



January 23, 2026

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## SENATE BILL No. 220

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DIGEST OF SB 220 (Updated January 21, 2026 9:45 am - DI 140)

**Citations Affected:** IC 27-1; IC 27-2.

**Synopsis:** Health care shopping and decision support program. Requires, beginning January 1, 2028, a health carrier to: (1) implement a shopping and decision support program; and (2) provide incentives for covered individuals in a health plan who elect to receive a comparable health care service from a network provider that is paid less than the average allowed amount paid by the health carrier to network providers for the comparable health care service. Requires, beginning December 1, 2027, a health carrier to make available an interactive member portal that enables a covered individual to request and obtain certain information. Allows a health carrier to make the information available through a toll free telephone number. Sets forth reporting requirements for health carriers and the department of insurance concerning incentive payments made to covered individuals.

**Effective:** July 1, 2026.

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### Charbonneau

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January 8, 2026, read first time and referred to Committee on Health and Provider Services.

January 22, 2026, reported favorably — Do Pass.

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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.

## SENATE BILL No. 220

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 27-1-48.7 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2026]:

4 **Chapter 48.7. Shopping and Decision Support Program**

5 **Sec. 1. This chapter applies to a health plan that is entered into,**  
6 **amended, or renewed after December 31, 2026.**

7 **Sec. 2. As used in this chapter, "allowed amount" means the**  
8 **contractually agreed upon payment amount between a health**  
9 **carrier and a provider participating in the health carrier's**  
10 **network. The term does not include any deductible, copayment, or**  
11 **other cost sharing amounts that a health carrier requires a covered**  
12 **individual to pay.**

13 **Sec. 3. As used in this chapter, "covered individual" means an**  
14 **individual entitled to coverage under a health plan.**

15 **Sec. 4. As used in this chapter, "health care service" means a**  
16 **health care procedure, treatment, or service provided by a**  
17 **provider within the scope of practice of the provider's license or**

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1 legal authorization. The term includes the following:

- 2 (1) Physical and occupational therapy services.
- 3 (2) Radiology and imaging services.
- 4 (3) Laboratory services.
- 5 (4) Infusion therapy.

6 (b) The term does not include the following:

- 7 (1) Dental services.
- 8 (2) Vision services.
- 9 (3) Cosmetic surgery.

10 Sec. 5. (a) As used in this chapter, "health carrier" means an  
11 entity:

- 12 (1) that is subject to IC 27 and the administrative rules  
13 adopted under IC 27; and
- 14 (2) that enters into a contract to:
  - 15 (A) provide health care services;
  - 16 (B) deliver health care services;
  - 17 (C) arrange for health care services; or
  - 18 (D) pay for or reimburse any of the costs of health care  
19 services.

20 (b) The term includes the following:

- 21 (1) An insurer, as defined in IC 27-1-2-3(x), that issues a  
22 policy of accident and sickness insurance, as defined in  
23 IC 27-8-5-1(a).
- 24 (2) A health maintenance organization, as defined in  
25 IC 27-13-1-19.
- 26 (3) An administrator (as defined in IC 27-1-25-1(a)) that is  
27 licensed under IC 27-1-25.
- 28 (4) A state employee health plan offered under IC 5-10-8.
- 29 (5) A short term insurance plan (as defined by IC 27-8-5.9-3).
- 30 (6) Any other entity that provides a plan of health insurance,  
31 health benefits, or health care services.

32 (c) The term does not include:

- 33 (1) an insurer that issues a policy of accident and sickness  
34 insurance;
- 35 (2) a limited service health maintenance organization (as  
36 defined in IC 27-13-34-4); or
- 37 (3) an administrator;

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

40 Sec. 6. As used in this chapter, "health plan" means a policy or  
41 contract offered by a health carrier in this state that provides  
42 coverage for health care services.



1       **Sec. 7. As used in this chapter, "network" means a group of**  
 2 **providers that:**

- 3       **(1) provide health care services to covered individuals; and**  
 4       **(2) have agreed to, or are otherwise subject to, maximum**  
 5       **limits on the prices for the health care services to be provided**  
 6       **to the covered individuals.**

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

10       **Sec. 9. As used in this chapter, "shopping and decision support**  
 11 **program" means the program established by a health carrier**  
 12 **under this chapter.**

13       **Sec. 10. (a) Beginning January 1, 2028, a health carrier shall:**

- 14       **(1) implement a shopping and decision support program that:**  
 15       **(A) is available as a component of each health plan offered**  
 16       **by the health carrier; and**  
 17       **(B) provides shopping capabilities and decision support**  
 18       **services for covered individuals in the health plan; and**  
 19       **(2) provide incentives for covered individuals in a health plan**  
 20       **who elect to receive a comparable health care service from a**  
 21       **network provider that is paid less than the average allowed**  
 22       **amount paid by the health carrier to network providers for**  
 23       **the comparable health care service before and after a covered**  
 24       **individual's out-of-pocket limit has been met.**

25       **(b) Incentives provided under this section must be:**

- 26       **(1) calculated as a percentage of the difference between the**  
 27       **amount actually paid by the health carrier for the comparable**  
 28       **health care service and the average allowed amount for the**  
 29       **comparable health care service; and**  
 30       **(2) provided as a:**  
 31       **(A) cash payment to the covered individual;**  
 32       **(B) credit toward the covered individual's annual**  
 33       **deductible and out-of-pocket limit; or**  
 34       **(C) credit or reduction of a premium, a copayment, cost**  
 35       **sharing, or a deductible.**

36       **(c) The shopping and decision support program shall provide**  
 37 **each covered individual with at least fifty percent (50%) of the**  
 38 **health carrier's saved costs for each comparable health care**  
 39 **service. However, the shopping and decision support program may**  
 40 **exclude incentive payments, credits, or reductions for services if**  
 41 **the savings to the health carrier is fifty dollars (\$50) or less.**

42       **(d) The average allowed amount must be based on the actual**



1 allowed amounts paid to network providers under the covered  
2 individual's health plan within a reasonable time frame not to  
3 exceed one (1) year.

4 Sec. 11. (a) Beginning December 1, 2027, a health carrier shall  
5 make available an interactive member portal that enables a  
6 covered individual to request and obtain from the health carrier  
7 information on:

8 (1) out-of-pocket costs applicable to the covered individual for  
9 comparable health care services;

10 (2) average payments made by the health carrier to network  
11 providers for comparable health care services; and

12 (3) quality data for network providers, to the extent available.

13 (b) A health carrier may make available a toll free telephone  
14 number that enables a covered individual to request and obtain the  
15 information described in subsection (a).

16 (c) A health carrier may contract with a third party vendor to  
17 comply with this section.

18 Sec. 12. (a) Beginning January 1, 2028, a health carrier shall  
19 annually provide notice to covered individuals of at least the  
20 following information:

21 (1) That the covered individual has a right to obtain  
22 information through an interactive member portal or a toll  
23 free telephone number in accordance with section 11 of this  
24 chapter.

25 (2) The process for obtaining information through an  
26 interactive member portal or toll free telephone number.

27 (3) A description of how to earn incentives provided under  
28 section 10 of this chapter.

29 (b) A health carrier shall provide the notice required under this  
30 section on the health carrier's website and in the health plan  
31 material provided to covered individuals.

32 Sec. 13. (a) Before offering the shopping and decision support  
33 program to a covered individual, a health carrier must file a  
34 description of the shopping and decision support program with the  
35 department.

36 (b) A health carrier:

37 (1) has discretion as to the appropriate format for providing  
38 the description required under subsection (a); and

39 (2) may customize the format to provide the most relevant  
40 information necessary to permit the department to determine  
41 compliance with this chapter.

42 (c) The department may review the filing made by the health



1 carrier to determine if the health carrier's shopping and decision  
2 support program complies with this chapter.

3 **Sec. 14. (a) Beginning January 1, 2029, a health carrier shall**  
4 **annually file with the department for the most recent calendar year**  
5 **the:**

6 (1) total number of comparable health care service incentive  
7 payments made to covered individuals;

8 (2) use of comparable health care services by category of  
9 service for which comparable health care service incentive  
10 payments were made;

11 (3) average amount of incentive payments made by  
12 comparable health care service for the transactions; and

13 (4) percentage of a health carrier's covered individuals that  
14 participated in the transactions.

15 The commissioner may set reasonable limits on the annual  
16 reporting requirements for health carriers under this subsection to  
17 focus on the more popular comparable health care services.

18 (b) Not later than April 1, 2029, and April 1 of each year  
19 thereafter, the department shall submit an aggregate report  
20 regarding the information received from health carriers under  
21 subsection (a) to the standing committees of the house of  
22 representatives and the senate that consider insurance matters.

23 **Sec. 15. The commissioner may adopt rules under IC 4-22-2 to**  
24 **implement this chapter.**

25 SECTION 2. IC 27-2-25-13, AS ADDED BY P.L.93-2020,  
26 SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
27 JULY 1, 2026]: Sec. 13. A health carrier may provide a good faith  
28 estimate to an individual under this chapter:

29 (1) in a writing delivered to the individual;

30 (2) by electronic mail; ~~or~~

31 (3) through an interactive member portal or a toll free  
32 telephone number in accordance with IC 27-1-48.7-11; or

33 (3) (4) through a mobile application or other Internet web based  
34 method, if available;

35 according to the preference expressed by the individual.



## COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 220, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is to SB 220 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0

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