

# HOUSE BILL No. 1365

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** Noncode.

**Synopsis:** FSSA report on managed care organization contracts. Requires the office of the secretary of family and social services to, not later than March 1, 2026, provide a written report to the budget committee with specified information concerning any termination of a managed care organization's Medicaid contract in 2025.

**Effective:** January 1, 2026 (retroactive).

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## Porter

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January 8, 2026, read first time and referred to Committee on Public Health.

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Second Regular Session of the 124th General Assembly (2026)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2025 Regular Session of the General Assembly.

## HOUSE BILL No. 1365

A BILL FOR AN ACT concerning human services.

*Be it enacted by the General Assembly of the State of Indiana:*

SECTION 1. [EFFECTIVE JANUARY 1, 2026 (RETROACTIVE)]

(a) As used in this SECTION, "budget committee" refers to the budget committee established by IC 4-12-1-3(b).

(b) As used in this SECTION, "office of the secretary" refers to the office of the secretary of family and social services established by IC 12-8-1.5-1.

(c) Not later than March 1, 2026, the office of the secretary shall submit a written report to the budget committee that includes all information relating to the cost, analysis, reasoning, and decision for the termination of any Medicaid contract with a managed care organization that served at least two hundred thousand (200,000) Medicaid recipients during the 2025 calendar year. The report must include the following supporting documentation:

(1) Any electronic mail, including internal and external mail, related to the analysis and decision to terminate a contract.

(2) Any memoranda related to the analysis and decision to terminate a contract.

(3) Any performance related data concerning the managed



- 1           **care organization's contract.**
- 2           **(4) Any cost related analysis of services provided under the**
- 3           **contract and costs related to the termination of the contract.**
- 4           **(d) This SECTION expires December 31, 2026.**
- 5           **SECTION 2. An emergency is declared for this act.**

