



March 12, 2021

ENGROSSED HOUSE BILL No. 1079

DIGEST OF HB 1079 (Updated March 10, 2021 11:20 am - DI 104)

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 order and administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are not less than eleven years of age, 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 (Continued next page)

Effective: Upon passage; July 1, 2021.

Zent, Davisson, Lehman

(SENATE SPONSORS — CHARBONNEAU, BROWN L, GROOMS)

January 4, 2021, read first time and referred to Committee on Public Health.
February 1, 2021, amended, reported — Do Pass.
February 4, 2021, read second time, ordered engrossed. Engrossed.
February 8, 2021, read third time, passed. Yeas 96, nays 2.

SENATE ACTION

February 23, 2021, read first time and referred to Committee on Health and Provider Services.
March 11, 2021, amended, reported favorably — Do Pass.

EH 1079—LS 6531/DI 119



Digest Continued

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 fees associated with the electronic funds transfer. (2) Advise, concerning virtual claim payments, 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.



March 12, 2021

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.

ENGROSSED 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 UPON PASSAGE]: Sec. 23. (a) A person is practicing dentistry within
4 the 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**

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



- 1 judgment.
- 2 (13) Exercises direction or control over a dentist through a written
- 3 contract concerning the following areas of dental practice:
- 4 (A) The selection of a patient's course of treatment.
- 5 (B) Referrals of patients, except for requiring referrals to be
- 6 within a specified provider network, subject to the exceptions
- 7 under IC 27-13-36-5.
- 8 (C) Content of patient records.
- 9 (D) Policies and decisions relating to refunds, if the refund
- 10 payment would be reportable under federal law to the National
- 11 Practitioner Data Bank, and warranties.
- 12 (E) The clinical content of advertising.
- 13 (F) Final decisions relating to the employment of dental office
- 14 personnel.

15 However, this subdivision does not prohibit a person from

16 providing advice or assistance concerning the areas of dental

17 practice referred to in this subdivision or an insurer (as defined in

18 IC 27-1-26-1) from carrying out the applicable provisions of

19 IC 27 under which the insurer is licensed.

20 However, a person does not have to be a dentist to be a manufacturer

21 of dental prostheses.

22 (b) In addition to subsection (a), a person is practicing dentistry who

23 directly or indirectly by any means or method furnishes, supplies,

24 constructs, reproduces, repairs, or adjusts any prosthetic denture,

25 bridge, appliance, or any other structure to be worn in the human

26 mouth and delivers the resulting product to any person other than the

27 duly licensed dentist upon whose written work authorization the work

28 was performed. A written work authorization shall include the

29 following:

- 30 (1) The name and address of the dental laboratory to which it is
- 31 directed.
- 32 (2) The case identification.
- 33 (3) A specification of the materials to be used.
- 34 (4) A description of the work to be done and, if necessary,
- 35 diagrams thereof.
- 36 (5) The date of issuance of the authorization.
- 37 (6) The signature and address of the licensed dentist or other
- 38 dental practitioner by whom the work authorization is issued.

39 A separate work authorization shall be issued for each patient of the

40 issuing licensed dentist or other dental practitioner for whom dental

41 technological work is to be performed.

42 (c) This section shall not apply to those procedures which a legally



1 licensed and practicing dentist may delegate to a dental assistant as to
2 which procedures the dentist exercises direct supervision and
3 responsibility.

4 (d) Procedures delegated by a dentist may not include the following:

5 (1) Those procedures which require professional judgment and
6 skill such as diagnosis, treatment planning, the cutting of hard or
7 soft tissues, or any intraoral impression which would lead to the
8 fabrication of a final prosthetic appliance.

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

13 (e) This chapter shall not prevent dental students from performing
14 dental operations under the supervision of competent instructors within
15 the dental school or a university recognized by the board or in any
16 public clinic under the supervision of the authorized superintendent of
17 such clinic authorized under the authority and general direction of the
18 board of health or school board of any city or town in Indiana.

19 (f) Licensed pharmacists of this state may fill prescriptions of
20 licensed dentists of this state for any drug necessary in the practice of
21 dentistry.

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

27 (1) Ethics and jurisprudence.

28 (2) Reasons for fluorides.

29 (3) Systemic fluoride.

30 (4) Topical fluoride.

31 (5) Fluoride application.

32 (6) Laboratory work on topical fluoride applications and patient
33 competency.

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

38 (1) Ethics and jurisprudence.

39 (2) Plaque and materia alba.

40 (3) Intrinsic and extrinsic stain.

41 (4) Abrasive agents.

42 (5) Use of a slow speed hand piece, prophylaxis cup, and occlusal



1 polishing brush.

2 (6) Theory of selective polishing.

3 (7) Laboratory work concerning slow speed hand piece, hand
4 dexterity, and patient competency.

5 SECTION 2. IC 25-14-6 IS ADDED TO THE INDIANA CODE AS
6 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON
7 PASSAGE]:

8 **Chapter 6. Dentist Administration of Immunizations**

9 **Sec. 1. (a) A dentist may order and administer an immunization**
10 **that is recommended by the federal Centers for Disease Control**
11 **and Prevention Advisory Committee on Immunization Practices**
12 **for individuals who are not less than eleven (11) years of age, if the**
13 **dentist complies with the following requirements:**

14 (1) Before administering an immunization to an individual,
15 the dentist receives the consent of one (1) of the following:

16 (A) If the individual to whom the immunization is to be
17 administered is at least (11) years of age and is less than
18 eighteen (18) years of age, the parent or legal guardian of
19 the individual.

20 (B) If the individual to whom the immunization is to be
21 administered is at least eighteen (18) years of age and has
22 a legal guardian, the legal guardian of the individual.

23 (C) If the individual to whom the immunization is to be
24 administered is at least eighteen (18) years of age and does
25 not have a legal guardian, the individual.

26 A parent or legal guardian who is required to give consent
27 under this subdivision must be present at the time of
28 immunization.

29 (2) Is certified in cardiopulmonary resuscitation.

30 (3) Has successfully completed a course of training in
31 immunization that meets the requirements set forth in
32 subsection (b).

33 (4) Administers the immunization in accordance with a
34 protocol that meets the requirements set forth in section 2 of
35 this chapter.

36 (b) A course of training under subsection (a)(3) must:

37 (1) be provided by an accredited provider;

38 (2) be approved by the board;

39 (3) meet the standards set forth by:

40 (A) the Centers for Disease Control and Prevention or a
41 similar health authority; or

42 (B) a professional body approved by the board; and



1 **(4) comply with guidelines issued by:**

2 **(A) the Centers for Disease Control and Prevention; and**

3 **(B) the Occupational Safety and Health Administration.**

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

6 **(1) training in cardiopulmonary resuscitation; and**

7 **(2) training described in subsection (b).**

8 **(d) If the state department of health or the department of**
9 **homeland security determines that an emergency exists, subject to**
10 **IC 16-41-9-1.7(a)(2), a dentist may administer any immunization**
11 **in accordance with any instructions in the emergency**
12 **determination.**

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

15 **(1) For each immunization to be administered by the dentist:**

16 **(A) the name and strength of the vaccine;**

17 **(B) precautions and contraindications;**

18 **(C) the intended audience or patient population;**

19 **(D) the appropriate dosage;**

20 **(E) administration schedules in accordance with guidelines**
21 **issued by the Centers for Disease Control and Prevention;**

22 **(F) appropriate routes of administration; and**

23 **(G) appropriate injection sites.**

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

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

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

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

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

38 **(A) a record of immunization; and**

39 **(B) the notification provided by the dentist or dentist's**
40 **designee under subdivision (5);**

41 **in accordance with rules adopted by the board.**

42 **(b) The immunization protocol under which a dentist**



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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 administration of an immunization under this chapter.

Sec. 4. (a) A dentist, who administers an immunization to a patient under this chapter, or dentist's designee shall:

- (1) report the immunization of the patient to the immunization data registry under IC 16-38-5 unless a written immunization data exception form has been completed and filed for the patient in accordance with IC 16-38-5-2; and**
- (2) report any adverse event:**
 - (A) to the patient's primary care physician not later than seventy-two (72) hours after the dentist knows of the adverse event; and**
 - (B) to the Vaccine Adverse Events Reporting System maintained by the Centers for Disease Control and Prevention and the Food and Drug Administration.**

(b) A dentist shall maintain a record of each adverse event reported by the dentist or dentist's designee under subsection (a)(2).

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

- (1) administer an immunization; or**
- (2) complete a course of training under section 1(a)(3) of this chapter;**

if the dentist chooses not to administer immunizations.

(b) If a dentist chooses not to administer immunizations, the dentist is not required to complete a course of training under section 1(a)(3) of this chapter to maintain a license to practice as a dentist in this state.

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

- (1) Making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, or statement:**
 - (A) misrepresenting the terms of any policy issued or to be issued or the benefits or advantages promised thereby or the dividends or share of the surplus to be received thereon;**
 - (B) making any false or misleading statement as to the**



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



1 public official to which such insurer is required by law to report,
 2 or which has authority by law to examine into its condition or into
 3 any of its affairs, or, with like intent, willfully omitting to make a
 4 true entry of any material fact pertaining to the business of such
 5 insurer in any book, report, or statement of such insurer.

6 (6) Issuing or delivering or permitting agents, officers, or
 7 employees to issue or deliver, agency company stock or other
 8 capital stock, or benefit certificates or shares in any common law
 9 corporation, or securities or any special or advisory board
 10 contracts or other contracts of any kind promising returns and
 11 profits as an inducement to insurance.

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

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

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

32 (C) Excessive or inadequate charges for premiums, policy
 33 fees, assessments, or rates, or making or permitting any unfair
 34 discrimination between persons of the same class involving
 35 essentially the same hazards, in the amount of premiums,
 36 policy fees, assessments, or rates charged or made for:

37 (i) policies or contracts of reinsurance or joint reinsurance,
 38 or abstract and title insurance;

39 (ii) policies or contracts of insurance against loss or damage
 40 to aircraft, or against liability arising out of the ownership,
 41 maintenance, or use of any aircraft, or of vessels or craft,
 42 their cargoes, marine builders' risks, marine protection and



1 indemnity, or other risks commonly insured under marine,
 2 as distinguished from inland marine, insurance; or
 3 (iii) policies or contracts of any other kind or kinds of
 4 insurance whatsoever.

5 However, nothing contained in clause (C) shall be construed to
 6 apply to any of the kinds of insurance referred to in clauses (A)
 7 and (B) nor to reinsurance in relation to such kinds of insurance.
 8 Nothing in clause (A), (B), or (C) shall be construed as making or
 9 permitting any excessive, inadequate, or unfairly discriminatory
 10 charge or rate or any charge or rate determined by the department
 11 or commissioner to meet the requirements of any other insurance
 12 rate regulatory law of this state.

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

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

39 (B) In the case of life insurance policies issued on the
 40 industrial debit plan, making allowance to policyholders who
 41 have continuously for a specified period made premium
 42 payments directly to an office of the insurer in an amount



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which fairly represents the saving in collection expense.
(C) Readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first year or of any subsequent year of insurance thereunder, which may be made retroactive only for such policy year.
(D) Paying by an insurer or insurance producer thereof duly licensed as such under the laws of this state of money, commission, or brokerage, or giving or allowing by an insurer or such licensed insurance producer thereof anything of value, for or on account of the solicitation or negotiation of policies or other contracts of any kind or kinds, to a broker, an insurance producer, or a solicitor duly licensed under the laws of this state, but such broker, insurance producer, or solicitor receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.
(9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.
(10) Entering into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of commerce in the business of insurance.
(11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.



- 1 (12) Requiring as a condition precedent to the sale of real or
 2 personal property under any contract of sale, conditional sales
 3 contract, or other similar instrument or upon the security of a
 4 chattel mortgage, that the buyer of such property negotiate any
 5 policy of insurance covering such property through a particular
 6 insurance company, insurance producer, or broker or brokers.
 7 However, this subdivision shall not prevent the exercise by any
 8 seller of such property or the one making a loan thereon of the
 9 right to approve or disapprove of the insurance company selected
 10 by the buyer to underwrite the insurance.
- 11 (13) Issuing, offering, or participating in a plan to issue or offer,
 12 any policy or certificate of insurance of any kind or character as
 13 an inducement to the purchase of any property, real, personal, or
 14 mixed, or services of any kind, where a charge to the insured is
 15 not made for and on account of such policy or certificate of
 16 insurance. However, this subdivision shall not apply to any of the
 17 following:
- 18 (A) Insurance issued to credit unions or members of credit
 19 unions in connection with the purchase of shares in such credit
 20 unions.
 - 21 (B) Insurance employed as a means of guaranteeing the
 22 performance of goods and designed to benefit the purchasers
 23 or users of such goods.
 - 24 (C) Title insurance.
 - 25 (D) Insurance written in connection with an indebtedness and
 26 intended as a means of repaying such indebtedness in the
 27 event of the death or disability of the insured.
 - 28 (E) Insurance provided by or through motorists service clubs
 29 or associations.
 - 30 (F) Insurance that is provided to the purchaser or holder of an
 31 air transportation ticket and that:
 - 32 (i) insures against death or nonfatal injury that occurs during
 33 the flight to which the ticket relates;
 - 34 (ii) insures against personal injury or property damage that
 35 occurs during travel to or from the airport in a common
 36 carrier immediately before or after the flight;
 - 37 (iii) insures against baggage loss during the flight to which
 38 the ticket relates; or
 - 39 (iv) insures against a flight cancellation to which the ticket
 40 relates.
- 41 (14) Refusing, because of the for-profit status of a hospital or
 42 medical facility, to make payments otherwise required to be made



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



- 1 Services Protection Act, P.L.109-290; or
 2 (B) defined in rules adopted under subsection (b).
 3 (30) Violating IC 27-8-19.8-20.1 concerning stranger originated
 4 life insurance.
 5 (31) Violating IC 27-2-22 concerning retained asset accounts.
 6 (32) Violating IC 27-8-5-29 concerning health plans offered
 7 through a health benefit exchange (as defined in IC 27-19-2-8).
 8 (33) Violating a requirement of the federal Patient Protection and
 9 Affordable Care Act (P.L. 111-148), as amended by the federal
 10 Health Care and Education Reconciliation Act of 2010 (P.L.
 11 111-152), that is enforceable by the state.
 12 (34) After June 30, 2015, violating IC 27-2-23 concerning
 13 unclaimed life insurance, annuity, or retained asset account
 14 benefits.
 15 (35) Willfully violating IC 27-1-12-46 concerning a life insurance
 16 policy or certificate described in IC 27-1-12-46(a).
 17 (36) Violating IC 27-1-37-7 concerning prohibiting the disclosure
 18 of health care service claims data.
 19 **(37) Violating IC 27-4-10-10 concerning virtual claim**
 20 **payments.**
 21 (b) Except with respect to federal insurance programs under
 22 Subchapter III of Chapter 19 of Title 38 of the United States Code, the
 23 commissioner may, consistent with the federal Military Personnel
 24 Financial Services Protection Act (10 U.S.C. 992 note), adopt rules
 25 under IC 4-22-2 to:
 26 (1) define; and
 27 (2) while the members are on a United States military installation
 28 or elsewhere in Indiana, protect members of the United States
 29 Armed Forces from;
 30 dishonest or predatory insurance practices.
 31 SECTION 4. IC 27-4-10 IS ADDED TO THE INDIANA CODE AS
 32 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
 33 1, 2021]:
 34 **Chapter 10. Virtual Claim Payments for Dental Care Services**
 35 **Sec. 1. As used in this chapter, "Automated Clearing House**
 36 **Network payment" means a payment made under National**
 37 **Automated Clearing House Association standards adopted in 45**
 38 **CFR Section 162.1602.**
 39 **Sec. 2. As used in this chapter, "dental care" means services**
 40 **provided by a dentist within the scope of the dentist's licensure**
 41 **under IC 25-14.**
 42 **Sec. 3. As used in this chapter, "dental provider" means:**



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

5 Sec. 4. As used in this chapter, "electronic funds transfer
 6 payment" includes a payment by any method of electronic funds
 7 transfer other than an Automated Clearing House Network
 8 payment.

9 Sec. 5. (a) As used in this chapter, "health insurance plan"
 10 means:

- 11 (1) a policy of accident and sickness insurance (as defined in
 12 IC 27-8-5-1);
 13 (2) an individual contract or a group contract with a health
 14 maintenance organization under IC 27-13;
 15 (3) a:
 16 (A) policy of accident and sickness insurance; or
 17 (B) limited service health maintenance organization (as
 18 defined in IC 27-13-34-4);
 19 that provides coverage for dental care services; or
 20 (4) another plan or program that provides payment,
 21 reimbursement, or indemnification for the costs of health care
 22 items or services.

23 (b) The term does not include the following:

- 24 (1) Accident only, credit, vision, Medicare supplement, long
 25 term care, or disability income insurance.
 26 (2) Coverage issued as a supplement to liability insurance.
 27 (3) Automobile medical payment insurance.
 28 (4) A specified disease policy.
 29 (5) A short term insurance plan that:
 30 (A) may be renewed for the greater of:
 31 (i) thirty-six (36) months; or
 32 (ii) the maximum period permitted under federal law;
 33 (B) has a term of not more than three hundred sixty-four
 34 (364) days; and
 35 (C) has an annual limit of at least two million dollars
 36 (\$2,000,000).
 37 (6) A policy that provides indemnity benefits not based on any
 38 expense incurred requirement, including a plan that provides
 39 coverage for:
 40 (A) hospital confinement, critical illness, or intensive care;
 41 or
 42 (B) gaps for deductibles or copayments.



- 1 (7) Worker's compensation or similar insurance.
- 2 (8) A student health plan.
- 3 (9) A supplemental plan that always pays in addition to other
- 4 coverage.
- 5 (10) An employer sponsored health benefit plan that is:
- 6 (A) provided to individuals who are eligible for Medicare;
- 7 and
- 8 (B) not marketed as, or held out to be, a Medicare
- 9 supplement policy.
- 10 (11) The Medicaid program.
- 11 Sec. 6. As used in this chapter, "health insurer" means an entity
- 12 or person that issues a health insurance plan.
- 13 Sec. 7. As used in this chapter, "health maintenance
- 14 organization" means an entity that provides or arranges for
- 15 delivery of dental care under a certificate of authority issued under
- 16 IC 27-13.
- 17 Sec. 8. As used in this chapter, "provider billing agent" means
- 18 a person or entity that contracts with a dental provider to provide
- 19 billing services for the dental provider, including:
- 20 (1) submitting bills to patients;
- 21 (2) requesting payment from patients; and
- 22 (3) receiving payment from patients;
- 23 under the terms and conditions of the contract between the dental
- 24 provider and the person or entity.
- 25 Sec. 9. (a) As used in this chapter, "virtual claim payment"
- 26 means a type of electronic funds transfer in which:
- 27 (1) a health insurer or contracted vendor of a health insurer
- 28 issues a single use series of numbers for purposes of payment
- 29 for dental care performed by a dental provider and
- 30 chargeable to a predetermined dollar amount; and
- 31 (2) the dental provider is responsible for processing the
- 32 payment using a credit card terminal or Internet portal.
- 33 (b) The term includes virtual or online credit card payments in
- 34 which:
- 35 (1) no physical credit card is presented to the dental provider;
- 36 and
- 37 (2) the virtual or online credit card expires upon payment
- 38 processing.
- 39 Sec. 10. (a) A health insurance plan may not require a dental
- 40 provider to accept payment under the health insurance plan by
- 41 virtual claim payment.
- 42 (b) Before an initial payment to a dental provider using an



1 electronic funds transfer payment, including a virtual claim
2 payment, or before modifying the method of payment, a health
3 insurer or contracted vendor of a health insurer shall:

4 (1) notify the dental provider of any fees associated with the
5 electronic funds transfer payment other than the fees imposed
6 by the dental provider's financial institution; and

7 (2) concerning a virtual claim payment, advise the dental
8 provider of the methods of payment available under the
9 health insurance plan and provide clear instructions to the
10 dental provider as to how to select an alternate payment
11 method.

12 (c) A health insurer or contracted vendor of a health insurer
13 may not charge a fee to a dental provider solely for transmitting an
14 Automated Clearing House Network payment to the dental
15 provider, unless the dental provider has consented to the fee. A
16 provider billing agent may charge a reasonable fee to a dental
17 provider for transmitting an Automated Clearing House Network
18 payment as part of a fee charged by the provider billing agent for
19 transaction management, data management, portal services, and
20 other value added services in addition to the payment transmission
21 that are provided by the provider billing agent to the dental
22 provider.

23 (d) The provisions of this section may not be waived by contract,
24 and any contractual clause that conflicts with the provisions of this
25 section or that purports to waive any requirement of this section is
26 void.

27 (e) Violation of this section is an unfair or deceptive act or
28 practice in the business of insurance that is subject to enforcement
29 by the commissioner under IC 27-4-1.

30 SECTION 5. An emergency is declared for this act.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1079, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 17, delete "cavity," and insert "**cavity and**".

Page 2, line 1, delete "area, and adjacent and associated structures;" and insert "**area;**".

Page 2, delete line 2, begin a new line double block indented and insert:

"(B) diseases, disorders, and conditions of the associated and adjacent structures of the oral cavity and maxillofacial area if:

(i) the dentist is providing emergency care; or

(ii) the dentist has completed postgraduate training and certification in oral and maxillofacial surgery from a program certified by the Commission on Dental Accreditation; and".

Page 2, line 3, delete "(B)" and insert "(C)".

Page 5, line 2, delete "licensed under this article may administer" and insert "**may order and administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are not less than eleven (11) years of age, if the dentist complies with the following requirements:**

(1) Before administering an immunization to an individual, the dentist receives the consent of one (1) of the following:

(A) If the individual to whom the immunization is to be administered is at least (11) years of age and is less than eighteen (18) years of age, the parent or legal guardian of the individual.

(B) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age and has a legal guardian, the legal guardian of the individual.

(C) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age and does not have a legal guardian, the individual.

A parent or legal guardian who is required to give consent under this subdivision must be present at the time of immunization."

Page 5, delete line 3.

Page 5, line 4, delete "(1) is" and insert "**(2) Is**".

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Page 5, line 4, delete "resuscitation;" and insert "**resuscitation.**"

Page 5, line 5, delete "(2) has" and insert "**(3) Has**".

Page 5, line 7, delete "(b); and" and insert "**(b).**".

Page 5, line 8, delete "(3) administers" and insert "**(4) Administers**".

Page 5, line 11, delete "(a)(2)" and insert "**(a)(3)**".

Page 6, between lines 7 and 8, begin a new paragraph and insert:

"(d) If the state department of health or the department of homeland security determines that an emergency exists, subject to IC 16-41-9-1.7(a)(2), a dentist may administer any immunization in accordance with any instructions in the emergency determination."

Page 6, line 29, after "dentist" insert "**or dentist's designee**".

Page 6, line 34, after "dentist" insert "**or dentist's designee**".

Page 7, line 2, delete "dentist" and insert "**dentist,**".

Page 7, line 3, delete "chapter" and insert "**chapter, or dentist's designee**".

Page 7, line 16, after "dentist" insert "**or dentist's designee**".

Page 7, line 19, delete "1(a)(2)" and insert "**1(a)(3)**".

Page 7, line 24, delete "1(a)(2)" and insert "**1(a)(3)**".

Page 16, line 7, after "payment;" insert "**and**".

Page 16, line 11, delete "method; and" and insert "**method.**".

Page 16, delete lines 12 through 14.

and when so amended that said bill do pass.

(Reference is to HB 1079 as introduced.)

BARRETT

Committee Vote: yeas 13, nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1079, 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 1, line 3, delete "JULY 1, 2021]:" and insert "**UPON PASSAGE]**".

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Page 5, line 6, delete "JULY" and insert "UPON PASSAGE]:".

Page 5, delete line 7.

Page 5, line 42, after "board;" insert "**and**".

Page 6, line 3, delete ";" and insert ".".

Page 6, delete lines 4 through 28.

Page 15, delete lines 34 through 42, begin a new paragraph and insert:

"Sec. 5. (a) As used in this chapter, "health insurance plan" means:

(1) a policy of accident and sickness insurance (as defined in IC 27-8-5-1);

(2) an individual contract or a group contract with a health maintenance organization under IC 27-13;

(3) a:

(A) policy of accident and sickness insurance; or

(B) limited service health maintenance organization (as defined in IC 27-13-34-4);

that provides coverage for dental care services; or

(4) another plan or program that provides payment, reimbursement, or indemnification for the costs of health care items or services.

(b) The term does not include the following:

(1) Accident only, credit, vision, Medicare supplement, long term care, or disability income insurance.

(2) Coverage issued as a supplement to liability insurance.

(3) Automobile medical payment insurance.

(4) A specified disease policy.

(5) A short term insurance plan that:

(A) may be renewed for the greater of:

(i) thirty-six (36) months; or

(ii) the maximum period permitted under federal law;

(B) has a term of not more than three hundred sixty-four (364) days; and

(C) has an annual limit of at least two million dollars (\$2,000,000).

(6) A policy that provides indemnity benefits not based on any expense incurred requirement, including a plan that provides coverage for:

(A) hospital confinement, critical illness, or intensive care;
or

(B) gaps for deductibles or copayments.

(7) Worker's compensation or similar insurance.



(8) A student health plan.

(9) A supplemental plan that always pays in addition to other coverage.

(10) An employer sponsored health benefit plan that is:

(A) provided to individuals who are eligible for Medicare; and

(B) not marketed as, or held out to be, a Medicare supplement policy.

(11) The Medicaid program."

Page 16, delete line 1.

Page 16, line 33, delete "initiating or modifying" and insert "**an initial**".

Page 16, line 35, after "payment," insert "**or before modifying the method of payment,**".

Page 16, line 38, delete "payment;" and insert "**payment other than the fees imposed by the dental provider's financial institution;**".

Page 16, line 39, after "(2)" insert "**concerning a virtual claim payment,**".

Page 17, after line 18, begin a new paragraph and insert:

"SECTION 5. An emergency is declared for this act."

and when so amended that said bill do pass.

(Reference is to HB 1079 as printed February 1, 2021.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0.

