
SENATE BILL No. 180

AM018008 has been incorporated into January 27, 2026 printing.

Synopsis: Various health care matters.

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Reprinted
January 27, 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.

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SENATE BILL No. 180

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

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

- 1 SECTION 1. IC 16-27.5-5-5, AS ADDED BY P.L.143-2025,
2 SECTION 24, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 SEPTEMBER 1, 2025 (RETROACTIVE)]: Sec. 5. ~~(a)~~ A home health
4 aide competency evaluation program must:
5 (1) operate in accordance with 42 CFR 484.80; and
6 (2) address each topic described in section 4(a) of this chapter.
7 ~~(b) A home health aide competency evaluation program must~~
8 ~~include at least seventy-five (75) hours of training. At least sixteen (16)~~
9 ~~hours of classroom training must occur before supervised practical~~
10 ~~training.~~
11 SECTION 2. IC 16-41-14-17 IS REPEALED [EFFECTIVE JULY
12 1, 2026]. Sec. 17. ~~(a)~~ This section does not apply to a person who
13 transfers for research purposes semen that contains antibodies for the
14 human immunodeficiency virus (HIV).
15 ~~(b) A person who, for the purpose of artificial insemination;~~

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

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

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

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

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

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

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

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

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- 1 (A) school for dental hygienists that:
- 2 ~~(A)~~ (i) is accredited by the Commission on Dental
- 3 Accreditation of the American Dental Association;
- 4 ~~(B)~~ (ii) is recognized by the board; and
- 5 ~~(C)~~ (iii) requires a formal course of training of not less
- 6 than two (2) years of eight (8) months each; **or**
- 7 **(B) dental college or university in a foreign country with**
- 8 **a degree that is equal to at least a doctorate in Indiana**
- 9 **of:**
- 10 (i) dental surgery; **or**
- 11 (ii) dental medicine;
- 12 **determined and approved by the board;**
- 13 (3) must pass an examination administered by an entity approved
- 14 by the board; ~~and~~
- 15 (4) may not take the examination described in subdivision (3)
- 16 more than three (3) times; **and**
- 17 **(5) if the applicant is a graduate of a dental college described**
- 18 **in subdivision (2), must submit the following to the board:**
- 19 (A) The applicant's academic transcripts for review by
- 20 the board, including an English translation of the
- 21 transcript if the transcript is not in English.
- 22 (B) A satisfactory credential verification assessment by:
- 23 (i) the board;
- 24 (ii) an organization that is a member of the National
- 25 Association of Credential Evaluation Services; **or**
- 26 (iii) any other organization approved by the board.
- 27 SECTION 6. IC 25-13-1-10.7, AS ADDED BY P.L.35-2020,
- 28 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 29 JULY 1, 2026]: Sec. 10.7. (a) A dental hygienist or dental assistant (as
- 30 defined in IC 25-14-1-1.5(4)) may administer nitrous oxide under the
- 31 direct supervision of a licensed dentist if the dental hygienist or dental
- 32 assistant has:
- 33 (1) **either:**
- 34 (A) been employed in a dental practice for at least one (1)
- 35 year; **or**
- 36 (B) ~~has~~ graduated from a program:
- 37 (i) accredited by the Commission on Dental
- 38 Accreditation of the American Dental Association; **or**
- 39 (ii) **approved by the board;**
- 40 (2) satisfactorily completed a three (3) hour didactic nitrous
- 41 oxide administration course **that:**
- 42 (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**

4 **(B) is accredited by the Commission on Dental**
5 **Accreditation of the American Dental Association or**
6 **approved by the board; 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 7. 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 any 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 8. 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 9. 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 10. 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 11. 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 12. 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.
- 4 (d) The committee may expand the list of respiratory care
- 5 procedures that an individual may perform under the individual's
- 6 student permit to include additional respiratory care procedures that
- 7 have been part of a course:
 - 8 (1) that the individual has successfully completed in the
 - 9 respiratory care program designated under subsection (a)(3); and
 - 10 (2) for which the individual's successful completion has been
 - 11 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.
- 27 (g) A supervising practitioner may not supervise at one (1) time
- 28 more than three (3) holders of student permits issued under this section.
- 29 (h) A student permit expires on the earliest of the following:
 - 30 (1) The date the permit holder is issued a license under this
 - 31 article.
 - 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.
 - 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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1 (6) Two (2) years after the date of issuance.
2 SECTION 13. IC 35-52-16-58 IS REPEALED [EFFECTIVE
3 JULY 1, 2026]. Sec. 58: IC ~~16-41-14-17~~ defines a crime concerning
4 communicable diseases.

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

- 9 (1) **"Firefighter" means a current or former firefighter.**
- 10 (2) **"Police officer" means a current or former police officer.**

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

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

24 ~~(b)~~ (c) Expenditures required by subsection ~~(a)~~ (b) shall be paid
25 from the general fund of the city.

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

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

42 SECTION 15. IC 36-8-4.3-2 IS AMENDED TO READ AS

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1 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 2. **(a) The following**
 2 **definitions apply throughout this section:**

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

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

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

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

9 (A) suffers an injury; or

10 (B) contracts an illness;

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

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

13 (A) suffers an injury; or

14 (B) contracts an illness;

15 during the performance of the firefighter's duty.

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

19 (1) Medical and surgical care.

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

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

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

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

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

37 **(f) The medical benefits under this section are independent and**
 38 **distinct from any medical benefits that are available under IC 22-3.**
 39 **A police officer or firefighter may recover medical benefits under**
 40 **this section without first pursuing a claim for medical benefits**
 41 **under IC 22-3. If the police officer or firefighter pursues a claim**
 42 **for medical benefits under IC 22-3 and the claim is withdrawn or**

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

3 SECTION 16. 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 17. 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

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- 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 18. 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.
 42 ~~(b)~~ **(c)** The fire protection district shall pay for the following

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1 expenses 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 service
 6 provided during 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 fire protection district for payment of
 11 the costs attributable to providing fire protection services in the fire
 12 protection district.
 13 ~~(d)~~ **(e)** A fire protection district that has paid for the care of a
 14 firefighter under subsection ~~(a)~~ **(b) or (c)** has a cause of action for
 15 reimbursement of the amount paid under subsection ~~(a)~~ **(b) or (c)**
 16 against any third party against whom the firefighter has a cause of
 17 action for:
 18 (1) an injury sustained because of; or
 19 (2) an illness caused by;
 20 the third party. The fire protection district's cause of action under this
 21 subsection is in addition to, and not instead of, the cause of action of
 22 the firefighter against the third party.
 23 **(f) The medical benefits under this section are independent and**
 24 **distinct from any medical benefits that are available under IC 22-3.**
 25 **A firefighter may recover medical benefits under this section**
 26 **without first pursuing a claim for medical benefits under IC 22-3.**
 27 **If the firefighter pursues a claim for medical benefits under**
 28 **IC 22-3 and the claim is withdrawn or denied, the firefighter is not**
 29 **precluded from recovering medical benefits under this section.**
 30 SECTION 19. IC 36-8-13-9, AS AMENDED BY P.L.236-2023,
 31 SECTION 207, IS AMENDED TO READ AS FOLLOWS
 32 [EFFECTIVE JULY 1, 2026]: Sec. 9. **(a) As used in this section,**
 33 **"firefighter" means a current or former full-time, paid firefighter.**
 34 ~~(a)~~ **(b)** A township shall pay for the care of a ~~full-time, paid~~
 35 firefighter who: ~~suffers~~:
 36 (1) ~~suffers~~ an injury; or
 37 (2) contracts an illness;
 38 during the performance of the firefighter's duty.
 39 ~~(b)~~ **(c)** The township shall pay for the following expenses incurred
 40 by a firefighter described in subsection ~~(a)~~: **(b)**:
 41 (1) Medical and surgical care.
 42 (2) Medicines and laboratory, curative, and palliative agents and

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1 means.

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

3 the recovery period.

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

5 in charge considers it necessary for proper recovery.

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

7 paid from the township firefighting and emergency services fund

8 established by section 4(a)(1) of this chapter or the township

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

10 applicable.

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

12 subsection ~~(a)~~ **(b) or (c)** has a cause of action for reimbursement of the

13 amount paid under subsection ~~(a)~~ **(b) or (c)** against any third party

14 against whom the firefighter has a cause of action for an injury

15 sustained because of, or an illness caused by, the third party. The

16 township's cause of action under this subsection is in addition to, and

17 not in lieu of, the cause of action of the firefighter against the third

18 party.

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

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

21 **A firefighter may recover medical benefits under this section**

22 **without first pursuing a claim for medical benefits under IC 22-3.**

23 **If the firefighter pursues a claim for medical benefits under**

24 **IC 22-3 and the claim is withdrawn or denied, the firefighter is not**

25 **precluded from recovering medical benefits under this section.**

26 SECTION 20. IC 36-8-19-14 IS AMENDED TO READ AS

27 FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 14. **(a) As used in this**

28 **section, "firefighter" means a current or former full-time, paid**

29 **firefighter.**

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

31 firefighter who:

32 (1) suffers an injury; or

33 (2) contracts an illness;

34 during the performance of the firefighter's duty.

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

36 incurred by a firefighter described in subsection ~~(a)~~ **(b)**:

37 (1) Medical and surgical care.

38 (2) Medicines and laboratory, curative, and palliative agents and

39 means.

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

41 the recovery period.

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

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

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