



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WITHDRAWN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;

19 (3) duplicate payments; or

20 (4) a bill submitted in violation of IC 16-51-1-11.

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

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

32 (1) the claim was submitted fraudulently;

33 (2) the:

34 (A) individual was not entitled to coverage; or

35 (B) health care services provided to the individual were not
36 covered;

37 at the time the health care services were rendered; or

38 (3) the bill was submitted in violation of IC 16-51-1-11.

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

42 (1) the reason for the transfer;

43 (2) the type of facility receiving the individual; or

44 (3) the acuity, age, or diagnosis of the individual.

45 (d) Any recoupment or refund attempted in violation of this
46 section is void and unenforceable."

Page 7, delete lines 7 through 9, begin a new paragraph and insert:
 "(c) This section does not apply ~~in cases of~~ **if a court finds that**
 fraud **was committed** by the provider, the insured, or the insurer with
 respect to the **health benefits** claim on which the overpayment or
 underpayment was made.

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

(1) **is entered into, delivered, amended, or renewed after June**
30, 2026; and

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

Page 7, delete lines 26 through 42.

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

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

(b) Subject to section 8 of this chapter, a health maintenance
organization may not seek recoupment or a refund of a payment
made to a provider unless the recoupment or refund is for an
overpayment that was caused by:

(1) **fraud;**

(2) **an error in the coordination of benefits;**

(3) **duplicate payments; or**

(4) **a bill submitted in violation of IC 16-51-1-11.**

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

(b) Subject to section 8 of this chapter, a health maintenance
organization may not seek recoupment or a refund of a payment
made to a health provider facility that provided initial health care
services to an individual who was subsequently transferred to
another health provider facility unless:

(1) **the claim was submitted fraudulently;**

(2) **the:**

(A) **individual was not entitled to coverage; or**

- 1 **(B) health care services provided to the individual were not**
 2 **covered;**
 3 **at the time the health care services were rendered; or**
 4 **(3) the bill was submitted in violation of IC 16-51-1-11.**
 5 **(c) The limitation on seeking recoupment or refund of a**
 6 **payment made to a health provider facility under subsection (b)**
 7 **applies regardless of:**
 8 **(1) the reason for the transfer;**
 9 **(2) the type of facility receiving the individual; or**
 10 **(3) the acuity, age, or diagnosis of the individual.**
 11 **(d) Any recoupment or refund attempted in violation of this**
 12 **section is void and unenforceable."**
 13 Page 8, delete lines 40 through 42, begin a new paragraph and
 14 insert:
 15 "(c) This section does not apply ~~in cases of~~ **if a court finds that**
 16 **fraud was committed** by the provider, the enrollee, or the health
 17 maintenance organization with respect to the **health benefits** claim on
 18 which the overpayment or underpayment was made."
 19 Delete page 9.
 20 Renumber all SECTIONS consecutively.
 (Reference is to HB 1271 as printed January 20, 2026.)

Representative McGuire