



PREVAILED

Roll Call No. \_\_\_\_\_

FAILED

Ayes \_\_\_\_\_

WITHDRAWN

Noes \_\_\_\_\_

RULED OUT OF ORDER

## HOUSE MOTION \_\_\_\_\_

MR. SPEAKER:

I move that House Bill 1271 be amended to read as follows:

- 1       Page 2, delete lines 34 through 35.
- 2       Page 2, line 36, delete "(4)" and insert "(3)".
- 3       Page 2, delete lines 41 through 42.
- 4       Page 3, delete lines 1 through 2, begin a new line block indented  
5       and insert:
  - 6       **"(1) During registration or intake for inpatient or outpatient**  
7       **services, unless the patient is incapable of reasonably**  
8       **receiving the notice at that time.**
  - 9       **(2) If the patient is incapable of reasonably receiving the**  
10      **notice during registration or intake under subdivision (1), at**  
11      **discharge."**
- 12      Page 3, line 31, delete "Determine" and insert "**Make a reasonable**  
13      **effort to determine**".
- 14      Page 4, delete lines 4 through 9.
- 15      Page 5, between lines 22 and 23, begin a new paragraph and insert:  
16      "SECTION 7. IC 27-8-5.7-0.5 IS ADDED TO THE INDIANA  
17      CODE AS A NEW SECTION TO READ AS FOLLOWS  
18      [EFFECTIVE JULY 1, 2026]: Sec. 0.5. Sections 6.7, 9.5, and 9.7 of  
19      this chapter, as added in the 2026 session of the general assembly,  
20      and section 10 of this chapter, as amended in the 2026 session of  
21      the general assembly, apply to an accident and sickness insurance

1       **policy that:**

2           **(1) is issued, delivered, amended, or renewed after June 30,**  
3           **2026; and**

4           **(2) provides coverage during a plan year beginning after**  
5           **December 31, 2026."**

6       Page 5, delete lines 38 through 42.

7       Page 6, delete lines 1 through 31, begin a new paragraph and insert:  
8           **"SECTION 10. IC 27-8-5.7-9.5 IS ADDED TO THE INDIANA**  
9           **CODE AS A NEW SECTION TO READ AS FOLLOWS**  
10           **[EFFECTIVE JULY 1, 2026]: Sec. 9.5. (a) This section does not**  
11           **apply to the recoupment or refund of a payment that is subject to**  
12           **section 9.7 of this chapter.**

13           **(b) Subject to section 10 of this chapter, an insurer may not seek**  
14           **recoupment or a refund of a payment made to a provider unless**  
15           **the recoupment or refund is for an overpayment that was caused**  
16           **by:**

17           **(1) fraud;**  
18           **(2) an error in the coordination of benefits; or**  
19           **(3) duplicate payments.**

20       SECTION 11. IC 27-8-5.7-9.7 IS ADDED TO THE INDIANA  
21       CODE AS A NEW SECTION TO READ AS FOLLOWS  
22       [EFFECTIVE JULY 1, 2026]: Sec. 9.7. (a) This section only applies  
23           **to the recoupment or refund of a payment made by an insurer to**  
24           **a health provider facility when an individual was transferred from**  
25           **one (1) health provider facility to another health provider facility.**

26           **(b) Subject to section 10 of this chapter, an insurer may not seek**  
27           **recoupment or a refund of a payment made to a health provider**  
28           **facility that provided initial health care services to an individual**  
29           **who was subsequently transferred to another health provider**  
30           **facility unless:**

31           **(1) the claim was submitted fraudulently; or**  
32           **(2) the:**  
33           **(A) individual was not entitled to coverage; or**  
34           **(B) health care services provided to the individual were not**  
35           **covered;**

36           **at the time the health care services were rendered.**

37           **(c) The limitation on seeking recoupment or refund of a**  
38           **payment made to a health provider facility under subsection (b)**  
39           **applies regardless of:**

40           **(1) the reason for the transfer;**  
41           **(2) the type of facility receiving the individual; or**  
42           **(3) the acuity, age, or diagnosis of the individual.**

43           **(d) Any recoupment or refund attempted in violation of this**  
44           **section is void and unenforceable."**

45       Page 7, delete lines 7 through 9, begin a new paragraph and insert:  
46           **"(c) This section does not apply in cases of if a court finds that**

1       fraud **was committed** by the provider, the insured, or the insurer with  
2       respect to the **health benefits** claim on which the overpayment or  
3       underpayment was made.

4       SECTION 13. IC 27-13-36.2-0.5 IS ADDED TO THE INDIANA  
5       CODE AS A NEW SECTION TO READ AS FOLLOWS  
6       [EFFECTIVE JULY 1, 2026]: Sec. 0.5. Sections 4.7, 7.5, and 7.7 of  
7       this chapter, as added in the 2026 session of the general assembly,  
8       and section 8 of this chapter, as amended in the 2026 session of the  
9       general assembly, apply to an individual contract and a group  
10      contract that:

- 11           (1) is entered into, delivered, amended, or renewed after June  
12           30, 2026; and
- 13           (2) provides coverage during a plan year beginning after  
14           December 31, 2026.".

15       Page 7, delete lines 26 through 42.

16       Page 8, delete lines 1 through 20, begin a new paragraph and insert:

17       "SECTION 15. IC 27-13-36.2-7.5 IS ADDED TO THE INDIANA  
18       CODE AS A NEW SECTION TO READ AS FOLLOWS  
19       [EFFECTIVE JULY 1, 2026]: Sec. 7.5. (a) This section does not  
20       apply to the recoupment or refund of a payment that is subject to  
21       section 7.7 of this chapter.

22       (b) Subject to section 10 of this chapter, a health maintenance  
23       organization may not seek recoupment or a refund of a payment  
24       made to a provider unless the recoupment or refund is for an  
25       overpayment that was caused by:

- 26           (1) fraud;
- 27           (2) an error in the coordination of benefits; or
- 28           (3) duplicate payments.

29       SECTION 16. IC 27-13-36.2-7.7 IS ADDED TO THE INDIANA  
30       CODE AS A NEW SECTION TO READ AS FOLLOWS  
31       [EFFECTIVE JULY 1, 2026]: Sec. 7.7. (a) This section only applies  
32       to the recoupment or refund of a payment made by a health  
33       maintenance organization to a health provider facility when an  
34       individual was transferred from one (1) health provider facility to  
35       another health provider facility.

36       (b) Subject to section 10 of this chapter, a health maintenance  
37       organization may not seek recoupment or a refund of a payment  
38       made to a health provider facility that provided initial health care  
39       services to an individual who was subsequently transferred to  
40       another health provider facility unless:

- 41           (1) the claim was submitted fraudulently; or
- 42           (2) the:
  - 43              (A) individual was not entitled to coverage; or
  - 44              (B) health care services provided to the individual were not  
45              covered;

46       at the time the health care services were rendered.

1                   **(c) The limitation on seeking recoupment or refund of a**  
2                   **payment made to a health provider facility under subsection (b)**  
3                   **applies regardless of:**

4                   **(1) the reason for the transfer;**  
5                   **(2) the type of facility receiving the individual; or**  
6                   **(3) the acuity, age, or diagnosis of the individual.**

7                   **(d) Any recoupment or refund attempted in violation of this**  
8                   **section is void and unenforceable.".**

9                   Page 8, delete lines 40 through 42, begin a new paragraph and  
10                  insert:

11                  "(c) This section does not apply ~~in cases of if a court finds that~~  
12                  fraud **was committed** by the provider, the enrollee, or the health  
13                  maintenance organization with respect to the **health benefits** claim on  
14                  which the overpayment or underpayment was made.".

15                  Delete page 9.

16                  Renumber all SECTIONS consecutively.

(Reference is to HB 1271 as printed January 20, 2026.)

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Representative McGuire