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**SENATE BILL No. 189**

**AM018910 has been incorporated into January 23, 2026 printing.**

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**Synopsis:** Nonparticipating providers.

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SB 189—LS 6811/DI 154



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January 23, 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. 189

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

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

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

4 **Chapter 45.2. Independent Dispute Resolution**

5 **Sec. 1. This chapter applies to any dispute subject to the**  
6 **federal independent dispute resolution process established under**  
7 **Section 2799A-1 of the Public Health Service Act (42 U.S.C.**  
8 **300gg-111) and its implementing regulations.**

9 **Sec. 2. (a) As used in this chapter, "claim specific payment**  
10 **information" means billed charges, allowed amounts, payment**  
11 **amounts, cost sharing amounts, and any other monetary amounts**  
12 **associated with the adjudication of an identifiable health care**  
13 **claim.**

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

17 **Sec. 3. As used in this chapter, "facility" means a licensed**

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1 health care facility in which health care services are provided to  
2 individuals.

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

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

7 (2) that enters into a contract to:

8 (A) provide health care services;

9 (B) deliver health care services;

10 (C) arrange for health care services; or

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

13 (b) The term includes the following:

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

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

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

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

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

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

25 (c) The term does not include:

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

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

30 (3) an administrator;

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

33 Sec. 5. As used in this chapter, "independent dispute  
34 resolution" means the federal independent dispute resolution  
35 process established under 42 U.S.C. 300gg-111 and 45 CFR Part  
36 149, Subpart F.

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

40 Sec. 7. As used in this chapter, "out of network provider"  
41 means a provider that is not contracted with a health carrier to  
42 provide health care services to covered individuals at not more

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1 than a preestablished rate or amount of compensation.

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

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

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

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

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

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

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

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

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

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

27 (d) An enforcement action under subsection (c) does not  
28 relieve any party of the obligation to participate in the conference  
29 and good faith negotiation required by this chapter.

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

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

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

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

41 (C) the name and contact information of a  
42 representative authorized to negotiate on behalf of the

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- 1 health carrier; and
- 2 (D) the requirement to participate in a conference and
- 3 good faith negotiation; and
- 4 (2) deliver the notice to the out of network provider and the
- 5 facility by:
- 6 (A) electronic mail; and
- 7 (B) certified mail.
- 8 (b) If a health carrier provides notice under subsection (a), the
- 9 health carrier, the out of network provider, and the facility shall
- 10 engage in good faith efforts to negotiate a resolution not later than
- 11 thirty (30) days after the notice is provided, including:
- 12 (1) at least one (1) conference between authorized
- 13 representatives; and
- 14 (2) a reasonable exchange of information necessary to
- 15 evaluate and address the conduct described in the notice.
- 16 (c) A conference under subsection (b) may not:
- 17 (1) adjudicate individual claims;
- 18 (2) alter rights or obligations under federal or state law; or
- 19 (3) occur more than once per calendar quarter.
- 20 **Sec. 12. (a) A conference under section 11(b) of this chapter**
- 21 **must result in a written memorandum of conference.**
- 22 (b) The memorandum must include the following information
- 23 for the disputes reviewed:
- 24 (1) Identification of the disputes.
- 25 (2) The initial paid claim amount made by the health carrier
- 26 to the out of network provider.
- 27 (3) The health carrier offer made during the applicable
- 28 federal open negotiation period.
- 29 (4) The out of network provider requested amount.
- 30 (5) The qualifying payment amount, as determined under
- 31 federal law.
- 32 (c) The memorandum is informational only and does not:
- 33 (1) impose penalties, fees, or financial disincentives;
- 34 (2) mandate payment outcomes;
- 35 (3) affect eligibility for independent dispute resolution; or
- 36 (4) alter claim level rights or remedies under federal or state
- 37 law.
- 38 (d) The completed memorandum of conference shall be filed
- 39 with the department. Claim specific payment information
- 40 contained in the memorandum is confidential under IC 5-14-3-4
- 41 and is exempt from public access and disclosure under Indiana law.
- 42 (e) The department may not publish a memorandum that is

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1 filed under subsection (d). However, the department shall publish  
2 on the department's website information concerning the aggregate  
3 number of memorandums filed with the department.

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

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

12 SECTION 2. IC 27-4-1-4, AS AMENDED BY P.L.158-2024,  
13 SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
14 UPON PASSAGE]: Sec. 4. (a) The following are hereby defined as  
15 unfair methods of competition and unfair and deceptive acts and  
16 practices in the business of insurance:

17 (1) Making, issuing, circulating, or causing to be made, issued,  
18 or circulated, any estimate, illustration, circular, or statement:

19 (A) misrepresenting the terms of any policy issued or to be  
20 issued or the benefits or advantages promised thereby or the  
21 dividends or share of the surplus to be received thereon;

22 (B) making any false or misleading statement as to the  
23 dividends or share of surplus previously paid on similar  
24 policies;

25 (C) making any misleading representation or any  
26 misrepresentation as to the financial condition of any  
27 insurer, or as to the legal reserve system upon which any  
28 life insurer operates;

29 (D) using any name or title of any policy or class of policies  
30 misrepresenting the true nature thereof; or

31 (E) making any misrepresentation to any policyholder  
32 insured in any company for the purpose of inducing or  
33 tending to induce such policyholder to lapse, forfeit, or  
34 surrender the policyholder's insurance.

35 (2) Making, publishing, disseminating, circulating, or placing  
36 before the public, or causing, directly or indirectly, to be made,  
37 published, disseminated, circulated, or placed before the public,  
38 in a newspaper, magazine, or other publication, or in the form of  
39 a notice, circular, pamphlet, letter, or poster, or over any radio or  
40 television station, or in any other way, an advertisement,  
41 announcement, or statement containing any assertion,  
42 representation, or statement with respect to any person in the

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1           conduct of the person's insurance business, which is untrue,  
 2           deceptive, or misleading.  
 3           (3) Making, publishing, disseminating, or circulating, directly or  
 4           indirectly, or aiding, abetting, or encouraging the making,  
 5           publishing, disseminating, or circulating of any oral or written  
 6           statement or any pamphlet, circular, article, or literature which  
 7           is false, or maliciously critical of or derogatory to the financial  
 8           condition of an insurer, and which is calculated to injure any  
 9           person engaged in the business of insurance.  
 10          (4) Entering into any agreement to commit, or individually or by  
 11          a concerted action committing any act of boycott, coercion, or  
 12          intimidation resulting or tending to result in unreasonable  
 13          restraint of, or a monopoly in, the business of insurance.  
 14          (5) Filing with any supervisory or other public official, or  
 15          making, publishing, disseminating, circulating, or delivering to  
 16          any person, or placing before the public, or causing directly or  
 17          indirectly, to be made, published, disseminated, circulated,  
 18          delivered to any person, or placed before the public, any false  
 19          statement of financial condition of an insurer with intent to  
 20          deceive. Making any false entry in any book, report, or statement  
 21          of any insurer with intent to deceive any agent or examiner  
 22          lawfully appointed to examine into its condition or into any of its  
 23          affairs, or any public official to which such insurer is required by  
 24          law to report, or which has authority by law to examine into its  
 25          condition or into any of its affairs, or, with like intent, willfully  
 26          omitting to make a true entry of any material fact pertaining to  
 27          the business of such insurer in any book, report, or statement of  
 28          such insurer.  
 29          (6) Issuing or delivering or permitting agents, officers, or  
 30          employees to issue or deliver, agency company stock or other  
 31          capital stock, or benefit certificates or shares in any common law  
 32          corporation, or securities or any special or advisory board  
 33          contracts or other contracts of any kind promising returns and  
 34          profits as an inducement to insurance.  
 35          (7) Making or permitting any of the following:  
 36                (A) Unfair discrimination between individuals of the same  
 37                class and equal expectation of life in the rates or  
 38                assessments charged for any contract of life insurance or of  
 39                life annuity or in the dividends or other benefits payable  
 40                thereon, or in any other of the terms and conditions of such  
 41                contract. However, in determining the class, consideration

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1 may be given to the nature of the risk, plan of insurance, the  
 2 actual or expected expense of conducting the business, or  
 3 any other relevant factor.

4 (B) Unfair discrimination between individuals of the same  
 5 class involving essentially the same hazards in the amount  
 6 of premium, policy fees, assessments, or rates charged or  
 7 made for any policy or contract of accident or health  
 8 insurance or in the benefits payable thereunder, or in any of  
 9 the terms or conditions of such contract, or in any other  
 10 manner whatever. However, in determining the class,  
 11 consideration may be given to the nature of the risk, the  
 12 plan of insurance, the actual or expected expense of  
 13 conducting the business, or any other relevant factor.

14 (C) Excessive or inadequate charges for premiums, policy  
 15 fees, assessments, or rates, or making or permitting any  
 16 unfair discrimination between persons of the same class  
 17 involving essentially the same hazards, in the amount of  
 18 premiums, policy fees, assessments, or rates charged or  
 19 made for:

20 (i) policies or contracts of reinsurance or joint  
 21 reinsurance, or abstract and title insurance;

22 (ii) policies or contracts of insurance against loss or  
 23 damage to aircraft, or against liability arising out of the  
 24 ownership, maintenance, or use of any aircraft, or of  
 25 vessels or craft, their cargoes, marine builders' risks,  
 26 marine protection and indemnity, or other risks  
 27 commonly insured under marine, as distinguished from  
 28 inland marine, insurance; or

29 (iii) policies or contracts of any other kind or kinds of  
 30 insurance whatsoever.

31 However, nothing contained in clause (C) shall be construed to  
 32 apply to any of the kinds of insurance referred to in clauses (A)  
 33 and (B) nor to reinsurance in relation to such kinds of insurance.  
 34 Nothing in clause (A), (B), or (C) shall be construed as making  
 35 or permitting any excessive, inadequate, or unfairly  
 36 discriminatory charge or rate or any charge or rate determined by  
 37 the department or commissioner to meet the requirements of any  
 38 other insurance rate regulatory law of this state.

39 (8) Except as otherwise expressly provided by IC 27-1-47 or  
 40 another law, knowingly permitting or offering to make or making  
 41 any contract or policy of insurance of any kind or kinds

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1 whatsoever, including but not in limitation, life annuities, or  
 2 agreement as to such contract or policy other than as plainly  
 3 expressed in such contract or policy issued thereon, or paying or  
 4 allowing, or giving or offering to pay, allow, or give, directly or  
 5 indirectly, as inducement to such insurance, or annuity, any  
 6 rebate of premiums payable on the contract, or any special favor  
 7 or advantage in the dividends, savings, or other benefits thereon,  
 8 or any valuable consideration or inducement whatever not  
 9 specified in the contract or policy; or giving, or selling, or  
 10 purchasing or offering to give, sell, or purchase as inducement  
 11 to such insurance or annuity or in connection therewith, any  
 12 stocks, bonds, or other securities of any insurance company or  
 13 other corporation, association, limited liability company, or  
 14 partnership, or any dividends, savings, or profits accrued  
 15 thereon, or anything of value whatsoever not specified in the  
 16 contract. Nothing in this subdivision and subdivision (7) shall be  
 17 construed as including within the definition of discrimination or  
 18 rebates any of the following practices:

19 (A) Paying bonuses to policyholders or otherwise abating  
 20 their premiums in whole or in part out of surplus  
 21 accumulated from nonparticipating insurance, so long as  
 22 any such bonuses or abatement of premiums are fair and  
 23 equitable to policyholders and for the best interests of the  
 24 company and its policyholders.

25 (B) In the case of life insurance policies issued on the  
 26 industrial debit plan, making allowance to policyholders  
 27 who have continuously for a specified period made  
 28 premium payments directly to an office of the insurer in an  
 29 amount which fairly represents the saving in collection  
 30 expense.

31 (C) Readjustment of the rate of premium for a group  
 32 insurance policy based on the loss or expense experience  
 33 thereunder, at the end of the first year or of any subsequent  
 34 year of insurance thereunder, which may be made  
 35 retroactive only for such policy year.

36 (D) Paying by an insurer or insurance producer thereof duly  
 37 licensed as such under the laws of this state of money,  
 38 commission, or brokerage, or giving or allowing by an  
 39 insurer or such licensed insurance producer thereof  
 40 anything of value, for or on account of the solicitation or  
 41 negotiation of policies or other contracts of any kind or

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1 kinds, to a broker, an insurance producer, or a solicitor duly  
 2 licensed under the laws of this state, but such broker,  
 3 insurance producer, or solicitor receiving such  
 4 consideration shall not pay, give, or allow credit for such  
 5 consideration as received in whole or in part, directly or  
 6 indirectly, to the insured by way of rebate.

7 (9) Requiring, as a condition precedent to loaning money upon  
 8 the security of a mortgage upon real property, that the owner of  
 9 the property to whom the money is to be loaned negotiate any  
 10 policy of insurance covering such real property through a  
 11 particular insurance producer or broker or brokers. However, this  
 12 subdivision shall not prevent the exercise by any lender of the  
 13 lender's right to approve or disapprove of the insurance company  
 14 selected by the borrower to underwrite the insurance.

15 (10) Entering into any contract, combination in the form of a  
 16 trust or otherwise, or conspiracy in restraint of commerce in the  
 17 business of insurance.

18 (11) Monopolizing or attempting to monopolize or combining or  
 19 conspiring with any other person or persons to monopolize any  
 20 part of commerce in the business of insurance. However,  
 21 participation as a member, director, or officer in the activities of  
 22 any nonprofit organization of insurance producers or other  
 23 workers in the insurance business shall not be interpreted, in  
 24 itself, to constitute a combination in restraint of trade or as  
 25 combining to create a monopoly as provided in this subdivision  
 26 and subdivision (10). The enumeration in this chapter of specific  
 27 unfair methods of competition and unfair or deceptive acts and  
 28 practices in the business of insurance is not exclusive or  
 29 restrictive or intended to limit the powers of the commissioner  
 30 or department or of any court of review under section 8 of this  
 31 chapter.

32 (12) Requiring as a condition precedent to the sale of real or  
 33 personal property under any contract of sale, conditional sales  
 34 contract, or other similar instrument or upon the security of a  
 35 chattel mortgage, that the buyer of such property negotiate any  
 36 policy of insurance covering such property through a particular  
 37 insurance company, insurance producer, or broker or brokers.  
 38 However, this subdivision shall not prevent the exercise by any  
 39 seller of such property or the one making a loan thereon of the  
 40 right to approve or disapprove of the insurance company selected  
 41 by the buyer to underwrite the insurance.

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- 1 (13) Issuing, offering, or participating in a plan to issue or offer,
- 2 any policy or certificate of insurance of any kind or character as
- 3 an inducement to the purchase of any property, real, personal, or
- 4 mixed, or services of any kind, where a charge to the insured is
- 5 not made for and on account of such policy or certificate of
- 6 insurance. However, this subdivision shall not apply to any of
- 7 the following:
- 8 (A) Insurance issued to credit unions or members of credit
- 9 unions in connection with the purchase of shares in such
- 10 credit unions.
- 11 (B) Insurance employed as a means of guaranteeing the
- 12 performance of goods and designed to benefit the
- 13 purchasers or users of such goods.
- 14 (C) Title insurance.
- 15 (D) Insurance written in connection with an indebtedness
- 16 and intended as a means of repaying such indebtedness in
- 17 the event of the death or disability of the insured.
- 18 (E) Insurance provided by or through motorists service
- 19 clubs or associations.
- 20 (F) Insurance that is provided to the purchaser or holder of
- 21 an air transportation ticket and that:
- 22 (i) insures against death or nonfatal injury that occurs
- 23 during the flight to which the ticket relates;
- 24 (ii) insures against personal injury or property damage
- 25 that occurs during travel to or from the airport in a
- 26 common carrier immediately before or after the flight;
- 27 (iii) insures against baggage loss during the flight to
- 28 which the ticket relates; or
- 29 (iv) insures against a flight cancellation to which the
- 30 ticket relates.
- 31 (14) Refusing, because of the for-profit status of a hospital or
- 32 medical facility, to make payments otherwise required to be
- 33 made under a contract or policy of insurance for charges
- 34 incurred by an insured in such a for-profit hospital or other
- 35 for-profit medical facility licensed by the Indiana department of
- 36 health.
- 37 (15) Refusing to insure an individual, refusing to continue to
- 38 issue insurance to an individual, limiting the amount, extent, or
- 39 kind of coverage available to an individual, or charging an
- 40 individual a different rate for the same coverage, solely because
- 41 of that individual's blindness or partial blindness, except where

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- 1 the refusal, limitation, or rate differential is based on sound
- 2 actuarial principles or is related to actual or reasonably
- 3 anticipated experience.
- 4 (16) Committing or performing, with such frequency as to
- 5 indicate a general practice, unfair claim settlement practices (as
- 6 defined in section 4.5 of this chapter).
- 7 (17) Between policy renewal dates, unilaterally canceling an
- 8 individual's coverage under an individual or group health
- 9 insurance policy solely because of the individual's medical or
- 10 physical condition.
- 11 (18) Using a policy form or rider that would permit a
- 12 cancellation of coverage as described in subdivision (17).
- 13 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
- 14 concerning motor vehicle insurance rates.
- 15 (20) Violating IC 27-8-21-2 concerning advertisements referring
- 16 to interest rate guarantees.
- 17 (21) Violating IC 27-8-24.3 concerning insurance and health
- 18 plan coverage for victims of abuse.
- 19 (22) Violating IC 27-8-26 concerning genetic screening or
- 20 testing.
- 21 (23) Violating IC 27-1-15.6-3(b) concerning licensure of
- 22 insurance producers.
- 23 (24) Violating IC 27-1-38 concerning depository institutions.
- 24 (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning
- 25 the resolution of an appealed grievance decision.
- 26 (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired
- 27 July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1,
- 28 2007, and repealed).
- 29 (27) Violating IC 27-2-21 concerning use of credit information.
- 30 (28) Violating IC 27-4-9-3 concerning recommendations to
- 31 consumers.
- 32 (29) Engaging in dishonest or predatory insurance practices in
- 33 marketing or sales of insurance to members of the United States
- 34 Armed Forces as:
  - 35 (A) described in the federal Military Personnel Financial
  - 36 Services Protection Act, P.L.109-290; or
  - 37 (B) defined in rules adopted under subsection (b).
- 38 (30) Violating IC 27-8-19.8-20.1 concerning stranger originated
- 39 life insurance.
- 40 (31) Violating IC 27-2-22 concerning retained asset accounts.
- 41 (32) Violating IC 27-8-5-29 concerning health plans offered

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- 1 through a health benefit exchange (as defined in IC 27-19-2-8).  
 2 (33) Violating a requirement of the federal Patient Protection  
 3 and Affordable Care Act (P.L. 111-148), as amended by the  
 4 federal Health Care and Education Reconciliation Act of 2010  
 5 (P.L. 111-152), that is enforceable by the state.  
 6 (34) After June 30, 2015, violating IC 27-2-23 concerning  
 7 unclaimed life insurance, annuity, or retained asset account  
 8 benefits.  
 9 (35) Willfully violating IC 27-1-12-46 concerning a life  
 10 insurance policy or certificate described in IC 27-1-12-46(a).  
 11 (36) Violating IC 27-1-37-7 concerning prohibiting the  
 12 disclosure of health care service claims data.  
 13 (37) Violating IC 27-4-10-10 concerning virtual claims  
 14 payments.  
 15 (38) Violating IC 27-1-24.5 concerning pharmacy benefit  
 16 managers.  
 17 (39) Violating IC 27-7-17-16 or IC 27-7-17-17 concerning the  
 18 marketing of travel insurance policies.  
 19 (40) Violating IC 27-1-49 concerning individual prescription  
 20 drug rebates.  
 21 (41) Violating IC 27-1-50 concerning group prescription drug  
 22 rebates.  
 23 **(42) Violating IC 27-1-45.2-13 concerning an administrative**  
 24 **fee or penalty imposed on a facility or a provider by a health**  
 25 **carrier related to the provision of care to an individual that**  
 26 **involves an out of network provider.**  
 27 (b) Except with respect to federal insurance programs under  
 28 Subchapter III of Chapter 19 of Title 38 of the United States Code, the  
 29 commissioner may, consistent with the federal Military Personnel  
 30 Financial Services Protection Act (10 U.S.C. 992 note), adopt rules  
 31 under IC 4-22-2 to:  
 32 (1) define; and  
 33 (2) while the members are on a United States military  
 34 installation or elsewhere in Indiana, protect members of the  
 35 United States Armed Forces from;  
 36 dishonest or predatory insurance practices.  
 37 **SECTION 3. An emergency is declared for this act.**

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