

## SENATE BILL No. 180

AM018005 has been incorporated into introduced printing.

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**Synopsis:** Various health care matters.

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2026

IN 180—LS 6885/DI 147



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Introduced

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

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

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

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

## 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 12-8-1.6-2, AS ADDED BY P.L.174-2025,  
2        SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3        JULY 1, 2026]: Sec. 2. (a) As used in this chapter, "home and  
4        community based services waiver" refers to a federal Medicaid waiver  
5        granted to the state under 42 U.S.C. 1396n(c) to provide home and  
6        community based long term care services and supports to individuals  
7        with disabilities **and the elderly**.

8        (b) The term does not include home and community services  
9        offered as part of the approved Medicaid state plan.

10        SECTION 2. IC 12-8-1.6-4, AS ADDED BY P.L.174-2025,  
11        SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
12        JULY 1, 2026]: Sec. 4. (a) The office of the secretary has all powers  
13        necessary and convenient to administer a home and community based  
14        services waiver.

15        (b) The office of the secretary shall do the following:

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(1) Administer money appropriated or allocated to the office of the secretary by the state, including money appropriated or allocated for a home and community based services waiver.

(2) Take any action necessary to implement a home and community based services waiver, including applying to the United States Department of Health and Human Services for approval to amend or renew the waiver, implement a new Medicaid waiver, or amend the Medicaid state plan.

(3) Ensure that a home and community based services waiver is subject to funding available to the office of the secretary.

(4) Ensure, in coordination with the budget agency, that the cost of a home and community based services waiver does not exceed the total amount of funding available by the budget agency, including state and federal funds, for the Medicaid programs established to provide services under a home and community based services waiver.

(5) Establish and administer a program for a home and community based services waiver, **including the assisted living waiver described in IC 12-15-1.3-26**, to provide an eligible individual with care that does not cost more than services provided to a similarly situated individual residing in an institution.

(6) Within the limits of available resources, provide service coordination services to individuals receiving services under a home and community based services waiver, including the development of an individual service plan that:

(A) addresses an individual's needs;

(B) identifies and considers family and community resources that are potentially available to meet the individual's needs; and

(C) is consistent with the person centered care approach for receiving services under a waiver.

(7) Monitor services provided by a provider that:

(A) provides services to an individual using funds provided by the office of the secretary or under the authority of the office of the secretary; or

(B) entered into one (1) or more provider agreements to provide services under a home and community based services waiver.

(8) Establish and administer a confidential complaint process for:

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(A) an individual receiving; or

(B) a provider described in subdivision (7) providing services under a home and community based services waiver

(c) The office of the secretary may do the following:

(1) At the office's discretion, delegate any of its authority under this chapter to any division or office within the office of the secretary.

(2) Issue administrative orders under IC 4-21.5-3-6 regarding the provision of a home and community based services waiver.

SECTION 3. IC 12-8-1.6-9, AS ADDED BY P.L.174-2025, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 9. A home and community based services waiver, including the delivery and receipt of services provided under the home and community based services waiver, must meet the following requirements:

(1) Be provided under public supervision.

(2) Be individualized and designed to meet the needs of individuals eligible to receive services under the home and community based services waiver.

(3) Meet applicable state and federal standards.

(4) Be provided by qualified personnel.

(5) Be provided, to the extent appropriate, with services provided under the home and community based services waiver that are provided in a home and community based setting where nonwaiver individuals receive services.

(6) Be provided in accordance with an individual's:

(A) service plan; and

**(B) choice of provider of waiver services.**

SECTION 4. IC 12-8-1.6-10, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2026 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) This section applies to **the following:**

**(1)** A home and community based services waiver that include

assisted living services as an available service before July 1, 2025.

**(2) An assisted living waiver described in IC 12-15-1.3-26.**

(b) As used in this section, "office" includes the following:

- (1) The office of the secretary of family and social services.
- (2) A managed care organization that has contracted with the

office of Medicaid policy and planning under IC 12-15.



1 organization described in subdivision (2).

2 (c) Under a home and community based services waiver that  
3 provides services to an individual who is aged or disabled, the office  
4 shall reimburse for the following services provided to the individual by  
5 a provider of assisted living services, if included in the individual's  
6 home and community based **service services** plan:

7 (1) Assisted living services.  
8 (2) Integrated health care coordination.  
9 (3) Transportation.

10 (d) If the office approves an increase in the level of services for a  
11 recipient of assisted living services, the office shall reimburse the  
12 provider of assisted living services for the level of services for the  
13 increase as of the date that the provider has documentation of providing  
14 the increase in the level of services.

15 (e) The office may reimburse for any home and community based  
16 services provided to a Medicaid recipient beginning on the date of the  
17 individual's Medicaid application.

18 (f) The office may not do any of the following concerning assisted  
19 living services provided in a home and community based services  
20 program:

21 (1) Require the installation of a sink in the kitchenette within any  
22 living unit of an entity that participated in the Medicaid home  
23 and community based services program before July 1, 2018.

24 (2) Require all living units within a setting that provides assisted  
25 living services to comply with physical plant requirements that  
26 are applicable to individual units occupied by a Medicaid  
27 recipient.

28 (3) Require a provider to offer only private rooms.

29 (4) Require a housing with services establishment provider to  
30 provide housing when:

31 (A) the provider is unable to meet the health needs of a  
32 resident without:

33 (i) undue financial or administrative burden; or  
34 (ii) fundamentally altering the nature of the provider's  
35 operations; and

36 (B) the resident is unable to arrange for services to meet the  
37 resident's health needs.

38 (5) Require a housing with services establishment provider to  
39 separate an agreement for housing from an agreement for  
40 services.

41 (6) Prohibit a housing with services establishment provider from



1 offering studio apartments with only a single sink in the unit.  
 2 (7) Preclude the use of a shared bathroom between adjoining or  
 3 shared units if the participants consent to the use of a shared  
 4 bathroom.  
 5 (8) Reduce the scope of services that may be provided by a  
 6 provider of assisted living services under the aged and disabled  
 7 Medicaid waiver in effect on July 1, 2021.

8 **(g) A Medicaid recipient who has a home and community  
 9 based services plan that includes:**

10       **(1) assisted living services; and**  
 11       **(2) integrated health care coordination;**

12       **shall choose whether the provider of assisted living services or the  
 13 office provides the integrated health care coordination to the  
 14 recipient.**

15       **(h) Integrated health care coordination provided by a provider  
 16 of assisted living services under this section is not duplicative of  
 17 any services provided by the office.**

18       **(g) (i) The office of the secretary may adopt rules under IC 4-22-2**  
 19       **that establish the right, and an appeals process, for a resident to appeal**  
 20       **a provider's determination that the provider is unable to meet the health**  
 21       **needs of the resident as described in subsection (f)(4). The process:**

22           **(1) must require an objective third party to review the provider's**  
 23           **determination in a timely manner; and**  
 24           **(2) may not be required if the provider is licensed by the Indiana**  
 25           **department of health and the licensure requirements include an**  
 26           **appellate procedure for such a determination.**

27       **SECTION 5. IC 12-15-1.3-26 IS ADDED TO THE INDIANA**  
 28       **CODE AS A NEW SECTION TO READ AS FOLLOWS**  
 29       **[EFFECTIVE JULY 1, 2026]: Sec. 26. (a) Not later than September**  
 30       **1, 2026, the office of the secretary shall apply to the United States**  
 31       **Department of Health and Human Services for a Medicaid waiver**  
 32       **to provide assisted living services effective July 1, 2026, in a waiver**  
 33       **separate from the Medicaid home and community based services**  
 34       **waiver that included assisted living services as an available service**  
 35       **before July 1, 2026.**

36       **(b) The office of the secretary shall establish a work group of**  
 37       **interested stakeholders to assist in the development and**  
 38       **implementation of the waiver described in subsection (a). The**  
 39       **governor shall appoint the members of the work group and include**  
 40       **providers of assisted living services as members of the work group.**

41       **SECTION 6. IC 12-15-13-1.8, AS AMENDED BY P.L.213-2025,**  
 42       **SECTION 112, IS AMENDED TO READ AS FOLLOWS**



1 [EFFECTIVE JULY 1, 2026]: Sec. 1.8. (a) As used in this section,  
 2 "covered population" means all Medicaid recipients who meet the  
 3 criteria set forth in subsection (b).

4 (b) **Except as provided in subsection (e)**, an individual is a  
 5 member of the covered population if the individual:

6 (1) is eligible to participate in the federal Medicare program (42  
 7 U.S.C. 1395 et seq.) and receives nursing facility services; or  
 8 (2) is:

9 (A) at least sixty (60) years of age;  
 10 (B) blind, aged, or disabled; and  
 11 (C) receiving services through one (1) of the following:  
 12 (i) The aged and disabled Medicaid waiver.  
 13 (ii) A risk based managed care program for aged,  
 14 blind, or disabled individuals who are not eligible to  
 15 participate in the federal Medicare program.  
 16 (iii) The state Medicaid plan.

17 (c) The office of the secretary may implement a risk based  
 18 managed care program for the covered population.

19 (d) Any managed care organization that participates in the risk  
 20 based managed care program under subsection (c) that fails to pay a  
 21 claim submitted by a nursing facility provider for payment under the  
 22 program later than:

23 (1) twenty-one (21) days, if the claim was electronically filed; or  
 24 (2) thirty (30) days, if the claim was filed on paper;

25 from receipt by the managed care organization shall pay a penalty of  
 26 five hundred dollars (\$500) per calendar day per claim.

27 (e) **Upon an individual receiving nursing facility services for**  
 28 **a consecutive period of one hundred (100) days, the individual is no**  
 29 **longer a member of the covered population. An individual who was**  
 30 **part of the covered population is no longer part of the covered**  
 31 **population on the one hundredth day and shall receive Medicaid**  
 32 **services under a fee for service program.**

33 SECTION 7. IC 16-18-2-146.5 IS ADDED TO THE INDIANA  
 34 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 35 [EFFECTIVE JULY 1, 2026]: Sec. 146.5. "**Generative artificial**  
 36 **intelligence", for purposes of IC 16-51-3, has the meaning set forth**  
 37 **in IC 16-51-3-2.**

38 SECTION 8. IC 16-18-2-163, AS AMENDED BY  
 39 P.L.179-2022(ss), SECTION 4, IS AMENDED TO READ AS  
 40 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 163. (a) Except as  
 41 provided in subsection (c), "health care provider", for purposes of



1       IC 16-21 and IC 16-41, means any of the following:

2       (1) An individual, a partnership, a corporation, a professional  
 3       corporation, a facility, or an institution licensed or legally  
 4       authorized by this state to provide health care or professional  
 5       services as a licensed physician, a psychiatric hospital, a  
 6       hospital, a health facility, an emergency ambulance service  
 7       (IC 16-31-3), a dentist, a registered or licensed practical nurse,  
 8       a midwife, an optometrist, a pharmacist, a podiatrist, a  
 9       chiropractor, a physical therapist, a respiratory care practitioner,  
 10       an occupational therapist, a psychologist, a paramedic, an  
 11       emergency medical technician, an advanced emergency medical  
 12       technician, an athletic trainer, or a person who is an officer,  
 13       employee, or agent of the individual, partnership, corporation,  
 14       professional corporation, facility, or institution acting in the  
 15       course and scope of the person's employment.

16       (2) A college, university, or junior college that provides health  
 17       care to a student, a faculty member, or an employee, and the  
 18       governing board or a person who is an officer, employee, or  
 19       agent of the college, university, or junior college acting in the  
 20       course and scope of the person's employment.

21       (3) A blood bank, community mental health center, community  
 22       intellectual disability center, community health center, or  
 23       migrant health center.

24       (4) A home health agency (as defined in IC 16-27-1-2).

25       (5) A health maintenance organization (as defined in  
 26       IC 27-13-1-19).

27       (6) A health care organization whose members, shareholders, or  
 28       partners are health care providers under subdivision (1).

29       (7) A corporation, partnership, or professional corporation not  
 30       otherwise qualified under this subsection that:

31           (A) provides health care as one (1) of the corporation's,  
 32           partnership's, or professional corporation's functions;

33           (B) is organized or registered under state law; and

34           (C) is determined to be eligible for coverage as a health care  
 35           provider under IC 34-18 for the corporation's, partnership's,  
 36           or professional corporation's health care function.

37       Coverage for a health care provider qualified under this subdivision is  
 38       limited to the health care provider's health care functions and does not  
 39       extend to other causes of action.

40       (b) "Health care provider", for purposes of IC 16-35, has the  
 41       meaning set forth in subsection (a). However, for purposes of IC 16-35,



1 the term also includes a health facility (as defined in section 167 of this  
2 chapter).

3 (c) "Health care provider", for purposes of IC 16-32-5, IC 16-36-5,  
4 IC 16-36-6, and IC 16-41-10 means an individual licensed or  
5 authorized by this state to provide health care or professional services  
6 as:

7 (1) a licensed physician;  
8 (2) a registered nurse;  
9 (3) a licensed practical nurse;  
10 (4) an advanced practice registered nurse;  
11 (5) a certified nurse midwife;  
12 (6) a paramedic;  
13 (7) an emergency medical technician;  
14 (8) an advanced emergency medical technician;  
15 (9) an emergency medical responder, as defined by section 109.8  
16 of this chapter;  
17 (10) a licensed dentist;  
18 (11) a home health aide, as defined by section 174 of this  
19 chapter; or  
20 (12) a licensed physician assistant.

21 The term includes an individual who is an employee or agent of a  
22 health care provider acting in the course and scope of the individual's  
23 employment.

24 (d) "Health care provider", for purposes of IC 16-36-7, has the  
25 meaning set forth in IC 16-36-7-12.

26 (e) "Health care provider", for purposes of IC 16-40-4, means any  
27 of the following:

28 (1) An individual, a partnership, a corporation, a professional  
29 corporation, a facility, or an institution licensed or authorized by  
30 the state to provide health care or professional services as a  
31 licensed physician, a psychiatric hospital, a hospital, a health  
32 facility, an emergency ambulance service (IC 16-31-3), an  
33 ambulatory outpatient surgical center, a dentist, an optometrist,  
34 a pharmacist, a podiatrist, a chiropractor, a psychologist, or a  
35 person who is an officer, employee, or agent of the individual,  
36 partnership, corporation, professional corporation, facility, or  
37 institution acting in the course and scope of the person's  
38 employment.  
39 (2) A blood bank, laboratory, community mental health center,  
40 community intellectual disability center, community health  
41 center, or migrant health center.



(3) A home health agency (as defined in IC 16-27-1-2).  
(4) A health maintenance organization (as defined in IC 27-13-1-19).  
(5) A health care organization whose members, shareholders, or partners are health care providers under subdivision (1).  
(6) A corporation, partnership, or professional corporation not otherwise specified in this subsection that:  
    (A) provides health care as one (1) of the corporation's, partnership's, or professional corporation's functions;  
    (B) is organized or registered under state law; and  
    (C) is determined to be eligible for coverage as a health care provider under IC 34-18 for the corporation's, partnership's, or professional corporation's health care function.  
(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).  
(f) "Health care provider", for purposes of IC 16-45-4, has the meaning set forth in 47 CFR 54.601(a).  
**(g) "Health care provider", for purposes of IC 16-51-3, has the meaning set forth in IC 16-51-3-3.**  
SECTION 9. IC 16-18-2-167.9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 167.9. "Health plan", for purposes of IC 16-51-3, has the meaning set forth in IC 16-51-3-4.**  
SECTION 10. IC 16-18-2-187.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 187.4. "Indiana user", for purposes of IC 16-51-3, has the meaning set forth in IC 16-51-3-5.**  
SECTION 11. IC 16-18-2-188.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 188.4. "Individually identifiable health information", for purposes of IC 16-51-3, has the meaning set forth in IC 16-51-3-6.**  
SECTION 12. IC 16-18-2-225.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 225.5. "Mental health chat bot", for purposes of IC 16-51-3, has the meaning set forth in IC 16-51-3-7.**  
SECTION 13. IC 16-18-2-264 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 264. (a) "Operator", for purposes of IC 16-41-31, has the meaning set forth in IC 16-41-31-4.**  
**(b) "Operator", for purposes of IC 16-51-3, has the meaning**

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1       **set forth in IC 16-51-3-8.**

2       SECTION 14. IC 16-18-2-362.2 IS ADDED TO THE INDIANA  
 3       CODE AS A NEW SECTION TO READ AS FOLLOWS  
 4       [EFFECTIVE JULY 1, 2026]: **Sec. 362.2. "User input", for purposes  
 5       of IC 16-51-3, has the meaning set forth in IC 16-51-3-9.**

6       SECTION 15. IC 16-27.5-5-5, AS ADDED BY P.L.143-2025,  
 7       SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 8       SEPTEMBER 1, 2025 (RETROACTIVE)]: Sec. 5. (a) A home health  
 9       aide competency evaluation program must:

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

12       (b) **Beginning July 1, 2026**, a home health aide competency  
 13       evaluation program must include at least seventy-five (75) hours of  
 14       training. At least sixteen (16) hours of classroom training must occur  
 15       before supervised practical training.

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

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

26       SECTION 17. IC 16-51-3 IS ADDED TO THE INDIANA CODE  
 27       AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 28       JULY 1, 2026]:

29       **Chapter 3. Mental Health Chat Bots**

30       **Sec. 1. As used in this chapter, "artificial intelligence" has the  
 31       meaning set forth in IC 4-13.1-5-1.**

32       **Sec. 2. As used in this chapter, "generative artificial  
 33       intelligence" means an artificial intelligence technology system  
 34       that:**

35       **(1) is trained on data;**  
 36       **(2) is designed to simulate human conversation with a  
 37       consumer through:**  
 38       **(A) text;**  
 39       **(B) audio;**  
 40       **(C) visual communication; or**  
 41       **(D) any combination of communication described in  
 42       clauses (A) through (C); and**



(3) generates, with limited or no human oversight, nonscripted output that is similar to output created by a human.

**Sec. 3. As used in this chapter, "health care provider" has the meaning set forth in 45 CFR 160.103.**

**Sec. 4. As used in this chapter, "health plan" has the meaning set forth in 45 CFR 160.103.**

Sec. 5. As used in this chapter, "Indiana user" means an individual located in Indiana at the time the individual accesses or uses a mental health chat bot.

**Sec. 6.** As used in this chapter, "individually identifiable health information" refers to information relating to the physical or mental health of an individual.

**Sec. 7. (a) As used in this chapter, "mental health chat bot" means an artificial intelligence application that:**

(1) uses generative artificial intelligence to engage in interactive conversations with a user of the application in a manner that is similar to the confidential communication that an individual would have with a mental health professional; and

(2) an operator represents or a reasonable person would believe is capable of:

**(A) providing mental health services to a user; or**

**(B) helping a user manage or treat a mental health condition.**

**(b) The term does not include artificial intelligence technology that only:**

(1) provides scripted output, such as a guided meditation or a mindfulness exercise; or

**(2) analyzes a user's input to connect the user with a mental health professional.**

**Sec. 8. As used in this chapter, "operator" refers to a person who operates a mental health chat bot.**

Sec. 9. As used in this chapter, "user input" means content provided to a mental health chat bot by an Indiana user.

Sec. 10. (a) This section does not apply to individually identifiable health information that is:

**(1) requested by a health care provider with the consent of an Indiana user; or**

**(2) upon request by an Indiana user, provided to a health plan of the Indiana user.**

(b) Except as provided in section 11 of this chapter, an



1       **operator may not share with or sell to a third party the following:**

2           **(1) Individually identifiable health information of an Indiana**  

3           **user.**

4           **(2) User input.**

5       **Sec. 11. (a) If necessary to ensure the effective functionality of**  

6           **the mental health chat bot, an operator may share individually**  

7           **identifiable health information of an Indiana user with a person**  

8           **with whom the operator has contracted concerning the functioning**  

9           **of the mental health chat bot.**

10      **(b) In sharing the information described in subsection (a), an**  

11           **operator shall comply with 45 CFR Part 160 and 45 CFR Part 164,**  

12           **Subparts A and E applicable to a:**

13           **(1) covered entity; and**

14           **(2) business associate;**

15           **as defined in 45 CFR 160.103.**

16      **Sec. 12. (a) An operator may not use a mental health chat bot**  

17           **to advertise a product or service to an Indiana user unless the**  

18           **operator clearly and conspicuously:**

19           **(1) identifies the product or service as an advertisement; and**

20           **(2) discloses to the Indiana user any:**

21           **(A) sponsorship by;**

22           **(B) business affiliation with; or**

23           **(C) agreement with;**

24           **a third party to promote, advertise, or recommend the**  

25           **product or service.**

26      **(b) An operator may not utilize user input to determine:**

27           **(1) whether to display an advertisement for a product or**  

28           **service other than the mental health chat bot to the Indiana**  

29           **user;**

30           **(2) a product, service, or category of product or service to**  

31           **advertise to the Indiana user; or**

32           **(3) customizations to how an advertisement is displayed to an**  

33           **Indiana user.**

34      **(c) This section does not prohibit a mental health chat bot**  

35           **from providing a recommendation for counseling, mental health**  

36           **services, or other assistance from a licensed professional to the**  

37           **Indiana user.**

38      **Sec. 13. (a) An operator shall clearly and conspicuously**  

39           **disclose in the mental health chat bot that the mental health chat**  

40           **bot is:**

41           **(1) artificial intelligence technology; and**

42           **(2) not a human.**



(b) The disclosure described in subsection (a) must be provided:

**(1) before an Indiana user accesses the mental health chat bot;**

**(2) if an Indiana user has not accessed the mental health chat bot in the preceding seven (7) days, at the beginning of any interaction between the mental health chat bot and the Indiana user; and**

(3) when an Indiana user asks or otherwise prompts the mental health chat bot about whether artificial intelligence is being used.

Sec. 14. If an operator violates this chapter, the attorney general may bring an action to obtain any of the following against the operator:

### **(1) Injunctive relief.**

**(2) A civil penalty of not more than two thousand five hundred dollars (\$2,500).**

**(3) The attorney general's reasonable costs of:**

(A) the investigation of the violation; and

(B) maintaining the action.

**(4) Other appropriate relief.**

**Sec. 15. If the attorney general has reasonable cause to believe that any person has violated this chapter, the attorney general may issue a civil investigative demand under JC 4-6-3-3.**

SECTION 18. IC 25-1-23.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]:

## Chapter 23.5. Use of Artificial Intelligence Systems

**Sec. 1.** As used in this chapter, "artificial intelligence system" means a machine based system that, for explicit or implicit objectives, infers from the input it receives how to generate outputs, including:

### (1) predictions:

## (2) content:

(3) recommendations; or

#### (4) decisions:

that can influence physical or virtual environments. The term includes generative artificial intelligence.

**Sec. 2.** As used in this chapter, "generative artificial intelligence" means an automated computing system that, when prompted with human prompts, descriptions, or queries, can produce outputs that simulate human product content, including:



- 1        (1) textual outputs, such as short answers, essays, poetry, or  
2        longer compositions or answers;
- 3        (2) image outputs, such as fine art, photographs, conceptual  
4        art, diagrams, and other images;
- 5        (3) multimedia outputs, such as audio or video in the form of  
6        compositions, songs, or short-form or long-form audio or  
7        video; and
- 8        (4) other content that would otherwise be produced by  
9        human means.

10 Sec. 3. (a) As used in this chapter, except as provided in  
11 subsection (b), "licensed practitioner" means an individual who  
12 holds a license issued by a board described in IC 25-0.5-11.

**Sec. 4. A person or entity may not use an artificial intelligence system to:**

17                   **(1) impersonate; or**  
18                   **(2) act as a substitute for;**

19 a licensed practitioner during any interaction that is required to be  
20 performed by the licensed practitioner.

21                   **Sec. 5. A licensed practitioner who violates this chapter is**  
22                   **subject to disciplinary action under IC 25-1-9.**

23 SECTION 19. IC 25-13-1-4, AS AMENDED BY P.L.103-2011,  
24 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
25 JULY 1, 2026]: Sec. 4. (a) Any person desiring to practice dental  
26 hygiene in Indiana must procure from the board a license to practice  
27 dental hygiene. To procure a license, the applicant must submit to the  
28 board proof of graduation from an institution **for educating dental**  
29 **hygienists that is approved by the board described in section 6(2) of**  
30 **this chapter** and other credentials required by this chapter, together  
31 with an application on forms prescribed and furnished by the board.  
32 Each applicant must pay to the board an application fee set by the  
33 board under section 5 of this chapter at the time the application is made  
34 and must pass an examination administered by an entity approved by  
35 the board. The board may establish under section 5 of this chapter  
36 additional requirements as a prerequisite to taking an examination for  
37 any applicant who has failed the examination two (2) or more times.  
38 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.

41 SECTION 20. IC 25-13-1-5 IS AMENDED TO READ AS  
42 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The board shall



1 enforce this chapter.

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

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

12 SECTION 21. IC 25-13-1-6, AS AMENDED BY P.L.264-2013,  
 13 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 14 JULY 1, 2026]: Sec. 6. An applicant:

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

18 (A) school for dental hygienists that:

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

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

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

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

26 (i) **dental surgery; or**

27 (ii) **dental medicine;**

28 **determined and approved by the board;**

29 (3) must pass an examination administered by an entity approved  
 30 by the board; **and**

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

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

36 SECTION 22. IC 25-13-1-10.7, AS ADDED BY P.L.35-2020,  
 37 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 38 JULY 1, 2026]: Sec. 10.7. (a) A dental hygienist or dental assistant (as  
 39 defined in IC 25-14-1-1.5(4)) may administer nitrous oxide under the  
 40 direct supervision of a licensed dentist if the dental hygienist or dental  
 41 assistant has:



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

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

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

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

23 (1) does not have a conviction for:

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

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

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

33 (3) has **either:**

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

37 (B) **after December 31, 2027, successfully completed**  
 38 **both portions of the registered respiratory therapist**  
 39 **examination, administered by the National Board for**  
 40 **Respiratory Care or its successor organization.**

41 (b) Each applicant for licensure as a respiratory care practitioner



1       must submit proof to the committee of the applicant's:  
 2       (1) graduation from a school or program of respiratory care that  
 3       meets standards set by the board;  
 4       (2) completion of a United States military training program in  
 5       respiratory care; or  
 6       (3) completion of sufficient postsecondary education to be  
 7       credentialed by a national respiratory care practitioner  
 8       organization approved by the committee.

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

12      SECTION 25. IC 25-34.5-2-9, AS AMENDED BY P.L.177-2015,  
 13      SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 14      JULY 1, 2026]: Sec. 9. (a) Except as provided in section 11 of this  
 15      chapter, the committee shall issue a license to each applicant who  
 16       ~~(1) successfully passes the examination provided in section 12  
 17       of this chapter; and~~  
 18       ~~(2)~~ meets the requirements of section 8 of this chapter.

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

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

29       (1) has:  
 30       (A) a valid license or certificate to practice from another  
 31       state; and  
 32       (B) applied for a license from the committee;  
 33       (2) is practicing in a state that does not license or certify  
 34       respiratory care practitioners but is credentialed by a national  
 35       respiratory care practitioner association approved by the  
 36       committee, and the person has applied for a license from the  
 37       committee; or  
 38       (3) has:  
 39       (A) been approved by the committee to take the next  
 40       examination; and  
 41       (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.

(1) did not take any action to

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

12 (2) shows good cause for not taking the examination.  
13 (d) A permit renewed under subsection (c) expires on the date the  
14 person holding the permit receives the results from the ~~next~~  
15 examination given after the permit was issued.

SECTION 27. 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.

(+) 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.

25 applicant's fitness to practice respiratory care.  
26 (c) An otherwise qualified applicant who fails an examination and  
27 is refused licensure may take another scheduled examination upon  
28 payment of an additional fee set by the board under rules adopted under  
29 section 7 of this charter.

29 SECTION 7. OF THIS CHAPTER.  
30 SECTION 28. IC 25-34.5-2-14, AS AMENDED BY  
31 P.L.152-2024, SECTION 8, IS AMENDED TO READ AS FOLLOWS  
32 [EFFECTIVE JULY 1, 2026]: Sec. 14. (a) The committee shall issue  
33 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.

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

14 (1) the individual has successfully completed in the respiratory  
15 care program designated under subsection (a)(3); and  
16 (2) for which the successful completion has been documented  
17 and that is available upon request to the committee.

22 (1) that the individual has successfully completed in the  
23 respiratory care program designated under subsection (a)(3); and  
24 (2) for which the individual's successful completion has been  
25 documented.

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

28 this subsection.

29 (e) The procedures permitted under subsections (c) and (d) may be

30 performed only:

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

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

41 (g) A supervising practitioner may not supervise at one (1) time

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1 more than three (3) holders of student permits issued under this section.

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

3 (1) The date the permit holder is issued a license under this  
4 article.

5 (2) The date the committee disapproves the permit holder's  
6 application for a license under this article.

7 (3) The date the permit holder ceases to be a student in good  
8 standing in a respiratory care program approved by the  
9 committee. The graduation of a student permit holder from a  
10 respiratory care program approved by the committee does not  
11 cause the student permit to expire under this subdivision.

12 (4) Sixty (60) days after the date that the permit holder graduates  
13 from a respiratory care program approved by the committee.

14 (5) The date that the permit holder is notified that the permit  
15 holder has failed the licensure examination.

16 (6) Two (2) years after the date of issuance.

17 SECTION 29. IC 27-1-37-11, AS ADDED BY P.L.215-2025,

18 SECTION 52, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

19 JULY 1, 2026]: Sec. 11. The department shall do the following:

20 (1) Require health carriers to meet network adequacy standards  
21 that are no less stringent than the network adequacy standards  
22 established by the Centers for Medicare and Medicaid Services.

23 (2) When assessing whether a health carrier has met the network  
24 adequacy standards, consider the availability and variety of  
25 independent specialty providers that provide services within in  
26 network provider facilities in the health carrier's network.

27 (3) **Require a health carrier to provide proof that the health  
28 carrier meets the network adequacy standards on an annual  
29 basis.**

30 (4) **Contract with an objective third party to verify that  
31 health carriers are in compliance with the network adequacy  
32 standards.**

33 SECTION 30. IC 27-1-37.1-5 IS AMENDED TO READ AS  
34 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. A person who enters  
35 into a health provider contract with a provider shall provide written  
36 notice to the provider of any amendment to the health provider contract  
37 not less than ~~forty-five (45)~~ **sixty (60)** days before the proposed  
38 effective date of the amendment.

39 SECTION 31. IC 27-1-37.1-5.5 IS ADDED TO THE INDIANA  
40 CODE AS A NEW SECTION TO READ AS FOLLOWS  
41 [EFFECTIVE JULY 1, 2026]: **Sec. 5.5. Before an amendment to a  
42 health provider contract that makes a material change or reduces**



1       the reimbursement rate for any CPT code (as defined in  
 2       IC 27-8-5.7-2.5) goes into effect, a person shall obtain either:

- 3       (1) the department's approval of the amendment; or
- 4       (2) the provider's approval of the amendment and the  
 5       provider's signature.

6       SECTION 32. IC 27-1-52.1 IS ADDED TO THE INDIANA  
 7       CODE AS A NEW CHAPTER TO READ AS FOLLOWS  
 8       [EFFECTIVE JULY 1, 2026]:

9       **Chapter 52.1. Downcoding of Health Benefits Claims**

10      **Sec. 1.** As used in this chapter, "covered individual" means an  
 11       individual who is entitled to coverage under a health plan.

12      **Sec. 2.** As used in this chapter, "downcoding" means the  
 13       adjustment of a health benefits claim by an insurer to a less  
 14       complex or lower cost service to reimburse a provider in an  
 15       amount less than the required amount under the provider contract.  
 16       The term includes the use of remark codes.

17      **Sec. 3.** As used in this chapter, "health benefits claim" means  
 18       a claim submitted by a provider for payment under a health plan  
 19       for health care services provided to a covered individual.

20      **Sec. 4.** As used in this chapter, "health plan" means the  
 21       following:

22       (1) A policy of accident and sickness insurance (as defined in  
 23       IC 27-8-5-1), but not including the coverages described in  
 24       IC 27-8-5-2.5(a).

25       (2) An individual contract (as defined in IC 27-13-1-21) or a  
 26       group contract (as defined in IC 27-13-1-16) with a health  
 27       maintenance organization (as defined in IC 27-13-1-19) that  
 28       provides coverage for basic health care services (as defined  
 29       in IC 27-13-1-4).

30      **Sec. 5.** As used in this chapter, "insurer" means the following:

31       (1) An insurer (as defined in IC 27-1-2-3(x)) that issues a  
 32       policy of accident and sickness insurance (as defined in  
 33       IC 27-8-5-1), but not including the coverages described in  
 34       IC 27-8-5-2.5(a).

35       (2) A health maintenance organization (as defined in  
 36       IC 27-13-1-19) that provides coverage for basic health care  
 37       services (as defined in IC 27-13-1-4) under an individual  
 38       contract (as defined in IC 27-13-1-21) or a group contract (as  
 39       defined in IC 27-13-1-16).

40      **Sec. 6.** As used in this chapter, "provider" means an individual  
 41       or entity licensed or legally authorized to provide health care  
 42       services.



1                   **Sec. 7. Notwithstanding any other law or regulation to the**  
 2                   **contrary, an insurer may not use downcoding in a manner that**  
 3                   **prevents a provider from:**

4                   (1) **submitting a health benefits claim for the actual service**  
 5                   **performed; and**  
 6                   (2) **collecting reimbursement from the insurer for the actual**  
 7                   **service performed.**

8                   **Sec. 8. The department shall adopt rules under IC 4-22-2 to**  
 9                   **carry out this chapter.**

10                  SECTION 33. IC 27-8-5-15.8, AS ADDED BY P.L.103-2020,  
 11                  SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12                  JULY 1, 2026]: Sec. 15.8. (a) As used in this section, "treatment of a  
 13                  mental illness or substance abuse" means:

14                  (1) treatment for a mental illness, as defined in  
 15                  IC 12-7-2-130(1); and  
 16                  (2) treatment for drug abuse or alcohol abuse.

17                  (b) As used in this section, "act" refers to the Paul Wellstone and  
 18                  Pete Domenici Mental Health Parity and Addiction Act of 2008 and  
 19                  any amendments thereto, plus any federal guidance or regulations  
 20                  relevant to that act, including 45 CFR 146.136, 45 CFR 147.136, 45  
 21                  CFR 147.160, and 45 CFR 156.115(a)(3).

22                  (c) As used in this section, "nonquantitative treatment limitations"  
 23                  refers to those limitations described in 26 CFR 54.9812-1, 29 CFR  
 24                  2590.712, and 45 CFR 146.136.

25                  (d) An insurer that issues a policy of accident and sickness  
 26                  insurance that provides coverage of services for treatment of a mental  
 27                  illness or substance abuse shall submit a report to the department not  
 28                  later than December 31 of each year that contains the following  
 29                  information:

30                  (1) A description of the processes:

31                  (A) used to develop or select the medical necessity criteria  
 32                  for coverage of services for treatment of a mental illness or  
 33                  substance abuse; and  
 34                  (B) used to develop or select the medical necessity criteria  
 35                  for coverage of services for treatment of other medical or  
 36                  surgical conditions.

37                  (2) Identification of all nonquantitative treatment limitations that  
 38                  are applied to:

39                  (A) coverage of services for treatment of a mental illness or  
 40                  substance abuse; and  
 41                  (B) coverage of services for treatment of other medical or  
 42                  surgical conditions;



1                   within each classification of benefits.

2                   **(3) The reimbursement rates for providers of mental illness**  
 3                   **or substance abuse services relative to Medicare rates and**  
 4                   **the reimbursement rates for providers of medical or surgical**  
 5                   **services relative to Medicare rates in the respective**  
 6                   **classification of benefits.**

7                   (e) There may be no separate nonquantitative treatment limitations  
 8                   that apply to coverage of services for treatment of a mental illness or  
 9                   substance abuse that do not apply to coverage of services for treatment  
 10                  of other medical or surgical conditions within any classification of  
 11                  benefits.

12                  (f) An insurer that issues a policy of accident and sickness  
 13                  insurance that provides coverage of services for treatment of a mental  
 14                  illness or substance abuse shall also submit an analysis showing the  
 15                  insurer's compliance with this section and the act to the department not  
 16                  later than December 31 of each year. The analysis must do the  
 17                  following:

18                   (1) Identify the factors used to determine that a nonquantitative  
 19                  treatment limitation will apply to a benefit, including factors that  
 20                  were considered but rejected.

21                   (2) Identify and define the specific evidentiary standards used to  
 22                  define the factors and any other evidence relied upon in  
 23                  designing each nonquantitative treatment limitation.

24                   (3) Provide the comparative analyses, including the results of the  
 25                  analyses, performed to determine the following:

26                   (A) That the processes and strategies used to design each  
 27                  nonquantitative treatment limitation for coverage of  
 28                  services for treatment of a mental illness or substance abuse  
 29                  are comparable to, and applied no more stringently than, the  
 30                  processes and strategies used to design each nonquantitative  
 31                  treatment limitation for coverage of services for treatment  
 32                  of other medical or surgical conditions.

33                   (B) That the processes and strategies used to apply each  
 34                  nonquantitative treatment limitation for treatment of a  
 35                  mental illness or substance abuse are comparable to, and  
 36                  applied no more stringently than, the processes and  
 37                  strategies used to apply each nonquantitative limitation for  
 38                  treatment of other medical or surgical conditions.

39                   **(g) This subsection applies to a policy of accident and sickness**  
 40                  **insurance that is issued, delivered, amended, or renewed after June**  
 41                  **30, 2026. An insurer that issues a policy of accident and sickness**  
 42                  **insurance that provides coverage of services for treatment of a**



1       **mental illness or substance abuse shall reimburse providers of**  
 2       **mental illness or substance abuse services at rates that are at least**  
 3       **as favorable relative to Medicare rates as reimbursement rates are**  
 4       **for providers of medical or surgical services relative to Medicare**  
 5       **rates in the respective classification of benefits.**

6       (g) (h) The department shall adopt rules to ensure compliance with  
 7       this section and the applicable provisions of the act.

8       SECTION 34. IC 27-8-5.7-0.5 IS ADDED TO THE INDIANA  
 9       CODE AS A NEW SECTION TO READ AS FOLLOWS  
 10       [EFFECTIVE JULY 1, 2026]: **Sec. 0.5. Section 6.7 of this chapter, as**  
 11       **added in the 2026 session of the general assembly, and sections 10**  
 12       **and 11 of this chapter, as amended in the 2026 session of the**  
 13       **general assembly, apply to an accident and sickness insurance**  
 14       **policy that is issued, delivered, amended, or renewed after June 30,**  
 15       **2026.**

16       SECTION 35. IC 27-8-5.7-6.7 IS ADDED TO THE INDIANA  
 17       CODE AS A NEW SECTION TO READ AS FOLLOWS  
 18       [EFFECTIVE JULY 1, 2026]: **Sec. 6.7. (a) An insurer may not**  
 19       **retroactively reduce the reimbursement rate for any CPT code.**

20       (b) An insurer:

21       (1) shall provide at least sixty (60) days notice to a provider;  
 22       and

23       (2) must obtain the:

24       (A) approval of the department; or

25       (B) approval and signature of a provider;

26       in accordance with IC 27-1-37.1-5.5;

27       before implementing a rate reduction for any CPT code.

28       SECTION 36. IC 27-8-5.7-10, AS ADDED BY P.L.55-2006,  
 29       SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 30       JULY 1, 2026]: Sec. 10. (a) An insurer may not, more than two (2)  
 31       years after the date on which an overpayment on a provider claim was  
 32       made to the provider by the insurer:

33       (1) request that the provider repay the overpayment; or

34       (2) adjust a subsequent claim filed by the provider as a method  
 35       of obtaining reimbursement of the overpayment from the  
 36       provider.

37       (a) An insurer may not retroactively audit a paid claim or seek  
 38       recoupment or a refund of a paid claim more than:

39       (1) one hundred eighty (180) days after the date on which the  
 40       claim was initially paid; or

41       (2) the same number of days that a provider is required to  
 42       submit a claim to the insurer;



1           **whichever occurs first.**

2           (b) An insurer may not be required to correct a payment error to  
 3           a provider ~~more than two (2) years after the date on which a payment~~  
 4           ~~on a provider claim was made to the provider by the insurer. period~~  
 5           **described in subsection (a).**

6           (c) This section does not apply in cases of fraud by the provider,  
 7           the insured, or the insurer with respect to the claim on which the  
 8           overpayment or underpayment was made.

9           SECTION 37. IC 27-8-5.7-11, AS ADDED BY P.L.55-2006,  
 10          SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 11          JULY 1, 2026]: Sec. 11. **(a) An insurer may adjust a subsequent**  
 12          **claim for recoupment of an overpayment only if:**

13           **(1) the insurer finds that fraud was committed by the**  
 14           **provider on a previous provider claim; and**

15           **(2) the adjustment is made to recoup the overpayment on the**  
 16           **previous provider claim.**

17           (b) Every subsequent claim that is adjusted by an insurer for  
 18           reimbursement on an overpayment of a previous provider claim made  
 19           to the provider must be accompanied by an explanation of the reason  
 20           for the adjustment, including:

21           **(1) an identification of:**

22           **(A) the claim on which the overpayment was made; and**  
 23           **(B) if ascertainable, the party financially responsible for the**  
 24           **overpaid amount; and**

25           **(2) the amount of the overpayment that is being reimbursed to**  
 26           **the insurer through the adjusted subsequent claim.**

27           SECTION 38. IC 27-8-11-15 IS ADDED TO THE INDIANA  
 28          CODE AS A **NEW SECTION TO READ AS FOLLOWS**  
 29          [EFFECTIVE JULY 1, 2026]: Sec. 15. **(a) This section applies if:**

30           **(1) an insurer's network access to the health care services**  
 31           **does not meet reasonable appointment wait time standards;**  
 32           **and**

33           **(2) the insured receives care from an out of network**  
 34           **provider.**

35           **(b) The insured's treating provider may collect from the**  
 36           **insured only the deductible or copayment, if any, that the insured**  
 37           **would be responsible to pay if the health care services had been**  
 38           **provided by a provider with which the insurer has entered into an**  
 39           **agreement under section 3 of this chapter.**

40           **(c) The insured may not be billed by the insurer or by the out**  
 41           **of network provider for any difference between the out of network**  
 42           **provider's charge and the amount paid by the insurer to the out of**



1       **network provider.**

2           SECTION 39. IC 27-13-7-14.2, AS ADDED BY P.L.103-2020,  
 3           SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 4           JULY 1, 2026]: Sec. 14.2. (a) As used in this section, "treatment of a  
 5           mental illness or substance abuse" means:

6               (1) treatment for a mental illness, as defined in  
 7               IC 12-7-2-130(1); and

8               (2) treatment for drug abuse or alcohol abuse.

9               (b) As used in this section, "act" refers to the Paul Wellstone and  
 10              Pete Domenici Mental Health Parity and Addiction Act of 2008 and  
 11              any amendments thereto, plus any federal guidance or regulations  
 12              relevant to that act, including 45 CFR 146.136, 45 CFR 147.136, 45  
 13              CFR 147.160, and 45 CFR 156.115(a)(3).

14               (c) As used in this section, "nonquantitative treatment limitations"  
 15              refers to those limitations described in 26 CFR 54.9812-1, 29 CFR  
 16              2590.712, and 45 CFR 146.136.

17               (d) An individual contract or a group contract that provides  
 18              coverage of services for treatment of a mental illness or substance  
 19              abuse shall submit a report to the department not later than December  
 20              31 of each year that contains the following information:

21               (1) A description of the processes:

22                   (A) used to develop or select the medical necessity criteria  
 23                   for coverage of services for treatment of a mental illness or  
 24                   substance abuse; and

25                   (B) used to develop or select the medical necessity criteria  
 26                   for coverage of services for treatment of other medical or  
 27                   surgical conditions.

28               (2) Identification of all nonquantitative treatment limitations that  
 29              are applied to:

30                   (A) coverage of services for treatment of a mental illness or  
 31                   substance abuse; and

32                   (B) coverage of services for treatment of other medical or  
 33                   surgical conditions;

34              within each classification of benefits.

35               **(3) The reimbursement rates for providers of mental illness  
 36              or substance abuse services relative to Medicare rates and  
 37              the reimbursement rates for providers of medical or surgical  
 38              services relative to Medicare rates in the respective  
 39              classification of benefits.**

40               (e) There may be no separate nonquantitative treatment limitations  
 41              that apply to coverage of services for treatment of a mental illness or  
 42              substance abuse that do not apply to coverage of services for treatment



1 of other medical or surgical conditions within any classification of  
 2 benefits.

3 (f) An individual contract or a group contract that provides  
 4 coverage of services for treatment of a mental illness or substance  
 5 abuse shall also submit an analysis showing the insurer's compliance  
 6 with this section and the act to the department not later than December  
 7 31 of each year. The analysis must do the following:

8 (1) Identify the factors used to determine that a nonquantitative  
 9 treatment limitation will apply to a benefit, including factors that  
 10 were considered but rejected.

11 (2) Identify and define the specific evidentiary standards used to  
 12 define the factors and any other evidence relied upon in  
 13 designing each nonquantitative treatment limitation.

14 (3) Provide the comparative analyses, including the results of the  
 15 analyses, performed to determine the following:

16 (A) That the processes and strategies used to design each  
 17 nonquantitative treatment limitation for coverage of  
 18 services for treatment of a mental illness or substance abuse  
 19 are comparable to, and applied no more stringently than, the  
 20 processes and strategies used to design each nonquantitative  
 21 treatment limitation for coverage of services for treatment  
 22 of other medical or surgical conditions.

23 (B) That the processes and strategies used to apply each  
 24 nonquantitative treatment limitation for treatment of a  
 25 mental illness or substance abuse are comparable to, and  
 26 applied no more stringently than, the processes and  
 27 strategies used to apply each nonquantitative limitation for  
 28 treatment of other medical or surgical conditions.

29 (g) **This subsection applies to an individual contract or a group**  
 30 **contract that is entered into, delivered, amended, or renewed after**  
 31 **June 30, 2026. An individual contract or a group contract that**  
 32 **provides coverage of services for treatment of a mental illness or**  
 33 **substance abuse shall reimburse providers of mental illness or**  
 34 **substance abuse services at rates that are at least as favorable**  
 35 **relative to Medicare rates as reimbursement rates are for**  
 36 **providers of medical or surgical services relative to Medicare rates**  
 37 **in the respective classification of benefits.**

38 (g)(h) The department shall adopt rules to ensure compliance with  
 39 this section and the applicable provisions of the act.

40 SECTION 40. IC 27-13-36-5.5 IS ADDED TO THE INDIANA  
 41 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 42 [EFFECTIVE JULY 1, 2026]: Sec. 5.5. (a) **This section applies if:**



(1) a health maintenance organization's network access to health care services does not meet reasonable appointment wait time standards; and

(2) the enrollee receives care from an out of network provider.

(b) The enrollee's treating provider may collect from the enrollee only the deductible or copayment, if any, that the enrollee would be responsible to pay if the health care services had been provided by a participating provider.

(c) The enrollee may not be billed by the health maintenance organization or by the out of network provider for any difference between the out of network provider's charge and the amount paid by the health maintenance organization to the out of network provider.

SECTION 41. IC 27-13-36.2-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 0.5. Section 4.7 of this chapter, as added in the 2026 session of the general assembly, and sections 8 and 9 of this chapter, as amended in the 2026 session of the general assembly, apply to an individual contract and a group contract that is entered into, delivered, amended, or renewed after June 30, 2026.**

SECTION 42. IC 27-13-36.2-4.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 4.7. (a) A health maintenance organization may not retroactively reduce the reimbursement rate for any CPT code (as defined in IC 27-1-37.5-3).**

**(b) A health maintenance organization:**

**(1) shall provide at least sixty (60) days notice to a provider; and**

**(2) must obtain the:**

**(A) approval of the department; or**

**(B) approval and signature of a provider;**

in accordance with IC 27-1-37.1-5.5;

before reducing the reimbursement rate for any CPT code (as defined in IC 27-1-37.5-3).

SECTION 43. IC 27-13-36.2-8, AS ADDED BY P.L.55-2006, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) A health maintenance organization may not, more than two (2) years after the date on which an overpayment on a provider claim was made to the provider by the health maintenance organization:

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1                   (1) request that the provider repay the overpayment; or  
 2                   (2) adjust a subsequent claim filed by the provider as a method  
 3                   of obtaining reimbursement of the overpayment from the  
 4                   provider.

5                   **(a) A health maintenance organization may not retroactively**  
 6                   **audit a paid claim or seek recoupment or a refund of a paid claim**  
 7                   **more than:**

8                   **(1) one hundred eighty (180) days after the date on which the**  
 9                   **claim was initially paid; or**

10                   **(2) the same number of days that a provider is required to**  
 11                   **submit a claim to the health maintenance organization;**  
 12                   **whichever occurs first.**

13                   (b) A health maintenance organization may not be required to  
 14                   correct a payment error to a provider ~~more than two (2) years~~ after the  
 15                   date on which a payment on a provider claim was made to the provider  
 16                   by the health maintenance organization. period described in  
 17                   subsection (a).

18                   (c) This section does not apply in cases of fraud by the provider,  
 19                   the enrollee, or the health maintenance organization with respect to the  
 20                   claim on which the overpayment or underpayment was made.

21                   SECTION 44. IC 27-13-36.2-9, AS ADDED BY P.L.55-2006,  
 22                   SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 23                   JULY 1, 2026]: Sec. 9. **(a) A health maintenance organization may**  
 24                   **adjust a subsequent claim for recoupment of an overpayment only**  
 25                   **if:**

26                   **(1) the health maintenance organization finds that fraud was**  
 27                   **committed by the provider on a previous provider claim; and**  
 28                   **(2) the adjustment is made to recoup the overpayment on the**  
 29                   **previous provider claim.**

30                   **(b) Every subsequent claim that is adjusted by a health**  
 31                   **maintenance organization for reimbursement or recoupment of an**  
 32                   **overpayment of a previous provider claim made to the provider must**  
 33                   **be accompanied by an explanation of the reason for the adjustment,**  
 34                   **including:**

35                   **(1) an identification of:**

36                   **(A) the claim on which the overpayment was made; and**  
 37                   **(B) if ascertainable, the party financially responsible for the**  
 38                   **amount overpaid; and**

39                   **(2) the amount of the overpayment that is being reimbursed to**  
 40                   **the health maintenance organization through the adjusted**  
 41                   **subsequent claim.**

42                   SECTION 45. IC 35-52-16-58 IS REPEALED [EFFECTIVE



1 JULY 1, 2026]. Sec. 58. ~~IC 16-41-14-17 defines a crime concerning~~  
 2 ~~communicable diseases.~~

3 SECTION 46. IC 36-8-4-5, AS AMENDED BY P.L.66-2020,  
 4 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 5 JULY 1, 2026]: Sec. 5. (a) The following definitions apply  
 6 throughout this section:

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

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

9 (a) (b) A city shall pay for the care of a police officer or firefighter  
 10 who suffers an injury while performing the person's duty or while the  
 11 person is on duty or who contracts illness caused by the performance  
 12 of the person's duty, including an injury or illness that results in a  
 13 disability or death presumed incurred in the line of duty under  
 14 IC 5-10-13. This care includes:

15 (1) medical and surgical care;

16 (2) medicines and laboratory, curative, and palliative agents and  
 17 means;

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

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

22 (b) (c) Expenditures required by subsection (a) (b) shall be paid  
 23 from the general fund of the city.

24 (c) (d) A city that has paid for the care of a police officer or  
 25 firefighter under subsection (a) (b) has a cause of action for  
 26 reimbursement of the amount paid under subsection (a) (b) against any  
 27 third party against whom the police officer or firefighter has a cause of  
 28 action for an injury sustained because of or an illness caused by the  
 29 third party. The city's cause of action under this subsection is in  
 30 addition to, and not in lieu of, the cause of action of the police officer  
 31 or firefighter against the third party.

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

40 SECTION 47. IC 36-8-4.3-2 IS AMENDED TO READ AS  
 41 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. (a) The following



1       **definitions apply throughout this section:**

2       **(1) "Firefighter" means a current or former full-time, paid**  

3       **firefighter.**

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

5       **police officer.**

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

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

8           **(A) suffers an injury; or**

9           **(B) contracts an illness;**

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

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

12           **(A) suffers an injury; or**

13           **(B) contracts an illness;**

14       **during the performance of the firefighter's duty.**

15       **(b) (c) The special service district shall pay for the following**  

16       **expenses incurred by a police officer or firefighter described in**  

17       **subsection (a): (b):**

18           **(1) Medical and surgical care.**

19           **(2) Medicines and laboratory, curative, and palliative agents and**  

20       **means.**

21           **(3) X-ray, diagnostic, and therapeutic service, including during**  

22       **the recovery period.**

23           **(4) Hospital and special nursing care if the physician or surgeon**  

24       **in charge considers it necessary for proper recovery.**

25       **(c) (d) Expenditures required by subsection (a) (b) or (c) shall be**  

26       **paid from the general fund of the special service district.**

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

28       **police officer or firefighter under subsection (a) (b) or (c) has a cause**  

29       **of action for reimbursement of the amount paid under subsection (a)**  

30       **(b) or (c) against any third party against whom the police officer or**  

31       **firefighter has a cause of action for an injury sustained because of, or**  

32       **an illness caused by, the third party. The special service district's cause**  

33       **of action under this subsection is in addition to, and not in lieu of, the**  

34       **cause of action of the police officer or firefighter against the third**  

35       **party.**

36       **(f) The medical benefits under this section are independent and**  

37       **distinct from any medical benefits that are available under IC 22-3.**  

38       **A police officer or firefighter may recover medical benefits under**  

39       **this section without first pursuing a claim for medical benefits**  

40       **under IC 22-3. If the police officer or firefighter pursues a claim**  

41       **for medical benefits under IC 22-3 and the claim is withdrawn or**



1       denied, the police officer or firefighter is not precluded from  
 2       recovering medical benefits under this section.

3       SECTION 48. IC 36-8-4.5-10 IS ADDED TO THE INDIANA  
 4       CODE AS A NEW SECTION TO READ AS FOLLOWS  
 5       [EFFECTIVE JULY 1, 2026]: Sec. 10. (a) A town shall pay for the  
 6       care of a current or retired full-time paid member of a town fire  
 7       department who suffers an injury while performing the person's  
 8       duty or while the person is on duty or who contracts illness caused  
 9       by the performance of the person's duty, including an injury or  
 10      illness that results in a disability or death presumed incurred in the  
 11      line of duty under IC 5-10-13. This care includes:

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

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

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

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

40       SECTION 49. IC 36-8-9-8 IS AMENDED TO READ AS  
 41       FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) As used in this  
 42       section, "police officer" means a current or former full-time, paid



1       **police officer.**

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

4               (1) suffers an injury; or  
5               (2) contracts an illness;

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

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

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

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

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

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

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

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

33       SECTION 50. IC 36-8-11-27 IS AMENDED TO READ AS  
34       FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 27. **(a) As used in this  
35       section, "firefighter" means a current or former full-time, paid  
36       firefighter.**

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

39               (1) **suffers** an injury; or  
40               (2) contracts an illness;

41       during the performance of the firefighter's duties.



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

- 3                   (1) Medical and surgical care.
- 4                   (2) Medicines and laboratory, curative, and palliative agents and  
 5 means.
- 6                   (3) X-ray, diagnostic, and therapeutic service, including service  
 7 provided during the recovery period.
- 8                   (4) Hospital and special nursing care if the physician or surgeon  
 9 in charge considers it necessary for proper recovery.

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

14                  **(d) (e)** A fire protection district that has paid for the care of a  
 15 firefighter under subsection **(a) (b) or (c)** has a cause of action for  
 16 reimbursement of the amount paid under subsection **(a) (b) or (c)**  
 17 against any third party against whom the firefighter has a cause of  
 18 action for:

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

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

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

31                  SECTION 51. IC 36-8-13-9, AS AMENDED BY P.L.236-2023,  
 32 SECTION 207, IS AMENDED TO READ AS FOLLOWS  
 33 [EFFECTIVE JULY 1, 2026]: Sec. 9. **(a) As used in this section,  
 34 "firefighter" means a current or former full-time, paid firefighter.**

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

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

39                  during the performance of the firefighter's duty.

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



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

(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.

28 SECTION 52. IC 36-8-19-14 IS AMENDED TO READ AS  
29 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14. **(a) As used in this**  
30 **section, "firefighter" means a current or former full-time, paid**  
31 **firefighter.**

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

34 (1) suffers an injury; or  
35 (2) contracts an illness;

36 during the performance of the firefighter's duty.

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

39 (1) Medical and surgical care.  
40 (2) Medicines and laboratory,  
41 means.



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

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

8                   (e) A provider unit that has paid for the care of a firefighter  
9 under subsection (a) (b) or (c) has a cause of action for reimbursement  
10 of the amount paid under subsection (a) (b) or (c) against any third  
11 party against whom the firefighter has a cause of action for an injury  
12 sustained because of, or an illness caused by, the third party. The  
13 provider unit's cause of action under this subsection is in addition to,  
14 and not in lieu of, the cause of action of the firefighter against the third  
15 party.

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

23 SECTION 53. An emergency is declared for this act.

2026

IN 180—LS 6885/DI 147



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