

LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS
FISCAL IMPACT STATEMENT

LS 6506

BILL NUMBER: HB 1255

NOTE PREPARED: Dec 30, 2025

BILL AMENDED:

SUBJECT: Presumption of Continuation of Life.

FIRST AUTHOR: Rep. Sweet

BILL STATUS: As Introduced

FIRST SPONSOR:

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill establishes a presumption that the continuation of life is in a minor's best interests. It requires a health care provider to obtain the consent of each parent or each legal guardian before issuing a do not resuscitate order or otherwise withholding or withdrawing treatment to allow the natural death of a minor. This bill prohibits a health care provider from interfering with the transfer of a minor patient at the request of a parent or guardian or otherwise preventing life saving measures before or during the transfer and states that a court does not have jurisdiction to withdraw life sustaining treatment for a minor.

Effective Date: July 1, 2026.

Explanation of State Expenditures: The bill sets forth actions required of, and prohibited by, health care providers regarding medical care delivered to a minor, including a minor who is born premature at less than 20 weeks gestation. To the extent these provisions increase the utilization of medical services, state expenditures could increase for the State Employee Health Plan and state Medicaid program. Any resulting increase in state General Fund expenditures is indeterminable.

Additional Information: There are an estimated 79,000 to 82,000 annual births in Indiana. National data from the Centers on Disease Control (CDC) indicates births at under 28 weeks gestation occurred at a rate of 0.0064% in 2022. Applied to Indiana, this translates to an estimated 505 to 525 annual births at under 28 weeks gestation. Approximately 41% of Indiana births are covered by Indiana Medicaid. A newborn whose mother is on Indiana Medicaid at the time of birth will automatically be covered under Hoosier Healthwise.

Medicaid and the Children's Health Insurance Program (CHIP) are jointly funded between the state and federal governments. The state share of most Medicaid medical services for FFY 2026 is 35% and for CHIP is 25%. The state share of most Medicaid and CHIP expenditures is paid from state General Fund appropriations.

Explanation of State Revenues:

Explanation of Local Expenditures: Local units offering employee health plans may experience increased costs due to provisions in the bill.

Explanation of Local Revenues:

State Agencies Affected: All state agencies; Office of Medicaid Policy and Planning, Family and Social Services Administration.

Local Agencies Affected: Local units offering employee health plans.

Information Sources: www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf;
www.in.gov/health/mch/files/Indiana-Infant-Mortality-and-Birth-Outcome-2023.pdf;
www.in.gov/health/directory/office-of-the-commissioner/public-health-data-navigator/maternal-and-child-health/birth-outcomes-and-infant-mortality-dashboard.

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