

2025 Session
Indy Chamber
Healthcare Policy Council - Bill Tracker
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Report created on April 25, 2025

HB1001

STATE BUDGET (THOMPSON J) Appropriates money for capital expenditures, the operation of the state, K-12 and higher education, the delivery of Medicaid and other services, and various other distributions and purposes. Extends the review, analysis, and evaluation of tax incentives by the legislative services agency through 2030. Requires the legislative services agency to perform a fiscal impact analysis for each executive order issued by the governor under the emergency management and disaster law. Requires state officials to report to the budget committee expenses and funding used for trips taken in their official capacity. Appropriates \$2,000,000 per state fiscal year from the Pokagon Band Tribal-state compact fund to the Midwest continental divide commission fund. Changes the name of the state agency contingency fund to the personal services/fringe benefits contingency fund and makes certain amending changes to the provisions for the fund. Requires the budget director to withhold not less than 5% of any appropriation to a state agency to be used for salaries or other wages for state agency employees or general operating expenses of the state agency, with certain exclusions. Establishes the Indiana local government investment pool board for the purpose of establishing policies governing the investment of funds contributed to the local government investment pool. Amends provisions regarding the investment authority of the treasurer of state. Removes political affiliation requirements that apply to members appointed by the governor to the board for depositories. Repeals a provision allowing the Indiana department of administration to enter into a lease with the Indiana historical society for use of a building. Requires the department of natural resources (not the Indiana department of veterans' affairs under current law) to provide staff support to the Indiana semiquincentennial commission and repeals provisions requiring certain meetings and events of the commission to be held at the World War Memorial in Indianapolis. Removes the statewide innovation development district fund as a funding source for an agreement between the Indiana economic development corporation (IEDC) and a taxpayer to receive payment in lieu of claiming an economic development for a growing economy tax credit. Establishes a home repair matching grant pilot program. Requires the secretary of commerce to develop a collaborative framework with regional economic development organizations and other regional stakeholders to identify and implement targeted, actionable economic growth strategies on a regional basis. Establishes a rural fund capital investment tax credit. Establishes the Hoosier workforce investment tax credit. Establishes a beginning farmer tax credit. Amends the cap on the aggregate amount of tax credits the IEDC may certify each year. Increases the amount of the public utility fee from 0.15% to 0.175% of the public utility's annual gross intrastate operating revenue and transfers the public utility fee revenue and certain payments to the state general fund (not the public utility fund under current law). Amends certain membership provisions regarding the Gary airport authority board. Requires that the salary matrix for state police, capitol police officers, and department of natural resources law enforcement officers be adjusted each time an adjustment is made to a pay plan for state employees in the executive branch. Adds therapeutic ibogaine research to the research that is currently funded under the therapeutic psilocybin research fund. Provides that funding to a local board of health from the local public health fund may only be used for Indiana residents who are legal citizens of the United States. Specifies provider payment requirements that apply to any managed care organization that participates in the risk based managed care program. Repeals the provisions requiring the office of the secretary of family and social services to transfer \$38,000,000 each year to the Health and Hospital Corporation of Marion County. Makes certain eligibility changes for the On My Way Pre-k program and the CCDF program. Provides that a community mental health center that provides compensation to any individual employee in an amount that is \$400,000 or more per year is not eligible to receive funding from local property taxes or state programs or grants, but excluding the Medicaid program. Requires the department of natural resources to provide free admission to state parks to a Gold Star family member. Requires the bureau of motor vehicles to update the Gold Star family member license plate form. Establishes the health care engineering fund for the purpose of funding plan reviews for certain health facilities. Imposes a fee for each plan review that is deposited in the fund. Prohibits the Indiana department of health from requiring a contracted person to meet additional requirements other than federal requirements specified in the federal Charitable Choice Act in order to receive certain funding. Amends provisions that apply to local board of health spending of certain funds for core public health services. Requires the secretary of education to provide a report and recommendation to the general assembly concerning aligning state funding for dual credit and the advanced placement program with the new high school diploma and expanding access to dual credit course work to all Indiana students. Repeals the kids first trust program chapter on June 30, 2027. Prohibits a school employer from bargaining collectively with the exclusive school employee representative regarding contract costs for curricular materials. Establishes a teacher appreciation grant program to provide grants to school corporations and charter schools to attract, reward, and retain teachers who significantly impact student outcomes. Repeals the chapter establishing the curricular materials fund and certain provisions related to procedures for reimbursement of costs of providing curricular materials. Prohibits a school corporation or career and technical education center or school from charging a career scholarship student enrolled in the career scholarship account program or an approved intermediary acting on behalf of a career scholarship student a tuition or fee amount to enroll in or attend a career and technical education program, course, or class that is more than the proportionate amount that the school corporation or career and technical education center or school would receive under the career and technical education grant if the student had enrolled in and completed the applicable career and technical

education program, course, or class. Repeals provisions that allow the treasurer of state to deduct or transfer amounts from the career scholarship account (CSA) program for administration expenses. Makes similar technical and conflict resolving changes to provisions that apply to the education scholarship account (ESA) program. Changes the administration of the ESA program and the CSA program from the treasurer of state to the department of education, and in certain instances, the responsibilities related to the CSA program from the commission for higher education to the department. Repeals the nonreverting provisions for the higher education award fund and the freedom of choice grant fund. Requires the commission for higher education to annually prepare and submit to the legislative council and to the budget committee a report that examines

Current Status: 4/25/2025 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 538: yeas 39, nays 11; Rules Suspended

State Bill Page: [HB1001](#)

HB1003

HEALTH MATTERS (BARRETT B) Specifies that the Medicaid fraud control unit's (MFCU) investigation of Medicaid fraud may include the investigation of provider fraud, insurer fraud, duplicate billing, and other instances of fraud. Permits the attorney general to enter into a data sharing agreement with specified state agencies and authorizes the MFCU to analyze this data to carry out its investigative duties. Provides that all complaints made to the MFCU are confidential until an action is filed concerning the complaint. Requires the office of the secretary of family and social services to establish: (1) metrics to assess the quality of care and patient outcomes; and (2) transparency and accountability safeguards; for a specified long term care risk based managed care program. Requires, not later than July 31, 2026, a clinical laboratory and diagnostic imaging facility to post certain pricing information for services determined by the department of insurance. Allows: (1) a manufacturer to provide; and (2) a patient to receive; individualized investigational treatment if certain conditions are met. Requires an Indiana nonprofit hospital system to report a list of facilities that may submit a bill on an institutional provider form and report the facility code for each facility. Adds provisions concerning payments by insurers, health maintenance organizations, employers, and other responsible persons to qualified providers that are providing services in an office setting. Requires good faith estimates for health care services to be provided at least two business days (rather than five business days) before the health care services are scheduled to be provided. Removes language concerning the disclosure of a trade secret from provisions that allow for a health plan sponsor to access and audit claims data. Provides that when a health carrier is in the process of negotiating a health provider contract with a health provider facility or provider, the health carrier must provide certain information to the health provider facility or provider. Prohibits certain provisions from being included in a health provider contract. Allows the department of insurance to: (1) enter into partnerships and joint ventures to encourage best practices in the appropriate and effective use of prior authorization in health care; and (2) receive information regarding prior authorization disputes. Requires the department of insurance to prepare a report with findings and recommendations related to the prior authorization dispute information. Requires, not later than September 1, 2025, the department of insurance to issue a request for information concerning ways to better enable medical consumers to compare and shop for medical and health care services. Provides that an insurer or a health maintenance organization may not deny a claim for reimbursement on the sole basis that the referring provider is an out of network provider. Requires, if a fully credentialed physician becomes employed with another employer or establishes or relocates a medical practice in Indiana, an insurer and health maintenance organization to provisionally credential the physician for 60 days or until the physician is fully credentialed, whichever is earlier. Requires the Indiana department of health, in consultation with the office of technology, to study the feasibility of developing certain standards regarding medical records and data.

Current Status: 4/24/2025 - Signed by the President Pro Tempore

State Bill Page: [HB1003](#)

HB1004

HEALTH CARE MATTERS (CARBAUGH M) Establishes: (1) a state directed payment program (program) for hospitals; and (2) a managed care assessment fee. Changes disproportionate share payments when a state directed payment program is in effect. Allows the incremental hospital fee fund to be used to fund the Medicaid program. Requires a nonprofit hospital system to submit audited financial statements. Provides for a \$10,000 per day penalty for failure to submit the hospital's financial statements. Requires the office of management and budget (office) to: (1) develop a methodology to be used in conducting a study of commercial inpatient hospital prices and outpatient hospital prices; and (2) upon budget committee review, conduct the study to determine Indiana's statewide average inpatient and outpatient hospital prices. Requires the office to submit a report of the study to the governor and general assembly. Before June 30, 2029, requires an Indiana nonprofit hospital system's aggregate average inpatient and outpatient hospital prices to at least be equal to or less than the statewide average. States that a violation by the Indiana nonprofit hospital system results in a forfeiture of its nonprofit status. Requires, before October 1 of each year, every nonprofit hospital to provide the Indiana department of health with specified federally filed forms and specified data used to complete the forms. Requires the Indiana department of health to submit these forms to the health care cost oversight task force and impose a fine of \$10,000 per day on a nonprofit hospital for failure to submit the nonprofit hospital's forms. Provides an exemption from health care billing requirements for a facility located in a specified populated municipality. Requires a third party administrator to disclose commissions and fees to policyholders in a separate notification. Requires an insurer and a health maintenance organization to submit specified data information to the all payer claims data base. Requires an insurance producer or third party administrator to, before or at the time

of sale, provide the plan sponsor with a statement from the insurer or health maintenance organization, disclosing commissions and fees that the insurance producer or third party administrator will receive. Changes the time frame in which certain information and claims data must be submitted to a contract holder as part of an audit or claims data request. Sets requirements for certain hospitals concerning a direct to employer health care arrangement. Beginning January 1, 2026, requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide a plan sponsor with the national average drug acquisition cost of a generic drug. States that if an agreement between a health plan and a pharmacy benefit manager provides that less than 85% of the estimated rebates will be deducted from the cost of prescription drugs before a covered individual's cost sharing requirement is determined, the pharmacy benefit manager must provide the policyholder with an annual notice that includes: (1) an explanation of what a rebate is; (2) an explanation of how rebates accrue to the health plan from the manufacturer; and (3) the aggregate amount of rebates that accrued to the health plan for prescription drugs dispensed under the policyholder's health plan for the previous year. Places limitations on hospital health provider contracts linking to or negotiating reimbursement or terms under a separate hospital health care provider contract or product. Requires the office to: (1) study the effect, including the fiscal impact, of requiring physician reimbursement rates under a commercial policy to be set at a minimum reimbursement rate; and (2) report its findings under the study. Requires certain health carriers to provide claims data to a contract holder not more than four times per year (current law allows for the provision of the data twice annually). Requires certain insurers and health maintenance organizations to file specified information concerning changes in hospital reimbursement to the department of insurance.

Current Status: 4/24/2025 - Conference Committee Report Adopted (S) Report 1: adopted by the Senate; Roll Call 528: yeas 37, nays 13; Rules Suspended

State Bill Page: [HB1004](#)

HB1024 MEDICAID REIMBURSEMENT FOR CHILDREN'S HOSPITALS (SLAGER H) Extends the expiration date of language specifying Medicaid reimbursement for certain out-of-state children's hospitals from July 1, 2025, to July 1, 2027.

Current Status: 4/24/2025 - Signed by the President Pro Tempore

State Bill Page: [HB1024](#)

HB1051 MOBILE INTEGRATION HEALTHCARE GRANTS (PRESSEL J) Provides that the following are eligible for a mobile integration healthcare grant: (1) an emergency medical services provider agency that is operated by a county; (2) an emergency medical services provider organization; and (3) a hospital; if certain conditions are met.

Current Status: 4/16/2025 - Signed by the Governor

State Bill Page: [HB1051](#)

SB2 MEDICAID MATTERS (MISHLER R) Requires the office of the secretary of family and social services (office) to report specified Medicaid data to the Medicaid oversight committee. Requires the office to annually prepare and present a report to the budget committee concerning the enforcement of the Medicaid five year look back period. Prohibits specified persons from advertising or otherwise marketing the Medicaid program. Provides that the office may adopt rules concerning permissible advertising or marketing indicating participation in the Medicaid program by a person that has contracted with the office. Allows the office to reimburse medical providers at the appropriate Medicaid fee schedule rate for certified medical claims prior to the beginning of benefits, provided the claims satisfy certain conditions. Repeals language allowing for marketing of the Medicaid program. Requires the office to receive and review data from specified federal and state agencies concerning Medicaid recipients to determine whether circumstances have changed that affect Medicaid eligibility for recipients and to perform a redetermination. Requires the office to establish: (1) performance standards for hospitals that make presumptive eligibility determinations and sets out action for when hospitals do not comply with the standards; and (2) an appeals procedure for hospitals that dispute the violation determination. Sets out a hospital's responsibilities when making a presumptive eligibility determination. Imposes corrective action and restrictions for failing to meet presumptive eligibility standards. Specifies requirements, allowances, and limitations for the healthy Indiana plan.

Current Status: 4/22/2025 - Signed by the President Pro Tempore

State Bill Page: [SB2](#)

SB3 FIDUCIARY DUTY IN HEALTH PLAN ADMINISTRATION (BUSCH J) Provides that any third party administrator or pharmacy benefit manager acting on behalf of a plan sponsor owes a fiduciary duty to the plan sponsor.

Current Status: 4/16/2025 - Signed by the Governor

State Bill Page: [SB3](#)

SB140 PHARMACY BENEFITS (CHARBONNEAU E) Requires an insurer, a pharmacy benefit manager, or any other administrator of pharmacy benefits to ensure that a network utilized by the insurer, pharmacy benefit manager, or other administrator is reasonably adequate and accessible and file an annual report regarding the network with the commissioner of the department of insurance (commissioner). Sets forth certain limitations and requirements with

respect to the provision of pharmacy or pharmacist services under a health plan. Allows any insured, pharmacy, or pharmacist impacted by an alleged violation to file a complaint with the commissioner. Provides that the commissioner may order reimbursement to any person who has incurred a monetary loss as a result of a violation. Requires, if a pharmacy benefit manager is used with regard to a state employee health plan, the state personnel department to either create a pharmacy benefit manager or contract with an insurer, a pharmacy benefit manager, or other administrator. Prohibits a third party administrator from: (1) requiring, as a condition of a plan sponsor entering into a contract with the third party administrator, that the plan sponsor enter into a contract with a particular pharmacy benefit manager; or (2) charging a different fee for services provided by the third party administrator to a plan sponsor based on the plan sponsor's selection of a particular pharmacy benefit manager. Urges the legislative council to assign to the appropriate study committee the task of studying the topic of contracts for pharmacy benefit coverage under the Medicaid program and a state employee health plan.

Current Status: 4/24/2025 - Signed by the President Pro Tempore

State Bill Page: [SB140](#)

SB176 NURSING MATTERS (YODER S) Adds members to the Indiana state board of nursing and changes the required qualifications for certain members. Amends the requirements that an individual applying for a license to practice as a licensed practical nurse must meet. Provides that an applicant for a state accredited program of practical nursing (program) is not required to have a high school diploma or its equivalent. Requires a student of the program to obtain a high school diploma or its equivalent before completing the program.

Current Status: 4/10/2025 - Public Law 45

State Bill Page: [SB176](#)

SB216 MENTAL HEALTH PROFESSIONALS (CRIDER M) Allows certain individuals to take the examination for licensure as a social worker before having completed the bachelor's degree. Makes the following changes in regard to marriage and family therapists, mental health counselors, addiction counselors, and clinical addiction counselors: (1) Provides that an individual must be licensed as an associate before obtaining the relevant experience hours, except in certain circumstances. (2) Amends provisions concerning experience hours and the expiration of a temporary license or permit. Removes certain provisions regarding first available examinations.

Current Status: 4/22/2025 - Signed by the Speaker

State Bill Page: [SB216](#)

SB453 VARIOUS TAX MATTERS (HOLDMAN T) Amends estimated quarterly tax payment provisions. Restructures tax collection requirements for kerosene to eliminate specialized tax filing. Streamlines the filing requirements for gasoline use tax to eliminate multiple filing requirements. Specifies the liability and remittance requirements for the gross retail tax, gasoline use tax, and other listed taxes in certain circumstances. Amends provisions that apply to passenger and household goods carriers. Amends the college savings tax credit. Replaces the term "college choice 529 education savings plan" with "Indiana529 plan". Makes a clarifying change to the closed system cartridge tax. Extends the renewal period from one year to two years for businesses licensed to collect the electronic cigarettes tax, closed systems cartridge tax, and other tobacco products tax. Specifies that the fiscal officer of an entity that has adopted an innkeeper's tax, a food and beverage tax, or an admissions tax must enter into an agreement with the department of state revenue (department) before the department provides certain information to the fiscal officer as required under current law. Specifies when certain tax information may be disclosed by the department. Provides for the transfer of certain funds from the bureau of motor vehicles commission fund to the motor carrier regulation fund. Provides that a person who commits a violation involving a consumer transaction entailing the transportation of passengers or household goods commits a deceptive act that is actionable by the attorney general and is subject to certain remedies and penalties. Specifies remittance procedures for the gasoline use tax. Specifies recapture procedures for certain reduced estimated tax payments. Makes corresponding changes.

Current Status: 4/24/2025 - Signed by the President Pro Tempore

State Bill Page: [SB453](#)

SB473 VARIOUS HEALTH CARE MATTERS (BROWN L) Specifies the process for a managed care organization to follow concerning home modification services. Requires a patient of an opioid treatment program (program) who has tested positive on a drug test to be given a random drug test monthly until the patient passes the test. (Current law requires the patient to be tested weekly.) Allows a program to close on Sundays and federal holidays. Prohibits the division of mental health and addiction from: (1) requiring a program's medical director to have admitting privileges at a hospital; and (2) establishing rules or guidelines concerning program admission and medication that are more stringent than federal regulations. Allows specified health care providers to perform the initial assessment, examination, and evaluation of a patient being admitted to a program. Allows the medical staff of an ambulatory outpatient surgical center to make recommendations on the granting of clinical privileges or the appointment or reappointment of an applicant to the governing board of the ambulatory outpatient surgical center for a period not to exceed 36 months. (Current law allows medical staff of hospitals to make recommendations.) Establishes the certified health care professions commission (commission). Sets forth the requirements for the: (1) certification of nurse aides

and qualified medication aides; and (2) registration of home health aides. Specifies the duties of the Indiana department of health and the commission in regulating these professions. Relocates provisions concerning training for home health aides and requires the commission to approve the training. Sets forth requirements on facilities in employing nurse aides. Specifies the definition of "nurse aide" for purposes of an administrative rule. Makes changes to the release of medical information statute. Modifies the duties of the center for deaf and hard of hearing education. Adds provisions regarding "family navigators" and specifies the role of family navigators in the provisions of the bill regarding the center for deaf and hard of hearing education. Allows a prescriber to prescribe certain agonist opioids through telehealth services for the treatment or management of opioid dependence. (Current law allows only a partial agonist to be prescribed through telehealth.) Allows certain residential care administrators an exemption from taking continuing education during the initial licensing period. Allows for the provision of certain anesthesia in a physician's office or a podiatrist's office without the office being accredited. (Current law allows for this in dental offices.) Requires adverse events concerning anesthesia in an office based setting to be reported to the medical licensing board of Indiana (board). Requires the board to: (1) determine the types of adverse events to be reported; (2) establish a procedure for reporting; and (3) post the adverse events on the board's website. Creates a process for certain individuals who do not have a Social Security number and who are seeking licensure by examination as a registered nurse or practical nurse to obtain a provisional license. Requires a nursing program to offer a clinical experience for clinical hours in a hospital and a health facility setting.

Current Status: 4/22/2025 - Signed by the Speaker

State Bill Page: [SB473](#)

SB475 PHYSICIAN NONCOMPETE AGREEMENTS (BUSCH J) Provides that a physician and a hospital, a parent company of a hospital, an affiliated manager of a hospital, or a hospital system may not enter into a noncompete agreement on or after July 1, 2025.

Current Status: 4/24/2025 - Signed by the President Pro Tempore

State Bill Page: [SB475](#)

SB480 PRIOR AUTHORIZATION (JOHNSON T) Sets forth requirements for a utilization review entity that requires prior authorization of a health care service. Prohibits a utilization review entity from requiring prior authorization for the first 12 physical therapy or chiropractic visits of each new episode of care. Provides that a claim for reimbursement for a covered service or item provided to an insured or enrollee may not be denied on the sole basis that the referring provider is an out of network provider. Repeals superseded provisions regarding prior authorization. Makes corresponding changes.

Current Status: 4/22/2025 - Signed by the Speaker

State Bill Page: [SB480](#)