INDIANA ACADEMY OF FAMILY PHYSICIANS

CELEBRATING 70 YEARS

2018 Legislative Priorities

Indiana has a part-time legislature, meeting January through mid-March in even numbered years and January through April in odd numbered years - budget years. The following issues and bills were addressed during the 2018 session.

Advanced Practice Registered Nurses HB 1302 was a very contentious bill which would have allowed Advanced Practice Registered Nurses to practice and prescribe independently in Indiana. The APRN's position was to grant independent prescribing after about a year and a half (in hours) of physician collaboration. Along with the ISMA, we strongly opposed this measure as written. The author held a meeting with the APRN lobbyist, the IAFP and the ISMA to see if any compromise could be reached. The APRNs showed little interest in compromising, the ISMA was flatly against the legislation on any basis, and our attempts to compromise were rejected by the APRNs. Our compromise was based mostly on a 3 year direct on-site (shoulder-to shoulder) physician supervision/collaboration requirement. Ultimately, the author of the bill and the House Public Health Chairwoman decided not to hear the bill. We expect the issue to be revisited in 2019.

Opioid Prescribing / PDMP SB 221 included language that would have required physicians to check INSPECT before prescribing any opioid or benzodiazepine medications to a patient (each script). There is an ongoing state initiative for the integration of INSPECT with the EMR through grant money that will potentially make checking INSPECT faster and more efficient - currently it is very slow, causing a barrier for physician access. Although the IAFP is in favor of prescribing physicians enrolling in INSPECT and checking INSPECT, the legislative team felt that checking for every prescription was overkill, would discourage some physicians from appropriately prescribing, and affect patient access for pain medication. Along with the help of the ISMA we were able to get an amendment included that would only require checking every 90 days when the patient has a controlled substance contract with the provider. Exactly how these requirements will be interpreted and implemented in practice are yet to be defined. Family physicians will not have to comply until 2021.

Opioid Prescribing / CME SB225 will require (beginning in 2019) two hours of CME on opioid prescribing and abuse every two years. We supported this bill along with all health care stakeholder organizations including the ISMA. While IAFP has policy opposing mandated CME, this was a reasonable bill with minimum requirements and a sunset date. It could have been much worse, and to oppose this legislation given the mood of the legislature regarding opioid prescribing would not have been a good political position to take.

Buprenorphine SB 398 would have created onerous regulations for office-based buprenorphine prescribing and would have created requirements close to the rigor of methadone clinics. This came primarily from the Attorney General's Office who is concerned with "Suboxone Mills". This was really misguided legislation opposed by the State Health Commissioner, addiction specialists, and the ISMA. We and others met with the AG's office that really was willing to listen to concerns and amiable to changes in the bill. Amendments were proposed that made the bill much better, including our proposal to exclude physicians prescribing in the office setting when treating 30 patients or less. The AG's office accepted this suggestion. Despite the work on the bill, the Chair of the Senate Health & Provider Services Committee chose not to hear the bill and instead sent it to a summer study committee for

review.

CBD Oil SB52 will legalize CBD oil (actually full spectrum hemp extract) with THC content of 0.3 percent or less. This was a great bipartisan effort and the IAFP was very supportive of the measure. There is a lack of good scientific studies (like many herbal supplements) because of the DEA's schedule 1 classification that severely hampers research. As a harmless herbal supplement our position is that if patients feel that it helps them, there is no reason for it to be illegal.

Chiropractors HB1384 extended chiropractors' scope of practice among other things. While this bill passed, we were able to have their specific ability to order and interpret advanced diagnostic imaging on all areas of the human body removed.

Prior Authorization HB 1143 was a result of a resolution passed at our 2017 congress and will require insurers to give more notice when they make PA changes. It gives clear guidance as to the documents needed for PA, the process flow and time frames for notification of approval or denial. It enables clinicians to take intermediate steps before a request is denied, and, if it is, insurers must cite specific reasons for denial rather than generalities. In all but a few situations, obtaining a PA will now guarantee payment for the authorized services. This bill will provide for increased consistency, transparency, and accountability for insurance companies. We worked closely with the ISMA in support of this legislation. These are huge victories for physicians in Indiana, but we plan on continuing our efforts to chip away at administrative burdens that keep physicians from practicing medicine.

2019 Legislative Priorities

We expect several of these issues to return in 2019. Additionally, we anticipate the return of a bill which would license naturopaths, and many more bills related to medical marijuana. We will also be working on changing the personal information that is publicly available on the Indiana Professional Licensing website. Currently, home addresses are listed.