

Second Regular Session of the 122nd General Assembly (2022)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2021 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1314

AN ACT to amend the Indiana Code concerning public safety.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 5-10-13-2, AS AMENDED BY P.L.227-2005, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. As used in this chapter, "employee" means an individual who:

(1) is employed full time by the state or a political subdivision of the state as:

- (A) a member of a fire department (as defined in IC 36-8-1-8);
- (B) an emergency medical services provider (as defined in IC 16-41-10-1);
- (C) a member of a police department (as defined in IC 36-8-1-9);
- (D) a correctional officer (as defined in IC 5-10-10-1.5);
- (E) a state police officer;
- (F) a county police officer;
- (G) a county sheriff;
- (H) an excise police officer;
- (I) a conservation enforcement officer;
- (J) a town marshal;
- (K) a deputy town marshal; ~~or~~
- (L) a department of homeland security fire investigator; or**



- ~~(E)~~ **(M)** a member of a consolidated law enforcement department established under IC 36-3-1-5.1;
- (2) in the course of the individual's employment is at high risk for occupational exposure to an exposure risk disease; and
- (3) is not employed elsewhere in a similar capacity.

SECTION 2. IC 5-10-15-3, AS ADDED BY P.L.62-2006, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. As used in this chapter, "employee" means an individual who:

- (1) is employed full time by the state or a political subdivision of the state as:
 - (A) a member of a fire department (as defined in IC 36-8-1-8);
 - (B) an emergency medical services provider (as defined in IC 16-41-10-1); **or**
 - (C) a member of a police department (as defined in IC 36-8-1-9); **or**
 - (D) a department of homeland security fire investigator;**
- (2) in the course of the individual's employment, is at risk for occupational exposure; and
- (3) is not employed elsewhere by the state or a political subdivision of the state in a similar capacity.

SECTION 3. IC 5-10-18-3, AS ADDED BY P.L.111-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. As used in this chapter, "public safety officer" means any of the following:

- (1) An excise police officer.
- (2) A conservation enforcement officer.
- (3) A gaming agent or a gaming control officer of the Indiana gaming commission (established by IC 4-33-3-1).
- (4) A state educational institution police officer appointed under IC 21-39-4.
- (5) A police officer who is employed by a postsecondary educational institution, other than a state educational institution, located in Indiana that appoints a police officer under IC 21-17-5.
- (6) A firefighter who is employed by the fire department of a state university.
- (7) A firefighter who is employed by a postsecondary educational institution, other than a state educational institution, located in Indiana that:
 - (A) maintains a fire department;
 - (B) employs firefighters for the fire department; and
 - (C) is accredited by the North Central Association.



(8) A firefighter who is employed by an operator that enters into an operating agreement under IC 5-23 for the operation of a public use airport that:

- (A) maintains a fire department; and
- (B) employs firefighters for the fire department.

(9) A school corporation police officer appointed under IC 20-26-16.

(10) A hospital police officer appointed under IC 16-18-4.

(11) A police officer employed under IC 8-22-3-34 by:

- (A) a local airport authority; or
- (B) an operator that enters into an operating agreement under IC 5-23 for the operation of a public use airport.

(12) A park ranger who:

- (A) completed at least the number of weeks of training at the Indiana law enforcement academy or a comparable law enforcement academy in another state that were required at the time the park ranger attended the Indiana law enforcement academy or the law enforcement academy in another state;
- (B) graduated from the Indiana law enforcement academy or a comparable law enforcement academy in another state; and
- (C) is employed by a local unit public employer located in a county containing a consolidated city.

(13) A department of homeland security fire investigator.

SECTION 4. IC 10-16-8-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 1. (a) To supplement the Indiana national guard, the governor may organize and maintain within Indiana military forces the governor considers necessary to ~~defend~~ **support** Indiana if any part of the Indiana national guard is in active federal service **or is engaged in state active duty.**

(b) The Indiana guard reserve shall be composed of ~~officers; commissioned or assigned; and~~ able bodied citizens who volunteer for service. ~~supplemented; if necessary; by members of the militia enrolled by draft or otherwise as provided by law:~~

(c) These forces:

- (1) are additional to and distinct from the Indiana national guard; and
- (2) shall be known as the Indiana guard reserve.

The members of the Indiana guard reserve may be uniformed **pursuant to regulation or policy established by the adjutant general.**

SECTION 5. IC 10-16-8-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) The ~~governor~~ **adjutant general** may adopt rules, **policies**, and regulations not



inconsistent with this chapter governing the ~~enlistment~~, organization, administration, equipment, maintenance, training, and discipline of members of the Indiana guard reserve. ~~However, the rules and regulations must conform to applicable law governing and pertaining to the Indiana national guard and the rules and regulations adopted under those laws and under regulations as the Secretary of Defense of the United States may prescribe for the organization, standard of training, instruction, and discipline.~~

(b) The adjutant general is designated as the commanding officer of the Indiana guard reserve, **and the Indiana guard reserve shall operate in a similar fashion to other national guard units or directorates under the adjutant general's command.** The administration of the Indiana guard reserve shall be in the ~~state military department: adjutant general's office.~~

(c) **The adjutant general shall establish an appropriate internal structure and organization of the Indiana guard reserve that is consistent with the needs of the Indiana national guard and the size and capabilities of the Indiana guard reserve.**

(d) **The adjutant general shall establish a process or procedure that provides for the promotion, demotion, and discipline of citizens who volunteer for the Indiana guard reserve. This process shall not be inconsistent with the process and procedure developed and used by the Indiana national guard for its members. However, volunteers with the Indiana guard reserve are not:**

- (1) **subject to military court-martial procedures under IC 10-16-9; or**
- (2) **covered by immunity protections under IC 10-16-7-7.**

(e) **Volunteers with the Indiana guard reserve shall respond to calls for voluntary service as established by the Indiana national guard.**

(f) **The Indiana guard reserve shall not be placed on state active duty under IC 10-16-7.**

(g) **The adjutant general retains final command authority over the Indiana guard reserve. However, the adjutant general may delegate operational and administrative control of the Indiana guard reserve to subordinate directorates within the Indiana national guard or the adjutant general's office that the adjutant general deems necessary and prudent for efficient operations.**

~~(e)~~ (h) **Upon recommendation of the adjutant general, the governor may disband the Indiana guard reserve. at any time the governor considers necessary and safe.**

SECTION 6. IC 10-16-8-4 IS AMENDED TO READ AS



FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 4. (a) For the use of members of the Indiana guard reserve, the governor may requisition from the secretary of defense arms, ammunition, clothing, and equipment that the secretary of defense may issue.

(b) (a) The governor state armory board shall make available the facilities of state armories and their equipment and other state premises and property as may be available.

(c) (b) School authorities may allow the use of school buildings and school grounds by the Indiana guard reserve, on the terms and conditions set out by the adjutant general.

SECTION 7. IC 10-16-8-5 IS REPEALED [EFFECTIVE JULY 1, 2022]. Sec. 5: The Indiana guard reserve may not be required to serve outside Indiana except as follows:

(1) Upon the request of the governor of another state, the governor of Indiana may order any part of or all the Indiana guard reserve to assist the military or police forces of another state who are engaged in defending the other state. The governor may recall these forces.

(2) An organization, a unit, or a detachment of the Indiana guard reserve, upon order of the officer in immediate command of the guard reserve, may continue in fresh pursuit of insurrectionists, saboteurs, enemies, or enemy forces beyond the borders of Indiana into another state until the insurrectionists, saboteurs, enemies, or enemy forces are apprehended or captured by the organization, unit, or detachment or until the military or police forces of the other state or the forces of the United States have had a reasonable opportunity to take up the pursuit or to apprehend or capture the persons. The pursuit is not authorized unless the other state gives authority by law for the pursuit by forces of Indiana. Any persons who are apprehended or captured in another state by an organization, unit, or detachment of the forces of Indiana shall without unnecessary delay be surrendered to the military or police forces of the state in which they are taken or to the United States. The surrender of insurrectionists or saboteurs to the military or police forces of the other state does not constitute a waiver by Indiana of its right to extradite or prosecute the insurrectionists or saboteurs for any crime committed in Indiana.

SECTION 8. IC 10-16-8-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 12. (a) If the Indiana guard reserve or any part of the Indiana guard reserve is ~~ordered out for active service or armory drill~~:



- (1) the uniform code of military justice governing the Indiana national guard relating to courts-martial, their jurisdiction, and the limits of punishment; and
- (2) the rules and regulations prescribed under the uniform code of military justice;

are in full force and effect as provided for in IC ~~10-16-9-1~~. **requested to provide voluntary service, the members of the Indiana guard reserve shall follow the orders and guidance of the Indiana national guard's chain of command and the rules and regulations adopted by the adjutant general under section 2 of this chapter regarding the discipline of members of the Indiana guard reserve.**

(b) ~~An officer or enlisted person of~~ **A volunteer responding to a call to voluntary service with** the Indiana guard reserve may not be arrested on any warrant, except for treason or felony, while going to, remaining at, or returning from a place where ~~ordered~~ **requested** to attend for ~~military duty~~. **voluntary service with the state.** ~~An officer and enlisted person~~ **A volunteer** of the Indiana guard reserve is, during the service in the Indiana guard reserve, exempt from service upon any posse comitatus.

SECTION 9. IC 10-16-8-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 13. The adjutant general of Indiana, with the approval of the governor **and subject to the availability of funds**, may procure a policy of group insurance for and covering members of the ~~military forces of Indiana~~ **guard reserve** covering and insuring against any injury received or had by members from any accident while ~~on drill or active duty~~: **actively providing voluntary service to the state.**

SECTION 10. IC 10-16-8-14 IS REPEALED [EFFECTIVE JULY 1, 2022]. ~~Sec. 14:~~ (a) The members of the Indiana guard reserve provided for in this chapter shall receive pay quarterly for time spent in authorized drill and instruction to be paid from any appropriation enacted for that purpose:

(b) The adjutant general shall:

- (1) cause quarterly payrolls to be prepared and submitted; and
- (2) provide regulations for the processing of payrolls.

(c) This section applies only to drill and instruction pay and does not apply to payroll for active duty.

SECTION 11. IC 10-19-2.1-3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 3. (a) Not later than October 31, 2022, the department, the state department of health, the integrated public safety commission established by IC 5-26-2-1,**



and the statewide 911 board established by IC 36-8-16.7-24 shall develop and submit recommendations regarding:

(1) ways that the 911 system can increase interoperability to better facilitate an emergency medical services (as defined in IC 16-18-2-110) response for the closest and most appropriate source; and

(2) the effectiveness of regionalized trauma systems and the impact of regionalized trauma systems on patient care;

to the executive director of the legislative services agency for distribution to the members of the general assembly. The report submitted to the executive director of the legislative services agency must be in an electronic format under IC 5-14-6.

(b) In developing recommendations, the department, state department of health, integrated public safety commission established by IC 5-26-2-1, and statewide 911 board established by IC 36-8-16.7-24 may consult stakeholders, including:

(1) emergency medical services provider organizations (as defined in 836 IAC 1-1-1(21));

(2) fire departments;

(3) hospitals or other emergency medical facilities; and

(4) local governments.

(c) This section expires July 1, 2023.

SECTION 12. IC 10-21-1-5, AS AMENDED BY P.L.69-2020, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. (a) A school corporation, charter school, or accredited nonpublic school may annually apply to the board for a matching grant from the fund for a program described in section 2(a)(1) of this chapter.

(b) The application must include the following:

(1) A concise description of the school corporation's, charter school's, or accredited nonpublic school's security needs.

(2) The estimated cost of the program to the school corporation, charter school, or accredited nonpublic school.

(3) The extent to which the school corporation, charter school, or accredited nonpublic school has access to and support from a nearby law enforcement agency, if applicable.

(4) The ADM of the school corporation or charter school or the equivalent for an accredited nonpublic school (or the combined ADM of the coalition of schools applying jointly).

(5) Any other information required by the board.

(6) A statement whether the school corporation or charter school has completed a local plan and has filed the plan with the county



school safety commission for the county in which the school corporation or charter school is located.

(7) A statement whether the school corporation or charter school (or coalition of public schools applying jointly) requests an advance under IC 20-49-10 in addition to a matching grant under this chapter.

(c) ~~Before July 1, 2021~~, Each school corporation, charter school, or accredited nonpublic school shall certify to the department of homeland security that the school corporation, charter school, or accredited nonpublic school has conducted a threat assessment for each school building used by the school corporation, charter school, or accredited nonpublic school before applying for a grant under this chapter.

(d) ~~Before July 1, 2021~~, Each school corporation, charter school, or accredited nonpublic school shall certify to the department of homeland security that the school corporation, charter school, or accredited nonpublic school has a memorandum of understanding in place with a community mental health center established under IC 12-29-2 or provider certified or licensed by the state to provide mental or behavioral health services to students before applying for a grant under this chapter. A provider described in this subsection may be employed by the school corporation, charter school, or accredited nonpublic school.

SECTION 13. IC 12-21-8-1.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 1.5. As used in this chapter, "account" means the first responder crisis intervention account established under section 11.4 of this chapter.**

SECTION 14. IC 12-21-8-11.4 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 11.4. (a) The auditor of state shall establish a first responder crisis intervention account within the statewide 9-8-8 trust fund established by section 11 of this chapter for the purpose of awarding grants to public safety agencies that provide first responder emergency services, to be used by the agencies for:**

- (1) developing local crisis intervention team programs;**
- (2) improving data collection on behavioral health runs and interactions; and**
- (3) updating training manuals.**

The account shall be administered by the division.

(b) The account shall consist of the following:



(1) Funds received from the federal government for the purposes described in subsection (a).

(2) Investment earnings, including interest, on money in the fund.

(3) Money from any other source, including gifts and grants.

(c) The expenses of administering the account shall be paid from money in the account.

(d) The division may award grants from the account to public safety agencies described in subsection (a) for the purposes specified in subsection (a).

(e) Money in the account at the end of a state fiscal year does not revert to the state general fund.

SECTION 15. IC 16-18-2-6.5, AS ADDED BY P.L.77-2012, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6.5. "Advanced emergency medical technician", for purposes of IC 16-31, means an individual who can perform at least one

(1) procedure but not all the procedures of a paramedic and who:

- (1) has completed a prescribed course in advanced life support;
- (2) has been certified by the Indiana emergency medical services commission;

- (3) is associated with a single supervising hospital; and

- (4) is affiliated with a provider organization. **is certified under the IC 16-31-3-2 Indiana emergency medical services commission standards for an advanced emergency medical technician certification to provide elements of advanced life support.**

SECTION 16. IC 16-18-2-7, AS AMENDED BY P.L.13-2013, SECTION 52, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. (a) "Advanced life support", for purposes of IC 16-31, means care that is given:

(1) at the scene of:

- (A) an accident;

- (B) an act of terrorism (as defined in IC 35-31.5-2-329), if the governor has declared a disaster emergency under IC 10-14-3-12 in response to the act of terrorism; or

- (C) an illness;

(2) during transport; or

(3) at a hospital;

by a paramedic or an advanced emergency medical technician and that is more advanced than the care usually provided by an emergency medical technician.

(b) The term may include any of the following:



- (1) ~~Defibrillation.~~ **Advanced cardiac life support.**
- (2) Endotracheal intubation.
- (3) Parenteral injections of appropriate medications.
- (4) Electrocardiogram interpretation.
- (5) Emergency management of trauma and illness.

SECTION 17. IC 16-18-2-13.4 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JULY 1, 2022]: **Sec. 13.4. (a) "Ambulance service" or "ambulance services", for purposes of IC 16-31, means:**

- (1) **the transportation of patients by ambulance; and**
- (2) **any treatment administered to patients before or during the transportation.**

(b) The term includes:

- (1) **emergency ambulance services; and**
- (2) **ambulance services that are not emergency ambulance services.**

SECTION 18. IC 16-18-2-33.5, AS AMENDED BY P.L.208-2015, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 33.5. (a) "Basic life support", for purposes of IC 16-31, means the following:**

- (1) Assessment of emergency patients.
- (2) Administration of oxygen.
- (3) Use of mechanical breathing devices.
- ~~(4) Application of anti-shock trousers:~~
- ~~(5)~~ (4) Performance of cardiopulmonary resuscitation.
- ~~(6)~~ (5) Application of dressings and bandage materials.
- ~~(7)~~ (6) Application of splinting and immobilization devices.
- ~~(8)~~ (7) Use of lifting and moving devices to ensure safe transport.
- ~~(9)~~ (8) Administration of epinephrine ~~through an auto-injector.~~ **in accordance with IC 16-31-3-23.**
- ~~(10)~~ (9) Blood glucose monitoring that is not more invasive than a capillary sampling using a lancet.
- ~~(11)~~ (10) Other procedures authorized by the Indiana emergency medical services commission, including procedures contained in the revised national emergency medical technician basic training curriculum guide.

(b) Except as provided by:

- (1) ~~subsection (a)(9) and the training and certification standards established under IC 16-31-2-9(3); and~~
- (2) ~~the training standards established under IC 16-31-2-9(4);~~

~~the term does not include invasive medical care techniques or advanced life support.~~



SECTION 19. IC 16-18-2-110, AS AMENDED BY P.L.100-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 110. "Emergency medical services", for purposes of IC 16-31, means

the provision of any of the following:

- (1) Emergency ambulance services or other services, including extrication and rescue services, utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.
- (2) Transportation services; acute care, chronic condition services; or disease management services provided as part of a mobile integrated healthcare program under IC 16-31-12: **an integrated medical care delivery system in which emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics provide emergency and nonemergency medical care to protect against the loss of life or aggravation of illness or injury:**
 - (1) during an emergency response;
 - (2) while transporting a patient in a ground or air ambulance outside of a hospital or health care facility; or
 - (3) as part of a mobile integrated healthcare program described in IC 16-31-12.

SECTION 20. IC 16-18-2-113 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 113. (a) "Emergency patient", for purposes of IC 16-31, means an individual who:

- (1) is acutely ill, injured, incapacitated, or helpless; and
 - (2) requires emergency medical services.
- (b) The term includes an individual who:
- (1) requires transportation on a litter or cot; or
 - (2) is transported in a vehicle certified as an ambulance under IC 16-31-3.

SECTION 21. IC 16-18-2-266, AS AMENDED BY P.L.77-2012, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 266. "Paramedic", for purposes of IC 16-31, means an individual who

- (1) is:
 - (A) affiliated with a certified paramedic organization;
 - (B) employed by a sponsoring hospital approved by the commission; or
 - (C) employed by a supervising hospital with a contract for inservice education with a sponsoring hospital approved by the commission;



(2) has completed a prescribed course in advanced life support;
and

(3) has been licensed by the Indiana emergency medical services ~~commission~~. **is certified under the IC 16-31-3-2 Indiana emergency medical services commission standards for paramedic licensure.**

SECTION 22. IC 16-21-2-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. **(a)** The governing board of the hospital is the supreme authority in the hospital and is responsible for the following:

- (1) The management, operation, and control of the hospital.
- (2) The appointment, reappointment, and assignment of privileges to members of the medical staff, with the advice and recommendations of the medical staff, consistent with the individual training, experience, and other qualifications of the medical staff.
- (3) Establishing requirements for appointments to and continued service on the hospital's medical staff, consistent with the appointee's individual training, experience, and other qualifications, including the following requirements:
 - (A) Proof that a medical staff member has qualified as a health care provider under IC 16-18-2-163(a).
 - (B) The performance of patient care and related duties in a manner that is not disruptive to the delivery of quality medical care in the hospital setting.
 - (C) Standards of quality medical care that recognize the efficient and effective utilization of hospital resources, developed by the medical staff.
- (4) Upon recommendation of the medical staff, establishing protocols within the requirements of this chapter and 410 IAC 15-1.2-1 for the admission, treatment, and care of patients with extended lengths of stay.

(b) The protocols established under subsection (a)(4) must provide that:

- (1) a patient's attending physician or the physician's designee must sign an order when the patient needs ambulance services other than emergency ambulance services; and**
- (2) the order signed by a patient's physician or the physician's designee under subdivision (1) must state:**
 - (A) the level of ambulance service needed for the patient;**
and
 - (B) the condition or diagnosis of the patient that makes the**



transportation of the patient by ambulance necessary.

SECTION 23. IC 16-28-8-8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 8. When a patient receiving care at a health facility, due to the patient's condition or diagnosis, needs ambulance services other than emergency ambulance services, the patient's attending physician or the physician's designee must sign an order that states:**

- (1) the level of ambulance service needed for the patient; and**
- (2) the condition or diagnosis of the patient that makes the transportation of the patient by ambulance necessary.**

SECTION 24. IC 16-31-2-2, AS AMENDED BY P.L.187-2021, SECTION 57, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: **Sec. 2. (a) The commission is composed of fourteen (14) members. The governor shall appoint the members for four (4) year terms as follows:**

- (1) One (1) must be appointed from a volunteer fire department that provides emergency medical service.
- (2) One (1) must be appointed from a full-time municipal fire or police department that provides emergency medical service.
- (3) One (1) must be a nonprofit provider of emergency ambulance services organized on a volunteer basis other than a volunteer fire department.
- (4) One (1) must be a provider of private ambulance services.
- (5) One (1) must be a state licensed paramedic.
- (6) One (1) must be a licensed physician who:
 - (A) has a primary interest, training, and experience in emergency medical services; and
 - (B) is currently practicing in an emergency medical services facility.
- (7) One (1) must be a chief executive officer of a hospital that provides emergency ambulance services.
- (8) One (1) must be a registered nurse who has supervisory or administrative responsibility in a hospital emergency department.
- (9) One (1) must be a licensed physician who:
 - (A) has a primary interest, training, and experience in trauma care; and
 - (B) is practicing in a trauma facility.
- (10) One (1) must be a state certified emergency medical service technician.
- (11) One (1) must be an individual who:
 - (A) represents the public at large; and



(B) is not in any way related to providing emergency medical services.

(12) One (1) must be a program director (as defined in 836 IAC 4-2-2(12)(B)(iii)) for a commission certified advanced life support training institution.

(13) One (1) must be the executive director of the department of homeland security appointed under IC 10-19-3-1 or the designee of the executive director.

(14) One (1) must be a representative of an entity that provides air ambulance services.

(b) The chief executive officer of a hospital appointed under subsection (a)(7) may designate another administrator of the hospital to serve for the chief executive officer on the commission.

(c) Not more than eight (8) members may be from the same political party.

SECTION 25. IC 16-31-2-7, AS AMENDED BY P.L.185-2015, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 7. (a) The commission shall do the following:

(1) Develop and promote, in cooperation with state, regional, and local public and private organizations, agencies, and persons, a statewide program for the provision of emergency medical services that must include the following:

(A) Preparation of state, regional, and local emergency ambulance service plans.

(B) Provision of consultative services to state, regional, and local organizations and agencies in developing and implementing emergency ambulance service programs.

(C) Promotion of a statewide system of emergency medical service facilities by developing minimum standards, procedures, and guidelines in regard to personnel, equipment, supplies, communications, facilities, and location of such centers.

(D) Promotion of programs for the training of personnel providing emergency medical services and programs for the education of the general public in first aid techniques and procedures. The training shall be held in various local communities of the state and shall be conducted by agreement with publicly and privately supported educational institutions or hospitals licensed under IC 16-21, wherever appropriate.

(E) Promotion of coordination of emergency communications, resources, and procedures throughout Indiana and, in cooperation with interested state, regional, and local public



and private agencies, organizations, and persons, the development of an effective state, regional, and local emergency communications system.

(F) Organizing and sponsoring a statewide emergency medical services conference to provide continuing education for persons providing emergency medical services.

(2) Regulate, inspect, and certify or license services, facilities, and personnel engaged in providing emergency medical services as provided in this article.

(3) Adopt rules required to implement an approved system of emergency medical services.

(4) Adopt rules concerning triage and transportation protocols for the transportation of trauma patients consistent with the field triage decision scheme of the American College of Surgeons Committee on Trauma.

(5) Apply for, receive, and accept gifts, bequests, grants-in-aid, state, federal, and local aid, and other forms of financial assistance for the support of emergency medical services.

(6) Employ necessary administrative staff.

(b) The commission shall include the provision of the mental health first aid training program developed under IC 12-21-5-4 in the promotion of continuing education programs under subsection (a)(1)(D).

SECTION 26. IC 16-31-2-11, AS AMENDED BY P.L.77-2012, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11. (a) The commission shall develop procedures for ongoing review of all emergency ambulance services.

(b) The commission **and the department of homeland security** may review any pre-hospital ambulance rescue or report record regarding an emergency patient that is utilized or compiled by an emergency ambulance service employing paramedics, advanced emergency medical technicians, or emergency medical technicians. However, except as provided in subsection (d), those records shall remain confidential and may be used ~~sotely for the purpose of compiling for the following purposes:~~

(1) The compilation and use of data and statistics. The use of such data or statistics is subject to IC 4-1-6.

(2) Sharing and exchanging data with another entity for the purpose of improving patient care and outcomes. The entity shall:

(A) be:

(i) a covered entity pursuant to the federal Health



Insurance Portability and Accountability Act (HIPAA) (P.L. 104-191); or

(ii) an Indiana nonprofit entity that performs health data services for a health care provider; and

(B) enter into a data sharing agreement with the commission or department of homeland security that governs the use and protection of confidential data.

(c) The commission **and the department of homeland security** may **independently** develop and oversee experimental study projects conducted by ambulance service providers in limited geographic areas of Indiana. These study projects must be developed and conducted in accordance with rules adopted by the commission under IC 4-22-2. These study projects must be designed to test the efficacy of new patient care techniques and new ambulance service systems.

(d) This subsection applies to emergency ambulance services that are provided by or under a contract with an entity that is a public agency for purposes of IC 5-14-3. The following information, if contained in a pre-hospital ambulance rescue or report record regarding an emergency patient, is public information and must be made available for inspection and copying under IC 5-14-3:

- (1) The date and time of the request for ambulance services.
- (2) The reason for the request for assistance.
- (3) The time and nature of the response to the request for ambulance services.
- (4) The time of arrival at the scene where the patient was located.
- (5) The time of departure from the scene where the patient was located.
- (6) The name of the facility, if any, to which the patient was delivered for further treatment and the time of arrival at that facility.

SECTION 27. IC 16-31-3-5, AS AMENDED BY P.L.249-2019, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. (a) The department of homeland security ~~shall~~ **may** waive any rule adopted by the commission under this article for:

- (1)** a person who provides emergency ambulance service;
- (2)** an emergency medical technician;
- (3)** an advanced emergency medical technician;
- (4)** a paramedic; or
- (5)** an ambulance;

when operating from a location in an adjoining state by contract with an Indiana unit of government to provide ~~emergency~~ ambulance or medical services to patients who are picked up or treated in Indiana.



(b) The department of homeland security may waive any rule, including a rule establishing a fee adopted by the commission under this article, for a person who submits facts demonstrating that:

(1) compliance with the rule will impose an undue hardship on the person; and

(2) either:

(A) noncompliance with the rule; or

(B) compliance with an alternative requirement approved by the department of homeland security;

will not jeopardize the quality of patient care. However, the department of homeland security may not waive a rule that sets forth educational requirements for a person regulated under this article.

(c) A waiver granted under subsection (b)(2)(B) is conditioned upon compliance with the alternative requirement approved under subsection (b).

(d) The department of homeland security shall establish an expiration date for any waiver that is granted.

(e) The department of homeland security may renew a waiver if the person makes the same demonstration required for the original waiver.

(f) The commission is the ultimate authority for orders issued under this section.

SECTION 28. IC 16-31-3-14, AS AMENDED BY P.L.142-2020, SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 14. (a) A person holding a certificate or license issued under this article must comply with the applicable standards and rules established under this article. A certificate holder or license holder is subject to disciplinary sanctions under subsection (b) if the department of homeland security determines that the certificate holder or license holder:

(1) engaged in or knowingly cooperated in fraud or material deception in order to obtain a certificate or license, including cheating on a certification or licensure examination;

(2) engaged in fraud or material deception in the course of professional services or activities;

(3) advertised services or goods in a false or misleading manner;

(4) falsified or knowingly allowed another person to falsify attendance records or certificates of completion of continuing education courses required under this article or rules adopted under this article;

(5) is convicted of a crime, if the act that resulted in the conviction has a direct bearing on determining if the certificate



holder or license holder should be entrusted to provide emergency medical services;

(6) is convicted of violating IC 9-19-14.5;

(7) fails to comply and maintain compliance with or violates any applicable provision, standard, or other requirement of this article or rules adopted under this article;

(8) continues to practice if the certificate holder or license holder becomes unfit to practice due to:

(A) professional incompetence that includes the undertaking of professional activities that the certificate holder or license holder is not qualified by training or experience to undertake;

(B) failure to keep abreast of current professional theory or practice;

(C) physical or mental disability; or

(D) addiction to, abuse of, or dependency on alcohol or other drugs that endanger the public by impairing the certificate holder's or license holder's ability to practice safely;

(9) engages in a course of lewd or immoral conduct in connection with the delivery of services to the public;

(10) allows the certificate holder's or license holder's name or a certificate or license issued under this article to be used in connection with a person who renders services beyond the scope of that person's training, experience, or competence;

(11) is subjected to disciplinary action in another state or jurisdiction on grounds similar to those contained in this chapter. For purposes of this subdivision, a certified copy of a record of disciplinary action constitutes prima facie evidence of a disciplinary action in another jurisdiction;

(12) assists another person in committing an act that would constitute a ground for disciplinary sanction under this chapter;

or

(13) allows a certificate or license issued by the commission to be:

(A) used by another person; or

(B) displayed to the public when the certificate or license is expired, inactive, invalid, revoked, or suspended; or

(14) fails to notify the department in writing of any misdemeanor or felony criminal conviction, except traffic related misdemeanors other than operating a motor vehicle under the influence of a drug or alcohol, within ninety (90) days after the entry of an order or judgment. A certified copy of the order or judgment with a letter of explanation must be



submitted to the department along with the written notice.

(b) The department of homeland security may issue an order under IC 4-21.5-3-6 to impose one (1) or more of the following sanctions if the department of homeland security determines that a certificate holder or license holder is subject to disciplinary sanctions under subsection (a):

- (1) Revocation of a certificate holder's certificate or license holder's license for a period not to exceed seven (7) years.
- (2) Suspension of a certificate holder's certificate or license holder's license for a period not to exceed seven (7) years.
- (3) Censure of a certificate holder or license holder.
- (4) Issuance of a letter of reprimand.
- (5) Assessment of a civil penalty against the certificate holder or license holder in accordance with the following:
 - (A) The civil penalty may not exceed five hundred dollars (\$500) per day per violation.
 - (B) If the certificate holder or license holder fails to pay the civil penalty within the time specified by the department of homeland security, the department of homeland security may suspend the certificate holder's certificate or license holder's license without additional proceedings.
- (6) Placement of a certificate holder or license holder on probation status and requirement of the certificate holder or license holder to:
 - (A) report regularly to the department of homeland security upon the matters that are the basis of probation;
 - (B) limit practice to those areas prescribed by the department of homeland security;
 - (C) continue or renew professional education approved by the department of homeland security until a satisfactory degree of skill has been attained in those areas that are the basis of the probation; or
 - (D) perform or refrain from performing any acts, including community restitution or service without compensation, that the department of homeland security considers appropriate to the public interest or to the rehabilitation or treatment of the certificate holder or license holder.

The department of homeland security may withdraw or modify this probation if the department of homeland security finds after a hearing that the deficiency that required disciplinary action is remedied or that changed circumstances warrant a modification of the order.



(c) If an applicant or a certificate holder or license holder has engaged in or knowingly cooperated in fraud or material deception to obtain a certificate or license, including cheating on the certification or licensure examination, the department of homeland security may rescind the certificate or license if it has been granted, void the examination or other fraudulent or deceptive material, and prohibit the applicant from reapplying for the certificate or license for a length of time established by the department of homeland security.

(d) The department of homeland security may deny certification or licensure to an applicant who would be subject to disciplinary sanctions under subsection (b) if that person were a certificate holder or license holder, has had disciplinary action taken against the applicant or the applicant's certificate or license to practice in another state or jurisdiction, or has practiced without a certificate or license in violation of the law. A certified copy of the record of disciplinary action is conclusive evidence of the other jurisdiction's disciplinary action.

(e) The department of homeland security may order a certificate holder or license holder to submit to a reasonable physical or mental examination if the certificate holder's or license holder's physical or mental capacity to practice safely and competently is at issue in a disciplinary proceeding. Failure to comply with a department of homeland security order to submit to a physical or mental examination makes a certificate holder or license holder liable to temporary suspension under subsection (i).

(f) Except as provided under subsection (a), subsection (g), and section 14.5 of this chapter, a certificate or license may not be denied, revoked, or suspended because the applicant, certificate holder, or license holder has been convicted of an offense. The acts from which the applicant's, certificate holder's, or license holder's conviction resulted may be considered as to whether the applicant or certificate holder or license holder should be entrusted to serve the public in a specific capacity.

(g) The department of homeland security may deny, suspend, or revoke a certificate or license issued under this article if the individual who holds or is applying for the certificate or license is convicted of any of the following:

- (1) Possession of cocaine or a narcotic drug under IC 35-48-4-6.
- (2) Possession of methamphetamine under IC 35-48-4-6.1.
- (3) Possession of a controlled substance under IC 35-48-4-7(a).
- (4) Fraudulently obtaining a controlled substance under IC 35-48-4-7(c).
- (5) Manufacture of paraphernalia as a Class D felony (for a crime



committed before July 1, 2014) or Level 6 felony (for a crime committed after June 30, 2014) under IC 35-48-4-8.1(b).

(6) Dealing in paraphernalia as a Class D felony (for a crime committed before July 1, 2014) or Level 6 felony (for a crime committed after June 30, 2014) under IC 35-48-4-8.5(b).

(7) Possession of paraphernalia as a Class D felony (for a crime committed before July 1, 2014) or Level 6 felony (for a crime committed after June 30, 2014) under IC 35-48-4-8.3(b) (before its amendment on July 1, 2015).

(8) Possession of marijuana, hash oil, hashish, or salvia as a Class D felony (for a crime committed before July 1, 2014) or Level 6 felony (for a crime committed after June 30, 2014) under IC 35-48-4-11.

(9) A felony offense under IC 35-48-4 involving:

(A) possession of a synthetic drug (as defined in IC 35-31.5-2-321);

(B) possession of a synthetic drug lookalike substance (as defined in IC 35-31.5-2-321.5 (before its repeal on July 1, 2019)) as a:

(i) Class D felony (for a crime committed before July 1, 2014); or

(ii) Level 6 felony (for a crime committed after June 30, 2014);

under IC 35-48-4-11.5 (before its repeal on July 1, 2019); or

(C) possession of a controlled substance analog (as defined in IC 35-48-1-9.3).

(10) Maintaining a common nuisance under IC 35-48-4-13 (repealed) or IC 35-45-1-5, if the common nuisance involves a controlled substance.

(11) An offense relating to registration, labeling, and prescription forms under IC 35-48-4-14.

(h) A decision of the department of homeland security under subsections (b) through (g) may be appealed to the commission under IC 4-21.5-3-7.

(i) The department of homeland security may temporarily suspend a certificate holder's certificate or license holder's license under IC 4-21.5-4 before a final adjudication or during the appeals process if the department of homeland security finds that a certificate holder or license holder would represent a clear and immediate danger to the public's health, safety, or property if the certificate holder or license holder were allowed to continue to practice.

(j) On receipt of a complaint or information alleging that a person



certified or licensed under this chapter or IC 16-31-3.5 has engaged in or is engaging in a practice that is subject to disciplinary sanctions under this chapter, the department of homeland security must initiate an investigation against the person.

(k) The department of homeland security shall conduct a factfinding investigation as the department of homeland security considers proper in relation to the complaint.

(l) The department of homeland security may reinstate a certificate or license that has been suspended under this section if the department of homeland security is satisfied that the applicant is able to practice with reasonable skill, competency, and safety to the public. As a condition of reinstatement, the department of homeland security may impose disciplinary or corrective measures authorized under this chapter.

(m) The department of homeland security may not reinstate a certificate or license that has been revoked under this chapter.

(n) The department of homeland security must be consistent in the application of sanctions authorized in this chapter. Significant departures from prior decisions involving similar conduct must be explained in the department of homeland security's findings or orders.

(o) A certificate holder may not surrender the certificate holder's certificate, and a license holder may not surrender the license holder's license, without the written approval of the department of homeland security, and the department of homeland security may impose any conditions appropriate to the surrender or reinstatement of a surrendered certificate or license.

(p) For purposes of this section, "certificate holder" means a person who holds:

- (1) an unlimited certificate;
- (2) a limited or probationary certificate; or
- (3) an inactive certificate.

(q) For purposes of this section, "license holder" means a person who holds:

- (1) an unlimited license;
- (2) a limited or probationary license; or
- (3) an inactive license.

SECTION 29. IC 16-31-3-26, AS ADDED BY P.L.79-2016, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 26. (a) Each provider organization shall ~~conduct an audit and review at least quarterly to assess, monitor, and evaluate the quality of patient care as follows:~~

- ~~(1) The audit must evaluate patient care and personnel~~



performance:

(2) The results of the audit must be reviewed with the emergency medical service personnel.

(3) Documentation for the audit and review must include the following:

(A) The criteria used to select audited runs:

(B) Problem identification and resolution.

(C) Date of review.

(D) Attendance at the review.

(E) A summary of the discussion at the review.

(4) The audit and review must be conducted under the direction of one (1) of the following:

(A) The provider organization medical director.

(B) An emergency department committee that is supervised by a medical director with a provider organization representative serving as a member of the committee.

(C) A committee established by the provider organization and under the direction of the medical director or medical director's designee. If the medical director selects a designee, the designee must:

(i) be a physician licensed under IC 25-22.5;

(ii) have an active role in the delivery of emergency care; and

(iii) be designated in writing by the medical director as the medical director's designee.

(5) The audit must provide a method for identifying the need for staff development programs, basic training, in-service training, and orientation.

(6) The audit must evaluate all levels of care by emergency medical service personnel. **participate in a written quality assurance program. Proceedings under this section are confidential, and any communication related to the quality assurance program is considered a privileged communication.**

(b) An audit and review proceeding under this section is confidential, and any communication at the audit and review proceeding is a privileged communication.

(c) This section does not prevent participation by a provider organization in a peer review committee proceeding under IC 34-30-15.

(d) The commission may adopt rules under IC 4-22-2 to implement this section.

SECTION 30. IC 16-31-5-1, AS AMENDED BY P.L.197-2016, SECTION 116, IS AMENDED TO READ AS FOLLOWS



[EFFECTIVE JULY 1, 2022]: Sec. 1. The governing body of a city, town, township, or county by the governing body's action or in any combination may do the following:

- (1) Establish, operate, and maintain emergency medical services.
- (2) Levy taxes under and limited by IC 6-3.6 and expend appropriated funds of the political subdivision to pay the costs and expenses of establishing, operating, maintaining, or contracting for emergency medical services.
- (3) Except as provided in section 2 of this chapter, authorize, franchise, or contract for emergency medical services. However:
 - (A) a county may not provide, authorize, or contract for emergency medical services within the limits of any city without the consent of the city; and
 - (B) a city or town may not provide, authorize, franchise, or contract for emergency medical services outside the limits of the city or town without the approval of the governing body of the area to be served.
- (4) Apply for, receive, and accept gifts, bequests, grants-in-aid, state, federal, and local aid, and other forms of financial assistance for the support of emergency medical services.
- (5) Establish and provide for the collection of reasonable fees for ~~emergency~~ ambulance services the governing body provides under this chapter.
- (6) Pay the fees or dues for individual or group membership in any regularly organized volunteer emergency medical services association on their own behalf or on behalf of the emergency medical services personnel serving that unit of government.

SECTION 31. IC 16-31-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. A city, town, or county may not adopt an ordinance that restricts a person from providing ~~emergency~~ ambulance services in the city, town, township, or county if:

- (1) the person is authorized to provide ~~emergency~~ ambulance services in any part of another county; and
- (2) the person has been requested to provide ~~emergency~~ ambulance services:
 - (A) to the county in which the person is authorized to provide ~~emergency~~ ambulance services, and those services will originate in another county; or
 - (B) from the county in which the person is authorized to provide ~~emergency~~ ambulance services, and those services will terminate in another county.



SECTION 32. IC 16-31-6.5-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. A person or entity in possession of a defibrillator shall: ~~notify the:~~

- (1) **notify the** ambulance service provider that serves the area where the person or entity is located **of the acquisition and location of the defibrillator; or and**
- (2) ~~emergency medical services commission;~~ **register the device with the department of homeland security in a manner prescribed by the department of homeland security.**

~~of the acquisition and location of the defibrillator:~~

SECTION 33. IC 16-31-6.5-6 IS REPEALED [EFFECTIVE JULY 1, 2022]. Sec. 6: ~~A person who uses a defibrillator is required to contact:~~

- ~~(1) the ambulance service provider; or~~
- ~~(2) a fire department that provides ambulance service;~~

~~for the area as soon as practicable following the use of the defibrillator:~~

SECTION 34. IC 16-31-13-2, AS ADDED BY P.L.37-2021, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 2. (a) If there is not an individual requiring medical attention or transport, a paramedic, advanced emergency medical technician, or emergency medical technician may use ~~emergency~~ ambulance services to transport an operational canine injured in the line of duty to a veterinary hospital or clinic.

(b) During transport, a paramedic, advanced emergency medical technician, or emergency medical technician may provide the following care to an injured operational canine:

- (1) Opening and manually maintaining an airway.
- (2) Performing cardiopulmonary resuscitation.
- (3) Administering oxygen.
- (4) Managing ventilation by mask.
- (5) Controlling hemorrhage with direct pressure.
- (6) Immobilizing fractures.
- (7) Bandaging.
- (8) Procedures authorized under a written protocol established and provided by the state veterinarian.
- (9) Procedures authorized by the Indiana emergency medical services commission.
- (10) If the paramedic, advanced emergency medical technician, or emergency medical technician is trained in canine tactical combat casualty care (K9TCCC), the individual may provide care within the scope and protocols of the K9TCCC training.

(c) A paramedic, advanced emergency medical technician, or



emergency medical technician may require a member of the law enforcement department or agency to accompany the injured operational canine during transport.

(d) Unless there is a written agreement that specifies the party that is financially responsible for the transportation and treatment cost for an injured operational canine, the law enforcement agency or other governmental agency that owns or requested the use of the operational canine is responsible for the transportation and treatment cost for the operational canine.

(e) A written agreement between a law enforcement agency or other governmental agency and a provider of ~~emergency~~ ambulance services that concerns the transport and care of an operational canine injured in the line of duty must specify which services described under subsection (b) will be covered under the agreement.

SECTION 35. IC 22-11-14-12, AS AMENDED BY P.L.107-2007, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 12. (a) A user fee, known as the public safety fee, is imposed on retail transactions made in Indiana of fireworks, in accordance with section 13 of this chapter.

(b) A person who acquires fireworks in a retail transaction is liable for the public safety fee on the transaction and, except as otherwise provided in this chapter, shall pay the public safety fee to the retailer as a separate added amount to the consideration in the transaction. The retailer shall collect the public safety fee as an agent for the state.

(c) The public safety fee shall be deposited in the state general fund. The auditor of state shall annually transfer the money received from the public safety fee as follows:

(1) Two million dollars (\$2,000,000) shall be deposited in the regional public safety training fund established by IC 10-15-3-12.

(2) Any additional money received shall be deposited **in evenly between** the state disaster relief fund established by IC 10-14-4-5 **and the regional public safety training fund described in subdivision (1).**

(d) The department of state revenue shall adopt rules under IC 4-22-2 necessary for the collection of the public safety fee money from retailers as described in subsections (b) and (c).

SECTION 36. IC 27-1-2.3 IS ADDED TO THE INDIANA CODE AS A **NEW CHAPTER** TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]:

Chapter 2.3. Payment for Ambulance Services

Sec. 1. As used in this chapter, "ambulance" refers only to a vehicle that is used to provide ambulance service on land.



Sec. 2. As used in this chapter, "ambulance service provider" means a person that:

- (1) provides ambulance service; and
- (2) holds a valid certificate issued by the commission under IC 16-31-3 authorizing the person to provide ambulance service.

Sec. 3. As used in this chapter, "covered individual" means an individual who is entitled to coverage under a health plan.

Sec. 4. As used in this chapter, "health plan" means any of the following:

- (1) A self-insurance program established under IC 5-10-8-7(b) to provide group coverage.
- (2) A prepaid health care delivery plan through which health services are provided under IC 5-10-8-7(c).
- (3) A policy of accident and sickness insurance as defined in IC 27-8-5-1, but not including any insurance, plan, or policy set forth in IC 27-8-5-2.5(a).
- (4) An individual contract (as defined in IC 27-13-1-21) or a group contract (as defined in IC 27-13-1-16) with a health maintenance organization that provides coverage for basic health care services (as defined in IC 27-13-1-4).

Sec. 5. As used in this chapter, "health plan operator" means the following:

- (1) In the case of a health plan described in section 4(1) or 4(2) of this chapter, the state of Indiana.
- (2) In the case of a health plan described in section 4(3) of this chapter, the insurer that issued the policy.
- (3) In the case of a health plan described in section 4(4) of this chapter, the health maintenance organization that entered into the contract.

Sec. 6. For purposes of this chapter:

- (1) an ambulance service provider that provides ambulance service to an individual covered by a health plan is "nonparticipating" with respect to the health plan if the ambulance service provider has not, by contract, affiliation, agreement, or any other means, agreed to be compensated by the health plan at no more than a certain amount or rate for the ambulance service; and
- (2) an ambulance service provider that provides ambulance service to an individual covered by a health plan is "participating" with respect to the health plan if the ambulance service provider has agreed to be compensated by



the health plan at no more than a certain amount or rate for the ambulance service.

Sec. 7. As used in this chapter, "person" means an individual, a corporation, a limited liability company, a partnership, or another legal entity.

Sec. 8. (a) A health plan operator shall fairly negotiate rates and terms with any ambulance service provider willing to become a participating provider with respect to the health plan.

(b) In negotiations under subsection (a), a health plan must consider all of the following:

(1) The ambulance service provider's usual and customary rates.

(2) The ambulance service provider's resources, and whether the ambulance service provider's staff is available twenty-four (24) hours per day every day.

(3) The average wages and fuel costs in the geographical area in which the ambulance service provider operates.

(4) The number of times in which individuals covered by the health plan have sought ambulance service from the ambulance service provider but the ambulance service provider's response was canceled or did not result in a transport.

(5) The local ordinances and state rules concerning staffing, response times, and equipment under which the ambulance service provider must operate.

(6) The types of requests for ambulance service for individuals covered by the health plan that the ambulance service provider generally receives, and the requesting party or agency by which those requests are generally made.

(7) The average reimbursement rate per level of service that the ambulance service provider generally receives as a nonparticipating provider.

(8) The specific:

(A) clinical and staff capabilities; and

(B) equipment resources;

that an ambulance service provider must have to adequately meet the needs of individuals covered by the health plan, such as for the transportation of covered individuals from one (1) hospital to another after traumatic injury.

(9) The average transport cost data reported to the office of the secretary of family and social services by governmental ambulance service providers located within the counties, and



contiguous counties, that the nonparticipating ambulance service provider serves.

(c) If negotiations between an ambulance service provider and a health plan operator under this section do not result in the ambulance service provider becoming a participating provider with respect to the health plan, each party shall maintain a written summary of the areas of negotiation that were not agreed upon for a period of two (2) years from the date the negotiations ended.

SECTION 37. IC 27-8-6-8, AS ADDED BY P.L.115-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 8. (a) As used in this section, "emergency medical services" has the meaning set forth in IC 16-18-2-110.

(b) As used in this section, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

(c) As used in this section, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1. However, for purposes of this section, the term does not include the following:

- (1) Accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.
- (2) Coverage issued as a supplement to liability insurance.
- (3) Automobile medical payment insurance.
- (4) A specified disease policy.
- (5) A policy that provides a stipulated daily, weekly, or monthly payment to an insured without regard to the actual expense of the confinement.
- (6) A short term insurance plan (as defined in IC 27-8-5.9-3).

(d) A policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement for emergency medical services that are:

- (1) rendered by an emergency medical services provider organization;
- (2) within the emergency medical services provider organization's scope of practice;
- (3) performed or provided as advanced life support services; and
- (4) performed or provided during a response initiated through the 911 system regardless of whether the patient is transported.

(e) Reimbursement for basic and advanced life support services through a policy to which this section applies must be provided on an equal basis regardless of whether the services involve



transportation of the patient by ambulance.

~~(e)~~ **(f)** If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section for an encounter, the insurer:

- (1) may reimburse under this section only for one (1) claim per patient encounter; and
- (2) shall reimburse the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services for the patient.

~~(f)~~ **(g)** The department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to implement this section.

~~(g)~~ **(h)** This section does not require a policy of accident and sickness insurance to provide coverage for emergency medical services.

SECTION 38. IC 27-8-38 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]:

Chapter 38. Coverage for Emergency Ambulance Services and Specialty Care Transport

Sec. 1. This chapter applies to:

- (1) accident and sickness insurance policies issued, delivered, or renewed after June 30, 2022; and
- (2) HMO contracts entered into or renewed after June 30, 2022.

Sec. 2. (a) As used in this chapter, "accident and sickness insurance policy" means an insurance policy that:

- (1) provides at least one (1) of the types of insurance described in IC 27-1-5-1, Classes 1(b) and 2(a); and
- (2) is issued on:
 - (A) an individual basis; or
 - (B) a group basis.

(b) "Accident and sickness insurance policy" does not include the following:

- (1) Accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.
- (2) Coverage issued as a supplement to liability insurance.
- (3) Worker's compensation or similar insurance.
- (4) Automobile medical payment insurance.
- (5) A specified disease policy.
- (6) A short term insurance plan that:
 - (A) may be renewed for the greater of:
 - (i) thirty-six (36) months; or



- (ii) the maximum period permitted under federal law;
 - (B) has a term of not more than three hundred sixty-four (364) days; and
 - (C) has an annual limit of at least two million dollars (\$2,000,000).
- (7) A policy that provides indemnity benefits not based on any expense incurred requirement, including a plan that provides coverage for:
- (A) hospital confinement, critical illness, or intensive care; or
 - (B) gaps for deductibles or copayments.
- (8) A supplemental plan that always pays in addition to other coverage.
- (9) A student health plan.
- (10) An employer sponsored health benefit plan that is:
- (A) provided to individuals who are eligible for Medicare; and
 - (B) not marketed as, or held out to be, a Medicare supplement policy.

Sec. 3. As used in this chapter, "emergency ambulance services" has the meaning set forth in IC 16-18-2-107.

Sec. 4. As used in this chapter, "emergency medical services" has the meaning set forth in IC 16-18-2-110.

Sec. 5. As used in this chapter, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission under the rules adopted under IC 16-31-3 to provide advanced life support.

Sec. 6. (a) As used in this chapter, "HMO contract" means a contract under which a health maintenance organization (as defined in IC 27-13-1-19) undertakes to provide or arrange for the delivery of health care services to enrollees on a prepaid basis, except for enrollee responsibility for copayments or deductibles.

(b) The term includes:

- (1) an individual contract (as defined in IC 27-13-1-21); and
- (2) a group contract (as defined in IC 27-13-1-16).

Sec. 7. As used in this chapter, "specialty care transport" means transport in which the level of service or procedures required is as set forth in 836 IAC 2-2-3(k) as in effect on January 1, 2022.

Sec. 8. An accident and sickness insurance policy or HMO contract that provides coverage for emergency medical services must also provide reimbursement for the following:



(1) Emergency ambulance services provided by an emergency medical services provider organization.

(2) Specialty care transport provided by an emergency medical services provider organization.

SECTION 39. IC 27-13-7-27, AS ADDED BY P.L.115-2020, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 27. (a) This section applies to each of the following:

(1) An individual contract.

(2) A group contract.

(b) As used in this section, "emergency medical services" has the meaning set forth in IC 16-18-2-110.

(c) As used in this section, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

(d) An individual contract and a group contract that provide coverage for emergency medical services must provide reimbursement for emergency medical services that are:

(1) rendered by an emergency medical services provider organization;

(2) within the emergency medical services provider organization's scope of practice;

(3) performed or provided as advanced life support services; and

(4) performed or provided during a response initiated through the 911 system regardless of whether the patient is transported.

(e) Reimbursement for basic and advanced life support services through a contract to which this section applies must be provided on an equal basis regardless of whether the services involve transportation of the patient by ambulance.

~~(e)~~ **(f)** If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section, the health maintenance organization:

(1) may reimburse under this section only for one (1) claim per patient encounter; and

(2) shall reimburse the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services.

~~(f)~~ **(g)** The department may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to implement this section.

~~(g)~~ **(h)** This section does not require an individual contract or a



group contract to provide coverage for emergency medical services.

SECTION 40. IC 36-8-10.5-6, AS AMENDED BY P.L.90-2017, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 6. (a) A full-time firefighter must successfully complete the minimum basic training requirements established by this chapter before the firefighter may perform the duties of a full-time firefighter for the political subdivision.

(b) A volunteer firefighter must successfully complete the minimum basic training requirements established by this chapter before **performing the firefighter may perform** the emergency response duties of a volunteer firefighter. **However, after June 30, 2023, emergency response duties do not include interior firefighter operations.**

(c) A volunteer firefighter who has successfully completed the minimum basic training requirements established by this chapter may be elected or appointed to membership in more than one (1) volunteer fire department.

SECTION 41. IC 36-8-17-5, AS AMENDED BY P.L.187-2021, SECTION 147, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 5. (a) The fire chief and the designees of the fire chief in every fire department are assistants to the state fire marshal.

(b) A fire department shall comply with an order issued by the department under IC 22-14-2-4 that directs the fire department to assist the department.

(c) A fire department shall report annually to the department of homeland security, in a manner prescribed by the department of homeland security, information relating to each emergency response by the fire department. In the event that a fire department fails to comply with this section, the department of homeland security, notwithstanding any other law, may determine that the fire department is ineligible to receive grants administered by the department of homeland security.

(d) This section also applies to a fire department established by the board of trustees of Purdue University under IC 21-39-7.

SECTION 42. [EFFECTIVE JULY 1, 2022] **(a) The legislative services agency shall prepare legislation for introduction in the 2023 regular session of the general assembly to make appropriate amendments to the Indiana Code necessary to conform with this act.**

(b) This SECTION expires July 1, 2024.

SECTION 43. An emergency is declared for this act.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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