Indiana Radiological Society 2024 Legislative Session Summary

Enacted Laws:

- SEA 34 Occupational Licensing Study and Review
    - Occupational Study
        - Requires the Professional Licensing Agency (PLA) to study universal occupational licensing laws enacted in other states
        - Requires the PLA to submit a report with findings no later than October 31, 2025
    - Occupational Review
        - Comprehensive review of occupational licensing by each public agency must be completed no later than July 1, 2026 and a report submitted no later than October 1, 2026
        - After July 1, 2026, certain individuals may begin to file a petition to repeal or modify certain occupational regulations

- HEA 1058 Breast Cancer Screening and Services
    - Requires a facility performing a mammography examination to do the following:
        - An assessment of the patient's breast density as one of the following
            - Breast are almost entirely fatty
            - Scattered areas of fibro glandular density
            - Heterogeneously dense, which may obscure small masses
            - Extremely dense, which lowers the sensitivity of mammography
        - Notify the patient and patient's referring provider in writing of the determination concerning the patients breast density in the classifications described above

- HEA 1332 Insurance Matters
    - Requires a party to a health provider contract that intends to terminate the contractual relationship with another party to the health provider contract, provide written notice to the other part of the decision to terminate not less than 90 days before the health provider contract terminates

- SEA 9 Notice of Health Mergers and Acquisitions

- An Indiana health care entity that is involved with a merger or acquisition of another health care entity—with total assets of at least $10 million—is required to notify the Indiana Attorney General's office at least 90 days prior to the date of transaction
- "Health Care Entity" Defined:
    - Any organization that provides diagnostic, medical, surgical, dental treatment, or rehabilitative care
    - An insurer that issues a policy of accident and sickness insurance
    - A health maintenance organization
    - A pharmacy benefit
    - An administrator (as defined in IC 27-1-25-1)
    - A private equity partnership, regardless of where the equity of the partnership is located
- "Health Care Entity"
    - Medicaid Program
    - Medicare Program
    - Certain types of accident and sickness insurance coverage
- Requires the Attorney General
    - Requires the Attorney General's office to review the information submitted with the notice and allows the office to analyze in writing any antitrust concerns with the merger or acquisition
    - The Attorney General has the authority to issue a civil investigate demand for additional information
    - The information submitted to the Attorney General's office is confidential and may not be released to the public

- SEA 273 Biomarker Testing Coverage
    - Defines biomarker as a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered. The term includes the following:
        - Gene mutations
        - Characteristics of genes
        - Protein expression
    - Defines "biomarker testing" as the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker. The term includes:
        - Single-analyte tests
        - Multiplex panel tests
        - Protein expression
        - Whole exome, whole genome, and whole transcriptome sequencing

- Application for Waiver from HHS
    - Requires the Medicaid office to provide biomarker testing as a Medicaid program service, and to apply to HHS for approval of any waiver necessary under the federal Medicaid program for the purpose of providing biomarker testing
- Prior Authorization
    - If a prior authorization requirement applies to biomarker testing under a health plan, the health plan or third party acting on behalf of the health plan, must do the following
        - Approve or deny a request for prior authorization
        - Notify the covered individual of the approval or denial
    - Prior authorization determinations must be made in not more than five business days in the case of a nonurgent request, or 48 hours in the case of an urgent request

Legislative Morgue:

- HB 1059 Advanced Practice Registered Nurses
    - Sought to remove the collaborative agreement requirement between a physician and an APRN
    - Bill did not receive a hearing
- HB 1371 Certified Registered Nurse Anesthetists
    - Sought to allow for a dentist and podiatrist to supervise a CRNA (currently, only a physician has this authority)
    - Bill did not receive a hearing