

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 ENROLLED ACT No. 180

AN ACT to amend the Indiana Code concerning health.

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

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

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

~~(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.~~

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 IC 16-41-14-17 IS REPEALED [EFFECTIVE JULY 1, 2026].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

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

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

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

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

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

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

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

- (1) must not have been convicted of a crime that has a direct bearing on the applicant's ability to practice competently;
- (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 or university in a foreign country with a degree that is equal to at least a doctorate in Indiana of:
(i) dental surgery; or
(ii) dental medicine;
determined and approved by the board;
(3) must pass an examination administered by an entity approved by the board; ~~and~~
(4) may not take the examination described in subdivision (3) more than three (3) times; **and**
(5) if the applicant is a graduate of a dental college or university described in subdivision (2), must submit the following to the board:
(A) The applicant's academic transcripts for review by the board, including an English translation of the transcript if the transcript is not in English.
(B) A satisfactory credential verification assessment by:
(i) the board;
(ii) an organization that is a member of the National Association of Credential Evaluation Services; or
(iii) any other organization approved 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 license is in good standing.

(b) The licensed Indiana dentist supervising the clinical competency under subsection (a)(3) shall provide to the dental hygienist or dental assistant a signed affidavit certifying the competency.

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

(d) Before permitting a dental hygienist or dental assistant to administer nitrous oxide, the supervising dentist shall:

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

(2) determine the maximum percent-dosage of nitrous oxide to be administered to the patient; and

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

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

(b) The board may establish additional requirements for an applicant who has failed the examination at least three (3) times. The applicant must complete any additional requirements before the applicant may take the examination again.

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

SECTION 8. 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 9. 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 10. 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 11. IC 25-34.5-2-12 IS REPEALED [EFFECTIVE JULY 1, 2026]. Sec. 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 12. 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.

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

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

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(1) "Firefighter" means a current or former firefighter.

(2) "Police officer" means a current or former police officer.

~~(a)~~ **(b)** A city shall pay for the care of a police officer or firefighter 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)~~ **(c)** Expenditures required by subsection ~~(a)~~ **(b)** shall be paid from the general fund of the city.

~~(c)~~ **(d)** A city that has paid for the care of a police officer or firefighter under subsection ~~(a)~~ **(b)** has a cause of action for reimbursement of the amount paid under subsection ~~(a)~~ **(b)** 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 city'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.

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

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

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

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

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



- (A) suffers an injury; or
 - (B) contracts an illness;
- 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 or surgeon in charge considers it necessary for proper recovery.

~~(c)~~ **(d)** Expenditures required by subsection ~~(a)~~ **(b) or (c)** shall be paid 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 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):

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- (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.

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

~~(d)~~ **(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 service, including service 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 protection district.

~~(d)~~ **(e)** A fire protection district that has paid for the care of a 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 firefighter has a cause of action for:

- (1) an injury sustained because of; or
- (2) an illness caused by;

the third party. The fire protection district's cause of action under this subsection is in addition to, and not instead of, the cause of action of the 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 firefighter may recover medical benefits under this section without first pursuing a claim for medical benefits under IC 22-3. If the firefighter pursues a claim for medical benefits under IC 22-3 and the claim is withdrawn or denied, the firefighter is not precluded from recovering medical benefits under this section.

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

~~(a)~~ **(b)** A township 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 duty.

~~(b)~~ **(c)** The township 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 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 township firefighting and emergency services fund established by section 4(a)(1) of this chapter or the township



firefighting fund established ~~in~~ **by** section 4(a)(2)(A) of this chapter, as applicable.

~~(d)~~ **(e)** A township that has paid for the care of a 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 firefighter has a cause of action for an injury sustained because of, or an illness caused by, the third party. The township's cause of action under this subsection is in addition to, and not in lieu of, the cause of action of the 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 firefighter may recover medical benefits under this section without first pursuing a claim for medical benefits under IC 22-3. If the firefighter pursues a claim for medical benefits under IC 22-3 and the claim is withdrawn or denied, the firefighter is not precluded from recovering medical benefits under this section.

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

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

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

during the performance of the firefighter's duty.

~~(b)~~ **(c)** The provider unit 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 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.

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

~~(d)~~ **(e)** A provider unit that has paid for the care of a 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 firefighter has a cause of action for an injury



sustained because of, or an illness caused by, the third party. The provider unit's cause of action under this subsection is in addition to, and not in lieu of, the cause of action of the 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 firefighter may recover medical benefits under this section without first pursuing a claim for medical benefits under IC 22-3. If the firefighter pursues a claim for medical benefits under IC 22-3 and the claim is withdrawn or denied, the firefighter is not precluded from recovering medical benefits under this section.

SECTION 21. [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.

SECTION 22. An emergency is declared for this act.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

SEA 180 — Concur

