**Legislation in the 2020 Indiana Statehouse relating to Physical Therapy**

The following is a list of the legislation that pertained to physical therapy in the 2020 Indiana State Legislative session. Since January, these bills were monitored, and Steve Beebe and others from APTA Indiana attended the bill hearings.

If you are interested in reading more about these bills or others, here is the site for the 2020 Legislative Session: <http://iga.in.gov/information/about_contact/>

* **SB 142**

*Digest: School based health clinics and Medicaid. Provides that the office of the secretary of family and social services may apply for: (1) a Medicaid state plan amendment to provide Medicaid reimbursement for health care services and school based services to specified individuals provided by a school based health clinic; and (2) supplemental Medicaid reimbursement payments to qualified school based health clinics under the fee for service Medicaid program. States that provisions concerning the school based health clinic are nonseverable. Provides that state expenditures and local school expenditures for funding for Medicaid covered school based services and other health care services provided to a Medicaid recipient by a school based health clinic may be made only if: (1) the state plan amendment is approved; and (2) intergovernmental transfer funding for the nonfederal share of supplemental Medicaid payments for Medicaid fee for services program is continuously made.*

This bill was introduced by the Department of Education without any communication with APTA Indiana. Steve testified in support of this bill in the Senate Health and Provider Services Committee on the 3rd day of session.  It would have been beneficial to our members providing first steps services in schools because it would have allowed a limited license school psychologist to refer students for PT.  This bill did pass out of the Senate, but it did not get a House Committee hearing. We plan to try and work with the DoE next year in supporting this legislation.

* **SB 427**

Digest: *Provisional occupational license. Allows a person who: (1) is the spouse of an active duty member of the armed forces assigned to Indiana; (2) affirms certain information concerning the person's licensure in the other state; (3) submits verification that the person is licensed in a regulated occupation in at least one other state; (4) has passed a national criminal background check; and (5) submits an application and pays any application fee; to be issued a provisional license for the regulated occupation at the same practice level allowed by the license held by the person in the other state. Provides that provisional licensing does not apply to a license that is established or recognized through an interstate compact, a reciprocity agreement, or a comity agreement that is established by a board or by law. Establishes penalties for submission of false information for purposes of obtaining a provisional license.*

This bill became a potential vehicle for the PT Compact legislation a year before we planned to introduce it.  Steve worked with Senator Aaron Freeman and Senator Jean Leising to prepare a compact amendment, but the committee chair ultimately decided not to allow it. But it gave Steve an opportunity to testify about the benefit of the compact concept and begin the dialogue for the 2021 session. Of note relating to the Compact the Governor signed into law Compact language for the EMS Personnel Licensure Interstate Compact. We are excited for the opportunity to bring a Physical Therapy Compact Bill in 2021.

* **SB 205**

Digest: *Medical payment coverage. Specifies that medical payment coverage is supplemental to coverage under a health plan, but does not require a health plan to provide greater benefits to an individual with medical payment coverage than an individual without medical payment coverage. Preserves rights of subrogation available under a health plan*

This was a complex bill and in essence, it made health insurance plans the primary payor over medical payment plans like Aflac.  Medical payment plans do not have therapy caps like most health plans.  So making health plans the primary payor, a single accident could cause a patient to use up all therapy visits.  Mark Scherer drafted an amendment to protect the therapy visits but the bill died in the House.

* **HB 1008**

Digest: *Occupational license endorsement. Requires a board that issues a license for certain regulated occupations to issue a license to an individual who: (1) is licensed in the regulated occupation in another state or jurisdiction; (2) has established residency in Indiana; (3) has passed a substantially equivalent examination as determined by the board; (4) is and has been in good standing in the individual's licensure in the other state or jurisdiction; (5) pays a fee to the board; and (6) completes the licensure application form required by the board. Allows a board that requires an applicant to submit to a national criminal history background check to maintain that requirement with regard to applicants for licensure who meet all of the license endorsement requirements. Provides that nothing in the bill prevents or supersedes a: (1) compact; or (2) reciprocity or comity agreement; if established by the board or the general assembly. Provides that, if a board has entered into a national reciprocal or endorsement agreement or a reciprocal or endorsement agreement with one or more states, those agreements remain in effect. Makes a technical correction.*

This bill would have allowed a health care professional licensed in another jurisdiction to be licensed in Indiana for one year even if their education did not meet the Indiana standards.  Steve opposed this bill, and it was amended in the House to improve it from our standpoint.  It was further amended in the Senate to remove physical therapy altogether and ultimately died when the original bill author disagreed with the Senate amendments.

* HB 1004

Digest: *Health matters. States that the office of the secretary of family and social services and a managed care organization may not prohibit a provider from participating in another insurance network. Defines "weighted average negotiated charge" and requires the weighted average negotiated charge per service per provider type for Medicaid to be reported by hospitals and ambulatory outpatient surgical centers. Requires certain health care providers, beginning July 1, 2021, to provide a good faith estimate to individuals of the price for nonemergency health care services to be provided to the individual by the health care provider and sets forth requirements. Allows an individual to request a good faith estimate from a health care provider for the total price for nonemergency services that have been ordered, scheduled, or referred. and requires the health care provider to provide the good faith estimate. Sets forth requirements for the good faith estimate. Provides that an out of network practitioner who provides health care services to a covered individual in an in network facility may not charge more for the health care services provided to a covered individual than allowed according to the rate or amount of compensation established by the covered individual's network plan unless: (1) at least five days before the health care services are scheduled to be provided, the covered individual is provided a statement that: (A) informs the covered individual that the facility or practitioner intends to charge more than allowed under the network plan; and (B) sets forth an estimate of the charge; and (2) the covered individual signs the statement, signifying the covered individual's consent to the charge. Sets forth notice requirements. Sets forth provisions that a physician noncompete agreement must include in order to be enforceable. Provides for information and notification that an employer must give to a physician who leaves the employment of the provider. Allows an individual to request from a health carrier a good faith estimate of the amount of the cost of nonemergency health care services that the health carrier will pay for or reimburse and the applicable benefit limitations of the nonemergency health care service. Sets forth requirements of a good faith estimate by a health carrier and sets penalties for violations.*

This was a priority bill for the legislature that attempted to bring transparency and cost reduction to services provided by Indiana hospitals.  One very controversial provision of the bill addressed payment from “site of service”.   As drafted, it would have hurt our members working in hospital settings but it would have helped our private practice members not connected or not on the campus of the hospital.  While we monitored this bill closely, we did not engage because of having APTA Indiana members on both sides of this issue.