

HOUSE BILL No. 1005

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-14-3-2; IC 12-26-2-5; IC 16-18-2; IC 16-21; IC 25-22.5-16; IC 27-1; IC 27-2-25; IC 27-4-1-4; IC 36-2-14-21.

Synopsis: Health and insurance matters. Requires the governing board of a nonprofit hospital to hold public semiannual meetings concerning health care services pricing and measures the hospital is taking to make health services more affordable. Provides that a facility is an off-campus location of a hospital if: (1) the operations of the facility are directly or indirectly owned or controlled by, or affiliated with, the hospital; (2) the facility provides services that are organizationally and functionally integrated with the services of the hospital; and (3) the facility provides preventive services, diagnostic services, treatment services, or emergency services. Requires an off-campus location of a hospital to apply for, obtain, and use on all claims for reimbursement or payment a national provider identifier separate and distinct from the national provider identifier of the hospital of which it is an off-campus location. Requires hospitals and ambulatory surgical outpatient centers to post certain health care services pricing information by billing code on the hospital's Internet web site and sets forth requirements. Requires: (1) a provider facility (including a hospital) in which a nonemergency health care service will be performed; or (2) a practitioner (including a physician) who will perform a nonemergency health care service; upon request from the individual for whom the nonemergency health care service has been ordered, to provide a good faith estimate of the charge for the nonemergency health care service not more than 72 hours after receiving the individual's request. Requires a health carrier (including an insurer or a health maintenance organization) to provide to an individual who is entitled to coverage from the health carrier, not more than 24 hours after the individual requests the information, a good faith

(Continued next page)

Effective: Upon passage; July 1, 2020.

Schaibley

January 6, 2020, read first time and referred to Committee on Public Health.



Digest Continued

estimate of: (1) the amount of the cost of the nonemergency health care service that the health carrier will pay for or reimburse to the covered individual; or (2) the extent and nature of the ordered nonemergency health care service a covered individual is entitled to receive. Requires the department of insurance to submit a request for information and a request for proposal concerning the establishment and implementation of an all payer claims data base and sets forth requirements. Provides that if a health carrier provides coverage to the individual through a network plan, the health carrier shall inform the individual whether the provider facility in which the nonemergency health care service will be provided and the practitioners who will provide the nonemergency health care service are included in the health carrier's network plan. Requires provider facilities and practitioners to post signs in waiting rooms and offices and to provide Internet web site notices about the availability of estimates of the amount the patient will be charged for medical services. Requires health carriers to provide Internet web site notices about the availability of good faith estimates of coverage for nonemergency health care services. Provides penalties for noncompliance by provider facilities, practitioners, and health carriers. Requires an insurance producer to disclose commission information. Prohibits health provider contracts from including provisions that prohibit the disclosure of health care service claims data to employers providing the health coverage and makes a violation an unfair and deceptive act.



Introduced

Second Regular Session of the 121st General Assembly (2020)

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 2019 Regular Session of the General Assembly.

HOUSE BILL No. 1005

A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

1 SECTION 1. IC 5-14-3-2, AS AMENDED BY P.L.85-2017,
2 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2020]: Sec. 2. (a) The definitions set forth in this section apply
4 throughout this chapter.

5 (b) "Copy" includes transcribing by handwriting, photocopying,
6 xerography, duplicating machine, duplicating electronically stored data
7 onto a disk, tape, drum, or any other medium of electronic data storage,
8 and reproducing by any other means.

9 (c) "Criminal intelligence information" means data that has been
10 evaluated to determine that the data is relevant to:

11 (1) the identification of; and
12 (2) the criminal activity engaged in by;
13 an individual who or organization that is reasonably suspected of
14 involvement in criminal activity.

15 (d) "Direct cost" means one hundred five percent (105%) of the sum

2020

IN 1005—LS 6902/DI 104



- 1 of the cost of:
- 2 (1) the initial development of a program, if any;
- 3 (2) the labor required to retrieve electronically stored data; and
- 4 (3) any medium used for electronic output;
- 5 for providing a duplicate of electronically stored data onto a disk, tape,
- 6 drum, or other medium of electronic data retrieval under section 8(g)
- 7 of this chapter, or for reprogramming a computer system under section
- 8 6(c) of this chapter.
- 9 (e) "Electronic map" means copyrighted data provided by a public
- 10 agency from an electronic geographic information system.
- 11 (f) "Enhanced access" means the inspection of a public record by a
- 12 person other than a governmental entity and that:
- 13 (1) is by means of an electronic device other than an electronic
- 14 device provided by a public agency in the office of the public
- 15 agency; or
- 16 (2) requires the compilation or creation of a list or report that does
- 17 not result in the permanent electronic storage of the information.
- 18 (g) "Facsimile machine" means a machine that electronically
- 19 transmits exact images through connection with a telephone network.
- 20 (h) "Inspect" includes the right to do the following:
- 21 (1) Manually transcribe and make notes, abstracts, or memoranda.
- 22 (2) In the case of tape recordings or other aural public records, to
- 23 listen and manually transcribe or duplicate, or make notes,
- 24 abstracts, or other memoranda from them.
- 25 (3) In the case of public records available:
- 26 (A) by enhanced access under section 3.5 of this chapter; or
- 27 (B) to a governmental entity under section 3(c)(2) of this
- 28 chapter;
- 29 to examine and copy the public records by use of an electronic
- 30 device.
- 31 (4) In the case of electronically stored data, to manually transcribe
- 32 and make notes, abstracts, or memoranda or to duplicate the data
- 33 onto a disk, tape, drum, or any other medium of electronic
- 34 storage.
- 35 (i) "Investigatory record" means information compiled in the course
- 36 of the investigation of a crime.
- 37 (j) "Law enforcement activity" means:
- 38 (1) a traffic stop;
- 39 (2) a pedestrian stop;
- 40 (3) an arrest;
- 41 (4) a search;
- 42 (5) an investigation;



- 1 (6) a pursuit;
 2 (7) crowd control;
 3 (8) traffic control; or
 4 (9) any other instance in which a law enforcement officer is
 5 enforcing the law.
- 6 The term does not include an administrative activity, including the
 7 completion of paperwork related to a law enforcement activity, or a
 8 custodial interrogation conducted in a place of detention as described
 9 in Indiana Evidence Rule 617, regardless of the ultimate admissibility
 10 of a statement made during the custodial interrogation.
- 11 (k) "Law enforcement recording" means an audio, visual, or
 12 audiovisual recording of a law enforcement activity captured by a
 13 camera or other device that is:
 14 (1) provided to or used by a law enforcement officer in the scope
 15 of the officer's duties; and
 16 (2) designed to be worn by a law enforcement officer or attached
 17 to the vehicle or transportation of a law enforcement officer.
- 18 (l) "Offender" means a person confined in a penal institution as the
 19 result of the conviction for a crime.
- 20 (m) "Patient" has the meaning set out in IC 16-18-2-272(d).
- 21 (n) "Person" means an individual, a corporation, a limited liability
 22 company, a partnership, an unincorporated association, or a
 23 governmental entity.
- 24 (o) "Private university police department" means the police officers
 25 appointed by the governing board of a private university under
 26 IC 21-17-5.
- 27 (p) "Provider" has the meaning set out in ~~IC 16-18-2-295(b)~~
 28 **IC 16-18-2-295(c)** and includes employees of the state department of
 29 health or local boards of health who create patient records at the
 30 request of another provider or who are social workers and create
 31 records concerning the family background of children who may need
 32 assistance.
- 33 (q) "Public agency", except as provided in section 2.1 of this
 34 chapter, means the following:
 35 (1) Any board, commission, department, division, bureau,
 36 committee, agency, office, instrumentality, or authority, by
 37 whatever name designated, exercising any part of the executive,
 38 administrative, judicial, or legislative power of the state.
 39 (2) Any:
 40 (A) county, township, school corporation, city, or town, or any
 41 board, commission, department, division, bureau, committee,
 42 office, instrumentality, or authority of any county, township,



- 1 school corporation, city, or town;
 2 (B) political subdivision (as defined by IC 36-1-2-13); or
 3 (C) other entity, or any office thereof, by whatever name
 4 designated, exercising in a limited geographical area the
 5 executive, administrative, judicial, or legislative power of the
 6 state or a delegated local governmental power.
- 7 (3) Any entity or office that is subject to:
 8 (A) budget review by either the department of local
 9 government finance or the governing body of a county, city,
 10 town, township, or school corporation; or
 11 (B) an audit by the state board of accounts that is required by
 12 statute, rule, or regulation.
- 13 (4) Any building corporation of a political subdivision that issues
 14 bonds for the purpose of constructing public facilities.
- 15 (5) Any advisory commission, committee, or body created by
 16 statute, ordinance, or executive order to advise the governing
 17 body of a public agency, except medical staffs or the committees
 18 of any such staff.
- 19 (6) Any law enforcement agency, which means an agency or a
 20 department of any level of government that engages in the
 21 investigation, apprehension, arrest, or prosecution of alleged
 22 criminal offenders, such as the state police department, the police
 23 or sheriff's department of a political subdivision, prosecuting
 24 attorneys, members of the excise police division of the alcohol
 25 and tobacco commission, conservation officers of the department
 26 of natural resources, gaming agents of the Indiana gaming
 27 commission, gaming control officers of the Indiana gaming
 28 commission, and the security division of the state lottery
 29 commission.
- 30 (7) Any license branch operated under IC 9-14.1.
- 31 (8) The state lottery commission established by IC 4-30-3-1,
 32 including any department, division, or office of the commission.
- 33 (9) The Indiana gaming commission established under IC 4-33,
 34 including any department, division, or office of the commission.
- 35 (10) The Indiana horse racing commission established by IC 4-31,
 36 including any department, division, or office of the commission.
- 37 (11) A private university police department. The term does not
 38 include the governing board of a private university or any other
 39 department, division, board, entity, or office of a private
 40 university.
- 41 (r) "Public record" means any writing, paper, report, study, map,
 42 photograph, book, card, tape recording, or other material that is



1 created, received, retained, maintained, or filed by or with a public
 2 agency and which is generated on paper, paper substitutes,
 3 photographic media, chemically based media, magnetic or machine
 4 readable media, electronically stored data, or any other material,
 5 regardless of form or characteristics.

6 (s) "Standard-sized documents" includes all documents that can be
 7 mechanically reproduced (without mechanical reduction) on paper
 8 sized eight and one-half (8 1/2) inches by eleven (11) inches or eight
 9 and one-half (8 1/2) inches by fourteen (14) inches.

10 (t) "Trade secret" has the meaning set forth in IC 24-2-3-2.

11 (u) "Work product of an attorney" means information compiled by
 12 an attorney in reasonable anticipation of litigation. The term includes
 13 the attorney's:

- 14 (1) notes and statements taken during interviews of prospective
 15 witnesses; and
- 16 (2) legal research or records, correspondence, reports, or
 17 memoranda to the extent that each contains the attorney's
 18 opinions, theories, or conclusions.

19 This definition does not restrict the application of any exception under
 20 section 4 of this chapter.

21 SECTION 2. IC 12-26-2-5, AS AMENDED BY P.L.1-2007,
 22 SECTION 126, IS AMENDED TO READ AS FOLLOWS
 23 [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) This section applies under the
 24 following statutes:

- 25 (1) IC 12-26-6.
- 26 (2) IC 12-26-7.
- 27 (3) IC 12-26-12.
- 28 (4) IC 12-26-15.

29 (b) A petitioner may be represented by counsel.

30 (c) The court may appoint counsel for a petitioner upon a showing
 31 of the petitioner's indigency and the court shall pay for such counsel if
 32 appointed.

33 (d) A petitioner, including a petitioner who is a health care provider
 34 under ~~IC 16-18-2-295(b)~~, **IC 16-18-2-295(c)**, in the petitioner's
 35 individual capacity or as a corporation is not required to be represented
 36 by counsel. If a petitioner who is a corporation elects not to be
 37 represented by counsel, the individual representing the corporation at
 38 the commitment hearing must present the court with written
 39 authorization from:

- 40 (1) an officer;
- 41 (2) a director;
- 42 (3) a principal; or



1 (4) a manager;
 2 of the corporation that authorizes the individual to represent the interest
 3 of the corporation in the proceedings.

4 (e) The petitioner is required to prove by clear and convincing
 5 evidence that:

6 (1) the individual is mentally ill and either dangerous or gravely
 7 disabled; and

8 (2) detention or commitment of that individual is appropriate.

9 SECTION 3. IC 16-18-2-88.3 IS ADDED TO THE INDIANA
 10 CODE AS A NEW SECTION TO READ AS FOLLOWS
 11 [EFFECTIVE JULY 1, 2020]: **Sec. 88.3. "Covered individual", for**
 12 **purposes of IC 16-21-15, has the meaning set forth in**
 13 **IC 16-21-15-1.**

14 SECTION 4. IC 16-18-2-148.7 IS ADDED TO THE INDIANA
 15 CODE AS A NEW SECTION TO READ AS FOLLOWS
 16 [EFFECTIVE JULY 1, 2020]: **Sec. 148.7. "Good faith estimate", for**
 17 **purposes of IC 16-21-15, has the meaning set forth in**
 18 **IC 16-21-15-2.**

19 SECTION 5. IC 16-18-2-160.2 IS ADDED TO THE INDIANA
 20 CODE AS A NEW SECTION TO READ AS FOLLOWS
 21 [EFFECTIVE JULY 1, 2020]: **Sec. 160.2. "Health care**
 22 **clearinghouse", for purposes of IC 16-21-16, has the meaning set**
 23 **forth in IC 16-21-16-1.**

24 SECTION 6. IC 16-18-2-163.8 IS ADDED TO THE INDIANA
 25 CODE AS A NEW SECTION TO READ AS FOLLOWS
 26 [EFFECTIVE JULY 1, 2020]: **Sec. 163.8. "Health carrier", for**
 27 **purposes of IC 16-21-15, has the meaning set forth in**
 28 **IC 16-21-15-3.**

29 SECTION 7. IC 16-18-2-190.5 IS ADDED TO THE INDIANA
 30 CODE AS A NEW SECTION TO READ AS FOLLOWS
 31 [EFFECTIVE JULY 1, 2020]: **Sec. 190.5. "In network", for purposes**
 32 **of IC 16-21-15, has the meaning set forth in IC 16-21-15-4.**

33 SECTION 8. IC 16-18-2-216 IS AMENDED TO READ AS
 34 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 216. (a)
 35 "Manufacturer", for purposes of IC 16-42-19 and IC 16-42-21, means
 36 a person who by compounding, cultivating, harvesting, mixing, or other
 37 process produces or prepares legend drugs. The term includes a person
 38 who:

39 (1) prepares legend drugs in dosage forms by mixing,
 40 compounding, encapsulating, entableting, or other process; or

41 (2) packages or repackages legend drugs.

42 (b) The term does not include pharmacists or practitioners (as



1 defined in section ~~288(a)~~ **288(b)** and ~~288(c)~~ **288(d)** of this chapter) in
2 the practice of their profession.

3 SECTION 9. IC 16-18-2-244.6 IS ADDED TO THE INDIANA
4 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
5 [EFFECTIVE JULY 1, 2020]: **Sec. 244.6. "National provider**
6 **identifier", for purposes of IC 16-21-16, has the meaning set forth**
7 **in IC 16-21-16-2.**

8 SECTION 10. IC 16-18-2-247.5 IS ADDED TO THE INDIANA
9 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
10 [EFFECTIVE JULY 1, 2020]: **Sec. 247.5. "Network", for purposes**
11 **of IC 16-21-15, has the meaning set forth in IC 16-21-15-5.**

12 SECTION 11. IC 16-18-2-247.6 IS ADDED TO THE INDIANA
13 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
14 [EFFECTIVE JULY 1, 2020]: **Sec. 247.6. "Network plan", for**
15 **purposes of IC 16-21-15, has the meaning set forth in**
16 **IC 16-21-15-6.**

17 SECTION 12. IC 16-18-2-250.5 IS ADDED TO THE INDIANA
18 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
19 [EFFECTIVE JULY 1, 2020]: **Sec. 250.5. "Nonemergency health**
20 **care service", for purposes of IC 16-21-15, has the meaning set**
21 **forth in IC 16-21-15-7.**

22 SECTION 13. IC 16-18-2-254.4 IS ADDED TO THE INDIANA
23 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
24 [EFFECTIVE JULY 1, 2020]: **Sec. 254.4. "Off-campus location of a**
25 **hospital", for purposes of IC 16-21-16, has the meaning set forth**
26 **in IC 16-21-16-3.**

27 SECTION 14. IC 16-18-2-288, AS AMENDED BY P.L.96-2014,
28 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
29 JULY 1, 2020]: **Sec. 288. (a) "Practitioner", for purposes of**
30 **IC 16-21-15, has the meaning set forth in IC 16-21-15-8.**

31 ~~(a)~~ **(b)** "Practitioner", for purposes of IC 16-42-19, has the meaning
32 set forth in IC 16-42-19-5.

33 ~~(b)~~ **(c)** "Practitioner", for purposes of IC 16-41-14, has the meaning
34 set forth in IC 16-41-14-4.

35 ~~(c)~~ **(d)** "Practitioner", for purposes of IC 16-42-21, has the meaning
36 set forth in IC 16-42-21-3.

37 ~~(d)~~ **(e)** "Practitioner", for purposes of IC 16-42-22 and IC 16-42-25,
38 has the meaning set forth in IC 16-42-22-4.5.

39 SECTION 15. IC 16-18-2-295, AS AMENDED BY P.L.161-2014,
40 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41 JULY 1, 2020]: **Sec. 295. (a) "Provider", for purposes of IC 16-21-8,**
42 **has the meaning set forth in IC 16-21-8-0.2.**



1 **(b) "Provider", for purposes of IC 16-21-15, has the meaning set**
 2 **forth in IC 16-21-15-9.**

3 ~~(b)~~ **(c) "Provider", for purposes of IC 16-38-5, IC 16-39 (except for**
 4 **IC 16-39-7), and IC 16-41-1 through IC 16-41-9, means any of the**
 5 **following:**

6 (1) An individual (other than an individual who is an employee or
 7 a contractor of a hospital, a facility, or an agency described in
 8 subdivision (2) or (3)) who is licensed, registered, or certified as
 9 a health care professional, including the following:

- 10 (A) A physician.
 11 (B) A psychotherapist.
 12 (C) A dentist.
 13 (D) A registered nurse.
 14 (E) A licensed practical nurse.
 15 (F) An optometrist.
 16 (G) A podiatrist.
 17 (H) A chiropractor.
 18 (I) A physical therapist.
 19 (J) A psychologist.
 20 (K) An audiologist.
 21 (L) A speech-language pathologist.
 22 (M) A dietitian.
 23 (N) An occupational therapist.
 24 (O) A respiratory therapist.
 25 (P) A pharmacist.
 26 (Q) A sexual assault nurse examiner.

27 (2) A hospital or facility licensed under IC 16-21-2 or IC 12-25 or
 28 described in IC 12-24-1 or IC 12-29.

29 (3) A health facility licensed under IC 16-28-2.

30 (4) A home health agency licensed under IC 16-27-1.

31 (5) An employer of a certified emergency medical technician, a
 32 certified advanced emergency medical technician, or a licensed
 33 paramedic.

34 (6) The state department or a local health department or an
 35 employee, agent, designee, or contractor of the state department
 36 or local health department.

37 ~~(c)~~ **(d) "Provider", for purposes of IC 16-39-7-1, has the meaning set**
 38 **forth in IC 16-39-7-1(a).**

39 ~~(d)~~ **(e) "Provider", for purposes of IC 16-48-1, has the meaning set**
 40 **forth in IC 16-48-1-3.**

41 SECTION 16. IC 16-18-2-295.5 IS ADDED TO THE INDIANA
 42 CODE AS A NEW SECTION TO READ AS FOLLOWS



1 [EFFECTIVE JULY 1, 2020]: **Sec. 295.5. "Provider facility", for**
 2 **purposes of IC 16-21-15, has the meaning set forth in**
 3 **IC 16-21-15-10.**

4 SECTION 17. IC 16-21-2-5 IS AMENDED TO READ AS
 5 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 5. **(a)** The governing
 6 board of the hospital is the supreme authority in the hospital and is
 7 responsible for the following:

- 8 (1) The management, operation, and control of the hospital.
 9 (2) The appointment, reappointment, and assignment of privileges
 10 to members of the medical staff, with the advice and
 11 recommendations of the medical staff, consistent with the
 12 individual training, experience, and other qualifications of the
 13 medical staff.
 14 (3) Establishing requirements for appointments to and continued
 15 service on the hospital's medical staff, consistent with the
 16 appointee's individual training, experience, and other
 17 qualifications, including the following requirements:
 18 (A) Proof that a medical staff member has qualified as a health
 19 care provider under IC 16-18-2-163(a).
 20 (B) The performance of patient care and related duties in a
 21 manner that is not disruptive to the delivery of quality medical
 22 care in the hospital setting.
 23 (C) Standards of quality medical care that recognize the
 24 efficient and effective utilization of hospital resources,
 25 developed by the medical staff.
 26 (4) Upon recommendation of the medical staff, establishing
 27 protocols within the requirements of this chapter and 410
 28 IAC 15-1.2-1 for the admission, treatment, and care of patients
 29 with extended lengths of stay.

30 **(b) The governing board of a nonprofit hospital (as defined in**
 31 **IC 16-21-9-3) shall hold a public meeting at least semiannually to**
 32 **discuss prices for health services and measures the hospital is**
 33 **taking to make health services more affordable. The governing**
 34 **board must meet the following concerning the meeting:**

- 35 **(1) Provide at least seven (7) days notice to the public before**
 36 **holding the meeting.**
 37 **(2) Open the meeting to all members of the public.**
 38 **(3) Allow for at least one (1) hour of the meeting to be open**
 39 **for questions from the public and make a good faith effort to**
 40 **respond to the questions.**

41 SECTION 18. IC 16-21-3-2, AS AMENDED BY P.L.197-2011,
 42 SECTION 61, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2020]: Sec. 2. **(a)** The state health commissioner may take
 2 action under section 1 of this chapter on any of the following grounds:

3 (1) Violation of any of the provisions of this chapter or of the
 4 rules adopted under this chapter.

5 (2) Permitting, aiding, or abetting the commission of any illegal
 6 act in an institution.

7 (3) Knowingly collecting or attempting to collect from a
 8 subscriber (as defined in IC 27-13-1-32) or an enrollee (as defined
 9 in IC 27-13-1-12) of a health maintenance organization (as
 10 defined in IC 27-13-1-19) any amounts that are owed by the
 11 health maintenance organization.

12 (4) Conduct or practice found by the state department to be
 13 detrimental to the welfare of the patients of an institution.

14 **(b) The state health commissioner may take action:**

15 **(1) under section 1(1) or 1(2) of this chapter for an initial**
 16 **violation or isolated violations of IC 16-21-15; or**

17 **(2) under section 1(4) or 1(5) of this chapter for repeated or**
 18 **persistent violations of IC 16-21-15;**

19 **concerning the providing of a good faith estimate to an individual**
 20 **for whom a nonemergency health care service has been ordered or**
 21 **the providing of notice in the provider facility's waiting room or on**
 22 **the provider facility's Internet web site that a patient may at any**
 23 **time ask for an estimate of the amount that the patient will be**
 24 **charged for a medical service.**

25 SECTION 19. IC 16-21-15 IS ADDED TO THE INDIANA CODE
 26 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 27 JULY 1, 2020]:

28 **Chapter 15. Provider Facility Good Faith Estimates**

29 **Sec. 1. As used in this chapter, "covered individual" means an**
 30 **individual who is entitled to be provided health care services**
 31 **according to a health carrier's network plan.**

32 **Sec. 2. As used in this chapter, "good faith estimate" means a**
 33 **realistic, honest estimate of the total amount a provider anticipates**
 34 **charging for one (1) or more nonemergency health care services**
 35 **that:**

36 **(1) is made by a provider under this chapter upon the request**
 37 **of the individual for whom the nonemergency health care**
 38 **service has been ordered; and**

39 **(2) is not binding upon the provider.**

40 **Sec. 3. (a) As used in this chapter, "health carrier" means an**
 41 **entity:**

42 **(1) that is subject to IC 27 and the administrative rules**



- 1 **adopted under IC 27; and**
 2 **(2) that enters into a contract to:**
 3 **(A) provide health care services;**
 4 **(B) deliver health care services;**
 5 **(C) arrange for health care services; or**
 6 **(D) pay for or reimburse any of the costs of health care**
 7 **services.**
 8 **(b) The term includes the following:**
 9 **(1) An insurer, as defined in IC 27-1-2-3(x), that issues a**
 10 **policy of accident and sickness insurance, as defined in**
 11 **IC 27-8-5-1(a).**
 12 **(2) A health maintenance organization, as defined in**
 13 **IC 27-13-1-19.**
 14 **(3) An administrator (as defined in IC 27-1-25-1(a)) that is**
 15 **licensed under IC 27-1-25.**
 16 **(4) Any other entity that provides a plan of health insurance,**
 17 **health benefits, or health care services.**
 18 **Sec. 4. As used in this chapter, "in network", when used in**
 19 **reference to a provider, means that the health care services**
 20 **provided by the provider are subject to a health carrier's network**
 21 **plan.**
 22 **Sec. 5. (a) As used in this chapter, "network" means a group of**
 23 **provider facilities and practitioners that:**
 24 **(1) provide health care services to covered individuals; and**
 25 **(2) have agreed to, or are otherwise subject to, maximum**
 26 **limits on the fees and charges for the health care services to be**
 27 **provided to the covered individuals.**
 28 **(b) The term includes the following:**
 29 **(1) A network described in subsection (a) that is established**
 30 **pursuant to a contract between an insurer providing coverage**
 31 **under a group health policy and:**
 32 **(A) individual provider facilities and practitioners;**
 33 **(B) a preferred provider organization; or**
 34 **(C) an entity that employs or represents providers,**
 35 **including:**
 36 **(i) an independent practice association; and**
 37 **(ii) a physician-hospital organization.**
 38 **(2) A health management organization, as defined in**
 39 **IC 27-13-1-19.**
 40 **Sec. 6. As used in this chapter, "network plan" means a plan of**
 41 **a health carrier that:**
 42 **(1) requires a covered person to receive; or**



1 (2) creates incentives, including financial incentives, for a
 2 covered person to receive;
 3 health care services from one (1) or more providers that are under
 4 contract with, managed by, or owned by the health carrier.

5 Sec. 7. (a) As used in this chapter, "nonemergency health care
 6 service" means a service or series of services for the:

- 7 (1) diagnosis;
 8 (2) prevention;
 9 (3) treatment;
 10 (4) cure; or
 11 (5) relief;

12 of a physical, mental, or behavioral health condition, illness, injury,
 13 or disease that is not provided on an emergency basis.

14 Sec. 8. As used in this chapter, "practitioner" means:

- 15 (1) an individual who holds a license, certificate, registration,
 16 or permit under:
 17 (A) IC 25-22.5 (physicians);
 18 (B) IC 25-27 (physical therapists);
 19 (C) IC 25-27.5 (physician assistants);
 20 (D) IC 25-33 (psychologists); or
 21 (E) IC 25-34.5 (respiratory care practitioners); or

22 (2) an organization consisting of or employing two (2) or more
 23 individuals described in subdivision (1).

24 Sec. 9. As used in this chapter, "provider" means:

- 25 (1) a provider facility; or
 26 (2) a practitioner.

27 Sec. 10. As used in this chapter, "provider facility" means any of
 28 the following:

- 29 (1) A hospital licensed under IC 16-21-2.
 30 (2) An ambulatory outpatient surgery center licensed under
 31 IC 16-21-2.
 32 (3) An abortion clinic licensed under IC 16-21-2.
 33 (4) A birthing center licensed under IC 16-21-2.
 34 (5) A facility that provides diagnostic services to the medical
 35 profession or the general public.
 36 (6) A laboratory where clinical pathology tests are carried out
 37 on specimens to obtain information about the health of a
 38 patient.
 39 (7) A facility where radiologic and electromagnetic images are
 40 made to obtain information about the health of a patient.

41 Sec. 11. (a) This section does not apply to a individual who is a
 42 Medicaid recipient.



1 **(b) An individual for whom a nonemergency health care service**
 2 **has been ordered may request from the provider facility in which**
 3 **the health care service will be provided a good faith estimate of the**
 4 **total amount that will be charged as a result of the nonemergency**
 5 **health care service.**

6 **(c) A provider facility that receives a request from an individual**
 7 **under subsection (b) shall, not more than seventy-two (72) hours**
 8 **after receiving the request, provide to the individual a good faith**
 9 **estimate of:**

10 **(1) the total charge that the provider facility in which the**
 11 **health care service will be performed will impose for:**

12 **(A) the use of the provider facility to care for the**
 13 **individual before, during, and after the nonemergency**
 14 **health care service;**

15 **(B) the services rendered by the staff of the provider**
 16 **facility in connection with the nonemergency health care**
 17 **service; and**

18 **(C) medication, supplies, equipment, and material items to**
 19 **be provided to or used by the individual while the**
 20 **individual is present in the provider facility in connection**
 21 **with the nonemergency health care service; and**

22 **(2) fees charged for the services of all practitioners and**
 23 **support staff:**

24 **(A) who will provide services to or for the individual**
 25 **during the individual's presence in the provider facility for**
 26 **the nonemergency health care service; and**

27 **(B) for whose services the individual will be charged**
 28 **separately from the charge of the provider facility.**

29 **(d) The charges that must be included in a good faith estimate**
 30 **under this section include all charges under subsection (c)(1) or**
 31 **(c)(2) for imaging, laboratory services, diagnostic services, therapy,**
 32 **observation services, and other services expected to be provided to**
 33 **the individual.**

34 **(e) A provider facility must ensure that a good faith estimate**
 35 **provided to an individual under this section is accompanied by a**
 36 **notice stating that:**

37 **(1) an estimate provided under this section is not binding on**
 38 **the provider facility; and**

39 **(2) the amount the provider facility charges the individual**
 40 **may vary from the estimate based on the individual's medical**
 41 **needs.**

42 **(f) A provider facility may not charge a patient for information**



1 provided under this section.

2 **Sec. 12. (a) If:**

3 (1) the individual who requests a good faith estimate from a
4 provider facility under this chapter is a covered individual
5 with respect to a network plan; and

6 (2) the provider facility from which the individual requests
7 the good faith estimate is in network with respect to the same
8 network plan;

9 the good faith estimate that the provider facility provides to the
10 individual under this chapter must be based on the negotiated
11 charges to which the provider facility and any practitioners
12 referred to in section 11(c)(2) of this chapter have agreed as in
13 network providers.

14 (b) If the individual who requests a good faith estimate from a
15 provider facility under this chapter:

16 (1) is not a covered individual with respect to any network
17 plan; or

18 (2) is not a covered individual with respect to a network plan
19 with respect to which the provider facility is in network;

20 the good faith estimate that the provider facility provides to the
21 individual under this chapter must be based on the amounts that
22 the provider facility and any practitioners referred to in section
23 11(c)(2) of this chapter charge for the nonemergency health care
24 services in the absence of any network plan.

25 **Sec. 13. A provider facility may provide a good faith estimate to
26 an individual under this chapter:**

27 (1) in a writing delivered to the individual; or

28 (2) by electronic mail;

29 according to the preference expressed by the individual.

30 **Sec. 14. (a) A good faith estimate provided by a provider facility
31 to an individual under this chapter must:**

32 (1) state the services and material items that the good faith
33 estimate is based on;

34 (2) set forth the estimated charge for the services and material
35 items referred to in subdivision (1); and

36 (3) include a total figure that is a sum of the estimated charges
37 referred to in subdivision (2).

38 (b) Subsection (a) does not prohibit a provider facility from
39 providing to an individual a good faith estimate that indicates how
40 much of the total figure stated under subsection (a)(3) will be the
41 individual's out-of-pocket expense after the health carrier's
42 payment of charges.



1 **Sec. 15. (a) As used in this section, "waiting room" means a**
 2 **space in a building used by a provider facility in which people wait**
 3 **to:**

4 **(1) be seen by practitioners; or**

5 **(2) meet with members of the staff of the provider facility.**

6 **(b) A provider facility shall ensure that each waiting room of the**
 7 **provider facility includes at least one (1) printed notice that:**

8 **(1) is designed, lettered, and positioned within the waiting**
 9 **room so as to be conspicuous to and readable by any**
 10 **individual with normal vision who visits the waiting room;**
 11 **and**

12 **(2) states the following, or words to the same effect: "A**
 13 **patient may ask for an estimate of the amount the patient will**
 14 **be charged for a medical service provided in this facility. In**
 15 **nonemergency situations, the law requires that an estimate be**
 16 **provided within 72 hours."**

17 **(c) If a provider facility maintains an Internet web site, the**
 18 **provider facility shall ensure that the Internet web site includes at**
 19 **least one (1) printed notice that:**

20 **(1) is designed, lettered, and featured on the Internet web site**
 21 **so as to be conspicuous to and readable by any individual with**
 22 **normal vision who visits the Internet web site; and**

23 **(2) states the following, or words to the same effect: "A**
 24 **patient may at any time ask for an estimate of the amount the**
 25 **patient will be charged for a medical service provided in our**
 26 **facility. In nonemergency situations, the law requires that an**
 27 **estimate be provided within 72 hours."**

28 **SECTION 20. IC 16-21-16 IS ADDED TO THE INDIANA CODE**
 29 **AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE**
 30 **JULY 1, 2020]:**

31 **Chapter 16. Unique National Provider Identifier for**
 32 **Off-Campus Location**

33 **Sec. 1. As used in this chapter, "health care clearinghouse" has**
 34 **the meaning set forth in 45 CFR 160.103.**

35 **Sec. 2. As used in this chapter, "national provider identifier"**
 36 **means the standard, unique health identifier for health care**
 37 **providers that is issued by the national provider system in**
 38 **accordance with 45 CFR 162.**

39 **Sec. 3. For the purposes of this chapter, a facility is an**
 40 **"off-campus location of a hospital" if:**

41 **(1) the operations of the facility are directly or indirectly:**

42 **(A) owned or controlled by, in whole or in part; or**



1 **(B) affiliated with;**
 2 **the hospital, regardless of whether the operations of the**
 3 **facility are subject to the same governing body that governs**
 4 **the hospital;**
 5 **(2) the facility provides services that are organizationally and**
 6 **functionally integrated with the services of the hospital; and**
 7 **(3) the facility provides preventive services, diagnostic**
 8 **services, treatment services, or emergency services.**
 9 **Sec. 4. (a) An off-campus location of a hospital must:**
 10 **(1) apply for;**
 11 **(2) obtain; and**
 12 **(3) use on all claims for reimbursement or payment for health**
 13 **care services provided at the off-campus location that the**
 14 **off-campus location submits after June 30, 2020;**
 15 **a national provider identifier that is separate and distinct from the**
 16 **national provider identifier of the hospital of which the off-campus**
 17 **location is an off-campus location.**
 18 **(b) The off-campus location of a hospital must under this section**
 19 **include its national provider identifier on a claim for**
 20 **reimbursement or payment for health care services provided at the**
 21 **off-campus location regardless of whether the claim is filed or**
 22 **submitted by or through:**
 23 **(1) a health care clearinghouse; or**
 24 **(2) a central office of the hospital of which the off-campus**
 25 **location is an off-campus location.**
 26 **SECTION 21. IC 16-21-17 IS ADDED TO THE INDIANA CODE**
 27 **AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE**
 28 **JULY 1, 2020]:**
 29 **Chapter 17. Health Care Pricing Information**
 30 **Sec. 1. (a) Not later than March 31, 2021, a hospital and an**
 31 **ambulatory surgical center shall post on the Internet web site of**
 32 **the hospital or ambulatory outpatient surgical center pricing and**
 33 **other information specified in this chapter.**
 34 **(b) The following information must be included on the Internet**
 35 **web site by a hospital and an ambulatory outpatient surgical center**
 36 **for each billing code, including, if relevant, each diagnosis related**
 37 **group (DRG) billing code and each health care common procedure**
 38 **coding system (HCPCS) billing code:**
 39 **(1) The number of services provided for the code.**
 40 **(2) A description of the service.**
 41 **(3) The weighted average prices paid per service per provider**
 42 **type for each of the following categories:**



- 1 (A) Employer sponsored insurance.
 2 (B) Individually purchased insurance.
 3 (C) Medicaid, including the risk based managed care
 4 program.
 5 (D) The children's health insurance program.
 6 (E) Medicare, including fee for service and Medicare
 7 Advantage.
 8 (F) Self pay.
- 9 **Sec. 2. (a) The information displayed on the Internet web site**
 10 **must be in an easy to read, understandable format, and include the**
 11 **prices for each billing code by provider type.**
- 12 **(b) A hospital and an ambulatory outpatient surgical center**
 13 **shall update the information on the Internet web site on a**
 14 **quarterly basis.**
- 15 SECTION 22. IC 25-22.5-16 IS ADDED TO THE INDIANA
 16 CODE AS A NEW CHAPTER TO READ AS FOLLOWS
 17 [EFFECTIVE JULY 1, 2020]:
- 18 **Chapter 16. Practitioner Good Faith Estimates**
- 19 **Sec. 1. As used in this chapter, "covered individual" means an**
 20 **individual who is entitled to be provided health care services**
 21 **according to a health carrier's network plan.**
- 22 **Sec. 2. As used in this chapter, "good faith estimate" means a**
 23 **realistic, honest estimate of the total amount a practitioner**
 24 **anticipates charging for one (1) or more nonemergency health care**
 25 **services that:**
- 26 **(1) is made by a practitioner under this chapter upon the**
 27 **request of:**
- 28 **(A) the individual for whom the nonemergency health care**
 29 **service has been ordered; or**
- 30 **(B) the provider facility in which the nonemergency health**
 31 **care service will be provided; and**
- 32 **(2) is not binding upon the practitioner.**
- 33 **Sec. 3. (a) As used in this chapter, "health carrier" means an**
 34 **entity:**
- 35 **(1) that is subject to IC 27 and the administrative rules**
 36 **adopted under IC 27; and**
- 37 **(2) that enters into a contract to:**
- 38 **(A) provide health care services;**
 39 **(B) deliver health care services;**
 40 **(C) arrange for health care services; or**
 41 **(D) pay for or reimburse any of the costs of health care**
 42 **services.**



1 (b) The term includes the following:

2 (1) An insurer, as defined in IC 27-1-2-3(x), that issues a
3 policy of accident and sickness insurance, as defined in
4 IC 27-8-5-1(a).

5 (2) A health maintenance organization, as defined in
6 IC 27-13-1-19.

7 (3) An administrator (as defined in IC 27-1-25-1(a)) that is
8 licensed under IC 27-1-25.

9 (4) Any other entity that provides a plan of health insurance,
10 health benefits, or health care services.

11 Sec. 4. As used in this chapter, "in network", when used in
12 reference to a practitioner, means that the health care services
13 provided by the practitioner are subject to a health carrier's
14 network plan.

15 Sec. 5. (a) As used in this chapter, "network" means a group of
16 provider facilities and practitioners that:

17 (1) provide health care services to covered individuals; and

18 (2) have agreed to, or are otherwise subject to, maximum
19 limits on the fees and charges for the health care services to be
20 provided to the covered individuals.

21 (b) The term includes the following:

22 (1) A network described in subsection (a) that is established
23 pursuant to a contract between an insurer providing coverage
24 under a group health policy and:

25 (A) individual provider facilities and practitioners;

26 (B) a preferred provider organization; or

27 (C) an entity that employs or represents providers,
28 including:

29 (i) an independent practice association; and

30 (ii) a physician-hospital organization.

31 (2) A health management organization, as defined in
32 IC 27-13-1-19.

33 Sec. 6. As used in this chapter, "network plan" means a plan of
34 a health carrier that:

35 (1) requires a covered person to receive; or

36 (2) creates incentives, including financial incentives, for a
37 covered person to receive;

38 health care services from one (1) or more providers that are under
39 contract with, managed by, or owned by the health carrier.

40 Sec. 7. (a) As used in this chapter, "nonemergency health care
41 service" means a service or series of services for the:

42 (1) diagnosis;



- 1 (2) prevention;
- 2 (3) treatment;
- 3 (4) cure; or
- 4 (5) relief;
- 5 of a physical, mental, or behavioral health condition, illness, injury,
- 6 or disease that is not provided on an emergency basis.
- 7 Sec. 8. As used in this chapter, "practitioner" means:
- 8 (1) an individual who holds a license, certificate, registration,
- 9 or permit under:
- 10 (A) IC 25-22.5 (physicians);
- 11 (B) IC 25-27 (physical therapists);
- 12 (C) IC 25-27.5 (physician assistants);
- 13 (D) IC 25-33 (psychologists); or
- 14 (E) IC 25-34.5 (respiratory care practitioners); or
- 15 (2) an organization consisting of or employing two (2) or more
- 16 individuals described in subdivision (1).
- 17 Sec. 9. As used in this chapter, "provider" means:
- 18 (1) a provider facility; or
- 19 (2) a practitioner.
- 20 Sec. 10. As used in this chapter, "provider facility" means any of
- 21 the following:
- 22 (1) A hospital licensed under IC 16-21-2.
- 23 (2) An ambulatory outpatient surgery center licensed under
- 24 IC 16-21-2.
- 25 (3) An abortion clinic licensed under IC 16-21-2.
- 26 (4) A birthing center licensed under IC 16-21-2.
- 27 (5) A facility that provides diagnostic services to the medical
- 28 profession or the general public.
- 29 (6) A laboratory where clinical pathology tests are carried out
- 30 on specimens to obtain information about the health of a
- 31 patient.
- 32 (7) A facility where radiologic and electromagnetic images are
- 33 made to obtain information about the health of a patient.
- 34 Sec. 11. (a) This section does not apply to a individual who is a
- 35 Medicaid recipient.
- 36 (b) An individual for whom a nonemergency health care service
- 37 has been ordered may request from the practitioner who will
- 38 provide the nonemergency health care service a good faith estimate
- 39 of the total amount the practitioner will charge for providing the
- 40 nonemergency health care service.
- 41 (c) A practitioner who receives a request from a patient under
- 42 subsection (b) shall, not more than seventy-two (72) hours after



1 receiving the request, provide to the individual a good faith
 2 estimate of the total that the practitioner will charge for providing
 3 the nonemergency health care service.

4 (d) A practitioner must ensure that a good faith estimate
 5 provided to an individual under this section is accompanied by a
 6 notice stating that:

7 (1) an estimate provided under this section is not binding on
 8 the practitioner; and

9 (2) the amount the practitioner charges the individual may
 10 vary from the estimate based on the individual's medical
 11 needs.

12 (e) A practitioner may not charge an individual for information
 13 provided under this section.

14 Sec. 12. (a) If:

15 (1) the individual who requests a good faith estimate from a
 16 practitioner under this chapter is a covered individual with
 17 respect to a network plan; and

18 (2) the practitioner from which the individual requests the
 19 good faith estimate is in network with respect to the same
 20 network plan;

21 the good faith estimate that the practitioner provides to the
 22 individual under this chapter must be based on the negotiated
 23 charges to which the practitioner has agreed as an in network
 24 provider.

25 (b) If the individual who requests a good faith estimate from a
 26 practitioner under this chapter:

27 (1) is not a covered individual with respect to any network
 28 plan; or

29 (2) is not a covered individual with respect to a network plan
 30 with respect to which the practitioner is in network;

31 the good faith estimate that the practitioner provides to the
 32 individual under this chapter must be based on the amounts that
 33 the practitioner charges for the nonemergency health care service
 34 in the absence of any network plan.

35 Sec. 13. A practitioner may provide a good faith estimate to an
 36 individual under this chapter:

37 (1) in a writing delivered to the individual; or

38 (2) by electronic mail;

39 according to the preference expressed by the individual.

40 Sec. 14. (a) A good faith estimate provided by a practitioner to
 41 an individual under this chapter must:

42 (1) state the services and material items that the good faith



1 estimate is based on;

2 (2) set forth the estimated charge for the services and material
3 items referred to in subdivision (1); and

4 (3) include a total figure that is a sum of the estimated charges
5 referred to in subdivision (2).

6 (b) Subsection (a) does not prohibit a practitioner from
7 providing to an individual a good faith estimate that indicates how
8 much of the total figure stated under subsection (a)(3) will be the
9 individual's out-of-pocket expense after the health carrier's
10 payment of charges.

11 Sec. 15. If:

12 (1) a practitioner is expected to provide a nonemergency
13 health care service to an individual in a provider facility; and

14 (2) the provider facility receives a request from an individual
15 for a good faith estimate under IC 16-21-15;

16 the practitioner, upon request from the provider facility, shall
17 provide to the provider facility a good faith estimate of the
18 practitioner's charge for providing the nonemergency health care
19 service to enable the provider facility to comply with
20 IC 16-21-15-11.

21 Sec. 16. (a) As used in this section, "office" means a space in
22 which a practitioner customarily sees patients for the purpose of
23 examination, consultation, or outpatient care.

24 (b) A practitioner shall ensure that the practitioner's office
25 includes at least one (1) printed notice that:

26 (1) is designed, lettered, and positioned within the office so as
27 to be conspicuous to and readable by any individual with
28 normal vision who visits the office; and

29 (2) states the following, or words to the same effect: "A
30 patient may at any time ask a practitioner for an estimate of
31 the amount the practitioner will charge for providing a
32 medical service. In nonemergency situations, the law requires
33 that an estimate be provided within 72 hours.".

34 (c) If a practitioner maintains an Internet web site, the
35 practitioner shall ensure that the Internet web site includes at least
36 one (1) printed notice that:

37 (1) is designed, lettered, and featured on the Internet web site
38 so as to be conspicuous to and readable by any individual with
39 normal vision who visits the Internet web site; and

40 (2) states the following, or words to the same effect: "A
41 patient may at any time ask a practitioner for an estimate of
42 the amount the practitioner will charge for providing a



1 **medical service. In nonemergency situations, the law requires**
 2 **that an estimate be provided within 72 hours."**

3 **Sec. 17. The appropriate board (as defined in IC 25-1-9-1) may**
 4 **take action against a practitioner:**

5 **(1) under IC 25-1-9-9(a)(3) or IC 25-1-9-9(a)(4) for an initial**
 6 **violation or isolated violations of this chapter; or**

7 **(2) under IC 25-1-9-9(a)(1), IC 25-1-9-9(a)(2), or**
 8 **IC 25-1-9-9(a)(6) for repeated or persistent violations of this**
 9 **chapter;**

10 **concerning the providing of a good faith estimate to an individual**
 11 **for whom a nonemergency health care service has been ordered or**
 12 **the providing of notice in the practitioner's office or on the**
 13 **practitioner's Internet web site that a patient may at any time ask**
 14 **for an estimate of the amount that the patient will be charged for**
 15 **a medical service.**

16 SECTION 23. IC 27-1-15.6-13.5 IS ADDED TO THE INDIANA
 17 CODE AS A NEW SECTION TO READ AS FOLLOWS
 18 [EFFECTIVE JULY 1, 2020]: **Sec. 13.5. An insurance producer shall**
 19 **disclose to any prospective and current clients on a separate**
 20 **written notification any commission, service fee, brokerage fee, or**
 21 **other valuable consideration, including whether the amount is**
 22 **based on a percentage of total plan premiums or a flat per member**
 23 **fee, concerning:**

24 **(1) a health insurance contract that is signed directly with the**
 25 **insurance producer; or**

26 **(2) a health insurance contract signed with a third party**
 27 **administrator or insurer that will compensate the insurance**
 28 **producer.**

29 SECTION 24. IC 27-1-37-7 IS ADDED TO THE INDIANA CODE
 30 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 31 1, 2020]: **Sec. 7. (a) This section applies to health provider contracts**
 32 **entered into or renewed after June 30, 2020.**

33 **(b) A health provider contract may not contain a provision that**
 34 **prohibits the disclosure of health care service claims data to**
 35 **employers providing the coverage. However, any disclosure of**
 36 **claims data must comply with health privacy laws, including the**
 37 **federal Health Insurance Portability and Accountability Act**
 38 **(HIPAA) (P.L. 104-191).**

39 **(c) A violation of this section constitutes an unfair or deceptive**
 40 **act or practice in the business of insurance under IC 27-4-1-4.**

41 SECTION 25. IC 27-1-45 IS ADDED TO THE INDIANA CODE
 42 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE



1 UPON PASSAGE]:

2 **Chapter 45. All Payer Claims Data Base**

3 **Sec. 1. As used in this chapter, "administrator" refers to a**
 4 **person described in section 4(b) of this chapter.**

5 **Sec. 2. As used in this chapter, "data base" refers to the all**
 6 **payer claims data base established under section 4 of this chapter.**

7 **Sec. 3. As used in this chapter, "health payer" includes the**
 8 **following:**

9 **(1) Medicare.**

10 **(2) Medicaid or a managed care organization (as defined in**
 11 **IC 12-7-2-126.9) that has contracted with Medicaid to provide**
 12 **services to a Medicaid recipient.**

13 **(3) An insurer that issues a policy of accident and sickness**
 14 **insurance (as defined in IC 27-8-5-1).**

15 **(4) A health maintenance organization (as defined in**
 16 **IC 27-13-1-19).**

17 **(5) A pharmacy benefit manager (as defined in**
 18 **IC 27-1-24.8-3).**

19 **(6) A third party administrator.**

20 **(7) An insurer (as defined in IC 27-1-26-1), excluding insurers**
 21 **of life insurance.**

22 **(8) Any other person identified by the commissioner for**
 23 **participation in the data base described in this chapter.**

24 **Sec. 4. (a) If the department contracts with an administrator to**
 25 **establish and maintain an all payer claims data base, the data base**
 26 **is established.**

27 **(b) The department may contract with a person to act as**
 28 **administrator of the data base if the person's proposal under**
 29 **section 6 of this chapter has been approved by the department and**
 30 **the person has entered into a contract with the department to**
 31 **implement and maintain the data base.**

32 **Sec. 5. (a) Before July 1, 2020, the department shall issue a**
 33 **request for information in compliance with IC 5-23-4.5 concerning**
 34 **the creation, operation, and maintenance of a data base.**

35 **(b) The request for information must include the following**
 36 **questions:**

37 **(1) How the person would collect all relevant claims data for**
 38 **the data base from a health payer in a manner that would**
 39 **minimize technical barriers for a health payer to submit a**
 40 **claim.**

41 **(2) How the person would promote and encourage self funded**
 42 **plans to voluntarily submit claims data for inclusion in the**



- 1 data base.
- 2 (3) What funding sources the person would seek to offset costs
- 3 to implement and maintain the data base.
- 4 (4) How the person would make data from the data base
- 5 available, including what sufficient fee would need to be
- 6 assessed, to researchers, companies, and other interested
- 7 parties in analyzing the data.
- 8 (5) How the person would ensure the following:
- 9 (A) That data is submitted and released in a
- 10 machine-readable format.
- 11 (B) That the data from the data base is used in an ethical
- 12 manner.
- 13 (C) That the data is not personally identifiable and is
- 14 properly secured and maintained, and that the person
- 15 complies with federal and state health care privacy laws.
- 16 (6) How the person would establish a public web portal for
- 17 individuals to quickly and easily compare prices for the full
- 18 spectrum of medical billing codes as well as check quality
- 19 ratings of providers.
- 20 (7) What threshold should be set for health payers to submit
- 21 data for the data base.
- 22 (8) How the person would work with other states and relevant
- 23 stakeholders to either:
- 24 (A) use a data language that is already available; or
- 25 (B) facilitate the establishment of a common data language
- 26 to be used by states for the data.
- 27 (9) Whether any changes to state law would increase the
- 28 functionality and effectiveness of the data base and
- 29 recommendations of the statutes and necessary changes.
- 30 (10) Whatever other questions the department determines is
- 31 relevant to the implementation of a robust and transparent
- 32 data base.
- 33 (c) The department shall set the deadline for submissions of the
- 34 request for information under this section that may be not later
- 35 than November 30, 2020.
- 36 Sec. 6. (a) Before May 30, 2021, the department shall issue a
- 37 request for proposals for a person to create, operate, and maintain
- 38 the data base under this chapter. In addition to the requirements
- 39 of IC 5-22-9, the request for proposals must include the
- 40 considerations contained in the request for information under
- 41 section 5 of this chapter.
- 42 (b) The request for proposals must state that the data base's



1 purpose is to facilitate the following:

2 (1) Identifying health care needs and forming health care
3 policy.

4 (2) Comparing costs between various treatment settings and
5 approaches.

6 (3) Providing information to consumers and purchasers of
7 health care.

8 (4) Improving the quality and affordability of patient health
9 care and health care coverage.

10 (c) Submissions for the request for proposals under this section
11 must occur not later than September 30, 2021.

12 (d) The department shall publish the department's decision
13 concerning the submissions not later than November 30, 2021.

14 (e) If the department accepts a submission for the request for
15 proposals, the department shall enter into a contract with the
16 person to act as administrator of the data base and develop the
17 data base not later than June 30, 2022.

18 (f) The administrator shall ensure that the data base is secure
19 and compliant with the federal Health Insurance Portability and
20 Accountability Act (HIPAA).

21 **Sec. 7. A health payer shall begin submitting the required data**
22 **in a format specified by the administrator of the data base not later**
23 **than three (3) months from the first day the department declares**
24 **the data base to be fully operational.**

25 SECTION 26. IC 27-2-25 IS ADDED TO THE INDIANA CODE
26 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2020]:

28 **Chapter 25. Health Carrier Good Faith Estimates**

29 **Sec. 1. As used in this chapter, "coverage" means the right of an**
30 **individual to receive:**

31 (1) health care services; or

32 (2) payment or reimbursement for health care services;
33 from a health carrier.

34 **Sec. 2. As used in this chapter, "covered individual" means an**
35 **individual who is entitled to coverage from a health carrier.**

36 **Sec. 3. As used in this chapter, "good faith estimate" means a**
37 **health carrier's estimate of:**

38 (1) the amount of the cost of a nonemergency health care
39 service that the health carrier will:

40 (A) pay for; or

41 (B) reimburse to;

42 a covered individual; or



1 (2) the extent and nature of the nonemergency health care
2 service a covered individual is entitled to receive;
3 that a health carrier provides upon request to a covered individual
4 for whom a nonemergency health care service has been ordered.

5 Sec. 4. (a) As used in this chapter, "health carrier" means an
6 entity:

7 (1) that is subject to this title and the administrative rules
8 adopted under this title; and

9 (2) that enters into a contract to:

10 (A) provide health care services;

11 (B) deliver health care services;

12 (C) arrange for health care services; or

13 (D) pay for or reimburse any of the costs of health care
14 services.

15 (b) The term includes the following:

16 (1) An insurer, as defined in IC 27-1-2-3(x), that issues a
17 policy of accident and sickness insurance, as defined in
18 IC 27-8-5-1(a).

19 (2) A health maintenance organization, as defined in
20 IC 27-13-1-19.

21 (3) An administrator (as defined in IC 27-1-25-1(a)) that is
22 licensed under IC 27-1-25.

23 (4) Any other entity that provides a plan of health insurance,
24 health benefits, or health care services.

25 Sec. 5. As used in this chapter, "in network", when used in
26 reference to a practitioner, means that the health care services
27 provided by the practitioner are subject to a health carrier's
28 network plan.

29 Sec. 6. (a) As used in this chapter, "network" means a group of
30 provider facilities and practitioners that:

31 (1) provide health care services to covered individuals; and

32 (2) have agreed to, or are otherwise subject to, maximum
33 limits on the fees and charges for the health care services to be
34 provided to the covered individuals.

35 (b) The term includes the following:

36 (1) A network described in subsection (a) that is established
37 pursuant to a contract between an insurer providing coverage
38 under a group health policy and:

39 (A) individual provider facilities and practitioners;

40 (B) a preferred provider organization; or

41 (C) an entity that employs or represents providers,
42 including:



- 1 (i) an independent practice association; and
 2 (ii) a physician-hospital organization.
- 3 (2) A health management organization, as defined in
 4 IC 27-13-1-19.
- 5 Sec. 7. As used in this chapter, "network plan" means a plan of
 6 a health carrier that:
 7 (1) requires a covered person to receive; or
 8 (2) creates incentives, including financial incentives, for a
 9 covered person to receive;
- 10 health care services from one (1) or more providers that are under
 11 contract with, managed by, or owned by the health carrier.
- 12 Sec. 8. (a) As used in this chapter, "nonemergency health care
 13 service" means a service or series of services for the:
 14 (1) diagnosis;
 15 (2) prevention;
 16 (3) treatment;
 17 (4) cure; or
 18 (5) relief;
- 19 of a physical, mental, or behavioral health condition, illness, injury,
 20 or disease that is not provided on an emergency basis.
- 21 Sec. 9. As used in this chapter, "practitioner" means:
 22 (1) an individual who holds a license, certificate, registration,
 23 or permit under:
 24 (A) IC 25-22.5 (physicians);
 25 (B) IC 25-27 (physical therapists);
 26 (C) IC 25-27.5 (physician assistants);
 27 (D) IC 25-33 (psychologists); or
 28 (E) IC 25-34.5 (respiratory care practitioners); or
 29 (2) an organization consisting of or employing two (2) or more
 30 individuals described in subdivision (1).
- 31 Sec. 10. As used in this chapter, "provider" means:
 32 (1) a provider facility; or
 33 (2) a practitioner.
- 34 Sec. 11. As used in this chapter, "provider facility" means any of
 35 the following:
 36 (1) A hospital licensed under IC 16-21-2.
 37 (2) An ambulatory outpatient surgery center licensed under
 38 IC 16-21-2.
 39 (3) An abortion clinic licensed under IC 16-21-2.
 40 (4) A birthing center licensed under IC 16-21-2.
 41 (5) A facility that provides diagnostic services to the medical
 42 profession or the general public.



1 **(6) A laboratory where clinical pathology tests are carried out**
 2 **on specimens to obtain information about the health of a**
 3 **patient.**

4 **(7) A facility where radiologic and electromagnetic images are**
 5 **made to obtain information about the health of a patient.**

6 **Sec. 12. (a) A covered individual for whom a nonemergency**
 7 **health care service has been ordered may request from the health**
 8 **carrier a good faith estimate of:**

9 **(1) the amount of the cost of the nonemergency health care**
 10 **service that the health carrier will:**

11 **(A) pay for; or**

12 **(B) reimburse to;**

13 **the covered individual; or**

14 **(2) the extent and nature of the ordered nonemergency health**
 15 **care service a covered individual is entitled to receive from**
 16 **the health carrier.**

17 **(b) If:**

18 **(1) a health carrier provides coverage to a covered individual**
 19 **through a network plan; and**

20 **(2) the health carrier receives a request for a good faith**
 21 **estimate from a covered individual for whom a nonemergency**
 22 **health care service has been ordered;**

23 **the health carrier shall inform the covered individual whether the**
 24 **provider facility in which the nonemergency health care service**
 25 **will be provided is in network and whether each practitioner who**
 26 **will provide the nonemergency health care service is in network.**

27 **(c) A health carrier that receives a request from a covered**
 28 **individual patient under subsection (b) shall, not more than**
 29 **twenty-four (24) hours after receiving the request, provide to the**
 30 **individual a good faith estimate as described in section 14 of this**
 31 **chapter.**

32 **(d) A health carrier must ensure that a good faith estimate**
 33 **provided to an individual under this section is accompanied by a**
 34 **notice stating that:**

35 **(1) the amount that the health carrier will:**

36 **(A) pay; or**

37 **(B) reimburse;**

38 **for or to the covered individual for the nonemergency health**
 39 **care services the individual receives; and**

40 **(2) the nature and extent of the nonemergency health care**
 41 **services the individual will receive;**

42 **may vary from the health carrier's good faith estimate based on**



1 the individual's medical needs.

2 (e) A health carrier may not charge an individual for
3 information provided under this section.

4 Sec. 13. A health carrier may provide a good faith estimate to an
5 individual under this chapter:

6 (1) in a writing delivered to the individual; or

7 (2) by electronic mail;

8 according to the preference expressed by the individual.

9 Sec. 14. A good faith estimate provided by a health carrier to an
10 individual under this chapter must:

11 (1) in the case of an insurer or another health carrier that
12 pays or reimburses the cost of health care services:

13 (A) state the services and material items that the good faith
14 estimate is based on;

15 (B) set forth for the services and material items referred to
16 in clause (A) the amount that the health carrier will:

17 (i) pay; or

18 (ii) reimburse;

19 for or to the covered individual for the service or material
20 item;

21 (C) include a total figure that is a sum of the amounts
22 referred to in clause (B); and

23 (D) state the out-of-pocket costs the covered individual will
24 incur, if any, beyond the amount that the health carrier
25 will pay or reimburse; and

26 (2) in the case of a health maintenance organization or
27 another health carrier that provides health care services:

28 (A) state the nature and extent of the health care services
29 to which the covered individual is entitled; and

30 (B) state the out-of-pocket costs the covered individual will
31 incur, if any, beyond being provided the health care
32 services referred to in clause (A).

33 Sec. 15. A health carrier that provides an Internet web site for
34 the use of its covered individuals shall include on the Internet web
35 site, in a conspicuous location, and set forth in easily read letters,
36 a statement informing covered individuals that they may at any
37 time request from the health carrier, and receive at no cost, a good
38 faith estimate of:

39 (1) the amount that the health carrier will:

40 (A) pay for; or

41 (B) reimburse to;

42 a covered individual for nonemergency health care services



1 that have been ordered for the covered individual; or
2 (2) the nature and extent of the ordered nonemergency health
3 care services a covered individual is entitled to receive from
4 the health carrier.

5 **Sec. 16. (a) If a health carrier fails or refuses:**

6 (1) to provide a good faith estimate as required by this
7 chapter; or

8 (2) to provide notice on the health carrier's Internet web site
9 as required by section 15 of this chapter;

10 the insurance commissioner may, after notice and hearing under
11 IC 4-21.5, impose on the health carrier a civil penalty of not more
12 than one thousand dollars (\$1,000) for each day of noncompliance.

13 (b) A civil penalty collected under this section shall be deposited
14 in the department of insurance fund established by IC 27-1-3-28.

15 SECTION 27. IC 27-4-1-4, AS AMENDED BY P.L.124-2018,
16 SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
17 JULY 1, 2020]: Sec. 4. (a) The following are hereby defined as unfair
18 methods of competition and unfair and deceptive acts and practices in
19 the business of insurance:

20 (1) Making, issuing, circulating, or causing to be made, issued, or
21 circulated, any estimate, illustration, circular, or statement:

22 (A) misrepresenting the terms of any policy issued or to be
23 issued or the benefits or advantages promised thereby or the
24 dividends or share of the surplus to be received thereon;

25 (B) making any false or misleading statement as to the
26 dividends or share of surplus previously paid on similar
27 policies;

28 (C) making any misleading representation or any
29 misrepresentation as to the financial condition of any insurer,
30 or as to the legal reserve system upon which any life insurer
31 operates;

32 (D) using any name or title of any policy or class of policies
33 misrepresenting the true nature thereof; or

34 (E) making any misrepresentation to any policyholder insured
35 in any company for the purpose of inducing or tending to
36 induce such policyholder to lapse, forfeit, or surrender the
37 policyholder's insurance.

38 (2) Making, publishing, disseminating, circulating, or placing
39 before the public, or causing, directly or indirectly, to be made,
40 published, disseminated, circulated, or placed before the public,
41 in a newspaper, magazine, or other publication, or in the form of
42 a notice, circular, pamphlet, letter, or poster, or over any radio or



- 1 television station, or in any other way, an advertisement,
 2 announcement, or statement containing any assertion,
 3 representation, or statement with respect to any person in the
 4 conduct of the person's insurance business, which is untrue,
 5 deceptive, or misleading.
- 6 (3) Making, publishing, disseminating, or circulating, directly or
 7 indirectly, or aiding, abetting, or encouraging the making,
 8 publishing, disseminating, or circulating of any oral or written
 9 statement or any pamphlet, circular, article, or literature which is
 10 false, or maliciously critical of or derogatory to the financial
 11 condition of an insurer, and which is calculated to injure any
 12 person engaged in the business of insurance.
- 13 (4) Entering into any agreement to commit, or individually or by
 14 a concerted action committing any act of boycott, coercion, or
 15 intimidation resulting or tending to result in unreasonable
 16 restraint of, or a monopoly in, the business of insurance.
- 17 (5) Filing with any supervisory or other public official, or making,
 18 publishing, disseminating, circulating, or delivering to any person,
 19 or placing before the public, or causing directly or indirectly, to
 20 be made, published, disseminated, circulated, delivered to any
 21 person, or placed before the public, any false statement of
 22 financial condition of an insurer with intent to deceive. Making
 23 any false entry in any book, report, or statement of any insurer
 24 with intent to deceive any agent or examiner lawfully appointed
 25 to examine into its condition or into any of its affairs, or any
 26 public official to which such insurer is required by law to report,
 27 or which has authority by law to examine into its condition or into
 28 any of its affairs, or, with like intent, willfully omitting to make a
 29 true entry of any material fact pertaining to the business of such
 30 insurer in any book, report, or statement of such insurer.
- 31 (6) Issuing or delivering or permitting agents, officers, or
 32 employees to issue or deliver, agency company stock or other
 33 capital stock, or benefit certificates or shares in any common law
 34 corporation, or securities or any special or advisory board
 35 contracts or other contracts of any kind promising returns and
 36 profits as an inducement to insurance.
- 37 (7) Making or permitting any of the following:
- 38 (A) Unfair discrimination between individuals of the same
 39 class and equal expectation of life in the rates or assessments
 40 charged for any contract of life insurance or of life annuity or
 41 in the dividends or other benefits payable thereon, or in any
 42 other of the terms and conditions of such contract. However,



1 in determining the class, consideration may be given to the
 2 nature of the risk, plan of insurance, the actual or expected
 3 expense of conducting the business, or any other relevant
 4 factor.

5 (B) Unfair discrimination between individuals of the same
 6 class involving essentially the same hazards in the amount of
 7 premium, policy fees, assessments, or rates charged or made
 8 for any policy or contract of accident or health insurance or in
 9 the benefits payable thereunder, or in any of the terms or
 10 conditions of such contract, or in any other manner whatever.
 11 However, in determining the class, consideration may be given
 12 to the nature of the risk, the plan of insurance, the actual or
 13 expected expense of conducting the business, or any other
 14 relevant factor.

15 (C) Excessive or inadequate charges for premiums, policy
 16 fees, assessments, or rates, or making or permitting any unfair
 17 discrimination between persons of the same class involving
 18 essentially the same hazards, in the amount of premiums,
 19 policy fees, assessments, or rates charged or made for:

20 (i) policies or contracts of reinsurance or joint reinsurance,
 21 or abstract and title insurance;

22 (ii) policies or contracts of insurance against loss or damage
 23 to aircraft, or against liability arising out of the ownership,
 24 maintenance, or use of any aircraft, or of vessels or craft,
 25 their cargoes, marine builders' risks, marine protection and
 26 indemnity, or other risks commonly insured under marine,
 27 as distinguished from inland marine, insurance; or

28 (iii) policies or contracts of any other kind or kinds of
 29 insurance whatsoever.

30 However, nothing contained in clause (C) shall be construed to
 31 apply to any of the kinds of insurance referred to in clauses (A)
 32 and (B) nor to reinsurance in relation to such kinds of insurance.
 33 Nothing in clause (A), (B), or (C) shall be construed as making or
 34 permitting any excessive, inadequate, or unfairly discriminatory
 35 charge or rate or any charge or rate determined by the department
 36 or commissioner to meet the requirements of any other insurance
 37 rate regulatory law of this state.

38 (8) Except as otherwise expressly provided by law, knowingly
 39 permitting or offering to make or making any contract or policy
 40 of insurance of any kind or kinds whatsoever, including but not in
 41 limitation, life annuities, or agreement as to such contract or
 42 policy other than as plainly expressed in such contract or policy



1 issued thereon, or paying or allowing, or giving or offering to pay,
2 allow, or give, directly or indirectly, as inducement to such
3 insurance, or annuity, any rebate of premiums payable on the
4 contract, or any special favor or advantage in the dividends,
5 savings, or other benefits thereon, or any valuable consideration
6 or inducement whatever not specified in the contract or policy; or
7 giving, or selling, or purchasing or offering to give, sell, or
8 purchase as inducement to such insurance or annuity or in
9 connection therewith, any stocks, bonds, or other securities of any
10 insurance company or other corporation, association, limited
11 liability company, or partnership, or any dividends, savings, or
12 profits accrued thereon, or anything of value whatsoever not
13 specified in the contract. Nothing in this subdivision and
14 subdivision (7) shall be construed as including within the
15 definition of discrimination or rebates any of the following
16 practices:

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

22 (B) In the case of life insurance policies issued on the
23 industrial debit plan, making allowance to policyholders who
24 have continuously for a specified period made premium
25 payments directly to an office of the insurer in an amount
26 which fairly represents the saving in collection expense.

27 (C) Readjustment of the rate of premium for a group insurance
28 policy based on the loss or expense experience thereunder, at
29 the end of the first year or of any subsequent year of insurance
30 thereunder, which may be made retroactive only for such
31 policy year.

32 (D) Paying by an insurer or insurance producer thereof duly
33 licensed as such under the laws of this state of money,
34 commission, or brokerage, or giving or allowing by an insurer
35 or such licensed insurance producer thereof anything of value,
36 for or on account of the solicitation or negotiation of policies
37 or other contracts of any kind or kinds, to a broker, an
38 insurance producer, or a solicitor duly licensed under the laws
39 of this state, but such broker, insurance producer, or solicitor
40 receiving such consideration shall not pay, give, or allow
41 credit for such consideration as received in whole or in part,
42 directly or indirectly, to the insured by way of rebate.



- 1 (9) Requiring, as a condition precedent to loaning money upon the
2 security of a mortgage upon real property, that the owner of the
3 property to whom the money is to be loaned negotiate any policy
4 of insurance covering such real property through a particular
5 insurance producer or broker or brokers. However, this
6 subdivision shall not prevent the exercise by any lender of the
7 lender's right to approve or disapprove of the insurance company
8 selected by the borrower to underwrite the insurance.
- 9 (10) Entering into any contract, combination in the form of a trust
10 or otherwise, or conspiracy in restraint of commerce in the
11 business of insurance.
- 12 (11) Monopolizing or attempting to monopolize or combining or
13 conspiring with any other person or persons to monopolize any
14 part of commerce in the business of insurance. However,
15 participation as a member, director, or officer in the activities of
16 any nonprofit organization of insurance producers or other
17 workers in the insurance business shall not be interpreted, in
18 itself, to constitute a combination in restraint of trade or as
19 combining to create a monopoly as provided in this subdivision
20 and subdivision (10). The enumeration in this chapter of specific
21 unfair methods of competition and unfair or deceptive acts and
22 practices in the business of insurance is not exclusive or
23 restrictive or intended to limit the powers of the commissioner or
24 department or of any court of review under section 8 of this
25 chapter.
- 26 (12) Requiring as a condition precedent to the sale of real or
27 personal property under any contract of sale, conditional sales
28 contract, or other similar instrument or upon the security of a
29 chattel mortgage, that the buyer of such property negotiate any
30 policy of insurance covering such property through a particular
31 insurance company, insurance producer, or broker or brokers.
32 However, this subdivision shall not prevent the exercise by any
33 seller of such property or the one making a loan thereon of the
34 right to approve or disapprove of the insurance company selected
35 by the buyer to underwrite the insurance.
- 36 (13) Issuing, offering, or participating in a plan to issue or offer,
37 any policy or certificate of insurance of any kind or character as
38 an inducement to the purchase of any property, real, personal, or
39 mixed, or services of any kind, where a charge to the insured is
40 not made for and on account of such policy or certificate of
41 insurance. However, this subdivision shall not apply to any of the
42 following:



- 1 (A) Insurance issued to credit unions or members of credit
 2 unions in connection with the purchase of shares in such credit
 3 unions.
 4 (B) Insurance employed as a means of guaranteeing the
 5 performance of goods and designed to benefit the purchasers
 6 or users of such goods.
 7 (C) Title insurance.
 8 (D) Insurance written in connection with an indebtedness and
 9 intended as a means of repaying such indebtedness in the
 10 event of the death or disability of the insured.
 11 (E) Insurance provided by or through motorists service clubs
 12 or associations.
 13 (F) Insurance that is provided to the purchaser or holder of an
 14 air transportation ticket and that:
 15 (i) insures against death or nonfatal injury that occurs during
 16 the flight to which the ticket relates;
 17 (ii) insures against personal injury or property damage that
 18 occurs during travel to or from the airport in a common
 19 carrier immediately before or after the flight;
 20 (iii) insures against baggage loss during the flight to which
 21 the ticket relates; or
 22 (iv) insures against a flight cancellation to which the ticket
 23 relates.
 24 (14) Refusing, because of the for-profit status of a hospital or
 25 medical facility, to make payments otherwise required to be made
 26 under a contract or policy of insurance for charges incurred by an
 27 insured in such a for-profit hospital or other for-profit medical
 28 facility licensed by the state department of health.
 29 (15) Refusing to insure an individual, refusing to continue to issue
 30 insurance to an individual, limiting the amount, extent, or kind of
 31 coverage available to an individual, or charging an individual a
 32 different rate for the same coverage, solely because of that
 33 individual's blindness or partial blindness, except where the
 34 refusal, limitation, or rate differential is based on sound actuarial
 35 principles or is related to actual or reasonably anticipated
 36 experience.
 37 (16) Committing or performing, with such frequency as to
 38 indicate a general practice, unfair claim settlement practices (as
 39 defined in section 4.5 of this chapter).
 40 (17) Between policy renewal dates, unilaterally canceling an
 41 individual's coverage under an individual or group health
 42 insurance policy solely because of the individual's medical or



- 1 physical condition.
- 2 (18) Using a policy form or rider that would permit a cancellation
- 3 of coverage as described in subdivision (17).
- 4 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
- 5 concerning motor vehicle insurance rates.
- 6 (20) Violating IC 27-8-21-2 concerning advertisements referring
- 7 to interest rate guarantees.
- 8 (21) Violating IC 27-8-24.3 concerning insurance and health plan
- 9 coverage for victims of abuse.
- 10 (22) Violating IC 27-8-26 concerning genetic screening or testing.
- 11 (23) Violating IC 27-1-15.6-3(b) concerning licensure of
- 12 insurance producers.
- 13 (24) Violating IC 27-1-38 concerning depository institutions.
- 14 (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning
- 15 the resolution of an appealed grievance decision.
- 16 (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired
- 17 July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1,
- 18 2007, and repealed).
- 19 (27) Violating IC 27-2-21 concerning use of credit information.
- 20 (28) Violating IC 27-4-9-3 concerning recommendations to
- 21 consumers.
- 22 (29) Engaging in dishonest or predatory insurance practices in
- 23 marketing or sales of insurance to members of the United States
- 24 Armed Forces as:
- 25 (A) described in the federal Military Personnel Financial
- 26 Services Protection Act, P.L.109-290; or
- 27 (B) defined in rules adopted under subsection (b).
- 28 (30) Violating IC 27-8-19.8-20.1 concerning stranger originated
- 29 life insurance.
- 30 (31) Violating IC 27-2-22 concerning retained asset accounts.
- 31 (32) Violating IC 27-8-5-29 concerning health plans offered
- 32 through a health benefit exchange (as defined in IC 27-19-2-8).
- 33 (33) Violating a requirement of the federal Patient Protection and
- 34 Affordable Care Act (P.L. 111-148), as amended by the federal
- 35 Health Care and Education Reconciliation Act of 2010 (P.L.
- 36 111-152), that is enforceable by the state.
- 37 (34) After June 30, 2015, violating IC 27-2-23 concerning
- 38 unclaimed life insurance, annuity, or retained asset account
- 39 benefits.
- 40 (35) Willfully violating IC 27-1-12-46 concerning a life insurance
- 41 policy or certificate described in IC 27-1-12-46(a).
- 42 **(36) Violating IC 27-1-37-7 concerning prohibiting the**



1 **disclosure of health care services claims data.**

2 (b) Except with respect to federal insurance programs under
3 Subchapter III of Chapter 19 of Title 38 of the United States Code, the
4 commissioner may, consistent with the federal Military Personnel
5 Financial Services Protection Act (10 U.S.C. 992 note), adopt rules
6 under IC 4-22-2 to:

- 7 (1) define; and
8 (2) while the members are on a United States military installation
9 or elsewhere in Indiana, protect members of the United States
10 Armed Forces from;
11 dishonest or predatory insurance practices.

12 SECTION 28. IC 36-2-14-21, AS AMENDED BY P.L.1-2007,
13 SECTION 240, IS AMENDED TO READ AS FOLLOWS
14 [EFFECTIVE JULY 1, 2020]: Sec. 21. (a) As used in this section,
15 "health records" means written, electronic, or printed information
16 possessed by a provider concerning any diagnosis, treatment, or
17 prognosis of the patient. The term includes mental health records,
18 alcohol and drug abuse records, and emergency ambulance service
19 records.

20 (b) As used in this section, "provider" has the meaning set forth in
21 ~~IC 16-18-2-295(b)~~; **IC 16-18-2-295(c)**.

22 (c) As part of a medical examination or autopsy conducted under
23 this chapter, a coroner may obtain a copy of the decedent's health
24 records.

25 (d) Except as provided in subsection (e), health records obtained
26 under this section are confidential.

27 (e) The coroner may provide the health records of a decedent that
28 were obtained under this section to a prosecuting attorney or law
29 enforcement agency that is investigating the individual's death. Health
30 records received from a coroner under this subsection are confidential.

31 (f) A person who receives confidential records or information under
32 this section and knowingly or intentionally discloses the records or
33 information to an unauthorized person commits a Class A
34 misdemeanor.

35 **SECTION 29. An emergency is declared for this act.**

