# SB 60

Prohibition on risk based managed care programs. Extends the prohibition against the inclusion of certain Medicaid recipients in: (1) risk based managed care programs; or (2) capitated managed care programs; from June 30, 2021, to June 30, 2022.

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# SB 131

Disclosures related to prescription drugs. Beginning January 1, 2022, 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 on the written materials provided at the point of sale. Provides that if an agreement between a health plan and a pharmacy benefit manager that is entered into or renewed after December 31, 2021, 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 for prescription drugs dispensed under the policyholder's health plan for the previous year.

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# SB 139

Association health plans. Permits the formation of association health plans that: (1) offer coverage to "working owners", including self-employed individuals; and (2) are offered by a "sponsoring association" that: (A) has at least one substantial business purpose other than providing health plans or other employee benefits to its employer members; and (B) is made up of employer members that share a common trade, industry, line of business, or profession or have a principal place of business within the state or in a metropolitan area encompassing part of the state.

# SB 143

Pharmacy benefit managers. Allows a public employer and a self-funded health plan to use a reverse auction to procure the services of a pharmacy benefit manager. Requires an audit of prescription drug cost sharing for the state Medicaid program once every three state fiscal years. Requires a pharmacy benefit manager to: (1) perform its contractual duties in good faith and in observance of reasonable commercial standards of fair dealing; and (2) notify a health plan in writing if any activity, policy, or practice of the pharmacy benefit manager presents a conflict of interest. Adds requirements of pharmacy benefit managers when denying an appeal of the maximum allowable cost pricing of a prescription drug. Requires the department of insurance (department) to develop a process for complaints regarding pharmacy benefit managers. Requires a pharmacy benefit manager to provide the department with certain information within 20 business days after the date of a complaint. Prohibits a pharmacy benefit manager from requiring a pharmacy to obtain a signature from an individual for a prescription or immunization during a public health emergency. Requires the legislative services agency to conduct a study of market concentration in Indiana of: (1) the health insurance industry; (2) the hospital industry; (3) the professions of licensed health care practitioners; (4) the retail pharmaceutical industry; (5) the pharmacy benefit manager industry; and (6) the pharmacy services administrative organization industry, including its relationship to pharmaceutical wholesalers. Requires the legislative services agency to present the findings of the study not later than September 1, 2022.

# SB 262

Pharmacy benefit managers and drug lists. Prohibits a pharmacy benefit manager from including a drug on a maximum allowable cost list if the drug meets certain conditions.

# SB 335

Restrictions on copayments. Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide coverage without cost sharing for auto-injectable epinephrine that is prescribed to individuals less than 18 years of age. Requires an insurer to cap the total amount an insured is required to pay for a 30 day supply of a prescription insulin drug at an amount not to exceed $50, regardless of the amount or type of insulin prescribed to the insured.

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# SB 366

Physician assistants. Allows advanced practice registered nurses and physician assistants to issue written orders for home health services to a home health agency. Eliminates the requirements that a collaborative agreement between a collaborating physician and a physician assistant: (1) include all the tasks delegated to the physician assistant by the collaborating physician (instead requiring that the collaborative agreement include any limitations); and (2) specify the protocol to be followed by the physician assistant in prescribing a drug. Sets forth requirements of a collaborative agreement. Provides, as an exception to the requirement that a physician assistant may practice only subject to a collaboration agreement with a collaborating physician, that if a physician assistant practices in a licensed health care facility that has a credentialing process: (1) the physician assistant shall collaborate with and refer patients to appropriate members of the licensed health care facility's health care team; and (2) the responsibilities of the physician assistant and the degree of collaboration between the physician assistant and other members of the licensed health care facility's health care team shall be determined exclusively for purposes of the physician assistant's practice in the licensed health care facility by one or more persons in authority over the physician assistant. Provides that a physician assistant, without being delegated authority by a collaborating physician, may: (1) prescribe, dispense, administer, and procure drugs and medical devices; (2) plan and initiate a therapeutic regimen; and (3) prescribe and dispense schedule II-V substances and legend drugs. Allows a physician assistant to perform volunteer work regardless of the terms of or the existence of a collaboration agreement.

# SB 296

Health matters. Removes requirements of cost sharing in the healthy Indiana plan. Removes requirements concerning prescribing a drug to a patient receiving services through telemedicine when the individual has not been previously examined by the prescriber.

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# HB 1239

Prescription price. Requires a retail pharmacy, before dispensing a prescription, to inform an insured patient of the cost of the drug or device without insurance or an applicable discount, if the cost of the drug or device is less than the copayment cost to the patient using the insurance or an applicable discount.

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# HB 1402

All payer claims data base. Amends the definition of “health payer” to except some policies of accident and sickness insurance. Establishes requirements for the development and administration of the all payer claims data base. Establishes the all payer claims data base advisory board (advisory board) and sets forth membership requirements. Specifies the duties of: (1) the advisory board; and (2) the executive director who oversees the operation of the data base. Requires the establishment of a fee formula for data licensing and claims data collection and release.