

LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS
FISCAL IMPACT STATEMENT

LS 6831

BILL NUMBER: HB 1370

NOTE PREPARED: Dec 29, 2025

BILL AMENDED:

SUBJECT: Payment of Claims for Emergency Services.

FIRST AUTHOR: Rep. Isa

BILL STATUS: As Introduced

FIRST SPONSOR:

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill 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. It 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.

This bill 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. It 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.

This bill 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. It 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 when an individual is determined to require emergency medical services by a physician.

This bill also repeals certain code provisions addressing advanced life support services.

Effective Date: July 1, 2026.

Explanation of State Expenditures: The bill's requirements will increase workload for the Indiana Department of Insurance (DOI) to ensure compliance but should be able to be implemented using existing

staffing and resources. [*The DOI is funded through a dedicated agency fund.*]

Explanation of State Revenues: The bill removes prior authorization requirements for nonparticipating ambulance services, emergent response services, and urgent response services, as prescribed in the bill. However, the bill also removes advanced life support services from the list of services required to be covered by specific health plans. Any resulting changes to insurance premiums is indeterminate but would result in a corresponding change in revenue to the state General Fund from either corporate Adjusted Gross Income Tax or Insurance Premium Tax collections.

The DOI may impose a civil penalty of up to \$25,000, to be deposited into the state General Fund, against a health maintenance organization (HMO) that violates the bill's requirements. Civil penalties may not exceed a total of \$100,000 per calendar year per HMO.

Explanation of Local Expenditures: The bill's provision removing advanced life support services from the list of services required to be covered may reduce expenditures for local units offering health plans.

Explanation of Local Revenues:

State Agencies Affected: Indiana Department of Insurance.

Local Agencies Affected: Local units offering health insurance plans.

Information Sources: IC 27-13-24-1.

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