



January 12, 2024

SENATE BILL No. 132

DIGEST OF SB 132 (Updated January 10, 2024 12:18 pm - DI 104)

Citations Affected: IC 12-7; IC 12-15; IC 25-1; IC 25-19; IC 25-23; IC 27-7; IC 27-8; IC 27-13; noncode.

Synopsis: Professions and professional services. Authorizes the office of the secretary of family and social services (office) to implement a risk based managed care program for certain Medicaid recipients. Establishes claim payment requirements for a managed care organization that contracts with the office to provide services under a risk based managed care program to these recipients for 180 days and sets forth a penalty per claim violation. Amends statutes concerning Medicaid provider agreements, health insurance reimbursement agreements, and Medicare supplement insurance to specify that a 15 day period consists of 15 business days. Eliminates the requirement that a provider who is licensed in Indiana, physically located outside Indiana, but providing telehealth services to patients who are in Indiana, file a certification constituting a waiver of jurisdiction. Makes a number of changes in the law concerning health facility administrators, including eliminating the requirement that a health facility administrator display the individual's license in a prominent location in the individual's principal office and providing that a particular course of study for administrators in training is not mandatory. Specifies: (1) the manner in which certain nurse applicants may demonstrate English proficiency; (2) that a graduate of a foreign nursing school must pass a specified examination; and (3) additional credentialing verification assessment organizations for certain nurse
(Continued next page)

Effective: July 1, 2024.

**Brown L, Charbonneau, Johnson T,
Bohacek**

January 8, 2024, read first time and referred to Committee on Health and Provider Services.
January 11, 2024, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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Digest Continued

applicants. Prohibits a third party administrator or another person from arranging for a dental provider to provide dental services for a dental plan that sets the amount of the fee for any dental services unless the dental services are covered services under the dental plan. Provides that a contracting entity (a dental carrier, a third party administrator, or another person that enters into a provider network contract with providers of dental services) may not grant a third party access to the provider network contract or to dental services or contractual discounts provided pursuant to the provider network contract unless certain conditions are satisfied. Provides that when a dental provider network contract is entered into, renewed, or materially modified, any provider that is a party to the network contract must be allowed to choose not to participate in the third party access. Prohibits a contracting entity from: (1) altering the rights or status under a provider network contract of a dental provider that chooses not to participate in third party access; or (2) rejecting a provider as a party to a provider network contract because the provider chose not to participate in third party access. Authorizes the insurance commissioner to issue a cease and desist order against a person that violates any of these prohibitions and, if the person violates the cease and desist order, to impose a civil penalty upon the person and suspend or revoke the person's certificate of authority. Provides that if a covered individual assigns the covered individual's rights to benefits for dental services to the provider of the dental services, the dental carrier shall pay the benefits assigned by the covered individual to the provider of the dental services. However, prohibits the provider from billing the covered individual (except for a copayment, coinsurance, or a deductible amount) if the provider is in the dental carrier's network. Requires the Indiana state board of nursing to amend a specified administrative rule to conform with this act. Requires the medical licensing board to study certain rules concerning office based setting accreditations and report to the general assembly.



January 12, 2024

Second Regular Session of the 123rd General Assembly (2024)

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 2023 Regular Session of the General Assembly.

SENATE BILL No. 132

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 12-7-2-18.6 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2024]: **Sec. 18.6. "Auto assignment", for purposes of**
4 **IC 12-15-13, has the meaning set forth in IC 12-15-13-1.8(c).**
5 SECTION 2. IC 12-7-2-48.7 IS ADDED TO THE INDIANA CODE
6 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
7 1, 2024]: **Sec. 48.7. "Covered population", for purposes of**
8 **IC 12-15-13, has the meaning set forth in IC 12-15-13-1.8(d).**
9 SECTION 3. IC 12-15-1-18.5, AS ADDED BY P.L.203-2023,
10 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2024]: Sec. 18.5. (a) The payer affordability penalty fund is
12 established for the purpose of receiving **liquidated damages paid**
13 **under IC 12-15-13-1.8(h)(1)**, fines collected under IC 16-21-6-3, and
14 fines collected under IC 27-2-25.5 to be used for:
15 (1) the state's share of the Medicaid program; and

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1 (2) a study of hospitals that are impacted by changes made in the
 2 disproportionate share hospital methodology payments set forth
 3 in Section 203 of the federal Consolidated Appropriations Act of
 4 2021.

5 The office of the secretary shall perform the study and provide the
 6 results of the study described in subdivision (2) to the budget
 7 committee.

8 (b) The fund shall be administered by the office of the secretary.

9 (c) The expenses of administering the fund shall be paid from
 10 money in the fund.

11 (d) The treasurer of state shall invest the money in the fund not
 12 currently needed to meet the obligations of the fund in the same
 13 manner as other public money may be invested. Interest that accrues
 14 from these investments shall be deposited in the fund.

15 (e) Money in the fund at the end of a state fiscal year does not revert
 16 to the state general fund.

17 (f) Money in the fund is continually appropriated.

18 SECTION 4. IC 12-15-5-17.5 IS REPEALED [EFFECTIVE JULY
 19 1, 2024]. Sec. 17.5: (a) The office shall report on its progress on the
 20 development of a risk based managed care program or capitated
 21 managed care program for Medicaid recipients who are eligible to
 22 participate in the Medicare program (42 U.S.C. 1395 et seq.) and
 23 receive nursing facility services to the interim study committee on
 24 public health, behavioral health, and human services before November
 25 1, 2021.

26 (b) Not later than February 1, 2022, the office shall report the
 27 following information and analysis to the legislative council and budget
 28 committee (in an electronic format under IC 5-14-6) regarding the
 29 implementation of a risk based managed care program or capitated
 30 managed care program for Medicaid recipients who are eligible to
 31 participate in the Medicare program (42 U.S.C. 1395 et seq.) and
 32 receive nursing facility services; as follows:

33 (1) The projected utilization of home and community based
 34 services and institutional services for the four (4) years following
 35 implementation; and including, but not limited to, information on:

36 (A) provider network adequacy;

37 (B) family caregiver programming; and

38 (C) costs and funding sources associated with creating and
 39 maintaining adequate provider networks and family caregiving
 40 programming.

41 (2) How administrative processes, including service approval and
 42 billing processes, between managed care entities and providers of



1 services will be addressed or streamlined in a risk based managed
 2 care program or capitated managed care program; with specific
 3 discussion of uniform provider credentialing; the potential of a
 4 single claims processing portal; and prior authorization processes.

5 (3) Projected total spending for a risk based managed care
 6 program or capitated managed care program for the four (4) years
 7 following implementation. Such information shall include the
 8 identification of and impact on each source of state matching
 9 funds and overall impact on the state general fund.

10 (4) The expected financial impacts of a risk based managed care
 11 program or capitated managed care program on the available
 12 amounts and use of the nursing facility quality assessment fee and
 13 supplemental payments to nursing facilities that are owned and
 14 operated by a governmental entity. Such information shall include
 15 an analysis on whether either of these funding streams will be
 16 diverted for uses other than the uses prior to implementation of a
 17 risk based managed care program or capitated managed care
 18 program and the effects on access to acute and post-acute care
 19 services due to the expected financial impacts.

20 (c) A request for proposal for the procurement of a Medicaid
 21 program to enroll a Medicaid recipient who is eligible to participate in
 22 the Medicare program (42 U.S.C. 1395 et seq.) and receives nursing
 23 facility services in a risk based managed care program or capitated
 24 managed care program may not be issued until the request for proposal
 25 has been reviewed by the budget committee.

26 (d) After the review of a request for proposal by the budget
 27 committee under subsection (c); the office may not enter into a final
 28 contract that would implement a program described in subsection (c)
 29 before January 31, 2023.

30 SECTION 5. IC 12-15-11-9, AS AMENDED BY P.L.190-2023,
 31 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 32 JULY 1, 2024]: Sec. 9. (a) As used in this section, "clean credentialing
 33 application" means an application for network participation that:

- 34 (1) is submitted by a provider under this section;
- 35 (2) does not contain an error; and
- 36 (3) may be processed by the managed care organization or
 37 contractor of the office without returning the application to the
 38 provider for a revision or clarification.

39 (b) As used in this section, "credentialing" means a process by
 40 which a managed care organization or contractor of the office makes
 41 a determination that:

- 42 (1) is based on criteria established by the managed care



- 1 organization or contractor of the office; and
 2 (2) concerns whether a provider is eligible to:
 3 (A) provide health services to an individual eligible for
 4 Medicaid services; and
 5 (B) receive reimbursement for the health services;
 6 under an agreement that is entered into between the provider and
 7 managed care organization or contractor of the office.
 8 (c) As used in this section, "unclean credentialing application"
 9 means an application for network participation that:
 10 (1) is submitted by a provider under this section;
 11 (2) contains at least one (1) error; and
 12 (3) must be returned to the provider to correct the error.
 13 (d) This section applies to a managed care organization or
 14 contractor of the office.
 15 (e) If the office or managed care organization issues a provisional
 16 credential to a provider under subsection (j), the office or managed care
 17 organization shall:
 18 (1) issue a final credentialing determination not later than sixty
 19 (60) calendar days after the date in which the provider was
 20 provisionally credentialed; and
 21 (2) except as provided in subsection (l), provide retroactive
 22 reimbursement under subsection (k).
 23 (f) The office shall prescribe the credentialing application form used
 24 by the Council for Affordable Quality Healthcare in electronic or paper
 25 format, which must be used by:
 26 (1) a provider who applies for credentialing by a managed care
 27 organization or contractor of the office; and
 28 (2) a managed care organization or contractor of the office that
 29 performs credentialing activities.
 30 (g) A managed care organization or contractor of the office shall
 31 notify a provider concerning a deficiency on a completed unclean
 32 credentialing application form submitted by the provider not later than
 33 five (5) business days after the entity receives the completed unclean
 34 credentialing application form. A notice described in this subsection
 35 must:
 36 (1) provide a description of the deficiency; and
 37 (2) state the reason why the application was determined to be an
 38 unclean credentialing application.
 39 (h) A provider shall respond to the notification required under
 40 subsection (g) not later than five (5) business days after receipt of the
 41 notice.
 42 (i) A managed care organization or contractor of the office shall



1 notify a provider concerning the status of the provider's completed
2 clean credentialing application when:

- 3 (1) the provider is provisionally credentialed; and
4 (2) the entity makes a final credentialing determination
5 concerning the provider.

6 (j) If the managed care organization or contractor of the office fails
7 to issue a credentialing determination within fifteen (15) **business** days
8 after receiving a completed clean credentialing application form from
9 a provider, the managed care organization or contractor of the office
10 shall provisionally credential the provider in accordance with the
11 standards and guidelines governing provisional credentialing from the
12 National Committee for Quality Assurance or its successor
13 organization. The provisional credentialing license is valid until a
14 determination is made on the credentialing application of the provider.

15 (k) Once a managed care organization or contractor of the office
16 fully credentials a provider that holds provisional credentialing and a
17 network provider agreement has been executed, then reimbursement
18 payments under the contract shall be paid retroactive to the date the
19 provider was provisionally credentialed. The managed care
20 organization or contractor of the office shall reimburse the provider at
21 the rates determined by the contract between the provider and the:

- 22 (1) managed care organization; or
23 (2) contractor of the office.

24 (l) If a managed care organization or contractor of the office does
25 not fully credential a provider that is provisionally credentialed under
26 subsection (j), the provisional credentialing is terminated on the date
27 the managed care organization or contractor of the office notifies the
28 provider of the adverse credentialing determination. The managed care
29 organization or contractor of the office is not required to reimburse for
30 services rendered while the provider was provisionally credentialed.

31 (m) A managed care organization or contractor of the office may not
32 require additional credentialing requirements in order to participate in
33 a managed care organization's network. However, a contractor may
34 collect additional information from the provider in order to complete
35 a contract or provider agreement.

36 (n) A managed care organization or contractor of the office is not
37 required to contract with a provider.

38 (o) A managed care organization or contractor of the office shall:

- 39 (1) send representatives to meetings and participate in the
40 credentialing process as determined by the office; and
41 (2) not require additional credentialing information from a
42 provider if a non-network credentialed provider is used.



1 (p) Except when a provider is no longer enrolled with the office, a
 2 credential acquired under this chapter is valid until recredentialing is
 3 required.

4 (q) An adverse action under this section is subject to IC 4-21.5.

5 (r) The office may adopt rules under IC 4-22-2 to implement this
 6 section.

7 SECTION 6. IC 12-15-13-1.5, AS AMENDED BY P.L.42-2011,
 8 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 JULY 1, 2024]: Sec. 1.5. (a) This section:

10 (1) applies only to claims submitted for payment by nursing
 11 facilities; **and**

12 **(2) does not apply when section 1.8 of this chapter is in effect.**

13 (b) If the office:

14 (1) fails to pay a clean claim in the time required under section
 15 1(b) of this chapter; or

16 (2) denies or suspends a claim that is subsequently determined to
 17 have been a clean claim when the claim was filed;

18 the office shall pay the provider interest on the Medicaid allowable
 19 amount of the claim.

20 (c) Interest paid under subsection (b):

21 (1) accrues beginning:

22 (A) twenty-two (22) days after the date the claim is filed under
 23 section 1(b)(1) of this chapter; or

24 (B) thirty-one (31) days after the date the claim is filed under
 25 section 1(b)(2) of this chapter; and

26 (2) stops accruing on the date the office pays the claim.

27 (d) The office shall pay interest under subsection (b) at the same
 28 rate as determined under IC 12-15-21-3(7)(A).

29 SECTION 7. IC 12-15-13-1.8 IS ADDED TO THE INDIANA
 30 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
 31 [EFFECTIVE JULY 1, 2024]: **Sec. 1.8. (a) This section does not**
 32 **apply to Medicaid recipients:**

33 **(1) who participate in the Program of All-Inclusive Care for**
 34 **the Elderly (PACE) implemented under IC 12-15-43;**

35 **(2) who participate in any Medicaid waiver administered by**
 36 **the office of the secretary in conjunction with the division of**
 37 **disability and rehabilitative services;**

38 **(3) who participate in the residential care assistance program**
 39 **described in IC 12-10-6;**

40 **(4) who:**

41 **(A) participate in the traumatic brain injury Medicaid**
 42 **waiver; or**



- 1 **(B) receive traumatic brain injury services out of state;**
 2 **(5) who are enrolled in the Medicare shared savings program**
 3 **established by 42 U.S.C. 1395jjj;**
 4 **(6) who are eligible only for emergency services;**
 5 **(7) who participate in the Indiana end stage renal disease**
 6 **Medicaid waiver;**
 7 **(8) who qualify for Medicaid as participants in the breast and**
 8 **cervical cancer program;**
 9 **(9) who participate in the intermediate care facility for**
 10 **individuals with intellectual disabilities program;**
 11 **(10) who are family planning only members;**
 12 **(11) who are members of the Healthy Indiana Plan**
 13 **(IC 12-15-44.5) with modified adjusted gross income**
 14 **eligibility;**
 15 **(12) who are Hoosier Healthwise members with modified**
 16 **adjusted gross income eligibility; or**
 17 **(13) who are registered members of a federally-recognized**
 18 **tribe and are eligible for the healthy Indiana plan**
 19 **(IC 12-15-44.5) but have opted out into fee-for-service**
 20 **coverage.**

21 **(b) For purposes of this section, there are the following six (6)**
 22 **claims types:**

- 23 **(1) Professional paper claims.**
 24 **(2) Professional electronic claims.**
 25 **(3) Facility paper claims.**
 26 **(4) Facility electronic claims.**
 27 **(5) Pharmacy paper claims.**
 28 **(6) Pharmacy electronic claims.**

29 **This section applies to the payment of dental claims. This section**
 30 **does not require the claim to be a clean claim.**

31 **(c) As used in this section, "auto assignment" refers to the**
 32 **process in which an eligible Medicaid recipient is automatically**
 33 **assigned to a managed care organization if the member does not**
 34 **select a managed care organization within the time allotted for the**
 35 **selection.**

36 **(d) As used in this section, "covered population" means all**
 37 **Medicaid recipients who meet the criteria set forth in subsection**
 38 **(e).**

39 **(e) An individual is member of the covered population if the**
 40 **individual:**

- 41 **(1) is eligible to participate in the federal Medicare program**
 42 **(42 U.S.C. 1395 et seq.) and receives nursing facility services;**



1 or

2 (2) is:

3 (A) at least sixty (60) years of age;

4 (B) blind, aged, or disabled; and

5 (C) receiving services through one (1) of the following:

6 (i) The aged and disabled Medicaid waiver.

7 (ii) A risk based managed care program for aged, blind,
8 or disabled individuals who are not eligible to participate
9 in the federal Medicare program.

10 (iii) The state Medicaid plan.

11 (f) The office of the secretary may implement a risk based
12 managed care program for the covered population.

13 (g) This subsection applies during the first one hundred eighty
14 (180) days after the risk based managed care program for the
15 covered population is implemented under subsection (f). If a
16 managed care organization that contracts with the office of the
17 secretary to provide services under a risk based managed care
18 program for the covered population receives a provider claim and
19 does not, within twenty-one (21) days after receiving the claim:

20 (1) pay the claim at the Medicaid allowable rate; or

21 (2) appropriately deny the claim;

22 the managed care organization shall pay the claim on the
23 twenty-first day after receiving the claim in an amount at least
24 equal to eighty-seven and one-half percent (87.5%) of the
25 applicable fee schedule amount for the provider, subject to a claim
26 reconciliation conducted by the managed care organization at the
27 end of the one hundred eighty (180) day period. If the provider
28 claim is subsequently denied in good faith by the managed care
29 organization after the managed care organization paid the
30 percentage of the claim specified in this subsection, the managed
31 care organization may recoup the payment from the provider.

32 (h) If a managed care organization fails to pay in accordance
33 with subsection (g), for any provider claims that the managed care
34 organization has not paid at the Medicaid allowable rate or
35 appropriately denied:

36 (1) the managed care organization shall pay to the office of
37 the secretary liquidated damages in the amount of five
38 thousand seven hundred dollars (\$5,700) for each claim not
39 paid in accordance with subsection (g); and

40 (2) the office of the secretary shall suspend all auto
41 assignment of recipients to the managed care organization
42 until the managed care organization pays all claims in



1 **accordance with subsection (g).**

2 **The office of the secretary shall deposit all liquidated damages paid**
 3 **under subdivision (1) in the payer affordability penalty fund**
 4 **established by IC 12-15-1-18.5.**

5 SECTION 8. IC 25-1-9.5-9, AS AMENDED BY P.L.85-2021,
 6 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 7 JULY 1, 2024]: Sec. 9. (a) A practitioner who is physically located
 8 outside Indiana is engaged in the provision of health care services in
 9 Indiana when the practitioner:

10 (1) establishes a provider-patient relationship under this chapter
 11 with; or

12 (2) determines whether to issue a prescription under this chapter
 13 for;

14 an individual who is located in Indiana.

15 (b) A practitioner described in subsection (a) ~~may not establish a~~
 16 ~~provider-patient relationship under this chapter with or issue a~~
 17 ~~prescription under this chapter for an individual who is located in~~
 18 ~~Indiana unless the practitioner and the practitioner's employer or the~~
 19 ~~practitioner's contractor, for purposes of providing health care services~~
 20 ~~under this chapter, have certified in writing to the Indiana professional~~
 21 ~~licensing agency, in a manner specified by the Indiana professional~~
 22 ~~licensing agency, that the practitioner and the practitioner's employer~~
 23 ~~or practitioner's contractor agree agrees to be subject to:~~

24 (1) the jurisdiction of the courts of law of Indiana; and

25 (2) Indiana substantive and procedural laws;

26 concerning any claim asserted against the practitioner, the practitioner's
 27 employer, or the practitioner's contractor arising from the provision of
 28 health care services under this chapter to an individual who is located
 29 in Indiana at the time the health care services were provided. ~~The filing~~
 30 ~~of the certification under this subsection shall constitute provision of~~
 31 **health care services described in subsection (a)(1) and (a)(2) by a**
 32 **practitioner described in subsection (a) constitutes** a voluntary
 33 waiver by the practitioner, the practitioner's employer, or the
 34 practitioner's contractor of any respective right to avail themselves of
 35 the jurisdiction or laws other than those specified in this subsection
 36 concerning the claim. ~~However, a practitioner that practices~~
 37 ~~predominately in Indiana is not required to file the certification~~
 38 ~~required by this subsection.~~

39 (c) A practitioner shall renew the certification required under
 40 subsection (b) at the time the practitioner renews the practitioner's
 41 license.

42 (d) A practitioner's employer or a practitioner's contractor is



1 required to file the certification required by this section only at the time
2 of initial certification.

3 SECTION 9. IC 25-1-9.5-10, AS AMENDED BY P.L.85-2021,
4 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2024]: Sec. 10. (a) A practitioner who violates this chapter is
6 subject to disciplinary action under IC 25-1-9.

7 (b) A practitioner's employer or a practitioner's contractor that
8 violates this section commits a Class B infraction. ~~for each act in which~~
9 ~~a certification is not filed as required by section 9 of this chapter.~~

10 SECTION 10. IC 25-19-1-3, AS AMENDED BY THE
11 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
12 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13 JULY 1, 2024]: Sec. 3. (a) The board may issue licenses to qualified
14 persons as health facility administrators.

15 (b) A person who applies to the board to practice as a health facility
16 administrator must:

17 (1) not have been convicted of a crime that has a direct bearing on
18 the person's ability to practice competently in accordance with
19 ~~IC 25-1-21; IC 25-1-1.1;~~

20 (2) successfully complete an administrator in training **internship**
21 **program described in section 18 of this chapter;**

22 (3) achieve a passing score, as determined by the board, on a state
23 jurisprudence examination described in section 3.2 of this
24 chapter; **and**

25 (4) successfully complete the national examination. **and**

26 (5) ~~meet one (1) of the following:~~

27 (A) ~~Possess a bachelor's degree or higher degree from an~~
28 ~~accredited postsecondary educational institution.~~

29 (B) ~~Possess an associate's associate degree from an accredited~~
30 ~~postsecondary educational institution and complete a~~
31 ~~specialized course of study in long term health care~~
32 ~~administration, as prescribed by the board.~~

33 (C) ~~Complete a specialized course of study in long term care~~
34 ~~administration prescribed by the board.~~

35 (c) Subject to section 3.3 of this chapter, the board may issue a
36 provisional license for a single period not to exceed six (6) months for
37 the purpose of enabling a qualified individual to fill a health facility
38 administrator position that has been unexpectedly vacated.

39 SECTION 11. IC 25-19-1-3.3, AS AMENDED BY THE
40 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
41 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42 JULY 1, 2024]: Sec. 3.3. (a) The board may issue a provisional health



1 facility administrator license ~~or provisional residential care~~
 2 ~~administrator license~~ to an individual for a specific licensed health
 3 facility or residential care facility if the individual has:

4 (1) at least two (2) years of administrative experience in a
 5 licensed health facility; ~~or residential care facility;~~ and

6 (2) not been convicted of a crime that has a direct bearing on the
 7 individual's ability to practice competently in accordance with
 8 ~~IC 25-1-21~~; **IC 25-1-1.1**.

9 (b) The board may issue a provisional residential care administrator
 10 license to an individual for a specific residential care facility if the
 11 individual has:

12 (1) at least two (2) years of administrative experience in a
 13 residential care facility; and

14 (2) not been convicted of a crime that has a direct bearing on the
 15 individual's ability to practice competently in accordance with
 16 ~~IC 25-1-21~~; **IC 25-1-1.1**.

17 (c) Subject to subsection (d), the chair of the board may issue a
 18 provisional health facility administrator license or a provisional
 19 residential care administrator license to an individual who appears to
 20 be qualified.

21 (d) If the board determines that an individual described in
 22 subsection (c) fails to meet all applicable ~~qualification~~ **qualifications**
 23 for a provisional license described in subsection (a) or (b), the board
 24 may withdraw the provisional license.

25 (e) Experience that an individual gains while practicing health
 26 facility administration with a provisional license issued under this
 27 section may count toward the requirements for an administrator in
 28 training **program**, as approved by the board.

29 SECTION 12. IC 25-19-1-9.5, AS AMENDED BY THE
 30 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
 31 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 32 JULY 1, 2024]: Sec. 9.5. (a) Subject to IC 25-1-8-6, a health facility
 33 administrator or residential care administrator whose license is in
 34 inactive status may apply to the board to renew the administrator's
 35 license.

36 (b) A health facility administrator or residential care administrator
 37 while in an inactive status may not practice as a health facility
 38 administrator or residential care administrator.

39 (c) A licensed health facility administrator who has been inactive
 40 must show proof of having completed forty (40) hours of continuing
 41 education within the two (2) year period immediately before the date
 42 the reactivation application is filed.



1 (d) A licensed residential care administrator who has been inactive
 2 must show proof of having ~~completed~~ **completed** twenty (20) hours of
 3 continuing education within the two (2) year period immediately before
 4 the date the reactivation application is filed.

5 (e) The board may request that a licensed health facility
 6 administrator **or residential care administrator** who has been inactive
 7 for a period of more than three (3) years at the date the reactivation
 8 application is filed make a personal appearance before the board to
 9 answer any questions from the board about the application that are
 10 unresolved before making a determination on the application.

11 SECTION 13. IC 25-19-1-10, AS AMENDED BY THE
 12 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
 13 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 JULY 1, 2024]: Sec. 10. (a) The board shall issue a health facility
 15 administrator's license to any person who applies for a health facility
 16 administrator license, if the applicant:

17 (1) does not have a criminal history that disqualifies the applicant
 18 from obtaining a health facility administrator license in Indiana in
 19 accordance with ~~IC 25-1-21~~; **IC 25-1-1.1**;

20 (2) has practiced in another state for at least one (1) year as a:

21 (A) licensed health facility administrator and currently holds
 22 an active license in good standing as a health facility
 23 administrator in another state;

24 (B) chief executive officer of a hospital; or

25 (C) chief operations officer of a hospital; and

26 (3) has successfully completed the:

27 (A) national examination; and

28 (B) Indiana jurisprudence examination, as approved by the
 29 board.

30 (b) The board shall issue a residential care administrator license to
 31 any person who applies for a residential care administrator license, if
 32 the applicant:

33 (1) does not have a criminal history that disqualifies the applicant
 34 from obtaining a residential care administrator license in Indiana
 35 in accordance with ~~IC 25-1-21~~; **IC 25-1-1.1**; and

36 (2) has practiced in another state for at least one (1) year as a:

37 (A) licensed health facility administrator and currently holds
 38 an active license in good standing as a health facility
 39 administrator in another state;

40 (B) licensed, certified, or registered residential care
 41 administrator and currently holds an active license,
 42 certification, or registration that is in good standing as a



1 residential care administrator in another state;
 2 (C) chief executive officer of a hospital; or
 3 (D) chief operations officer of a hospital.
 4 (c) The board shall issue a health facility administrator license or a
 5 residential care administrator license to an individual who:
 6 (1) holds an approved National Association of Long Term Care
 7 ~~Administrators Board Administrator Boards~~ Health Services
 8 Executive license in good standing; and
 9 (2) does not have a criminal history that disqualifies the applicant
 10 from obtaining a health facility administrator license or a
 11 residential care administrator license in Indiana in accordance
 12 with ~~IC 25-1-21~~. **IC 25-1-1.1.**
 13 SECTION 14. IC 25-19-1-15 IS REPEALED [EFFECTIVE JULY
 14 1, 2024]. ~~Sec. 15: An individual who is licensed as a health facility
 15 administrator or residential care administrator shall display the
 16 individual's license in a prominent location in the individual's principal
 17 office.~~
 18 SECTION 15. IC 25-19-1-16 IS REPEALED [EFFECTIVE JULY
 19 1, 2024]. ~~Sec. 16: Upon receipt of satisfactory evidence from a licensed
 20 health facility administrator or licensed residential care administrator
 21 that the administrator's license has been:~~
 22 ~~(1) lost;~~
 23 ~~(2) stolen;~~
 24 ~~(3) mutilated; or~~
 25 ~~(4) destroyed;~~
 26 ~~the board shall issue a duplicate license to the administrator.~~
 27 SECTION 16. IC 25-19-1-17, AS ADDED BY P.L.149-2023,
 28 SECTION 40, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 29 JULY 1, 2024]: Sec. 17. (a) This section applies to an administrator in
 30 training or a student intern seeking licensure as a health facility
 31 administrator.
 32 (b) An administrator in training or student intern ~~shall satisfactorily~~
 33 ~~complete~~ **may take a specialized course prescribed that:**
 34 **(1) is approved by the board that as described in section 18 of**
 35 **this chapter;**
 36 **(2) includes instruction and training on: the following:**
 37 ~~(1) (A) standards of competent practice;~~
 38 ~~(2) (B) facility administration and management;~~
 39 ~~(3) (C) housekeeping and laundry;~~
 40 ~~(4) (D) nursing;~~
 41 ~~(5) (E) dietary needs of residents;~~
 42 ~~(6) (F) facility related activities;~~



- 1 ~~(7)~~ **(G)** business office management; **and**
- 2 ~~(8)~~ **(H)** facility admission and marketing; **and**
- 3 **(3) may include instruction and training on other subjects.**
- 4 (c) The course described in subsection (b) must occur in a licensed
- 5 comprehensive care facility.
- 6 SECTION 17. IC 25-19-1-18, AS ADDED BY P.L.149-2023,
- 7 SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 8 JULY 1, 2024]: Sec. 18. (a) An administrator in training seeking
- 9 licensure as a health facility administrator shall do the following:
- 10 (1) File an administrator in training application with the board
- 11 and be approved by the board before starting an internship
- 12 program.
- 13 ~~(2) Meet educational requirements described in section 3 of this~~
- 14 ~~chapter at the time the administrator in training files an~~
- 15 ~~application:~~
- 16 ~~(3)~~ **(2)** Observe and become familiar with the responsibilities and
- 17 duties of the preceptor or approved training center and
- 18 administrator in training.
- 19 ~~(4)~~ **(3)** Be assigned responsibilities in each health facility
- 20 department, with experience on every shift, including weekends.
- 21 ~~(5)~~ **(4)** Serve as an administrator in training for at least twenty
- 22 (20) hours per week and not more than ten (10) hours per day.
- 23 ~~(6)~~ **(5)** Complete the internship program in not less than three (3)
- 24 months and not more than twelve (12) months for a minimum
- 25 total of hours as follows:
- 26 (A) An administrator in training who:
- 27 (i) holds an associate degree, bachelor's degree, master's
- 28 degree, or doctoral degree; and
- 29 (ii) has at least two (2) years of long term care experience;
- 30 shall complete a total of six hundred eighty (680) hours of
- 31 training, of which two hundred (200) hours may be fulfilled by
- 32 successfully completing a two hundred (200) hour state
- 33 approved, specialized course in long term care management.
- 34 (B) An administrator in training who:
- 35 (i) holds an associate degree, bachelor's degree, master's
- 36 degree, or doctoral degree; and
- 37 (ii) does not have long term care experience;
- 38 shall complete a total of eight hundred eighty (880) hours of
- 39 training, of which two hundred (200) hours may be fulfilled by
- 40 successfully completing a two hundred (200) hour state
- 41 approved, specialized course in long term care management.
- 42 (C) An administrator in training who holds a high school



1 diploma or general educational development (GED) diploma
 2 shall complete a total of one thousand forty (1,040) hours of
 3 training, of which two hundred (200) hours may be fulfilled by
 4 successfully completing a two hundred (200) hour state
 5 approved, specialized course in long term care management.
 6 ~~(7)~~ **(6)** Seek and accept instruction and assistance from the
 7 preceptor or approved training center.
 8 ~~(8)~~ **(7)** Notify the board on a form prescribed by the board of any
 9 change of status or discontinuance of the administrator in training
 10 program.
 11 ~~(9)~~ **(8)** Upon completion of the program, provide to the board an
 12 affidavit stating the administrator in training has fulfilled the
 13 requirements of the program.
 14 (b) An administrator in training may not:
 15 (1) have been convicted of a crime that has a direct bearing on the
 16 administrator in training's ability to practice competently in
 17 accordance with ~~IC 25-1-21~~; **IC 25-1-1.1**; and
 18 (2) hold a position in the health facility during the hours of the
 19 administrator in training program.
 20 (c) The board may waive up to thirty percent (30%) of the total
 21 required training hours for an administrator in training described in
 22 subsection ~~(a)(6)(C)~~ **(a)(5)(C)** if:
 23 (1) the administrator in training has served in a long term care
 24 facility department manager position, based upon criteria
 25 approved by the board; and
 26 (2) the administrator in training's experience described in
 27 subdivision (1) is verifiable to the board's satisfaction.
 28 (d) Except as provided in subsection (e), an administrator in training
 29 may serve up to twenty percent (20%) of the internship in a setting
 30 other than the preceptor's facility.
 31 (e) An administrator in training in an approved training center may,
 32 at the discretion of the approved training center, exceed the twenty
 33 percent (20%) limit described in subsection (d).
 34 (f) The board may take appropriate action for failure of an
 35 administrator in training to comply with this section.
 36 **(g) The administrator in training internship program must**
 37 **adequately prepare administrators in training to meet the facility**
 38 **administration duties and policies described in IC 25-19-2.**
 39 SECTION 18. IC 25-19-1-20, AS AMENDED BY THE
 40 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
 41 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 42 JULY 1, 2024]: Sec. 20. (a) To qualify as a preceptor, an applicant



- 1 must:
- 2 (1) be currently licensed as a health facility administrator under
- 3 this article;
- 4 (2) be in good standing and not the subject of a disciplinary action
- 5 by the board;
- 6 (3) file an application with the board and be approved before
- 7 serving as the preceptor;
- 8 (4) complete a board approved educational program;
- 9 (5) provide to the board, with the administrator in training
- 10 application, a certificate of completion for a program described in
- 11 subdivision (4);
- 12 (6) have the training, knowledge, professional activity, and a
- 13 facility or organizational setting at the individual's disposal to
- 14 teach prospective health facility ~~administrator~~ **administrators** or
- 15 residential care facility administrators; **and**
- 16 (7) meet one (1) of the following:
- 17 (A) Have active work experience as a health facility
- 18 administrator for at least two (2) years prior to the date of
- 19 serving as a preceptor.
- 20 (B) Be currently employed as a chief executive officer of a
- 21 continuing care retirement community.
- 22 (C) Be currently employed as a regional manager for a health
- 23 facility.
- 24 (D) Be employed by an administrator in training school.
- 25 (b) An individual who submits an application to be a preceptor shall
- 26 file a new application for each administrator in training applicant for
- 27 whom the preceptor applicant intends to serve as a preceptor.
- 28 (c) An individual who meets the requirements of this section and is
- 29 approved as a preceptor by the board shall do the following:
- 30 (1) Act as a teacher rather than an employer and provide the
- 31 administrator in training with educational opportunities.
- 32 (2) Inform the board if an administrator in training presents a
- 33 problem that may affect the facility's service and operation or the
- 34 administrator in training program.
- 35 (3) Notify the board on a form prescribed by the board of a
- 36 change of status or discontinuance of the administrator in training
- 37 program.
- 38 (4) Upon completion of the program, submit to the board an
- 39 affidavit, as prescribed by the board, stating that the requirements
- 40 described in section 17 of this chapter have been met.
- 41 (5) Maintain the records of an administrator in training program
- 42 for a period of five (5) years and, upon request by the board, allow



1 the board to review the records.

2 (6) Except for a preceptor in an approved training center or as
3 necessary to accommodate a special situation or emergency,
4 spend a majority of the required work hours during normal
5 daytime business hours in the facility where training occurs.

6 (d) Except as provided in subsection (e), a preceptor who serves as
7 an administrator of a licensed comprehensive care facility ~~or residential~~
8 ~~care facility~~ may not supervise more than two (2) administrators in
9 training at any given time.

10 (e) A preceptor may supervise more than two (2) administrators in
11 training at a given time:

12 (1) if the administrator in training is enrolled in:

13 (A) an approved training center; or

14 (B) a postsecondary educational institution accredited
15 program; or

16 (2) at the discretion of the board.

17 (f) A preceptor may precept more than two (2) administrators in
18 training but not more than four (4) administrators in training if:

19 (1) the preceptor's sole duty is that of a preceptor; and

20 (2) the preceptor spends at least eight (8) hours per week with
21 each administrator in training.

22 A preceptor shall affirm to the professional licensing agency
23 compliance with this subsection.

24 (g) A preceptor's approval as a preceptor expires when the
25 administrator in training applicant that the preceptor is supervising
26 completes the course of instruction and training prescribed by the
27 board or fails to complete the requirements described in section 18 of
28 this chapter.

29 (h) The board reserves the right to take appropriate action for failure
30 of a preceptor to comply with this section.

31 SECTION 19. IC 25-23-1-11, AS AMENDED BY P.L.148-2023,
32 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
33 JULY 1, 2024]: Sec. 11. (a) Any person who applies to the board for a
34 license to practice as a registered nurse must:

35 (1) not have:

36 (A) been convicted of a crime that has a direct bearing on the
37 person's ability to practice competently; or

38 (B) committed an act that would constitute a ground for a
39 disciplinary sanction under IC 25-1-9;

40 (2) have completed:

41 (A) the prescribed curriculum and met the graduation
42 requirements of a state accredited program of registered



1 nursing that only accepts students who have a high school
 2 diploma or its equivalent as determined by the board; or
 3 (B) the prescribed curriculum and graduation requirements of
 4 a nursing education program in a foreign country that is
 5 substantially equivalent to a board approved program as
 6 determined by the board. The board may by rule adopted under
 7 IC 4-22-2 require an applicant under this subsection to
 8 successfully complete an examination approved by the board
 9 to measure the applicant's qualifications and background in the
 10 practice of nursing and proficiency in the English language;
 11 and

12 (3) be physically and mentally capable of and professionally
 13 competent to safely engage in the practice of nursing as
 14 determined by the board.

15 The board may not require a person to have a baccalaureate degree in
 16 nursing as a prerequisite for licensure. **An applicant meets the**
 17 **English proficiency requirement under subdivision (2) if the**
 18 **applicant passes an English course as certified in the transcript**
 19 **from the board's approved nursing education program or submits**
 20 **proof of passing the National Council Licensure Examination**
 21 **(NCLEX) that was taken in only the English language.**

22 (b) The applicant must pass an examination in such subjects as the
 23 board may determine.

24 (c) The board may issue a temporary registered nurse permit to
 25 practice as a registered nurse applicant to a person who has initially
 26 applied for license by examination, after the board receives the
 27 necessary materials to determine compliance with subsection (a). The
 28 temporary registered nurse permit is valid until the earlier of six (6)
 29 months after issuance or the registered nurse applicant's examination
 30 results under subsection (b) are received. If the registered nurse
 31 applicant does not receive a passing score on the first examination
 32 under subsection (b), the temporary registered nurse permit is no longer
 33 valid.

34 (d) A registered nurse applicant must:

- 35 (1) practice under the supervision of a registered nurse; and
 36 (2) use the abbreviation "RNG" after the registered nurse
 37 graduate's name.

38 (e) The board may issue by endorsement a license to practice as a
 39 registered nurse to an applicant who has been licensed as a registered
 40 nurse, by examination, under the laws of another state if the applicant
 41 presents proof satisfactory to the board that, at the time that the
 42 applicant applies for an Indiana license by endorsement, the applicant



1 holds a current license in another state and possesses credentials and
 2 qualifications that are substantially equivalent to requirements in
 3 Indiana for licensure by examination. The board may specify by rule
 4 what constitutes substantial equivalence under this subsection.

5 (f) The board may issue by endorsement a license to practice as a
 6 registered nurse to an applicant who:

7 (1) has completed the English version of the:

8 (A) Canadian Nurse Association Testing Service Examination
 9 (CNAT); or

10 (B) Canadian Registered Nurse Examination (CRNE);

11 (2) achieved the passing score required on the examination at the
 12 time the examination was taken;

13 (3) is currently licensed in a Canadian province or in another
 14 state; and

15 (4) meets the other requirements under this section.

16 (g) The board shall issue by endorsement **or examination** a license
 17 to practice as a registered nurse to an applicant who:

18 (1) is a graduate of a foreign nursing school;

19 (2) **has successfully passed the National Council Licensure**
 20 **Examination (NCLEX);**

21 (3) provides:

22 (A) documentation that the applicant has:

23 (i) taken an examination prepared by the Commission on
 24 Graduates of Foreign Nursing Schools International, Inc.
 25 (CGFNS); and

26 (ii) achieved the passing score required on the examination
 27 at the time the examination was taken;

28 (B) a satisfactory Credentials Evaluation Service Professional
 29 Report issued by CGFNS; ~~or~~

30 (C) a satisfactory VisaScreen Certificate verification letter
 31 issued by CGFNS; ~~and or~~

32 **(D) a satisfactory credential verification assessment from**
 33 **an organization that is a member of the National**
 34 **Association of Credential Evaluation Services or any other**
 35 **organization approved by the board; and**

36 (4) meets the other requirements of this section.

37 (h) Each applicant for examination and registration to practice as a
 38 registered nurse shall pay:

39 (1) a fee set by the board; and

40 (2) if the applicant is applying for a multistate license (as defined
 41 in IC 25-42-1-11) under IC 25-42 (Nurse Licensure Compact), a
 42 fee of twenty-five dollars (\$25) in addition to the fee under



- 1 subdivision (1);
 2 a part of which must be used for the rehabilitation of impaired
 3 registered nurses and impaired licensed practical nurses. Payment of
 4 the fee or fees shall be made by the applicant prior to the date of
 5 examination.
- 6 (i) The lesser of the following amounts from fees collected under
 7 subsection (h) shall be deposited in the impaired nurses account of the
 8 state general fund established by section 34 of this chapter:
- 9 (1) Twenty-five percent (25%) of the license application fee per
 10 license applied for under this section.
- 11 (2) The cost per license to operate the impaired nurses program,
 12 as determined by the Indiana professional licensing agency.
- 13 (j) Any person who holds a license to practice as a registered nurse
 14 in Indiana or under IC 25-42 may use the title "Registered Nurse" and
 15 the abbreviation "R.N.". No other person shall practice or advertise as
 16 or assume the title of registered nurse or use the abbreviation of "R.N."
 17 or any other words, letters, signs, or figures to indicate that the person
 18 using same is a registered nurse.
- 19 SECTION 20. IC 25-23-1-12, AS AMENDED BY THE
 20 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
 21 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2024]: Sec. 12. (a) A person who applies to the board for a
 23 license to practice as a licensed practical nurse must:
- 24 (1) not have been convicted of:
- 25 (A) an act which would constitute a ground for disciplinary
 26 sanction under IC 25-1-9; or
 27 (B) a crime that has a direct bearing on the person's ability to
 28 practice competently;
- 29 (2) have completed:
- 30 (A) the prescribed curriculum and met the graduation
 31 requirements of a state accredited program of practical nursing
 32 that only accepts students who have a high school diploma or
 33 its equivalent, as determined by the board; or
 34 (B) the prescribed curriculum and graduation requirements of
 35 a nursing education program in a foreign country that is
 36 substantially equivalent to a board approved program as
 37 determined by the board. The board may by rule adopted under
 38 IC 4-22-2 require an applicant under this subsection to
 39 successfully complete an examination approved by the board
 40 to measure the applicant's qualifications and background in the
 41 practice of nursing and proficiency in the English language;
 42 and



1 (3) be physically and mentally capable of, and professionally
 2 competent to, safely engage in the practice of practical nursing as
 3 determined by the board.

4 **An applicant meets the English proficiency requirement under**
 5 **subdivision (2) if the applicant passes an English course as certified**
 6 **in the transcript from the board's approved nursing education**
 7 **program or submits proof of passing the National Council**
 8 **Licensure Examination (NCLEX) that was taken in only the**
 9 **English language.**

10 (b) The applicant must pass an examination in such subjects as the
 11 board may determine.

12 (c) The board may issue a temporary licensed practical nurse permit
 13 to practice as a licensed practical nurse applicant to a person who has
 14 initially applied for license by examination, after the board receives the
 15 necessary materials to determine compliance with subsection (a). The
 16 temporary licensed practical nurse permit is valid until the earlier of six
 17 (6) months after issuance or the licensed practical nurse applicant's
 18 examination results under subsection (b) are received. If the licensed
 19 practical nurse applicant does not receive a passing score on the first
 20 examination under subsection (b), the temporary licensed practical
 21 **nurse permit is no longer valid.**

22 (d) A licensed practical nurse applicant must:

- 23 (1) practice under the supervision of a licensed practical nurse or
 24 registered nurse; and
 25 (2) use the abbreviation "LPNG" after the licensed practical nurse
 26 graduate's name.

27 (e) The board may issue by endorsement a license to practice as a
 28 licensed practical nurse to an applicant who has been licensed as a
 29 licensed practical nurse, by examination, under the laws of another
 30 state if the applicant presents proof satisfactory to the board that, at the
 31 time of application for an Indiana license by endorsement, the applicant
 32 possesses credentials and qualifications that are substantially
 33 equivalent to requirements in Indiana for licensure by examination. The
 34 board may specify by rule what shall constitute substantial equivalence
 35 under this subsection.

36 (f) The board shall issue by endorsement **or examination** a license
 37 to practice as a licensed practical nurse to an applicant who:

- 38 (1) is a graduate of a foreign nursing school;
 39 (2) **has successfully passed the National Council Licensure**
 40 **Examination (NCLEX);**
 41 (3) provides:

42 (A) documentation that the applicant has:



- 1 (i) taken an examination prepared by the Commission on
 2 Graduates of Foreign Nursing Schools International, Inc.
 3 (CGFNS); and
 4 (ii) achieved the passing score required on the examination
 5 at the time the examination was taken;
 6 (B) a satisfactory Credentials Evaluation Service Professional
 7 Report issued by CGFNS; ~~or~~
 8 (C) a VisaScreen Certificate verification letter issued by
 9 CGFNS; ~~and or~~
 10 **(D) a satisfactory credential verification assessment from**
 11 **an organization that is a member of the National**
 12 **Association of Credential Evaluation Services or any other**
 13 **organization approved by the board; and**
 14 ~~(4)~~ **(4)** meets the other requirements of this section.
 15 (g) Each applicant for examination and registration to practice as a
 16 practical nurse shall pay:
 17 (1) a fee set by the board; and
 18 (2) if the applicant is applying for a multistate license (as defined
 19 in IC 25-42-1-11) under IC 25-42 (Nurse Licensure Compact), a
 20 fee of twenty-five dollars (\$25) in addition to the fee under
 21 subdivision (1);
 22 a part of which must be used for the rehabilitation of impaired
 23 registered nurses and impaired licensed practical nurses. Payment of
 24 the fees shall be made by the applicant before the date of examination.
 25 (h) The lesser of the following amounts from fees collected under
 26 subsection (g) shall be deposited in the impaired nurses account of the
 27 state general fund established by section 34 of this chapter:
 28 (1) Twenty-five percent (25%) of the license application fee per
 29 license applied for under this section.
 30 (2) The cost per license to operate the impaired nurses program,
 31 as determined by the Indiana professional licensing agency.
 32 (i) Any person who holds a license to practice as a licensed practical
 33 nurse in Indiana or under IC 25-42 may use the title "Licensed Practical
 34 Nurse" and the abbreviation "L.P.N.". No other person shall practice or
 35 advertise as or assume the title of licensed practical nurse or use the
 36 abbreviation of "L.P.N." or any other words, letters, signs, or figures to
 37 indicate that the person using them is a licensed practical nurse.
 38 SECTION 21. IC 27-7-18 IS ADDED TO THE INDIANA CODE
 39 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2024]:
 41 **Chapter 18. Third Party Access to Dental Provider Networks**
 42 **Sec. 1. As used in this chapter, "contracting entity" means a**



1 dental carrier, a third party administrator, or another person that
 2 enters into a provider network contract with providers for the
 3 delivery of dental services in the ordinary course of business.

4 Sec. 2. As used in this chapter, "covered individual" means an
 5 individual who is entitled to:

- 6 (1) dental services; or
 - 7 (2) coverage of dental services;
- 8 through a provider network contract.

9 Sec. 3. As used in this chapter, "dental carrier" means any of
 10 the following:

- 11 (1) An insurer that issues a policy of accident and sickness
 12 insurance that covers dental services.
 - 13 (2) A health maintenance organization that provides, or
 14 provides coverage for, dental services.
 - 15 (3) An entity that:
 - 16 (A) provides dental services; or
 - 17 (B) arranges for dental services to be provided;
- 18 but is not itself a provider.

19 Sec. 4. (a) As used in this chapter, "dental service" means any
 20 service provided by a dentist within the scope of the dentist's
 21 licensure under IC 25-14.

22 (b) The term does not include a service delivered by a provider
 23 that is billed as a medical expense.

24 Sec. 5. As used in this chapter, "health insurer" means:

- 25 (1) an insurer that issues policies of accident and sickness
 26 insurance (as defined in IC 27-8-5-1); or
- 27 (2) a health maintenance organization (as defined in
 28 IC 27-13-1-19).

29 Sec. 6. As used in this chapter, "person" means an individual, a
 30 corporation, a limited liability company, a partnership, or any
 31 other legal entity.

32 Sec. 7. (a) As used in this chapter, "provider" means:

- 33 (1) a dentist licensed under IC 25-14; or
- 34 (2) a dental office through which one (1) or more dentists
 35 licensed under IC 25-14 provide dental services.

36 (b) The term does not include a physician organization or
 37 physician hospital organization that leases or rents the network of
 38 the physician organization or physician hospital organization
 39 network to a third party.

40 Sec. 8. As used in this chapter, "provider network contract"
 41 means a contract between a contracting entity and one (1) or more
 42 providers:



- 1 (1) that establishes a network through which the providers:
- 2 (A) provide dental services to covered individuals; and
- 3 (B) are compensated for providing the dental services; and
- 4 (2) that specifies the rights and responsibilities of the
- 5 contracting entity and the providers concerning the network.
- 6 **Sec. 9. (a) As used in this chapter, "third party" means a person**
- 7 **that enters into a contract with a contracting entity or another**
- 8 **third party to gain access to:**
- 9 (1) a provider network contract;
- 10 (2) dental services provided pursuant to a provider network
- 11 contract; or
- 12 (3) contractual discounts provided pursuant to a provider
- 13 network contract.
- 14 **(b) The term does not include an employer or another group or**
- 15 **entity for which the contracting entity provides administrative**
- 16 **services.**
- 17 **Sec. 10. (a) This section applies if a contracting entity seeks to**
- 18 **grant a third party access to:**
- 19 (1) a provider network contract;
- 20 (2) dental services provided pursuant to a provider network
- 21 contract; or
- 22 (3) contractual discounts provided pursuant to a provider
- 23 network contract.
- 24 **(b) Except as provided in subsection (c) and section 16 of this**
- 25 **chapter, in order for a contracting entity to grant a third party**
- 26 **access as described in subsection (a), the following conditions must**
- 27 **be satisfied:**
- 28 (1) When a provider network contract is entered into or
- 29 renewed, or when there are material modifications to a
- 30 provider network contract relevant to granting access to a
- 31 third party as described in subsection (a):
- 32 (A) any provider that is a party to the provider network
- 33 contract must be allowed to choose not to participate in the
- 34 third party access as described in subsection (a); or
- 35 (B) if third party access is to be provided through the
- 36 acquisition of the provider network by a health insurer,
- 37 any provider that is a party to the provider network
- 38 contract must be allowed to enter into a contract directly
- 39 with the health insurer that acquired the provider
- 40 network.
- 41 (2) The provider network contract must specifically authorize
- 42 the contracting entity to enter into an agreement with third



- 1 parties allowing the third parties to obtain the contracting
2 entity's rights and responsibilities as if the third party were
3 the contracting entity.
- 4 (3) If the contracting entity seeking to grant a third party
5 access as described in subsection (a) is a dental carrier, a
6 provider that is a party to the provider network contract must
7 have chosen to participate in third party access at the time the
8 provider network contract was entered into or renewed.
- 9 (4) If the contracting entity seeking to grant a third party
10 access as described in subsection (a) is a health insurer, the
11 provider network contract must contain a third party access
12 provision specifically granting third party access to the
13 provider network.
- 14 (5) If the contracting entity seeking to grant a third party
15 access as described in subsection (a) is a dental carrier, the
16 provider network contract must state that the provider has a
17 right to choose not to participate in the third party access.
- 18 (6) The third party being granted access as described in
19 subsection (a) must agree to comply with all of the terms of
20 the provider network contract.
- 21 (7) The contracting entity seeking to grant third party access
22 as described in subsection (a) must identify to each provider
23 that is a party to the provider network contract, in writing or
24 electronic form, all third parties in existence as of the date on
25 which the provider network contract is entered into or
26 renewed.
- 27 (8) The contracting entity granting third party access as
28 described in subsection (a) must identify, in a list on its
29 website that is updated at least once every ninety (90) days, all
30 third parties to which third party access has been granted.
- 31 (9) If third party access as described in subsection (a) is to be
32 granted through the sale or leasing of the network established
33 by the provider network contract, the contracting entity must
34 notify all providers that are parties to the provider network
35 contract of the leasing or sale of the network at least thirty
36 (30) days before the sale or lease of the network takes effect.
- 37 (10) The contracting entity seeking to grant third party access
38 to contractual discounts as described in subsection (a)(3) must
39 require each third party to identify the source of the discount
40 on all remittance advices or explanations of payment under
41 which a discount is taken. However, this subdivision does not
42 apply to electronic transactions mandated by the federal



1 **Health Insurance Portability and Accountability Act of 1996**
2 **(Public Law 104-191).**

3 (c) A contracting entity may grant a third party access as
4 described in subsection (a) even if the conditions set forth in
5 subsection (b)(1) are not satisfied if the contracting entity is not a
6 health insurer or a dental carrier.

7 (d) Except as provided in subsection (c) and section 16 of this
8 chapter, a provider that is a party to a provider network contract
9 is not required to provide dental services pursuant to third party
10 access granted as described in subsection (a) unless all of the
11 applicable conditions set forth in subsection (b) are satisfied.

12 **Sec. 11.** A contracting entity that is a party to a provider
13 network contract with a provider that chooses under section
14 10(b)(1)(A) of this chapter not to participate in third party access
15 shall not alter the provider's rights or status under the provider
16 network contract because of the provider's choice not to
17 participate in third party access.

18 **Sec. 12.** A contracting entity that is a party to a provider
19 network contract shall notify a third party granted third party
20 access as described in section 10(a) of this chapter of the
21 termination of the provider network contract not more than thirty
22 (30) days after the date of the termination.

23 **Sec. 13.** The right of a third party to contractual discounts
24 described in section 10(a)(3) of this chapter ceases as of the
25 termination date of the provider network contract.

26 **Sec. 14.** A contracting entity that is a party to a provider
27 network contract shall make a copy of the provider network
28 contract relied on in the adjudication of a claim available to a
29 participating provider not more than thirty (30) days after the date
30 of the participating provider's request.

31 **Sec. 15.** When entering into a provider network contract with
32 providers, a contracting entity shall not reject a provider as a
33 party to the provider network contract because the provider
34 chooses or has chosen under section 10(b)(1)(A) of this chapter not
35 to participate in third party access.

36 **Sec. 16.** (a) Section 10 of this chapter does not apply to access as
37 described in section 10(a) of this chapter if granted by a
38 contracting entity to:

- 39 (1) a dental carrier or other entity operating in accordance
40 with the same brand licensee program as the contracting
41 entity; or
42 (2) an entity that is an affiliate of the contracting entity.



1 **(b) For the purposes of this section, a contracting entity shall**
 2 **make a list of the contracting entity's affiliates available to**
 3 **providers on the contracting entity's website.**

4 **(c) Section 10 of this chapter does not apply to a provider**
 5 **network contract established for the purpose of providing dental**
 6 **services to beneficiaries of health programs sponsored by the state,**
 7 **including Medicaid (IC 12-15) and the children's health insurance**
 8 **program (IC 12-17.6).**

9 **Sec. 17. The provisions of this chapter cannot be waived by**
 10 **contract. A contract provision that:**

- 11 **(1) conflicts with this chapter; or**
 12 **(2) purports to waive any requirements of this chapter;**
 13 **is null and void.**

14 **Sec. 18. (a) If a person violates this chapter, the insurance**
 15 **commissioner may enter an order requiring the person to cease**
 16 **and desist from violating this chapter.**

17 **(b) If a person violates a cease and desist order issued under**
 18 **subsection (a), the insurance commissioner, after notice and**
 19 **hearing under IC 4-21.5, may:**

- 20 **(1) impose a civil penalty upon the person of not more than**
 21 **ten thousand dollars (\$10,000) for each day of violation;**
 22 **(2) suspend or revoke the person's certificate of authority, if**
 23 **the person holds a certificate of authority under this title; or**
 24 **(3) both impose a civil penalty upon the person under**
 25 **subdivision (1) and suspend or revoke the person's certificate**
 26 **of authority under subdivision (2).**

27 **SECTION 22. IC 27-8-11-7, AS AMENDED BY P.L.190-2023,**
 28 **SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE**
 29 **JULY 1, 2024]: Sec. 7. (a) This section applies to an insurer that issues**
 30 **or administers a policy that provides coverage for basic health care**
 31 **services (as defined in IC 27-13-1-4).**

32 **(b) As used in this section, "clean credentialing application" means**
 33 **an application for network participation that:**

- 34 **(1) is submitted by a provider under this section;**
 35 **(2) does not contain an error; and**
 36 **(3) may be processed by the insurer without returning the**
 37 **application to the provider for a revision or clarification.**

38 **(c) As used in this section, "credentialing" means a process by**
 39 **which an insurer makes a determination that:**

- 40 **(1) is based on criteria established by the insurer; and**
 41 **(2) concerns whether a provider is eligible to:**
 42 **(A) provide health services to an individual eligible for**



- 1 coverage; and
 2 (B) receive reimbursement for the health services;
 3 under an agreement that is entered into between the provider and
 4 the insurer.
- 5 (d) As used in this section, "unclean credentialing application"
 6 means an application for network participation that:
 7 (1) is submitted by a provider under this section;
 8 (2) contains at least one (1) error; and
 9 (3) must be returned to the provider to correct the error.
- 10 (e) The department of insurance shall prescribe the credentialing
 11 application form used by the Council for Affordable Quality Healthcare
 12 (CAQH) in electronic or paper format, which must be used by:
 13 (1) a provider who applies for credentialing by an insurer; and
 14 (2) an insurer that performs credentialing activities.
- 15 (f) An insurer shall notify a provider concerning a deficiency on a
 16 completed unclean credentialing application form submitted by the
 17 provider not later than five (5) business days after the entity receives
 18 the completed unclean credentialing application form. A notice
 19 described in this subsection must:
 20 (1) provide a description of the deficiency; and
 21 (2) state the reason why the application was determined to be an
 22 unclean credentialing application.
- 23 (g) A provider shall respond to the notification required under
 24 subsection (f) not later than five (5) business days after receipt of the
 25 notice.
- 26 (h) An insurer shall notify a provider concerning the status of the
 27 provider's completed clean credentialing application when:
 28 (1) the provider is provisionally credentialed; and
 29 (2) the insurer makes a final credentialing determination
 30 concerning the provider.
- 31 (i) If the insurer fails to issue a credentialing determination within
 32 fifteen (15) **business** days after receiving a completed clean
 33 credentialing application form from a provider, the insurer shall
 34 provisionally credential the provider in accordance with the standards
 35 and guidelines governing provisional credentialing from the National
 36 Committee for Quality Assurance or its successor organization. The
 37 provisional credentialing license is valid until a determination is made
 38 on the credentialing application of the provider.
- 39 (j) Once an insurer fully credentials a provider that holds
 40 provisional credentialing and a network provider agreement has been
 41 executed, then reimbursement payments under the contract shall be
 42 paid retroactive to the date the provider was provisionally credentialed.



1 The insurer shall reimburse the provider at the rates determined by the
2 contract between the provider and the insurer.

3 (k) If an insurer does not fully credential a provider that is
4 provisionally credentialed under subsection (i), the provisional
5 credentialing is terminated on the date the insurer notifies the provider
6 of the adverse credentialing determination. The insurer is not required
7 to reimburse for services rendered while the provider was provisionally
8 credentialed.

9 SECTION 23. IC 27-8-11-14 IS ADDED TO THE INDIANA
10 CODE AS A NEW SECTION TO READ AS FOLLOWS
11 [EFFECTIVE JULY 1, 2024]: **Sec. 14. (a) As used in this section,**
12 **"covered individual" means an individual who is entitled to the**
13 **coverage of dental services by a dental carrier.**

14 **(b) As used in this section, "dental carrier" means any of the**
15 **following:**

16 **(1) An insurer that issues a policy of accident and sickness**
17 **insurance that covers dental services.**

18 **(2) A health maintenance organization that provides, or**
19 **provides coverage for, dental services.**

20 **(3) A preferred provider plan subject to this chapter under**
21 **which dental services are provided.**

22 **(c) As used in this section, "dental services" means health care**
23 **services provided by:**

24 **(1) a dentist licensed under IC 25-14;**

25 **(2) an individual using a dental residency permit issued under**
26 **IC 25-14-1-5;**

27 **(3) an individual who holds:**

28 **(A) a dental faculty license under IC 25-14-1-5.5; or**

29 **(B) an instructor's license under IC 25-14-1-27.5;**

30 **(4) a dental hygienist licensed under IC 25-13; or**

31 **(5) a dental assistant (as defined in IC 25-14-1-1.5(4));**

32 **within the scope of the individual's license or work description in**
33 **IC 25-13 or IC 25-14, as appropriate. However, the term does not**
34 **include a service delivered by a provider if the service is billed as**
35 **a medical expense.**

36 **(d) As used in this section, "network" means all providers that**
37 **have entered into a contract with a dental carrier under which the**
38 **providers agree to charge no more than a certain amount for**
39 **certain dental services provided to covered individuals who are**
40 **entitled to the coverage of dental services by the dental carrier.**

41 **(e) As used in this chapter, "provider" means:**

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



- 1 **(2) a dental office through which one (1) or more dentists**
- 2 **licensed under IC 25-14 provide dental services.**
- 3 **(f) If a covered individual assigns the rights of the covered**
- 4 **individual to benefits for dental services to the provider of the**
- 5 **dental services, the covered individual's dental carrier shall pay the**
- 6 **benefits assigned by the covered individual to the provider of the**
- 7 **dental services.**
- 8 **(g) A dental carrier shall make a payment under this section:**
- 9 **(1) directly to the provider of the dental services; and**
- 10 **(2) according to the same criteria and payment schedule**
- 11 **under which the dental carrier would have been required to**
- 12 **make the payment to the covered individual if the insured had**
- 13 **not assigned the insured's rights to the benefits.**
- 14 **(h) An assignment of benefits under this section does not affect**
- 15 **or limit the dental carrier's obligation to pay the benefits.**
- 16 **(i) A dental carrier's payment of benefits in compliance with this**
- 17 **section discharges the dental carrier's obligation to pay the benefits**
- 18 **to the insured.**
- 19 **(j) If:**
- 20 **(1) a covered individual is entitled to coverage from a dental**
- 21 **carrier;**
- 22 **(2) the covered individual is provided dental services by a**
- 23 **provider;**
- 24 **(3) the covered individual assigns the covered individual's**
- 25 **rights to benefits from the dental carrier to the provider of**
- 26 **the dental services; and**
- 27 **(4) the provider of the dental services is a member of the**
- 28 **network of the dental carrier;**
- 29 **the provider shall accept compensation from the dental carrier in**
- 30 **the amount specified in the network contract as payment in full for**
- 31 **the dental services provided to the covered individual and shall not**
- 32 **bill the covered individual for the dental services, except for**
- 33 **copayments, coinsurance and any deductible amount that remains**
- 34 **after the dental carrier's payment for the dental services.**
- 35 **SECTION 24. IC 27-13-43-2, AS AMENDED BY P.L.190-2023,**
- 36 **SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE**
- 37 **JULY 1, 2024]: Sec. 2. (a) As used in this section, "clean credentialing**
- 38 **application" means an application for network participation that:**
- 39 **(1) is submitted by a provider under this section;**
- 40 **(2) does not contain an error; and**
- 41 **(3) may be processed by the health maintenance organization**
- 42 **without returning the application to the provider for a revision or**



- 1 clarification.
- 2 (b) As used in this section, "credentialing" means a process by
 3 which a health maintenance organization makes a determination that:
 4 (1) is based on criteria established by the health maintenance
 5 organization; and
 6 (2) concerns whether a provider is eligible to:
 7 (A) provide health services to an individual eligible for
 8 coverage; and
 9 (B) receive reimbursement for the health services;
 10 under an agreement that is entered into between the provider and
 11 the health maintenance organization.
- 12 (c) As used in this section, "unclean credentialing application"
 13 means an application for network participation that:
 14 (1) is submitted by a provider under this section;
 15 (2) contains at least one (1) error; and
 16 (3) must be returned to the provider to correct the error.
- 17 (d) The department shall prescribe the credentialing application
 18 form used by the Council for Affordable Quality Healthcare (CAQH)
 19 in electronic or paper format. The form must be used by:
 20 (1) a provider who applies for credentialing by a health
 21 maintenance organization; and
 22 (2) a health maintenance organization that performs credentialing
 23 activities.
- 24 (e) A health maintenance organization shall notify a provider
 25 concerning a deficiency on a completed unclean credentialing
 26 application form submitted by the provider not later than five (5)
 27 business days after the entity receives the completed unclean
 28 credentialing application form. A notice described in this subsection
 29 must:
 30 (1) provide a description of the deficiency; and
 31 (2) state the reason why the application was determined to be an
 32 unclean credentialing application.
- 33 (f) A provider shall respond to the notification required under
 34 subsection (e) not later than five (5) business days after receipt of the
 35 notice.
- 36 (g) A health maintenance organization shall notify a provider
 37 concerning the status of the provider's completed clean credentialing
 38 application when:
 39 (1) the provider is provisionally credentialed; and
 40 (2) the health maintenance organization makes a final
 41 credentialing determination concerning the provider.
- 42 (h) If the health maintenance organization fails to issue a



1 credentialing determination within fifteen (15) **business** days after
 2 receiving a completed clean credentialing application form from a
 3 provider, the health maintenance organization shall provisionally
 4 credential the provider in accordance with the standards and guidelines
 5 governing provisional credentialing from the National Committee for
 6 Quality Assurance or its successor organization. The provisional
 7 credentialing license is valid until a determination is made on the
 8 credentialing application of the provider.

9 (i) Once a health maintenance organization fully credentials a
 10 provider that holds provisional credentialing and a network provider
 11 agreement has been executed, then reimbursement payments under the
 12 contract shall be paid retroactive to the date the provider was
 13 provisionally credentialed. The health maintenance organization shall
 14 reimburse the provider at the rates determined by the contract between
 15 the provider and the health maintenance organization.

16 (j) If a health maintenance organization does not fully credential a
 17 provider that is provisionally credentialed under subsection (h), the
 18 provisional credentialing is terminated on the date the health
 19 maintenance organization notifies the provider of the adverse
 20 credentialing determination. The health maintenance organization is
 21 not required to reimburse for services rendered while the provider was
 22 provisionally credentialed.

23 SECTION 25. [EFFECTIVE JULY 1, 2024] (a) **As used in this**
 24 **SECTION, "board" refers to the Indiana state board of nursing.**

25 (b) **The board shall amend 848 IAC 1-1-6(f) to conform with this**
 26 **act.**

27 (c) **In amending the administrative rule under subsection (b),**
 28 **the board may adopt a provisional rule as set forth in**
 29 **IC 4-22-2-37.1.**

30 (d) **A provisional administrative rule adopted under this**
 31 **SECTION expires on the date on which a rule that supersedes the**
 32 **provisional administrative rule is adopted by the board under**
 33 **IC 4-22-2-19.7 through IC 4-22-2-36.**

34 (e) **This SECTION expires June 30, 2025.**

35 SECTION 26. [EFFECTIVE JULY 1, 2024] (a) **As used in this**
 36 **SECTION, "board" refers to the medical licensing board of**
 37 **Indiana.**

38 (b) **The board shall study any rule adopted under**
 39 **IC 25-22.5-2-7(a)(10) that requires an office based setting to be**
 40 **accredited by an accreditation agency approved by the board. The**
 41 **study must include the following:**

42 (1) **What accreditation agencies are or have been approved by**



- 1 **the board.**
- 2 **(2) The cost of any accreditation by an accreditation agency**
- 3 **for an office based setting.**
- 4 **(3) Options for reducing the cost of accreditation for office**
- 5 **based settings.**
- 6 **(c) Before November 1, 2024, the board shall submit a report of**
- 7 **the study under subsection (b), including any recommendations**
- 8 **determined by the board concerning subsection (b)(3), to the**
- 9 **general assembly in an electronic format under IC 5-14-6.**
- 10 **(d) This SECTION expires December 31, 2024.**



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 132, 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 4, delete "IC 12-15-5-17.6," and insert "**IC 12-15-13**,".

Page 1, line 4, delete "IC 12-15-5-17.6(c)." and insert "**IC 12-15-13-1.8(c)**,".

Page 1, line 8, delete "IC 12-15-5-17.6," and insert "**IC 12-15-13**,".

Page 1, line 8, delete "IC 12-15-5-17.6(d)." and insert "**IC 12-15-13-1.8(d)**,".

Page 1, line 13, delete "IC 12-15-5-17.6(h)(1)," and insert "**IC 12-15-13-1.8(h)(1)**,".

Page 3, delete lines 30 through 42.

Delete pages 4 and 5.

Page 8, between lines 19 and 20, begin a new paragraph and insert: "SECTION 6. IC 12-15-13-1.5, AS AMENDED BY P.L.42-2011, SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 1.5. (a) This section:

(1) applies only to claims submitted for payment by nursing facilities; and

(2) does not apply when section 1.8 of this chapter is in effect.

(b) If the office:

(1) fails to pay a clean claim in the time required under section 1(b) of this chapter; or

(2) denies or suspends a claim that is subsequently determined to have been a clean claim when the claim was filed;

the office shall pay the provider interest on the Medicaid allowable amount of the claim.

(c) Interest paid under subsection (b):

(1) accrues beginning:

(A) twenty-two (22) days after the date the claim is filed under section 1(b)(1) of this chapter; or

(B) thirty-one (31) days after the date the claim is filed under section 1(b)(2) of this chapter; and

(2) stops accruing on the date the office pays the claim.

(d) The office shall pay interest under subsection (b) at the same rate as determined under IC 12-15-21-3(7)(A).

SECTION 7. IC 12-15-13-1.8 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION** TO READ AS FOLLOWS

SB 132—LS 6520/DI 55



[EFFECTIVE JULY 1, 2024]: **Sec. 1.8. (a) This section does not apply to Medicaid recipients:**

- (1) who participate in the Program of All-Inclusive Care for the Elderly (PACE) implemented under IC 12-15-43;**
- (2) who participate in any Medicaid waiver administered by the office of the secretary in conjunction with the division of disability and rehabilitative services;**
- (3) who participate in the residential care assistance program described in IC 12-10-6;**
- (4) who:**
 - (A) participate in the traumatic brain injury Medicaid waiver; or**
 - (B) receive traumatic brain injury services out of state;**
- (5) who are enrolled in the Medicare shared savings program established by 42 U.S.C. 1395jjj;**
- (6) who are eligible only for emergency services;**
- (7) who participate in the Indiana end stage renal disease Medicaid waiver;**
- (8) who qualify for Medicaid as participants in the breast and cervical cancer program;**
- (9) who participate in the intermediate care facility for individuals with intellectual disabilities program;**
- (10) who are family planning only members;**
- (11) who are members of the Healthy Indiana Plan (IC 12-15-44.5) with modified adjusted gross income eligibility;**
- (12) who are Hoosier Healthwise members with modified adjusted gross income eligibility; or**
- (13) who are registered members of a federally-recognized tribe and are eligible for the healthy Indiana plan (IC 12-15-44.5) but have opted out into fee-for-service coverage.**

(b) For purposes of this section, there are the following six (6) claims types:

- (1) Professional paper claims.**
- (2) Professional electronic claims.**
- (3) Facility paper claims.**
- (4) Facility electronic claims.**
- (5) Pharmacy paper claims.**
- (6) Pharmacy electronic claims.**

This section applies to the payment of dental claims. This section does not require the claim to be a clean claim.

(c) As used in this section, "auto assignment" refers to the process in which an eligible Medicaid recipient is automatically



assigned to a managed care organization if the member does not select a managed care organization within the time allotted for the selection.

(d) As used in this section, "covered population" means all Medicaid recipients who meet the criteria set forth in subsection (e).

(e) An individual is member of the covered population if the individual:

(1) is eligible to participate in the federal Medicare program (42 U.S.C. 1395 et seq.) and receives nursing facility services;

or

(2) is:

(A) at least sixty (60) years of age;

(B) blind, aged, or disabled; and

(C) receiving services through one (1) of the following:

(i) The aged and disabled Medicaid waiver.

(ii) A risk based managed care program for aged, blind, or disabled individuals who are not eligible to participate in the federal Medicare program.

(iii) The state Medicaid plan.

(f) The office of the secretary may implement a risk based managed care program for the covered population.

(g) This subsection applies during the first one hundred eighty (180) days after the risk based managed care program for the covered population is implemented under subsection (f). If a managed care organization that contracts with the office of the secretary to provide services under a risk based managed care program for the covered population receives a provider claim and does not, within twenty-one (21) days after receiving the claim:

(1) pay the claim at the Medicaid allowable rate; or

(2) appropriately deny the claim;

the managed care organization shall pay the claim on the twenty-first day after receiving the claim in an amount at least equal to eighty-seven and one-half percent (87.5%) of the applicable fee schedule amount for the provider, subject to a claim reconciliation conducted by the managed care organization at the end of the one hundred eighty (180) day period. If the provider claim is subsequently denied in good faith by the managed care organization after the managed care organization paid the percentage of the claim specified in this subsection, the managed care organization may recoup the payment from the provider.

(h) If a managed care organization fails to pay in accordance



with subsection (g), for any provider claims that the managed care organization has not paid at the Medicaid allowable rate or appropriately denied:

- (1) the managed care organization shall pay to the office of the secretary liquidated damages in the amount of five thousand seven hundred dollars (\$5,700) for each claim not paid in accordance with subsection (g); and
- (2) the office of the secretary shall suspend all auto assignment of recipients to the managed care organization until the managed care organization pays all claims in accordance with subsection (g).

The office of the secretary shall deposit all liquidated damages paid under subdivision (1) in the payer affordability penalty fund established by IC 12-15-1-18.5."

Page 9, delete lines 25 through 42.

Page 10, delete lines 1 through 13.

Page 10, line 23, strike "IC 25-1-21;" and insert "IC 25-1-1.1;"

Page 11, line 12, strike "IC 25-1-21." and insert "IC 25-1-1.1."

Page 11, line 20, strike "IC 25-1-21." and insert "IC 25-1-1.1."

Page 13, between lines 21 and 22, begin a new paragraph and insert:

"SECTION 16. IC 25-19-1-16 IS REPEALED [EFFECTIVE JULY 1, 2024]. Sec. 16: Upon receipt of satisfactory evidence from a licensed health facility administrator or licensed residential care administrator that the administrator's license has been:

- (1) lost;
- (2) stolen;
- (3) mutilated; or
- (4) destroyed;

the board shall issue a duplicate license to the administrator."

Page 15, line 12, strike "IC 25-1-21;" and insert "IC 25-1-1.1;"

Page 18, line 11, after "licensure." insert "**An applicant meets the English proficiency requirement under subdivision (2) if the applicant passes an English course as certified in the transcript from the board's approved nursing education program or submits proof of passing the National Council Licensure Examination (NCLEX) that was taken in only the English language.**"

Page 18, line 28, delete "examination or".

Page 18, line 32, after "license" delete ",."

Page 18, line 32, reset in roman "by endorsement,"

Page 19, line 7, after "endorsement" insert "**or examination**".

Page 19, line 10, after "(2)" insert "**has successfully passed the National Council Licensure Examination (NCLEX);**



(3)".

Page 19, line 18, strike "or".

Page 19, line 20, strike "and" and insert "**or**

(D) a satisfactory credential verification assessment from an organization that is a member of the National Association of Credential Evaluation Services or any other organization approved by the board; and".

Page 19, line 21, strike "(3)" and insert "(4)".

Page 20, between lines 30 and 31, begin a new line blocked left and insert:

"An applicant meets the English proficiency requirement under subdivision (2) if the applicant passes an English course as certified in the transcript from the board's approved nursing education program or submits proof of passing the National Council Licensure Examination (NCLEX) that was taken in only the English language."

Page 21, line 6, delete "examination or".

Page 21, line 10, after "license" delete ",".

Page 21, line 10, reset in roman "by endorsement,".

Page 21, line 15, after "endorsement" insert "**or examination**".

Page 21, line 18, after "(2)" insert "**has successfully passed the National Council Licensure Examination (NCLEX);**

(3)".

Page 21, line 26, strike "or".

Page 21, line 28, strike "and" and insert "**or**

(D) a satisfactory credential verification assessment from an organization that is a member of the National Association of Credential Evaluation Services or any other organization approved by the board; and".

Page 21, line 29, strike "(3)" and insert "(4)".

Page 31, after line 37, begin a new paragraph and insert:

"SECTION 26. [EFFECTIVE JULY 1, 2024] (a) As used in this SECTION, "board" refers to the Indiana state board of nursing.

(b) The board shall amend 848 IAC 1-1-6(f) to conform with this act.

(c) In amending the administrative rule under subsection (b), the board may adopt a provisional rule as set forth in IC 4-22-2-37.1.

(d) A provisional administrative rule adopted under this SECTION expires on the date on which a rule that supersedes the provisional administrative rule is adopted by the board under IC 4-22-2-19.7 through IC 4-22-2-36.



(e) This SECTION expires June 30, 2025.

SECTION 27. [EFFECTIVE JULY 1, 2024] (a) As used in this SECTION, "board" refers to the medical licensing board of Indiana.

(b) The board shall study any rule adopted under IC 25-22.5-2-7(a)(10) that requires an office based setting to be accredited by an accreditation agency approved by the board. The study must include the following:

(1) What accreditation agencies are or have been approved by the board.

(2) The cost of any accreditation by an accreditation agency for an office based setting.

(3) Options for reducing the cost of accreditation for office based settings.

(c) Before November 1, 2024, the board shall submit a report of the study under subsection (b), including any recommendations determined by the board concerning subsection (b)(3), to the general assembly in an electronic format under IC 5-14-6.

(d) This SECTION expires December 31, 2024."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 132 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 9, Nays 1.

