



Reprinted
January 27, 2026

SENATE BILL No. 180

DIGEST OF SB 180 (Updated January 26, 2026 3:19 pm - DI 104)

Citations Affected: IC 16-27.5; IC 16-41; IC 25-13; IC 25-14; IC 25-34.5; IC 35-52; IC 36-8; noncode.

Synopsis: Various health care matters. Eliminates a requirement that home health aide competency evaluation program training include at least 75 hours of training and 16 hours of classroom training before supervised practical training. Amends the educational requirements for dental hygienists. Amends the requirements for administration of nitrous oxide by a dental hygienist. Allows the state board of dentistry to establish additional requirements for an applicant who has failed the licensure examination at least three times. Amends the licensure and temporary permit requirements for respiratory care practitioners. Provides that a current or former police officer or firefighter (first responder) may recover medical benefits from the first responder's employer for an employment related injury or illness without first proceeding with a worker's compensation claim. Provides that if a first responder pursues a worker's compensation claim for medical benefits and the claim is withdrawn or denied, the first responder is not precluded from recovering medical benefits from the employer. Repeals the penalty in Title 16 concerning the crime of transferring contaminated semen. (Current statute contains a transferring of contaminated body fluids crime in Title 35 remains in law.)

Effective: Upon passage; September 1, 2025 (retroactive); July 1, 2026.

Brown L, Charbonneau

January 5, 2026, read first time and referred to Committee on Health and Provider Services.

January 15, 2026, amended, reported favorably — Do Pass; reassigned to Committee on Appropriations.

January 22, 2026, amended, reported favorably — Do Pass.

January 26, 2026, read second time, amended, ordered engrossed.

SB 180—LS 6885/DI 147



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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.

SENATE BILL No. 180

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

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

1 SECTION 1. IC 16-27.5-5-5, AS ADDED BY P.L.143-2025,
2 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 SEPTEMBER 1, 2025 (RETROACTIVE)]: Sec. 5. (a) A home health
4 aide competency evaluation program must:

5 (1) operate in accordance with 42 CFR 484.80; and
6 (2) address each topic described in section 4(a) of this chapter.

7 (b) A home health aide competency evaluation program must
8 include at least seventy-five (75) hours of training. At least sixteen (16)
9 hours of classroom training must occur before supervised practical
10 training.

11 SECTION 2. IC 16-41-14-17 IS REPEALED [EFFECTIVE JULY
12 1, 2026]. Sec. 17. (a) This section does not apply to a person who
13 transfers for research purposes semen that contains antibodies for the
14 human immunodeficiency virus (HIV).

15 (b) A person who, for the purpose of artificial insemination,

SB 180—LS 6885/DI 147



1 recklessly, knowingly, or intentionally donates, sells, or transfers semen
2 that contains antibodies for the human immunodeficiency virus (HIV)
3 commits transferring contaminated semen, a Level 5 felony. The
4 offense is a Level 4 felony if the offense results in the transmission of
5 the virus to another person.

6 SECTION 3. IC 25-13-1-4, AS AMENDED BY P.L.103-2011,
7 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2026]: Sec. 4. (a) Any person desiring to practice dental
9 hygiene in Indiana must procure from the board a license to practice
10 dental hygiene. To procure a license, the applicant must submit to the
11 board proof of graduation from an institution for educating dental
12 hygienists that is approved by the board **described in section 6(2) of**
13 **this chapter** and other credentials required by this chapter, together
14 with an application on forms prescribed and furnished by the board.
15 Each applicant must pay to the board an application fee set by the
16 board under section 5 of this chapter at the time the application is made
17 and must pass an examination administered by an entity approved by
18 the board. The board may establish under section 5 of this chapter
19 additional requirements as a prerequisite to taking an examination for
20 any applicant who has failed the examination two (2) or more times.
21 Application fees are not refundable.

22 (b) An applicant described under subsection (a) shall, at the request
23 of the board, make an appearance before the board.

24 SECTION 4. IC 25-13-1-5 IS AMENDED TO READ AS
25 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The board shall
26 enforce this chapter.

27 (b) The board may adopt rules consistent with this chapter and with
28 IC 25-14-1 necessary for the proper enforcement of this chapter, the
29 examination of dental hygienists, **the educational requirements**
30 **described in section 6(2) of this chapter**, and for the conduct of the
31 practice of dental hygiene.

32 (c) The board may utilize a dental hygienist education program's
33 accreditation by the Commission on Dental Accreditation of the
34 American Dental Association as evidence that the program has met all
35 or part of the standards for dental hygienist education programs
36 established by the board.

37 SECTION 5. IC 25-13-1-6, AS AMENDED BY P.L.264-2013,
38 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
39 JULY 1, 2026]: Sec. 6. An applicant:

40 (1) must not have been convicted of a crime that has a direct
41 bearing on the applicant's ability to practice competently;
42 (2) must be a graduate of a:



(A) school for dental hygienists that:

(A) (i) is accredited by the Commission on Dental Accreditation of the American Dental Association;

(B) (ii) is recognized by the board; and

(C) (iii) requires a formal course of training of not less than two (2) years of eight (8) months each; **or**

(B) dental college in a foreign country with a degree that is substantially similar to a doctorate of:

(i) dental surgery; or

(ii) dental medicine;

determined and approved by the board;

) must pass an examination administered by an entity approved by the board; **and**

) may not take the examination described in subdivision (3) more than three (3) times; **and**

) **if the applicant is a graduate of a dental college described in subdivision (2), must submit the applicant's academic transcripts for review by the board.**

SECTION 6. IC 25-13-1-10.7, AS ADDED BY P.L.35-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10.7. (a) A dental hygienist or dental assistant (as defined in IC 25-14-1-1.5(4)) may administer nitrous oxide under the direct supervision of a licensed dentist if the dental hygienist or dental assistant has:

(1) either:

- (A) been employed in a dental practice for at least one (1) year; or
- (B) has graduated from a program:
 - (i) accredited by the Commission on Dental Accreditation of the American Dental Association; or
 - (ii) approved by the board;

(2) satisfactorily completed a three (3) hour didactic nitrous oxide administration course that:

- (A) containing contains curriculum on pharmacology, biochemistry, anatomy of nitrous oxide administration, emergency procedures, and the mechanics of operating a nitrous unit; and
- (B) is accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board; and

(3) demonstrated clinical competency on at least five (5) patients under the direct supervision of a licensed Indiana dentist whose



1 license is in good standing;

5 (c) Upon receipt of the affidavit provided to a dental hygienist or
6 dental assistant under subsection (b), the provider of an educational
7 program or curriculum described in subsection (a)(2) shall issue a
8 certificate of completion to the dental hygienist or dental assistant. The
9 certificate of completion must be publicly displayed in the dental office
10 of the dental hygienist or dental assistant.

13 (1) verify that the dental hygienist or dental assistant has
14 completed the requirements of subsection (a);

17 (3) ensure that any administration or monitoring of nitrous oxide
18 by dental hygienists or dental assistants is done in accordance
19 with relevant guidelines and standards developed by the
20 American Dental Association or the American Academy of
21 Pediatric Dentistry.

22 SECTION 7. IC 25-14-1-3, AS AMENDED BY P.L.264-2013,
23 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JULY 1, 2026]: Sec. 3. (a) A person desiring to begin the practice of
25 dentistry in Indiana shall procure from the board a license to practice
26 dentistry in Indiana. Except as provided in section 4.5 of this chapter,
27 to procure the license, the applicant must submit to the board proof of
28 graduation from a dental college recognized by the board. The board
29 may recognize dental schools accredited by the Commission on Dental
30 Accreditation of the American Dental Association, if the board is
31 satisfied that the recognition is consistent with the board's
32 requirements. Every applicant must pass an examination administered
33 by an entity approved by the board and, **except as provided in**
34 **subsection (b)**, may not take the examination more than three (3)
35 times.

40 (b) (c) A fee paid under this article may not be refunded.

41 SECTION 8. IC 25-34.5-2-8 IS AMENDED TO READ AS
42 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) Each applicant



1 for licensure as a respiratory care practitioner must present satisfactory
2 evidence that the applicant:

3 (1) does not have a conviction for:
4 (A) an act that would constitute a ground for disciplinary
5 sanction under IC 25-1-9; or
6 (B) a crime that has a direct bearing on the practitioner's
7 ability to practice competently;
8 (2) has not been the subject of a disciplinary action initiated by
9 the licensing or certification agency of another state or
10 jurisdiction on the grounds that the applicant was unable to
11 practice as a respiratory care practitioner without endangering the
12 public; and
13 (3) has **either:**
14 (A) **before January 1, 2028**, passed a respiratory care
15 practitioner licensing or certification examination approved by
16 the board; or
17 (B) **after December 31, 2027, successfully completed both**
18 **portions of the registered respiratory therapist**
19 **examination, administered by the National Board for**
20 **Respiratory Care or its successor organization.**

21 (b) Each applicant for licensure as a respiratory care practitioner
22 must submit proof to the committee of the applicant's:

23 (1) graduation from a school or program of respiratory care that
24 meets standards set by the board;
25 (2) completion of a United States military training program in
26 respiratory care; or
27 (3) completion of sufficient postsecondary education to be
28 credentialed by a national respiratory care practitioner
29 organization approved by the committee.

30 (c) At the time of making application, each applicant must pay a fee
31 determined by the board after consideration of a recommendation of
32 the committee.

33 SECTION 9. IC 25-34.5-2-9, AS AMENDED BY P.L.177-2015,
34 SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35 JULY 1, 2026]: Sec. 9. (a) Except as provided in section 11 of this
36 chapter, the committee shall issue a license to each applicant who

37 (1) ~~successfully passes the examination provided in section 12 of
38 this chapter; and~~
39 (2) meets the requirements of section 8 of this chapter.
40 (b) Subject to IC 25-1-2-6(e), a license issued under this section
41 expires on the last day of the regular renewal cycle established under
42 IC 25-1-5-4.



1 SECTION 10. IC 25-34.5-2-10.1, AS AMENDED BY
2 P.L.149-2022, SECTION 12, IS AMENDED TO READ AS
3 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10.1. (a) The
4 committee shall issue a temporary permit to a person to practice
5 respiratory care or to profess to be a respiratory care practitioner, not
6 more than thirty (30) days after the application is filed and completed,
7 if the person pays a fee and:
8 (1) has:
9 (A) a valid license or certificate to practice from another state;
10 and
11 (B) applied for a license from the committee;
12 (2) is practicing in a state that does not license or certify
13 respiratory care practitioners but is credentialed by a national
14 respiratory care practitioner association approved by the
15 committee, and the person has applied for a license from the
16 committee; or
17 (3) has:
18 (A) been approved by the committee to take the ~~next~~
19 examination; and
20 (B) graduated from a school or program approved by the
21 committee, is qualified to take the examination by being a
22 graduate of a school or program of respiratory care that
23 meets standards set by the board.
24 (b) A temporary permit expires the earlier of:
25 (1) the date the person holding the permit is issued a license under
26 this article; or
27 (2) the date the committee disapproves the person's license
28 application.
29 (c) The committee may renew a temporary permit if the person
30 holding the permit was scheduled to take the ~~next~~ examination and:
31 (1) did not take the examination; and
32 (2) shows good cause for not taking the examination.
33 (d) A permit renewed under subsection (c) expires on the date the person
34 holding the permit receives the results from the ~~next~~
35 examination given after the permit was issued.
36 SECTION 11. IC 25-34.5-2-12 IS REPEALED [EFFECTIVE JULY
37 1, 2026]. See: 12. (a) Examinations of applicants for licensure under
38 this article shall be held at least semiannually on dates set by the board.
39 (b) An examination under this section must include a written
40 examination that tests the following:
41 (1) The applicant's knowledge of the basic and clinical sciences
42 as they relate to the practice of respiratory care.



1 (2) Other subjects that the committee considers useful to test an
2 applicant's fitness to practice respiratory care.

3 (c) An otherwise qualified applicant who fails an examination and
4 is refused licensure may take another scheduled examination upon
5 payment of an additional fee set by the board under rules adopted under
6 section 7 of this chapter.

7 SECTION 12. IC 25-34.5-2-14, AS AMENDED BY P.L.152-2024,
8 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9 JULY 1, 2026]: Sec. 14. (a) The committee shall issue a student permit
10 to an individual if the individual does the following:

11 (1) Submits the appropriate application to the committee.

12 (2) Pays the fee established by the board.

13 (3) Submits written proof to the committee that the individual is
14 a student in good standing in a respiratory care school or program
15 that: ~~has been~~:

16 (A) ~~has been~~ approved by the committee for purposes of
17 section 8(b)(1) of this chapter;

18 (B) ~~approved by the committee for purposes of section~~
19 ~~10.1(a)(3)(B) is described in section 10.1(a)(3)~~ of this
20 chapter; or

21 (C) ~~has been~~ otherwise approved by the committee.

22 (4) Submits satisfactory evidence that the individual:

23 (A) does not have a conviction described in section 8(a)(1) of
24 this chapter; and

25 (B) has not been the subject of a disciplinary action described
26 in section 8(a)(2) of this chapter.

27 (b) The committee shall issue a student permit as soon as it is
28 reasonably practicable after an individual fulfills the requirements of
29 subsection (a).

30 (c) An individual who holds a student permit may only perform
31 respiratory care procedures that have been part of a course:

32 (1) the individual has successfully completed in the respiratory
33 care program designated under subsection (a)(3); and

34 (2) for which the successful completion has been documented and
35 that is available upon request to the committee.

36 (d) The committee may expand the list of respiratory care
37 procedures that an individual may perform under the individual's
38 student permit to include additional respiratory care procedures that
39 have been part of a course:

40 (1) that the individual has successfully completed in the
41 respiratory care program designated under subsection (a)(3); and

42 (2) for which the individual's successful completion has been



1 documented.

2 Upon request by the committee, the individual shall provide
3 documentation of the successful completion of a course described in
4 this subsection.

5 (e) The procedures permitted under subsections (c) and (d) may be
6 performed only:

7 (1) on patients who are not critical care patients; and
8 (2) under the proximate supervision of a practitioner.

9 (f) A holder of a student permit shall meet in person at least one (1)
10 time each working day with the permit holder's supervising practitioner
11 or a designated respiratory care practitioner to review the permit
12 holder's clinical activities. The supervising practitioner or a designated
13 respiratory care practitioner shall review and countersign the entries
14 that the permit holder makes in a patient's medical record not more
15 than seven (7) calendar days after the permit holder makes the entries.

16 (g) A supervising practitioner may not supervise at one (1) time
17 more than three (3) holders of student permits issued under this section.

18 (h) A student permit expires on the earliest of the following:

19 (1) The date the permit holder is issued a license under this
20 article.
21 (2) The date the committee disapproves the permit holder's
22 application for a license under this article.
23 (3) The date the permit holder ceases to be a student in good
24 standing in a respiratory care program approved by the
25 committee. The graduation of a student permit holder from a
26 respiratory care program approved by the committee does not
27 cause the student permit to expire under this subdivision.
28 (4) Sixty (60) days after the date that the permit holder graduates
29 from a respiratory care program approved by the committee.
30 (5) The date that the permit holder is notified that the permit
31 holder has failed the licensure examination.
32 (6) Two (2) years after the date of issuance.

33 SECTION 13. IC 35-52-16-58 IS REPEALED [EFFECTIVE JULY
34 1, 2026]. Sec. 58. ~~IC 16-41-14-17 defines a crime concerning
35 communicable diseases.~~

36 SECTION 14. IC 36-8-4-5, AS AMENDED BY P.L.66-2020,
37 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2026]: Sec. 5. **(a) The following definitions apply
39 throughout this section:**

40 **(1) "Firefighter" means a current or former firefighter.**
41 **(2) "Police officer" means a current or former police officer.**
42 **(a) (b) A city shall pay for the care of a police officer or firefighter**



1 who suffers an injury while performing the person's duty or while the
 2 person is on duty or who contracts illness caused by the performance
 3 of the person's duty, including an injury or illness that results in a
 4 disability or death presumed incurred in the line of duty under
 5 IC 5-10-13. This care includes:

6 (1) medical and surgical care;
 7 (2) medicines and laboratory, curative, and palliative agents and
 8 means;
 9 (3) X-ray, diagnostic, and therapeutic service, including during
 10 the recovery period; and
 11 (4) hospital and special nursing care if the physician or surgeon
 12 in charge considers it necessary for proper recovery.

13 **(b) (c)** Expenditures required by subsection **(a) (b)** shall be paid
 14 from the general fund of the city.

15 **(c) (d)** A city that has paid for the care of a police officer or
 16 firefighter under subsection **(a) (b)** has a cause of action for
 17 reimbursement of the amount paid under subsection **(a) (b)** against any
 18 third party against whom the police officer or firefighter has a cause of
 19 action for an injury sustained because of or an illness caused by the
 20 third party. The city's cause of action under this subsection is in
 21 addition to, and not in lieu of, the cause of action of the police officer
 22 or firefighter against the third party.

23 **(e) The medical benefits under this section are independent and**
 24 **distinct from any medical benefits that are available under IC 22-3.**
 25 **A police officer or firefighter may recover medical benefits under**
 26 **this section without first pursuing a claim for medical benefits**
 27 **under IC 22-3. If a police officer or firefighter pursues a claim for**
 28 **medical benefits under IC 22-3 and the claim is withdrawn or**
 29 **denied, the police officer or firefighter is not precluded from**
 30 **recovering medical benefits under this section.**

31 SECTION 15. IC 36-8-4.3-2 IS AMENDED TO READ AS
 32 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. **(a) The following**
 33 **definitions apply throughout this section:**

34 **(1) "Firefighter" means a current or former full-time, paid**
 35 **firefighter.**

36 **(2) "Police officer" means a current or former full-time, paid**
 37 **police officer.**

38 **(a) (b) A special service district shall pay for the care of:**

39 **(1) a full-time, paid police officer who:**

40 **(A) suffers an injury; or**
 41 **(B) contracts an illness;**

42 **during the performance of the police officer's duty; or**



(2) a full-time, paid firefighter who:

(A) suffers an injury; or

(B) contracts an illness;

during the performance of the firefighter's duty.

(b) (c) The special service district shall pay for the following expenses incurred by a police officer or firefighter described in subsection (a): (b):

(1) Medical and surgical care.

(2) Medicines and laboratory, curative, and palliative agents and means.

(3) X-ray, diagnostic, and therapeutic service, including during the recovery period.

(4) Hospital and special nursing care if the physician

in charge considers it necessary for proper recovery.
e) (d) Expenditures required by subsection (a) (b) or (c) shall be

from the general fund of the special service district.

(d) (e) A special service district that has paid for the care of a police

officer or firefighter under subsection **(a) (b) or (c)** has a cause of action for reimbursement of the amount paid under subsection **(a) (b)**

or (c) against any third party against whom the police officer or firefighter has a cause of action for an injury sustained because of, or an illness caused by, the third party. The special service district's cause of action under this subsection is in addition to, and not in lieu of, the cause of action of the police officer or firefighter against the third party.

(f) The medical benefits under this section are independent and distinct from any medical benefits that are available under IC 22-3. A police officer or firefighter may recover medical benefits under this section without first pursuing a claim for medical benefits under IC 22-3. If the police officer or firefighter pursues a claim for medical benefits under IC 22-3 and the claim is withdrawn or denied, the police officer or firefighter is not precluded from recovering medical benefits under this section.

SECTION 16. IC 36-8-4.5-10 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 10.** (a) A town shall pay for the care of a current or retired full-time paid member of a town fire department who suffers an injury while performing the person's duty or while the person is on duty or who contracts illness caused by the performance of the person's duty, including an injury or illness that results in a disability or death presumed incurred in the line of duty under IC 5-10-13. This care includes:



- (1) medical and surgical care;
- (2) medicines and laboratory, curative, and palliative agents and means;
- (3) X-ray, diagnostic, and therapeutic service, including during the recovery period; and
- (4) hospital and special nursing care if the physician or surgeon in charge considers it necessary for proper recovery.

(b) Expenditures required by subsection (a) shall be paid from the general fund of the town.

(c) A town that has paid for the care of a member of a town fire

(c) A town that has paid for the care of a member of a town fire department under subsection (a) has a cause of action for reimbursement of the amount paid under subsection (a) against any third party against whom the member of the town fire department has a cause of action for an injury sustained because of or an illness caused by the third party. The town's cause of action under this subsection is in addition to, and not in lieu of, the cause of action of the member of the town fire department against the third party.

(d) The medical benefits under this section are independent and distinct from any medical benefits that are available under IC 22-3. A current or retired full-time paid member of a town fire department may recover benefits under this section without first pursuing a claim for medical benefits under IC 22-3. If a current or retired full-time paid member of a town fire department pursues a claim for medical benefits under IC 22-3 and the claim is withdrawn or denied, the current or retired full-time paid member of the town fire department is not precluded from recovering medical benefits under this section.

SECTION 17. IC 36-8-9-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. **(a) As used in this section, "police officer" means a current or former full-time, paid police officer.**

(a) (b) A town shall pay for the care of a ~~full-time, paid~~ police officer who:

- (1) suffers an injury; or
- (2) contracts an illness;

during the performance of the **police** officer's duty.

(b) (c) The town shall pay for the following expenses incurred by a police officer described in subsection (a): (b):

- (1) Medical and surgical care.
- (2) Medicines and laboratory, curative, and palliative agents and means.



(3) X-ray, diagnostic, and therapeutic service, including during the recovery period.

(4) Hospital and special nursing care if the physician or surgeon in charge considers it necessary for proper recovery.

(e) (d) Expenditures required by subsection (a) (b) or (c) shall be paid from the general fund of the town.

(e) A town that has paid for the care of a police officer under subsection (a) (b) or (c) has a cause of action for reimbursement of the amount paid under subsection (a) (b) or (c) against any third party against whom the police officer has a cause of action for an injury sustained because of, or an illness caused by, the third party. The town's cause of action under this subsection is in addition to, and not in lieu of, the cause of action of the police officer against the third party.

(f) The medical benefits under this section are independent and distinct from any medical benefits that are available under IC 22-3. A police officer may recover medical benefits under this section without first pursuing a claim for medical benefits under IC 22-3. If the police officer pursues a claim for medical benefits under IC 22-3 and the claim is withdrawn or denied, the police officer is not precluded from recovering medical benefits under this section.

SECTION 18. IC 36-8-11-27 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 27. **(a) As used in this section, "firefighter" means a current or former full-time, paid firefighter.**

(a) (b) A fire protection district shall pay for the care of a ~~full-time~~, paid firefighter who: suffers:

(1) **suffers** an injury; or

(2) contracts an illness;

during the performance of the firefighter's duties.

(b) (c) The fire protection district shall pay for the following expenses incurred by a firefighter described in subsection (a): (b):

(1) Medical and surgical care.

(2) Medicines and laboratory, curative, and palliative agents and means.

(3) X-ray, diagnostic, and therapeutic provided during the recovery period.

(4) Hospital and special nursing care if the physician or surgeon in charge considers it necessary for proper recovery.

(e) (d) Expenditures required by subsection **(a) (b) or (c)** shall be paid from the fund used by the fire protection district for payment of the costs attributable to providing fire protection services in the fire



1 protection district.

2 ~~(d)~~ **(e)** A fire protection district that has paid for the care of a
 3 firefighter under subsection ~~(a)~~ **(b) or (c)** has a cause of action for
 4 reimbursement of the amount paid under subsection ~~(a)~~ **(b) or (c)**
 5 against any third party against whom the firefighter has a cause of
 6 action for:

7 (1) an injury sustained because of; or

8 (2) an illness caused by;

9 the third party. The fire protection district's cause of action under this
 10 subsection is in addition to, and not instead of, the cause of action of
 11 the firefighter against the third party.

12 **(f) The medical benefits under this section are independent and**
 13 **distinct from any medical benefits that are available under IC 22-3.**
 14 **A firefighter may recover medical benefits under this section**
 15 **without first pursuing a claim for medical benefits under IC 22-3.**
 16 **If the firefighter pursues a claim for medical benefits under**
 17 **IC 22-3 and the claim is withdrawn or denied, the firefighter is not**
 18 **precluded from recovering medical benefits under this section.**

19 SECTION 19. IC 36-8-13-9, AS AMENDED BY P.L.236-2023,
 20 SECTION 207, IS AMENDED TO READ AS FOLLOWS
 21 [EFFECTIVE JULY 1, 2026]: Sec. 9. **(a) As used in this section,**
"firefighter" means a current or former full-time, paid firefighter.

22 ~~(a)~~ **(b)** A township shall pay for the care of a ~~full-time~~, paid
 23 firefighter who: ~~suffers~~:

24 (1) ~~suffers~~ an injury; or

25 (2) contracts an illness;

26 during the performance of the firefighter's duty.

27 ~~(b)~~ **(c)** The township shall pay for the following expenses incurred
 28 by a firefighter described in subsection ~~(a)~~: **(b):**

29 (1) Medical and surgical care.

30 (2) Medicines and laboratory, curative, and palliative agents and
 31 means.

32 (3) X-ray, diagnostic, and therapeutic service, including during
 33 the recovery period.

34 (4) Hospital and special nursing care if the physician or surgeon
 35 in charge considers it necessary for proper recovery.

36 ~~(c)~~ **(d)** Expenditures required by subsection ~~(a)~~ **(b) or (c)** shall be
 37 paid from the township firefighting and emergency services fund
 38 established by section 4(a)(1) of this chapter or the township
 39 firefighting fund established ~~in~~ by section 4(a)(2)(A) of this chapter, as
 40 applicable.

41 ~~(d)~~ **(e)** A township that has paid for the care of a firefighter under



1 subsection ~~(a)~~ **(b) or (c)** has a cause of action for reimbursement of the
 2 amount paid under subsection ~~(a)~~ **(b) or (c)** against any third party
 3 against whom the firefighter has a cause of action for an injury
 4 sustained because of, or an illness caused by, the third party. The
 5 township's cause of action under this subsection is in addition to, and
 6 not in lieu of, the cause of action of the firefighter against the third
 7 party.

8 **(f) The medical benefits under this section are independent and**
 9 **distinct from any medical benefits that are available under IC 22-3.**
 10 **A firefighter may recover medical benefits under this section**
 11 **without first pursuing a claim for medical benefits under IC 22-3.**
 12 **If the firefighter pursues a claim for medical benefits under**
 13 **IC 22-3 and the claim is withdrawn or denied, the firefighter is not**
 14 **precluded from recovering medical benefits under this section.**

15 SECTION 20. IC 36-8-19-14 IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14. **(a) As used in this**
 17 **section, "firefighter" means a current or former full-time, paid**
 18 **firefighter.**

19 **(a) (b)** A provider unit shall pay for the care of a ~~full-time, paid~~ firefighter who:

- 21 (1) suffers an injury; or
- 22 (2) contracts an illness;

23 during the performance of the firefighter's duty.

24 **(b) (c)** The provider unit shall pay for the following expenses
 25 incurred by a firefighter described in subsection ~~(a)~~ **(b):**

- 26 (1) Medical and surgical care.
- 27 (2) Medicines and laboratory, curative, and palliative agents and
 28 means.
- 29 (3) X-ray, diagnostic, and therapeutic service, including during
 30 the recovery period.
- 31 (4) Hospital and special nursing care if the physician or surgeon
 32 in charge considers it necessary for proper recovery.

33 **(c) (d)** Expenditures required by subsection ~~(a)~~ **(b) or (c)** shall be
 34 paid from the fund used by the provider unit for payment of the costs
 35 attributable to providing fire protection services in the provider unit.

36 **(d) (e)** A provider unit that has paid for the care of a firefighter
 37 under subsection ~~(a)~~ **(b) or (c)** has a cause of action for reimbursement
 38 of the amount paid under subsection ~~(a)~~ **(b) or (c)** against any third
 39 party against whom the firefighter has a cause of action for an injury
 40 sustained because of, or an illness caused by, the third party. The
 41 provider unit's cause of action under this subsection is in addition to,
 42 and not in lieu of, the cause of action of the firefighter against the third



1 party.

2 (f) The medical benefits under this section are independent and
3 distinct from any medical benefits that are available under IC 22-3.
4 A firefighter may recover medical benefits under this section
5 without first pursuing a claim for medical benefits under IC 22-3.
6 If the firefighter pursues a claim for medical benefits under
7 IC 22-3 and the claim is withdrawn or denied, the firefighter is not
8 precluded from recovering medical benefits under this section.

9 SECTION 21. [EFFECTIVE UPON PASSAGE] (a) The legislative
10 council is urged to assign to an appropriate study committee the
11 task of studying fraud in the health care system, including
12 Medicaid and other local or state health programs.

13 (b) This SECTION expires July 1, 2028.

14 SECTION 22. An emergency is declared for this act.



COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 180, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, delete lines 1 through 15.

Delete pages 2 through 8.

Page 9, delete lines 1 through 39.

Page 9, line 42, strike "(a)".

Page 10, delete lines 4 through 7, begin a new paragraph and insert:

"(b) A home health aide competency evaluation program must include at least seventy-five (75) hours of training. At least sixteen (16) hours of classroom training must occur before supervised practical training."

Page 10, delete lines 18 through 42.

Delete pages 11 through 13.

Page 14, delete lines 1 through 11.

Page 17, delete lines 5 through 42, begin a new paragraph and insert:

"SECTION 24. IC 25-34.5-2-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) Each applicant for licensure as a respiratory care practitioner must present satisfactory evidence that the applicant:

(1) does not have a conviction for:

(A) an act that would constitute a ground for disciplinary sanction under IC 25-1-9; or

(B) a crime that has a direct bearing on the practitioner's ability to practice competently;

(2) has not been the subject of a disciplinary action initiated by the licensing or certification agency of another state or jurisdiction on the grounds that the applicant was unable to practice as a respiratory care practitioner without endangering the public; and

(3) has either:

(A) before January 1, 2028, passed a respiratory care practitioner licensing or certification examination approved by the board; or

(B) after December 31, 2027, successfully completed both portions of the registered respiratory therapist examination, administered by the National Board for



Respiratory Care or its successor organization.

(b) Each applicant for licensure as a respiratory care practitioner must submit proof to the committee of the applicant's:

- (1) graduation from a school or program of respiratory care that meets standards set by the board;
- (2) completion of a United States military training program in respiratory care; or
- (3) completion of sufficient postsecondary education to be credentialed by a national respiratory care practitioner organization approved by the committee.

(c) At the time of making application, each applicant must pay a fee determined by the board after consideration of a recommendation of the committee.

SECTION 25. IC 25-34.5-2-9, AS AMENDED BY P.L.177-2015, SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 9. (a) Except as provided in section 11 of this chapter, the committee shall issue a license to each applicant who

- (1) successfully passes the examination provided in section 12 of this chapter; and
- (2) meets the requirements of section 8 of this chapter.

(b) Subject to IC 25-1-2-6(e), a license issued under this section expires on the last day of the regular renewal cycle established under IC 25-1-5-4.

SECTION 26. IC 25-34.5-2-10.1, AS AMENDED BY P.L.149-2022, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10.1. (a) The committee shall issue a temporary permit to a person to practice respiratory care or to profess to be a respiratory care practitioner, not more than thirty (30) days after the application is filed and completed, if the person pays a fee and:

- (1) has:
 - (A) a valid license or certificate to practice from another state; and
 - (B) applied for a license from the committee;
- (2) is practicing in a state that does not license or certify respiratory care practitioners but is credentialed by a national respiratory care practitioner association approved by the committee, and the person has applied for a license from the committee; or
- (3) has:
 - (A) been approved by the committee to take the next examination; and



(B) graduated from a school or program approved by the committee, is qualified to take the examination by being a graduate of a school or program of respiratory care that meets standards set by the board.

(b) A temporary permit expires the earlier of:

- (1) the date the person holding the permit is issued a license under this article; or
- (2) the date the committee disapproves the person's license application.

(c) The committee may renew a temporary permit if the person holding the permit was scheduled to take the ~~next~~ examination and:

- (1) did not take the examination; and
- (2) shows good cause for not taking the examination.

(d) A permit renewed under subsection (c) expires on the date the person holding the permit receives the results from the ~~next~~ examination given after the permit was issued.

SECTION 27. IC 25-34.5-2-12 IS REPEALED [EFFECTIVE JULY 1, 2026]. See: 12: (a) Examinations of applicants for licensure under this article shall be held at least semiannually on dates set by the board.

(b) An examination under this section must include a written examination that tests the following:

- (1) The applicant's knowledge of the basic and clinical sciences as they relate to the practice of respiratory care.
- (2) Other subjects that the committee considers useful to test an applicant's fitness to practice respiratory care.

(c) An otherwise qualified applicant who fails an examination and is refused licensure may take another scheduled examination upon payment of an additional fee set by the board under rules adopted under section 7 of this chapter.

SECTION 28. IC 25-34.5-2-14, AS AMENDED BY P.L.152-2024, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14. (a) The committee shall issue a student permit to an individual if the individual does the following:

- (1) Submits the appropriate application to the committee.
- (2) Pays the fee established by the board.
- (3) Submits written proof to the committee that the individual is a student in good standing in a respiratory care school or program that: ~~has been~~:

- (A) ~~has been~~ approved by the committee for purposes of section 8(b)(1) of this chapter;
- (B) ~~approved by the committee for purposes of section 10.1(a)(3)(B) is described in section 10.1(a)(3) of this~~



chapter; or

(C) **has been** otherwise approved by the committee.

(4) Submits satisfactory evidence that the individual:

(A) does not have a conviction described in section 8(a)(1) of this chapter; and

(B) has not been the subject of a disciplinary action described in section 8(a)(2) of this chapter.

(b) The committee shall issue a student permit as soon as it is reasonably practicable after an individual fulfills the requirements of subsection (a).

(c) An individual who holds a student permit may only perform respiratory care procedures that have been part of a course:

(1) the individual has successfully completed in the respiratory care program designated under subsection (a)(3); and

(2) for which the successful completion has been documented and that is available upon request to the committee.

(d) The committee may expand the list of respiratory care procedures that an individual may perform under the individual's student permit to include additional respiratory care procedures that have been part of a course:

(1) that the individual has successfully completed in the respiratory care program designated under subsection (a)(3); and

(2) for which the individual's successful completion has been documented.

Upon request by the committee, the individual shall provide documentation of the successful completion of a course described in this subsection.

(e) The procedures permitted under subsections (c) and (d) may be performed only:

(1) on patients who are not critical care patients; and

(2) under the proximate supervision of a practitioner.

(f) A holder of a student permit shall meet in person at least one (1) time each working day with the permit holder's supervising practitioner or a designated respiratory care practitioner to review the permit holder's clinical activities. The supervising practitioner or a designated respiratory care practitioner shall review and countersign the entries that the permit holder makes in a patient's medical record not more than seven (7) calendar days after the permit holder makes the entries.

(g) A supervising practitioner may not supervise at one (1) time more than three (3) holders of student permits issued under this section.

(h) A student permit expires on the earliest of the following:

(1) The date the permit holder is issued a license under this



article.

- (2) The date the committee disapproves the permit holder's application for a license under this article.
- (3) The date the permit holder ceases to be a student in good standing in a respiratory care program approved by the committee. The graduation of a student permit holder from a respiratory care program approved by the committee does not cause the student permit to expire under this subdivision.
- (4) Sixty (60) days after the date that the permit holder graduates from a respiratory care program approved by the committee.
- (5) The date that the permit holder is notified that the permit holder has failed the licensure examination.
- (6) Two (2) years after the date of issuance.".

Delete pages 18 through 25.

Page 26, delete lines 1 through 22.

Page 32, between lines 40 and 41, begin a new paragraph and insert:
"SECTION 47. [EFFECTIVE UPON PASSAGE] (a) The legislative council is urged to assign to an appropriate study committee the task of studying fraud in the health care system, including Medicaid and other local or state health programs.

(b) This SECTION expires July 1, 2028."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass and be reassigned to the Senate Committee on Appropriations.

(Reference is to SB 180 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0.

COMMITTEE REPORT

Mr. President: The Senate Committee on Appropriations, to which was referred Senate Bill No. 180, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 16-18-2-247.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS

SB 180—LS 6885/DI 147



[EFFECTIVE JULY 1, 2026]: **Sec. 247.5. "Neuroplastogen", for purposes of IC 16-42-26.7, has the meaning set forth in IC 16-42-26.7-1.**

SECTION 2. IC 16-18-2-288, AS AMENDED BY P.L.96-2014, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 288. (a) "Practitioner", for purposes of IC 16-42-19, has the meaning set forth in IC 16-42-19-5.

(b) "Practitioner", for purposes of IC 16-41-14, has the meaning set forth in IC 16-41-14-4.

(c) "Practitioner", for purposes of IC 16-42-21, has the meaning set forth in IC 16-42-21-3.

(d) "Practitioner", for purposes of IC 16-42-22 and IC 16-42-25, has the meaning set forth in IC 16-42-22-4.5.

(e) **"Practitioner", for purposes of IC 16-42-26.7, has the meaning set forth in IC 16-42-26.7-2.**

SECTION 3. IC 16-18-2-317.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec.317.4. "Research institution", for purposes of IC 16-42-26.7, has the meaning set forth in IC 16-42-26.7-3.**".

Page 2, between lines 5 and 6, begin a new paragraph and insert:

"SECTION 6. IC 16-42-26.7 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

Chapter 26.7. Right to Try Investigational Neuroplastogens

Sec. 1. As used in this chapter, "neuroplastogen" means a drug or compound that:

- (1) demonstrates rapid onset neuroplastic effects in humans; and
- (2) has successfully completed Phase I of a federal Food and Drug Administration approved clinical trial.

The term includes psilocybin (as defined in IC 12-21-9-2).

Sec. 2. As used in this chapter, "practitioner" means a health professional who:

- (1) is licensed and in good standing under IC 25;
- (2) has prescriptive authority; and
- (3) is acting within the health professional's scope of practice.

Sec. 3. As used in this chapter, "research institution" means an organization that meets all of the following:

- (1) Has an academic institution that operates an institutional review board (IRB) that oversees research.
- (2) Publishes the results of previous clinical trials in peer



reviewed publications.

(3) Has access to a clinical research center and the center's resources, including research dedicated medical staff.

Sec. 4. An individual must meet the following requirements in order to qualify as an eligible patient under this chapter:

(1) Has been diagnosed with a life threatening condition as defined in 21 CFR 312.81 and meets the criteria set forth in 21 U.S.C. 360bbb-0a.

(2) Provides written informed consent to the practitioner for the treatment.

Sec. 5. (a) Notwithstanding IC 35-48, a practitioner may administer or supervise the psychotherapy supported administration of a neuroplastogen to a patient if the following conditions are met:

(1) The practitioner has evaluated the patient, reviewed the patient's medical history, and documented in the patient's medical charts the clinical rationale for the practitioner determining that the patient is qualified and could benefit from the treatment.

(2) The practitioner has obtained and documented the patient's written informed consent as set forth in subsection (b) for the treatment.

(3) The patient meets the requirements set forth in section 4 of this chapter.

(4) The practitioner takes reasonable steps to ensure patient safety, including structured psychological monitoring and integration services, during the patient's neuroplastogen treatment and recovery.

(5) The neuroplastogen is obtained from a manufacturer or distributor that is registered with the federal Drug Enforcement Agency.

(6) The practitioner notifies the state department in the manner prescribed by the state department not later than thirty (30) days from the initial administration of the neuroplastogen to a patient.

(7) The practitioner submits the report required by section 7 of this chapter.

(b) Written informed consent under subsection (a)(2) must include the following:

(1) An explanation of the currently approved products and treatments for the individual's condition.

(2) An attestation by the individual of the individual's life



threatening condition and that the individual concurs with the individual's physician that all currently approved treatments are unlikely to prolong the individual's life or improve the individual's life threatening condition.

(3) A clear identification of the investigational neuroplastogen treatment proposed to be used to treat the individual.

(4) A description of the best and worst outcomes, including the most likely outcome, resulting from use of the investigational treatment of the individual's life threatening condition. The description of outcomes must be based on the treating physician's knowledge of both the investigational neuroplastogen treatment and the individual's life threatening condition.

(5) A statement acknowledging that new, unanticipated, different, or worse symptoms or death may result from the proposed treatment.

(6) A statement that the individual's health insurance may not be obligated to pay for any care or treatment and that the patient may be liable for all expenses of the treatment unless specifically required to do so by contract or law.

(7) A statement that eligibility for hospice care may be withdrawn if the individual begins investigational neuroplastogen treatment and does not meet hospice care eligibility requirements.

(8) A statement that the individual or the individual's legal guardian consents to the investigational neuroplastogen treatment for the life threatening condition.

(c) The state department shall establish a notification procedure described in subsection (a)(6) to be used under this chapter.

Sec. 6. (a) A practitioner, research institution, or clinic may conduct neuroplastogen outcomes access research if the following conditions are met:

(1) Any data collected and maintained in a patient registry that complies with the federal Health Insurance Portability and Accountability Act (HIPAA) and only includes de-identified patient data.

(2) The practitioner or clinic follows any best practice guidelines and protocols that have been issued by the United States Department of Health and Human Services, including:

- (A) safety monitoring;**
- (B) psychotherapy support; and**
- (C) outcome measures.**



(b) The state department may do the following:

- (1) Implement Institutional Review Board (IRB) oversight protocols, including protocols for streamlined reporting of data under this chapter.**
- (2) Collaborate with research institutions in the development of standards and protocols to be used for research conducted under this chapter.**
- (3) Establish a registry to maintain data collected under this chapter.**
- (4) Adopt rules under IC 4-22-2 to implement this chapter, including rules concerning the following:**
 - (A) Safety standards.**
 - (B) Standardized informed consent forms.**
 - (C) Data elements for inclusion in a registry.**
 - (D) Adverse event reporting.**
 - (E) Staff qualifications for psychotherapy support.**
 - (F) Standardized notification forms for section 4 of this chapter.**
 - (G) Report formatting.**

Sec. 7. (a) Before February 1 of each year, a practitioner who performs neuroplastogen treatment under this chapter shall report the following information concerning the previous calendar year to the state department:

- (1) The number of patients for whom the practitioner has conducted neuroplastogen treatment.**
- (2) Each neuroplastogen used and the typical dosage range.**
- (3) Any adverse event (as defined in 21 CFR 312.32(a)).**

The report may not include patient identifying information.

(b) Before May 1 of each year, the state department shall aggregate and publish on the state department's website de-identified statistics from the reports submitted under subsection (a).

Sec. 8. Nothing in this chapter may be construed to do any of the following:

- (1) Allow nonmedical use of neuroplastogens.**
- (2) Supersede federal law or regulation.**
- (3) Reschedule a controlled substance.**
- (4) Create a fiscal burden on the state.**
- (5) Require a practitioner, clinic, research institution, or other person to participate in providing treatment under this chapter.**
- (6) Mandate insurance coverage for treatment under this**



chapter.

Sec. 9. A practitioner, eligible facility (as defined in IC 16-42-26.5-1), research institution, or other person participating in providing treatment that complies with the requirements of this chapter is immune from criminal or civil liability.".

Page 8, between lines 32 and 33, begin a new paragraph and insert:

"SECTION 17. IC 34-30-2.1-256.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 256.5. IC 16-42-26.7-9 (Concerning practitioners, eligible facilities, research institutions, and other persons participating in providing neuroplastogen treatment).".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 180 as printed January 16, 2026.)

GARTEN, Chairperson

Committee Vote: Yeas 13, Nays 0.

SENATE MOTION

Mr. President: I move that Senate Bill 180 be amended to read as follows:

Page 1, delete lines 1 through 15.

Page 2, delete lines 1 through 7.

Page 2, delete lines 28 through 42.

Delete pages 3 through 5.

Page 6, delete lines 1 through 11.

Page 12, delete lines 39 through 42.

Page 13, delete lines 1 through 2.

Renumber all SECTIONS consecutively.

(Reference is to SB 180 as printed January 23, 2026.)

BROWN L

