



January 31, 2020

## SENATE BILL No. 337

DIGEST OF SB 337 (Updated January 29, 2020 4:39 pm - DI 137)

**Citations Affected:** IC 5-10; IC 12-15; IC 16-21; IC 24-1; IC 25-1; IC 27-1; IC 27-8; noncode.

**Synopsis:** Various insurance and health care matters. Requires the state personnel department to: (1) evaluate whether to offer state employees a health reimbursement arrangement benefit and consider the population of state employees to whom the benefit should be offered; and (2) report to the general assembly on the department's findings by November 1, 2020. Requires the office of the secretary of family and social services to study the feasibility of: (1) changing Indiana's Medicaid program to a block grant; (2) establishing a consumer-directed Medicaid pilot program; and (3) restructuring Medicaid payments for long term care. Requires a nonprofit hospital that deducts an amount for charity care that exceeds the Medicare reimbursement rate for the services to disclose in its annual report to the state department of health a breakdown of the components of the deduction that were taken by the nonprofit hospital in determining net patient revenue. Establishes limitations on covenants not to compete concerning physicians. Requires specified licensing boards to submit information and recommendations on various licensure matters. Allows a party to audit a pharmacy benefit manager with which it has a contract. Requires the department of insurance (department) to take certain action on association health plans in compliance with federal law. Sets forth requirements of short term insurance plans and insurers that issue these plans. Requires the department to examine various integration opportunities. Urges the legislative council to assign various topics for study during the 2020 legislative interim. Requires  
(Continued next page)

**Effective:** Upon passage; July 1, 2020.

**Spartz, Zay, Bohacek**

January 13, 2020, read first time and referred to Committee on Insurance and Financial Institutions.  
January 30, 2020, amended, reported favorably — Do Pass.

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the department to assess the feasibility of allowing the sale of health insurance across state lines and a multistate reciprocity system. Requires specified agencies to report on Medicaid claim auditing and fraud. Requires the department and the secretary of family and social services to develop a framework for long term care insurance policies and sets requirements. Requires the attorney general to make recommendations on enhancing strict antitrust enforcement of anticompetitive practices. Requires the commission on higher education to provide an executive summary on medical training programs. Requires the department of workforce development to provide an executive summary on health worker supply needs. Requires the medical licensing board of Indiana to provide an executive summary concerning the creation and implementation of expedited licensure pathways. Requires the trustee of the net level Indiana trust fund to report on trust assets in health care related infrastructure. Requires the Indiana economic development corporation to provide a report concerning incentive programs related to health care infrastructure. Requires the department and the office of the secretary of family and social services to assess the feasibility of applying for federal 1332 waivers concerning the insurance market.



January 31, 2020

Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

## SENATE BILL No. 337

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

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

1       SECTION 1. IC 5-10-8.1-9 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
3 1, 2020]: **Sec. 9. (a) As used in this section, "health reimbursement**  
4 **arrangement" means an arrangement that:**  
5       **(1) is paid for solely by the employer and not provided under**  
6       **a salary reduction election or otherwise under a cafeteria plan**  
7       **under Section 125 of the Internal Revenue Code;**  
8       **(2) reimburses the employee for medical care expenses (as**  
9       **defined by Section 213(d) of the Internal Revenue Code)**  
10       **incurred by the employee and the employee's spouse and**  
11       **dependents; and**  
12       **(3) provides reimbursements up to a maximum dollar amount**  
13       **for a coverage period, and any unused portion of the**  
14       **maximum dollar amount at the end of a coverage period is**  
15       **carried forward to increase the maximum reimbursement**

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amount in subsequent coverage periods.

(b) The state personnel department shall:

(1) evaluate whether the state should offer a health reimbursement arrangement for state employees; and

(2) if it determines that offering a health reimbursement arrangement to state employees would be beneficial, consider the population of state employees to whom a health reimbursement arrangement should be offered.

(c) Before November 1, 2020, the state personnel department shall report its findings under subsection (b) to the general assembly in an electronic format under IC 5-14-6.

(d) This section expires December 31, 2020.

SECTION 2. IC 12-15-1-23 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 23. (a) Before September 1, 2020, the office of the secretary of family and social services shall study the feasibility of the following changes to the Medicaid program:

(1) Administering the Medicaid program under a block grant.

(2) Establishing a consumer directed pilot program under Medicaid.

(3) Restructuring Medicaid payments for long term care.

(b) Before October 1, 2020, the office of the secretary of family and social services shall report to the general assembly in an electronic format under IC 5-14-6 the findings of the study under subsection (a).

(c) This section expires December 31, 2020.

SECTION 3. IC 16-21-6-3, AS AMENDED BY P.L.2-2007, SECTION 190, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 3. (a) Each hospital shall file with the state department a report for the preceding fiscal year within one hundred twenty (120) days after the end of the hospital's fiscal year. The state department shall grant an extension of the time to file the report if the hospital shows good cause for the extension. The report must contain the following:

(1) A copy of the hospital's balance sheet, including a statement describing the hospital's total assets and total liabilities.

(2) A copy of the hospital's income statement.

(3) A statement of changes in financial position.

(4) A statement of changes in fund balance.

(5) Accountant notes pertaining to the report.

(6) A copy of the hospital's report required to be filed annually under 42 U.S.C. 1395g, and other appropriate utilization and



financial reports required to be filed under federal statutory law.

(7) Net patient revenue.

**(8) A disclosure of the components of the total charity care deduction taken by a nonprofit hospital in determining net patient revenue under subdivision (7), including:**

**(A) if the deduction is disclosed and written off using an amount other than the Medicare reimbursement rate, the amount of the patient charity care write off using the Medicare reimbursement rate provided by the office of Medicaid policy and planning; and**

**(B) the amounts and descriptions of any charity care write offs for non-patient services that are included in the total charity care deduction.**

~~(8)~~ **(9)** A statement including:

(A) Medicare gross revenue;

(B) Medicaid gross revenue;

(C) other revenue from state programs;

(D) revenue from local government programs;

(E) local tax support;

(F) charitable contributions;

(G) other third party payments;

(H) gross inpatient revenue;

(I) gross outpatient revenue;

(J) contractual allowance;

(K) any other deductions from revenue;

(L) charity care provided;

(M) itemization of bad debt expense; and

(N) an estimation of the unreimbursed cost of subsidized health services.

~~(9)~~ **(10)** A statement itemizing donations.

~~(10)~~ **(11)** A statement describing the total cost of reimbursed and unreimbursed research.

~~(11)~~ **(12)** A statement describing the total cost of reimbursed and unreimbursed education separated into the following categories:

(A) Education of physicians, nurses, technicians, and other medical professionals and health care providers.

(B) Scholarships and funding to medical schools, and other postsecondary educational institutions for health professions education.

(C) Education of patients concerning diseases and home care in response to community needs.

(D) Community health education through informational



programs, publications, and outreach activities in response to community needs.

(E) Other educational services resulting in education related costs.

(b) The information in the report filed under subsection (a) must be provided from reports or audits certified by an independent certified public accountant or by the state board of accounts.

SECTION 4. IC 24-1-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

**Chapter 6. Covenants Not to Compete**

**Sec. 1. This chapter applies to a contract entered into, renewed, or amended after June 30, 2020.**

**Sec. 2. As used in this chapter, "covenant not to compete" means a provision of:**

**(1) an employment contract; or**

**(2) a contract to sell a business;**

**under which the promisor agrees, for a specific period and within a particular area, not to compete with the promisee.**

**Sec. 3. As used in this chapter, "physician" means a physician licensed under IC 25-22.5.**

**Sec. 4. A covenant not to compete is unenforceable unless:**

**(1) at the time it was entered into, it was ancillary to or part of an otherwise enforceable contract;**

**(2) its limitations as to:**

**(A) time of duration;**

**(B) geographical area; and**

**(C) scope of activity to be restrained;**

**are reasonable; and**

**(3) it does not impose a greater restraint than is necessary to protect:**

**(A) the goodwill; or**

**(B) another legitimate business interest;**

**of the promisee.**

**Sec. 5. (a) This section:**

**(1) applies to a covenant not to compete in a contract to employ a physician; and**

**(2) does not apply to a covenant not to compete in a contract under which a physician sells the physician's ownership interest in a licensed hospital or licensed ambulatory surgical center.**

**(b) A covenant not to compete in a contract to employ a**



physician is not enforceable against the physician unless it complies with section 4(1) through 4(3) of this chapter and with all of the following:

(1) The covenant not to compete must not apply to a physician for a period longer than twenty-four months (24) after the date of termination of the physician's contract of employment.

(2) The covenant not to compete must allow the physician:

(A) access to a list of the patients, with their corresponding contact information, whom the physician saw or treated not more than two (2) years before the termination of the physician's contract of employment; and

(B) to contact any of the patients in the list described in clause (A) to inform them of the physician's updated contact information.

(3) The covenant not to compete must allow the physician prompt access to the medical records of a patient whom the physician saw or treated before the termination of the physician's contract of employment if the patient authorizes the physician's access to the medical records.

(4) The covenant not to compete must not provide for the physician to be charged more than a reasonable fee for being provided:

(A) a list of patients and their corresponding contact information under subdivision (2); or

(B) copies of a patient's medical records under subdivision (3).

(5) The covenant not to compete must provide for or allow a buy out of the covenant not to compete by the physician at a reasonable price, subject to the following:

(A) A reasonable price for the buyout may be set forth in the covenant not to compete.

(B) If a reasonable buyout price is not set forth in the covenant not to compete, a reasonable price for the buyout may be determined by an arbitrator mutually agreed upon by the physician and the promisee, and the determination of the arbitrator under this clause shall be binding upon the physician and the promisee.

(C) If the physician and the promisee are unable to agree upon the selection of arbitrator, a reasonable buyout price shall be determined by an arbitrator appointed by a court, and the determination of the arbitrator under this clause shall be binding upon the physician and the promisee.



(6) The covenant not to compete must not prohibit the physician from continuing to provide care and treatment to a particular patient, in any location, if the physician's care and treatment of the patient began before the termination of the physician's contract of employment.

(c) Subsection (b)(2) and (b)(3) does not require that:

(1) a list of patients; or

(2) a patient's medical records;

be provided to a physician after termination of the physician's contract of employment in a format different from the format in which the list of patients or medical records are ordinarily maintained.

SECTION 5. IC 25-1-21 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

**Chapter 21. Expanded Scope of Practice and License Accessibility Report**

**Sec. 1.** As used in this chapter, "agency" means the Indiana professional licensing agency.

**Sec. 2.** As used in this chapter, "board" means any of the entities described in IC 25-0.5-11.

**Sec. 3.** As used in this chapter, "license" means:

(1) an unlimited license, certificate, registration, or permit;

(2) a limited or probationary license, certificate, registration, or permit;

(3) a temporary license, certificate, registration, or permit;

(4) an intern permit; or

(5) a provisional license;

issued by a board regulating a profession or an occupation.

**Sec. 4.** Each board shall submit information, at a time determined by the agency, concerning the following:

(1) A summary of each license issued by the board or a committee under the authority of the board.

(2) Any recommendations on the following:

(A) Laws or rules that could be amended to expand scope of practice restrictions to allow individuals with a license to practice to the full extent of an individual's education and training.

(B) Allowing a nonlicensed individual to provide and be paid directly for the individual's services where evidence supports that the nonlicensed individual can safely and effectively provide that care.





(C) Proposals to eliminate requirements for rigid collaborative practice and supervision agreements between physicians and dentists and licensed individuals who work for physicians and dentists that are not justified by legitimate health and safety concerns.

(D) Proposals to expand license portability to improve workforce mobility and telehealth services using the least restrictive standard through mutual recognition, providing reciprocal out of state licensing, interstate mobility, or expedited licensing.

(E) Improving the structure and make up of members on a board or a committee.

**Sec. 5.** The agency shall submit a report to the general assembly, before November 1, 2020, containing the information collected in section 4 of this chapter. The report must be in an electronic format under IC 5-14-6.

SECTION 6. IC 27-1-24.8-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 6. (a)** A party that has contracted with a pharmacy benefit manager to provide services may, at least one (1) time in a calendar year, request an audit of compliance with the contract. The audit may include full disclosure of rebate amounts secured on prescription drugs, whether product specific or general rebates, that were provided by a pharmaceutical manufacturer and any other revenue and fees derived by the pharmacy benefit manager from the contract. A contract may not contain provisions that impose unreasonable fees or conditions that would severely restrict a party's right to conduct an audit under this subsection.

**(b)** A pharmacy benefit manager shall disclose, upon request from a party that has contracted with a pharmacy benefit manager, to the party the actual amounts paid by the pharmacy benefit manager to any pharmacy.

**(c)** A pharmacy benefit manager shall provide notice to a party contracting with the pharmacy benefit manufacturer any consideration that the pharmacy benefit manager receives from a pharmacy manufacturer for any name brand dispensing of a prescription when a generic or biologically similar product is available for the prescription.

**(d)** Any provision of a contract entered into, issued, or renewed after June 30, 2020, that violates this section is unenforceable.

SECTION 7. IC 27-1-34.2 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2020]:

**Chapter 34.2. Association Health Plans**

**Sec. 1. (a) If allowable under federal law, the department shall adopt rules under IC 4-22-2 concerning the establishment of association health plans, including:**

**(1) allowing employers to join together to establish association health plans;**

**(2) sole proprietors; and**

**(3) working owners;**

**in compliance with 29 CFR part 2510. In the implementation and administration of association health plans in Indiana, the department may use the department's enforcement authority to ensure compliance with the rules adopted under this subsection.**

**(b) If the commissioner determines that federal law does not allow for the operation of association health plans described in subsection (a), the department shall assess the feasibility of submitting a request to the United States Department of Health and Human Services or the United States Department of Treasury for a state innovation waiver under Section 1332 of the federal Patient Protection and Affordable Care Act (P.L. 111-148) concerning allowing working owners and sole proprietors to participate in a group health plan in accordance with federal law.**

**(c) Before November 1, 2020, the commissioner shall update the general assembly in an electronic format under IC 5-14-6 on the status of operating association health plans as described in subsection (a) and of any feasibility determination made under subsection (b). This subsection expires December 31, 2020.**

**SECTION 8. IC 27-8-5.9-4.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 4.2. (a) An insurer that issues a short term insurance plan to a covered individual under this chapter may sell to the covered individual a separate policy product with an option to renew the short term insurance plan at the election of the covered individual for one (1) or more additional renewal periods after the maximum cumulative renewal period allowed by section 3(1) of this chapter. The insurer may not require additional underwriting for the separate policy product or change the risk class as of the time of initial issuance of the plan at continuation or renewal of coverage.**

**(b) A short term insurance plan insurer shall provide to the commissioner any marketing materials concerning the offering or sale of a guaranteed renewable option for the short term insurance**



plans described in subsection (a) before the marketing materials are used.

SECTION 9. [EFFECTIVE UPON PASSAGE] (a) The department of insurance, in consultation with the worker's compensation board shall:

(1) examine the possible opportunities of the integration of:

(A) worker's compensation insurance; and

(B) disability insurance;

with individual and group policies of accident and sickness insurance (as defined in IC 27-8-5-1(a)); and

(2) not later than August 1, 2021, issue to the interim study committee on:

(A) financial institutions and insurance; and

(B) employment and labor;

an executive summary making recommendations, if any, concerning potential consumer driven solutions.

(b) This SECTION expires December 31, 2021.

SECTION 10. [EFFECTIVE UPON PASSAGE] (a) The legislative counsel is urged to assign to the appropriate interim study committee during the 2020 legislative interim the topic of tort reform, including the following issues:

(1) Actions for medical malpractice under IC 34-18.

(2) The use of contingency fees.

(3) Bad faith penalties.

(4) The types of damages sought in a civil cause of action.

(5) Liability by contract.

(6) Arbitration as an option in resolving litigation.

(7) Assessment of current capitations.

(8) Study of reimbursements payments that are made to providers even when the provider has performed malpractice or other malfeasance.

(9) Disciplinary process for licensed health care practitioners resulting from negligence, malfeasance, or malpractice.

(b) This SECTION expires January 1, 2021.

SECTION 11. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "corporate practice of medicine laws" refers to IC 25-22.5-1-2(a)(20), IC 25-22.5-1-2(c), and any other laws pertaining to the legal entities through which medical services are delivered.

(b) The legislative council is urged to assign to an appropriate interim study committee during the 2020 legislative interim the task of studying the effect that corporate practice of medicine laws



1 have upon the availability and affordability of medical services in  
 2 Indiana. An interim study committee assigned to study the subject  
 3 set forth in this SECTION shall consider whether corporate  
 4 practice of medicine laws:

5 (1) create unnecessary barriers to the delivery of medical  
 6 services; and

7 (2) could be revised to allow greater flexibility in the delivery  
 8 of medical services, including:

9 (A) greater involvement of personnel operating under the  
 10 supervision of physicians, without a decline in the quality  
 11 of the medical services delivered; and

12 (B) corporations that are not licensed health care  
 13 practitioners operating a business of employing health care  
 14 practitioners to provide services with any necessary legal  
 15 protections.

16 (c) This SECTION expires January 1, 2021.

17 SECTION 12. [EFFECTIVE UPON PASSAGE] (a) The legislative  
 18 council is urged to assign to an appropriate interim study  
 19 committee during the 2020 legislative interim the task of studying  
 20 the streamlining of hospital licensure to promote innovative  
 21 business models.

22 (b) This SECTION expires January 1, 2021.

23 SECTION 13. [EFFECTIVE UPON PASSAGE] (a) The legislative  
 24 council is urged to assign to an appropriate interim study  
 25 committee during the 2020 legislative interim the task of studying:

26 (1) pricing model transparency and disclosure requirements  
 27 for bonus overrides, administrative fees, rebates,  
 28 commissions, discounts, vendor incentives, or other types of  
 29 compensation received for services by pharmacy benefit  
 30 managers;

31 (2) expanding a pharmacist's scope of practice to include the  
 32 prescribing of prescription drugs; and

33 (3) limiting prescription authority and strengthening of audit  
 34 procedures for opioid prescriptions.

35 (b) This SECTION expires January 1, 2021.

36 SECTION 14. [EFFECTIVE UPON PASSAGE] (a) The  
 37 commissioner of the department of insurance shall assess the  
 38 feasibility of allowing the sale of health insurance across state lines  
 39 and explore with other insurance commissioners of any of the  
 40 states of the United States, the District of Columbia, the  
 41 Commonwealth of Puerto Rico, Guam, the Virgin Islands, and  
 42 American Samoa, and any territory of the United States, the



1 creation of a multistate reciprocity system for the approval of  
 2 individual health insurance policies with participating states and  
 3 territories.

4 (b) The commissioner shall consult with other insurance  
 5 commissioners described in subsection (a) concerning a multistate  
 6 reciprocity system, including any rules of reciprocity on the  
 7 approval of health insurance policies that may be agreed upon by  
 8 a majority of the interested commissioners and prepare a report  
 9 concerning the consensus.

10 (c) The commissioner shall also evaluate enhancing cross-border  
 11 competition for complex medical conditions to enhance price and  
 12 value competition in Indiana.

13 (d) Before December 1, 2020, the commissioner shall report to  
 14 the legislative council in an electronic format under IC 5-14-6 any  
 15 recommendations under this SECTION.

16 (e) This SECTION expires December 31, 2021.

17 SECTION 15. [EFFECTIVE JULY 1, 2020] (a) Before November  
 18 1, 2020, the:

19 (1) state Medicaid fraud control unit established under  
 20 IC 4-6-10;

21 (2) state board of accounts established under IC 5-11-1; and

22 (3) office of the secretary of family and social services under  
 23 IC 12-15-13.5;

24 shall provide a report in an electronic under IC 5-14-6 concerning  
 25 Medicaid claims auditing and fraud to the legislative council, the  
 26 audit committee established by IC 2-5-1.1-6.3, and the interim  
 27 study committee on public health, behavioral health, and human  
 28 services established by IC 2-5-1.3-4.

29 (b) This SECTION expires January 1, 2021.

30 SECTION 16. [EFFECTIVE JULY 1, 2020] (a) As used in this  
 31 SECTION, "long term care insurance policy" has the meaning set  
 32 forth in IC 27-8-12-5.

33 (b) The insurance commissioner appointed under IC 27-1-1-2  
 34 and the secretary of family and social services appointed under  
 35 IC 12-8-1.5-2 shall develop a framework for long term care  
 36 insurance policies with asset protection and cash surrender value  
 37 that:

38 (1) provides a means of preparing for eventual long term care  
 39 for consumers representing a broad range of incomes and  
 40 potential needs; and

41 (2) qualifies the policyholder for an asset disregard under  
 42 IC 12-15-39.6-10.



1 (c) Before July 1, 2021, the insurance commissioner and the  
 2 secretary shall report to the legislative council in an electronic  
 3 format under IC 5-14-6.

4 (d) This SECTION expires July 1, 2022.

5 SECTION 17. [EFFECTIVE UPON PASSAGE] (a) Before  
 6 November 1, 2021, the attorney general, in consultation with the  
 7 department of insurance (as described under IC 27-1-1-1) shall  
 8 provide, in a electronic format under IC 5-14-6, recommendations,  
 9 if any, to the legislative council and the general assembly, on  
 10 enhancing strict antitrust enforcement of potential anticompetitive  
 11 practices, including the following:

- 12 (1) Price protection practices.
- 13 (2) Payment parity.
- 14 (3) Most favored nation clauses.
- 15 (4) Advertising restrictions.
- 16 (5) Price fixing.
- 17 (6) Accreditation and speciality certifications.
- 18 (7) Hospital staff privileges.
- 19 (8) Gag clauses.
- 20 (9) Price discrimination.
- 21 (10) Undue influence.
- 22 (11) Antitiering or antisteering clauses.
- 23 (12) Bundling.
- 24 (13) Tying arrangements.
- 25 (14) Vertical and horizontal consolidation.
- 26 (15) Collusion.
- 27 (16) All or none clauses.
- 28 (17) Naked market allocation.
- 29 (18) Exclusive dealing.
- 30 (19) Any other:
  - 31 (A) form of anticompetitive contract language;
  - 32 (B) unreasonable restraint on trade; or
  - 33 (C) unreasonable or unlawful attempt at monopolization.

34 (b) This SECTION expires January 1, 2021.

35 SECTION 18. [EFFECTIVE UPON PASSAGE] (a) Before  
 36 November 1, 2020, the commission for higher education, in  
 37 consultation with the office of the secretary of family and social  
 38 services (as described under IC 12-8-1.5-1), shall provide, in an  
 39 electronic format under IC 5-14-6, an executive summary, if  
 40 applicable, to the legislative council and the general assembly,  
 41 concerning medical training programs and current sources of state  
 42 and federal funding for medical and nursing school students and



1 graduates who are currently working in hospitals or teaching  
 2 institutions, as applicable, for the purpose of completing residency  
 3 or fellowship training.

4 (b) This SECTION expires January 1, 2021.

5 SECTION 19. [EFFECTIVE UPON PASSAGE] (a) Before  
 6 November 1, 2020, the department of workforce development, in  
 7 consultation with the Indiana economic development corporation  
 8 (as described under IC 5-28), shall provide, in an electronic format  
 9 under IC 5-14-6, an executive summary, if applicable, to the  
 10 legislative council and the general assembly concerning health  
 11 worker supply needs across:

12 (1) specialties; and

13 (2) geographic regions of the state;

14 as determined by data from the national center for health  
 15 workforce analysis or any other source of available and  
 16 comparable data.

17 (b) This SECTION expires January 1, 2021.

18 SECTION 20. [EFFECTIVE UPON PASSAGE] (a) Before  
 19 November 1, 2020, the medical licensing board of Indiana (created  
 20 by IC 25-22.5-2-1), in consultation with the state department of  
 21 health (established by IC 16-19-1-1), the Accreditation Council for  
 22 Graduate Medical Education, and the United States Department  
 23 of Health and Human Services, if applicable, shall provide, in an  
 24 electronic format under IC 5-14-6:

25 (1) an executive summary, if applicable; and

26 (2) recommendations, if any;

27 to the legislative council and the general assembly, concerning the  
 28 creation and implementation of an expedited licensure pathway for  
 29 highly qualified, foreign trained physicians that have successfully  
 30 completed a residency program equivalent to an American  
 31 graduate medical education program.

32 (b) This SECTION expires January 1, 2021.

33 SECTION 21. [EFFECTIVE UPON PASSAGE] (a) Not later than  
 34 November 1, 2020, the trustee of the next level Indiana trust fund  
 35 established under IC 8-14-15.1-5 shall provide a report in an  
 36 electronic format under IC 5-14-6 to the legislative council, interim  
 37 study committee on public health, behavioral health, and human  
 38 services (established by IC 2-5-1.3-4), and interim study committee  
 39 on fiscal policy (established by IC 2-5-1.3-4); concerning:

40 (1) investments, if any, of trust assets in health care related  
 41 infrastructure, including innovations related to:

42 (A) value based health care delivery models;



- 1 (B) information sharing;  
 2 (C) price and value transparency; and  
 3 (D) medical education and research; and  
 4 (2) any return on investments in health care related  
 5 infrastructure.  
 6 (b) This SECTION expires June 30, 2022.  
 7 SECTION 22. [EFFECTIVE UPON PASSAGE] (a) Not later than  
 8 November 1, 2020, the Indiana economic development corporation  
 9 shall provide a report in an electronic format under IC 5-14-6 to  
 10 the legislative council, interim study committee on public health,  
 11 behavioral health, and human services (established by  
 12 IC 2-5-1.3-4), and interim study committee on fiscal policy  
 13 (established by IC 2-5-1.3-4); concerning:  
 14 (1) incentive programs, if any, related to health care  
 15 infrastructure, including innovations related to:  
 16 (A) value based health care delivery models;  
 17 (B) information sharing;  
 18 (C) price and value transparency; and  
 19 (D) medical education and research; and  
 20 (2) any activity or results of incentive programs related to  
 21 health care infrastructure.  
 22 (b) This SECTION expires June 30, 2022.  
 23 SECTION 23. [EFFECTIVE UPON PASSAGE] (a) The office of  
 24 the secretary and the department of insurance shall assess the  
 25 feasibility of applying to the United States Department of Health  
 26 and Human Services for a Section 1332 waiver to improve price  
 27 and value for Indiana's individual health insurance market,  
 28 encourage new market entries, and develop a consumer driven  
 29 health care delivery and payment system.  
 30 (b) Before October 1, 2020, the department of insurance shall  
 31 report to the general assembly in an electronic format under  
 32 IC 5-14-6 the finding of the assessment under subsection (a).  
 33 (c) This SECTION expires December 31, 2020.  
 34 SECTION 24. An emergency is declared for this act.





## COMMITTEE REPORT

Madam President: The Senate Committee on Insurance and Financial Institutions, to which was referred Senate Bill No. 337, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, delete lines 27 through 42.

Delete page 3.

Page 4, delete lines 1 through 14.

Page 4, delete lines 33 through 42, begin a new line block indented and insert:

**"(8) A disclosure of the components of the total charity care deduction taken by a nonprofit hospital in determining net patient revenue under subdivision (7), including:**

**(A) if the deduction is disclosed and written off using an amount other than the Medicare reimbursement rate, the amount of the patient charity care write off using the Medicare reimbursement rate provided by the office of Medicaid policy and planning; and**

**(B) the amounts and descriptions of any charity care write offs for non-patient services that are included in the total charity care deduction."**

Page 5, delete lines 1 through 13.

Page 7, line 5, delete "seven hundred thirty (730) days" and insert **"twenty-four months (24)"**.

Page 7, delete lines 8 through 11, begin a new line block indented and insert:

**"(2) The covenant not to compete must allow the physician:**

**(A) access to a list of the patients, with their corresponding contact information, whom the physician saw or treated not more than two (2) years before the termination of the physician's contract of employment; and**

**(B) to contact any of the patients in the list described in clause (A) to inform them of the physician's updated contact information."**

Page 7, line 12, after "physician" insert **"prompt"**.

Page 7, line 20, after "patients" insert **"and their corresponding contact information"**.

Page 7, line 41, delete "with an acute illness" and insert **", in any location,"**.

Page 8, delete lines 9 through 42.

Delete page 9.

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Page 10, delete lines 1 through 10.

Page 11, delete lines 15 through 42.

Delete page 12.

Page 13, delete lines 1 through 13.

Page 13, line 22, delete "manufacturer." and insert **"manufacturer and any other revenue and fees derived by the pharmacy benefit manager from the contract. A contract may not contain provisions that impose unreasonable fees or conditions that would severely restrict a party's right to conduct an audit under this subsection."**

Page 14, delete lines 22 through 42.

Delete pages 15 through 20.

Page 21, delete lines 1 through 19.

Page 21, delete lines 32 through 36, begin a new paragraph and insert:

**"(b) A short term insurance plan insurer shall provide to the commissioner any marketing materials concerning the offering or sale of a guaranteed renewable option for the short term insurance plans described in subsection (a) before the marketing materials are used."**

Page 21, line 38, delete "the department of" and insert **"the worker's compensation board"**.

Page 21, line 39, delete "workforce development".

Page 24, line 40, delete "2020," and insert **"2021,"**.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 337 as introduced.)

BASSLER, Chairperson

Committee Vote: Yeas 9, Nays 0.

