Adopted	Rejected

COMMITTEE REPORT

YES: 10
NO: 0

MR. SPEAKER:

Your Committee on ***Insurance*** *, to which was referred* *Senate Bill 189* *, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill* ***be amended*** *as follows:*

Page 1, delete lines 1 through 17.

Page 2, delete line 1, begin a new paragraph and insert:

"SECTION 1. IC 27-1-45.2 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 45.2. Independent Dispute Resolution

Sec. 1. This chapter applies to any dispute subject to the federal independent dispute resolution process established under Section 2799A-1 of the Public Health Service Act (42 U.S.C. 300gg-111) and its implementing regulations.

Sec. 2. (a) As used in this chapter, "claim specific payment information" means billed charges, allowed amounts, payment amounts, cost sharing amounts, and any other monetary amounts

associated with the adjudication of an identifiable health care claim.

(b) The term does not include aggregated or de-identified data that cannot reasonably be used to identify a specific claim, patient, or provider.

Sec. 3. As used in this chapter, "facility" means a licensed health care facility in which health care services are provided to individuals.

Sec. 4. (a) As used in this chapter, "health carrier" means an entity:

(1) that is subject to this title and the administrative rules adopted under this title; and

(2) that enters into a contract to:

(A) provide health care services;

(B) deliver health care services;

(C) arrange for health care services; or

(D) pay for or reimburse any of the cost of health care services.

(b) The term includes the following:

(1) An insurer (as defined in IC 27-1-2-3(x)) that issues a policy of accident and sickness insurance (as defined in IC 27-8-5-1(a)).

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

(3) An administrator (as defined in IC 27-1-25-1(a)) that is licensed under IC 27-1-25.

(4) A state employee health plan offered under IC 5-10-8.

(5) A short term insurance plan (as defined in IC 27-8-5.9-3).

(6) Any other entity that provides a plan of health insurance, health benefits, or health care services.

(c) The term does not include:

(1) an insurer that issues a policy of accident and sickness insurance;

(2) a limited service health maintenance organization (as defined in IC 27-13-34-4); or

(3) an administrator;

that only provides coverage for, or processes claims for, dental or vision care services.

Sec. 5. As used in this chapter, "independent dispute resolution" means the federal independent dispute resolution process established under 42 U.S.C. 300gg-111 and 45 CFR Part 149, Subpart F.

Sec. 6. As used in this chapter, "initiating party" means a health carrier or out of network provider that submits a request for independent dispute resolution under federal law.

Sec. 7. As used in this chapter, "out of network provider" means a provider that is not contracted with a health carrier to provide health care services to covered individuals at not more than a preestablished rate or amount of compensation.

Sec. 8. As used in this chapter, "provider" means an individual licensed or legally authorized to provide health care services.

Sec. 9. As used in this chapter, "qualified dispute" means a distinct item or service that is included in a request for independent dispute resolution.

Sec. 10. (a) An initiating party that submits a request for independent dispute resolution shall provide written notice to the facility not later than three (3) business days after submitting the request.

(b) The notice required under subsection (a) must, at a minimum, include a copy of the form used by the initiating party to request independent dispute resolution.

(c) An initiating party that fails to provide notice as required under this section is subject to enforcement as follows:

(1) If the initiating party is an out of network provider, the appropriate board (as defined in IC 25-1-9-1) may take action against the provider:

(A) under IC 25-1-9-9(a)(3) or IC 25-1-9-9(a)(4) for an initial or isolated violation of this section; or

(B) under IC 25-1-9-9(a)(6) for repeated or persistent violations of this section.

(2) If the initiating party is a health carrier, the department may enforce this section in accordance with IC 27-1-3-19.

(3) A penalty under subdivision (1)(B) may not exceed five thousand dollars ($5,000) annually.

(d) An enforcement action under subsection (c) does not relieve any party of the obligation to participate in the conference and

good faith negotiation required by this chapter.

Sec. 11. (a) If, during any ninety (90) day period, an initiating party submits requests for independent dispute resolutions that, in the aggregate, include twenty-five (25) or more qualified disputes, the health carrier may:

(1) provide written notice to the out of network provider and the facility that includes:

(A) a description of the independent dispute resolution requests that are the basis for the notice, including applicable dates of service;

(B) identification of the party involved, including the name and tax identification number, if known;

(C) the name and contact information of a representative authorized to negotiate on behalf of the health carrier; and

(D) the requirement to participate in a conference and good faith negotiation; and

(2) deliver the notice to the out of network provider and the facility by:

(A) electronic mail; and

(B) certified mail.

(b) If a health carrier provides notice under subsection (a), the health carrier, the out of network provider, and the facility shall engage in good faith efforts to negotiate a resolution not later than thirty (30) days after the notice is provided, including:

(1) at least one (1) conference between authorized representatives; and

(2) a reasonable exchange of information necessary to evaluate and address the conduct described in the notice.

(c) A conference under subsection (b) may not:

(1) adjudicate individual claims;

(2) alter rights or obligations under federal or state law; or

(3) occur more than once per calendar quarter.

Sec. 12. (a) A conference under section 11(b) of this chapter must result in a written memorandum of conference.

(b) The memorandum must include the following information for the disputes reviewed:

(1) Identification of the disputes.

(2) The initial paid claim amount made by the health carrier

to the out of network provider.

(3) The health carrier offer made during the applicable federal open negotiation period.

(4) The out of network provider requested amount.

(5) The qualifying payment amount, as determined under federal law.

(c) The memorandum is informational only and does not:

(1) impose penalties, fees, or financial disincentives;

(2) mandate payment outcomes;

(3) affect eligibility for independent dispute resolution; or

(4) alter claim level rights or remedies under federal or state law.

(d) The completed memorandum of conference shall be filed with the department. Claim specific payment information contained in the memorandum is confidential under IC 5-14-3-4 and is exempt from public access and disclosure under Indiana law.

(e) The department may not publish a memorandum that is filed under subsection (d). However, the department shall publish on the department's website information concerning the aggregate number of memorandums filed with the department.

Sec. 13. (a) A health carrier may not assess a facility or a provider an administrative fee or penalty related to the provision of care to an individual that involves an out of network provider.

(b) If a health carrier assesses an administrative fee or penalty under subsection (a), the health carrier commits an unfair and deceptive act or practice in the business of insurance under IC 27-4-1-4 and is subject to the penalties and procedures set forth in IC 27-4-1.".

Page 8, line 40, delete "IC 27-1-37-11" and insert "**IC**

27-1-45.2-13".

Page 8, line 41, delete "health provider".

Renumber all SECTIONS consecutively.

(Reference is to SB 189 as printed January 23, 2026.)

and when so amended that said bill do pass.

Representative Carbaugh