



LEGISLATIVE UPDATE – 2024

Wednesday, February 29, 2024

To: EMS Commission Members
From: Kraig Kinney, State EMS Director
Re: Pending Legislation Report-2024 Session

Pursuant to the request of EMS Commission members that I provide a written list of bills that I note could have EMS impacts, here is a current report.

As a reminder, a bill must be passed by Committee and then have a Second and Third reading during which amendments may be made. Once a third reading is done, the bill would be eligible to be transferred to the opposite branch of the legislature for consideration. Many bills will have a First Reading and be assigned to Committee to not be heard there.

BLACK indicates that the bill was introduced but is pending in initial committee status.

BLUE indicates the bill has passed the first house and has been referred to the other House of the Indiana legislature.

GREEN indicates that the bill was passed by both Houses and signed into law by the Governor.

Here is a quick link to all the bills from the 2024 session, you can either check updated status or more information of any of these below by clicking the bill number or name:

<https://iga.in.gov/legislative/2024/bills>

This is a short session year so no budgetary item. We are past the deadline to file new bills.

Monday, February 5, 2024 Last day for 3rd reading of House bills in House.

Tuesday, February 6, 2024 Last day for 3rd reading of Senate bills in Senate.

Monday, March 4, 2024 Last day for 3rd reading of Senate bills in House.

Tuesday, March 5, 2024 Last day for 3rd reading of House bills in the Senate.

Thursday, March 14, 2024 Last day for adjournment of both houses (IC 2-2.1-1-3).

HB1003 **ADMINISTRATIVE LAW. (STEUERWALD G)** Makes the office of administrative law proceedings the ultimate authority in any administrative proceeding under its jurisdiction.

Current Status: **Passed out of the House**

Passed Senate Committee. Eligible for Second and Third Readings..

Note that comparable SB297 did not advance out of committee but that bill sponsor, Sen. Garten is now a Senate Sponsor for the House version.

HB1118 **MENTAL HEALTH CARE FOR FIRST RESPONDERS. (JACKSON C)** Establishes the Indiana first responders mental health wellness fund and program (fund and program). Provides that the division of mental health and addiction of the office of the secretary of family and social services (division) shall administer the fund and program. Provides that a first responder who meets certain requirements may apply to the division for: (1) costs associated with the first responder's active participation in a mental health treatment plan as determined by a psychologist or physician treating the first responder; and (2) compensation if the first responder is unable to work. Establishes requirements for obtaining compensation. Makes a continuous appropriation.

Current Status: Referred to House Public Health

Bill did not advance out of Committee.

HB1142 **HOOSIER FIRST RESPONDER MEDAL OF SELF-SACRIFICE. (LUCAS J)** Establishes the Hoosier first responder medal of self-sacrifice (medal) for an Indiana first responder killed or seriously injured in the line of duty (Indiana first responder). Provides that the department of homeland security (department) is responsible for the design, adoption, and procurement of the medal. Provides that a public safety agency may submit to the department a nomination of an Indiana first responder to be awarded a medal. Provides that, upon approval of a nomination, the department shall notify the governor of the nomination. Provides that the governor may award the medal to the Indiana first responder or the Indiana first responder's next of kin at a public ceremony.

Current Status: **Passed out of the House**

Senate passed Committee. Ready for Second Reading.

HB1302 **EMERGENCY MEDICAL SERVICES. (O'BRIEN T)** Provides that not later than May 15, 2024, the county executive shall provide the department of homeland security (department) certain information relating to each emergency medical services (EMS) provider in the county. Provides that not later than July 1, 2024, the department shall prepare and submit a report to the general assembly relating to the provision of EMS. Urges the legislative council to assign to the appropriate study committee the topic of improving the provision of EMS throughout Indiana.

Current Status: **Passed both the House and Senate. Needs Governor's signature.**

HB1378 **COVERAGE FOR MOBILE INTEGRATED HEALTHCARE SERVICES. (BAIRD B)** Requires health plans, subject to applicable deductible and coinsurance for a state employee health plan, to provide reimbursement for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program currently established in Delaware, White, and Montgomery counties. Provides that the reimbursement for emergency medical services that are performed or provided as part of a mobile integrated healthcare program in Delaware, White, and Montgomery counties shall be in effect from July 1, 2024, through June 30, 2027. Requires the department of insurance (department) to compile a report detailing any cost changes based on claims data, as a result of the reimbursement for emergency medical services that are performed or provided as part of a mobile integrated healthcare program in Delaware, White, and Montgomery counties. Requires the department to compile the report not later than July 1, 2026.

Current Status: Referred to House Insurance

Bill did not advance out of Committee.

HB1385 PAYMENT FOR AMBULANCE SERVICES. (BARRETT B) Requires a health plan operator to provide payment to a nonparticipating ambulance service provider for ambulance service provided to a covered individual: (1) at a rate not to exceed the rates set or approved, by contract or ordinance, by the county or municipality in which the ambulance service originated; or (2) if there are no rates set or approved by the county or municipality in which the ambulance service originated: (A) at the rate of 500% of the published rate for ambulance services established under the Medicare law for the same ambulance service provided in the same geographic area; or (B) according to the nonparticipating ambulance provider's billed charges; whichever is less. Provides that if a health plan makes payment to a nonparticipating ambulance service provider in compliance with these requirements: (1) the payment shall be considered payment in full, except for any copayment, coinsurance, deductible, and other cost sharing amounts that the health plan requires the covered individual to pay; and (2) the nonparticipating ambulance service provider is prohibited from billing the covered individual for any additional amount. Provides that the copayment, coinsurance, deductible, and other cost sharing amounts that a covered individual is required to pay in connection with ambulance service provided by a nonparticipating ambulance service provider shall not exceed the copayment, coinsurance, deductible, and other cost sharing amounts that the covered individual would be required to pay if the ambulance service had been provided by a participating ambulance service provider. Requires a health plan operator that receives a clean claim from a nonparticipating ambulance service provider to remit payment to the nonparticipating ambulance service provider not more than 30 days after receiving the clean claim. Provides that if a claim received by a health plan operator for ambulance service provided by a nonparticipating ambulance service provider is not a clean claim, the health plan operator, not more than 30 days after receiving the claim, shall: (1) remit payment; or (2) send a written notice that: (A) acknowledges the date of receipt of the claim; and (B) either explains why the health plan operator is declining to pay the claim or states that additional information is needed for a determination whether to pay the claim. Repeals the requirement that a health plan operator negotiate rates and terms with any ambulance service provider willing to become a participating provider and the requirement that the department of insurance, not later than May 1, 2024, submit a report concerning these negotiations.

Current Status: [Passed the House and Senate.](#)

[Changes made so will need House approval of Senate changes.](#)

SB54 MARION COUNTY FIRE CONSOLIDATION. (BALDWIN S) Authorizes the consolidation of a township fire department or fire protection territory in Marion County into the fire department of the consolidated city if the following occur: (1) The mayor of the consolidated city adopts a resolution approving the consolidation. (2) The city-county council adopts an ordinance approving the consolidation. (3) The mayor of the consolidated city approves the ordinance of the city-county council. Provides that a consolidation is effective on the date set forth in the ordinance adopted by the city-county council. Provides for the transfer of cumulative building and equipment fund balances, debt service balances, and firefighting fund balances on the effective date of the consolidation. Makes changes to a provision concerning the transfer of certain types of indebtedness to the consolidated city incurred before the effective date of the consolidation. Relocates language specifying that indebtedness related to fire protection services that is incurred before the effective date of the consolidation by the consolidated city remains the debt of the consolidated city and property taxes to pay the debt may only be levied within the fire special service district. Specifies that to become a firefighter with the fire department of the consolidated city as part of a consolidation, an individual must pass the work performance evaluation administered by the fire department of the consolidated city. Provides that a physician selected by the fire department of the consolidated city may, upon application by the firefighter, grant the firefighter an extension, for medical reasons, of the date by which the firefighter must pass the work performance evaluation. Provides that for purposes of determining the seniority of a merit firefighter who becomes employed by the fire department of the consolidated city through a consolidation: (1) the time served by the individual as a merit firefighter with the consolidated fire department also includes the total time served by the individual as a merit firefighter with the fire department in which the individual was serving at the time of the consolidation; and (2) the hire date of the individual is the date the individual was hired as a merit firefighter by the fire department in which the individual was serving at the time of consolidation. Specifies that if an individual becomes a firefighter employed by the fire department of the consolidated city through a consolidation, the individual's merit rank may not be reduced below the lesser of the merit rank held by the individual on the effective date of the consolidation or the rank of captain. Specifies that the consolidated city may levy property taxes within the area served by the consolidated fire department to provide for the payment of the expenses for the operation of the consolidated fire department. Provides that beginning with the fifth year after the year in which such a consolidation is effective, the total property tax rate imposed for fire protection within the territory formerly served by the fire department that was consolidated may not exceed the total property tax rate imposed for fire protection in other areas served by the fire department of the consolidated city.

Current Status: Was heard in Committee but held and has not currently advanced.

Bill did not advance out of Committee.

SB60 SAFE HAVEN INFANTS. (HOLDMAN T) Requires the Indiana clearinghouse for information on missing children and missing endangered adults to cooperate with licensed child placing agencies for purposes of locating missing children. Amends the definition of "safe haven infant" to provide that the term means any infant taken into custody by an emergency medical services provider under specified circumstances. Amends the definition of "abandoned infant" for purposes of juvenile law to provide that the term does not include a safe haven infant. Requires an emergency medical services provider who takes custody of a safe haven infant at a location other than a hospital to transport the safe haven infant to a hospital. Requires the department of child services (department) to do the following: (1) Create and maintain: (A) a means by which licensed child placing agencies may opt to receive notice of a safe haven infant having been taken into custody by an emergency medical services provider; and (B) a registry of licensed child placing agencies that have opted to receive notice. (2) Accurately track the number of safe haven infants taken into custody by emergency medical services providers. Requires a licensed child placing agency that assumes custody of a safe haven infant to immediately notify the department that the licensed child placing agency has assumed custody of the safe haven infant. Provides that if a licensed child placing agency assumes custody of a safe haven infant from an emergency medical services provider with which the licensed child placing agency, or an employee of the licensed child placing agency, has a financial relationship that could be construed as providing an incentive for the emergency medical services provider to give custody of the safe haven infant to the licensed child placing agency, the licensed child placing agency: (1) may not place the safe haven infant; and (2) shall, without unnecessary delay after taking custody of the safe haven infant, transfer custody of the safe haven infant to the department. Provides that if the department or a licensed child placing agency files a petition to terminate the parent-child relationship, the petition must be accompanied by an affidavit attesting to the existence of specified conditions. Specifies that notice to an unnamed or unknown putative parent regarding the surrender of a safe haven infant must be published only in Indiana counties. Makes technical corrections.

Current Status: 1/8/2024 - Referred to Senate Family and Children Services

Bill did not advance out of Committee.

SB142 COVERAGE FOR MOBILE INTEGRATED HEALTHCARE SERVICES. (BUCHANAN B)

Provides that a state employee health plan that provides coverage for emergency medical services must provide reimbursement, subject to applicable deductible and coinsurance, for a covered individual for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program. Provides that a policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program. Provides that an individual contract and a group contract that provide coverage for emergency medical services must provide reimbursement for emergency medical services that are performed or provided during a response initiated as part of a mobile integrated healthcare program.

Current Status: [Passed the Senate and referred to the House for consideration.](#)

[Amended and limited to a pilot program in Delaware, White and Montgomery counties.](#)

SB296 ADMINISTRATIVE PROCEEDINGS. (GARTEN C) Provides that the office of administrative legal proceedings (OALP) is the ultimate authority for agencies subject to the jurisdiction of the OALP. Provides that a court conducting a judicial review hearing shall review questions of law and fact de novo. Makes conforming amendments.

Current Status: Referred to Senate Judiciary

Bill did not advance out of Committee.

SB297 ADMINISTRATIVE RULES. (GARTEN C) Requires the office of management and budget (OMB) to determine if the implementation and compliance costs of a proposed rule is at least \$1,000,000. Requires an agency to conduct a regulatory analysis for a proposed interim or provisional rule. Requires the OMB to notify the legislative council of certain proposed rules that have a fiscal impact of over \$1,000,000 over the course of two years. Provides that certain proposed rules shall not be effective until the general assembly passes a bill authorizing the rule.

Current Status: [Passed the Senate and referred to the House for consideration.](#)