a disability or impairment and, if so, the opinion of the physician, or surgeon, or advanced practice registered nurse concerning the extent of the disability or impairment and the reasons for the opinion.
 - (5) The original signature of the physician, or surgeon, or advanced practice registered nurse.

Notwithstanding any hearsay objection, the worker's compensation board shall admit into evidence a statement that meets the requirements of this subsection unless the statement is ruled inadmissible on other grounds.

- (g) Delivery of any statement required by this section may be made to the attorney or agent of the employer or employee and such an action shall be construed as delivery to the employer or employee.
- (h) Any party may object to a statement on the basis that the statement does not meet the requirements of subsection (e). (f). The objecting party must give written notice to the party providing the statement and specify the basis for the objection. Notice of the objection must be given no later than twenty (20) days before the hearing. Failure to object as provided in this subsection precludes any further objection as to the adequacy of the statement under subsection (f).
- (i) The employer upon proper application, or the worker's compensation board, shall have the right in any case of death to require an autopsy at the expense of the party requesting the same. If, after a hearing, the board orders an autopsy and the autopsy is refused by the surviving spouse or next of kin, in this event any claim for compensation on account of the death shall be suspended and abated during the refusal. The surviving spouse or dependent must be served with a notice setting forth the consequences of the refusal under this subsection. The notice must be in a form prescribed by the worker's compensation board. No autopsy, except one performed by or on the authority or order of the coroner in discharge of the coroner's duties, shall be held in any case by any person without notice first being given to the surviving spouse or next of kin, if they reside in Indiana or their whereabouts can reasonably be ascertained, of the time and place thereof, and reasonable time and opportunity shall be given such surviving spouse or next of kin to have a representative or representatives present to witness same. However, if such notice is not given, all evidence obtained by the autopsy shall be suspended on motion duly made to the board.



SECTION 8. IC 22-3-7-27, AS AMENDED BY P.L.134-2006, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 27. (a) If the employer and the employee or the employee's dependents disagree in regard to the compensation payable under this chapter, or, if they have reached such an agreement, which has been signed by them, filed with and approved by the worker's compensation board, and afterward disagree as to the continuance of payments under such agreement, or as to the period for which payments shall be made, or as to the amount to be paid, because of a change in conditions since the making of such agreement, either party may then make an application to the board for the determination of the matters in dispute. When compensation which is payable in accordance with an award or by agreement approved by the board is ordered paid in a lump sum by the board, no review shall be had as in this subsection mentioned.

- (b) The application making claim for compensation filed with the worker's compensation board shall state the following:
 - (1) The approximate date of the last day of the last exposure and the approximate date of the disablement.
 - (2) The general nature and character of the illness or disease claimed.
 - (3) The name and address of the employer by whom employed on the last day of the last exposure, and if employed by any other employer after such last exposure and before disablement, the name and address of such other employer or employers.
 - (4) In case of death, the date and place of death.
 - (5) Amendments to applications making claim for compensation which relate to the same disablement or disablement resulting in death originally claimed upon may be allowed by the board in its discretion, and, in the exercise of such discretion, it may, in proper cases, order a trial de novo. Such amendment shall relate back to the date of the filing of the original application so amended.
- (c) Upon the filing of such application, the board shall set the date of hearing, which shall be as early as practicable, and shall notify the parties, in the manner prescribed by the board, of the time and place of hearing. The hearing of all claims for compensation on account of occupational disease shall be held in the county in which the last exposure occurred or in any adjoining county, except when the parties consent to a hearing elsewhere. Claims assigned to an individual board member that are considered to be of an emergency nature by that board member, may be heard in any county within the board member's



jurisdiction.

- (d) The board by any or all of its members shall hear the parties at issue, their representatives, and witnesses, and shall determine the dispute in a summary manner. The award shall be filed with the record of proceedings, and a copy thereof shall immediately be sent by registered mail to each of the parties in dispute.
- (e) If an application for review is made to the board within thirty (30) days from the date of the award made by less than all the members, the full board, if the first hearing was not held before the full board, shall review the evidence, or, if deemed advisable, hear the parties at issue, their representatives, and witnesses as soon as practicable, and shall make an award and file the same with the finding of the facts on which it is based and send a copy thereof to each of the parties in dispute, in like manner as specified in subsection (d).
- (f) An award of the board by less than all of the members as provided in this section, if not reviewed as provided in this section, shall be final and conclusive. An award by the full board shall be conclusive and binding unless either party to the dispute, within thirty (30) days after receiving a copy of such award, appeals to the court of appeals under the same terms and conditions as govern appeals in ordinary civil actions. The court of appeals shall have jurisdiction to review all questions of law and of fact. The board, of its own motion, may certify questions of law to the court of appeals for its decision and determination. An assignment of errors that the award of the full board is contrary to law shall be sufficient to present both the sufficiency of the facts found to sustain the award and the sufficiency of the evidence to sustain the finding of facts. All such appeals and certified questions of law shall be submitted upon the date filed in the court of appeals, shall be advanced upon the docket of the court, and shall be determined at the earliest practicable date, without any extensions of time for filing briefs. An award of the full board affirmed on appeal, by the employer, shall be increased thereby five percent (5%), and by order of the court may be increased ten percent (10%).
- (g) Upon order of the worker's compensation board made after five (5) days notice is given to the opposite party, any party in interest may file in the circuit or superior court of the county in which the disablement occurred a certified copy of the memorandum of agreement, approved by the board, or of an order or decision of the board, or of an award of the full board unappealed from, or of an award of the full board affirmed upon an appeal, whereupon the court shall render judgment in accordance therewith and notify the parties. Such judgment shall have the same effect and all proceedings in relation



thereto shall thereafter be the same as though such judgment has been rendered in a suit duly heard and determined by the court. Any such judgment of such circuit or superior court, unappealed from or affirmed on appeal or modified in obedience to the mandate of the court of appeals, shall be modified to conform to any decision of the worker's compensation board ending, diminishing, or increasing any weekly payment under the provisions of subsection (i) upon the presentation to it of a certified copy of such decision.

- (h) In all proceedings before the worker's compensation board or in a court under the compensation provisions of this chapter, the costs shall be awarded and taxed as provided by law in ordinary civil actions in the circuit court.
- (i) The power and jurisdiction of the worker's compensation board over each case shall be continuing, and, from time to time, it may, upon its own motion or upon the application of either party on account of a change in conditions, make such modification or change in the award ending, lessening, continuing, or extending the payments previously awarded, either by agreement or upon hearing, as it may deem just, subject to the maximum and minimum provided for in this chapter. When compensation which is payable in accordance with an award or settlement contract approved by the board is ordered paid in a lump sum by the board, no review shall be had as in this subsection mentioned. Upon making any such change, the board shall immediately send to each of the parties a copy of the modified award. No such modification shall affect the previous award as to any money paid thereunder. The board shall not make any such modification upon its own motion, nor shall any application therefor be filed by either party after the expiration of two (2) years from the last day for which compensation was paid. The board may at any time correct any clerical error in any finding or award.
- (j) The board or any member thereof may, upon the application of either party or upon its own motion, appoint a disinterested and duly qualified physician, or surgeon, or advanced practice registered nurse to make any necessary medical examination of the employee and to testify in respect thereto. Such physician, or surgeon, or advanced practice registered nurse shall be allowed traveling expenses and a reasonable fee, to be fixed by the board. The fees and expenses of such physician, or surgeon, or advanced practice registered nurse shall be paid by the state only on special order of the board or a member thereof.
- (k) The board or any member thereof may, upon the application of either party or upon its own motion, appoint a disinterested and duly



qualified industrial hygienist, industrial engineer, industrial physician, or chemist to make any necessary investigation of the occupation in which the employee alleges that the employee was last exposed to the hazards of the occupational disease claimed upon, and testify with respect to the occupational disease health hazards found by such person or persons to exist in such occupation. Such person or persons shall be allowed traveling expenses and a reasonable fee, to be fixed by the board. The fees and expenses of such persons shall be paid by the state, only on special order of the board or a member thereof.

(1) Whenever any claimant misconceives the claimant's remedy and files an application for adjustment of a claim under IC 22-3-2 through IC 22-3-6 and it is subsequently discovered, at any time before the final disposition of such cause, that the claim for injury or death which was the basis for such application should properly have been made under the provisions of this chapter, then the application so filed under IC 22-3-2 through IC 22-3-6 may be amended in form or substance or both to assert a claim for such disability or death under the provisions of this chapter, and it shall be deemed to have been so filed as amended on the date of the original filing thereof, and such compensation may be awarded as is warranted by the whole evidence pursuant to the provisions of this chapter. When such amendment is submitted, further or additional evidence may be heard by the worker's compensation board when deemed necessary. Nothing in this section contained shall be construed to be or permit a waiver of any of the provisions of this chapter with reference to notice or time for filing a claim, but notice of filing of a claim, if given or done, shall be deemed to be a notice or filing of a claim under the provisions of this chapter if given or done within the time required in this chapter.

SECTION 9. IC 22-15-5-15 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 15. (a) This section does not apply to a licensed elevator contractor that is not an individual.

- (b) To renew a license issued under this licensing program, the license holder must satisfy the continuing education requirement and submit a proof of completion of training to the department.
- (c) The continuing education requirement is at least eight (8) hours of instruction that must be attended and completed within one (1) year before a license renewal.
- (d) The continuing education courses designed to ensure the continuing education of an individual holding a license regarding new and existing provisions of the rules of the commission may include:
 - (1) programs sponsored by the commission;



(2) trade association seminars; (3) labor training programs; or (4) joint labor management apprenticeship and journeyman upgrade training programs. For an individual's completion of a continuing education course to satisfy the individual's continuing education requirement under this

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16 17

18

19

20

21

22

23

24

25

26 27

28

29

30

31

32

33

34

35

36

37 38

39 40

41

- chapter, the continuing education provider, instructor and the curriculum must have been approved by the department. (e) All instructors of continuing education courses must be approved
- by the department. If an instructor is approved by the department, has worked as an instructor teaching a curriculum approved by the department at any time within the year preceding the expiration date of the license, and submits proof of this work to the department, the instructor is exempt from the requirements of subsection (c).
- (f) Continuing education providers shall keep uniform records of attendance at approved continuing education courses for at least ten (10) years on forms designed and distributed by the department.
- (g) A license holder who is unable to complete the continuing education required under this chapter before the expiration of the individual's license due to temporary physical or mental disability may apply for a waiver from the department in accordance with the following:
 - (1) A waiver application must be submitted to the department on a form established by the department.
 - (2) A waiver application must be signed and accompanied by an affidavit signed by the physician or advanced practice registered nurse of the applicant attesting to the applicant's temporary disability.
- (h) After the cessation of the temporary disability, the applicant must submit to the department a certification from the same physician or advanced practice registered nurse, if the physician or advanced practice registered nurse is still the treating physician or advanced practice registered nurse of the applicant, or from a subsequent treating physician attesting to the termination of the temporary disability.
- (i) Upon the submission of the certification under subsection (h), the department shall issue a temporary waiver of the continuing education requirement. A temporary waiver is valid for ninety (90) days after the date of issue and allows the individual to work as an elevator contractor, elevator inspector, or elevator mechanic without the completion of the continuing education requirement for ninety (90) days.



(j) A temporary waiver of the continuing education requirement n	nay
not be renewed.	

SECTION 10. IC 25-27-1-2, AS AMENDED BY P.L.196-2021, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) Except as otherwise provided in this chapter and IC 25-27-2, it is unlawful for a person or business entity to do the following:

- (1) Practice physical therapy without first obtaining from the board a license authorizing the person to practice physical therapy in this state.
- (2) Profess to be or promote an employee to be a physical therapist, physiotherapist, doctor of physiotherapy, doctor of physical therapy, or registered physical therapist or to use the initials "P.T.", "D.P.T.", "L.P.T.", or "R.P.T.", or any other letters, words, abbreviations, or insignia indicating that physical therapy is provided by a physical therapist, unless physical therapy is provided by or under the direction of a physical therapist.
- (3) Advertise services for physical therapy or physiotherapy services, unless the individual performing those services is a physical therapist.
- (b) Except as provided in subsection (e) and section 2.5 of this chapter, it is unlawful for a person to practice physical therapy other than upon the order or referral of a physician, **a** podiatrist, **a** psychologist, **a** chiropractor, **a** dentist, nurse practitioner, **an advanced practice registered nurse**, or **a** physician assistant holding an unlimited license to practice medicine, podiatric medicine, psychology, chiropractic, dentistry, nursing, or as a physician assistant, respectively. It is unlawful for a physical therapist to use the services of a physical therapist assistant except as provided under this chapter. For the purposes of this subsection, the function of:
 - (1) teaching;
 - (2) doing research;
 - (3) providing advisory services; or
- (4) conducting seminars on physical therapy; is not considered to be a practice of physical therapy.
- (c) Except as otherwise provided in this chapter and IC 25-27-2, it is unlawful for a person to profess to be or act as a physical therapist assistant or to use the initials "P.T.A." or any other letters, words, abbreviations, or insignia indicating that the person is a physical therapist assistant without first obtaining from the board a certificate authorizing the person to act as a physical therapist assistant. It is unlawful for the person to act as a physical therapist assistant other



1	than under the general supervision of a licensed physical therapist who
2	is in responsible charge of a patient. However, nothing in this chapter
3	prohibits a person licensed or registered in this state under another law
4	from engaging in the practice for which the person is licensed or
5	registered. These exempted persons include persons engaged in the
6	practice of osteopathic medicine, chiropractic, or podiatric medicine.
7	(d) Except as provided in section 2.5 of this chapter, this chapter
8	does not authorize a person who is licensed as a physical therapist or
9	certified as a physical therapist assistant to:
10	(1) evaluate any physical disability or mental disorder excep
11	upon the order or referral of a physician, a podiatrist, a
12	psychologist, a chiropractor, a physician assistant, nurse
13	practitioner, an advanced practice registered nurse, or a
14	dentist;
15	(2) practice medicine, surgery (as described in
16	IC $25-22.5-1-1.1(a)(1)(C)$), dentistry, optometry, osteopathic
17	medicine, psychology, chiropractic, or podiatric medicine; or
18	(3) prescribe a drug or other remedial substance used in medicine
19	(e) Upon the referral of a licensed school psychologist, a physical
20	therapist who is:
21	(1) licensed under this article; and
22	(2) an employee or contractor of a school corporation;
23	may provide mandated school services to a student that are within the
24	physical therapist's scope of practice.
25	SECTION 11. IC 27-8-14.5-6 IS AMENDED TO READ AS
26	FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) A health
27	insurance plan issued by an insurer must provide coverage for diabetes
28	self-management training that is:
29	(1) medically necessary;
30	(2) ordered in writing by a physician licensed under IC 25-22.5
31	or a podiatrist licensed under IC 25-29, or an advanced practice
32	registered nurse licensed under IC 25-23; and
33	(3) provided by a health care professional who:
34	(A) is licensed, registered, or certified under IC 25; and
35	(B) has specialized training in the management of diabetes.
36	(b) Coverage for diabetes self-management training may be limited
37	to the following:
38	(1) One (1) or more visits after receiving a diagnosis of diabetes
39	(2) One (1) or more visits after receiving a diagnosis by a
10	physician licensed under IC 25-22.5 or a podiatrist licensed under
11	IC 25 20 that



2022

(A) represents a significant change in the insured's symptoms

1	or condition; and
2	(B) makes changes in the insured's self-management medically
3	necessary.
4	(3) One (1) or more visits for reeducation or refresher training.
5	(c) Coverage for diabetes self-management training is subject to the
6	requirements of the health insurance plan regarding the use of
7	participating providers.
8	SECTION 12. IC 27-8-27-6, AS AMENDED BY P.L.133-2020,
9	SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
10	JULY 1, 2022]: Sec. 6. (a) A health insurance plan that provides
11	coverage for early intervention services shall reimburse the first steps
12	program a monthly fee established by the division of disability and
13	rehabilitative services. Except when the monthly fee is less than the
14	product determined under IC 12-12.7-2-23(b), the monthly fee shall be
15	provided instead of claims processing of individual claims.
16	(b) A health insurance plan may not require authorization for
17	services specified in the covered individual's individualized family
18	service plan, if those services are a covered benefit under the plan,
19	once the individualized family service plan is signed by a physician or
20	an advanced practice registered nurse.
21	(c) The department of insurance shall adopt rules under IC 4-22-2
22	to ensure compliance with this section.

