

Norton, King's Daughters' Health announce partnership plans

State Telehealth Laws and Reimbursement Policies

Spotlight on State: Indiana

*This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on *The Source* as we roll out additional states each week.*

See [Indiana](#) state page.

Indiana made significant advances in promoting healthcare price competition and transparency in 2020. Most notably, the legislature passed a law to mandate an all-payer claims database (APCD) that will include claims from Medicare, Medicaid or a Medicaid managed care organization, health maintenance organizations (HMOs), pharmacy benefit managers (PBMs), and other payers. The law also prohibits gag clauses in contracts with providers, PBMs, or health facilities. That is, the claims data may be disclosed to employers providing insurance coverage under such a contract.

The legislature also enacted new price transparency initiatives to provide more protections against balance billing for non-emergency services, requiring cost-sharing parity for services provided by an out of network provider at an in-network facility unless several specific criteria are met. It also clearly defines and protects an individual's right to receive a good faith estimate of the total price a practitioner will charge for providing a nonemergency health care service. The state also made strides in drug pricing transparency, enacting a [law](#) that prohibits insurers, HMOs, and other payers from limiting the ability of pharmacies and pharmacists to discuss more affordable alternative prescriptions with patients, as well as

several transparency requirements regulating PBM contracts.

Indiana also has robust statutes to prevent anticompetitive practices in healthcare markets. In hospital merger review authority, Indiana requires notice to and approval by the Attorney General prior to the merger of any public benefit corporation, including nonprofit hospitals. Additionally, the state prohibits anticompetitive contract provisions in provider and insurer contracts, including most-favored nation clauses and gag clauses. In 2020, Indiana passed new legislation that requires physician non-complete clauses to contain certain provisions to be enforceable. The legislature also recently proposed legislative action to enhance antitrust enforcement of all-or-nothing clauses and anti-tiering/anti-steering clauses to prevent anticompetitive practices.

See below for an overview of existing Indiana state mandates. Click on citation tab for detailed information of specific statutes (click link to download statute text).

Ind. Code §§ 27-17-5-1 through 27-17-5-3: Discount Medical Card Program Organizations- Disclosures

Statutes require discount medical card program organizations to make certain written disclosures to prospective cardholders on the first page of advertisements, marketing materials, and brochures. These disclosures must include that the program doesn't make payments to providers and that the program can make available a list of program providers.

Ind. Code §§ 27-4-1-1 through 27-4-1-19: Unfair Competition; Unfair or Deceptive Acts and Practices

Statutes regulate the trade practices in the business of insurance, by defining, or providing

for the determination of, all such practices which constitute in Indiana unfair methods of competition and unfair or deceptive acts or practices and by prohibiting the trade practices so defined or determined.

Ind. Code §§ 27-8-10-0.1 through 27-8-10-11.2: Life, Accident, and Health-Comprehensive Health Insurance

Statutes create the Indiana comprehensive health insurance association and include laws to govern its operation and application.

Ind. Code § 27-8-10-3.2. Balance billing: Comprehensive Health Insurance

Provides balance billing protections for comprehensive health insurance.

Ind. Code §§ 27-8-13-0.1 through 27-8-13-20: Life, Accident, and Health – Medicare Supplement Insurance Solicitations

Statutes govern Medicare supplement insurance policies.

Ind. Code §§ 27-8-15-0.1 through 27-8-15-34.1: Life, Accident, and Health — Small Employer Group Health Insurance

Statutes governing small employer group health insurance policies.

Ind. Code §§ 27-8-17-1 through 27-8-17-20: Life, Accident, and Health — Health Care Utilization Review

Statutes govern utilization review, which is defined as a system for prospective, concurrent, or retrospective review of the medical necessity and appropriateness of health care services provided or proposed to a covered individual.