

ENGROSSED SENATE BILL No. 3

DIGEST OF SB 3 (Updated March 29, 2021 4:52 pm - DI 77)

Citations Affected: IC 12-7; IC 12-15; IC 16-18; IC 16-34; IC 16-36; IC 25-1; IC 25-22.5; IC 25-33; IC 27-8; IC 27-13.

Synopsis: Telehealth matters. Prohibits the Medicaid program from specifying originating sites and distant sites for purposes of Medicaid reimbursement. Prohibits the use of telehealth to provide any abortion, reimbursement. Prohibits the use of telehealth to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion. Changes the use of the term "telemedicine" to "telehealth". Specifies certain activities that are considered to be health care services for purposes of the telehealth laws. Expands the application of the telehealth statute to additional licensed practitioners instead of applying only to prescribers. Amends the definition of "prescriber" and "telehealth". Provides that a practitioner who directs an amplique to perform a specified health. practitioner who directs an employee to perform a specified health (Continued next page)

Effective: Upon passage.

Charbonneau, Doriot, Crider,

Yoder, Bassler, Ford Jon, Zay

(HOUSE SPONSORS — LINDAUER, BARRETT, SHACKLEFORD, OLTHOFF)

January 7, 2021, read first time and referred to Committee on Health and Provider

January 28, 2021, amended, reported favorably — Do Pass. February 1, 2021, read second time, amended, ordered engrossed. February 2, 2021, engrossed. Read third time, passed. Yeas 47, nays 0.

HOUSE ACTION

February 23, 2021, read first time and referred to Committee on Public Health. March 18, 2021, amended, reported — Do Pass. March 29, 2021, read second time, amended, ordered engrossed.



Digest Continued

service is held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting. Requires that the telehealth medical records be created and maintained under the same standards of appropriate practice for medical records for patients in an in-person setting. Specifies that a patient waives confidentiality of medical information concerning individuals in the vicinity when the patient is using telehealth. Prohibits an employer from requiring a practitioner to provide a health care service through telehealth if the practitioner believes: (1) that health quality may be negatively impacted; or (2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting. Provides that an applicable contract, employment agreement, or policy to provide telehealth services must explicitly provide that a practitioner may refuse at any time to provide health care services if in the practitioner's sole discretion the practitioner believes: (1) that health quality may be negatively impacted; or (2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting. Amends requirements for a prescriber issuing a prescription to a patient via telehealth services. Requires that if a veterinarian is required to establish a veterinarian-client-patient relationship to perform a health care service, the veterinarian shall ensure that a veterinarian-client-patient relationship is established. Repeals the law concerning telepsychology. Prohibits certain insurance policies and individual and group contracts from mandating the use of certain technology applications in the provision of telehealth services.



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 SENATE BILL No. 3

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 12-7-2-190.3, AS ADDED BY P.L.204-2013,
2	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	UPON PASSAGE]: Sec. 190.3. (a) "Telehealth activities", for
4	purposes of IC 12-15-5-11, has the meaning set forth in
5	IC 12-15-5-11(a).
6	(b) "Telehealth services", for purposes of IC 12-15-5-11, has the
7	meaning set forth in IC 12-15-5-11(a). IC 12-15-5-11(b).
8	SECTION 2. IC 12-7-2-190.4 IS REPEALED [EFFECTIVE UPON
9	PASSAGE]. Sec. 190.4. "Telemedicine services", for purposes of
10	IC 12-15-5-11, has the meaning set forth in IC 12-15-5-11(b).
11	SECTION 3. IC 12-15-5-11, AS AMENDED BY P.L.150-2017,
12	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13	UPON PASSAGE]: Sec. 11. (a) As used in this section, "telehealth
14	services" activities" means the use of telecommunications and
15	information technology to provide access to health assessment,
16	diagnosis, intervention, consultation, supervision, and information
17	across a distance.



1	(b) As used in this section, Telemedicine Telemeath services has
2	the meaning set forth for "telemedicine" "telehealth" in IC 25-1-9.5-6.
3	(c) The office shall reimburse a Medicaid provider who is licensed
4	as a home health agency under IC 16-27-1 for telehealth services.
5	activities.
6	(d) The office shall reimburse the following Medicaid providers for
7	medically necessary telemedicine telehealth services:
8	(1) A federally qualified health center (as defined in 42 U.S.C.
9	1396d(1)(2)(B)).
10	(2) A rural health clinic (as defined in 42 U.S.C. 1396d(1)(1)).
11	(3) A community mental health center certified under
12	IC 12-21-2-3(5)(C).
13	(4) A critical access hospital that meets the criteria under 42 CFR
14	485.601 et seq.
15	(5) A provider, as determined by the office to be eligible,
16	providing a covered telemedicine telehealth service.
17	(e) The office may not impose any distance restrictions on providers
18	of telehealth services activities or telemedicine telehealth services.
19	Before December 31, 2017, the office shall do the following:
20	(1) Submit a Medicaid state plan amendment with the United
21	States Department of Health and Human Services that eliminates
22	distance restrictions for telehealth services activities or
23	telemedicine telehealth services in the state Medicaid plan.
24	(2) Issue a notice of intent to adopt a rule to amend any
25	administrative rules that include distance restrictions for the
26	provision of telehealth services activities or telemedicine
27	telehealth services.
28	(f) Subject to federal law, the office may not impose any location
29	requirements concerning the originating site or distant site in
30	which a telehealth service is provided to a Medicaid recipient.
31	(g) A Medicaid recipient waives confidentiality of any medical
32	information discussed with the health care provider that is:
33	(1) provided during a telehealth visit; and
34	(2) heard by another individual in the vicinity of the Medicaid
35	recipient during a health care service or consultation.
36	(f) (h) The office shall implement any part of this section that is
37	approved by the United States Department of Health and Human
38	Services.
39	(g) (i) The office may adopt rules under IC 4-22-2 necessary to
40	implement and administer this section.
41	SECTION 4. IC 16-18-2-348.5, AS ADDED BY P.L.185-2015,

SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



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1	UPON PASSAGE]: Sec. 348.5. "Telemedicine", "Telehealth", for
2	purposes of IC 16-34-1 and IC 16-36-1, means a specific method of
3	delivery of services, including medical exams and consultations and
4	behavioral health evaluations and treatment, including those for
5	substance abuse, using videoconferencing equipment technology
6	allowed under IC 25-1-9.5-6 to allow a provider to render an
7	examination or other service to a patient at a distant location. The term
8	does not include the use of the following:
9	(1) A telephone transmitter for transtelephonic monitoring.
10	(2) A telephone or any other means of communication for the
11	consultation from one (1) provider to another provider.
12	SECTION 5. IC 16-34-1-11 IS ADDED TO THE INDIANA CODE
13	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE

any purpose that is intended to result in an abortion. SECTION 6. IC 16-36-1-15, AS ADDED BY P.L.185-2015, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 15. A health care provider (as defined in IC 16-18-2-163(a)) may not be required to obtain a separate additional written health care consent for the provision of telemedicine telehealth services.

UPON PASSAGE]: Sec. 11. Telehealth may not be used to provide

any abortion, including the writing or filling of a prescription for

SECTION 7. IC 25-1-2-10, AS ADDED BY P.L.121-2018, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) As used in this section, "board" means any of the following boards:

- (1) The medical licensing board of Indiana.
- (2) The Indiana state board of nursing.
- (3) The state board of dentistry.
- (4) The behavioral health and human services licensing board.
 - (5) The state psychology board.
 - (6) The Indiana board of pharmacy.
 - (b) As used in this section, "license" means:
 - (1) an unlimited license, certificate, or registration;
 - (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- 38 (5) a provisional license;
 - issued by the board regulating the profession in question.
 - (c) As used in this section, "practitioner" means an individual who holds a license under any of the following:
 - (1) IC 25-14-1.



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1	(2) IC 25-22.5-5.
1 2	(2) IC 25-22.5-3. (3) IC 25-23.
3	(4) IC 25-23.6.
4	(4) IC 23-23.0. (5) IC 25-26.
5	(6) IC 25-27.5.
6	
	(7) IC 25-33.
7	(d) To allow for programmatic and policy recommendations to
8	improve workforce performance, address identified workforce
9	shortages, and retain practitioners, beginning January 1, 2019, every
10	practitioner who is renewing online a license issued by a board must
11	include the following information related to the practitioner's work in
12	Indiana under the practitioner's license during the previous two (2)
13	years:
14	(1) The practitioner's specialty or field of practice.
15	(2) The following concerning the practitioner's current practice:
16	(A) The location or address.
17	(B) The setting type.
18	(C) The average hours worked weekly.
19	(D) The health care services provided.
20	(3) The practitioner's education background and training.
21	(4) For a practitioner that is a prescriber (as defined in
22	IC 25-1-9.5-4), IC 25-1-9.5-3.5), whether the practitioner delivers
23	health care services through telemedicine telehealth (as defined
24	in IC 25-1-9.5-6).
25	(e) The Indiana professional licensing agency shall do the following:
26	(1) Include notification with a practitioner's license renewal notice
27	that the practitioner must submit the information required under
28	subsection (d) if the practitioner renews the license online.
29	(2) Compile the information collected under this section into an
30	annual report. The report may not contain any personal
31	identifying information and the report must be compliant with the
32	federal Health Insurance Portability and Accountability Act
33	(HIPAA).
34	(3) Post the annual report compiled under this subsection on the
35	agency's Internet web site.
36	(4) Submit the annual report compiled under this subsection to the
37	following:
38	(A) The office of Medicaid policy and planning.
39	(B) The department of workforce development.
40	(C) The commission on improving the status of children in
41	Indiana (IC 2-5-36).
42	(D) The legislative council in an electronic format under
	(=)



1	IC 5-14-6.
2	(E) The office of the attorney general.
3	SECTION 8. IC 25-1-9.5-0.5 IS ADDED TO THE INDIANA
4	CODE AS A NEW SECTION TO READ AS FOLLOWS
5	[EFFECTIVE UPON PASSAGE]: Sec. 0.5. Telehealth may not be
6	used to provide any abortion, including the writing or filling of a
7	prescription for any purpose that is intended to result in an
8	abortion.
9	SECTION 9. IC 25-1-9.5-1, AS AMENDED BY P.L.150-2017,
10	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11	UPON PASSAGE]: Sec. 1. (a) This chapter does not prohibit a
12	provider, prescriber, insurer, practitioner , or patient from agreeing to
13	an alternative location of the patient, provider, practitioner , or
14	prescriber to conduct telemedicine. telehealth.
15	(b) This chapter does not supersede any other statute concerning a
16	provider or prescriber who provides health care to a patient.
17	SECTION 10. IC 25-1-9.5-2, AS AMENDED BY P.L.150-2017,
18	SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19	UPON PASSAGE]: Sec. 2. As used in this chapter, "distant site" means
20	a site at which a prescriber practitioner is located while providing
21	health care services through telemedicine. telehealth.
22	SECTION 11. IC 25-1-9.5-2.5 IS ADDED TO THE INDIANA
23	CODE AS A NEW SECTION TO READ AS FOLLOWS
24	[EFFECTIVE UPON PASSAGE]: Sec. 2.5. As used in this chapter,
25	"health care services" includes the following:
26	(1) Assessment, diagnosis, evaluation, consultation, treatment,
27	and monitoring of a patient.
28	(2) Transfer of medical data.
29	(3) Patient health related education.
30	(4) Health administration.
31	SECTION 12. IC 25-1-9.5-3, AS ADDED BY P.L.78-2016,
32	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
33	UPON PASSAGE]: Sec. 3. As used in this chapter, "originating site"
34	means any site at which a patient is located at the time health care
35	services through telemedicine telehealth are provided to the individual.
36	SECTION 13. IC 25-1-9.5-3.5 IS ADDED TO THE INDIANA
37	CODE AS A NEW SECTION TO READ AS FOLLOWS
38	[EFFECTIVE UPON PASSAGE]: Sec. 3.5. As used in this chapter,
39	"practitioner" means an individual who holds an unlimited license
40	to practice as any of the following in Indiana:
41	(1) An athletic trainer licensed under IC 25-5.1.

(2) A chiropractor licensed under IC 25-10.



1	(3) A dental hygienist licensed under IC 25-13.
2	(4) The following:
3	(A) A dentist licensed under IC 25-14.
4	(B) An individual who holds a dental residency permit
5	issued under IC 25-14-1-5.
6	(C) An individual who holds a dental faculty license under
7	IC 25-14-1-5.5.
8	(5) A diabetes educator licensed under IC 25-14.3.
9	(6) A dietitian licensed under IC 25-14.5.
10	(7) A genetic counselor licensed under IC 25-17.3.
11	(8) The following:
12	(A) A physician licensed under IC 25-22.5.
13	(B) An individual who holds a temporary permit under
14	IC 25-22.5-5-4.
15	(9) A nurse licensed under IC 25-23.
16	(10) An occupational therapist licensed under IC 25-23.5.
17	(11) Any behavioral health and human services professional
18	licensed under IC 25-23.6.
19	(12) An optometrist licensed under IC 25-24.
20	(13) A pharmacist licensed under IC 25-26.
21	(14) A physical therapist licensed under IC 25-27.
22	(15) A physician assistant licensed under IC 25-27.5.
23	(16) A podiatrist licensed under IC 25-29.
24	(17) A psychologist licensed under IC 25-33.
25	(18) A respiratory care practitioner licensed under IC 25-34.5.
26	(19) A speech-language pathologist or audiologist licensed
27	under IC 25-35.6.
28	(20) A veterinarian licensed under IC 25-38.1.
29	SECTION 14. IC 25-1-9.5-4, AS AMENDED BY P.L.247-2019,
30	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31	UPON PASSAGE]: Sec. 4. As used in this chapter, "prescriber" means
32	any of the following:
33	(1) A physician licensed under IC 25-22.5.
34	(2) A physician assistant licensed under IC 25-27.5 and granted
35	the authority to prescribe by the physician assistant's collaborating
36	physician in accordance with IC 25-27.5-5-4.
37	(3) An advanced practice registered nurse licensed and granted
38	the authority to prescribe drugs under IC 25-23.
39	(4) An optometrist licensed under IC 25-24.
40	(5) A podiatrist licensed under IC 25-29.
41	(6) A dentist licensed under IC 25-14.
42	(7) A veterinarian licensed under IC 25-38.1.



1	SECTION 15. IC 25-1-9.5-5, AS AMENDED BY P.L.150-2017,
2	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	UPON PASSAGE]: Sec. 5. As used in this chapter, "store and forward"
4	means the transmission of a patient's medical information from an
5	originating site to the prescriber practitioner at a distant site without
6	the patient being present.
7	SECTION 16. IC 25-1-9.5-6, AS ADDED BY P.L.78-2016,
8	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9	UPON PASSAGE]: Sec. 6. (a) As used in this chapter, "telemedicine"
10	"telehealth" means the delivery of health care services using
11	interactive electronic communications and information technology, in
12	compliance with the federal Health Insurance Portability and
13	Accountability Act (HIPAA), including:
14	(1) secure videoconferencing;
15	(2) interactive audio-using store and forward technology; or
16	(3) remote patient monitoring technology;
17	between a provider in one (1) location and a patient in another location.
18	(b) The term does not include the use of the following unless the
19	practitioner has an established relationship with the patient:
20	(1) Audio-only communication.
21	(2) A telephone call.
22	(3) (1) Electronic mail.
23	(4) (2) An instant messaging conversation.
24	(5) (3) Facsimile.
25	(6) (4) Internet questionnaire.
26	(7) Telephone consultation.
27	(8) (5) Internet consultation.
28	(c) The term does not include a health care service provided by
29	an employee of a practitioner who is performing a health care
30	service listed in section 2.5(2), 2.5(3), or 2.5(4) of this chapter under
31	the direction of the practitioner.
32	SECTION 17. IC 25-1-9.5-7, AS AMENDED BY P.L.129-2018,
33	SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
34	UPON PASSAGE]: Sec. 7. (a) A prescriber practitioner who:
35	(1) provides health care services through telemedicine telehealth;
36	or
37	(2) directs an employee of the practitioner to perform a health
38	care service listed in section 2.5(2), 2.5(3), or 2.5(4) of this
39	chapter;
40	shall be held to the same standards of appropriate practice as those
41	standards for health care services provided at an in-person setting.
42	(b) A prescriber may not use telemedicine, including issuing a



prescription, for an individual who is located in Indiana unless a
provider-patient relationship between the prescriber and the individual
has been established. A prescriber practitioner who uses telemedicine
telehealth shall, if such action would otherwise be required in the
provision of the same health care services in a manner other than
telemedicine, telehealth, ensure that a proper provider-patient
relationship is established. The provider-patient relationship by a
prescriber practitioner who uses telemedicine telehealth must at a
minimum include the following:
(1) Obtain the patient's name and contact information and:
(A) a verbal statement or other data from the nation

- (A) a verbal statement or other data from the patient identifying the patient's location; and
- (B) to the extent reasonably possible, the identity of the requesting patient.
- (2) Disclose the prescriber's practitioner's name and disclose whether the prescriber is a physician, physician assistant, advanced practice registered nurse, optometrist, or podiatrist. the practitioner's licensure, certification, or registration.
- (3) Obtain informed consent from the patient.
- (4) Obtain the patient's medical history and other information necessary to establish a diagnosis.
- (5) Discuss with the patient the:
- (A) diagnosis;

- (B) evidence for the diagnosis; and
- (C) risks and benefits of various treatment options, including when it is advisable to seek in-person care.
- (6) Create and maintain a medical record for the patient. and, If a prescription is issued for the patient, and subject to the consent of the patient, the prescriber shall notify the patient's primary care provider of any prescriptions the prescriber has issued for the patient if the primary care provider's contact information is provided by the patient. The requirements in this subdivision do not apply when any of the following are met:
 - (A) The prescriber practitioner is using an electronic health record system that the patient's primary care provider is authorized to access.
 - (B) The prescriber practitioner has established an ongoing provider-patient relationship with the patient by providing care to the patient at least two (2) consecutive times through the use of telemedicine telehealth services. If the conditions of this clause are met, the prescriber practitioner shall maintain a medical record for the patient and shall notify the patient's



1	primary care provider of any issued prescriptions.
2	(7) Issue proper instructions for appropriate follow-up care.
3	(8) Provide a telemedicine telehealth visit summary to the
4	patient, including information that indicates any prescription that
5	is being prescribed.
6	(c) The medical records under subsection (b)(6) must be created
7	and maintained by the practitioner under the same standards of
8	appropriate practice for medical records for patients in an
9	in-person setting.
10	(d) A patient waives confidentiality of any medical information
11	discussed with the practitioner that is:
12	(1) provided during a telehealth visit; and
13	(2) heard by another individual in the vicinity of the patient
14	during a health care service or consultation.
15	(e) An employer may not require a practitioner, by an
16	employment contract, an agreement, a policy, or any other means,
17	to provide a health care service through telehealth if the
18	practitioner believes that providing a health care service through
19	telehealth would:
20	(1) negatively impact the patient's health; or
21	(2) result in a lower standard of care than if the health care
22	service was provided in an in-person setting.
23	(f) Any applicable contract, employment agreement, or policy
24	to provide telehealth services must explicitly provide that a
25	practitioner may refuse at any time to provide health care services
26	if in the practitioner's sole discretion the practitioner believes:
27	(1) that health quality may be negatively impacted; or
28	(2) the practitioner would be unable to provide the same
29	standards of appropriate practice as those provided in an
30	in-person setting.
31	SECTION 18. IC 25-1-9.5-8, AS AMENDED BY P.L.52-2020,
32	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
33	UPON PASSAGE]: Sec. 8. (a) A prescriber may issue a prescription to
34	a patient who is receiving services through the use of telemedicine
35	telehealth if the patient has not been examined previously by the
36	prescriber in person if the following conditions are met:
37	(1) The prescriber has satisfied the applicable standard of care in
38	the treatment of the patient.
39	(2) The issuance of the prescription by the prescriber is within the
39 40	prescriber's scope of practice and certification.
41	(3) The prescription:
41	• • •
42	(A) meets the requirements of subsection (b); and



1	(B) is not for an opioid. However, an opioid may be prescribed
2	if the opioid is a partial agonist that is used to treat or manage
3	opioid dependence.
4	(4) The prescription is not for an abortion inducing drug (as
5	defined in IC 16-18-2-1.6).
6	(5) If the prescription is for a medical device, including an
7	ophthalmic device, the prescriber must use telemedicine
8	telehealth technology that is sufficient to allow the provider to
9	make an informed diagnosis and treatment plan that includes the
10	medical device being prescribed. However, a prescription for an
11	ophthalmic device is also subject to the conditions in section 13
12	of this chapter.
13	(b) Except as provided in subsection (a), a prescriber may issue a
14	prescription for a controlled substance (as defined in IC 35-48-1-9) to
15	a patient who is receiving services through the use of telemedicine,
16	telehealth, even if the patient has not been examined previously by the
17	prescriber in person, if the following conditions are met:
18	(1) The prescriber maintains a valid controlled substance
19	registration under IC 35-48-3.
20	(2) The prescriber meets the conditions set forth in 21 U.S.C. 829
21	et seq.
22	(3) The patient has been examined in person by a licensed Indiana
23	health care provider and the licensed health care provider has
24	established a treatment plan to assist the prescriber in the
25	diagnosis of the patient.
26	(4) The prescriber has reviewed and approved the treatment plan
27	described in subdivision (3) and is prescribing for the patient
28	pursuant to the treatment plan.
29	(3) A practitioner acting in the usual course of the
30	practitioner's professional practices issues the prescription
31	for a legitimate medical purpose.
32	(4) The telehealth communication is conducted using an
33	audiovisual, real time, two-way interactive communication
34	system.
35	(5) The prescriber complies with the requirements of the
36	INSPECT program (IC 25-26-24).
37	(6) All other applicable federal and state laws are followed.
38	(c) A prescription for a controlled substance under this section must
39	be prescribed and dispensed in accordance with IC 25-1-9.3 and
40	IC 25-26-24.

SECTION 19. IC 25-1-9.5-9, AS AMENDED BY P.L.150-2017, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



41

UPON PASSAGE]: Sec. 9. (a) A prescriber practitioner who is physically located outside Indiana is engaged in the provision of health care services in Indiana when the prescriber: practitioner:

- (1) establishes a provider-patient relationship under this chapter with; or
- (2) determines whether to issue a prescription under this chapter for:

an individual who is located in Indiana.

- (b) A prescriber practitioner described in subsection (a) may not establish a provider-patient relationship under this chapter with or issue a prescription under this chapter for an individual who is located in Indiana unless the prescriber practitioner and the prescriber's practitioner's employer or the prescriber's practitioner's contractor, for purposes of providing health care services under this chapter, have certified in writing to the Indiana professional licensing agency, in a manner specified by the Indiana professional licensing agency, that the prescriber practitioner and the prescriber's practitioner's employer or prescriber's practitioner's contractor agree to be subject to:
 - (1) the jurisdiction of the courts of law of Indiana; and
- (2) Indiana substantive and procedural laws; concerning any claim asserted against the prescriber, practitioner, the prescriber's practitioner's employer, or the prescriber's practitioner's contractor arising from the provision of health care services under this chapter to an individual who is located in Indiana at the time the health care services were provided. The filing of the certification under this subsection shall constitute a voluntary waiver by the prescriber, practitioner, the prescriber's practitioner's employer, or the prescriber's practitioner's contractor of any respective right to avail themselves of the jurisdiction or laws other than those specified in this subsection concerning the claim. However, a prescriber practitioner that practices predominately in Indiana is not required to file the certification required by this subsection.
- (c) A prescriber practitioner shall renew the certification required under subsection (b) at the time the prescriber practitioner renews the prescriber's practitioner's license.
- (d) A prescriber's practitioner's employer or a prescriber's practitioner's contractor is required to file the certification required by this section only at the time of initial certification.

SECTION 20. IC 25-1-9.5-10, AS AMENDED BY P.L.150-2017, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) A prescriber practitioner who violates this chapter is subject to disciplinary action under IC 25-1-9.



(b)	A	prescriber's	practition	er's	employer	or	a	prescriber's
practi	tior	ner's contract	or that viola	tes t	his section	con	nm	its a Class B
infract	ion	for each act i	n which a c	ertifi	cation is n	ot fi	lec	l as required
by sect	ion	9 of this chap	pter.					
SEC	٦ТТ	ON 21 IC $2^{\frac{1}{2}}$	5 1 0 5 11	Δ C Δ	MENDEL) B	V E	1 28 2010

SECTION 21. IC 25-1-9.5-11, AS AMENDED BY P.L.28-2019, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11. A pharmacy does not violate this chapter if the pharmacy fills a prescription for an opioid and the pharmacy is unaware that the prescription was written or electronically transmitted by a prescriber providing telemedicine telehealth services under this chapter.

SECTION 22. IC 25-1-9.5-12, AS ADDED BY P.L.78-2016, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 12. The Indiana professional licensing agency may adopt policies or rules under IC 4-22-2 necessary to implement this chapter. Adoption of policies or rules under this section may not delay the implementation and provision of telemedicine telehealth services under this chapter.

SECTION 23. IC 25-1-9.5-13, AS ADDED BY P.L.52-2020, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 13. (a) As used in this section, "HIPAA" refers to the federal Health Insurance Portability and Accountability Act.

- (b) A prescriber may not issue a prescription for an ophthalmic device unless the following conditions are met:
 - (1) If the prescription is for contact lenses or eyeglasses, the patient must be at least eighteen (18) years of age but not more than fifty-five (55) years of age.
 - (2) The patient must have completed a medical eye history that includes information concerning the following:
 - (A) Chronic health conditions.
 - (B) Current medications.
 - (C) Eye discomfort.
 - (D) Blurry vision.
 - (E) Any prior ocular medical procedures.
 - (3) The patient must have had a prior prescription from a qualified eye care professional that included a comprehensive in person exam that occurred within two (2) years before the initial use of telemedicine telehealth for a refraction under subdivision (5)(A).
 - (4) If the patient desires a contact lens prescription, at the discretion of the eye care professional, that patient must have had



1	a prior contact lens fitting or evaluation by a qualified eye care
2	professional that occurred within two (2) years before the initial
3	use of telemedicine telehealth for a refraction under subdivision
4	(5)(A).
5	(5) The patient:
6	(A) may not use telemedicine telehealth more than two (2)
7	consecutive times within two (2) years from the date of the
8	examination that occurred under subdivision (3) for a
9	refraction without a subsequent in person comprehensive eye
10	exam; and
11	(B) must acknowledge that the patient has had a
12	comprehensive eye exam as required under clause (A) before
13	receiving an online prescription.
14	(6) The patient may allow the prescriber to access the patient's
15	medical records using an appropriate HIPAA compliant process.
16	(7) The prescriber must ensure that the transfer of all information,
17	including the vision test and prescription, comply with HIPAA
18	requirements.
19	(8) The prescriber must use technology to allow the patient to
20	have continuing twenty-four (24) hour a day online access to the
21	patient's prescription as soon as the prescription is signed by the
22	prescriber.
23	SECTION 24. IC 25-1-9.5-14 IS ADDED TO THE INDIANA
24	CODE AS A NEW SECTION TO READ AS FOLLOWS
25	[EFFECTIVE UPON PASSAGE]: Sec. 14. Nothing in this chapter
26	requires an individual to provide or use telehealth.
27	SECTION 25. IC 25-1-9.5-15 IS ADDED TO THE INDIANA
28	CODE AS A NEW SECTION TO READ AS FOLLOWS
29	[EFFECTIVE UPON PASSAGE]: Sec. 15. If a veterinarian is
30	required to establish a veterinarian-client-patient relationship to
31	perform a health care service, the veterinarian shall ensure that a
32	proper veterinarian-client-patient relationship is established, as
33	defined in IC 25-38.1-1-14.5, when providing the service using
34	telehealth.
35	SECTION 26. IC 25-22.5-2-7, AS AMENDED BY P.L.249-2019,
36	SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
37	UPON PASSAGE]: Sec. 7. (a) The board shall do the following:
38	(1) Adopt rules and forms necessary to implement this article that
39	concern, but are not limited to, the following areas:
40	(A) Qualification by education, residence, citizenship,
41	training, and character for admission to an examination for

licensure or by endorsement for licensure.



1	(B) The examination for licensure.
2	(C) The license or permit.
3	(D) Fees for examination, permit, licensure, and registration
4	(E) Reinstatement of licenses and permits.
5	(F) Payment of costs in disciplinary proceedings conducted by
6	the board.
7	(2) Administer oaths in matters relating to the discharge of the
8	board's official duties.
9	(3) Enforce this article and assign to the personnel of the agency
10	duties as may be necessary in the discharge of the board's duty.
1	(4) Maintain, through the agency, full and complete records of al
12	applicants for licensure or permit and of all licenses and permits
13	issued.
14	(5) Make available, upon request, the complete schedule of
15	minimum requirements for licensure or permit.
16	(6) Issue, at the board's discretion, a temporary permit to ar
17	applicant for the interim from the date of application until the
18	next regular meeting of the board.
19	(7) Issue an unlimited license, a limited license, or a temporary
20	medical permit, depending upon the qualifications of the
21	applicant, to any applicant who successfully fulfills all of the
22	requirements of this article.
23	(8) Adopt rules establishing standards for the competent practice
24	of medicine, osteopathic medicine, or any other form of practice
23 24 25 26	regulated by a limited license or permit issued under this article
	(9) Adopt rules regarding the appropriate prescribing of Schedule
27	III or Schedule IV controlled substances for the purpose of weigh
28	reduction or to control obesity.
29	(10) Adopt rules establishing standards for office based
30	procedures that require moderate sedation, deep sedation, or
31	general anesthesia.
32	(11) Adopt rules or protocol establishing the following:
33	(A) An education program to be used to educate women with
34	high breast density.
35	(B) Standards for providing an annual screening or diagnostic
36	test for a woman who is at least forty (40) years of age and
37	who has been determined to have high breast density.
38	As used in this subdivision, "high breast density" means a
39	condition in which there is a greater amount of breast and
10	connective tissue in comparison to fat in the breast.
11	(12) Adopt rules establishing standards and protocols for the
12	prescribing of controlled substances.



1	(13) Adopt rules as set forth in IC 25-23.4 concerning the
2	certification of certified direct entry midwives.
3	(14) In consultation with the state department of health and the
4	office of the secretary of family and social services, adopt rules
5	under IC 4-22-2 or protocols concerning the following for
6	providers that are providing office based opioid treatment:
7	(A) Requirements of a treatment agreement (as described in
8	IC 12-23-20-2) concerning the proper referral and treatment of
9	mental health and substance use.
10	(B) Parameters around the frequency and types of visits
11	required for the periodic scheduled visits required by
12	IC 12-23-20-2.
13	(C) Conditions on when the following should be ordered or
14	performed:
15	(i) A urine toxicology screening.
16	(ii) HIV, hepatitis B, and hepatitis C testing.
17	(D) Required documentation in a patient's medical record
18	when buprenorphine is prescribed over a specified dosage.
19	(15) Adopt rules as set forth in IC 25-14.5 concerning the
20	certification of certified dietitians.
21	(b) The board may adopt rules that establish:
22	(1) certification requirements for child death pathologists;
23	(2) an annual training program for child death pathologists under
24	IC 16-35-7-3(b)(2); and
25	(3) a process to certify a qualified child death pathologist.
26	(c) The board may adopt rules under IC 4-22-2 establishing
27	guidelines for the practice of telemedicine telehealth in Indiana.
28	Adoption of rules under this subsection may not delay the
29	implementation and provision of telemedicine telehealth services by
30	a provider under IC 25-1-9.5.
31	SECTION 27. IC 25-33-3 IS REPEALED [EFFECTIVE UPON
32	PASSAGE]. (Telepsychology).
33	SECTION 28. IC 27-8-34-5, AS ADDED BY P.L.185-2015,
34	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35	UPON PASSAGE]: Sec. 5. (a) As used in this chapter, "telemedicine
36	"telehealth services" means health care services delivered by use of
37	interactive audio, video, or other electronic media, technology allowed
38	under IC 25-1-9.5-6, including the following:
39	(1) Medical exams and consultations.
40	(2) Behavioral health, including substance abuse evaluations and
41	treatment.

(b) The term does not include the delivery of health care services by



1	use of the following:
2	(1) A telephone transmitter for transtelephonic monitoring.
3	(2) A telephone or any other means of communication for the
4	consultation from one (1) provider to another provider.
5	SECTION 29. IC 27-8-34-6, AS ADDED BY P.L.185-2015
6	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
7	UPON PASSAGE]: Sec. 6. (a) A policy must provide coverage fo
8	telemedicine telehealth services in accordance with the same clinica
9	criteria as the policy provides coverage for the same health care
10	services delivered in person.
11	(b) Coverage for telemedicine telehealth services required by
12	subsection (a) may not be subject to a dollar limit, deductible, o
13	coinsurance requirement that is less favorable to a covered individua
14	than the dollar limit, deductible, or coinsurance requirement tha
15	applies to the same health care services delivered to a covered
16	individual in person.
17	(c) Any annual or lifetime dollar limit that applies to telemedicine
18	telehealth services must be the same annual or lifetime dollar limit tha
19	applies in the aggregate to all items and services covered under the
20	policy.
21	(d) A separate consent for telemedicine telehealth services may no
22	be required.
23	(e) If a policy provides coverage for telehealth services via:
24	(1) secure videoconferencing;
25	(2) store and forward technology; or
26	(3) remote patient monitoring technology;
27	between a provider in one (1) location and a patient in another
28	location, the policy may not require the use of a specific
29	information technology application for those services.
30	SECTION 30. IC 27-8-34-7, AS ADDED BY P.L.185-2015
31	SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
32	UPON PASSAGE]: Sec. 7. This chapter does not do any of the
33	following:
34	(1) Require a policy to provide coverage for a telemedicine
35	telehealth service that is not a covered health care service unde
36	the policy.
37	(2) Require the use of telemedicine telehealth services when the
38	treating provider has determined that telemedicine telehealth
39	services are inappropriate.
40	(3) Prevent the use of utilization review concerning coverage fo
41	telemedicine telehealth services in the same manner as utilization
42	review is used concerning coverage for the same health care

review is used concerning coverage for the same health care



1	services delivered to a covered individual in person.
2	SECTION 31. IC 27-13-1-34, AS ADDED BY P.L.185-2015,
3	SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4	UPON PASSAGE]: Sec. 34. (a) "Telemedicine" "Telehealth services"
5	means health care services delivered by use of interactive audio, video,
6	or other electronic media, technology allowed under IC 25-1-9.5-6,
7	including the following:
8	(1) Medical exams and consultations.
9	(2) Behavioral health, including substance abuse evaluations and
10	treatment.
11	(b) The term does not include the delivery of health care services by
12	use of the following:
13	(1) A telephone transmitter for transtelephonic monitoring.
14	(2) A telephone or any other means of communication for the
15	consultation from one (1) provider to another provider.
16	SECTION 32. IC 27-13-7-22, AS ADDED BY P.L.185-2015,
17	SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18	UPON PASSAGE]: Sec. 22. (a) An individual contract or a group
19	contract must provide coverage for telemedicine telehealth services in
20	accordance with the same clinical criteria as the individual contract or
21	the group contract provides coverage for the same health care services
22	delivered to an enrollee in person.
23	(b) Coverage for telemedicine telehealth services required by
24	subsection (a) may not be subject to a dollar limit, copayment, or
25	coinsurance requirement that is less favorable to an enrollee than the
26	dollar limit, copayment, or coinsurance requirement that applies to the
27	same health care services delivered to an enrollee in person.
28	(c) Any annual or lifetime dollar limit that applies to telemedicine
29	telehealth services must be the same annual or lifetime dollar limit that
30	applies in the aggregate to all items and services covered under the
31	individual contract or the group contract.
32	(d) This section does not do any of the following:
33	(1) Require an individual contract or a group contract to provide
34	coverage for a telemedicine telehealth service that is not a
35	covered health care service under the individual contract or group
36	contract.
37	(2) Require the use of telemedicine telehealth services when the
38	treating provider has determined that telemedicine telehealth
39	services are inappropriate.
40	(3) Prevent the use of utilization review concerning coverage for
41	telemedicine telehealth services in the same manner as utilization

review is used concerning coverage for the same health care



1	services delivered to an enrollee in person.
2	(e) A separate consent for telemedicine telehealth services may not
3	be required.
4	(f) If a policy provides coverage for telehealth services via:
5	(1) secure videoconferencing;
6	(2) store and forward technology; or
7	(3) remote patient monitoring technology;
8	between a provider in one (1) location and a patient in another
9	location, the policy may not require the use of a specific
10	information technology application for those services.
11	SECTION 33. An emergency is declared for this act.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 3, 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, line 28, after "any" insert "location".

Page 2, line 30, delete "405".

Page 2, delete lines 31 through 34.

Page 3, line 9, strike "videoconferencing equipment" and insert "technology allowed under IC 25-1-9.5-6".

Page 4, line 19, strike "that is a prescriber".

Page 4, line 20, strike "IC 25-1-9.5-4)," and insert "IC 25-1-9.5-3.5),".

Page 5, delete lines 28 through 42, begin a new paragraph and insert:

"SECTION 11. IC 25-1-9.5-3.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3.5. As used in this chapter, "practitioner" means an individual who holds an unlimited license to practice as any of the following in Indiana:

- (1) An athletic trainer licensed under IC 25-5.1.
- (2) A chiropractor licensed under IC 25-10.
- (3) A dental hygienist licensed under IC 25-13.
- (4) The following:
 - (A) A dentist licensed under IC 25-14.
 - (B) An individual who holds a dental residency permit issued under IC 25-14-1-5.
 - (C) An individual who holds a dental faculty license under IC 25-14-1-5.5.
- (5) A diabetes educator licensed under IC 25-14.3.
- (6) A dietitian licensed under IC 25-14.5.
- (7) A genetic counselor licensed under IC 25-17.3.
- (8) The following:
 - (A) A physician licensed under IC 25-22.5.
 - (B) An individual who holds a temporary permit under IC 25-22.5-5-4.
- (9) A nurse licensed under IC 25-23.
- (10) An occupational therapist licensed under IC 25-23.5.
- (11) Any behavioral health and human services professional licensed under IC 25-23.6.
- (12) An optometrist licensed under IC 25-24.



- (13) A pharmacist licensed under IC 25-26.
- (14) A physical therapist licensed under IC 25-27.
- (15) A physician assistant licensed under IC 25-27.5.
- (16) A podiatrist licensed under IC 25-29.
- (17) A psychologist licensed under IC 25-33.
- (18) A respiratory care practitioner licensed under IC 25-34.5.
- (19) A speech-language pathologist or audiologist licensed under IC 25-35.6.
- (20) A veterinarian licensed under IC 25-38.1.".

Page 6, delete lines 1 through 8.

Page 6, line 25, delete ":" and insert "unless the practitioner has an established relationship with the patient:".

Page 6, between lines 33 and 34, begin a new paragraph and insert: "SECTION 14. IC 25-1-9.5-6.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6.5. A veterinarian licensed under IC 25-38.1 may only provide telehealth services to a patient with which the veterinarian has already established a veterinarian-client-patient relationship as described in IC 25-38.1-1-14.5.".

Page 11, between lines 39 and 40, begin a new paragraph and insert: "SECTION 22. IC 25-1-9.5-14 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 14. Nothing in this chapter requires an individual to provide or use telehealth."

Page 13, line 38, strike "(a)".

Page 13, line 40, strike "interactive audio, video, or other electronic media," and insert "technology allowed under IC 25-1-9.5-6,".

Page 14, strike lines 3 through 7.

Page 15, line 2, strike "(a)".

Page 15, line 3, strike "interactive audio, video,".

Page 15, line 4, strike "or other electronic media," and insert "technology allowed under IC 25-1-9.5-6,".

Page 15, strike lines 8 through 12.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 3 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 10, Nays 0.



ES 3-LS 6855/DI 104

SENATE MOTION

Madam President: I move that Senate Bill 3 be amended to read as follows:

Page 7, delete lines 2 through 8.

Renumber all SECTIONS consecutively.

(Reference is to SB 3 as printed January 29, 2021.)

CHARBONNEAU

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 3, 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 4, between lines 39 and 40, begin a new paragraph and insert: "SECTION 7. IC 25-1-9.5-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 0.5. Telehealth may not be used to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion."

Page 6, between lines 17 and 18, begin a new paragraph and insert: "SECTION 13. IC 25-1-9.5-4, AS AMENDED BY P.L.247-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. As used in this chapter, "prescriber" means any of the following:

- (1) A physician licensed under IC 25-22.5.
- (2) A physician assistant licensed under IC 25-27.5 and granted the authority to prescribe by the physician assistant's collaborating physician in accordance with IC 25-27.5-5-4.
- (3) An advanced practice registered nurse licensed and granted the authority to prescribe drugs under IC 25-23.
- (4) An optometrist licensed under IC 25-24.
- (5) A podiatrist licensed under IC 25-29.
- (6) A dentist licensed under IC 25-14.
- (7) A veterinarian licensed under IC 25-38.1.".

Page 6, line 28, after "technology," insert "in compliance with the federal Health Insurance Portability and Accountability Act



(HIPAA),".

Page 7, delete lines 2 through 7, begin a new paragraph and insert:

"(c) The term does not include a health care service provided by an employee of a practitioner who is performing a health care service listed in section 2.5(2), 2.5(3), or 2.5(4) of this chapter under the direction of the practitioner.

SECTION 16. IC 25-1-9.5-7, AS AMENDED BY P.L.129-2018, SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) A prescriber practitioner who:

- (1) provides health care services through telemedicine telehealth; or
- (2) directs an employee of the practitioner to perform a health care service listed in section 2.5(2), 2.5(3), or 2.5(4) of this chapter;

shall be held to the same standards of appropriate practice as those standards for health care services provided at an in-person setting.".

Page 8, delete lines 23 through 42, begin a new paragraph and insert:

- "(e) A contract, employment agreement, or policy may not require or negatively affect the performance of a practitioner who refuses to provide health care services via telehealth. Any applicable contract, employment agreement, or policy to provide telehealth services must explicitly provide that a practitioner may refuse at any time to provide health care services if in the practitioner's sole discretion the practitioner believes:
 - (1) that health quality may be negatively impacted; or
 - (2) the practitioner would be unable to provide the same standards of appropriate practice as those provided in an in-person setting.

SECTION 17. IC 25-1-9.5-8, AS AMENDED BY P.L.52-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. (a) A prescriber may issue a prescription to a patient who is receiving services through the use of telemedicine telehealth if the patient has not been examined previously by the prescriber in person if the following conditions are met:

- (1) The prescriber has satisfied the applicable standard of care in the treatment of the patient.
- (2) The issuance of the prescription by the prescriber is within the prescriber's scope of practice and certification.
- (3) The prescription:
 - (A) meets the requirements of subsection (b); and
 - (B) is not for an opioid. However, an opioid may be prescribed



if the opioid is a partial agonist that is used to treat or manage opioid dependence.

- (4) The prescription is not for an abortion inducing drug (as defined in IC 16-18-2-1.6).
- (5) If the prescription is for a medical device, including an ophthalmic device, the prescriber must use telemedicine telehealth technology that is sufficient to allow the provider to make an informed diagnosis and treatment plan that includes the medical device being prescribed. However, a prescription for an ophthalmic device is also subject to the conditions in section 13 of this chapter.
- (b) Except as provided in subsection (a), a prescriber may issue a prescription for a controlled substance (as defined in IC 35-48-1-9) to a patient who is receiving services through the use of telemedicine, telehealth, even if the patient has not been examined previously by the prescriber in person, if the following conditions are met:
 - (1) The prescriber maintains a valid controlled substance registration under IC 35-48-3.
 - (2) The prescriber meets the conditions set forth in 21 U.S.C. 829 et seg.
 - (3) The patient has been examined in person by a licensed Indiana health care provider and the licensed health care provider has established a treatment plan to assist the prescriber in the diagnosis of the patient.
 - (4) The prescriber has reviewed and approved the treatment plan described in subdivision (3) and is prescribing for the patient pursuant to the treatment plan.
 - (3) A practitioner acting in the usual course of the practitioner's professional practices issues the prescription for a legitimate medical purpose.
 - (4) The telehealth communication is conducted using an audiovisual, real time, two-way interactive communication system.
 - (5) The prescriber complies with the requirements of the INSPECT program (IC 25-26-24).
 - (6) All other applicable federal and state laws are followed.
- (c) A prescription for a controlled substance under this section must be prescribed and dispensed in accordance with IC 25-1-9.3 and IC 25-26-24."

Page 9, delete lines 1 through 25.

Page 12, between lines 11 and 12, begin a new paragraph and insert: "SECTION 24. IC 25-1-9.5-15 IS ADDED TO THE INDIANA



CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 15. If a veterinarian would be required to establish a veterinarian-client-patient relationship to perform a health care service in an in-person setting, a veterinarian shall ensure that a proper veterinarian-client-patient relationship is established, as defined in IC 25-38.1-1-14.5, when providing the service using telehealth."

Page 14, between lines 7 and 8, begin a new paragraph and insert: "SECTION 26. IC 25-33-3 IS REPEALED [EFFECTIVE UPON PASSAGE]. (Telepsychology).".

Page 14, delete lines 40 through 41, begin a new paragraph and insert:

- "(e) If a policy provides coverage for telehealth services via:
 - (1) secure videoconferencing;
 - (2) store and forward technology; or
 - (3) remote patient monitoring technology;

between a provider in one (1) location and a patient in another location, the policy may not require the use of a specific information technology application for those services.".

Page 16, delete lines 16 through 18, begin a new paragraph and insert:

- "(f) If a policy provides coverage for telehealth services via:
 - (1) secure videoconferencing;
 - (2) store and forward technology; or
 - (3) remote patient monitoring technology;

between a provider in one (1) location and a patient in another location, the policy may not require the use of a specific information technology application for those services.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 3 as reprinted February 2, 2021.)

BARRETT

Committee Vote: yeas 12, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 3 be amended to



read as follows:

Page 13, line 19, delete "would be" and insert "is".

Page 13, line 21, delete "service in an in-person setting, a" and insert "service, the".

(Reference is to ESB 3 as printed March 18, 2021.)

LINDAUER

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 3 be amended to read as follows:

Page 2, line 2, reset in roman "for".

Page 2, line 2, after ""telemedicine"" insert ""telehealth"".

Page 2, line 16, delete "service. telehealth activity." and insert "telehealth service.".

Page 5, line 7, after "insurer," insert "practitioner,".

Page 5, line 8, after "provider," insert "practitioner,".

Page 5, line 25, delete "Public health services and health" and insert "**Health**".

Page 9, delete lines 10 through 11.

Page 9, delete line 12, begin a new paragraph and insert:

- "(e) An employer may not require a practitioner, by an employment contract, an agreement, a policy, or any other means, to provide a health care service through telehealth if the practitioner believes that providing a health care service through telehealth would:
 - (1) negatively impact the patient's health; or
 - (2) result in a lower standard of care than if the health care service was provided in an in-person setting.
 - (f) Any".

(Reference is to ESB 3 as printed March 18, 2021.)

BARRETT



HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 3 be amended to read as follows:

Page 3, line 2, after "purposes of" insert "IC 16-34-1 and".

Page 3, between lines 11 and 12, begin a new paragraph and insert: "SECTION 5. IC 16-34-1-11 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11. Telehealth may not be used to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion."

Renumber all SECTIONS consecutively.

(Reference is to ESB 3 as printed March 18, 2021.)

MAYFIELD

