



Reprinted
April 14, 2023

ENGROSSED

SENATE BILL No. 275

DIGEST OF SB 275 (Updated April 13, 2023 5:16 pm - DI 141)

Citations Affected: IC 25-5.1; IC 25-22.5; IC 25-26; IC 27-1.

Synopsis: Health care service providers. Replaces the National Athletic Trainers Association, Inc. (NATA) with the Board of Certification, Inc. (BOC) for purposes of continuing education requirements for athletic trainers and athletic trainer certification. Amends: (1) the definition of "athletic training"; and (2) education requirements for athletic trainers. Provides, for purposes of the law prohibiting the unlawful practice of medicine or osteopathic medicine, that "the practice of medicine or osteopathic medicine" includes attaching to an individual's name the words allergist, electrophysiologist, geriatrician, immunologist, medical geneticist, neonatologist, or pulmonologist. Allows a pharmacist to administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if certain conditions are met. (Current law allows a pharmacist to
(Continued next page)

Effective: July 1, 2023.

Johnson T, Brown L

(HOUSE SPONSORS — ZENT, KING)

January 11, 2023, read first time and referred to Committee on Health and Provider Services.

February 2, 2023, amended, reported favorably — Do Pass.

February 6, 2023, read second time, ordered engrossed. Engrossed.

February 7, 2023, read third time, passed. Yeas 49, nays 0.

HOUSE ACTION

February 28, 2023, read first time and referred to Committee on Public Health.

April 11, 2023, amended, reported — Do Pass.

April 13, 2023, read second time, amended, ordered engrossed.

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Digest Continued

administer specified immunizations to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if certain conditions are met.) Allows a licensed pharmacy technician, who holds an active certification from the Pharmacy Technician Certification Board or other nationally recognized certification approved by the Indiana board of pharmacy, to perform any activity delegated by a supervising pharmacist if the activities meet certain criteria. Prohibits the state employee health plan from requiring prior authorization for certain services. Provides that, before November 1, 2025, the interim study committee on public health, behavioral health, and human services and the interim study committee on financial institutions and insurance shall jointly review the impact of the prohibition on the state employee health plan requiring prior authorization for certain services.



Reprinted
April 14, 2023

First Regular Session of the 123rd General Assembly (2023)

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 2022 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 275

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

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

1 SECTION 1. IC 25-5.1-1-3 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. "Athletic trainer"
3 means an individual who is or may be employed by an educational
4 institution, a professional or an amateur athletic organization, an
5 **occupational or** athletic facility, or a health care facility to practice
6 athletic training.

7 SECTION 2. IC 25-5.1-1-4 IS AMENDED TO READ AS
8 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. **(a)** "Athletic
9 training" means the practice of prevention, recognition, assessment,
10 **athletic training diagnosis**, management, treatment, disposition,
11 **rehabilitation**, and reconditioning of athletic injuries under the
12 direction **and supervision** of a licensed physician, osteopath,
13 podiatrist, or chiropractor. However, in a clinic accessible to the
14 general public, the term means practicing athletic training only upon
15 the referral, ~~and~~ order, **and supervision** of a licensed physician,
16 osteopath, podiatrist, ~~or~~ chiropractor, **or specific licensed designees**
17 **such as nurse practitioners or physician assistants**. The term

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- 1 includes the following:
- 2 (1) Practice that may be conducted by an athletic trainer through
- 3 the use of heat, light, sound, cold, electricity, **manual therapies**,
- 4 exercise, rehabilitation, or mechanical devices related to the care
- 5 and the ~~conditioning~~ **reconditioning** of athletes.
- 6 (2) The organization and administration of educational programs
- 7 and athletic facilities.
- 8 (3) The education and the counseling of the public on matters
- 9 related to athletic training.
- 10 **(b) The term does not include joint manipulation of the spinal**
- 11 **column.**
- 12 SECTION 3. IC 25-5.1-1-7 IS REPEALED [EFFECTIVE JULY 1,
- 13 2023]. ~~Sec. 7. "NATA" refers to the National Athletic Trainers~~
- 14 ~~Association, Inc.~~
- 15 SECTION 4. IC 25-5.1-1-8 IS ADDED TO THE INDIANA CODE
- 16 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 17 1, 2023]: **Sec. 8. "BOC" refers to the Board of Certification, Inc.**
- 18 SECTION 5. IC 25-5.1-1-9 IS ADDED TO THE INDIANA CODE
- 19 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 20 1, 2023]: **Sec. 9. "CAATE" refers to the Commission on**
- 21 **Accreditation of Athletic Training Education.**
- 22 SECTION 6. IC 25-5.1-1-10 IS ADDED TO THE INDIANA CODE
- 23 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 24 1, 2023]: **Sec. 10. "Manual therapies" means soft tissue techniques,**
- 25 **massage, and low-velocity, non-thrust joint mobilization.**
- 26 SECTION 7. IC 25-5.1-1-11 IS ADDED TO THE INDIANA CODE
- 27 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 28 1, 2023]: **Sec. 11. "Supervision" means:**
- 29 **(1) advising;**
- 30 **(2) consenting to; or**
- 31 **(3) directing the activities of;**
- 32 **an athletic trainer through written or oral orders. The term**
- 33 **includes ensuring that the referral of athletic injuries is**
- 34 **appropriate to the athletic trainer's level of training and**
- 35 **experience.**
- 36 SECTION 8. IC 25-5.1-2-6 IS AMENDED TO READ AS
- 37 FOLLOWS [EFFECTIVE JULY 1, 2023]: ~~Sec. 6. The board shall do~~
- 38 ~~the following:~~
- 39 ~~(1) Organize by electing a president, vice president, and secretary.~~
- 40 ~~(2) Adopt rules under IC 4-22-2 to do the following:~~
- 41 ~~(A) Provide for the licensure of athletic trainers.~~
- 42 ~~(B) Fix application fees, examination fees, and licensure fees.~~



- 1 (C) Establish standards for the practice of athletic training
- 2 under this article.
- 3 (D) Establish standards for continuing education that conform
- 4 with the standards of ~~NATA.~~ **the BOC.**
- 5 (E) Otherwise implement this article.
- 6 (3) Prescribe the application forms to be furnished to all persons
- 7 seeking to be licensed under this article.
- 8 (4) Prescribe the form and design of the license to be issued under
- 9 this article.
- 10 (5) Conduct hearings, keep records of proceedings, and do all
- 11 things necessary to properly administer and enforce this article.
- 12 (6) Publish and make available the following upon request and for
- 13 a fee not to exceed the actual cost of printing and mailing:
- 14 (A) Requirements for issuance of an athletic trainer's license
- 15 under this article.
- 16 (B) Rules adopted under this article.
- 17 (7) Maintain and make available as required by IC 4-1-6 and
- 18 IC 5-14-3 a register of each licensed athletic trainer in Indiana,
- 19 including each licensed athletic trainer's last known address and
- 20 the expiration date and identification number of the licensed
- 21 athletic trainer's license.
- 22 ~~(8) Contract with the NATA board of certification to prepare,~~
- 23 ~~conduct, and score NATA's current professional examination as~~
- 24 ~~the qualifying examination for athletic trainers under this article.~~
- 25 SECTION 9. IC 25-5.1-3-1, AS AMENDED BY P.L.2-2007,
- 26 SECTION 318, IS AMENDED TO READ AS FOLLOWS
- 27 [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) To qualify for a license under
- 28 this article, an individual must satisfy the following requirements:
- 29 (1) Satisfactorily complete an application for licensure in
- 30 accordance with the rules adopted by the board.
- 31 (2) Pay the application fees, examination fees, and licensure fees
- 32 established by the board.
- 33 (3) Not have been convicted of a crime that has a direct bearing
- 34 on the applicant's ability to practice competently as determined by
- 35 the board.
- 36 (4) Not have had disciplinary action taken against the applicant or
- 37 the applicant's license by the board or by the licensing agency of
- 38 another state or jurisdiction by reason of the applicant's inability
- 39 to safely practice athletic training with those reasons for
- 40 discipline still being valid as determined by the board.
- 41 (5) Show to the satisfaction of the board that the applicant has
- 42 received ~~at least a baccalaureate~~ **a professional athletic training**



1 degree from a postsecondary educational institution that meets the
 2 academic standards for athletic trainers established by ~~NATA~~ **the**
 3 **CAATE** and described in subsection (b).

4 (6) Except to the extent that section 6 of this chapter applies,
 5 successfully pass the qualifying examination adopted by the
 6 board. ~~as described in IC 25-5.1-2-6(8).~~

7 (b) The minimum academic standards for athletic trainers licensed
 8 under this article as required under subsection (a)(5) include the
 9 satisfactory completion of ~~an academic~~ **a CAATE accredited**
 10 **professional athletic training** program ~~that includes at least the~~
 11 ~~following accredited courses:~~ **and successful completion of the BOC**
 12 **examination.**

13 (1) ~~Human anatomy.~~

14 (2) ~~Human physiology.~~

15 (3) ~~Physiology of exercise.~~

16 (4) ~~Kinesiology.~~

17 (5) ~~Personal health.~~

18 (6) ~~Basic athletic training.~~

19 (7) ~~Advanced athletic training.~~

20 (8) ~~Clinical experience as prescribed by the board.~~

21 (9) ~~Therapeutic modalities.~~

22 (10) ~~Rehabilitation.~~

23 SECTION 10. IC 25-5.1-3-6 IS AMENDED TO READ AS
 24 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. If an individual who
 25 applies for a license under this article meets any of the following
 26 conditions, the individual may be exempted from the examination
 27 requirement under section 1(a)(6) of this chapter by action of the
 28 board:

29 (1) The individual is licensed to practice athletic training in
 30 another state if the other state's standards for licensure are at least
 31 equal to the standards for licensure in Indiana.

32 (2) The individual is certified by ~~NATA~~ **the BOC** and is
 33 otherwise qualified for licensure under this article.

34 (3) The individual is certified by an organization recognized by
 35 the National Commission on Competency Assurance and is
 36 otherwise qualified for licensure under this article.

37 SECTION 11. IC 25-5.1-3-8 IS AMENDED TO READ AS
 38 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) The board may
 39 issue a temporary permit to a person to practice as an athletic trainer if
 40 the person pays a fee and the person:

41 (1) has a valid license or certificate to practice from another state
 42 and the person has applied for a license from the board;



- 1 (2) is practicing in a state that does not license or certify athletic
- 2 trainers but is certified by a ~~national athletic training association~~
- 3 **the BOC**, approved by the board, and the person has applied for
- 4 a license from the board; or
- 5 (3) has met the requirements of section 1 of this chapter, except
- 6 for the requirement of section 1(a)(6) of this chapter.
- 7 (b) A person with a temporary permit issued under subsection (a)(3)
- 8 may practice as an athletic trainer only under the supervision of an
- 9 athletic trainer licensed under this article.
- 10 (c) A temporary permit expires on the earliest of:
- 11 (1) the date the person holding the permit is issued a license under
- 12 this article;
- 13 (2) the date the board disapproves the person's license
- 14 application; or
- 15 (3) ninety (90) days after the date of issuance.
- 16 SECTION 12. IC 25-22.5-1-1.1, AS AMENDED BY
- 17 P.L.178-2022(ts), SECTION 15, IS AMENDED TO READ AS
- 18 FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1.1. As used in this
- 19 article:
- 20 (a) "Practice of medicine or osteopathic medicine" means any one
- 21 (1) or a combination of the following:
- 22 (1) Holding oneself out to the public as being engaged in:
- 23 (A) the diagnosis, treatment, correction, or prevention of any
- 24 disease, ailment, defect, injury, infirmity, deformity, pain, or
- 25 other condition of human beings;
- 26 (B) the suggestion, recommendation, or prescription or
- 27 administration of any form of treatment, without limitation;
- 28 (C) the performing of any kind of surgical operation upon a
- 29 human being, including tattooing (except for providing a tattoo
- 30 as defined in IC 35-45-21-4(a)), in which human tissue is cut,
- 31 burned, or vaporized by the use of any mechanical means,
- 32 laser, or ionizing radiation, or the penetration of the skin or
- 33 body orifice by any means, for the intended palliation, relief,
- 34 or cure; or
- 35 (D) the prevention of any physical, mental, or functional
- 36 ailment or defect of any person.
- 37 (2) The maintenance of an office or a place of business for the
- 38 reception, examination, or treatment of persons suffering from
- 39 disease, ailment, defect, injury, infirmity, deformity, pain, or other
- 40 conditions of body or mind.
- 41 (3) Attaching to a name, either alone or in connection with other
- 42 words, the designation or term:



- 1 (A) "doctor of medicine";
 2 (B) "M.D.";
 3 (C) "doctor of osteopathy";
 4 (D) "D.O.";
 5 (E) "physician";
 6 (F) "osteopath";
 7 (G) "osteopathic medical physician";
 8 (H) "surgeon";
 9 (I) "physician and surgeon";
 10 (J) "anesthesiologist";
 11 (K) "cardiologist";
 12 (L) "dermatologist";
 13 (M) "endocrinologist";
 14 (N) "gastroenterologist";
 15 (O) "gynecologist";
 16 (P) "hematologist";
 17 (Q) "internist";
 18 (R) "laryngologist";
 19 (S) "nephrologist";
 20 (T) "neurologist";
 21 (U) "obstetrician";
 22 (V) "oncologist";
 23 (W) "ophthalmologist";
 24 (X) "orthopedic surgeon";
 25 (Y) "orthopedist";
 26 (Z) "otologist";
 27 (AA) "otolaryngologist";
 28 (BB) "otorhinolaryngologist";
 29 (CC) "pathologist";
 30 (DD) "pediatrician";
 31 (EE) "primary care physician";
 32 (FF) "proctologist";
 33 (GG) "psychiatrist";
 34 (HH) "radiologist";
 35 (II) "rheumatologist";
 36 (JJ) "rhinologist";
 37 (KK) "urologist";
 38 (LL) "medical doctor";
 39 (MM) "family practice physician"; or
 40 (NN) "physiatrist";
 41 **(OO) "allergist";**
 42 **(PP) "electrophysiologist";**



- 1 **(QQ) "geriatrician";**
 2 **(RR) "immunologist";**
 3 **(SS) "medical geneticist";**
 4 **(TT) "neonatologist"; or**
 5 **(UU) "pulmonologist".**

6 This subdivision does not apply to a practitioner if the practitioner
 7 has a special area of practice and the practitioner uses the
 8 following format: "[The name or title of the practitioner's
 9 profession] specializing in [name of specialty]".

10 (4) Nothing in subdivision (3) prevents the following:

11 (A) A practitioner from using the name or title of the
 12 practitioner's profession that is allowed under the practitioner's
 13 practice act or under a law in the Indiana Code.

14 (B) A practitioner who is a chiropractor (as defined in
 15 IC 25-10-1-1) and who has attained diplomate status in a
 16 chiropractic specialty area recognized by the American
 17 Chiropractic Association, International Chiropractors
 18 Association, or International Academy of Clinical Neurology
 19 before July 1, 2025, from using a designation or term included
 20 in subdivision (3) in conjunction with the name or title of the
 21 practitioner's profession.

22 (C) A practitioner who is a dentist licensed under IC 25-14-1
 23 and who has completed a dental anesthesiology residency
 24 recognized by the American Dental Board of Anesthesiology
 25 before July 1, 2025, from using a designation or term included
 26 in subdivision (3) in conjunction with the name or title of the
 27 practitioner's profession.

28 (5) Providing diagnostic or treatment services to a person in
 29 Indiana when the diagnostic or treatment services:

- 30 (A) are transmitted through electronic communications; and
 31 (B) are on a regular, routine, and nonepisodic basis or under
 32 an oral or written agreement to regularly provide medical
 33 services.

34 In addition to the exceptions described in section 2 of this chapter,
 35 a nonresident physician who is located outside Indiana does not
 36 practice medicine or osteopathy in Indiana by providing a second
 37 opinion to a licensee or diagnostic or treatment services to a
 38 patient in Indiana following medical care originally provided to
 39 the patient while outside Indiana.

40 (b) "Board" refers to the medical licensing board of Indiana.

41 (c) "Diagnose or diagnosis" means to examine a patient, parts of a
 42 patient's body, substances taken or removed from a patient's body, or



1 materials produced by a patient's body to determine the source or
 2 nature of a disease or other physical or mental condition, or to hold
 3 oneself out or represent that a person is a physician and is so examining
 4 a patient. It is not necessary that the examination be made in the
 5 presence of the patient; it may be made on information supplied either
 6 directly or indirectly by the patient.

7 (d) "Drug or medicine" means any medicine, compound, or
 8 chemical or biological preparation intended for internal or external use
 9 of humans, and all substances intended to be used for the diagnosis,
 10 cure, mitigation, or prevention of diseases or abnormalities of humans,
 11 which are recognized in the latest editions published of the United
 12 States Pharmacopoeia or National Formulary, or otherwise established
 13 as a drug or medicine.

14 (e) "Licensee" means any individual holding a valid unlimited
 15 license issued by the board under this article.

16 (f) "Prescribe or prescription" means to direct, order, or designate
 17 the use of or manner of using a drug, medicine, or treatment, by spoken
 18 or written words or other means and in accordance with IC 25-1-9.3.

19 (g) "Physician" means any person who holds the degree of doctor of
 20 medicine or doctor of osteopathy or its equivalent and who holds a
 21 valid unlimited license to practice medicine or osteopathic medicine in
 22 Indiana.

23 (h) "Medical school" means a nationally accredited college of
 24 medicine or of osteopathic medicine approved by the board.

25 (i) "Physician assistant" means an individual who:

26 (1) has a collaborative agreement with a physician;

27 (2) graduated from an approved physician assistant program
 28 described in IC 25-27.5-2-2;

29 (3) passed the examination administered by the National
 30 Commission on Certification of Physician Assistants (NCCPA)
 31 and maintains certification; and

32 (4) has been licensed by the physician assistant committee under
 33 IC 25-27.5.

34 (j) "Agency" refers to the Indiana professional licensing agency
 35 under IC 25-1-5.

36 (k) "INSPECT program" means the Indiana scheduled prescription
 37 electronic collection and tracking program established by IC 25-1-13-4.

38 SECTION 13. IC 25-26-13-31.2, AS AMENDED BY P.L.207-2021,
 39 SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2023]: Sec. 31.2. (a) A pharmacist may administer an
 41 immunization to an individual under a drug order or prescription.

42 (b) Subject to subsection (c), a pharmacist may administer



1 immunizations for the following an immunization that is
 2 recommended by the federal Centers for Disease Control and
 3 Prevention Advisory Committee on Immunization Practices to a
 4 group of individuals under a drug order, under a prescription, or
 5 according to a protocol approved by a physician.

6 (1) Influenza:

7 (2) Shingles (herpes zoster):

8 (3) Pneumonia:

9 (4) Tetanus, diphtheria, and acellular pertussis (whooping cough):

10 (5) Human papillomavirus (HPV) infection:

11 (6) Meningitis:

12 (7) Measles, mumps, and rubella:

13 (8) Varicella:

14 (9) Hepatitis A:

15 (10) Hepatitis B:

16 (11) Haemophilus influenzae type b (Hib):

17 (12) Coronavirus disease:

18 (c) A pharmacist may administer an immunization under subsection

19 (b) if the following requirements are met:

20 (1) The physician specifies in the drug order, prescription, or
 21 protocol the group of individuals to whom the immunization may
 22 be administered.

23 (2) The physician who writes the drug order, prescription, or
 24 protocol is licensed and actively practicing with a medical office
 25 in Indiana and not employed by a pharmacy.

26 (3) The pharmacist who administers the immunization is
 27 responsible for notifying, not later than fourteen (14) days after
 28 the pharmacist administers the immunization, the physician who
 29 authorized the immunization and the individual's primary care
 30 physician that the individual received the immunization.

31 (4) If the physician uses a protocol, the protocol may apply only
 32 to an individual or group of individuals who

33 (A) except as provided in clause (B); are at least eleven (11)
 34 years of age. or

35 (B) for the pneumonia immunization under subsection (b)(3);
 36 are at least fifty (50) years of age.

37 (5) Before administering an immunization to an individual
 38 according to a protocol approved by a physician, the pharmacist
 39 must receive the consent of one (1) of the following:

40 (A) If the individual to whom the immunization is to be
 41 administered is at least eleven (11) years of age but less than
 42 eighteen (18) years of age, the parent or legal guardian of the



- 1 individual.
- 2 (B) If the individual to whom the immunization is to be
3 administered is at least eighteen (18) years of age but has a
4 legal guardian, the legal guardian of the individual.
- 5 (C) If the individual to whom the immunization is to be
6 administered is at least eighteen (18) years of age but has no
7 legal guardian, the individual.
- 8 A parent or legal guardian who is required to give consent under
9 this subdivision must be present at the time of immunization.
- 10 (d) If the **state Indiana** department of health or the department of
11 homeland security determines that an emergency exists, subject to
12 IC 16-41-9-1.7(a)(2), a pharmacist may administer any immunization
13 in accordance with:
- 14 (1) the requirements of subsection (c)(1) through (c)(3); and
15 (2) any instructions in the emergency determination.
- 16 (e) A pharmacist or pharmacist's designee shall provide
17 immunization data to the immunization data registry (IC 16-38-5) in a
18 manner prescribed by the **state Indiana** department of health unless:
- 19 (1) the individual receiving the immunization;
20 (2) the parent of the individual receiving the immunization, if the
21 individual receiving the immunization is less than eighteen (18)
22 years of age; or
23 (3) the legal guardian of the individual receiving the
24 immunization, if a legal guardian has been appointed;
- 25 has completed and filed with the pharmacist or pharmacist's designee
26 a written immunization data exemption form, as provided in
27 IC 16-38-5-2.
- 28 (f) If an immunization is administered under a protocol, then the
29 name, license number, and contact information of the physician who
30 wrote the protocol must be posted in the location where the
31 immunization is administered. A copy of the protocol must be available
32 for inspection by the individual receiving the immunization.
- 33 (g) A pharmacist may administer an immunization that is provided
34 according to a standing order, prescription, or protocol issued under
35 this section or IC 16-19-4-11 by the state health commissioner or the
36 commissioner's designated public health authority who is a licensed
37 prescriber. If a pharmacist has received a protocol to administer an
38 immunization from a physician and that specific immunization is
39 covered by a standing order, prescription, or protocol issued by the
40 state health commissioner or the commissioner's designated public
41 health authority, the pharmacist must administer the immunization
42 according to the standing order, prescription, or protocol issued by the



1 state health commissioner or the commissioner's designated public
2 health authority.

3 SECTION 14. IC 25-26-19-8, AS AMENDED BY P.L.58-2014,
4 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2023]: Sec. 8. (a) A licensed pharmacy technician may not
6 perform the following activities:

7 (1) Providing advice or consultation with the prescribing
8 practitioner or other licensed health care provider regarding the
9 patient or the interpretation and application of information
10 contained in the prescription or drug order, medical record, or
11 patient profile.

12 (2) Providing advice or consultation with the patient regarding the
13 interpretation of the prescription or the application of information
14 contained in the patient profile or medical record.

15 (3) Dispensing prescription drug information to the patient.

16 (4) Final check on all aspects of the completed prescription and
17 assumption of the responsibility for the filled prescription,
18 including the appropriateness of the drug for the patient and the
19 accuracy of the:

20 (A) drug dispensed;

21 (B) strength of the drug dispensed; and

22 (C) labeling of the prescription.

23 (5) Receiving a new prescription drug order over the telephone or
24 electronically unless the original information is recorded so a
25 pharmacist may review the prescription drug order as transmitted.

26 (6) Any activity required by law to be performed only by a
27 pharmacist.

28 (7) Any activity that requires the clinical judgment of a
29 pharmacist and is prohibited by a rule adopted by the board.

30 (b) **Notwithstanding subsection (a), a licensed pharmacy**
31 **technician, who holds an active certification from the Pharmacy**
32 **Technician Certification Board or other nationally recognized**
33 **certification approved by the board, may perform any activity**
34 **delegated by a supervising pharmacist, including those activities**
35 **described in subsection (a)(4) and (a)(5), if the activities:**

36 (1) **do not require the clinical judgment of a pharmacist;**

37 (2) **are not prohibited by a rule adopted by the board; or**

38 (3) **are not an activity required by law to be performed only**
39 **by a pharmacist.**

40 (c) **A technician who performs the activities permitted under**
41 **subsection (b) must be properly trained and competent to perform**
42 **the delegated task. The pharmacy must keep a record of the**



1 technician's training and documentation to support the
2 technician's competency.

3 SECTION 15. IC 27-1-37.5-13.5 IS ADDED TO THE INDIANA
4 CODE AS A NEW SECTION TO READ AS FOLLOWS
5 [EFFECTIVE JULY 1, 2023]: **Sec. 13.5. (a) This section applies only**
6 **to the state employee health plan (as defined in IC 5-10-8-6.7(a)).**

7 **(b) The state employee health plan may not require a**
8 **participating provider to obtain prior authorization for the**
9 **following CPT codes:**

- 10 (1) 11200.
11 (2) 11201.
12 (3) 17311.
13 (4) 17312.
14 (5) 17313.
15 (6) 17314.
16 (7) 44140.
17 (8) 44160.
18 (9) 44970.
19 (10) 49505.
20 (11) 70450.
21 (12) 70551.
22 (13) 70552.
23 (14) 70553.
24 (15) 71250.
25 (16) 71260.
26 (17) 71275.
27 (18) 72141.
28 (19) 72148.
29 (20) 72158.
30 (21) 73221.
31 (22) 73721.
32 (23) 74150.
33 (24) 74160.
34 (25) 74176.
35 (26) 74177.
36 (27) 74178.
37 (28) 74179.
38 (29) 74181.
39 (30) 74183.
40 (31) 78452.
41 (32) 92507.
42 (33) 92526.



- 1 (34) 92609.
- 2 (35) 93303.
- 3 (36) 93306.
- 4 (37) 95044.
- 5 (38) 95806.
- 6 (39) 95810.
- 7 (40) 97110.
- 8 (41) 97112.
- 9 (42) 97116.
- 10 (43) 97129.
- 11 (44) 97130.
- 12 (45) 97140.
- 13 (46) 97530.
- 14 (47) V5010.
- 15 (48) V5256.
- 16 (49) V5261.
- 17 (50) V5275.

18 (c) The state employee health plan may not issue a retroactive
19 denial for medical necessity for a CPT code listed in subsection (b).

20 (d) Before November 1, 2025, the:

21 (1) interim study committee on public health, behavioral
22 health, and human services; and

23 (2) interim study committee on financial institutions and
24 insurance;

25 shall jointly review the impact of this section, including any relief
26 on the administrative burdens to participating providers and any
27 differences in utilization of the CPT codes listed in subsection (b).

28 (e) This section expires June 30, 2026.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 275, 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, delete lines 1 through 17.
- Delete page 2.
- Page 3, delete lines 1 through 13.
- Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 275 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 12, Nays 0.

 COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 275, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 25-5.1-1-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. "Athletic trainer" means an individual who is or may be employed by an educational institution, a professional or an amateur athletic organization, an **occupational or** athletic facility, or a health care facility to practice athletic training.

SECTION 2. IC 25-5.1-1-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 4. **(a)** "Athletic training" means the practice of prevention, recognition, assessment, **athletic training diagnosis**, management, treatment, disposition, **rehabilitation**, and reconditioning of athletic injuries under the direction **and supervision** of a licensed physician, osteopath, podiatrist, or chiropractor. However, in a clinic accessible to the general public, the term means practicing athletic training only upon

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the referral, ~~and~~ order, **and supervision** of a licensed physician, osteopath, podiatrist, ~~or~~ chiropractor, **or specific licensed designees such as nurse practitioners or physician assistants.** The term includes the following:

- (1) Practice that may be conducted by an athletic trainer through the use of heat, light, sound, cold, electricity, **manual therapies**, exercise, rehabilitation, or mechanical devices related to the care and the ~~conditioning~~ **reconditioning** of athletes.
- (2) The organization and administration of educational programs and athletic facilities.
- (3) The education and the counseling of the public on matters related to athletic training.

(b) The term does not include joint manipulation of the spinal column.

SECTION 4. IC 25-5.1-1-7 IS REPEALED [EFFECTIVE JULY 1, 2023]. ~~Sec. 7. "NATA" refers to the National Athletic Trainers Association, Inc.~~

SECTION 5. IC 25-5.1-1-8 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2023]: **Sec. 8. "BOC" refers to the Board of Certification, Inc.**

SECTION 6. IC 25-5.1-1-9 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2023]: **Sec. 9. "CAATE" refers to the Commission on Accreditation of Athletic Training Education.**

SECTION 3. IC 25-5.1-1-10 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2023]: **Sec. 10. "Manual therapies" means soft tissue techniques, massage, and low-velocity, non-thrust joint mobilization.**

SECTION 7. IC 25-5.1-1-11 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2023]: **Sec. 11. "Supervision" means:**

- (1) **advising;**
- (2) **consenting to; or**
- (3) **directing the activities of;**

an athletic trainer through written or oral orders. The term includes ensuring that the referral of athletic injuries is appropriate to the athletic trainer's level of training and experience.

SECTION 8. IC 25-5.1-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. The board shall do the following:

- (1) Organize by electing a president, vice president, and secretary.



- (2) Adopt rules under IC 4-22-2 to do the following:
 - (A) Provide for the licensure of athletic trainers.
 - (B) Fix application fees, examination fees, and licensure fees.
 - (C) Establish standards for the practice of athletic training under this article.
 - (D) Establish standards for continuing education that conform with the standards of ~~NATA~~ **the BOC**.
 - (E) Otherwise implement this article.
- (3) Prescribe the application forms to be furnished to all persons seeking to be licensed under this article.
- (4) Prescribe the form and design of the license to be issued under this article.
- (5) Conduct hearings, keep records of proceedings, and do all things necessary to properly administer and enforce this article.
- (6) Publish and make available the following upon request and for a fee not to exceed the actual cost of printing and mailing:
 - (A) Requirements for issuance of an athletic trainer's license under this article.
 - (B) Rules adopted under this article.
- (7) Maintain and make available as required by IC 4-1-6 and IC 5-14-3 a register of each licensed athletic trainer in Indiana, including each licensed athletic trainer's last known address and the expiration date and identification number of the licensed athletic trainer's license.
- (8) ~~Contract with the NATA board of certification to prepare, conduct, and score NATA's current professional examination as the qualifying examination for athletic trainers under this article.~~

SECTION 9. IC 25-5.1-3-1, AS AMENDED BY P.L.2-2007, SECTION 318, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 1. (a) To qualify for a license under this article, an individual must satisfy the following requirements:

- (1) Satisfactorily complete an application for licensure in accordance with the rules adopted by the board.
- (2) Pay the application fees, examination fees, and licensure fees established by the board.
- (3) Not have been convicted of a crime that has a direct bearing on the applicant's ability to practice competently as determined by the board.
- (4) Not have had disciplinary action taken against the applicant or the applicant's license by the board or by the licensing agency of another state or jurisdiction by reason of the applicant's inability to safely practice athletic training with those reasons for



discipline still being valid as determined by the board.

(5) Show to the satisfaction of the board that the applicant has received ~~at least a baccalaureate~~ **a professional athletic training degree** from a postsecondary educational institution that meets the academic standards for athletic trainers established by ~~NATA~~ **the CAATE** and described in subsection (b).

(6) Except to the extent that section 6 of this chapter applies, successfully pass the qualifying examination adopted by the board. ~~as described in IC 25-5.1-2-6(8).~~

(b) The minimum academic standards for athletic trainers licensed under this article as required under subsection (a)(5) include the satisfactory completion of ~~an academic~~ **a CAATE accredited professional athletic training program that includes at least the following accredited courses: and successful completion of the BOC examination.**

- (1) Human anatomy.
- (2) Human physiology.
- (3) Physiology of exercise.
- (4) Kinesiology.
- (5) Personal health.
- (6) Basic athletic training.
- (7) Advanced athletic training.
- (8) Clinical experience as prescribed by the board.
- (9) Therapeutic modalities.
- (10) Rehabilitation.

SECTION 10. IC 25-5.1-3-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 6. If an individual who applies for a license under this article meets any of the following conditions, the individual may be exempted from the examination requirement under section 1(a)(6) of this chapter by action of the board:

- (1) The individual is licensed to practice athletic training in another state if the other state's standards for licensure are at least equal to the standards for licensure in Indiana.
- (2) The individual is certified by ~~NATA~~ **the BOC** and is otherwise qualified for licensure under this article.
- (3) The individual is certified by an organization recognized by the National Commission on Competency Assurance and is otherwise qualified for licensure under this article.

SECTION 11. IC 25-5.1-3-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) The board may issue a temporary permit to a person to practice as an athletic trainer if



the person pays a fee and the person:

- (1) has a valid license or certificate to practice from another state and the person has applied for a license from the board;
- (2) is practicing in a state that does not license or certify athletic trainers but is certified by a ~~national athletic training association~~ **the BOC**, approved by the board, and the person has applied for a license from the board; or
- (3) has met the requirements of section 1 of this chapter, except for the requirement of section 1(a)(6) of this chapter.

(b) A person with a temporary permit issued under subsection (a)(3) may practice as an athletic trainer only under the supervision of an athletic trainer licensed under this article.

(c) A temporary permit expires on the earliest of:

- (1) the date the person holding the permit is issued a license under this article;
- (2) the date the board disapproves the person's license application; or
- (3) ninety (90) days after the date of issuance."

Page 3, line 14, after ""neonatologist";" insert "**or**".

Page 3, line 15, delete "; or" and insert ".".

Page 3, delete line 16.

Page 5, after line 6, begin a new paragraph and insert:

"SECTION 2. IC 25-26-13-31.2, AS AMENDED BY P.L.207-2021, SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 31.2. (a) A pharmacist may administer an immunization to an individual under a drug order or prescription.

(b) Subject to subsection (c), a pharmacist may administer ~~immunizations for the following~~ **an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices** to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician.

- (1) ~~Influenza:~~
- (2) ~~Shingles (herpes zoster):~~
- (3) ~~Pneumonia:~~
- (4) ~~Tetanus, diphtheria, and acellular pertussis (whooping cough):~~
- (5) ~~Human papillomavirus (HPV) infection:~~
- (6) ~~Meningitis:~~
- (7) ~~Measles, mumps, and rubella:~~
- (8) ~~Varicella:~~
- (9) ~~Hepatitis A:~~
- (10) ~~Hepatitis B:~~



~~(11) Haemophilus influenzae type b (Hib);~~

~~(12) Coronavirus disease;~~

(c) A pharmacist may administer an immunization under subsection (b) if the following requirements are met:

(1) The physician specifies in the drug order, prescription, or protocol the group of individuals to whom the immunization may be administered.

(2) The physician who writes the drug order, prescription, or protocol is licensed and actively practicing with a medical office in Indiana and not employed by a pharmacy.

(3) The pharmacist who administers the immunization is responsible for notifying, not later than fourteen (14) days after the pharmacist administers the immunization, the physician who authorized the immunization and the individual's primary care physician that the individual received the immunization.

(4) If the physician uses a protocol, the protocol may apply only to an individual or group of individuals who

~~(A) except as provided in clause (B);~~ are at least eleven (11) years of age. ~~or~~

~~(B) for the pneumonia immunization under subsection (b)(3);~~ are at least fifty (50) years of age.

(5) Before administering an immunization to an individual according to a protocol approved by a physician, the pharmacist must receive the consent of one (1) of the following:

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

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

(C) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age but has no legal guardian, the individual.

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

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

(1) the requirements of subsection (c)(1) through (c)(3); and

(2) any instructions in the emergency determination.



(e) A pharmacist or pharmacist's designee shall provide immunization data to the immunization data registry (IC 16-38-5) in a manner prescribed by the state department of health unless:

- (1) the individual receiving the immunization;
- (2) the parent of the individual receiving the immunization, if the individual receiving the immunization is less than eighteen (18) years of age; or
- (3) the legal guardian of the individual receiving the immunization, if a legal guardian has been appointed;

has completed and filed with the pharmacist or pharmacist's designee a written immunization data exemption form, as provided in IC 16-38-5-2.

(f) If an immunization is administered under a protocol, then the name, license number, and contact information of the physician who wrote the protocol must be posted in the location where the immunization is administered. A copy of the protocol must be available for inspection by the individual receiving the immunization.

(g) A pharmacist may administer an immunization that is provided according to a standing order, prescription, or protocol issued under this section or IC 16-19-4-11 by the state health commissioner or the commissioner's designated public health authority who is a licensed prescriber. If a pharmacist has received a protocol to administer an immunization from a physician and that specific immunization is covered by a standing order, prescription, or protocol issued by the state health commissioner or the commissioner's designated public health authority, the pharmacist must administer the immunization according to the standing order, prescription, or protocol issued by the state health commissioner or the commissioner's designated public health authority.

SECTION 3. IC 25-26-19-8, AS AMENDED BY P.L.58-2014, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. **(a)** A licensed pharmacy technician may not perform the following activities:

- (1) Providing advice or consultation with the prescribing practitioner or other licensed health care provider regarding the patient or the interpretation and application of information contained in the prescription or drug order, medical record, or patient profile.
- (2) Providing advice or consultation with the patient regarding the interpretation of the prescription or the application of information contained in the patient profile or medical record.
- (3) Dispensing prescription drug information to the patient.



(4) Final check on all aspects of the completed prescription and assumption of the responsibility for the filled prescription, including the appropriateness of the drug for the patient and the accuracy of the:

- (A) drug dispensed;
- (B) strength of the drug dispensed; and
- (C) labeling of the prescription.

(5) Receiving a new prescription drug order over the telephone or electronically unless the original information is recorded so a pharmacist may review the prescription drug order as transmitted.

(6) Any activity required by law to be performed only by a pharmacist.

(7) Any activity that requires the clinical judgment of a pharmacist and is prohibited by a rule adopted by the board.

(b) Notwithstanding subsection (a), a licensed pharmacy technician, who holds an active certification from the Pharmacy Technician Certification Board or other nationally recognized certification approved by the board, may perform any activity delegated by a supervising pharmacist, including those activities described in subsection (a)(4) and (a)(5), if the activities:

- (1) do not require the clinical judgment of a pharmacist;**
- (2) are not prohibited by a rule adopted by the board; or**
- (3) are not an activity required by law to be performed only by a pharmacist.**

(c) A technician who performs the activities permitted under subsection (b) must be properly trained and competent to perform the delegated task. The pharmacy must keep a record of the technician's training and documentation to support the technician's competency.

SECTION 2. IC 27-1-2.3-8, AS ADDED BY P.L.170-2022, SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) A health plan operator shall fairly negotiate rates and terms with any ambulance service provider willing to become a participating provider with respect to the health plan.

(b) In negotiations under subsection (a), a health plan must consider all of the following:

- (1) The ambulance service provider's usual and customary rates.
- (2) The ambulance service provider's resources, and whether the ambulance service provider's staff is available twenty-four (24) hours per day every day.
- (3) The average wages and fuel costs in the geographical area in which the ambulance service provider operates.



(4) The number of times in which individuals covered by the health plan have sought ambulance service from the ambulance service provider but the ambulance service provider's response was canceled or did not result in a transport.

(5) The local ordinances and state rules concerning staffing, response times, and equipment under which the ambulance service provider must operate.

(6) The types of requests for ambulance service for individuals covered by the health plan that the ambulance service provider generally receives, and the requesting party or agency by which those requests are generally made.

(7) The average reimbursement rate per level of service that the ambulance service provider generally receives as a nonparticipating provider.

(8) The specific:

(A) clinical and staff capabilities; and

(B) equipment resources;

that an ambulance service provider must have to adequately meet the needs of individuals covered by the health plan, such as for the transportation of covered individuals from one (1) hospital to another after traumatic injury.

(9) The average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within the counties, and contiguous counties, that the nonparticipating ambulance service provider serves.

(c) If negotiations between an ambulance service provider and a health plan operator under this section do not result in the ambulance service provider becoming a participating provider with respect to the health plan, ~~each party shall maintain a written summary of the areas of negotiation that were not agreed upon for a period of two (2) years from the date the negotiations ended.~~ **the health plan must provide payment to the nonparticipating provider at a rate of not less than eighty percent (80%) of the greater of the following:**

(1) The average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within the emergency medical services district, as established by the department of homeland security, that the nonparticipating ambulance service provider serves.

(2) The statewide average transport cost data reported to the office of the secretary of family and social services by



governmental ambulance service providers located within Indiana.

(d) The office of the secretary of family and social services shall post on the office of the secretary of family and social services' website the costs submitted to the federal Centers for Medicare and Medicaid Services under the supplemental payment program for governmental ambulance service providers by provider name and address. The office of the secretary of family and social services must post the cost data under this section on an annual basis and not later than thirty (30) days after the cost data is submitted to the federal Centers for Medicare and Medicaid Services."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 275 as printed February 3, 2023.)

BARRETT

Committee Vote: yeas 9, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 275 be amended to read as follows:

Page 12, delete lines 3 through 42.

Delete page 13.

Renumber all SECTIONS consecutively.

(Reference is to ESB 275 as printed April 11, 2023.)

MAYFIELD

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 275 be amended to read as follows:

Page 10, line 10, strike "state" and insert "**Indiana**".

Page 10, line 18, strike "state" and insert "**Indiana**".

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Page 12, delete lines 3 through 42, begin a new paragraph and insert:

"SECTION 15. IC 27-1-2.3-8, AS AMENDED BY HEA 1583-2023, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 8. (a) A health plan operator shall fairly negotiate rates and terms with any ambulance service provider willing to become a participating provider with respect to the health plan.

(b) In negotiations under subsection (a), a health plan must consider all of the following:

- (1) The ambulance service provider's usual and customary rates.
- (2) The ambulance service provider's resources, and whether the ambulance service provider's staff is available twenty-four (24) hours per day every day.
- (3) The average wages and fuel costs in the geographical area in which the ambulance service provider operates.
- (4) The number of times in which individuals covered by the health plan have sought ambulance service from the ambulance service provider but the ambulance service provider's response was canceled or did not result in a transport.
- (5) The local ordinances and state rules concerning staffing, response times, and equipment under which the ambulance service provider must operate.
- (6) The types of requests for ambulance service for individuals covered by the health plan that the ambulance service provider generally receives, and the requesting party or agency by which those requests are generally made.
- (7) The average reimbursement rate per level of service that the ambulance service provider generally receives as a nonparticipating provider.
- (8) The specific:
 - (A) clinical and staff capabilities; and
 - (B) equipment resources;
 that an ambulance service provider must have to adequately meet the needs of individuals covered by the health plan, such as for the transportation of covered individuals from one (1) hospital to another after traumatic injury.
- (9) The average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within the counties, and contiguous counties, that the nonparticipating ambulance service provider serves.

(c) If negotiations between an ambulance service provider and a



health plan operator under this section that occur after June 30, 2022, do not result in the ambulance service provider becoming a participating provider with respect to the health plan, each party shall provide to the department a written notice:

- (1) reporting that negotiations between the ambulance service provider and the health plan operator did not result in the ambulance service provider becoming a participating provider with respect to the health plan; and
- (2) stating the points on which agreement between the ambulance service provider and the health plan operator was necessary for the ambulance service provider to become a participating provider with respect to the health plan:
 - (A) that were discussed in the negotiations between the ambulance service provider and the health plan operator; but
 - (B) on which the ambulance service provider and the health plan operator did not reach agreement.

(d) If negotiations between an ambulance service provider and a health plan operator under this section do not result in the ambulance service provider becoming a participating provider with respect to the health plan, the health plan must provide payment to the nonparticipating provider at a rate of not less than eighty percent (80%) of the greater of the following:

- (1) The average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within the emergency medical services district, as established by the department of homeland security, that the nonparticipating ambulance service provider serves.**
- (2) The statewide average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within Indiana.**

(e) The office of the secretary of family and social services shall post on the office of the secretary of family and social services' website the costs submitted to the federal Centers for Medicare and Medicaid Services under the supplemental payment program for governmental ambulance service providers by provider name and address. The office of the secretary of family and social services must post the cost data under this section on an annual basis and not later than thirty (30) days after the cost data is submitted to the federal Centers for Medicare and Medicaid Services.



SECTION 16. IC 27-1-37.5-13.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: **Sec. 13.5. (a) This section applies only to the state employee health plan (as defined in IC 5-10-8-6.7(a)).**

(b) The state employee health plan may not require a participating provider to obtain prior authorization for the following CPT codes:

- (1) 11200.**
- (2) 11201.**
- (3) 17311.**
- (4) 17312.**
- (5) 17313.**
- (6) 17314.**
- (7) 44140.**
- (8) 44160.**
- (9) 44970.**
- (10) 49505.**
- (11) 70450.**
- (12) 70551.**
- (13) 70552.**
- (14) 70553.**
- (15) 71250.**
- (16) 71260.**
- (17) 71275.**
- (18) 72141.**
- (19) 72148.**
- (20) 72158.**
- (21) 73221.**
- (22) 73721.**
- (23) 74150.**
- (24) 74160.**
- (25) 74176.**
- (26) 74177.**
- (27) 74178.**
- (28) 74179.**
- (29) 74181.**
- (30) 74183.**
- (31) 78452.**
- (32) 92507.**
- (33) 92526.**
- (34) 92609.**
- (35) 93303.**



- (36) 93306.**
- (37) 95044.**
- (38) 95806.**
- (39) 95810.**
- (40) 97110.**
- (41) 97112.**
- (42) 97116.**
- (43) 97129.**
- (44) 97130.**
- (45) 97140.**
- (46) 97530.**
- (47) V5010.**
- (48) V5256.**
- (49) V5261.**
- (50) V5275.**

(c) The state employee health plan may not issue a retroactive denial for medical necessity for a CPT code listed in subsection (b).

(d) Before November 1, 2025, the:

- (1) interim study committee on public health, behavioral health, and human services; and**
- (2) interim study committee on financial institutions and insurance;**

shall jointly review the impact of this section, including any relief on the administrative burdens to participating providers and any differences in utilization of the CPT codes listed in subsection (b).

(e) This section expires June 30, 2026."

Delete page 13.

Renumber all SECTIONS consecutively.

(Reference is to ESB 275 as printed April 11, 2023.)

BARRETT

