

HOUSE BILL No. 1370

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-1-37.5; IC 27-8-6-8; IC 27-13-7-27.

Synopsis: Payment of claims for emergency services. Prohibits a utilization review entity from requiring prior authorization for ambulance services provided: (1) to a covered individual; (2) by a nonparticipating ambulance service provider; and (3) within 12 hours after the ambulance services are requested. Prohibits a utilization review entity from requiring prior authorization for emergent response services or urgent response services that are provided: (1) to a covered individual; (2) in good faith; and (3) within 24 hours after the emergent response services or urgent response services are requested. Provides that a policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement for emergency medical services that are, among other things, performed or provided during a response initiated through the 911 system or an equivalent telephone number, a texting system, or any other method of summoning emergency medical services. Provides that a policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement for emergency medical services that are, among other things, performed or provided when an individual is determined to require emergency medical services by a physician. Provides that an individual contract and a group contract that provide coverage for emergency medical services must provide reimbursement for emergency medical services that are, among other things, performed or provided during a response initiated through the 911 system or an equivalent telephone number, a texting system, or any other method of summoning emergency medical services. Provides that an individual contract and a group contract that provide coverage for

(Continued next page)

Effective: July 1, 2026.

Isa, Barrett

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



Digest Continued

emergency medical services must provide reimbursement for emergency medical services that are, among other things, performed or provided when an individual is determined to require emergency medical services by a physician. Repeals certain code provisions addressing advanced life support services.



Introduced

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. 1370

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

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

1 SECTION 1. IC 27-1-37.5-24, AS ADDED BY P.L.144-2025,
2 SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 24. (a) A utilization review entity shall allow a
4 covered individual and a covered individual's health care provider at
5 least twenty-four (24) hours (excluding weekends and state and federal
6 legal holidays) after an emergency admission or provision of
7 emergency health care services for the covered individual or health
8 care provider to notify the utilization review entity of the emergency
9 admission or provision of the emergency health care service.
10 (b) A utilization review entity shall cover emergency health care
11 services necessary to screen and stabilize a covered individual. If a
12 health care provider certifies in writing to a utilization review entity not
13 later than seventy-two (72) hours (excluding weekends and state and
14 federal legal holidays) after a covered individual's emergency
15 admission that the covered individual's condition required the



1 emergency health care service, the certification will create a
 2 presumption that the emergency health care service was medically
 3 necessary. The presumption may be rebutted only if the utilization
 4 review entity can establish, with clear and convincing evidence, that
 5 the emergency health care service was not medically necessary.

6 **(c) A utilization review entity shall not require prior**
 7 **authorization for ambulance services provided:**

8 **(1) to a covered individual;**

9 **(2) by a nonparticipating (as defined in IC 27-1-2.3-6(1))**
 10 **ambulance service provider (as defined in IC 27-1-2.3-2); and**

11 **(3) within twelve (12) hours after the ambulance services are**
 12 **requested.**

13 ~~(c)~~ **(d)** The medical necessity of an emergency health care service
 14 may not be based on whether the service was provided by a
 15 participating or nonparticipating provider. Any restriction on the
 16 coverage of an emergency health care service provided by a
 17 nonparticipating provider may not be greater than the restriction that
 18 applies when the service is provided by a participating provider.

19 SECTION 2. IC 27-1-37.5-29 IS ADDED TO THE INDIANA
 20 CODE AS A NEW SECTION TO READ AS FOLLOWS
 21 [EFFECTIVE JULY 1, 2026]: Sec. 29. **(a) As used in this section,**
 22 **"emergent response services" means any medical assessment,**
 23 **treatment, or transportation to or from a hospital (as defined in**
 24 **IC 16-18-2-179(a)), a health facility (as defined in IC 16-18-2-167),**
 25 **or between hospitals (as defined in IC 16-18-2-179(a)) or health**
 26 **facilities (as defined in IC 16-18-2-167), provided by emergency**
 27 **medical services personnel in immediate response to a condition or**
 28 **incident that requires immediate attention to prevent serious harm**
 29 **to a covered individual.**

30 **(b) As used in this section, "urgent response services" means**
 31 **any medical assessment, treatment, or transportation to or from a**
 32 **hospital (as defined in IC 16-18-2-179(a)), a health facility (as**
 33 **defined in IC 16-18-2-167), or between hospitals (as defined in**
 34 **IC 16-18-2-179(a)) or health facilities (as defined in**
 35 **IC 16-18-2-167), provided by emergency medical services**
 36 **personnel that is necessary to protect the covered individual's**
 37 **health, ensure timely access to care, or prevent treatment delays,**
 38 **including transports from hospitals, nursing homes, assisted living**
 39 **facilities, or between health care facilities.**

40 **(c) A utilization review entity shall not require prior**
 41 **authorization for emergent response services or urgent response**
 42 **services that are provided:**



- (1) to a covered individual;**
- (2) in good faith; and**
- (3) within twenty-four (24) hours after the emergent response services or urgent response services are requested.**

SECTION 3. IC 27-8-6-8, AS AMENDED BY P.L.236-2025, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) As used in this section, "emergency medical services" has the meaning set forth in IC 16-18-2-110.

(b) As used in this section, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission ~~as an advanced life support provider organization~~ under rules adopted under IC 16-31-3.

(c) As used in this section, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1. However, for purposes of this section, the term does not include the following:

- (1) Accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.
- (2) Coverage issued as a supplement to liability insurance.
- (3) Automobile medical payment insurance.
- (4) A specified disease policy.
- (5) A policy that provides a stipulated daily, weekly, or monthly payment to an insured without regard to the actual expense of the confinement.
- (6) A short term insurance plan (as defined in IC 27-8-5.9-3).

(d) A policy of accident and sickness insurance that provides coverage for emergency medical services must provide reimbursement for emergency medical services that are:

- (1) rendered by an emergency medical services provider organization;
- (2) within the emergency medical services provider organization's scope of practice; **and**
- ~~(3) performed or provided as advanced life support services; and~~
- ~~(4)~~ **(3) performed or provided:**
 - (A) during a response initiated through the 911 system or an equivalent telephone number, a texting system, or any other method of summoning emergency medical services;**
 - or**
 - (B) as part of a mobile integrated healthcare program described in IC 16-31-12; or**
 - (C) when an individual is determined to require emergency medical services by a physician licensed under IC 25-22.5;**



regardless of whether the patient is transported.

(e) Reimbursement for basic and advanced life support services through a policy to which this section applies must be provided on an equal basis regardless of whether the services involve transportation of the patient by ambulance.

(f) If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section for an encounter, the insurer:

(1) may reimburse under this section only for one (1) claim per patient encounter; and

(2) shall reimburse the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services for the patient.

(g) The department may adopt rules under IC 4-22-2 to implement this section.

(h) This section does not require a policy of accident and sickness insurance to provide coverage for emergency medical services.

SECTION 4. IC 27-13-7-27, AS AMENDED BY P.L.236-2025, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 27. (a) This section applies to each of the following:

(1) An individual contract.

(2) A group contract.

(b) As used in this section, "emergency medical services" has the meaning set forth in IC 16-18-2-110.

(c) As used in this section, "emergency medical services provider organization" means a provider of emergency medical services that is certified by the Indiana emergency medical services commission ~~as an advanced life support provider organization~~ under rules adopted under IC 16-31-3.

(d) An individual contract and a group contract that provide coverage for emergency medical services must provide reimbursement for emergency medical services that are:

(1) rendered by an emergency medical services provider organization;

(2) within the emergency medical services provider organization's scope of practice;

~~(3) performed or provided as advanced life support services; and~~

~~(4)~~ (3) performed or provided:

(A) during a response initiated through the 911 system **or an equivalent telephone number, a texting system, or any other method of summoning emergency medical services;**



1 or

2 (B) as part of a mobile integrated healthcare program
3 described in IC 16-31-12; or

4 **(C) when an individual is determined to require emergency**
5 **medical services by a physician licensed under IC 25-22.5;**

6 regardless of whether the patient is transported.

7 (e) Reimbursement for basic and advanced life support services
8 through a contract to which this section applies must be provided on an
9 equal basis regardless of whether the services involve transportation of
10 the patient by ambulance.

11 (f) If multiple emergency medical services provider organizations
12 qualify and submit a claim for reimbursement under this section, the
13 health maintenance organization:

14 (1) may reimburse under this section only for one (1) claim per
15 patient encounter; and

16 (2) shall reimburse the claim submitted by the emergency medical
17 services provider organization that performed or provided the
18 majority of advanced life support services.

19 (g) The department may adopt rules under IC 4-22-2 to implement
20 this section.

21 (h) This section does not require an individual contract or a group
22 contract to provide coverage for emergency medical services.

