

Health Practitioners Data Collection as Required by 2018 SEA 223

Background:

Information is routinely collected from health care practitioners on a biennial basis in conjunction with license renewal. Historically, provision of this information was voluntary. However, in 2018, Senate Enrolled Act 223 (SEA 223) required that identified licensees associated with selected boards must provide select information, beginning January 1, 2019. The mandatory information collected as a part of this initiative includes:¹

- (1) *The practitioner's specialty or field of practice.*
- (2) *The following concerning the practitioner's current practice:*
 - a. *The location or address.*
 - b. *The setting type.*
 - c. *The average hours worked weekly.*
 - d. *The health care services provided.*
- (3) *The practitioner's education background and training.*
- (4) *For a practitioner that is a prescriber (as defined in IC 25-1-9.5-4), whether the practitioner delivers health care services through telemedicine (as defined in IC 25-1-9.5-6).*

With the exception of “health care services provided,” all other information has been collected in previous renewal cycles (link to surveys for [physicians](#), [nurses](#), [dentists](#), [dental hygienists](#), [behavioral health professions](#) pre-mandate). (Note: all other survey questions will remain unchanged, with the exception of potential minor formatting changes to accommodate the new mandate). Implementation of SEA 223 requires that a survey question be structured to collect information on health care services provided (relevant to each license type). Research was completed to inform structuring of a survey question and responses. Structured questions are presented below.

The Governor’s Health Workforce Council serves as the review and approval body for licensure survey questions. The status of upcoming reviews is below:

- March 25th, 2019: Physicians and Nurses **approved**
- June 11th, 2019: Dentists, Dental Hygienist, and Behavioral Health Board Professions **approved**
- **Additional professions and dates TBD**

This document is living and will be updated as additional tools are reviewed and approved by the Council.

¹ See full act for additional information: <http://iga.in.gov/legislative/2018/bills/senate/223>

Medical Licensing Board

Administered to: Physicians

Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.

CHECKBOXES

- Addiction counseling
- Dementia/Alzheimer's care
- Hepatitis C Treatment/Management
- High-risk Pregnancy services
- HIV/AIDS Treatment/Management
- Labor and delivery services
- MAT (Medication Assisted Treatment) - Methadone
- MAT (Medication Assisted Treatment) - Buprenorphine
- MAT (Medication Assisted Treatment) - Naltrexone
- Post-natal services
- Pre-natal services
- Screening for addiction (ex: SBIRT)
- Screening for high-risk pregnancy
- Treatment of OUD-affected Pregnant Women
- None of the above

Please indicate the population groups to which you provide services:

CHECKBOXES

- Newborns
- Children (ages 2-10)
- Adolescents (ages 10-19)
- Adults
- Geriatrics (ages 65+)
- Pregnant women
- Inmates
- Disabled individuals
- Individuals in recovery
- None of the above

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Indiana State Board of Nursing

Administered to: Registered Nurses, Advanced Practice Registered Nurses

Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.

CHECKBOXES

- Addiction counseling
- Dementia/Alzheimer's care
- Hepatitis C Treatment/Management
- High-risk Pregnancy services
- HIV/AIDS Treatment/Management
- Labor and delivery services
- MAT (Medication Assisted Treatment) - Methadone
- MAT (Medication Assisted Treatment) - Buprenorphine
- MAT (Medication Assisted Treatment) - Naltrexone
- Post-natal services
- Pre-natal services
- Screening for addiction (ex: SBIRT)
- Screening for high-risk pregnancy
- Treatment of OUD-affected Pregnant Women
- I am a certified Sexual Assault Nurse Examiner (SANE).
- None of the above

Please indicate the population groups to which you provide services: (Please check all that apply.)

CHECKBOXES

- Newborns
- Children (ages 2-10)
- Adolescents (ages 10-19)
- Adults
- Geriatrics (ages 65+)
- Pregnant women
- Inmates
- Disabled individuals
- Individuals in recovery
- None of the above

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State Board of Dentistry
Administered to: Indiana Dentists

Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.

CHECKBOXES

- Dental sealants
- Diabetes screening
- HIV screening
- Hypertension screening
- Oral cancer screening
- Screening for substance use/addiction (ex: SBIRT)
- Tobacco cessation counseling
- None of the above

Please indicate the population groups to which you provide services:

CHECKBOXES

- Newborns
- Children (ages 2-10)
- Adolescents (ages 10-19)
- Adults
- Geriatrics (ages 65+)
- Pregnant women
- Inmates
- Disabled individuals
- Individuals in recovery
- None of the above

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State Board of Dentistry
Administered to: Indiana Dental Hygienists

Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.

CHECKBOXES

- Administration of local dental anesthetics
- Dental sealants
- Diabetes screening
- HIV screening
- Hypertension screening
- Oral cancer screening
- Preventive dental hygiene services directly to patients under an access practice agreement
- Screening for substance use/addiction (ex: SBIRT)
- Tobacco cessation counseling
- None of the above

Please indicate the population groups to which you provide services:

CHECKBOXES

- Newborns
- Children (ages 2-10)
- Adolescents (ages 10-19)
- Adults
- Geriatrics (ages 65+)
- Pregnant women
- Inmates
- Disabled individuals
- Individuals in recovery
- None of the above

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Behavioral Health and Human Services Licensing Board

Administered to: Bachelor Social Workers, Social Workers, Clinical Social Workers, Marriage and Family Therapist Associates, Marriage and Family Therapists, Mental Health Counselor Associates, Mental Health Counselors, Addiction Counselor, Addiction Counselor Associate, Clinical Addiction Counselor Associate

Please indicate which of the following services you routinely provide as a part of your practice: (Note: The purposes of this services list is to gather information on key health issues in Indiana) Please check all that apply.

CHECKBOXES

- Addiction counseling
- Crisis counseling
- Dementia/Alzheimer's care
- School counseling
- None of the above

Please indicate the population groups to which you provide services:

CHECKBOXES

- Newborns
- Children (ages 2-10)
- Adolescents (ages 10-19)
- Adults
- Geriatrics (ages 65+)
- Pregnant women
- Inmates
- Disabled individuals
- Individuals in recovery
- None of the above