



April 2, 2021

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# ENGROSSED HOUSE BILL No. 1405

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DIGEST OF HB 1405 (Updated March 31, 2021 3:31 pm - DI 55)

**Citations Affected:** IC 12-7; IC 12-15; IC 16-39; IC 16-47; IC 20-28; IC 25-27; IC 27-1; IC 27-4; IC 27-7; IC 27-10.

**Synopsis:** Insurance matters. Authorizes an application for a Medicaid state plan amendment to allow school corporations to seek Medicaid reimbursement for medically necessary, school based Medicaid covered services that are provided under federal or state mandates. Makes changes concerning referrals for these services. Adds provisions concerning the establishment of a new a long term care insurance partnership program. Requires the office of Medicaid policy and planning (office) to apply for a state Medicaid plan amendment that would: (1) provide for the establishment of the new long term care insurance partnership program and the discontinuance of the current long term care program; and (2) ensure that individuals who purchased qualified long term care policies under the current program will be eligible for an asset disregard even if the current program is discontinued. Provides that if approval is not given for the plan amendment, the new program is not established and the office and the  
(Continued next page)

**Effective:** July 1, 2021.

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## Carbaugh, Lehman, Campbell

(SENATE SPONSORS — ZAY, WALKER G, BUSCH)

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January 14, 2021, read first time and referred to Committee on Financial Institutions and Insurance.

February 9, 2021, amended, reported — Do Pass.

February 16, 2021, read second time, ordered engrossed. Engrossed.

February 18, 2021, read third time, passed. Yeas 92, nays 1.

SENATE ACTION

March 1, 2021, read first time and referred to Committee on Insurance and Financial Institutions.

April 1, 2021, amended, reported favorably — Do Pass.

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## Digest Continued

department of insurance shall study ways to improve the affordability and cost effectiveness of the current program. Requires a provider to provide the health records requested by a patient within 30 days after the date the written request is made unless the provider: (1) requests an extension; and (2) provides written notice of the reasons for the extension and the date by which the provider will provide the health records. Allows a provider to be fined for not complying with the health records deadline. Allows a nonprofit association of cities and towns to participate in the state aggregate prescription drug purchasing program. Provides that if a resident insurance producer completed more than 24 hours of credit in continuing education courses before the effective date of the producer's last license renewal, not more than 12 of the excess hours of credit may apply toward satisfaction of the requirement for the producer's next license renewal, subject to certain restrictions. Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide to a covered individual the maximum allowable cost of a generic drug. Provides that if an agreement between a health plan and a pharmacy benefit manager provides that less than 85% of the estimated rebates will be deducted from the cost of prescription drugs before a covered individual's cost sharing requirement is determined, the pharmacy benefit manager must provide the policyholder with a notice on an annual basis that includes: (1) an explanation of what a rebate is; (2) an explanation of how rebates accrue to the health plan from the manufacturer; and (3) the aggregate amount of rebates that accrued to the health plan under the policyholder's health plan for the previous year. Provides that a merchant that acts as an agent for purposes of the sale of an auto service contract is not contractually obligated under the service contract. Provides, as an exception to the general prohibition against rebates, that: (1) an insurer, an employee of an insurer, or an insurance producer acting on the insurance producer's own behalf may offer and give gifts of limited value in connection with marketing of insurance and may conduct a drawing for prizes of limited value; (2) an insurer, through its employees, affiliates, insurance producers, or third-party representatives, may provide, for free or at a discount, products or services that relate to or are provided in conjunction with a policy and are primarily intended to educate about, assess, monitor, control, or prevent risk of loss or have a nexus to or enhance the value of the insurance benefits of the policy. Amends the law requiring an insurer to provide 10 days' advance notice to the insurance producer who procured an automobile policy when the insurer intends to cancel or not to renew the policy to make the law applicable only if the insurance producer who procured the policy was an independent insurance producer. Amends code sections requiring an insurer to "deliver" or "provide" certain notices within a certain time period to make those sections provide instead that the insurer is required to "mail" the notices. Provides that if a party procures a policy of insurance through an online platform: (1) the party affirmatively consents to have all notices and other documents related to the policy delivered to the party electronically; and (2) other statutory prerequisites to the electronic delivery of notices do not apply. Amends a section addressing the situation in which money or bonds have been set, but bail by sureties is substituted for bail by money or bonds.

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April 2, 2021

First Regular Session of the 122nd General Assembly (2021)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2020 Regular Session of the General Assembly.

## ENGROSSED HOUSE BILL No. 1405

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

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

1 SECTION 1. IC 12-7-2-155.4 IS ADDED TO THE INDIANA  
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
3 [EFFECTIVE JULY 1, 2021]: **Sec. 155.4. (a) This section applies**  
4 **after June 30, 2023.**

5 (b) "Qualified provider", for purposes of IC 12-15-1-16, means:  
6 (1) a school based nurse; or  
7 (2) another provider who:  
8 (A) is licensed and in good standing with the Indiana  
9 professional licensing agency; and  
10 (B) is employed by or contracts with a school corporation  
11 that participates in Medicaid.

12 SECTION 2. IC 12-7-2-170.5 IS ADDED TO THE INDIANA  
13 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
14 [EFFECTIVE JULY 1, 2021]: **Sec. 170.5. (a) This section applies**  
15 **after June 30, 2023.**

16 (b) "School based nurse", for purposes of section 155.4 of this  
17 chapter and IC 12-15-1-16, means a registered nurse or licensed

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1 **practical nurse licensed under IC 25-23-1 who is employed by or**  
 2 **contracts with a school corporation that participates in Medicaid**  
 3 **to provide school based Medicaid covered services for a Medicaid**  
 4 **recipient.**

5 SECTION 3. IC 12-15-1-16, AS AMENDED BY P.L.108-2019,  
 6 SECTION 193, IS AMENDED TO READ AS FOLLOWS  
 7 [EFFECTIVE JULY 1, 2021]: Sec. 16. (a) Each:

8 (1) school corporation; or

9 (2) school corporation's employed, licensed, or qualified provider;  
 10 must enroll in a program to use federal funds under the Medicaid  
 11 program (IC 12-15-1 et seq.) with the intent to share the costs of  
 12 services that are reimbursable under the Medicaid program and that are  
 13 provided to eligible children by the school corporation. However, a  
 14 school corporation or a school corporation's employed, licensed, or  
 15 qualified provider is not required to file any claims or participate in the  
 16 program developed under this section.

17 (b) The secretary and the department of education may develop  
 18 policies and adopt rules to administer the program developed under this  
 19 section.

20 (c) The federal reimbursement for services provided under this  
 21 section must be distributed to the school corporation. The state shall  
 22 retain the nonfederal share of the reimbursement for Medicaid services  
 23 provided under this section.

24 (d) The office of Medicaid policy and planning, with the approval  
 25 of the budget agency and after consultation with the department of  
 26 education, shall establish procedures for the timely distribution of  
 27 federal reimbursement due to the school corporations. The distribution  
 28 procedures may provide for offsetting reductions to distributions of  
 29 state tuition support or other state funds to school corporations in the  
 30 amount of the nonfederal reimbursements required to be retained by the  
 31 state under subsection (c).

32 **(e) This subsection applies after June 30, 2023. The office may**  
 33 **apply to the United States Department of Health and Human**  
 34 **Services for a state plan amendment to allow school corporations**  
 35 **to seek Medicaid reimbursement for medically necessary, school**  
 36 **based Medicaid covered services that are provided under federal**  
 37 **or state mandates. If the state plan amendment is approved and**  
 38 **implemented, and subject to subsection (g), services may be**  
 39 **provided by a qualified provider in a school setting to Medicaid**  
 40 **enrolled students, if the services are offered pursuant to any of the**  
 41 **following:**

42 (1) An individualized education program (as defined in



- 1           **IC 20-18-2-9).**  
 2           **(2) A plan developed under Section 504 of the federal**  
 3           **Rehabilitation Act, 29 U.S.C. 794.**  
 4           **(3) A behavioral intervention plan (as defined in**  
 5           **IC 20-20-40-1).**  
 6           **(4) A service plan developed under 511 IAC 7-34.**  
 7           **(5) An individualized health care plan.**  
 8           **The office may, in consultation with the department of education,**  
 9           **develop any necessary state plan amendment under this subsection.**  
 10           **The office may apply for any state plan amendment necessary to**  
 11           **implement this subsection.**  
 12           **(f) This subsection applies after June 30, 2023. If the state plan**  
 13           **amendment described in subsection (e) is approved and**  
 14           **implemented, the medically necessary, school based Medicaid**  
 15           **covered services described in subsection (e):**  
 16               **(1) may only be performed by a qualified provider;**  
 17               **(2) must be within the qualified provider's scope of practice;**  
 18               **and**  
 19               **(3) must be provided in accordance with this article and**  
 20               **administrative rules concerning the Medicaid program.**  
 21           **(g) This subsection applies after June 30, 2023. Services under**  
 22           **subsection (e) may not include the following:**  
 23               **(1) An abortion.**  
 24               **(2) Counseling for abortion procedures.**  
 25               **(3) Referrals for abortion services.**  
 26               **(4) Abortifacients.**  
 27               **(5) Contraceptives.**  
 28           **SECTION 4. IC 12-15-1.3-22 IS ADDED TO THE INDIANA**  
 29           **CODE AS A NEW SECTION TO READ AS FOLLOWS**  
 30           **[EFFECTIVE JULY 1, 2021]: Sec. 22. (a) Before December 31, 2021,**  
 31           **the office of Medicaid policy and planning shall apply to the United**  
 32           **States Department of Health and Human Services for a state plan**  
 33           **amendment that:**  
 34               **(1) provides for establishment of the long term care**  
 35               **partnership program as described in IC 12-15-39.8;**  
 36               **(2) provides that the long term care program established**  
 37               **under IC 12-15-39.6 shall be discontinued on the date on**  
 38               **which the long term care partnership program described in**  
 39               **IC 12-15-39.8 is fully implemented; and**  
 40               **(3) ensures, with the explicit concurrence of the United States**  
 41               **Department of Health and Human Services, that an individual**  
 42               **who purchased a qualified long term care policy (as defined**



1 in IC 12-15-39.6-5) before the discontinuance of the long term  
 2 care program established under IC 12-15-39.6 shall be eligible  
 3 for an asset disregard under IC 12-15-39.6-10  
 4 notwithstanding the discontinuance of the long term care  
 5 program, as provided in IC 12-15-39.6-12.

6 (b) If the office receives approval for the state plan amendment  
 7 described in subsection (a):

8 (1) the office shall implement the state plan amendment not  
 9 later than sixty (60) days after the state plan amendment is  
 10 approved; and

11 (2) the office shall publish in the Indiana Register under  
 12 IC 4-22-7-7 a statement:

13 (A) announcing that the state plan amendment described  
 14 in subsection (a) has been approved by the United States  
 15 Department of Health and Human Services; and

16 (B) setting forth the date on which:

17 (i) the office will fully implement the state plan  
 18 amendment under subsection (b)(1); and

19 (ii) the long term care program established under  
 20 IC 12-15-39.6 will be discontinued.

21 (c) If the office does not receive approval for a state plan  
 22 amendment described in subsection (a):

23 (1) the office shall take no action under subsection (b); and

24 (2) the office and the department of insurance:

25 (A) shall study:

26 (i) the long term care program established under  
 27 IC 12-15-39.6, including the affordability and cost  
 28 effectiveness of the program for individuals who  
 29 purchase qualified long term care policies (as defined in  
 30 IC 12-15-39.6-5); and

31 (ii) the affordability and cost effectiveness of long term  
 32 care partnership programs established under Section  
 33 6021 of the federal Deficit Reduction Act of 2005;

34 (B) may solicit the comments and recommendations of  
 35 individuals with experience and expertise in the fields of  
 36 Medicaid, insurance, personal finance, and government  
 37 concerning the subjects set forth in clause (A);

38 (C) shall make findings and recommendations concerning  
 39 ways in which the affordability and cost effectiveness of the  
 40 long term care program established under IC 12-15-39.6  
 41 can be improved; and

42 (D) shall, not later than December 1, 2022:



- 1 (i) issue a report setting forth the findings and  
 2 recommendations made under clause (C); and  
 3 (ii) submit the report to the executive director of the  
 4 legislative services agency in an electronic format under  
 5 IC 5-14-6 for distribution to the members of the general  
 6 assembly.

7 SECTION 5. IC 12-15-39.6-0.5 IS ADDED TO THE INDIANA  
 8 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 9 [EFFECTIVE JULY 1, 2021]: **Sec. 0.5. (a) Notwithstanding**  
 10 **IC 12-15-39.8, the asset disregard under section 10 of this chapter**  
 11 **applies to any qualified long term care policy to which this chapter**  
 12 **applies.**

13 (b) This chapter does not apply to a qualified long term care  
 14 policy issued after the long term care program established by this  
 15 chapter is discontinued.

16 (c) Subject to section 12 of this chapter, the long term care  
 17 program established by this chapter is discontinued on the date set  
 18 forth under IC 12-15-1.3-22(b)(2)(B)(ii) in the statement published  
 19 in the Indiana Register by the office of Medicaid policy and  
 20 planning.

21 SECTION 6. IC 12-15-39.8 IS ADDED TO THE INDIANA CODE  
 22 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 23 JULY 1, 2021]:

24 **Chapter 39.8. Long Term Care Insurance Partnership Program**

25 **Sec. 1. (a) Notwithstanding sections 4 through 8 of this chapter:**

- 26 (1) the Indiana long term care insurance partnership program  
 27 is established; and  
 28 (2) the duties, powers, and responsibilities set forth in sections  
 29 4 through 8 of this chapter are imposed, conferred, and  
 30 established;

31 on the date set forth under IC 12-15-1.3-22(b)(2)(B)(i) in the  
 32 statement published in the Indiana Register by the office of  
 33 Medicaid policy and planning.

34 (b) Subject to subsection (a), this chapter applies to qualified  
 35 long term care insurance policies that are entered into, issued, or  
 36 renewed after June 30, 2022.

37 **Sec. 2. As used in this chapter, "program" means the Indiana**  
 38 **long term care insurance partnership program established by**  
 39 **section 4(a) of this chapter.**

40 **Sec. 3. As used in this chapter, "qualified long term care**  
 41 **insurance policy" means an insurance policy that meets the**  
 42 **following requirements:**



- 1           (1) The policy covers an individual who was a resident of the  
2 state when the coverage first became effective under the  
3 policy.
- 4           (2) The policy was not issued before the effective date of the  
5 state plan amendment applied for under IC 12-15-1.3-22.
- 6           (3) The policy meets the definition of a qualified long term  
7 care insurance contract under 26 U.S.C. 7702B.
- 8           (4) The policy meets the model regulations and requirements  
9 of the model act of the National Association of Insurance  
10 Commissioners provided in 42 U.S.C. 1396p(b)(5).
- 11          (5) The policy includes inflation protection as follows:
- 12           (A) If the policy is sold to an individual who was less than  
13 sixty-one (61) years of age as of the date of purchase, the  
14 policy must provide compound inflation protection.
- 15           (B) If the policy is sold to an individual who was at least  
16 sixty-one (61) years of age but less than seventy-six (76)  
17 years of age as of the date of purchase, the policy must  
18 provide some level of inflation protection.
- 19           (C) If the policy is sold to an individual who is at least  
20 seventy-six (76) years of age, the policy may, but is not  
21 required to, provide some level of inflation protection.
- 22          (6) The department of insurance certifies that the policy meets  
23 the requirements of subdivisions (3), (4), and (5).
- 24          Sec. 4. (a) The Indiana long term care insurance partnership  
25 program is established.
- 26          (b) The office of Medicaid policy and planning and the  
27 department of insurance shall administer the program in  
28 accordance with Section 6021 of the federal Deficit Reduction Act  
29 of 2005.
- 30          Sec. 5. Under the program, the office of Medicaid policy and  
31 planning must exclude and disregard an amount equal to the  
32 amount of benefits an individual receives under a qualified long  
33 term care insurance policy when determining the following:
- 34           (1) The individual's resources for purposes of determining  
35 eligibility for Medicaid under IC 12-15-3.
- 36           (2) The amount to be recovered from the individual's estate  
37 under IC 12-15-9 if the individual is eligible for Medicaid.
- 38          Sec. 6. (a) The department of insurance shall develop a training  
39 program for insurance producers who sell qualified long term care  
40 insurance policies that includes a certified prelicensing course and  
41 continuing education courses. The courses must cover, at a  
42 minimum, the following topics:



- 1           **(1) State and federal regulations and requirements and the**  
 2           **relationship between qualified long term care insurance**  
 3           **policies and other public and private coverage of long term**  
 4           **care services, including Medicaid.**  
 5           **(2) Available long term care services and providers.**  
 6           **(3) Changes or improvements in long term care services or**  
 7           **providers.**  
 8           **(4) Alternatives to the purchase of private long term care**  
 9           **insurance.**  
 10           **(5) The effect of inflation on benefits and the importance of**  
 11           **inflation protection.**  
 12           **(6) Consumer suitability standards and guidelines.**  
 13           **(b) An insurance producer must:**  
 14           **(1) complete the certified prelicensing course established**  
 15           **under subsection (a) before the insurance producer may sell,**  
 16           **solicit, or negotiate a qualified long term care insurance**  
 17           **policy; and**  
 18           **(2) attend a continuing education course established under**  
 19           **subsection (a) at least once every twenty-four (24) months to**  
 20           **continue to sell, solicit, or negotiate a qualified long term care**  
 21           **insurance policy.**  
 22           **Sec. 7. An insurer that issues a qualified long term care**  
 23           **insurance policy shall provide regular reports to:**  
 24           **(1) the Secretary of the United States Department of Health**  
 25           **and Human Services, as required by federal regulations; and**  
 26           **(2) the office of Medicaid policy and planning and the**  
 27           **department of insurance, as required by those entities.**  
 28           **Sec. 8. The secretary of family and social services and the**  
 29           **department of insurance may adopt rules under IC 4-22-2**  
 30           **necessary to implement this chapter.**  
 31           SECTION 7. IC 16-39-1-1, AS AMENDED BY P.L.157-2006,  
 32           SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 33           JULY 1, 2021]: Sec. 1. (a) This section applies to all health records  
 34           except mental health records, which are governed by IC 16-39-2,  
 35           IC 16-39-3, and IC 16-39-4.  
 36           (b) This article applies to all health records, except:  
 37           (1) records regarding communicable diseases, which are governed  
 38           by IC 16-41-8-1; or  
 39           (2) records regarding alcohol and other drug abuse patient  
 40           records, which are governed by 42 CFR, Part 2.  
 41           (c) On written request and reasonable notice, a provider shall supply  
 42           to a patient the health records possessed by the provider concerning the



1 patient. Subject to 15 U.S.C. 7601 et seq. and 16 CFR Part 315,  
 2 information regarding contact lenses must be given using the following  
 3 guidelines:

4 (1) After the release of a patient from an initial fitting and  
 5 follow-up period of not more than six (6) months, the contact lens  
 6 prescription must be released to the patient at the patient's  
 7 request.

8 (2) A prescription released under subdivision (1) must contain all  
 9 information required to properly duplicate the contact lenses.

10 (3) A contact lens prescription must include the following:

11 (A) An expiration date of one (1) year.

12 (B) The number of refills permitted.

13 (4) Instructions for use must be consistent with:

14 (A) recommendations of the contact lens manufacturer;

15 (B) clinical practice guidelines; and

16 (C) the professional judgment of the prescribing optometrist  
 17 or physician licensed under IC 25-22.5.

18 After the release of a contact lens prescription under this subsection,  
 19 liability for future fittings or dispensing of contact lenses under the  
 20 original prescription lies with the dispensing company or practitioner.

21 (d) On a patient's written request and reasonable notice, a provider  
 22 shall furnish to the patient or the patient's designee the following:

23 (1) A copy of the patient's health record used in assessing the  
 24 patient's health condition.

25 (2) At the option of the patient, the pertinent part of the patient's  
 26 health record relating to a specific condition, as requested by the  
 27 patient.

28 (e) **Subject to section 5 of this chapter, a request made provider**  
 29 **shall provide the health records requested** under this section ~~is valid~~  
 30 ~~for sixty (60) within thirty (30)~~ **within thirty (30)** days after the date the **written** request  
 31 is made, **unless the provider:**

32 **(1) within the initial thirty (30) days, seeks an extension of not**  
 33 **more than thirty (30) days; and**

34 **(2) informs the patient in writing of the reasons for the**  
 35 **extension and the date by which the provider will provide the**  
 36 **health records.**

37 **Health records requested under this section must be provided as**  
 38 **soon as practicably possible.**

39 **(f) In addition to any action taken under IC 16-19-3-18, the state**  
 40 **department may impose a fine against a provider not to exceed five**  
 41 **thousand dollars (\$5,000) for not complying with the requirements**  
 42 **of this section.**



1 SECTION 8. IC 16-47-1-5, AS AMENDED BY P.L.121-2016,  
 2 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 3 JULY 1, 2021]: Sec. 5. (a) This subsection does not apply to  
 4 prescription drugs that are dispensed through an onsite clinic. The  
 5 following shall participate in the program:

6 (1) The department, for a health benefit plan:

7 (A) described in section 2(1) or 2(2) of this chapter; and

8 (B) that provides coverage for prescription drugs.

9 (2) After June 30, 2011, a state educational institution, for a  
 10 health benefit plan:

11 (A) described in section 2(3) of this chapter; and

12 (B) that provides coverage for prescription drugs;

13 unless the budget agency determines that the state educational  
 14 institution's participation in the program would not result in an  
 15 overall financial benefit to the state educational institution. The  
 16 budget agency may delay compliance with this subdivision to a  
 17 date after July 1, 2011, that is determined by the budget agency to  
 18 allow for the orderly transition from another program.

19 (b) The following may participate in the program:

20 (1) A state agency other than the department that:

21 (A) purchases prescription drugs; or

22 (B) arranges for the payment of the cost of prescription drugs.

23 (2) A local unit (as defined in IC 5-10-8-1).

24 **(3) A nonprofit association of cities and towns.**

25 ~~(3)~~ **(4)** The Indiana comprehensive health insurance association  
 26 established under IC 27-8-10.

27 (c) The state Medicaid program may not participate in the program  
 28 under this chapter.

29 SECTION 9. IC 20-28-1-11, AS AMENDED BY P.L.197-2007,  
 30 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 31 JULY 1, 2021]: Sec. 11. School psychology means the following:

32 (1) Administering, scoring, and interpreting educational,  
 33 cognitive, career, vocational, behavioral, and affective tests and  
 34 procedures that address a student's:

35 (A) education;

36 (B) developmental status;

37 (C) attention skills; and

38 (D) social, emotional, and behavioral functioning;

39 as they relate to the student's learning or training in the academic  
 40 or vocational environment.

41 (2) Providing consultation, collaboration, and intervention  
 42 services (not including psychotherapy) and providing referral to



- 1 community resources to:
- 2 (A) students;
- 3 (B) parents of students;
- 4 (C) teachers;
- 5 (D) school administrators; and
- 6 (E) school staff;
- 7 concerning learning and performance in the educational process.
- 8 (3) Participating in or conducting research relating to a student's
- 9 learning and performance in the educational process:
- 10 (A) regarding the educational, developmental, career,
- 11 vocational, or attention functioning of the student; or
- 12 (B) screening social, affective, and behavioral functioning of
- 13 the student.
- 14 (4) Providing inservice or continuing education services relating
- 15 to learning and performance in the educational process to schools,
- 16 parents, or others.
- 17 (5) Supervising school psychology services.
- 18 (6) Referring a student: ~~to~~
- 19 (A) ~~to~~ a speech-language pathologist or an audiologist
- 20 licensed under IC 25-35.6 for services for speech, hearing, and
- 21 language disorders; ~~or~~
- 22 (B) ~~to~~ an occupational therapist licensed under IC 25-23.5 for
- 23 occupational therapy services; ~~or~~
- 24 **(C) after June 30, 2023, to a physical therapist licensed**
- 25 **under IC 25-27 for mandated school services within a**
- 26 **physical therapist's scope of practice;**
- 27 by a school psychologist who is employed by a school corporation
- 28 and who is defined as a practitioner of the healing arts for the
- 29 purpose of referrals under 42 CFR 440.110.
- 30 The term does not include the diagnosis or treatment of mental and
- 31 nervous disorders, except for conditions and interventions provided for
- 32 in state and federal mandates affecting special education and
- 33 vocational evaluations as the evaluations relate to the assessment of
- 34 handicapping conditions and special education decisions or as the
- 35 evaluations pertain to the placement of children and the placement of
- 36 adults with a developmental disability.
- 37 SECTION 10. IC 25-27-1-2, AS AMENDED BY P.L.160-2019,
- 38 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 39 JULY 1, 2021]: Sec. 2. (a) Except as otherwise provided in this
- 40 chapter, it is unlawful for a person or business entity to do the
- 41 following:
- 42 (1) Practice physical therapy without first obtaining from the



- 1 board a license authorizing the person to practice physical therapy  
2 in this state.
- 3 (2) Profess to be or promote an employee to be a physical  
4 therapist, physiotherapist, doctor of physiotherapy, doctor of  
5 physical therapy, or registered physical therapist or to use the  
6 initials P.T., D.P.T., L.P.T., or R.P.T., or any other letters, words,  
7 abbreviations, or insignia indicating that physical therapy is  
8 provided by a physical therapist, unless physical therapy is  
9 provided by or under the direction of a physical therapist.
- 10 (3) Advertise services for physical therapy or physiotherapy  
11 services, unless the individual performing those services is a  
12 physical therapist.
- 13 (b) Except as provided in **subsection (e) and** section 2.5 of this  
14 chapter, it is unlawful for a person to practice physical therapy other  
15 than upon the order or referral of a physician, podiatrist, psychologist,  
16 chiropractor, dentist, nurse practitioner, or physician assistant holding  
17 an unlimited license to practice medicine, podiatric medicine,  
18 psychology, chiropractic, dentistry, nursing, or as a physician assistant,  
19 respectively. It is unlawful for a physical therapist to use the services  
20 of a physical therapist assistant except as provided under this chapter.  
21 For the purposes of this subsection, the function of:
- 22 (1) teaching;  
23 (2) doing research;  
24 (3) providing advisory services; or  
25 (4) conducting seminars on physical therapy;  
26 is not considered to be a practice of physical therapy.
- 27 (c) Except as otherwise provided in this chapter, it is unlawful for  
28 a person to profess to be or act as a physical therapist assistant or to use  
29 the initials P.T.A. or any other letters, words, abbreviations, or insignia  
30 indicating that the person is a physical therapist assistant without first  
31 obtaining from the board a certificate authorizing the person to act as  
32 a physical therapist assistant. It is unlawful for the person to act as a  
33 physical therapist assistant other than under the general supervision of  
34 a licensed physical therapist who is in responsible charge of a patient.  
35 However, nothing in this chapter prohibits a person licensed or  
36 registered in this state under another law from engaging in the practice  
37 for which the person is licensed or registered. These exempted persons  
38 include persons engaged in the practice of osteopathic medicine,  
39 chiropractic, or podiatric medicine.
- 40 (d) Except as provided in section 2.5 of this chapter, this chapter  
41 does not authorize a person who is licensed as a physical therapist or  
42 certified as a physical therapist assistant to:



- 1 (1) evaluate any physical disability or mental disorder except  
 2 upon the order or referral of a physician, podiatrist, psychologist,  
 3 chiropractor, physician assistant, nurse practitioner, or dentist;  
 4 (2) practice medicine, surgery (as described in  
 5 IC 25-22.5-1-1.1(a)(1)(C)), dentistry, optometry, osteopathic  
 6 medicine, psychology, chiropractic, or podiatric medicine; or  
 7 (3) prescribe a drug or other remedial substance used in medicine.

8 **(e) This subsection applies after June 30, 2023. Upon the**  
 9 **referral of a licensed school psychologist, a physical therapist who**  
 10 **is:**

- 11 **(1) licensed under this article; and**  
 12 **(2) an employee or contractor of a school corporation;**  
 13 **may provide mandated school services to a student that are within**  
 14 **the physical therapist's scope of practice.**

15 SECTION 11. IC 27-1-15.7-2, AS AMENDED BY P.L.148-2017,  
 16 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 17 JULY 1, 2021]: Sec. 2. (a) Except as provided in subsection (b), to  
 18 renew a license issued under IC 27-1-15.6, a resident insurance  
 19 producer must complete at least twenty-four (24) hours of credit in  
 20 continuing education courses, not more than four (4) hours of which  
 21 may be in courses concerning one (1) or a combination of the  
 22 following:

- 23 (1) Sales promotion.  
 24 (2) Sales technique.  
 25 (3) Motivation.  
 26 (4) Psychology.  
 27 (5) Time management.

28 If the insurance producer has a qualification described in  
 29 IC 27-1-15.6-7(a)(1), IC 27-1-15.6-7(a)(2), or IC 27-1-15.6-7(a)(5), for  
 30 a license renewal that occurs after June 30, 2014, at least three (3) of  
 31 the hours of credit required by this subsection must be related to ethical  
 32 practices in the marketing and sale of life, health, or annuity insurance  
 33 products. An attorney in good standing who is admitted to the practice  
 34 of law in Indiana and holds a license issued under IC 27-1-15.6 may  
 35 complete all or any number of hours of continuing education required  
 36 by this subsection by completing an equivalent number of hours in  
 37 continuing legal education courses that are related to the business of  
 38 insurance.

39 (b) Except as provided in subsection (c), to renew a license issued  
 40 under IC 27-1-15.6, a limited lines producer with a title qualification  
 41 under IC 27-1-15.6-7(a)(8) must complete at least seven (7) hours of  
 42 credit in continuing education courses related to the business of title



1 insurance with at least one (1) hour of instruction in a structured setting  
2 or comparable self-study in each of the following:

- 3 (1) Ethical practices in the marketing and selling of title  
4 insurance.
- 5 (2) Title insurance underwriting.
- 6 (3) Escrow issues.
- 7 (4) Principles of the federal Real Estate Settlement Procedures  
8 Act (12 U.S.C. 2608).

9 An attorney in good standing who is admitted to the practice of law in  
10 Indiana and holds a license issued under IC 27-1-15.6 with a title  
11 qualification under IC 27-1-15.6-7(a)(8) may complete all or any  
12 number of hours of continuing education required by this subsection by  
13 completing an equivalent number of hours in continuing legal  
14 education courses related to the business of title insurance or any  
15 aspect of real property law.

16 (c) The following insurance producers are not required to complete  
17 continuing education courses to renew a license under this chapter:

- 18 (1) A limited lines producer who is licensed without examination  
19 under IC 27-1-15.6-18(1).
- 20 (2) A limited line credit insurance producer.
- 21 (3) A nonresident limited lines producer with a title qualification:  
22 (A) whose home state requires continuing education for a title  
23 qualification; and  
24 (B) who has met the continuing education requirements  
25 described in clause (A).

26 (d) **Except as provided in section 2.2 of this chapter**, to satisfy the  
27 requirements of subsection (a) or (b), a licensee may use only those  
28 credit hours earned in continuing education courses completed by the  
29 licensee:

- 30 (1) after the effective date of the licensee's last renewal of a  
31 license under this chapter; or
- 32 (2) if the licensee is renewing a license for the first time, after the  
33 date on which the licensee was issued the license under this  
34 chapter.

35 (e) If an insurance producer receives qualification for a license in  
36 more than one (1) line of authority under IC 27-1-15.6, the insurance  
37 producer may not be required to complete a total of more than  
38 twenty-four (24) hours of credit in continuing education courses to  
39 renew the license.

40 (f) Except as provided in subsection (g), a licensee may receive  
41 credit only for completing the following continuing education courses:

- 42 (1) Continuing education courses that have been approved by the



- 1 commissioner under section 4 of this chapter.  
 2 (2) Continuing education courses that are required for the licensee  
 3 under IC 27-19-4-14.  
 4 (g) A licensee who teaches a course approved by the commissioner  
 5 under section 4 of this chapter shall receive continuing education credit  
 6 for teaching the course.  
 7 (h) When a licensee renews a license issued under this chapter, the  
 8 licensee must submit:  
 9 (1) a continuing education statement that:  
 10 (A) is in a format authorized by the commissioner;  
 11 (B) is signed by the licensee under oath; and  
 12 (C) lists the continuing education courses completed by the  
 13 licensee to satisfy the continuing education requirements of  
 14 this section; and  
 15 (2) any other information required by the commissioner.  
 16 (i) A continuing education statement submitted under subsection (h)  
 17 may be reviewed and audited by the department.  
 18 (j) A licensee shall retain a copy of the original certificate of  
 19 completion received by the licensee for completion of a continuing  
 20 education course.  
 21 (k) A licensee who completes a continuing education course that:  
 22 (1) is approved by the commissioner under section 4 of this  
 23 chapter;  
 24 (2) is held in a classroom setting; and  
 25 (3) concerns ethics;  
 26 shall receive continuing education credit not to exceed four (4) hours  
 27 in a renewal period.  
 28 SECTION 12. IC 27-1-15.7-2.2 IS ADDED TO THE INDIANA  
 29 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 30 [EFFECTIVE JULY 1, 2021]: **Sec. 2.2. (a) This section applies to the**  
 31 **renewal of a license under this chapter after December 31, 2021.**  
 32 **(b) If a resident insurance producer completed more than**  
 33 **twenty-four (24) hours of credit in continuing education courses**  
 34 **before the effective date of the producer's last renewal under this**  
 35 **chapter of a license issued under IC 27-1-15.6, the producer,**  
 36 **instead of completing twenty-four (24) hours of credit in continuing**  
 37 **education courses after the effective date of the producer's last**  
 38 **license renewal as otherwise required under section 2(d) of this**  
 39 **chapter, may satisfy the continuing education requirement of**  
 40 **section 2 of this chapter for the producer's next license renewal**  
 41 **through a combination of:**  
 42 (1) credit for continuing education courses completed by the



1 producer before the effective date of the producer's last  
2 license renewal; and

3 (2) credit for continuing education courses completed by the  
4 producer after the effective date of the producer's last license  
5 renewal.

6 (c) To apply toward satisfaction of the continuing education  
7 requirement for a producer's next license renewal under  
8 subsection (b)(1), credit for a continuing education course  
9 completed by the producer before the effective date of the  
10 producer's last license renewal must not have applied toward  
11 satisfaction of the continuing education requirement for the  
12 producer's last license renewal.

13 (d) A producer satisfies the continuing education requirement  
14 of section 2 of this chapter under subsection (b) for the producer's  
15 next license renewal if the sum of:

16 (1) the credit hours applied toward the requirement under  
17 subsection (b)(1); plus

18 (2) the credit hours applied toward the requirement under  
19 subsection (b)(2);

20 is twenty-four (24).

21 (e) Not more than twelve (12) hours of credit in continuing  
22 education courses completed by a producer before the effective  
23 date of the producer's last license renewal may be applied toward  
24 satisfying the continuing education requirement of section 2 of this  
25 chapter for the producer's next license renewal under subsection  
26 (b)(1).

27 (f) The credit for a producer's completion of a continuing  
28 education course may not be applied toward satisfying the  
29 continuing education requirement of section 2 of this chapter  
30 under subsection (b)(1) unless the producer completed the  
31 continuing education course not more than one hundred twenty  
32 (120) days before the effective date of the producer's last license  
33 renewal.

34 (g) Credit for a producer's completion of a continuing education  
35 course on the subject of:

36 (1) ethics; or

37 (2) long term care insurance;

38 before the effective date of the producer's last license renewal may  
39 not be applied toward satisfying the continuing education  
40 requirement of section 2 of this chapter for the producer's next  
41 license renewal under subsection (b)(1).

42 (h) The credit for a producer's completion of a continuing



1 education course, whether applied toward the continuing education  
 2 requirement of section 2 of this chapter under subsection (b)(1),  
 3 subsection (b)(2), or section 2(d) of this chapter, may be applied  
 4 toward the requirement only once.

5 (i) The commissioner shall adopt rules under IC 4-22-2 to  
 6 implement this section.

7 SECTION 13. IC 27-1-20-30 IS AMENDED TO READ AS  
 8 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 30. (a) This section  
 9 does not prohibit activities allowed under IC 27-1-47.

10 (a) (b) No company acting through its officers or members,  
 11 attorney-in-fact, or by any other party, no officer of a company acting  
 12 on the officer's own behalf and no insurance producer, broker, or  
 13 solicitor, personally or by any other party, shall offer, promise, allow,  
 14 give, set off or pay, directly or indirectly, any rebate of or part of the  
 15 premium payable on a policy, or any insurance producer's commission  
 16 thereon, or earnings, profits, dividends or other benefits founded,  
 17 arising, accruing, or to accrue thereon or therefrom, or any special  
 18 advantage in date of policy or age of issue, or any paid employment or  
 19 contract for services of any kind, or any other valuable consideration  
 20 or inducement, to or for insurance on any risk in this state, now or  
 21 hereafter to be written, or for or upon any renewal of any such  
 22 insurance, which is not specified in the policy contract of insurance, or  
 23 offer, promise, give, option, sell or purchase any stocks, bonds,  
 24 securities, or property, or any dividends or profits accruing or to accrue  
 25 thereon, or other thing of value whatsoever as inducement to insurance  
 26 or in connection therewith, or any renewal thereof, which is not  
 27 specified in the policy. Nothing in this section shall prevent a company  
 28 which transacts industrial life insurance on a weekly payment plan  
 29 from returning to policyholders who have made a premium payment for  
 30 a period of at least one (1) year directly to the company at its home or  
 31 district office a percentage of premium which the company would  
 32 otherwise have paid for the weekly collection of such premium, nor  
 33 shall this section be construed to prevent the taking of a bona fide  
 34 obligation, with legal interest, in payment of any premium.

35 (b) (c) No insured person or party or applicant for insurance shall  
 36 directly or indirectly, receive or accept, or agree to receive or accept,  
 37 any rebate of premium or of any part thereof, or all or any part of any  
 38 insurance producer's or broker's commission thereon, or any favor or  
 39 advantage, or share in any benefit to accrue under any policy of  
 40 insurance, or any valuable consideration or inducement, other than  
 41 such as are specified in the policy.

42 SECTION 14. IC 27-1-22-18 IS AMENDED TO READ AS



1       FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 18. **(a) This section**  
 2       **does not prohibit activities allowed under IC 27-1-47.**

3       **(b)** No insurer, broker, or insurance producer shall knowingly  
 4 charge, demand, or receive a premium for any policy of insurance  
 5 except in accordance with the provisions of this chapter. No insurer or  
 6 employee thereof, and no broker or insurance producer shall pay, allow,  
 7 or give, directly or indirectly, as an inducement to insurance, or after  
 8 insurance has been effected, any rebate, discount, abatement, credit, or  
 9 reduction of the premium named in a policy of insurance, or any  
 10 special favor or advantage in the dividends or other benefits to accrue  
 11 thereon, or any valuable consideration or inducement whatever, not  
 12 specified in the policy of insurance, except to the extent provided for  
 13 in applicable filings. No insured named in any policy of insurance shall  
 14 knowingly receive or accept, directly or indirectly, any such rebate,  
 15 discount, abatement, credit or reduction of premium, or any such  
 16 special favor or advantage or valuable consideration or inducement.  
 17 Nothing in this section shall be construed as prohibiting the payment  
 18 of, nor permitting the regulation of the payment of, commissions or  
 19 other compensation to duly licensed insurance producers and brokers,  
 20 nor as prohibiting, or permitting the regulation of, any insurer from  
 21 allowing or returning to its participating policyholders or members,  
 22 dividends or savings.

23       SECTION 15. IC 27-1-24.6 IS ADDED TO THE INDIANA CODE  
 24 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 25 JULY 1, 2021]:

26       **Chapter 24.6. Disclosure of Negotiated Rate**

27       **Sec. 1. This chapter applies to generic drugs covered under a**  
 28 **health plan and dispensed or administered to a covered individual**  
 29 **after January 1, 2022.**

30       **Sec. 2. As used in this chapter, "covered individual" means an**  
 31 **individual who is entitled to coverage under a health plan.**

32       **Sec. 3. As used in this chapter, "generic drug" has the meaning**  
 33 **set forth in IC 27-1-24.5-4.**

34       **Sec. 4. As used in this chapter, "health plan" means the**  
 35 **following:**

36       **(1) A state employee health plan (as defined in IC 5-10-8-7).**

37       **(2) A policy of accident and sickness insurance (as defined in**  
 38 **IC 27-8-5-1).**

39       **(3) An individual contract (as defined in IC 27-13-1-21) or a**  
 40 **group contract (as defined in IC 27-13-1-16).**

41       **Sec. 5. As used in this chapter, "maximum allowable cost"**  
 42 **means the maximum amount that a pharmacy benefit manager will**



1 reimburse a pharmacy for the cost of a prescription drug. The  
2 term does not include a dispensing fee or a professional fee.

3 **Sec. 6. A health plan must provide the amount of the maximum**  
4 **allowable cost for a prescription drug on the written materials**  
5 **provided to the covered individual at the point of sale of the**  
6 **prescription drug.**

7 SECTION 16. IC 27-1-24.7 IS ADDED TO THE INDIANA CODE  
8 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
9 JULY 1, 2021]:

10 **Chapter 24.7. Disclosure of Rebates**

11 **Sec. 1. This chapter applies to an agreement between a**  
12 **pharmacy benefit manager and a health plan regarding**  
13 **prescription drugs that is entered into, renewed, or renegotiated**  
14 **after December 31, 2021. This chapter does not apply to a health**  
15 **plan, with point of sale rebates, if at least eighty-five percent (85%)**  
16 **of the estimated rebates are deducted from the cost of prescription**  
17 **drugs dispensed at a pharmacy or via mail order before a covered**  
18 **individual's cost sharing requirement is determined.**

19 **Sec. 2. As used in this chapter, "covered individual" means an**  
20 **individual who is entitled to coverage under a health plan.**

21 **Sec. 3. As used in this chapter, "health plan" means the**  
22 **following:**

- 23 (1) A state employee health plan (as defined in IC 5-10-8-7).  
24 (2) A policy of accident and sickness insurance (as defined in  
25 IC 27-8-5-1).  
26 (3) An individual contract (as defined in IC 27-13-1-21) and a  
27 group contract (as defined in IC 27-13-1-16).  
28 (4) Any other plan or program that provides payment,  
29 reimbursement, or indemnification to a covered individual for  
30 the cost of prescription drugs.

31 **Sec. 4. As used in this chapter, "policyholder" means an**  
32 **individual in whose name a health plan is held.**

33 **Sec. 5. As used in this chapter, "prescription drug" means a**  
34 **controlled substance or a legend drug (as defined in**  
35 **IC 16-18-2-199).**

36 **Sec. 6. (a) As used in this chapter, "rebate" means a discount or**  
37 **other price concession that is:**

- 38 (1) based on the use of a prescription drug; and  
39 (2) paid by a manufacturer or a third party to a pharmacy  
40 benefit manager (as defined in IC 27-1-24.5-12), pharmacy  
41 services administrative organization (as defined in  
42 IC 27-1-24.5-15), or pharmacy (as defined in IC 27-1-24.5-11)



1           **after a claim has been processed and paid at a pharmacy.**  
2           **(b) The term includes an incentive and a disbursement.**  
3           **Sec. 7. An agreement to which this chapter applies must contain**  
4           **a contractual provision that requires the pharmacy benefit**  
5           **manager to provide on an annual basis, not later than sixty (60)**  
6           **days after the end of each policy year, a notice to a policyholder**  
7           **that states the following:**  
8           **(1) An explanation of what a rebate is.**  
9           **(2) An explanation of how rebates accrue to a health plan**  
10           **from a manufacturer.**  
11           **(3) The aggregate amount of rebates for all prescription drugs**  
12           **dispensed or administered to covered individuals on the**  
13           **policyholder's health plan that accrued to the health plan**  
14           **during the previous policy year. This information may not**  
15           **include any information about an individual prescription**  
16           **drug, including the name, manufacturer, quantity, or dosage**  
17           **of a prescription drug.**  
18           **The notice required by this section may be provided by first class**  
19           **mail or electronic mail.**  
20           SECTION 17. IC 27-1-31-2 IS AMENDED TO READ AS  
21           FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) An insurer may  
22           not cancel a policy of insurance that the insurer has written that has  
23           been in effect more than ninety (90) days unless:  
24           (1) the insured under the policy has failed to pay the premium;  
25           (2) there is a substantial change in the scale of risk covered by the  
26           policy;  
27           (3) the insured has perpetrated a fraud or material  
28           misrepresentation upon the insurer;  
29           (4) the insured has failed to comply with reasonable safety  
30           recommendations; or  
31           (5) reinsurance of the risk associated with the policy has been  
32           cancelled.  
33           (b) An insurer shall **provide mail** a written notice of cancellation to  
34           a person insured under a policy issued by the insurer at least:  
35           (1) forty-five (45) days before cancelling the policy for any reason  
36           set forth in subsection (a)(2), (a)(4), or (a)(5);  
37           (2) twenty (20) days before cancelling the policy for the reason set  
38           forth in subsection (a)(3); or  
39           (3) ten (10) days before cancelling the policy for the reason set  
40           forth in subsection (a)(1).  
41           SECTION 18. IC 27-1-31-2.5 IS AMENDED TO READ AS  
42           FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2.5. An insurer may



1 cancel a policy of insurance that the insurer has written that has been  
 2 in effect ninety (90) days or less by ~~providing~~ **mailing** a written notice  
 3 of cancellation to a person insured under the policy at least:

- 4 (1) ten (10) days before cancelling if an insured has failed to pay  
 5 a premium;
- 6 (2) twenty (20) days before cancelling if the insured has  
 7 perpetrated a fraud or material misrepresentation upon the  
 8 insurer; or
- 9 (3) thirty (30) days before cancelling for any other reason.

10 SECTION 19. IC 27-1-31-3, AS AMENDED BY P.L.148-2017,  
 11 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12 JULY 1, 2021]: Sec. 3. (a) If an insurer refuses to renew a policy of  
 13 insurance written by the insurer, the insurer shall **provide mail** written  
 14 notice of nonrenewal to the insured:

- 15 (1) at least forty-five (45) days before the expiration date of the  
 16 policy, if the coverage provided is for one (1) year, or less; or
- 17 (2) at least forty-five (45) days before the anniversary date of the  
 18 policy, if the coverage provided is for more than one (1) year.

19 (b) A notice of nonrenewal is not required if:

- 20 (1) the insured is transferred from an insurer to an affiliate of the  
 21 insurer for future coverage; and
- 22 (2) the transfer results in the same or broader coverage.

23 SECTION 20. IC 27-1-43-3, AS ADDED BY P.L.119-2014,  
 24 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 25 JULY 1, 2021]: Sec. 3. **(a) As used in this section, "online platform"**  
 26 **means a web site or other digital application designed to facilitate**  
 27 **the purchase of insurance policies by parties from a licensed**  
 28 **insurer.**

29 ~~(a)~~ **(b)** Except as provided in subsection ~~(c)~~; **(d)**, a notice to a party,  
 30 or another document, that:

- 31 (1) is legally required in an insurance transaction; or
- 32 (2) serves as evidence of insurance coverage;

33 may be electronically delivered, stored, and presented in compliance  
 34 with IC 26-2-8.

35 ~~(b)~~ **(c)** Electronic delivery of a notice or document under this section  
 36 is considered to be equivalent to any legally required delivery method,  
 37 including delivery by:

- 38 (1) first class mail;
- 39 (2) first class mail, postage prepaid;
- 40 (3) certified mail;
- 41 (4) certificate of mail; or
- 42 (5) certificate of mailing.



1            **(e) (d) Except as provided in subsection (e)**, electronic delivery of  
 2 a notice or document by an insurer to a party is permitted under this  
 3 chapter if all the following apply:

4            (1) The party has affirmatively consented to electronic delivery  
 5 and has not withdrawn the consent.

6            (2) The party, before giving consent, is provided with a clear and  
 7 conspicuous statement informing the party of all the following:

8            (A) Any right or option of the party to have the notice or  
 9 document provided or made available in paper or another  
 10 nonelectronic form.

11            (B) The right of the party to withdraw consent to electronic  
 12 delivery of a notice or document and any fees, conditions, or  
 13 consequences that will be imposed on the party if the party  
 14 withdraws consent.

15            (C) Whether the party's consent applies:

16            (i) only to the particular transaction as to which the notice or  
 17 document must be given; or

18            (ii) to identified categories of notices or documents subject  
 19 to electronic delivery during the course of the party's  
 20 relationship with the insurer.

21            (D) The:

22            (i) means, after consent is given, by which the party may  
 23 obtain a paper copy of an electronically delivered notice or  
 24 document; and

25            (ii) applicable fee for the paper copy.

26            (E) The procedure the party must follow to:

27            (i) withdraw consent to electronic delivery of a notice or  
 28 document; and

29            (ii) update information needed to contact the party  
 30 electronically.

31            (3) The party:

32            (A) before giving consent, is provided with a statement of the  
 33 hardware and software requirements for access to and  
 34 retention of an electronically delivered notice or document;  
 35 and

36            (B) electronically:

37            (i) consents; or

38            (ii) confirms consent;

39            in a manner that reasonably demonstrates that the party is able  
 40 to access information in the electronic form that will be used  
 41 for electronic delivery of notices or documents to which the  
 42 party has given consent.



1 (4) If, after the party has consented to electronic delivery of  
 2 notices or documents, a change in the hardware or software  
 3 requirements needed for the party to access or retain an  
 4 electronically delivered notice or document creates a material risk  
 5 that the party will not be able to access or retain a subsequent  
 6 notice or document to which the consent applies, the insurer:

7 (A) provides the party with a statement of the:

8 (i) revised hardware and software requirements for access to  
 9 and retention of an electronically delivered notice or  
 10 document; and

11 (ii) right of the party to withdraw consent without the  
 12 imposition of a fee, condition, or consequence that was not  
 13 disclosed under subdivision (2)(B); and

14 (B) complies with subdivision (2).

15 **(e) Notwithstanding any other provision of this chapter, if a**  
 16 **party procures a policy of insurance through an online platform:**

17 **(1) the party affirmatively consents to have all notices and**  
 18 **other documents related to the policy delivered to the party**  
 19 **electronically; and**

20 **(2) the conditions set forth in subsection (d)(2) through (d)(4)**  
 21 **do not apply to the electronic delivery to the party of notices**  
 22 **and other documents related to the policy procured through**  
 23 **the online platform.**

24 **However, if a party described in this subsection requests to receive**  
 25 **notices and documents in paper format, the insurer shall provide**  
 26 **all notices and other documents related to the policy to the party**  
 27 **in paper format.**

28 SECTION 21. IC 27-1-43-4, AS ADDED BY P.L.119-2014,  
 29 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 30 JULY 1, 2021]: Sec. 4. (a) This chapter does not affect any applicable  
 31 legal requirement related to content or timing of a notice or document.

32 (b) If another law requiring a notice or document to be provided to  
 33 a party expressly requires verification or acknowledgment of receipt of  
 34 the notice or document, electronic delivery of the notice or document  
 35 is permitted only if the method of electronic delivery provides for  
 36 verification or acknowledgment of receipt.

37 (c) The legal effectiveness, validity, or enforceability of a contract  
 38 or policy of insurance executed by a party may not be denied solely  
 39 because of the failure of the insurer to obtain electronic consent or  
 40 confirmation of consent of the party in accordance with section  
 41 ~~3(e)(3)(B)~~ **3(d)(3)(B)** of this chapter.

42 SECTION 22. IC 27-1-43-5, AS ADDED BY P.L.119-2014,



1 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
2 JULY 1, 2021]: Sec. 5. (a) A withdrawal of consent by a party does not  
3 affect the legal effectiveness, validity, or enforceability of a notice or  
4 document that is electronically delivered to the party before the  
5 withdrawal of consent is effective.

6 (b) A withdrawal of consent by a party is effective thirty (30) days  
7 after the insurer receives notice of the withdrawal.

8 (c) An insurer's failure to comply with section ~~3(e)(4)~~ **3(d)(4)** of this  
9 chapter is, at the election of the party, considered to be a withdrawal of  
10 the party's consent under this chapter.

11 SECTION 23. IC 27-1-43.2-5, AS ADDED BY P.L.129-2014,  
12 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
13 JULY 1, 2021]: Sec. 5. (a) As used in this chapter, "provider" means  
14 a person who is contractually obligated to a holder under a service  
15 contract.

16 (b) **A merchant or other seller of a service contract is not a**  
17 **"provider" for the purposes of this chapter by virtue of acting as**  
18 **the seller of the service contract.**

19 SECTION 24. IC 27-1-47 IS ADDED TO THE INDIANA CODE  
20 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
21 JULY 1, 2021]:

22 **Chapter 47. Activities Not Prohibited as Rebates**

23 **Sec. 1. (a) The following definitions apply throughout this**  
24 **section:**

25 (1) "Drawing" means an activity in which:

26 (A) multiple participating persons could possibly receive a  
27 prize; and

28 (B) the person or persons who receive a prize are  
29 determined by chance, as by randomly drawing one (1) or  
30 more names or numbers from among many names or  
31 numbers.

32 (2) "Gift" means the voluntary transfer of anything of value  
33 without consideration.

34 (3) "Prize" means something of value received by a person as  
35 the result of a drawing.

36 (b) **Notwithstanding any other provision of this title, an insurer,**  
37 **an employee of an insurer, or a producer may do the following:**

38 (1) Offer and give one (1) or more gifts to a person in  
39 connection with marketing for the sale or retention of a  
40 contract of insurance if the reasonable value of all gifts given  
41 by the insurer, employee, or producer to a person in one (1)  
42 year does not exceed two hundred fifty dollars (\$250).



- 1           **(2) Conduct a drawing if:**
- 2               **(A) persons participating in the drawing do not pay or**
- 3               **incur a cost for their participation; and**
- 4               **(B) the value of the prize or prizes received by any single**
- 5               **person participating in the drawing does not exceed five**
- 6               **hundred dollars (\$500).**
- 7           **(c) Neither:**
- 8               **(1) a gift given under subsection (b)(1); nor**
- 9               **(2) a prize received in a drawing conducted under subsection**
- 10              **(b)(2);**
- 11           **may be in the form of cash.**
- 12           **Sec. 2. (a) An insurer, by or through its employees, affiliates,**
- 13           **insurance producers, or third-party representatives, or an**
- 14           **insurance producer acting on the insurance producer's own behalf,**
- 15           **may offer or provide, for free or at a discounted price, products or**
- 16           **services:**
- 17               **(1) that relate to or are provided in conjunction with a policy**
- 18               **of insurance; and**
- 19               **(2) that:**
- 20                   **(A) are primarily intended to:**
- 21                       **(i) educate about;**
- 22                       **(ii) assess;**
- 23                       **(iii) monitor;**
- 24                       **(iv) control; or**
- 25                       **(v) prevent;**
- 26                   **risk of loss to persons or to persons' lives, health, or**
- 27                   **property; or**
- 28                   **(B) have a nexus to or enhance the value of the insurance**
- 29                   **benefits of the policy.**
- 30           **(b) Offering or providing products or services under this section**
- 31           **is not a violation of IC 27-1-20-30, IC 27-1-22-18, or**
- 32           **IC 27-4-1-4(a)(8).**
- 33           **Sec. 3. (a) Subject to subsection (b), a person holding a license**
- 34           **under this title may offer or provide, for free or for less than fair**
- 35           **market value, services that are at least tangentially related to an**
- 36           **insurance contract or the administration of an insurance contract**
- 37           **if the services:**
- 38               **(1) are not contingent upon the purchase of insurance; and**
- 39               **(2) are offered on the same terms to all potential insurance**
- 40               **customers.**
- 41           **(b) Before:**
- 42               **(1) the recipient of services described in subsection (a):**



1                   (A) receives a quote of insurance; or  
 2                   (B) purchases insurance; or  
 3           (2) an agent of record is assigned to the recipient of the  
 4           services;  
 5   **the person offering or providing services under subsection (a) must**  
 6   **disclose conspicuously in writing to the recipient of the services**  
 7   **that receiving the services is not contingent on the purchase of**  
 8   **insurance.**

9           **Sec. 4. The insurance commissioner may adopt rules under**  
 10   **IC 4-22-2 to administer this chapter.**

11           SECTION 25. IC 27-4-1-4, AS AMENDED BY HEA 1079-2021,  
 12   SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 13   JULY 1, 2021]: Sec. 4. (a) The following are hereby defined as unfair  
 14   methods of competition and unfair and deceptive acts and practices in  
 15   the business of insurance:

- 16           (1) Making, issuing, circulating, or causing to be made, issued, or  
 17           circulated, any estimate, illustration, circular, or statement:  
 18                   (A) misrepresenting the terms of any policy issued or to be  
 19                   issued or the benefits or advantages promised thereby or the  
 20                   dividends or share of the surplus to be received thereon;  
 21                   (B) making any false or misleading statement as to the  
 22                   dividends or share of surplus previously paid on similar  
 23                   policies;  
 24                   (C) making any misleading representation or any  
 25                   misrepresentation as to the financial condition of any insurer,  
 26                   or as to the legal reserve system upon which any life insurer  
 27                   operates;  
 28                   (D) using any name or title of any policy or class of policies  
 29                   misrepresenting the true nature thereof; or  
 30                   (E) making any misrepresentation to any policyholder insured  
 31                   in any company for the purpose of inducing or tending to  
 32                   induce such policyholder to lapse, forfeit, or surrender the  
 33                   policyholder's insurance.  
 34           (2) Making, publishing, disseminating, circulating, or placing  
 35           before the public, or causing, directly or indirectly, to be made,  
 36           published, disseminated, circulated, or placed before the public,  
 37           in a newspaper, magazine, or other publication, or in the form of  
 38           a notice, circular, pamphlet, letter, or poster, or over any radio or  
 39           television station, or in any other way, an advertisement,  
 40           announcement, or statement containing any assertion,  
 41           representation, or statement with respect to any person in the  
 42           conduct of the person's insurance business, which is untrue,



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



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

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

- 16 (i) policies or contracts of reinsurance or joint reinsurance,  
 17 or abstract and title insurance;
- 18 (ii) policies or contracts of insurance against loss or damage  
 19 to aircraft, or against liability arising out of the ownership,  
 20 maintenance, or use of any aircraft, or of vessels or craft,  
 21 their cargoes, marine builders' risks, marine protection and  
 22 indemnity, or other risks commonly insured under marine,  
 23 as distinguished from inland marine, insurance; or
- 24 (iii) policies or contracts of any other kind or kinds of  
 25 insurance whatsoever.

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

34 (8) Except as otherwise expressly provided by **IC 27-1-47 or**  
 35 **another** law, knowingly permitting or offering to make or making  
 36 any contract or policy of insurance of any kind or kinds  
 37 whatsoever, including but not in limitation, life annuities, or  
 38 agreement as to such contract or policy other than as plainly  
 39 expressed in such contract or policy issued thereon, or paying or  
 40 allowing, or giving or offering to pay, allow, or give, directly or  
 41 indirectly, as inducement to such insurance, or annuity, any rebate  
 42 of premiums payable on the contract, or any special favor or



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

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

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

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

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

39 (9) Requiring, as a condition precedent to loaning money upon the  
 40 security of a mortgage upon real property, that the owner of the  
 41 property to whom the money is to be loaned negotiate any policy  
 42 of insurance covering such real property through a particular



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



- 1 performance of goods and designed to benefit the purchasers  
 2 or users of such goods.  
 3 (C) Title insurance.  
 4 (D) Insurance written in connection with an indebtedness and  
 5 intended as a means of repaying such indebtedness in the  
 6 event of the death or disability of the insured.  
 7 (E) Insurance provided by or through motorists service clubs  
 8 or associations.  
 9 (F) Insurance that is provided to the purchaser or holder of an  
 10 air transportation ticket and that:  
 11 (i) insures against death or nonfatal injury that occurs during  
 12 the flight to which the ticket relates;  
 13 (ii) insures against personal injury or property damage that  
 14 occurs during travel to or from the airport in a common  
 15 carrier immediately before or after the flight;  
 16 (iii) insures against baggage loss during the flight to which  
 17 the ticket relates; or  
 18 (iv) insures against a flight cancellation to which the ticket  
 19 relates.  
 20 (14) Refusing, because of the for-profit status of a hospital or  
 21 medical facility, to make payments otherwise required to be made  
 22 under a contract or policy of insurance for charges incurred by an  
 23 insured in such a for-profit hospital or other for-profit medical  
 24 facility licensed by the state department of health.  
 25 (15) Refusing to insure an individual, refusing to continue to issue  
 26 insurance to an individual, limiting the amount, extent, or kind of  
 27 coverage available to an individual, or charging an individual a  
 28 different rate for the same coverage, solely because of that  
 29 individual's blindness or partial blindness, except where the  
 30 refusal, limitation, or rate differential is based on sound actuarial  
 31 principles or is related to actual or reasonably anticipated  
 32 experience.  
 33 (16) Committing or performing, with such frequency as to  
 34 indicate a general practice, unfair claim settlement practices (as  
 35 defined in section 4.5 of this chapter).  
 36 (17) Between policy renewal dates, unilaterally canceling an  
 37 individual's coverage under an individual or group health  
 38 insurance policy solely because of the individual's medical or  
 39 physical condition.  
 40 (18) Using a policy form or rider that would permit a cancellation  
 41 of coverage as described in subdivision (17).  
 42 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1



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



1 commissioner may, consistent with the federal Military Personnel  
2 Financial Services Protection Act (10 U.S.C. 992 note), adopt rules  
3 under IC 4-22-2 to:

4 (1) define; and

5 (2) while the members are on a United States military installation  
6 or elsewhere in Indiana, protect members of the United States  
7 Armed Forces from;

8 dishonest or predatory insurance practices.

9 SECTION 26. IC 27-7-6-5 IS AMENDED TO READ AS  
10 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. ~~(a) No~~ **A** notice of  
11 cancellation of a policy to which section 4 of this chapter applies ~~shall~~  
12 **be is not** effective:

13 **(1) unless it is mailed or delivered** by the insurer to the named  
14 insured at least twenty (20) days prior to the effective date of  
15 cancellation; ~~provided; however; that where or~~

16 **(2) if the cancellation is for nonpayment of premium, unless it is:**

17 **(A) mailed by the insurer to the named insured** at least ten  
18 (10) days ~~notice before the effective date~~ of cancellation; and

19 **(B) accompanied by the a written statement of the reason**  
20 ~~therefor shall be given. for the cancellation.~~

21 **(b) In the event such If** a policy was procured by an **independent**  
22 insurance producer duly licensed by the state of Indiana, notice of  
23 intent to cancel **the policy** shall be mailed ~~or delivered~~ to the  
24 **independent** insurance producer at least ten (10) days prior to ~~such the~~  
25 **mailing or delivery of the notice of cancellation** to the named insured  
26 **under subsection (a)**, unless such notice of intent **to cancel** is or has  
27 been waived in writing by the **independent** insurance producer.

28 **(c) Unless a written statement of the reason for the cancellation**  
29 accompanies or is included in the notice of cancellation, the notice of  
30 cancellation **of a policy that is mailed under subsection (a)** shall state  
31 or be accompanied by a statement that, upon ~~the~~ written request of the  
32 named insured ~~that is mailed or delivered~~ to the insurer not less than  
33 fifteen (15) days prior to the effective date of cancellation, the insurer  
34 will specify the reason for such cancellation.

35 **(d) This section shall does** not apply to nonrenewal.

36 SECTION 27. IC 27-7-6-6, AS AMENDED BY P.L.148-2017,  
37 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
38 JULY 1, 2021]: Sec. 6. (a) ~~No~~ **An** insurer shall **not** fail to renew a  
39 policy unless it ~~shall mail or deliver mails~~ to the named insured, at the  
40 address shown in the policy, at least twenty (20) days advance notice  
41 of its intention not to renew **the policy**.

42 **(b) In the event such If** a policy was procured by an **independent**



1 insurance producer duly licensed by the state of Indiana, a notice of  
 2 intent not to renew **the policy** shall be mailed ~~or delivered~~ to the  
 3 **independent** insurance producer at least ten (10) days prior to ~~such the~~  
 4 mailing ~~or delivery of the notice of intention not to renew~~ to the  
 5 named insured **under subsection (a)**, unless such notice of intent is or  
 6 has been waived in writing by the **independent** insurance producer.

7 ~~(b)~~ **(c)** This section ~~shall~~ **does** not apply:

- 8 (1) if the insurer has manifested its willingness to renew; or
- 9 (2) in case of nonpayment of premium.

10 However, notwithstanding the failure of an insurer to comply with this  
 11 section, the policy shall terminate on the effective date of any other  
 12 insurance policy with respect to any automobile designated in both  
 13 policies.

14 ~~(c)~~ **(d)** A notice of intention not to renew is not required **under this**  
 15 **section** if:

- 16 (1) the insured is transferred from an insurer to an affiliate of the
- 17 insurer for future coverage; and
- 18 (2) the transfer results in the same or broader coverage.

19 ~~(d)~~ **(e)** Renewal of a policy shall not constitute a waiver or estoppel  
 20 with respect to grounds for cancellation which existed before the  
 21 effective date of such renewal.

22 SECTION 28. IC 27-7-12-3, AS AMENDED BY P.L.116-2011,  
 23 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 24 JULY 1, 2021]: Sec. 3. (a) Notice of cancellation of property insurance  
 25 coverage by an insurer must:

- 26 (1) be in writing;
- 27 (2) be ~~delivered~~ or mailed to the named insured at the last known
- 28 address of the named insured;
- 29 (3) state the effective date of the cancellation; and
- 30 (4) upon request of the named insured, be accompanied by a
- 31 written explanation of the specific reasons for the cancellation.

32 (b) An insurer shall **provide mail** written notice of cancellation to  
 33 the named insured at least:

- 34 (1) ten (10) days before canceling a policy, if the cancellation is
- 35 for nonpayment of a premium;
- 36 (2) twenty (20) days before canceling a policy, if:
  - 37 (A) the cancellation occurs more than sixty (60) days after the
  - 38 date of issuance of the policy; or
  - 39 (B) the insurer has received a copy of a complaint under
  - 40 IC 32-30-10.5-8(d)(2) concerning the property; and
  - 41 (3) ten (10) days before canceling a policy, if the cancellation
  - 42 occurs not more than sixty (60) days after the date of issuance of



1 the policy.

2 (c) If the policy was procured by an independent insurance producer  
3 licensed in Indiana, the insurer shall ~~deliver or~~ mail notice of  
4 cancellation to the insurance producer not less than ten (10) days  
5 before the insurer ~~delivers or~~ mails the notice to the named insured,  
6 unless the obligation to notify the insurance producer is waived in  
7 writing by the insurance producer.

8 SECTION 29. IC 27-7-12-4, AS AMENDED BY P.L.148-2017,  
9 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
10 JULY 1, 2021]: Sec. 4. (a) Notice of nonrenewal by an insurer must:

- 11 (1) be in writing;  
12 (2) be ~~delivered or~~ mailed to the named insured at the last known  
13 address of the named insured;  
14 (3) state the insurer's intention not to renew the policy upon  
15 expiration of the current policy period;  
16 (4) upon request of the named insured, be accompanied by a  
17 written explanation of the specific reasons for the nonrenewal;  
18 and  
19 (5) be ~~provided~~ **mailed** to the named insured at least twenty (20)  
20 days before the expiration of the current policy period.

21 (b) If the policy was procured by an independent insurance producer  
22 licensed in Indiana, the insurer shall ~~deliver or~~ mail notice of  
23 nonrenewal to the insurance producer not less than ten (10) days before  
24 the insurer ~~delivers or~~ mails the notice to the named insured **under**  
25 **subsection (a)**, unless the obligation to notify the insurance producer  
26 is waived in writing by the insurance producer.

- 27 (c) Notice of nonrenewal under this section is not required if:  
28 (1) the named insured is transferred from an insurer to an affiliate  
29 of the insurer for future coverage; and  
30 (2) the transfer results in the same or broader coverage.

31 (d) If an insurer mails ~~or delivers~~ to an insured a renewal notice,  
32 bill, certificate, or policy indicating the insurer's willingness to renew  
33 a policy and the insured does not respond, the insurer is not required to  
34 **provide mail** to the insured notice of intention not to renew.

35 SECTION 30. IC 27-10-2-15 IS AMENDED TO READ AS  
36 FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 15. (a) If money or  
37 bonds have been ~~deposited, set,~~ bail by sureties may be substituted  
38 ~~therefor~~ at any time before a breach of the undertaking.

39 (b) **If bail by sureties is substituted for money or bonds under**  
40 **subsection (a): and**

- 41 (1) the official taking the new bail shall make an order that the  
42 money or bonds be refunded to the person depositing the ~~same~~



- 1           **money or bonds; and**
- 2           **(2) they the money or bonds** shall be refunded accordingly; and
- 3           **(3) the original undertakings** shall be cancelled.



## COMMITTEE REPORT

Mr. Speaker: Your Committee on Financial Institutions and Insurance, to which was referred House Bill 1405, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 13, delete "(a) This chapter applies to".

Page 1, delete lines 14 through 15.

Page 1, line 16, delete "(b)".

Page 1, run in lines 13 through 16.

Page 2, between lines 1 and 2, begin a new paragraph and insert:

"SECTION 3. IC 12-15-39.6-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 7. (a) The department of insurance or the agency with which the department of insurance has contracted under section 6(b) of this chapter shall make available to any individual interested in participating in ~~the Indiana~~ a long term care program information concerning the following:

(1) The Indiana long term care program **established under this chapter.**

(2) **The Indiana long term care insurance partnership program established under IC 12-15-39.8.**

~~(3)~~ (3) Long term care insurance policies, **including:**

(A) **qualified long term care policies that meet the definition set forth in section 5 of this chapter; and**

(B) **qualified long term care insurance policies that meet the definition set forth in IC 12-15-39.8-3.**

~~(4)~~ (4) Medicare supplement insurance policies.

~~(5)~~ (5) Parts A and B of the Medicare program (42 U.S.C. 1395 et seq.).

~~(6)~~ (6) Health maintenance organizations under IC 27-13 that are contracted with the Medicare program.

~~(7)~~ (7) The Medicaid program.

(b) If an individual elects to pursue any of the options under subsection (a), the department of insurance shall assist the individual in doing so.

SECTION 4. IC 12-15-39.6-7.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 7.5. An individual interested in participating in a long term care program after June 30, 2022, may participate in:**

(1) **the Indiana long term care program established under this chapter; or**



**(2) the Indiana long term care insurance partnership program established under IC 12-15-39.8."**

Page 8, after line 41, begin a new paragraph and insert:

"SECTION 9. IC 27-1-20-30 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 30. **(a) This section does not prohibit activities allowed under IC 27-1-47.**

~~(a)~~ **(b)** No company acting through its officers or members, attorney-in-fact, or by any other party, no officer of a company acting on the officer's own behalf and no insurance producer, broker, or solicitor, personally or by any other party, shall offer, promise, allow, give, set off or pay, directly or indirectly, any rebate of or part of the premium payable on a policy, or any insurance producer's commission thereon, or earnings, profits, dividends or other benefits founded, arising, accruing, or to accrue thereon or therefrom, or any special advantage in date of policy or age of issue, or any paid employment or contract for services of any kind, or any other valuable consideration or inducement, to or for insurance on any risk in this state, now or hereafter to be written, or for or upon any renewal of any such insurance, which is not specified in the policy contract of insurance, or offer, promise, give, option, sell or purchase any stocks, bonds, securities, or property, or any dividends or profits accruing or to accrue thereon, or other thing of value whatsoever as inducement to insurance or in connection therewith, or any renewal thereof, which is not specified in the policy. Nothing in this section shall prevent a company which transacts industrial life insurance on a weekly payment plan from returning to policyholders who have made a premium payment for a period of at least one (1) year directly to the company at its home or district office a percentage of premium which the company would otherwise have paid for the weekly collection of such premium, nor shall this section be construed to prevent the taking of a bona fide obligation, with legal interest, in payment of any premium.

~~(b)~~ **(c)** No insured person or party or applicant for insurance shall directly or indirectly, receive or accept, or agree to receive or accept, any rebate of premium or of any part thereof, or all or any part of any insurance producer's or broker's commission thereon, or any favor or advantage, or share in any benefit to accrue under any policy of insurance, or any valuable consideration or inducement, other than such as are specified in the policy.

SECTION 10. IC 27-1-22-18 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 18. **(a) This section does not prohibit activities allowed under IC 27-1-47.**

**(b)** No insurer, broker, or insurance producer shall knowingly



charge, demand, or receive a premium for any policy of insurance except in accordance with the provisions of this chapter. No insurer or employee thereof, and no broker or insurance producer shall pay, allow, or give, directly or indirectly, as an inducement to insurance, or after insurance has been effected, any rebate, discount, abatement, credit, or reduction of the premium named in a policy of insurance, or any special favor or advantage in the dividends or other benefits to accrue thereon, or any valuable consideration or inducement whatever, not specified in the policy of insurance, except to the extent provided for in applicable filings. No insured named in any policy of insurance shall knowingly receive or accept, directly or indirectly, any such rebate, discount, abatement, credit or reduction of premium, or any such special favor or advantage or valuable consideration or inducement. Nothing in this section shall be construed as prohibiting the payment of, nor permitting the regulation of the payment of, commissions or other compensation to duly licensed insurance producers and brokers, nor as prohibiting, or permitting the regulation of, any insurer from allowing or returning to its participating policyholders or members, dividends or savings.

SECTION 11. IC 27-1-31-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) An insurer may not cancel a policy of insurance that the insurer has written that has been in effect more than ninety (90) days unless:

- (1) the insured under the policy has failed to pay the premium;
- (2) there is a substantial change in the scale of risk covered by the policy;
- (3) the insured has perpetrated a fraud or material misrepresentation upon the insurer;
- (4) the insured has failed to comply with reasonable safety recommendations; or
- (5) reinsurance of the risk associated with the policy has been cancelled.

(b) An insurer shall ~~provide~~ **mail** a written notice of cancellation to a person insured under a policy issued by the insurer at least:

- (1) forty-five (45) days before cancelling the policy for any reason set forth in subsection (a)(2), (a)(4), or (a)(5);
- (2) twenty (20) days before cancelling the policy for the reason set forth in subsection (a)(3); or
- (3) ten (10) days before cancelling the policy for the reason set forth in subsection (a)(1).

SECTION 12. IC 27-1-31-2.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2.5. An insurer may



cancel a policy of insurance that the insurer has written that has been in effect ninety (90) days or less by ~~providing~~ **mailing** a written notice of cancellation to a person insured under the policy at least:

- (1) ten (10) days before cancelling if an insured has failed to pay a premium;
- (2) twenty (20) days before cancelling if the insured has perpetrated a fraud or material misrepresentation upon the insurer; or
- (3) thirty (30) days before cancelling for any other reason.

SECTION 13. IC 27-1-31-3, AS AMENDED BY P.L.148-2017, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. (a) If an insurer refuses to renew a policy of insurance written by the insurer, the insurer shall **provide mail** written notice of nonrenewal to the insured:

- (1) at least forty-five (45) days before the expiration date of the policy, if the coverage provided is for one (1) year, or less; or
  - (2) at least forty-five (45) days before the anniversary date of the policy, if the coverage provided is for more than one (1) year.
- (b) A notice of nonrenewal is not required if:
- (1) the insured is transferred from an insurer to an affiliate of the insurer for future coverage; and
  - (2) the transfer results in the same or broader coverage.

SECTION 14. IC 27-1-43-3, AS ADDED BY P.L.119-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. **(a) As used in this section, "online platform" means a web site or other digital application designed to facilitate the purchase of insurance policies by parties from a licensed insurer.**

~~(a)~~ **(b)** Except as provided in subsection ~~(c)~~; **(d)**, a notice to a party, or another document, that:

- (1) is legally required in an insurance transaction; or
- (2) serves as evidence of insurance coverage;

may be electronically delivered, stored, and presented in compliance with IC 26-2-8.

~~(b)~~ **(c)** Electronic delivery of a notice or document under this section is considered to be equivalent to any legally required delivery method, including delivery by:

- (1) first class mail;
- (2) first class mail, postage prepaid;
- (3) certified mail;
- (4) certificate of mail; or
- (5) certificate of mailing.



(e) **(d) Except as provided in subsection (e)**, electronic delivery of a notice or document by an insurer to a party is permitted under this chapter if all the following apply:

(1) The party has affirmatively consented to electronic delivery and has not withdrawn the consent.

(2) The party, before giving consent, is provided with a clear and conspicuous statement informing the party of all the following:

(A) Any right or option of the party to have the notice or document provided or made available in paper or another nonelectronic form.

(B) The right of the party to withdraw consent to electronic delivery of a notice or document and any fees, conditions, or consequences that will be imposed on the party if the party withdraws consent.

(C) Whether the party's consent applies:

(i) only to the particular transaction as to which the notice or document must be given; or

(ii) to identified categories of notices or documents subject to electronic delivery during the course of the party's relationship with the insurer.

(D) The:

(i) means, after consent is given, by which the party may obtain a paper copy of an electronically delivered notice or document; and

(ii) applicable fee for the paper copy.

(E) The procedure the party must follow to:

(i) withdraw consent to electronic delivery of a notice or document; and

(ii) update information needed to contact the party electronically.

(3) The party:

(A) before giving consent, is provided with a statement of the hardware and software requirements for access to and retention of an electronically delivered notice or document; and

(B) electronically:

(i) consents; or

(ii) confirms consent;

in a manner that reasonably demonstrates that the party is able to access information in the electronic form that will be used for electronic delivery of notices or documents to which the party has given consent.



(4) If, after the party has consented to electronic delivery of notices or documents, a change in the hardware or software requirements needed for the party to access or retain an electronically delivered notice or document creates a material risk that the party will not be able to access or retain a subsequent notice or document to which the consent applies, the insurer:

(A) provides the party with a statement of the:

(i) revised hardware and software requirements for access to and retention of an electronically delivered notice or document; and

(ii) right of the party to withdraw consent without the imposition of a fee, condition, or consequence that was not disclosed under subdivision (2)(B); and

(B) complies with subdivision (2).

**(e) Notwithstanding any other provision of this chapter, if a party procures a policy of insurance through an online platform:**

**(1) the party affirmatively consents to have all notices and other documents related to the policy delivered to the party electronically; and**

**(2) the conditions set forth in subsection (d)(2) through (d)(4) do not apply to the electronic delivery to the party of notices and other documents related to the policy procured through the online platform.**

**However, if a party described in this subsection requests to receive notices and documents in paper format, the insurer shall provide all notices and other documents related to the policy to the party in paper format.**

SECTION 15. IC 27-1-43-4, AS ADDED BY P.L.119-2014, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) This chapter does not affect any applicable legal requirement related to content or timing of a notice or document.

(b) If another law requiring a notice or document to be provided to a party expressly requires verification or acknowledgment of receipt of the notice or document, electronic delivery of the notice or document is permitted only if the method of electronic delivery provides for verification or acknowledgment of receipt.

(c) The legal effectiveness, validity, or enforceability of a contract or policy of insurance executed by a party may not be denied solely because of the failure of the insurer to obtain electronic consent or confirmation of consent of the party in accordance with section ~~3(e)(3)(B)~~ **3(d)(3)(B)** of this chapter.

SECTION 16. IC 27-1-43-5, AS ADDED BY P.L.119-2014,



SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) A withdrawal of consent by a party does not affect the legal effectiveness, validity, or enforceability of a notice or document that is electronically delivered to the party before the withdrawal of consent is effective.

(b) A withdrawal of consent by a party is effective thirty (30) days after the insurer receives notice of the withdrawal.

(c) An insurer's failure to comply with section ~~3(e)(4)~~ **3(d)(4)** of this chapter is, at the election of the party, considered to be a withdrawal of the party's consent under this chapter.

SECTION 17. IC 27-1-43.2-5, AS ADDED BY P.L.129-2014, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) As used in this chapter, "provider" means a person who is contractually obligated to a holder under a service contract.

**(b) A merchant or other seller of a service contract is not a "provider" for the purposes of this chapter by virtue of acting as the seller of the service contract.**

SECTION 18. IC 27-1-47 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]:

**Chapter 47. Activities Not Prohibited as Rebates**

**Sec. 1. (a) The following definitions apply throughout this section:**

- (1) "Drawing" means an activity in which:
  - (A) multiple participating persons could possibly receive a prize; and
  - (B) the person or persons who receive a prize are determined by chance, as by randomly drawing one (1) or more names or numbers from among many names or numbers.
- (2) "Gift" means the voluntary transfer of anything of value without consideration.
- (3) "Prize" means something of value received by a person as the result of a drawing.

**(b) Notwithstanding any other provision of this title, an insurer, an employee of an insurer, or a producer may do the following:**

- (1) Offer and give one (1) or more gifts to a person in connection with marketing for the sale or retention of a contract of insurance if the reasonable value of all gifts given by the insurer, employee, or producer to a person in one (1) year does not exceed two hundred fifty dollars (\$250).



**(2) Conduct a drawing if:**

- (A) persons participating in the drawing do not pay or incur a cost for their participation; and**
- (B) the value of the prize or prizes received by any single person participating in the drawing does not exceed five hundred dollars (\$500).**

**(c) Neither:**

- (1) a gift given under subsection (b)(1); nor**
- (2) a prize received in a drawing conducted under subsection (b)(2);**

may be in the form of cash.

**Sec. 2. (a) An insurer, by or through its employees, affiliates, insurance producers, or third-party representatives, may offer or provide, for free or at a discounted price, products or services that:**

- (1) relate to or are provided in conjunction with a policy of insurance; and**
- (2) are exclusively intended to:**
  - (A) educate about;**
  - (B) assess;**
  - (C) monitor;**
  - (D) control; or**
  - (E) prevent;**

**risk of loss to persons or to persons' lives, health, or property.**

**(b) Offering or providing products or services under this section is not a violation of IC 27-1-20-30, IC 27-1-22-18, or IC 27-4-1-4(a)(8).**

**Sec. 3. (a) Subject to subsection (b), a person holding a license under this title may offer or provide, for free or for less than fair market value, services that are at least tangentially related to an insurance contract or the administration of an insurance contract if the services:**

- (1) are not contingent upon the purchase of insurance; and**
- (2) are offered on the same terms to all potential insurance customers.**

**(b) Before:**

- (1) the recipient of services described in subsection (a):**
  - (A) receives a quote of insurance; or**
  - (B) purchases insurance; or**
- (2) an agent of record is assigned to the recipient of the services;**

**the person offering or providing services under subsection (a) must disclose conspicuously in writing to the recipient of the services**



**that receiving the services is not contingent on the purchase of insurance.**

**Sec. 4. The insurance commissioner may adopt rules under IC 4-22-2 to administer this chapter.**

SECTION 19. IC 27-4-1-4, AS AMENDED BY P.L.50-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) The following are hereby defined as unfair methods of competition and unfair and deceptive acts and practices in the business of insurance:

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

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

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

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

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

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

(2) Making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a newspaper, magazine, or other publication, or in the form of a notice, circular, pamphlet, letter, or poster, or over any radio or television station, or in any other way, an advertisement, announcement, or statement containing any assertion, representation, or statement with respect to any person in the conduct of the person's insurance business, which is untrue, deceptive, or misleading.

(3) Making, publishing, disseminating, or circulating, directly or indirectly, or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature which is false, or maliciously critical of or derogatory to the financial



condition of an insurer, and which is calculated to injure any person engaged in the business of insurance.

(4) Entering into any agreement to commit, or individually or by a concerted action committing any act of boycott, coercion, or intimidation resulting or tending to result in unreasonable restraint of, or a monopoly in, the business of insurance.

(5) Filing with any supervisory or other public official, or making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false statement of financial condition of an insurer with intent to deceive. Making any false entry in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to which such insurer is required by law to report, or which has authority by law to examine into its condition or into any of its affairs, or, with like intent, willfully omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report, or statement of such insurer.

(6) Issuing or delivering or permitting agents, officers, or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common law corporation, or securities or any special or advisory board contracts or other contracts of any kind promising returns and profits as an inducement to insurance.

(7) Making or permitting any of the following:

(A) Unfair discrimination between individuals of the same class and equal expectation of life in the rates or assessments charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract. However, in determining the class, consideration may be given to the nature of the risk, plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(B) Unfair discrimination between individuals of the same class involving essentially the same hazards in the amount of premium, policy fees, assessments, or rates charged or made for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever.



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

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

- (i) policies or contracts of reinsurance or joint reinsurance, or abstract and title insurance;
- (ii) policies or contracts of insurance against loss or damage to aircraft, or against liability arising out of the ownership, maintenance, or use of any aircraft, or of vessels or craft, their cargoes, marine builders' risks, marine protection and indemnity, or other risks commonly insured under marine, as distinguished from inland marine, insurance; or
- (iii) policies or contracts of any other kind or kinds of insurance whatsoever.

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

(8) Except as otherwise expressly provided by **IC 27-1-47** or **another** law, knowingly permitting or offering to make or making any contract or policy of insurance of any kind or kinds whatsoever, including but not in limitation, life annuities, or agreement as to such contract or policy other than as plainly expressed in such contract or policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such insurance, or annuity, any rebate of premiums payable on the contract, or any special favor or advantage in the dividends, savings, or other benefits thereon, or any valuable consideration or inducement whatever not specified in the contract or policy; or giving, or selling, or purchasing or offering to give, sell, or purchase as inducement to such insurance or annuity or in connection therewith, any stocks, bonds, or other securities of any insurance company or other corporation,



association, limited liability company, or partnership, or any dividends, savings, or profits accrued thereon, or anything of value whatsoever not specified in the contract. Nothing in this subdivision and subdivision (7) shall be construed as including within the definition of discrimination or rebates any of the following practices:

- (A) Paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance, so long as any such bonuses or abatement of premiums are fair and equitable to policyholders and for the best interests of the company and its policyholders.
  - (B) In the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expense.
  - (C) Readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first year or of any subsequent year of insurance thereunder, which may be made retroactive only for such policy year.
  - (D) Paying by an insurer or insurance producer thereof duly licensed as such under the laws of this state of money, commission, or brokerage, or giving or allowing by an insurer or such licensed insurance producer thereof anything of value, for or on account of the solicitation or negotiation of policies or other contracts of any kind or kinds, to a broker, an insurance producer, or a solicitor duly licensed under the laws of this state, but such broker, insurance producer, or solicitor receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.
- (9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.
- (10) Entering into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of commerce in the



business of insurance.

(11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.

(12) Requiring as a condition precedent to the sale of real or personal property under any contract of sale, conditional sales contract, or other similar instrument or upon the security of a chattel mortgage, that the buyer of such property negotiate any policy of insurance covering such property through a particular insurance company, insurance producer, or broker or brokers. However, this subdivision shall not prevent the exercise by any seller of such property or the one making a loan thereon of the right to approve or disapprove of the insurance company selected by the buyer to underwrite the insurance.

(13) Issuing, offering, or participating in a plan to issue or offer, any policy or certificate of insurance of any kind or character as an inducement to the purchase of any property, real, personal, or mixed, or services of any kind, where a charge to the insured is not made for and on account of such policy or certificate of insurance. However, this subdivision shall not apply to any of the following:

(A) Insurance issued to credit unions or members of credit unions in connection with the purchase of shares in such credit unions.

(B) Insurance employed as a means of guaranteeing the performance of goods and designed to benefit the purchasers or users of such goods.

(C) Title insurance.

(D) Insurance written in connection with an indebtedness and intended as a means of repaying such indebtedness in the event of the death or disability of the insured.



(E) Insurance provided by or through motorists service clubs or associations.

(F) Insurance that is provided to the purchaser or holder of an air transportation ticket and that:

(i) insures against death or nonfatal injury that occurs during the flight to which the ticket relates;

(ii) insures against personal injury or property damage that occurs during travel to or from the airport in a common carrier immediately before or after the flight;

(iii) insures against baggage loss during the flight to which the ticket relates; or

(iv) insures against a flight cancellation to which the ticket relates.

(14) Refusing, because of the for-profit status of a hospital or medical facility, to make payments otherwise required to be made under a contract or policy of insurance for charges incurred by an insured in such a for-profit hospital or other for-profit medical facility licensed by the state department of health.

(15) Refusing to insure an individual, refusing to continue to issue insurance to an individual, limiting the amount, extent, or kind of coverage available to an individual, or charging an individual a different rate for the same coverage, solely because of that individual's blindness or partial blindness, except where the refusal, limitation, or rate differential is based on sound actuarial principles or is related to actual or reasonably anticipated experience.

(16) Committing or performing, with such frequency as to indicate a general practice, unfair claim settlement practices (as defined in section 4.5 of this chapter).

(17) Between policy renewal dates, unilaterally canceling an individual's coverage under an individual or group health insurance policy solely because of the individual's medical or physical condition.

(18) Using a policy form or rider that would permit a cancellation of coverage as described in subdivision (17).

(19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1 concerning motor vehicle insurance rates.

(20) Violating IC 27-8-21-2 concerning advertisements referring to interest rate guarantees.

(21) Violating IC 27-8-24.3 concerning insurance and health plan coverage for victims of abuse.

(22) Violating IC 27-8-26 concerning genetic screening or testing.



(23) Violating IC 27-1-15.6-3(b) concerning licensure of insurance producers.

(24) Violating IC 27-1-38 concerning depository institutions.

(25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning the resolution of an appealed grievance decision.

(26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1, 2007, and repealed).

(27) Violating IC 27-2-21 concerning use of credit information.

(28) Violating IC 27-4-9-3 concerning recommendations to consumers.

(29) Engaging in dishonest or predatory insurance practices in marketing or sales of insurance to members of the United States Armed Forces as:

(A) described in the federal Military Personnel Financial Services Protection Act, P.L.109-290; or

(B) defined in rules adopted under subsection (b).

(30) Violating IC 27-8-19.8-20.1 concerning stranger originated life insurance.

(31) Violating IC 27-2-22 concerning retained asset accounts.

(32) Violating IC 27-8-5-29 concerning health plans offered through a health benefit exchange (as defined in IC 27-19-2-8).

(33) Violating a requirement of the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), that is enforceable by the state.

(34) After June 30, 2015, violating IC 27-2-23 concerning unclaimed life insurance, annuity, or retained asset account benefits.

(35) Willfully violating IC 27-1-12-46 concerning a life insurance policy or certificate described in IC 27-1-12-46(a).

(36) Violating IC 27-1-37-7 concerning prohibiting the disclosure of health care service claims data.

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

(1) define; and

(2) while the members are on a United States military installation or elsewhere in Indiana, protect members of the United States Armed Forces from;



dishonest or predatory insurance practices.

SECTION 20. IC 27-7-6-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. ~~(a) No~~ **A** notice of cancellation of a policy to which section 4 of this chapter applies ~~shall be is not~~ effective:

~~(1) unless it is mailed or delivered~~ by the insurer to the named insured at least twenty (20) days prior to the effective date of cancellation; ~~provided, however, that where or~~

~~(2) if the~~ cancellation is for nonpayment of premium, ~~unless it is:~~

~~(A) mailed by the insurer to the named insured~~ at least ten (10) days ~~notice before the effective date~~ of cancellation; ~~and~~

~~(B) accompanied by the a written statement of the reason therefor shall be given. for the cancellation.~~

~~(b) In the event such~~ **If** a policy was procured by an **independent** insurance producer duly licensed by the state of Indiana, notice of intent to cancel **the policy** shall be mailed ~~or delivered~~ to the **independent** insurance producer at least ten (10) days prior to ~~such the~~ **mailing or delivery of the notice of cancellation** to the named insured **under subsection (a)**, unless such notice of intent to cancel is or has been waived in writing by the **independent** insurance producer.

~~(c) Unless a written statement of the reason for the cancellation accompanies or is included in the notice of cancellation, the notice of cancellation of a policy that is mailed under subsection (a) shall state or be accompanied by a statement that, upon the written request of the named insured that is mailed or delivered to the insurer not less than fifteen (15) days prior to the effective date of cancellation, the insurer will specify the reason for such cancellation.~~

~~(d) This section shall does~~ not apply to nonrenewal.

SECTION 21. IC 27-7-6-6, AS AMENDED BY P.L.148-2017, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) ~~No~~ **An** insurer shall **not** fail to renew a policy unless it ~~shall mail or deliver mails~~ to the named insured, at the address shown in the policy, at least twenty (20) days advance notice of its intention not to renew **the policy**.

~~(b) In the event such~~ **If** a policy was procured by an **independent** insurance producer duly licensed by the state of Indiana, **a** notice of intent not to renew **the policy** shall be mailed ~~or delivered~~ to the **independent** insurance producer at least ten (10) days prior to ~~such the~~ **mailing or delivery of the notice of intention not to renew** to the named insured **under subsection (a)**, unless such notice of intent is or has been waived in writing by the **independent** insurance producer.

~~(b) (c) This section shall does~~ not apply:

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- (1) if the insurer has manifested its willingness to renew; or
- (2) in case of nonpayment of premium.

However, notwithstanding the failure of an insurer to comply with this section, the policy shall terminate on the effective date of any other insurance policy with respect to any automobile designated in both policies.

~~(c)~~ **(d)** A notice of intention not to renew is not required **under this section** if:

- (1) the insured is transferred from an insurer to an affiliate of the insurer for future coverage; and
- (2) the transfer results in the same or broader coverage.

~~(d)~~ **(e)** Renewal of a policy shall not constitute a waiver or estoppel with respect to grounds for cancellation which existed before the effective date of such renewal.

SECTION 22. IC 27-7-12-3, AS AMENDED BY P.L.116-2011, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 3. (a) Notice of cancellation of property insurance coverage by an insurer must:

- (1) be in writing;
- (2) be ~~delivered~~ or mailed to the named insured at the last known address of the named insured;
- (3) state the effective date of the cancellation; and
- (4) upon request of the named insured, be accompanied by a written explanation of the specific reasons for the cancellation.

(b) An insurer shall **provide mail** written notice of cancellation to the named insured at least:

- (1) ten (10) days before canceling a policy, if the cancellation is for nonpayment of a premium;
- (2) twenty (20) days before canceling a policy, if:
  - (A) the cancellation occurs more than sixty (60) days after the date of issuance of the policy; or
  - (B) the insurer has received a copy of a complaint under IC 32-30-10.5-8(d)(2) concerning the property; and
- (3) ten (10) days before canceling a policy, if the cancellation occurs not more than sixty (60) days after the date of issuance of the policy.

(c) If the policy was procured by an independent insurance producer licensed in Indiana, the insurer shall ~~deliver~~ or mail notice of cancellation to the insurance producer not less than ten (10) days before the insurer ~~delivers~~ or mails the notice to the named insured, unless the obligation to notify the insurance producer is waived in writing by the insurance producer.



SECTION 23. IC 27-7-12-4, AS AMENDED BY P.L.148-2017, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) Notice of nonrenewal by an insurer must:

- (1) be in writing;
- (2) be ~~delivered~~ or mailed to the named insured at the last known address of the named insured;
- (3) state the insurer's intention not to renew the policy upon expiration of the current policy period;
- (4) upon request of the named insured, be accompanied by a written explanation of the specific reasons for the nonrenewal; and
- (5) be ~~provided~~ **mailed** to the named insured at least twenty (20) days before the expiration of the current policy period.

(b) If the policy was procured by an independent insurance producer licensed in Indiana, the insurer shall ~~deliver~~ or mail notice of nonrenewal to the insurance producer not less than ten (10) days before the insurer ~~delivers~~ or mails the notice to the named insured **under subsection (a)**, unless the obligation to notify the insurance producer is waived in writing by the insurance producer.

(c) Notice of nonrenewal under this section is not required if:

- (1) the named insured is transferred from an insurer to an affiliate of the insurer for future coverage; and
- (2) the transfer results in the same or broader coverage.

(d) If an insurer mails ~~or delivers~~ to an insured a renewal notice, bill, certificate, or policy indicating the insurer's willingness to renew a policy and the insured does not respond, the insurer is not required to ~~provide mail~~ to the insured notice of intention not to renew."

and when so amended that said bill do pass.

(Reference is to HB 1405 as introduced.)

CARBAUGH

Committee Vote: yeas 13, nays 0.

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## COMMITTEE REPORT

Madam President: The Senate Committee on Insurance and Financial Institutions, to which was referred House Bill No. 1405, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, delete lines 1 through 10, begin a new paragraph and insert:

"SECTION 1. IC 12-7-2-155.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 155.4. (a) This section applies after June 30, 2023.**

**(b) "Qualified provider", for purposes of IC 12-15-1-16, means:**

**(1) a school based nurse; or**

**(2) another provider who:**

**(A) is licensed and in good standing with the Indiana professional licensing agency; and**

**(B) is employed by or contracts with a school corporation that participates in Medicaid.**

SECTION 2. IC 12-7-2-170.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: **Sec. 170.5. (a) This section applies after June 30, 2023.**

**(b) "School based nurse", for purposes of section 155.4 of this chapter and IC 12-15-1-16, means a registered nurse or licensed practical nurse licensed under IC 25-23-1 who is employed by or contracts with a school corporation that participates in Medicaid to provide school based Medicaid covered services for a Medicaid recipient.**

SECTION 3. IC 12-15-1-16, AS AMENDED BY P.L.108-2019, SECTION 193, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 16. (a) Each:

(1) school corporation; or

(2) school corporation's employed, licensed, or qualified provider; must enroll in a program to use federal funds under the Medicaid program (IC 12-15-1 et seq.) with the intent to share the costs of services that are reimbursable under the Medicaid program and that are provided to eligible children by the school corporation. However, a school corporation or a school corporation's employed, licensed, or qualified provider is not required to file any claims or participate in the program developed under this section.

(b) The secretary and the department of education may develop policies and adopt rules to administer the program developed under this

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section.

(c) The federal reimbursement for services provided under this section must be distributed to the school corporation. The state shall retain the nonfederal share of the reimbursement for Medicaid services provided under this section.

(d) The office of Medicaid policy and planning, with the approval of the budget agency and after consultation with the department of education, shall establish procedures for the timely distribution of federal reimbursement due to the school corporations. The distribution procedures may provide for offsetting reductions to distributions of state tuition support or other state funds to school corporations in the amount of the nonfederal reimbursements required to be retained by the state under subsection (c).

**(e) This subsection applies after June 30, 2023. The office may apply to the United States Department of Health and Human Services for a state plan amendment to allow school corporations to seek Medicaid reimbursement for medically necessary, school based Medicaid covered services that are provided under federal or state mandates. If the state plan amendment is approved and implemented, and subject to subsection (g), services may be provided by a qualified provider in a school setting to Medicaid enrolled students, if the services are offered pursuant to any of the following:**

- (1) An individualized education program (as defined in IC 20-18-2-9).**
- (2) A plan developed under Section 504 of the federal Rehabilitation Act, 29 U.S.C. 794.**
- (3) A behavioral intervention plan (as defined in IC 20-20-40-1).**
- (4) A service plan developed under 511 IAC 7-34.**
- (5) An individualized health care plan.**

**The office may, in consultation with the department of education, develop any necessary state plan amendment under this subsection. The office may apply for any state plan amendment necessary to implement this subsection.**

**(f) This subsection applies after June 30, 2023. If the state plan amendment described in subsection (e) is approved and implemented, the medically necessary, school based Medicaid covered services described in subsection (e):**

- (1) may only be performed by a qualified provider;**
  - (2) must be within the qualified provider's scope of practice;**
- and**



**(3) must be provided in accordance with this article and administrative rules concerning the Medicaid program.**

**(g) This subsection applies after June 30, 2023. Services under subsection (e) may not include the following:**

- (1) An abortion.**
- (2) Counseling for abortion procedures.**
- (3) Referrals for abortion services.**
- (4) Abortifacients.**
- (5) Contraceptives.**

**SECTION 4. IC 12-15-1.3-22 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 22. (a) Before December 31, 2021, the office of Medicaid policy and planning shall apply to the United States Department of Health and Human Services for a state plan amendment that:**

- (1) provides for establishment of the long term care partnership program as described in IC 12-15-39.8;**
- (2) provides that the long term care program established under IC 12-15-39.6 shall be discontinued on the date on which the long term care partnership program described in IC 12-15-39.8 is fully implemented; and**
- (3) ensures, with the explicit concurrence of the United States Department of Health and Human Services, that an individual who purchased a qualified long term care policy (as defined in IC 12-15-39.6-5) before the discontinuance of the long term care program established under IC 12-15-39.6 shall be eligible for an asset disregard under IC 12-15-39.6-10 notwithstanding the discontinuance of the long term care program, as provided in IC 12-15-39.6-12.**

**(b) If the office receives approval for the state plan amendment described in subsection (a):**

- (1) the office shall implement the state plan amendment not later than sixty (60) days after the state plan amendment is approved; and**
- (2) the office shall publish in the Indiana Register under IC 4-22-7-7 a statement:**
  - (A) announcing that the state plan amendment described in subsection (a) has been approved by the United States Department of Health and Human Services; and**
  - (B) setting forth the date on which:**
    - (i) the office will fully implement the state plan amendment under subsection (b)(1); and**



- (ii) the long term care program established under IC 12-15-39.6 will be discontinued.
- (c) If the office does not receive approval for a state plan amendment described in subsection (a):
  - (1) the office shall take no action under subsection (b); and
  - (2) the office and the department of insurance:
    - (A) shall study:
      - (i) the long term care program established under IC 12-15-39.6, including the affordability and cost effectiveness of the program for individuals who purchase qualified long term care policies (as defined in IC 12-15-39.6-5); and
      - (ii) the affordability and cost effectiveness of long term care partnership programs established under Section 6021 of the federal Deficit Reduction Act of 2005;
    - (B) may solicit the comments and recommendations of individuals with experience and expertise in the fields of Medicaid, insurance, personal finance, and government concerning the subjects set forth in clause (A);
    - (C) shall make findings and recommendations concerning ways in which the affordability and cost effectiveness of the long term care program established under IC 12-15-39.6 can be improved; and
    - (D) shall, not later than December 1, 2022:
      - (i) issue a report setting forth the findings and recommendations made under clause (C); and
      - (ii) submit the report to the executive director of the legislative services agency in an electronic format under IC 5-14-6 for distribution to the members of the general assembly."

Page 1, line 13, after "Sec. 0.5." insert "(a)".

Page 1, delete line 17, begin a new paragraph and insert:

**"(b) This chapter does not apply to a qualified long term care policy issued after the long term care program established by this chapter is discontinued.**

**(c) Subject to section 12 of this chapter, the long term care program established by this chapter is discontinued on the date set forth under IC 12-15-1.3-22(b)(2)(B)(ii) in the statement published in the Indiana Register by the office of Medicaid policy and planning."**

Page 2, delete lines 1 through 32.

Page 2, line 37, delete "This" and insert "(a) Notwithstanding



**sections 4 through 8 of this chapter:**

**(1) the Indiana long term care insurance partnership program is established; and**

**(2) the duties, powers, and responsibilities set forth in sections 4 through 8 of this chapter are imposed, conferred, and established;**

**on the date set forth under IC 12-15-1.3-22(b)(2)(B)(i) in the statement published in the Indiana Register by the office of Medicaid policy and planning.**

**(b) Subject to subsection (a), this".**

Page 5, line 34, delete "made." and insert "made, **unless the provider:**

**(1) within the initial thirty (30) days, seeks an extension of not more than thirty (30) days; and**

**(2) informs the patient in writing of the reasons for the extension and the date by which the provider will provide the health records.**

**Health records requested under this section must be provided as soon as practicably possible."**

Page 5, between lines 38 and 39, begin a new paragraph and insert:

"SECTION 10. IC 16-47-1-5, AS AMENDED BY P.L.121-2016, SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. (a) This subsection does not apply to prescription drugs that are dispensed through an onsite clinic. The following shall participate in the program:

(1) The department, for a health benefit plan:

(A) described in section 2(1) or 2(2) of this chapter; and

(B) that provides coverage for prescription drugs.

(2) After June 30, 2011, a state educational institution, for a health benefit plan:

(A) described in section 2(3) of this chapter; and

(B) that provides coverage for prescription drugs;

unless the budget agency determines that the state educational institution's participation in the program would not result in an overall financial benefit to the state educational institution. The budget agency may delay compliance with this subdivision to a date after July 1, 2011, that is determined by the budget agency to allow for the orderly transition from another program.

(b) The following may participate in the program:

(1) A state agency other than the department that:

(A) purchases prescription drugs; or

(B) arranges for the payment of the cost of prescription drugs.



(2) A local unit (as defined in IC 5-10-8-1).

**(3) A nonprofit association of cities and towns.**

~~(4)~~ **(4)** The Indiana comprehensive health insurance association established under IC 27-8-10.

(c) The state Medicaid program may not participate in the program under this chapter.

SECTION 11. IC 20-28-1-11, AS AMENDED BY P.L.197-2007, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 11. School psychology means the following:

(1) Administering, scoring, and interpreting educational, cognitive, career, vocational, behavioral, and affective tests and procedures that address a student's:

- (A) education;
- (B) developmental status;
- (C) attention skills; and
- (D) social, emotional, and behavioral functioning;

as they relate to the student's learning or training in the academic or vocational environment.

(2) Providing consultation, collaboration, and intervention services (not including psychotherapy) and providing referral to community resources to:

- (A) students;
- (B) parents of students;
- (C) teachers;
- (D) school administrators; and
- (E) school staff;

concerning learning and performance in the educational process.

(3) Participating in or conducting research relating to a student's learning and performance in the educational process:

- (A) regarding the educational, developmental, career, vocational, or attention functioning of the student; or
- (B) screening social, affective, and behavioral functioning of the student.

(4) Providing inservice or continuing education services relating to learning and performance in the educational process to schools, parents, or others.

(5) Supervising school psychology services.

(6) Referring a student: ~~to~~

- (A) **to** a speech-language pathologist or an audiologist licensed under IC 25-35.6 for services for speech, hearing, and language disorders; ~~or~~
- (B) **to** an occupational therapist licensed under IC 25-23.5 for



occupational therapy services; or

**(C) after June 30, 2023, to a physical therapist licensed under IC 25-27 for mandated school services within a physical therapist's scope of practice;**

by a school psychologist who is employed by a school corporation and who is defined as a practitioner of the healing arts for the purpose of referrals under 42 CFR 440.110.

The term does not include the diagnosis or treatment of mental and nervous disorders, except for conditions and interventions provided for in state and federal mandates affecting special education and vocational evaluations as the evaluations relate to the assessment of handicapping conditions and special education decisions or as the evaluations pertain to the placement of children and the placement of adults with a developmental disability.

SECTION 12. IC 25-27-1-2, AS AMENDED BY P.L.160-2019, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. (a) Except as otherwise provided in this chapter, it is unlawful for a person or business entity to do the following:

- (1) Practice physical therapy without first obtaining from the board a license authorizing the person to practice physical therapy in this state.
- (2) Profess to be or promote an employee to be a physical therapist, physiotherapist, doctor of physiotherapy, doctor of physical therapy, or registered physical therapist or to use the initials P.T., D.P.T., L.P.T., or R.P.T., or any other letters, words, abbreviations, or insignia indicating that physical therapy is provided by a physical therapist, unless physical therapy is provided by or under the direction of a physical therapist.
- (3) Advertise services for physical therapy or physiotherapy services, unless the individual performing those services is a physical therapist.

(b) Except as provided in **subsection (e) and** section 2.5 of this chapter, it is unlawful for a person to practice physical therapy other than upon the order or referral of a physician, podiatrist, psychologist, chiropractor, dentist, nurse practitioner, or physician assistant holding an unlimited license to practice medicine, podiatric medicine, psychology, chiropractic, dentistry, nursing, or as a physician assistant, respectively. It is unlawful for a physical therapist to use the services of a physical therapist assistant except as provided under this chapter. For the purposes of this subsection, the function of:

- (1) teaching;

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- (2) doing research;
  - (3) providing advisory services; or
  - (4) conducting seminars on physical therapy;
- is not considered to be a practice of physical therapy.

(c) Except as otherwise provided in this chapter, it is unlawful for a person to profess to be or act as a physical therapist assistant or to use the initials P.T.A. or any other letters, words, abbreviations, or insignia indicating that the person is a physical therapist assistant without first obtaining from the board a certificate authorizing the person to act as a physical therapist assistant. It is unlawful for the person to act as a physical therapist assistant other than under the general supervision of a licensed physical therapist who is in responsible charge of a patient. However, nothing in this chapter prohibits a person licensed or registered in this state under another law from engaging in the practice for which the person is licensed or registered. These exempted persons include persons engaged in the practice of osteopathic medicine, chiropractic, or podiatric medicine.

(d) Except as provided in section 2.5 of this chapter, this chapter does not authorize a person who is licensed as a physical therapist or certified as a physical therapist assistant to:

- (1) evaluate any physical disability or mental disorder except upon the order or referral of a physician, podiatrist, psychologist, chiropractor, physician assistant, nurse practitioner, or dentist;
- (2) practice medicine, surgery (as described in IC 25-22.5-1-1.1(a)(1)(C)), dentistry, optometry, osteopathic medicine, psychology, chiropractic, or podiatric medicine; or
- (3) prescribe a drug or other remedial substance used in medicine.

**(e) This subsection applies after June 30, 2023. Upon the referral of a licensed school psychologist, a physical therapist who is:**

- (1) licensed under this article; and**
- (2) an employee or contractor of a school corporation;**

**may provide mandated school services to a student that are within the physical therapist's scope of practice."**

Page 11, between lines 4 and 5, begin a new paragraph and insert:  
 "SECTION 17. IC 27-1-24.6 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]:

**Chapter 24.6. Disclosure of Negotiated Rate**

**Sec. 1. This chapter applies to generic drugs covered under a health plan and dispensed or administered to a covered individual after January 1, 2022.**



**Sec. 2.** As used in this chapter, "covered individual" means an individual who is entitled to coverage under a health plan.

**Sec. 3.** As used in this chapter, "generic drug" has the meaning set forth in IC 27-1-24.5-4.

**Sec. 4.** As used in this chapter, "health plan" means the following:

- (1) A state employee health plan (as defined in IC 5-10-8-7).
- (2) A policy of accident and sickness insurance (as defined in IC 27-8-5-1).
- (3) An individual contract (as defined in IC 27-13-1-21) or a group contract (as defined in IC 27-13-1-16).

**Sec. 5.** As used in this chapter, "maximum allowable cost" means the maximum amount that a pharmacy benefit manager will reimburse a pharmacy for the cost of a prescription drug. The term does not include a dispensing fee or a professional fee.

**Sec. 6.** A health plan must provide the amount of the maximum allowable cost for a prescription drug on the written materials provided to the covered individual at the point of sale of the prescription drug.

SECTION 18. IC 27-1-24.7 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]:

**Chapter 24.7. Disclosure of Rebates**

**Sec. 1.** This chapter applies to an agreement between a pharmacy benefit manager and a health plan regarding prescription drugs that is entered into, renewed, or renegotiated after December 31, 2021. This chapter does not apply to a health plan, with point of sale rebates, if at least eighty-five percent (85%) of the estimated rebates are deducted from the cost of prescription drugs dispensed at a pharmacy or via mail order before a covered individual's cost sharing requirement is determined.

**Sec. 2.** As used in this chapter, "covered individual" means an individual who is entitled to coverage under a health plan.

**Sec. 3.** As used in this chapter, "health plan" means the following:

- (1) A state employee health plan (as defined in IC 5-10-8-7).
- (2) A policy of accident and sickness insurance (as defined in IC 27-8-5-1).
- (3) An individual contract (as defined in IC 27-13-1-21) and a group contract (as defined in IC 27-13-1-16).
- (4) Any other plan or program that provides payment, reimbursement, or indemnification to a covered individual for



the cost of prescription drugs.

**Sec. 4.** As used in this chapter, "policyholder" means an individual in whose name a health plan is held.

**Sec. 5.** As used in this chapter, "prescription drug" means a controlled substance or a legend drug (as defined in IC 16-18-2-199).

**Sec. 6. (a)** As used in this chapter, "rebate" means a discount or other price concession that is:

- (1) based on the use of a prescription drug; and
- (2) paid by a manufacturer or a third party to a pharmacy benefit manager (as defined in IC 27-1-24.5-12), pharmacy services administrative organization (as defined in IC 27-1-24.5-15), or pharmacy (as defined in IC 27-1-24.5-11) after a claim has been processed and paid at a pharmacy.

**(b)** The term includes an incentive and a disbursement.

**Sec. 7.** An agreement to which this chapter applies must contain a contractual provision that requires the pharmacy benefit manager to provide on an annual basis, not later than sixty (60) days after the end of each policy year, a notice to a policyholder that states the following:

- (1) An explanation of what a rebate is.
- (2) An explanation of how rebates accrue to a health plan from a manufacturer.
- (3) The aggregate amount of rebates for all prescription drugs dispensed or administered to covered individuals on the policyholder's health plan that accrued to the health plan during the previous policy year. This information may not include any information about an individual prescription drug, including the name, manufacturer, quantity, or dosage of a prescription drug.

The notice required by this section may be provided by first class mail or electronic mail."

Page 15, line 40, after "representatives," insert "**or an insurance producer acting on the insurance producer's own behalf,**".

Page 15, line 41, delete "services that:" and insert "**services:**".

Page 15, line 42, after "(1)" insert "**that**".

Page 16, delete lines 2 through 8, begin a new line block indented and insert:

- "(2) that:**
- (A) are primarily intended to:**
    - (i) educate about;**
    - (ii) assess;**



**(iii) monitor;**  
**(iv) control; or**  
**(v) prevent;**  
**risk of loss to persons or to persons' lives, health, or**  
**property; or**  
**(B) have a nexus to or enhance the value of the insurance**  
**benefits of the policy."**

Page 16, delete lines 32 through 42, begin a new paragraph and insert:

"SECTION 27. IC 27-4-1-4, AS AMENDED BY HEA 1079-2021, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 4. (a) The following are hereby defined as unfair methods of competition and unfair and deceptive acts and practices in the business of insurance:

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

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

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

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

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

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

(2) Making, publishing, disseminating, circulating, or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a newspaper, magazine, or other publication, or in the form of a notice, circular, pamphlet, letter, or poster, or over any radio or television station, or in any other way, an advertisement, announcement, or statement containing any assertion, representation, or statement with respect to any person in the conduct of the person's insurance business, which is untrue, deceptive, or misleading.



(3) Making, publishing, disseminating, or circulating, directly or indirectly, or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature which is false, or maliciously critical of or derogatory to the financial condition of an insurer, and which is calculated to injure any person engaged in the business of insurance.

(4) Entering into any agreement to commit, or individually or by a concerted action committing any act of boycott, coercion, or intimidation resulting or tending to result in unreasonable restraint of, or a monopoly in, the business of insurance.

(5) Filing with any supervisory or other public official, or making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public, any false statement of financial condition of an insurer with intent to deceive. Making any false entry in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to which such insurer is required by law to report, or which has authority by law to examine into its condition or into any of its affairs, or, with like intent, willfully omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report, or statement of such insurer.

(6) Issuing or delivering or permitting agents, officers, or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common law corporation, or securities or any special or advisory board contracts or other contracts of any kind promising returns and profits as an inducement to insurance.

(7) Making or permitting any of the following:

(A) Unfair discrimination between individuals of the same class and equal expectation of life in the rates or assessments charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such contract. However, in determining the class, consideration may be given to the nature of the risk, plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

(B) Unfair discrimination between individuals of the same



class involving essentially the same hazards in the amount of premium, policy fees, assessments, or rates charged or made for any policy or contract of accident or health insurance or in the benefits payable thereunder, or in any of the terms or conditions of such contract, or in any other manner whatever. However, in determining the class, consideration may be given to the nature of the risk, the plan of insurance, the actual or expected expense of conducting the business, or any other relevant factor.

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

- (i) policies or contracts of reinsurance or joint reinsurance, or abstract and title insurance;
- (ii) policies or contracts of insurance against loss or damage to aircraft, or against liability arising out of the ownership, maintenance, or use of any aircraft, or of vessels or craft, their cargoes, marine builders' risks, marine protection and indemnity, or other risks commonly insured under marine, as distinguished from inland marine, insurance; or
- (iii) policies or contracts of any other kind or kinds of insurance whatsoever.

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

(8) Except as otherwise expressly provided by **IC 27-1-47** or **another** law, knowingly permitting or offering to make or making any contract or policy of insurance of any kind or kinds whatsoever, including but not in limitation, life annuities, or agreement as to such contract or policy other than as plainly expressed in such contract or policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such insurance, or annuity, any rebate of premiums payable on the contract, or any special favor or advantage in the dividends, savings, or other benefits thereon, or



any valuable consideration or inducement whatever not specified in the contract or policy; or giving, or selling, or purchasing or offering to give, sell, or purchase as inducement to such insurance or annuity or in connection therewith, any stocks, bonds, or other securities of any insurance company or other corporation, association, limited liability company, or partnership, or any dividends, savings, or profits accrued thereon, or anything of value whatsoever not specified in the contract. Nothing in this subdivision and subdivision (7) shall be construed as including within the definition of discrimination or rebates any of the following practices:

- (A) Paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance, so long as any such bonuses or abatement of premiums are fair and equitable to policyholders and for the best interests of the company and its policyholders.
- (B) In the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expense.
- (C) Readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first year or of any subsequent year of insurance thereunder, which may be made retroactive only for such policy year.
- (D) Paying by an insurer or insurance producer thereof duly licensed as such under the laws of this state of money, commission, or brokerage, or giving or allowing by an insurer or such licensed insurance producer thereof anything of value, for or on account of the solicitation or negotiation of policies or other contracts of any kind or kinds, to a broker, an insurance producer, or a solicitor duly licensed under the laws of this state, but such broker, insurance producer, or solicitor receiving such consideration shall not pay, give, or allow credit for such consideration as received in whole or in part, directly or indirectly, to the insured by way of rebate.
- (9) Requiring, as a condition precedent to loaning money upon the security of a mortgage upon real property, that the owner of the property to whom the money is to be loaned negotiate any policy of insurance covering such real property through a particular insurance producer or broker or brokers. However, this



subdivision shall not prevent the exercise by any lender of the lender's right to approve or disapprove of the insurance company selected by the borrower to underwrite the insurance.

(10) Entering into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of commerce in the business of insurance.

(11) Monopolizing or attempting to monopolize or combining or conspiring with any other person or persons to monopolize any part of commerce in the business of insurance. However, participation as a member, director, or officer in the activities of any nonprofit organization of insurance producers or other workers in the insurance business shall not be interpreted, in itself, to constitute a combination in restraint of trade or as combining to create a monopoly as provided in this subdivision and subdivision (10). The enumeration in this chapter of specific unfair methods of competition and unfair or deceptive acts and practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the commissioner or department or of any court of review under section 8 of this chapter.

(12) Requiring as a condition precedent to the sale of real or personal property under any contract of sale, conditional sales contract, or other similar instrument or upon the security of a chattel mortgage, that the buyer of such property negotiate any policy of insurance covering such property through a particular insurance company, insurance producer, or broker or brokers. However, this subdivision shall not prevent the exercise by any seller of such property or the one making a loan thereon of the right to approve or disapprove of the insurance company selected by the buyer to underwrite the insurance.

(13) Issuing, offering, or participating in a plan to issue or offer, any policy or certificate of insurance of any kind or character as an inducement to the purchase of any property, real, personal, or mixed, or services of any kind, where a charge to the insured is not made for and on account of such policy or certificate of insurance. However, this subdivision shall not apply to any of the following:

(A) Insurance issued to credit unions or members of credit unions in connection with the purchase of shares in such credit unions.

(B) Insurance employed as a means of guaranteeing the performance of goods and designed to benefit the purchasers



or users of such goods.

(C) Title insurance.

(D) Insurance written in connection with an indebtedness and intended as a means of repaying such indebtedness in the event of the death or disability of the insured.

(E) Insurance provided by or through motorists service clubs or associations.

(F) Insurance that is provided to the purchaser or holder of an air transportation ticket and that:

(i) insures against death or nonfatal injury that occurs during the flight to which the ticket relates;

(ii) insures against personal injury or property damage that occurs during travel to or from the airport in a common carrier immediately before or after the flight;

(iii) insures against baggage loss during the flight to which the ticket relates; or

(iv) insures against a flight cancellation to which the ticket relates.

(14) Refusing, because of the for-profit status of a hospital or medical facility, to make payments otherwise required to be made under a contract or policy of insurance for charges incurred by an insured in such a for-profit hospital or other for-profit medical facility licensed by the state department of health.

(15) Refusing to insure an individual, refusing to continue to issue insurance to an individual, limiting the amount, extent, or kind of coverage available to an individual, or charging an individual a different rate for the same coverage, solely because of that individual's blindness or partial blindness, except where the refusal, limitation, or rate differential is based on sound actuarial principles or is related to actual or reasonably anticipated experience.

(16) Committing or performing, with such frequency as to indicate a general practice, unfair claim settlement practices (as defined in section 4.5 of this chapter).

(17) Between policy renewal dates, unilaterally canceling an individual's coverage under an individual or group health insurance policy solely because of the individual's medical or physical condition.

(18) Using a policy form or rider that would permit a cancellation of coverage as described in subdivision (17).

(19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1 concerning motor vehicle insurance rates.



- (20) Violating IC 27-8-21-2 concerning advertisements referring to interest rate guarantees.
- (21) Violating IC 27-8-24.3 concerning insurance and health plan coverage for victims of abuse.
- (22) Violating IC 27-8-26 concerning genetic screening or testing.
- (23) Violating IC 27-1-15.6-3(b) concerning licensure of insurance producers.
- (24) Violating IC 27-1-38 concerning depository institutions.
- (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning the resolution of an appealed grievance decision.
- (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1, 2007, and repealed).
- (27) Violating IC 27-2-21 concerning use of credit information.
- (28) Violating IC 27-4-9-3 concerning recommendations to consumers.
- (29) Engaging in dishonest or predatory insurance practices in marketing or sales of insurance to members of the United States Armed Forces as:
- (A) described in the federal Military Personnel Financial Services Protection Act, P.L.109-290; or
  - (B) defined in rules adopted under subsection (b).
- (30) Violating IC 27-8-19.8-20.1 concerning stranger originated life insurance.
- (31) Violating IC 27-2-22 concerning retained asset accounts.
- (32) Violating IC 27-8-5-29 concerning health plans offered through a health benefit exchange (as defined in IC 27-19-2-8).
- (33) Violating a requirement of the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), that is enforceable by the state.
- (34) After June 30, 2015, violating IC 27-2-23 concerning unclaimed life insurance, annuity, or retained asset account benefits.
- (35) Willfully violating IC 27-1-12-46 concerning a life insurance policy or certificate described in IC 27-1-12-46(a).
- (36) Violating IC 27-1-37-7 concerning prohibiting the disclosure of health care service claims data.
- (37) Violating IC 27-4-10-10 concerning virtual claim payments.
- (b) Except with respect to federal insurance programs under Subchapter III of Chapter 19 of Title 38 of the United States Code, the commissioner may, consistent with the federal Military Personnel



Financial Services Protection Act (10 U.S.C. 992 note), adopt rules under IC 4-22-2 to:

- (1) define; and
- (2) while the members are on a United States military installation or elsewhere in Indiana, protect members of the United States Armed Forces from;

dishonest or predatory insurance practices."

Delete pages 17 through 22.

Page 23, delete lines 1 through 28.

Page 24, line 10, strike "or delivered".

Page 26, after line 12, begin a new paragraph and insert:

"SECTION 32. IC 27-10-2-15 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 15. **(a)** If money or bonds have been ~~deposited~~, ~~set~~, bail by sureties may be substituted ~~therefor~~ at any time before a breach of the undertaking.

**(b) If bail by sureties is substituted for money or bonds under subsection (a): and**

- (1)** the official taking the new bail shall make an order that the money or bonds be refunded to the person depositing the ~~same money or bonds~~; ~~and~~
- (2)** ~~they the money or bonds~~ shall be refunded accordingly; and
- (3)** the original undertakings shall be cancelled."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1405 as printed February 9, 2021.)

ZAY, Chairperson

Committee Vote: Yeas 7, Nays 1.

