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SENATE BILL No. 180

Proposed Changes to January 16, 2026 printing by AM018007

DIGEST OF PROPOSED AMENDMENT

Neuroplastogen treatments. Adds provisions from SB 173 (as printed January 16, 2026) that would do the following: (1) Allow for certain practitioners to provide neuroplastogen treatment concerning qualified patients with life threatening conditions if certain requirements are met. (2) Allow for research to be conducted on neuroplastogen access. (3) Require reporting of adverse events and annual reporting of patient statistical information concerning the neuroplastogen treatment. (4) Provide for immunity when treating using neuroplastogens.

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.
16 (e) "Practitioner", for purposes of IC 16-42-26.7, has the

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1 meaning set forth in IC 16-42-26.7-2.

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

7 1 SECTION ~~4~~ IC 16-27.5-5-5, AS ADDED BY P.L.143-2025,
 8 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 SEPTEMBER 1, 2025 (RETROACTIVE)]: Sec. 5. (a) A home health
 10 aide competency evaluation program must:

11 (1) operate in accordance with 42 CFR 484.80; and

12 (2) address each topic described in section 4(a) of this chapter.

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

17 SECTION ~~5~~ IC 16-41-14-17 IS REPEALED [EFFECTIVE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

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

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

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

33 **(1) demonstrates rapid onset neuroplastic effects in humans;**
 34 **and**

35 **(2) has successfully completed Phase I of a federal Food and**
 36 **Drug Administration approved clinical trial.**

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

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

40 **(1) is licensed and in good standing under IC 25;**

41 **(2) has prescriptive authority; and**

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

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

3 (1) Has an academic institution that operates an institutional
 4 review board (IRB) that oversees research.
 5 (2) Publishes the results of previous clinical trials in peer
 6 reviewed publications.
 7 (3) Has access to a clinical research center and the center's
 8 resources, including research dedicated medical staff.

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

11 (1) Has been diagnosed with a life threatening condition as
 12 defined in 21 CFR 312.81 and meets the criteria set forth in
 13 21 U.S.C. 360bbb-0a.
 14 (2) Provides written informed consent to the practitioner for
 15 the treatment.

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

20 (1) The practitioner has evaluated the patient, reviewed the
 21 patient's medical history, and documented in the patient's
 22 medical charts the clinical rationale for the practitioner
 23 determining that the patient is qualified and could benefit
 24 from the treatment.
 25 (2) The practitioner has obtained and documented the
 26 patient's written informed consent as set forth in subsection
 27 (b) for the treatment.
 28 (3) The patient meets the requirements set forth in section 4
 29 of this chapter.
 30 (4) The practitioner takes reasonable steps to ensure patient
 31 safety, including structured psychological monitoring and
 32 integration services, during the patient's neuroplastogen
 33 treatment and recovery.
 34 (5) The neuroplastogen is obtained from a manufacturer or
 35 distributor that is registered with the federal Drug
 36 Enforcement Agency.
 37 (6) The practitioner notifies the state department in the
 38 manner prescribed by the state department not later than
 39 thirty (30) days from the initial administration of the
 40 neuroplastogen to a patient.
 41 (7) The practitioner submits the report required by section
 42 7 of this chapter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35 The report may not include patient identifying information.

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

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

- 42 (1) Allow nonmedical use of neuroplastogens.



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

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

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

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

31 **SECTION 44[8].** IC 25-13-1-5 IS AMENDED TO READ AS
 32 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 5. (a) The board shall
 33 enforce this chapter.

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

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

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1 established by the board.

2 SECTION ~~25~~19. IC 25-13-1-6, AS AMENDED BY
 3 P.L.264-2013, SECTION 2, IS AMENDED TO READ AS FOLLOWS
 4 [EFFECTIVE JULY 1, 2026]: Sec. 6. An applicant:

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

8 (A) school for dental hygienists that:

9 (A) (i) is accredited by the Commission on Dental
 10 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
 13 than two (2) years of eight (8) months each; **or**

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

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

17 (ii) dental medicine;

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

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

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

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

26 SECTION ~~26~~10. IC 25-13-1-10.7, AS ADDED BY
 27 P.L.35-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS

28 [EFFECTIVE JULY 1, 2026]: Sec. 10.7. (a) A dental hygienist or
 29 dental assistant (as defined in IC 25-14-1-1.5(4)) may administer
 30 nitrous oxide under the direct supervision of a licensed dentist if the
 31 dental hygienist or dental assistant has:

32 (1) **either:**

33 (A) been employed in a dental practice for at least one (1)
 34 year; **or**

35 (B) **has** graduated from a program:

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

38 (ii) **approved by the board;**

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

41 (A) **containing** **contains** curriculum on pharmacology,
 42 biochemistry, anatomy of nitrous oxide administration,

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emergency procedures, and the mechanics of operating a nitrous unit; **and**

(B) is accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board; and

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

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

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

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

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

30 SECTION ~~11~~²⁵⁻¹⁴⁻¹⁻³. IC 25-14-1-3, AS AMENDED BY
31 P.L.264-2013, SECTION 6, IS AMENDED TO READ AS FOLLOWS
32 [EFFECTIVE JULY 1, 2026]: Sec. 3. (a) A person desiring to begin the
33 practice of dentistry in Indiana shall procure from the board a license
34 to practice dentistry in Indiana. Except as provided in section 4.5 of
35 this chapter, to procure the license, the applicant must submit to the
36 board proof of graduation from a dental college recognized by the
37 board. The board may recognize dental schools accredited by the
38 Commission on Dental Accreditation of the American Dental
39 Association, if the board is satisfied that the recognition is consistent
40 with the board's requirements. Every applicant must pass an
41 examination administered by an entity approved by the board and,
42 except as provided in subsection (b), may not take the examination

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1 more than three (3) times.

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

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

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

11 (1) does not have a conviction for:

12 (A) an act that would constitute a ground for disciplinary
 13 sanction under IC 25-1-9; or
 14 (B) a crime that has a direct bearing on the practitioner's
 15 ability to practice competently;

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

21 (3) has either:

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

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

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

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

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

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

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

41 SECTION ~~9~~¹³ IC 25-34.5-2-9, AS AMENDED BY
 42 P.L.177-2015, SECTION 75, IS AMENDED TO READ AS

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1 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 9. (a) Except as
 2 provided in section 11 of this chapter, the committee shall issue a
 3 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 1~~↔~~^[4] 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



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

3 SECTION 1~~↔~~[\[5\]](#) 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 1~~↔~~[\[6\]](#) 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

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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 (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.

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

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

holder has failed the licensure examination.

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

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

8] SECTION 1 ~~8~~ IS REPEALED [EFFECTIVE
9 JULY 1, 2026]. See. 58. ~~IC 16-41-14-17~~ defines a crime concerning
10 communicable diseases.

11 SECTION 1~~4~~9. IC 36-8-4-5, AS AMENDED BY
12 P.L.66-2020, SECTION 1, IS AMENDED TO READ AS FOLLOWS
13 [EFFECTIVE JULY 1, 2026]: Sec. 5. **(a) The following definitions**
14 **apply throughout this section:**

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

23 (1) medical and surgical care;
24 (2) medicines and laboratory, curative, and palliative agents and
25 means;
26 (3) X-ray, diagnostic, and therapeutic service, including during
27 the recovery period; and
28 (4) hospital and special nursing care if the physician or surgeon

29 in charge considers it necessary for proper recovery.
30 (b) Expenditures required by subsection (a) shall be paid
31 from the general fund of the city.

31 from the general fund of the city.

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

40 (e) The medical benefits under this section are independent
41 and distinct from any medical benefits that are available under
42 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 ~~15~~¹⁵~~20~~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.**

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(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 ~~46~~[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 ~~47~~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 **(a) (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 **(b) (c)** The town shall pay for the following expenses incurred by
 14 a police officer described in subsection **(a) (b)**:

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

24 **(d) (e)** A town that has paid for the care of a police officer under
 25 subsection **(a) (b) or (c)** has a cause of action for reimbursement of the
 26 amount paid under subsection **(a) (b) 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 ~~48~~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.**

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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)** [1]
 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~~[24]. IC 36-8-13-9, AS AMENDED BY
 37 P.L.236-2023, SECTION 207, IS AMENDED TO READ AS
 38 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 9. **(a) As used in this**
 39 **section, "firefighter" means a current or former full-time, paid**
 40 **firefighter.**

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

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

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

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

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

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

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

SECTION 2 ~~4~~ [5]. IC 36-8-19-14 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14. (a) As used in this section, "firefighter" means a current or former full-time, paid firefighter.

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

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

during the performance of the firefighter's duty.

(b) (c) The provider unit shall pay for the following expenses

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1 incurred by a firefighter described in subsection (a): (b):
 2 (1) Medical and surgical care.
 3 (2) Medicines and laboratory, curative, and palliative agents and
 4 means.
 5 (3) X-ray, diagnostic, and therapeutic service, including during
 6 the recovery period.
 7 (4) Hospital and special nursing care if the physician or surgeon
 8 in charge considers it necessary for proper recovery.
 9 (e) (d) Expenditures required by subsection (a) (b) or (c) shall be
 10 paid from the fund used by the provider unit for payment of the costs
 11 attributable to providing fire protection services in the provider unit.
 12 (f) (e) A provider unit that has paid for the care of a firefighter
 13 under subsection (a) (b) or (c) has a cause of action for reimbursement
 14 of the amount paid under subsection (a) (b) or (c) against any third
 15 party against whom the firefighter has a cause of action for an injury
 16 sustained because of, or an illness caused by, the third party. The
 17 provider unit's cause of action under this subsection is in addition to,
 18 and not in lieu of, the cause of action of the firefighter against the third
 19 party.
 20 (f) The medical benefits under this section are independent and
 21 distinct from any medical benefits that are available under IC 22-3.
 22 A firefighter may recover medical benefits under this section
 23 without first pursuing a claim for medical benefits under IC 22-3.
 24 If the firefighter pursues a claim for medical benefits under
 25 IC 22-3 and the claim is withdrawn or denied, the firefighter is not
 26 precluded from recovering medical benefits under this section.
 27 SECTION 2~~↔~~[6]. [EFFECTIVE UPON PASSAGE] (a) The
 28 legislative council is urged to assign to an appropriate study
 29 committee the task of studying fraud in the health care system,
 30 including Medicaid and other local or state health programs.
 31 (b) This SECTION expires July 1, 2028.
 32 SECTION 2~~↔~~[7]. An emergency is declared for this act.

