



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WITHDRAWN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, between lines 9 and 10, begin a new paragraph and insert:  
 "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**
  - (B) health care services provided to the individual were not  
 covered;  
 at the time the health care services were rendered; or**
- (3) the bill was submitted in violation of IC 16-51-1-11.**

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 9, delete line 2.

10      Renumber all SECTIONS consecutively.

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

---

Representative McGuire