

ISAHU Bill Report
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- HB1136 INSURANCE MATTERS (LEHMAN M) Amends the application of the annual audited financial report law to domestic insurers. Specifies that an insurer is not prevented from making available a named driver exclusion in a commercial motor vehicle policy. Provides for suspension of a nonresident insurance producer license and a nonresident public adjuster license if the home state license is not effective in good standing. Specifies certain requirements for a domestic insurer that is part of an insurance holding company system, including requirements related to: (1) the board of directors; and (2) financial disclosures and activities. Defines and specifies requirements for supervision of an internationally active insurance group, including determination of a supervising regulatory official. Specifies penalties for violations of the insurance holding company system law. Allows credit for reinsurance to a domestic ceding insurer if the reinsurance contract does not allow for a reduction in indemnification by claim defense costs. Requires certain information to be provided to and submitted to a data base by a closing agent within a certain period following a real estate or mortgage transaction. Defines "small employer" for purposes of health insurance plans that are not grandfathered under federal law. Requires health coverage independent review organizations to provide notice of an expedited determination within 72 hours after the grievance or review is filed, rather than 24 hours after the determination is made. Provides for the property and casualty insurance guaranty association to obtain reimbursement for certain payments in connection with large deductible worker's compensation policies. Allows the commissioner, in insurer supervision proceedings, to pursue insurance proceeds for certain acts or omissions of officers and directors of the supervised insurer. Makes conforming amendments.
- Current Status:* 1/7/2016 - Coauthored by Representatives Carbaugh and Hale
All Bill Status: 1/7/2016 - Referred to House Insurance
1/7/2016 - First Reading
1/7/2016 - Authored By Matthew Lehman
State Bill Page: [HB1136](#)
- SB30 ACCIDENT AND SICKNESS INSURANCE CLAIM DENIALS (MILLER P) Requires the department of insurance to develop, post, and maintain on the department's Internet web site information concerning internal and external grievances for accident and sickness insurance policies and health maintenance organization contracts. Requires certain information to be provided by accident and sickness insurers and health maintenance organizations to each insured and covered individual when an accident and sickness policy or a health maintenance organization contract is issued or renewed, or a claim for services is denied. Requires insurers and health maintenance organizations to file quarterly reports with the commissioner of insurance on the number of denied claims during the quarter. (The introduced version of this bill was prepared by the interim study committee on public health, behavioral health, and human services).
- Current Status:* 1/5/2016 - Referred to Senate Health & Provider Services
All Bill Status: 1/5/2016 - First Reading
1/5/2016 - Authored By Patricia Miller
State Bill Page: [SB30](#)
- SB100 CIVIL RIGHTS (HOLDMAN T) Prohibits discriminatory practices in acquisition or sale of real estate, housing, education, public accommodations, employment, the extending of credit, and public contracts based on military active duty status, sexual orientation, or gender identity. Provides protections for religious liberty and conscience. Preempts local civil rights ordinances that conflict with the state civil rights law. Provides that the provisions of this act are nonseverable. Repeals a provision that indicates that local entities may adopt civil rights ordinances that differ from state law.
- Current Status:* 1/5/2016 - Referred to Senate Rules & Legislative Procedure
All Bill Status: 1/5/2016 - First Reading
1/5/2016 - Authored By Travis Holdman
State Bill Page: [SB100](#)
- SB165 HEALTHY INDIANA PLAN (MILLER P) Repeals the prior healthy Indiana plan statutes and makes revisions to the currently operating healthy Indiana plan. Repeals statutes governing the high risk Indiana check-up plan.
- Current Status:* 1/13/2016 - Senate Health & Provider Services, (Bill Scheduled for Hearing)
All Bill Status: 1/5/2016 - Referred to Senate Health & Provider Services
1/5/2016 - First Reading
1/5/2016 - Authored By Patricia Miller
State Bill Page: [SB165](#)
- SB171 INSURANCE PAYMENTS TO PROVIDERS (BECKER V) Specifies requirements for accident and sickness insurers and

health maintenance organizations related to provider claim payment by electronic funds transfer.

Current Status: 1/5/2016 - Referred to Senate Insurance & Financial Institutions

All Bill Status: 1/5/2016 - First Reading

1/5/2016 - Authored By Vaneta Becker

State Bill Page: [SB171](#)

SB206

FSSA MATTERS (MILLER P) Allows the secretary of family and social services (secretary) to delegate appointment authorities, the issuance of certain orders, and other acts to carry out the functions of the divisions to an individual. Authorizes the secretary to adopt rules concerning the implementation and administration of the early education grant pilot program. Changes references from intermediate care facility for the mentally retarded to intermediate care facility for individuals with intellectual disabilities. Creates an exception for state institutions concerning advanced practice nurses acting under a collaborative agreement with a practitioner, requiring that the nurse act under privileges granted by the medical staff of the institution.

Current Status: 1/13/2016 - Senate Health & Provider Services, (Bill Scheduled for Hearing)

All Bill Status: 1/6/2016 - Referred to Senate Health & Provider Services

1/6/2016 - First Reading

1/6/2016 - Authored By Patricia Miller

State Bill Page: [SB206](#)

SB210

FAMILY LEAVE INSURANCE PROGRAM (TALLIAN K) Requires the department of insurance to establish, not later than January 1, 2017, a family leave insurance program (program) for the purpose of providing benefits to employees who elect to participate in the program. Requires that: (1) the program be voluntary for both employers and employees; (2) both employers and employees make contributions to the program to fund benefits; (3) employee contributions be made by payroll deduction; (4) the benefit eligibility requirements established for the program include, at a minimum, the requirements that qualify an employee for leave under the federal Family and Medical Leave Act; and (5) an employee have the option to select whether the employee's benefit is equal to 100%, 75%, or 50 % of the employee's salary and the number of weeks that a benefit will be paid. Requires the department of insurance to develop the program with the assistance of and in coordination with the department of labor. Requires the department of insurance, not later than November 1, 2016, to submit a report to the legislative council and the budget committee concerning the proposed program. Establishes the family leave insurance program trust fund (trust fund) for the purpose of paying program benefits. Transfers and appropriates the balance in the political subdivision risk management fund to the trust fund.

Current Status: 1/6/2016 - Referred to Senate Pensions & Labor

All Bill Status: 1/6/2016 - First Reading

1/6/2016 - Authored By Karen Tallian

State Bill Page: [SB210](#)