

HOUSE BILL No. 1079

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-14; IC 27-4.

Synopsis: Practice of dentistry; virtual claim payments. Amends the definition of dentistry. Provides that a dentist may administer an immunization if the dentist: (1) is certified in cardiopulmonary resuscitation; (2) has successfully completed a course of training in immunization that meets specified requirements; and (3) administers the immunization in accordance with a protocol that includes specified requirements and procedures. Prescribes reporting requirements for a dentist who administers an immunization. Provides that a dentist: (1) is not required to administer immunizations; and (2) is not required to complete immunization training if the dentist chooses not to administer immunizations. Provides that a health insurance plan, including a health management organization contract, may not require a dental provider to accept payment under the health insurance plan by virtual claim payment. Requires a health insurer, including a health maintenance organization, to do the following before providing payment to a dental provider by electronic funds transfer, including by virtual claim payment: (1) Notify the dental provider of any fees associated with the electronic funds transfer. (2) Advise the dental provider of the methods of payment available under the health insurance plan and provide clear instructions to the dental provider as to how to select an alternate payment method. (3) Notify the dental provider as to whether the health insurer is receiving a portion of the fee charged for the electronic funds transfer.

Effective: July 1, 2021.

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January 4, 2021, read first time and referred to Committee on Public Health.



First Regular Session of the 122nd General Assembly (2021)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2020 Regular Session of the General Assembly.

HOUSE BILL No. 1079

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 25-14-1-23, AS AMENDED BY P.L.264-2013,
2 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2021]: Sec. 23. (a) A person is practicing dentistry within the
4 meaning of this chapter if the person does any of the following:
5 (1) Uses the word "dentist" or "dental surgeon", the letters
6 "D.D.S." or "D.M.D.", or other letters or titles in connection with
7 dentistry.
8 (2) Directs and controls the treatment of patients within a place
9 where dental services are performed.
10 (3) Advertises or permits to be advertised by sign, card, circular,
11 handbill, newspaper, radio, or otherwise that the person can or
12 will attempt to perform dental operations of any kind.
13 (4) Offers to ~~diagnose or professes to diagnose or treats or~~
14 ~~professes to treat any of the lesions or diseases of the human oral~~
15 ~~cavity, teeth, gingiva, or maxillary or mandibular structures.~~
16 **evaluate, diagnose, prevent, or treat:**
17 **(A) diseases, disorders, and conditions of the oral cavity,**



- 1 **maxillofacial area, and adjacent and associated structures;**
 2 **and**
 3 **(B) the effects of such diseases, disorders, and conditions**
 4 **on the human body;**
 5 **using nonsurgical, surgical, or related procedures.**
 6 (5) Extracts human teeth or corrects malpositions of the teeth or
 7 jaws.
 8 (6) Except as provided in IC 25-13-1-10.5 and IC 25-13-1-10.6,
 9 administers dental anesthetics.
 10 (7) Uses x-ray pictures for dental diagnostic purposes.
 11 (8) Makes:
 12 (A) oral images for the fabrication of a final restoration,
 13 impression, or cast;
 14 (B) impressions; or
 15 (C) casts of any oral tissues or structures;
 16 for the purpose of diagnosis or treatment thereof or for the
 17 construction, repair, reproduction, or duplication of any prosthetic
 18 device to alleviate or cure any oral lesion or replace any lost oral
 19 structures, tissue, or teeth.
 20 (9) Advertises to the public by any method, except trade and
 21 professional publications, to furnish, supply, construct, reproduce,
 22 repair, or adjust any prosthetic denture, bridge, appliance, or other
 23 structure to be worn in the human mouth.
 24 (10) Is the employer of a dentist who is hired to provide dental
 25 services.
 26 (11) Directs or controls the use of dental equipment or dental
 27 material while the equipment or material is being used to provide
 28 dental services. However, a person may lease or provide advice
 29 or assistance concerning dental equipment or dental material if
 30 the person does not restrict or interfere with the custody, control,
 31 or use of the equipment or material by the dentist. This
 32 subdivision does not prevent a dental hygienist who is licensed
 33 under IC 25-13 from owning dental equipment or dental materials
 34 within the dental hygienist's scope of practice.
 35 (12) Directs, controls, or interferes with a dentist's clinical
 36 judgment.
 37 (13) Exercises direction or control over a dentist through a written
 38 contract concerning the following areas of dental practice:
 39 (A) The selection of a patient's course of treatment.
 40 (B) Referrals of patients, except for requiring referrals to be
 41 within a specified provider network, subject to the exceptions
 42 under IC 27-13-36-5.



- 1 (C) Content of patient records.
 2 (D) Policies and decisions relating to refunds, if the refund
 3 payment would be reportable under federal law to the National
 4 Practitioner Data Bank, and warranties.
 5 (E) The clinical content of advertising.
 6 (F) Final decisions relating to the employment of dental office
 7 personnel.
 8 However, this subdivision does not prohibit a person from
 9 providing advice or assistance concerning the areas of dental
 10 practice referred to in this subdivision or an insurer (as defined in
 11 IC 27-1-26-1) from carrying out the applicable provisions of
 12 IC 27 under which the insurer is licensed.
 13 However, a person does not have to be a dentist to be a manufacturer
 14 of dental prostheses.
 15 (b) In addition to subsection (a), a person is practicing dentistry who
 16 directly or indirectly by any means or method furnishes, supplies,
 17 constructs, reproduces, repairs, or adjusts any prosthetic denture,
 18 bridge, appliance, or any other structure to be worn in the human
 19 mouth and delivers the resulting product to any person other than the
 20 duly licensed dentist upon whose written work authorization the work
 21 was performed. A written work authorization shall include the
 22 following:
 23 (1) The name and address of the dental laboratory to which it is
 24 directed.
 25 (2) The case identification.
 26 (3) A specification of the materials to be used.
 27 (4) A description of the work to be done and, if necessary,
 28 diagrams thereof.
 29 (5) The date of issuance of the authorization.
 30 (6) The signature and address of the licensed dentist or other
 31 dental practitioner by whom the work authorization is issued.
 32 A separate work authorization shall be issued for each patient of the
 33 issuing licensed dentist or other dental practitioner for whom dental
 34 technological work is to be performed.
 35 (c) This section shall not apply to those procedures which a legally
 36 licensed and practicing dentist may delegate to a dental assistant as to
 37 which procedures the dentist exercises direct supervision and
 38 responsibility.
 39 (d) Procedures delegated by a dentist may not include the following:
 40 (1) Those procedures which require professional judgment and
 41 skill such as diagnosis, treatment planning, the cutting of hard or
 42 soft tissues, or any intraoral impression which would lead to the



1 fabrication of a final prosthetic appliance.

2 (2) Except for procedures described in subsections (g) and (h),
3 procedures delegated to a dental assistant may not include
4 procedures allocated under IC 25-13-1 to a licensed dental
5 hygienist.

6 (e) This chapter shall not prevent dental students from performing
7 dental operations under the supervision of competent instructors within
8 the dental school or a university recognized by the board or in any
9 public clinic under the supervision of the authorized superintendent of
10 such clinic authorized under the authority and general direction of the
11 board of health or school board of any city or town in Indiana.

12 (f) Licensed pharmacists of this state may fill prescriptions of
13 licensed dentists of this state for any drug necessary in the practice of
14 dentistry.

15 (g) Notwithstanding IC 25-13-1-11(4), a dental assistant who has
16 completed a board approved curriculum may apply medicaments for
17 the control or prevention of dental caries under the direct supervision
18 of a licensed dentist. The curriculum must include instruction on the
19 following:

- 20 (1) Ethics and jurisprudence.
- 21 (2) Reasons for fluorides.
- 22 (3) Systemic fluoride.
- 23 (4) Topical fluoride.
- 24 (5) Fluoride application.
- 25 (6) Laboratory work on topical fluoride applications and patient
26 competency.

27 (h) Notwithstanding IC 25-13-1-11(3), a dental assistant who has
28 completed a board approved curriculum may polish the coronal surface
29 of teeth under the direct supervision of a licensed dentist. The
30 curriculum must include instruction on the following:

- 31 (1) Ethics and jurisprudence.
- 32 (2) Plaque and materia alba.
- 33 (3) Intrinsic and extrinsic stain.
- 34 (4) Abrasive agents.
- 35 (5) Use of a slow speed hand piece, prophy cup, and occlusal
36 polishing brush.
- 37 (6) Theory of selective polishing.
- 38 (7) Laboratory work concerning slow speed hand piece, hand
39 dexterity, and patient competency.

40 SECTION 2. IC 25-14-6 IS ADDED TO THE INDIANA CODE AS
41 A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
42 1, 2021]:



Chapter 6. Dentist Administration of Immunizations

Sec. 1. (a) A dentist licensed under this article may administer an immunization to a patient if the dentist:

- (1) is certified in cardiopulmonary resuscitation;**
- (2) has successfully completed a course of training in immunization that meets the requirements set forth in subsection (b); and**
- (3) administers the immunization in accordance with a protocol that meets the requirements set forth in section 2 of this chapter.**

(b) A course of training under subsection (a)(2) must:

- (1) be provided by an accredited provider;**
- (2) be approved by the board;**
- (3) meet the standards set forth by:**
 - (A) the Centers for Disease Control and Prevention or a similar health authority; or**
 - (B) a professional body approved by the board;**
- (4) comply with guidelines issued by:**
 - (A) the Centers for Disease Control and Prevention; and**
 - (B) the Occupational Safety and Health Administration;**
- (5) include study materials and hands on training and techniques for administering vaccines; and**
- (6) provide instruction and experiential training in the following content areas:**
 - (A) Mechanisms of action for:**
 - (i) vaccines;**
 - (ii) contraindication;**
 - (iii) drug interaction; and**
 - (iv) patient monitoring after vaccine administration.**
 - (B) Standards for immunization practices.**
 - (C) Basic immunology and vaccine protection.**
 - (D) Vaccine preventable diseases.**
 - (E) Recommended immunization schedules.**
 - (F) Vaccine storage management.**
 - (G) Biohazard waste disposal and sterile techniques.**
 - (H) Informed consent.**
 - (I) Physiology and techniques for vaccine administration.**
 - (J) Patient pre-vaccination and post-vaccination assessment and counseling.**
 - (K) Immunization record management.**
 - (L) Management of adverse events, including:**
 - (i) identification;**



- (ii) appropriate response;
- (iii) documentation; and
- (iv) reporting.

(c) A dentist who administers immunizations under this chapter shall maintain records of the dentist's completion of:

- (1) training in cardiopulmonary resuscitation; and
- (2) training described in subsection (b).

Sec. 2. (a) The protocol under which a dentist administers an immunization must include the following:

- (1) For each immunization to be administered by the dentist:
 - (A) the name and strength of the vaccine;
 - (B) precautions and contraindications;
 - (C) the intended audience or patient population;
 - (D) the appropriate dosage;
 - (E) administration schedules in accordance with guidelines issued by the Centers for Disease Control and Prevention;
 - (F) appropriate routes of administration; and
 - (G) appropriate injection sites.

(2) The length of time for which the dentist recommends an individual be observed for adverse effects following administration of an immunization to the individual.

(3) A procedure for addressing emergency situations, including adverse and anaphylactic reactions.

(4) A procedure for administration of epinephrine, including appropriate dosages, when required in the event of an adverse or anaphylactic reaction.

(5) A requirement that not later than fourteen (14) days after the dentist administers an immunization to an individual, the dentist shall provide notice of the immunization to the individual's physician.

(6) A requirement that, for each immunization administered by the dentist, the dentist shall maintain a copy of:

- (A) a record of immunization; and
- (B) the notification provided by the dentist under subdivision (5);

in accordance with rules adopted by the board.

(b) The immunization protocol under which a dentist administers an immunization must be:

- (1) maintained at the dentist's office and available for inspection by the individual receiving the immunization; and
- (2) renewed annually.

Sec. 3. A dentist may not delegate to another person the



1 administration of an immunization under this chapter.

2 **Sec. 4. (a) A dentist who administers an immunization to a**
 3 **patient under this chapter shall:**

4 (1) report the immunization of the patient to the
 5 immunization data registry under IC 16-38-5 unless a written
 6 immunization data exception form has been completed and
 7 filed for the patient in accordance with IC 16-38-5-2; and

8 (2) report any adverse event:

9 (A) to the patient's primary care physician not later than
 10 seventy-two (72) hours after the dentist knows of the
 11 adverse event; and

12 (B) to the Vaccine Adverse Events Reporting System
 13 maintained by the Centers for Disease Control and
 14 Prevention and the Food and Drug Administration.

15 (b) A dentist shall maintain a record of each adverse event
 16 reported by the dentist under subsection (a)(2).

17 **Sec. 5. (a) A dentist may not be required to:**

18 (1) administer an immunization; or

19 (2) complete a course of training under section 1(a)(2) of this
 20 chapter;

21 **if the dentist chooses not to administer immunizations.**

22 (b) **If a dentist chooses not to administer immunizations, the**
 23 **dentist is not required to complete a course of training under**
 24 **section 1(a)(2) of this chapter to maintain a license to practice as a**
 25 **dentist in this state.**

26 SECTION 3. IC 27-4-1-4, AS AMENDED BY P.L.50-2020,
 27 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2021]: Sec. 4. (a) The following are hereby defined as unfair
 29 methods of competition and unfair and deceptive acts and practices in
 30 the business of insurance:

31 (1) Making, issuing, circulating, or causing to be made, issued, or
 32 circulated, any estimate, illustration, circular, or statement:

33 (A) misrepresenting the terms of any policy issued or to be
 34 issued or the benefits or advantages promised thereby or the
 35 dividends or share of the surplus to be received thereon;

36 (B) making any false or misleading statement as to the
 37 dividends or share of surplus previously paid on similar
 38 policies;

39 (C) making any misleading representation or any
 40 misrepresentation as to the financial condition of any insurer,
 41 or as to the legal reserve system upon which any life insurer
 42 operates;



- 1 (D) using any name or title of any policy or class of policies
2 misrepresenting the true nature thereof; or
3 (E) making any misrepresentation to any policyholder insured
4 in any company for the purpose of inducing or tending to
5 induce such policyholder to lapse, forfeit, or surrender the
6 policyholder's insurance.
- 7 (2) Making, publishing, disseminating, circulating, or placing
8 before the public, or causing, directly or indirectly, to be made,
9 published, disseminated, circulated, or placed before the public,
10 in a newspaper, magazine, or other publication, or in the form of
11 a notice, circular, pamphlet, letter, or poster, or over any radio or
12 television station, or in any other way, an advertisement,
13 announcement, or statement containing any assertion,
14 representation, or statement with respect to any person in the
15 conduct of the person's insurance business, which is untrue,
16 deceptive, or misleading.
- 17 (3) Making, publishing, disseminating, or circulating, directly or
18 indirectly, or aiding, abetting, or encouraging the making,
19 publishing, disseminating, or circulating of any oral or written
20 statement or any pamphlet, circular, article, or literature which is
21 false, or maliciously critical of or derogatory to the financial
22 condition of an insurer, and which is calculated to injure any
23 person engaged in the business of insurance.
- 24 (4) Entering into any agreement to commit, or individually or by
25 a concerted action committing any act of boycott, coercion, or
26 intimidation resulting or tending to result in unreasonable
27 restraint of, or a monopoly in, the business of insurance.
- 28 (5) Filing with any supervisory or other public official, or making,
29 publishing, disseminating, circulating, or delivering to any person,
30 or placing before the public, or causing directly or indirectly, to
31 be made, published, disseminated, circulated, delivered to any
32 person, or placed before the public, any false statement of
33 financial condition of an insurer with intent to deceive. Making
34 any false entry in any book, report, or statement of any insurer
35 with intent to deceive any agent or examiner lawfully appointed
36 to examine into its condition or into any of its affairs, or any
37 public official to which such insurer is required by law to report,
38 or which has authority by law to examine into its condition or into
39 any of its affairs, or, with like intent, willfully omitting to make a
40 true entry of any material fact pertaining to the business of such
41 insurer in any book, report, or statement of such insurer.
- 42 (6) Issuing or delivering or permitting agents, officers, or



1 employees to issue or deliver, agency company stock or other
 2 capital stock, or benefit certificates or shares in any common law
 3 corporation, or securities or any special or advisory board
 4 contracts or other contracts of any kind promising returns and
 5 profits as an inducement to insurance.

6 (7) Making or permitting any of the following:

7 (A) Unfair discrimination between individuals of the same
 8 class and equal expectation of life in the rates or assessments
 9 charged for any contract of life insurance or of life annuity or
 10 in the dividends or other benefits payable thereon, or in any
 11 other of the terms and conditions of such contract. However,
 12 in determining the class, consideration may be given to the
 13 nature of the risk, plan of insurance, the actual or expected
 14 expense of conducting the business, or any other relevant
 15 factor.

16 (B) Unfair discrimination between individuals of the same
 17 class involving essentially the same hazards in the amount of
 18 premium, policy fees, assessments, or rates charged or made
 19 for any policy or contract of accident or health insurance or in
 20 the benefits payable thereunder, or in any of the terms or
 21 conditions of such contract, or in any other manner whatever.
 22 However, in determining the class, consideration may be given
 23 to the nature of the risk, the plan of insurance, the actual or
 24 expected expense of conducting the business, or any other
 25 relevant factor.

26 (C) Excessive or inadequate charges for premiums, policy
 27 fees, assessments, or rates, or making or permitting any unfair
 28 discrimination between persons of the same class involving
 29 essentially the same hazards, in the amount of premiums,
 30 policy fees, assessments, or rates charged or made for:

31 (i) policies or contracts of reinsurance or joint reinsurance,
 32 or abstract and title insurance;

33 (ii) policies or contracts of insurance against loss or damage
 34 to aircraft, or against liability arising out of the ownership,
 35 maintenance, or use of any aircraft, or of vessels or craft,
 36 their cargoes, marine builders' risks, marine protection and
 37 indemnity, or other risks commonly insured under marine,
 38 as distinguished from inland marine, insurance; or

39 (iii) policies or contracts of any other kind or kinds of
 40 insurance whatsoever.

41 However, nothing contained in clause (C) shall be construed to
 42 apply to any of the kinds of insurance referred to in clauses (A)



1 and (B) nor to reinsurance in relation to such kinds of insurance.
 2 Nothing in clause (A), (B), or (C) shall be construed as making or
 3 permitting any excessive, inadequate, or unfairly discriminatory
 4 charge or rate or any charge or rate determined by the department
 5 or commissioner to meet the requirements of any other insurance
 6 rate regulatory law of this state.

7 (8) Except as otherwise expressly provided by law, knowingly
 8 permitting or offering to make or making any contract or policy
 9 of insurance of any kind or kinds whatsoever, including but not in
 10 limitation, life annuities, or agreement as to such contract or
 11 policy other than as plainly expressed in such contract or policy
 12 issued thereon, or paying or allowing, or giving or offering to pay,
 13 allow, or give, directly or indirectly, as inducement to such
 14 insurance, or annuity, any rebate of premiums payable on the
 15 contract, or any special favor or advantage in the dividends,
 16 savings, or other benefits thereon, or any valuable consideration
 17 or inducement whatever not specified in the contract or policy; or
 18 giving, or selling, or purchasing or offering to give, sell, or
 19 purchase as inducement to such insurance or annuity or in
 20 connection therewith, any stocks, bonds, or other securities of any
 21 insurance company or other corporation, association, limited
 22 liability company, or partnership, or any dividends, savings, or
 23 profits accrued thereon, or anything of value whatsoever not
 24 specified in the contract. Nothing in this subdivision and
 25 subdivision (7) shall be construed as including within the
 26 definition of discrimination or rebates any of the following
 27 practices:

28 (A) Paying bonuses to policyholders or otherwise abating their
 29 premiums in whole or in part out of surplus accumulated from
 30 nonparticipating insurance, so long as any such bonuses or
 31 abatement of premiums are fair and equitable to policyholders
 32 and for the best interests of the company and its policyholders.

33 (B) In the case of life insurance policies issued on the
 34 industrial debit plan, making allowance to policyholders who
 35 have continuously for a specified period made premium
 36 payments directly to an office of the insurer in an amount
 37 which fairly represents the saving in collection expense.

38 (C) Readjustment of the rate of premium for a group insurance
 39 policy based on the loss or expense experience thereunder, at
 40 the end of the first year or of any subsequent year of insurance
 41 thereunder, which may be made retroactive only for such
 42 policy year.



1 (D) Paying by an insurer or insurance producer thereof duly
2 licensed as such under the laws of this state of money,
3 commission, or brokerage, or giving or allowing by an insurer
4 or such licensed insurance producer thereof anything of value,
5 for or on account of the solicitation or negotiation of policies
6 or other contracts of any kind or kinds, to a broker, an
7 insurance producer, or a solicitor duly licensed under the laws
8 of this state, but such broker, insurance producer, or solicitor
9 receiving such consideration shall not pay, give, or allow
10 credit for such consideration as received in whole or in part,
11 directly or indirectly, to the insured by way of rebate.

12 (9) Requiring, as a condition precedent to loaning money upon the
13 security of a mortgage upon real property, that the owner of the
14 property to whom the money is to be loaned negotiate any policy
15 of insurance covering such real property through a particular
16 insurance producer or broker or brokers. However, this
17 subdivision shall not prevent the exercise by any lender of the
18 lender's right to approve or disapprove of the insurance company
19 selected by the borrower to underwrite the insurance.

20 (10) Entering into any contract, combination in the form of a trust
21 or otherwise, or conspiracy in restraint of commerce in the
22 business of insurance.

23 (11) Monopolizing or attempting to monopolize or combining or
24 conspiring with any other person or persons to monopolize any
25 part of commerce in the business of insurance. However,
26 participation as a member, director, or officer in the activities of
27 any nonprofit organization of insurance producers or other
28 workers in the insurance business shall not be interpreted, in
29 itself, to constitute a combination in restraint of trade or as
30 combining to create a monopoly as provided in this subdivision
31 and subdivision (10). The enumeration in this chapter of specific
32 unfair methods of competition and unfair or deceptive acts and
33 practices in the business of insurance is not exclusive or
34 restrictive or intended to limit the powers of the commissioner or
35 department or of any court of review under section 8 of this
36 chapter.

37 (12) Requiring as a condition precedent to the sale of real or
38 personal property under any contract of sale, conditional sales
39 contract, or other similar instrument or upon the security of a
40 chattel mortgage, that the buyer of such property negotiate any
41 policy of insurance covering such property through a particular
42 insurance company, insurance producer, or broker or brokers.



1 However, this subdivision shall not prevent the exercise by any
 2 seller of such property or the one making a loan thereon of the
 3 right to approve or disapprove of the insurance company selected
 4 by the buyer to underwrite the insurance.

5 (13) Issuing, offering, or participating in a plan to issue or offer,
 6 any policy or certificate of insurance of any kind or character as
 7 an inducement to the purchase of any property, real, personal, or
 8 mixed, or services of any kind, where a charge to the insured is
 9 not made for and on account of such policy or certificate of
 10 insurance. However, this subdivision shall not apply to any of the
 11 following:

12 (A) Insurance issued to credit unions or members of credit
 13 unions in connection with the purchase of shares in such credit
 14 unions.

15 (B) Insurance employed as a means of guaranteeing the
 16 performance of goods and designed to benefit the purchasers
 17 or users of such goods.

18 (C) Title insurance.

19 (D) Insurance written in connection with an indebtedness and
 20 intended as a means of repaying such indebtedness in the
 21 event of the death or disability of the insured.

22 (E) Insurance provided by or through motorists service clubs
 23 or associations.

24 (F) Insurance that is provided to the purchaser or holder of an
 25 air transportation ticket and that:

26 (i) insures against death or nonfatal injury that occurs during
 27 the flight to which the ticket relates;

28 (ii) insures against personal injury or property damage that
 29 occurs during travel to or from the airport in a common
 30 carrier immediately before or after the flight;

31 (iii) insures against baggage loss during the flight to which
 32 the ticket relates; or

33 (iv) insures against a flight cancellation to which the ticket
 34 relates.

35 (14) Refusing, because of the for-profit status of a hospital or
 36 medical facility, to make payments otherwise required to be made
 37 under a contract or policy of insurance for charges incurred by an
 38 insured in such a for-profit hospital or other for-profit medical
 39 facility licensed by the state department of health.

40 (15) Refusing to insure an individual, refusing to continue to issue
 41 insurance to an individual, limiting the amount, extent, or kind of
 42 coverage available to an individual, or charging an individual a



- 1 different rate for the same coverage, solely because of that
 2 individual's blindness or partial blindness, except where the
 3 refusal, limitation, or rate differential is based on sound actuarial
 4 principles or is related to actual or reasonably anticipated
 5 experience.
- 6 (16) Committing or performing, with such frequency as to
 7 indicate a general practice, unfair claim settlement practices (as
 8 defined in section 4.5 of this chapter).
- 9 (17) Between policy renewal dates, unilaterally canceling an
 10 individual's coverage under an individual or group health
 11 insurance policy solely because of the individual's medical or
 12 physical condition.
- 13 (18) Using a policy form or rider that would permit a cancellation
 14 of coverage as described in subdivision (17).
- 15 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
 16 concerning motor vehicle insurance rates.
- 17 (20) Violating IC 27-8-21-2 concerning advertisements referring
 18 to interest rate guarantees.
- 19 (21) Violating IC 27-8-24.3 concerning insurance and health plan
 20 coverage for victims of abuse.
- 21 (22) Violating IC 27-8-26 concerning genetic screening or testing.
- 22 (23) Violating IC 27-1-15.6-3(b) concerning licensure of
 23 insurance producers.
- 24 (24) Violating IC 27-1-38 concerning depository institutions.
- 25 (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning
 26 the resolution of an appealed grievance decision.
- 27 (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired
 28 July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1,
 29 2007, and repealed).
- 30 (27) Violating IC 27-2-21 concerning use of credit information.
- 31 (28) Violating IC 27-4-9-3 concerning recommendations to
 32 consumers.
- 33 (29) Engaging in dishonest or predatory insurance practices in
 34 marketing or sales of insurance to members of the United States
 35 Armed Forces as:
- 36 (A) described in the federal Military Personnel Financial
 37 Services Protection Act, P.L.109-290; or
- 38 (B) defined in rules adopted under subsection (b).
- 39 (30) Violating IC 27-8-19.8-20.1 concerning stranger originated
 40 life insurance.
- 41 (31) Violating IC 27-2-22 concerning retained asset accounts.
- 42 (32) Violating IC 27-8-5-29 concerning health plans offered



1 through a health benefit exchange (as defined in IC 27-19-2-8).

2 (33) Violating a requirement of the federal Patient Protection and
3 Affordable Care Act (P.L. 111-148), as amended by the federal
4 Health Care and Education Reconciliation Act of 2010 (P.L.
5 111-152), that is enforceable by the state.

6 (34) After June 30, 2015, violating IC 27-2-23 concerning
7 unclaimed life insurance, annuity, or retained asset account
8 benefits.

9 (35) Willfully violating IC 27-1-12-46 concerning a life insurance
10 policy or certificate described in IC 27-1-12-46(a).

11 (36) Violating IC 27-1-37-7 concerning prohibiting the disclosure
12 of health care service claims data.

13 **(37) Violating IC 27-4-10-10 concerning virtual claim**
14 **payments.**

15 (b) Except with respect to federal insurance programs under
16 Subchapter III of Chapter 19 of Title 38 of the United States Code, the
17 commissioner may, consistent with the federal Military Personnel
18 Financial Services Protection Act (10 U.S.C. 992 note), adopt rules
19 under IC 4-22-2 to:

20 (1) define; and

21 (2) while the members are on a United States military installation
22 or elsewhere in Indiana, protect members of the United States
23 Armed Forces from;

24 dishonest or predatory insurance practices.

25 SECTION 4. IC 27-4-10 IS ADDED TO THE INDIANA CODE AS
26 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
27 1, 2021]:

28 **Chapter 10. Virtual Claim Payments for Dental Care Services**

29 **Sec. 1. As used in this chapter, "Automated Clearing House**
30 **Network payment" means a payment made under National**
31 **Automated Clearing House Association standards adopted in 45**
32 **CFR Section 162.1602.**

33 **Sec. 2. As used in this chapter, "dental care" means services**
34 **provided by a dentist within the scope of the dentist's licensure**
35 **under IC 25-14.**

36 **Sec. 3. As used in this chapter, "dental provider" means:**

37 (1) a dentist licensed under IC 25-14; or

38 (2) a dental office that provides billing and administrative
39 services for one (1) or more dentists licensed under IC 25-14
40 who provide dental care through the dental office.

41 **Sec. 4. As used in this chapter, "electronic funds transfer**
42 **payment" includes a payment by any method of electronic funds**



1 transfer other than an Automated Clearing House Network
2 payment.

3 **Sec. 5. As used in this chapter, "health insurance plan" means:**

- 4 (1) a hospital or medical insurance policy or certificate;
5 (2) a qualified higher deductible health plan;
6 (3) a health maintenance organization subscriber contract;
7 (4) a contract providing benefits for dental care, regardless of
8 whether the contract is part of or associated with a medical
9 insurance policy or certificate; or
10 (5) a stand-alone dental plan, health maintenance provider
11 contract, or managed health care plan authorized under this
12 title.

13 **Sec. 6. As used in this chapter, "health insurer" means an entity
14 or person that issues a health insurance plan.**

15 **Sec. 7. As used in this chapter, "health maintenance
16 organization" means an entity that provides or arranges for
17 delivery of dental care under a certificate of authority issued under
18 IC 27-13.**

19 **Sec. 8. As used in this chapter, "provider billing agent" means
20 a person or entity that contracts with a dental provider to provide
21 billing services for the dental provider, including:**

- 22 (1) submitting bills to patients;
23 (2) requesting payment from patients; and
24 (3) receiving payment from patients;

25 **under the terms and conditions of the contract between the dental
26 provider and the person or entity.**

27 **Sec. 9. (a) As used in this chapter, "virtual claim payment"
28 means a type of electronic funds transfer in which:**

- 29 (1) a health insurer or contracted vendor of a health insurer
30 issues a single use series of numbers for purposes of payment
31 for dental care performed by a dental provider and
32 chargeable to a predetermined dollar amount; and
33 (2) the dental provider is responsible for processing the
34 payment using a credit card terminal or Internet portal.

35 **(b) The term includes virtual or online credit card payments in
36 which:**

- 37 (1) no physical credit card is presented to the dental provider;
38 and
39 (2) the virtual or online credit card expires upon payment
40 processing.

41 **Sec. 10. (a) A health insurance plan may not require a dental
42 provider to accept payment under the health insurance plan by**



- 1 virtual claim payment.
- 2 (b) Before initiating or modifying payment to a dental provider
3 using an electronic funds transfer payment, including a virtual
4 claim payment, a health insurer or contracted vendor of a health
5 insurer shall:
- 6 (1) notify the dental provider of any fees associated with the
7 electronic funds transfer payment;
- 8 (2) advise the dental provider of the methods of payment
9 available under the health insurance plan and provide clear
10 instructions to the dental provider as to how to select an
11 alternate payment method; and
- 12 (3) notify the dental provider as to whether the health insurer
13 is receiving a portion of the fee charged for the electronic
14 funds transfer payment.
- 15 (c) A health insurer or contracted vendor of a health insurer
16 may not charge a fee to a dental provider solely for transmitting an
17 Automated Clearing House Network payment to the dental
18 provider, unless the dental provider has consented to the fee. A
19 provider billing agent may charge a reasonable fee to a dental
20 provider for transmitting an Automated Clearing House Network
21 payment as part of a fee charged by the provider billing agent for
22 transaction management, data management, portal services, and
23 other value added services in addition to the payment transmission
24 that are provided by the provider billing agent to the dental
25 provider.
- 26 (d) The provisions of this section may not be waived by contract,
27 and any contractual clause that conflicts with the provisions of this
28 section or that purports to waive any requirement of this section is
29 void.
- 30 (e) Violation of this section is an unfair or deceptive act or
31 practice in the business of insurance that is subject to enforcement
32 by the commissioner under IC 27-4-1.

