



Reprinted
January 27, 2026

SENATE BILL No. 220

DIGEST OF SB 220 (Updated January 26, 2026 3:49 pm - DI 104)

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.

Charbonneau, Bohacek

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

January 22, 2026, reported favorably — Do Pass.

January 26, 2026, read second time, amended, ordered engrossed.

SB 220—LS 6900/DI 141



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.

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 27-1-47-2.5 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2026]: **Sec. 2.5. An incentive offered in accordance with**
4 **IC 27-1-48.7 is not a violation of IC 27-1-20-30, IC 27-1-22-18, or**
5 **IC 27-4-1-4(a)(8).**
6 SECTION 2. IC 27-1-48.7 IS ADDED TO THE INDIANA CODE
7 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
8 JULY 1, 2026]:
9 **Chapter 48.7. Shopping and Decision Support Program**
10 **Sec. 1. This chapter applies to a health plan that is entered into,**
11 **amended, or renewed after December 31, 2026.**
12 **Sec. 2. As used in this chapter, "allowed amount" means the**
13 **contractually agreed upon payment amount between a health**
14 **carrier and a provider participating in the health carrier's**
15 **network. The term does not include any deductible, copayment, or**
16 **other cost sharing amounts that a health carrier requires a covered**
17 **individual to pay.**

SB 220—LS 6900/DI 141



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

3 **Sec. 4. As used in this chapter, "health care service" means a**
 4 **health care procedure, treatment, or service provided by a**
 5 **provider within the scope of practice of the provider's license or**
 6 **legal authorization. The term includes the following:**

7 **(1) Physical and occupational therapy services.**

8 **(2) Radiology and imaging services.**

9 **(3) Laboratory services.**

10 **(4) Infusion therapy.**

11 **(b) The term does not include the following:**

12 **(1) Dental services.**

13 **(2) Vision services.**

14 **(3) Cosmetic surgery.**

15 **Sec. 5. (a) As used in this chapter, "health carrier" means an**
 16 **entity:**

17 **(1) that is subject to IC 27 and the administrative rules**
 18 **adopted under IC 27; and**

19 **(2) that enters into a contract to:**

20 **(A) provide health care services;**

21 **(B) deliver health care services;**

22 **(C) arrange for health care services; or**

23 **(D) pay for or reimburse any of the costs of health care**
 24 **services.**

25 **(b) The term includes the following:**

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

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

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

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

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

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

37 **(c) The term does not include:**

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

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

42 **(3) an administrator;**



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

3 Sec. 6. (a) As used in this chapter, "health plan" means a policy
4 or contract offered by a health carrier in this state that provides
5 coverage for health care services.

6 (b) The term does not include a self-funded health benefit plan
7 that complies with the federal Employee Retirement Income
8 Security Act (ERISA) of 1974 (29 U.S.C. 1001 et seq.).

9 Sec. 7. As used in this chapter, "network" means a group of
10 providers that:

- 11 (1) provide health care services to covered individuals; and
- 12 (2) have agreed to, or are otherwise subject to, maximum
13 limits on the prices for the health care services to be provided
14 to the covered individuals.

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

18 Sec. 9. As used in this chapter, "shopping and decision support
19 program" means the program established by a health carrier
20 under this chapter.

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

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

33 (b) Incentives provided under this section must be:

- 34 (1) calculated as a percentage of the difference between the
35 amount actually paid by the health carrier for the comparable
36 health care service and the average allowed amount for the
37 comparable health care service; and
- 38 (2) provided as a:
39 (A) cash payment to the covered individual;
40 (B) credit toward the covered individual's annual
41 deductible and out-of-pocket limit; or
42 (C) credit or reduction of a premium, a copayment, cost



sharing, or a deductible.

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

(d) The average allowed amount must be based on the actual allowed amounts paid to network providers under the covered individual's health plan within a reasonable time frame not to exceed one (1) year.

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

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

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

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

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

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

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

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

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

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

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

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



department.

(b) A health carrier:

- (1) has discretion as to the appropriate format for providing the description required under subsection (a); and
- (2) may customize the format to provide the most relevant information necessary to permit the department to determine compliance with this chapter.

(c) The department may review the filing made by the health carrier to determine if the health carrier's shopping and decision support program complies with this chapter.

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

- (1) total number of comparable health care service incentive payments made to covered individuals;
- (2) use of comparable health care services by category of service for which comparable health care service incentive payments were made;
- (3) average amount of incentive payments made by comparable health care service for the transactions; and
- (4) percentage of a health carrier's covered individuals that participated in the transactions.

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

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

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

SECTION 3. IC 27-2-25-13, AS ADDED BY P.L.93-2020, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: Sec. 13. A health carrier may provide a good faith estimate to an individual under this chapter:

- (1) in a writing delivered to the individual;
- (2) by electronic mail; or
- (3) through an interactive member portal or a toll free telephone number in accordance with IC 27-1-48.7-11; or
- ~~(3)~~ (4) through a mobile application or other Internet web based method, if available;



1 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

SENATE MOTION

Mr. President: I move that Senate Bill 220 be amended to read as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 27-1-47-2.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2026]: **Sec. 2.5. An incentive offered in accordance with IC 27-1-48.7 is not a violation of IC 27-1-20-30, IC 27-1-22-18, or IC 27-4-1-4(a)(8).**".

Page 2, delete lines 40 through 42, begin a new paragraph and insert:

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

(b) The term does not include a self-funded health benefit plan that complies with the federal Employee Retirement Income Security Act (ERISA) of 1974 (29 U.S.C. 1001 et seq.)."

Renumber all SECTIONS consecutively.

(Reference is to SB 220 as printed January 23, 2026.)

CHARBONNEAU

