
SENATE BILL No. 180

AM018007 has been incorporated into January 16, 2026 printing.

Synopsis: Various health care matters.

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January 16, 2026

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

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

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

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

SENATE BILL No. 180

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

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

1 SECTION 1. IC 16-18-2-247.5 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2026]: **Sec. 247.5. "Neuroplastogen", for**
4 **purposes of IC 16-42-26.7, has the meaning set forth in**
5 **IC 16-42-26.7-1.**

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

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

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

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

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

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

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

18 SECTION 5. IC 16-41-14-17 IS REPEALED [EFFECTIVE JULY
19 1, 2026]. See: 17. (a) This section does not apply to a person who
20 transfers for research purposes semen that contains antibodies for the
21 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.

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

31 **Chapter 26.7. Right to Try Investigational Neuroplastogens**
32 Sec. 1. As used in this chapter, "neuroplastogen" means a drug
33 or compound that:

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

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

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

41 (1) is licensed and in good standing under IC 25;
42 (2) has prescriptive authority; and

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(3) is acting within the health professional's scope of practice.

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

(1) Has an academic institution that operates an institutional review board (IRB) that oversees research.

(2) Publishes the results of previous clinical trials in peer reviewed publications.

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

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

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

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

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

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

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

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

(4) The practitioner takes reasonable steps to ensure patient safety, including structured psychological monitoring and

safety, including structured psychological monitoring and integration services, during the patient's neuroplastogen treatment and recovery.

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

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

(7) The practitioner submits the report required by section

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1 **7 of this chapter.**

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

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

6 **(2) An attestation by the individual of the individual's life**
7 **threatening condition and that the individual concurs with**
8 **the individual's physician that all currently approved**
9 **treatments are unlikely to prolong the individual's life or**
10 **improve the individual's life threatening condition.**

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

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

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

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

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

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

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

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

41 **(1) Any data collected and maintained in a patient registry**
42 **that complies with the federal Health Insurance Portability**



1 and Accountability Act (HIPAA) and only includes
2 de-identified patient data.

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

6 (A) safety monitoring;
7 (B) psychotherapy support; and
8 (C) outcome measures.

9 (b) The state department may do the following:

10 (1) Implement Institutional Review Board (IRB) oversight
11 protocols, including protocols for streamlined reporting of
12 data under this chapter.

13 (2) Collaborate with research institutions in the development
14 of standards and protocols to be used for research conducted
15 under this chapter.

16 (3) Establish a registry to maintain data collected under this
17 chapter.

18 (4) Adopt rules under IC 4-22-2 to implement this chapter,
19 including rules concerning the following:

20 (A) Safety standards.
21 (B) Standardized informed consent forms.
22 (C) Data elements for inclusion in a registry.
23 (D) Adverse event reporting.
24 (E) Staff qualifications for psychotherapy support.
25 (F) Standardized notification forms for section 4 of this
26 chapter.
27 (G) Report formatting.

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

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

36 The report may not include patient identifying information.

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

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



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

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

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

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

32 **SECTION 8. IC 25-13-1-5 IS AMENDED TO READ AS**
 33 **FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The board shall**
 34 **enforce this chapter.**

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

40 **(c) The board may utilize a dental hygienist education program's**
 41 **accreditation by the Commission on Dental Accreditation of the**
 42 **American Dental Association as evidence that the program has met all**



1 or part of the standards for dental hygienist education programs
 2 established by the board.

3 SECTION 9. IC 25-13-1-6, AS AMENDED BY P.L.264-2013,
 4 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 5 JULY 1, 2026]: Sec. 6. An applicant:

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

9 (A) school for dental hygienists that:
 10 (A) (i) is accredited by the Commission on Dental
 Accreditation of the American Dental Association;
 11 (B) (ii) is recognized by the board; and
 12 (C) (iii) requires a formal course of training of not less
 than two (2) years of eight (8) months each; **or**
 13 (B) **dental college in a foreign country with a degree that**
 14 **is substantially similar to a doctorate of:**

15 (i) **dental surgery; or**
 16 (ii) **dental medicine;**

17 **determined and approved by the board;**
 18 (3) must pass an examination administered by an entity approved
 19 by the board; **and**
 20 (4) may not take the examination described in subdivision (3)
 21 more than three (3) times; **and**
 22 **(5) if the applicant is a graduate of a dental college described**
 23 **in subdivision (2), must submit the applicant's academic**
 24 **transcripts for review by the board.**

25 SECTION 10. IC 25-13-1-10.7, AS ADDED BY P.L.35-2020,
 26 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 27 JULY 1, 2026]: Sec. 10.7. (a) A dental hygienist or dental assistant (as
 28 defined in IC 25-14-1-1.5(4)) may administer nitrous oxide under the
 29 direct supervision of a licensed dentist if the dental hygienist or dental
 30 assistant has:

31 (1) **either:**
 32 (A) been employed in a dental practice for at least one (1)
 33 year; **or**
 34 (B) **has** graduated from a program:

35 (i) accredited by the Commission on Dental
 36 Accreditation of the American Dental Association; **or**
 37 (ii) **approved by the board;**

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

40 (A) **containing** **contains** curriculum on pharmacology,

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1 biochemistry, anatomy of nitrous oxide administration,
2 emergency procedures, and the mechanics of operating a
3 nitrous unit; **and**

7 (3) demonstrated clinical competency on at least five (5) patients
8 under the direct supervision of a licensed Indiana dentist whose
9 license is in good standing.

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

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

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

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

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

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

31 SECTION 11. IC 25-14-1-3, AS AMENDED BY P.L.264-2013,
32 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
33 JULY 1, 2026]: Sec. 3. (a) A person desiring to begin the practice of
34 dentistry in Indiana shall procure from the board a license to practice
35 dentistry in Indiana. Except as provided in section 4.5 of this chapter,
36 to procure the license, the applicant must submit to the board proof of
37 graduation from a dental college recognized by the board. The board
38 may recognize dental schools accredited by the Commission on Dental
39 Accreditation of the American Dental Association, if the board is
40 satisfied that the recognition is consistent with the board's
41 requirements. Every applicant must pass an examination administered
42 by an entity approved by the board and, **except as provided in**

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1 **subsection (b)**, may not take the examination more than three (3)
 2 times.

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

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

8 SECTION 12. IC 25-34.5-2-8 IS AMENDED TO READ AS
 9 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) Each applicant
 10 for licensure as a respiratory care practitioner must present satisfactory
 11 evidence that the applicant:

12 (1) does not have a conviction for:

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

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

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

22 (3) has either:

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

26 (B) **after December 31, 2027, successfully completed**
 27 **both portions of the registered respiratory therapist**
 28 **examination, administered by the National Board for**
 29 **Respiratory Care or its successor organization.**

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

32 (1) graduation from a school or program of respiratory care that
 33 meets standards set by the board;

34 (2) completion of a United States military training program in
 35 respiratory care; or

36 (3) completion of sufficient postsecondary education to be
 37 credentialed by a national respiratory care practitioner
 38 organization approved by the committee.

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

42 SECTION 13. IC 25-34.5-2-9, AS AMENDED BY P.L.177-2015,

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1 SECTION 75, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JULY 1, 2026]: Sec. 9. (a) Except as provided in section 11 of this
3 chapter, the committee shall issue a license to each applicant who
4 (1) ~~successfully passes the examination provided in section 12~~
5 ~~of this chapter; and~~
6 (2) meets the requirements of section 8 of this chapter.
7 (b) Subject to IC 25-1-2-6(e), a license issued under this section
8 expires on the last day of the regular renewal cycle established under
9 IC 25-1-5-4.

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

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1 person holding the permit receives the results from the ~~next~~
 2 examination given after the permit was issued.

3 SECTION 15. IC 25-34.5-2-12 IS REPEALED [EFFECTIVE
 4 JULY 1, 2026]. ~~Sec. 12.~~ (a) Examinations of applicants for licensure
 5 under this article shall be held at least semiannually on dates set by the
 6 board.

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

9 (1) The applicant's knowledge of the basic and clinical sciences
 10 as they relate to the practice of respiratory care.

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

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

17 SECTION 16. IC 25-34.5-2-14, AS AMENDED BY
 18 P.L.152-2024, SECTION 8, IS AMENDED TO READ AS FOLLOWS
 19 [EFFECTIVE JULY 1, 2026]: Sec. 14. (a) The committee shall issue
 20 a student permit to an individual if the individual does the following:

21 (1) Submits the appropriate application to the committee.
 22 (2) Pays the fee established by the board.

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

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

28 (B) ~~approved by the committee for purposes of section~~
 29 ~~10.1(a)(3)(B) is described in section 10.1(a)(3)~~ of this
 30 chapter; or

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

32 (4) Submits satisfactory evidence that the individual:

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

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

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

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

42 (1) the individual has successfully completed in the respiratory



1 care program designated under subsection (a)(3); and
2 (2) for which the successful completion has been documented
3 and that is available upon request to the committee.

(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.

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

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

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

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

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

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

34 (3) The date the permit holder ceases to be a student in good
35 standing in a respiratory care program approved by the
36 committee. The graduation of a student permit holder from a
37 respiratory care program approved by the committee does not
38 cause the student permit to expire under this subdivision.

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

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

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

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

SECTION 18. 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 19. 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:**

(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

(b) 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 city.

from the general fund of the city.

(e) (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

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1 **benefits under this section without first pursuing a claim for**
 2 **medical benefits under IC 22-3. If a police officer or firefighter**
 3 **pursues a claim for medical benefits under IC 22-3 and the claim**
 4 **is withdrawn or denied, the police officer or firefighter is not**
 5 **precluded from recovering medical benefits under this section.**

6 SECTION 20. IC 36-8-4.3-2 IS AMENDED TO READ AS
 7 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. **(a) The following**
 8 **definitions apply throughout this section:**

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

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

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

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

15 **(A) suffers an injury; or**
 16 **(B) contracts an illness;**

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

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

19 **(A) suffers an injury; or**
 20 **(B) contracts an illness;**

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

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

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

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

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

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

32 **(c) (d) Expenditures required by subsection (a) (b) or (c) shall be**
 33 **paid from the general fund of the special service district.**

34 **(d) (e) A special service district that has paid for the care of a**
 35 **police officer or firefighter under subsection (a) (b) or (c) has a cause**
 36 **of action for reimbursement of the amount paid under subsection (a)**
 37 **(b) or (c) against any third party against whom the police officer or**
 38 **firefighter has a cause of action for an injury sustained because of, or**
 39 **an illness caused by, the third party. The special service district's cause**
 40 **of action under this subsection is in addition to, and not in lieu of, the**
 41 **cause of action of the police officer or firefighter against the third**
 42 **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 21. 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

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1 **is withdrawn or denied, the current or retired full-time paid**
 2 **member of the town fire department is not precluded from**
 3 **recovering medical benefits under this section.**

4 SECTION 22. IC 36-8-9-8 IS AMENDED TO READ AS
 5 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 8. (a) **As used in this**
 6 **section, "police officer" means a current or former full-time, paid**
 7 **police officer.**

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

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

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

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

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

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

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

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

39 SECTION 23. IC 36-8-11-27 IS AMENDED TO READ AS
 40 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 27. (a) **As used in this**
 41 **section, "firefighter" means a current or former full-time, paid**
 42 **firefighter.**



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

3 (1) **suffers** an injury; or
 4 (2) contracts an illness;
 5 during the performance of the firefighter's duties.

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

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

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

19 **(d) (e)** A fire protection district that has paid for the care of a
 20 firefighter under subsection **(a) (b) or (c)** has a cause of action for
 21 reimbursement of the amount paid under subsection **(a) (b) or (c)**
 22 against any third party against whom the firefighter has a cause of
 23 action for:

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

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

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

36 SECTION 24. IC 36-8-13-9, AS AMENDED BY P.L.236-2023,

37 SECTION 207, IS AMENDED TO READ AS FOLLOWS

38 [EFFECTIVE JULY 1, 2026]: Sec. 9. **(a) As used in this section,**
 39 **"firefighter" means a current or former full-time, paid firefighter.**

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

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



(2) contracts an illness;
during the performance of the firefighter's duty.

(b) 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.

(c) 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) 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.

(e) 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 25. 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.

(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.

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

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

26 SECTION 26. [EFFECTIVE UPON PASSAGE] (a) The
27 legislative council is urged to assign to an appropriate study
28 committee the task of studying fraud in the health care system,
29 including Medicaid and other local or state health programs.

(b) This SECTION expires July 1, 2028.

31 SECTION 27. An emergency is declared for this act.

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