

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. Provides that if the budget director determines at any time that a state agency can perform the agency's statutory obligations with less than the amount appropriated, the budget director shall, with the approval of the governor, and after notice to the state agency, reduce the amount or amounts allotted or to be allotted. 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. Repeals a provision allowing the Indiana department of administration to enter into a lease with the Indiana historical society for use of a building. Provides that certain businesses providing specialized employee services receive a price preference of 15% for public works projects. Provides sales tax exemptions for feminine hygiene products and adult diapers. Increases the income tax deduction for a person over 65 with certain qualifying income from \$500 to \$1,000. Increases the: (1) employee threshold; and (2) maximum amount of tax credits that may be granted in a year; for purposes of the health reimbursement arrangement income tax credit. Establishes a state tax credit for certain capital investments made in rural funds (rural fund credit). Prescribes requirements for the rural fund credit. Establishes the Hoosier workforce investment tax credit (workforce credit). Allows an eligible business to claim a workforce credit for certain training costs incurred. Extends the sunset of the collection of hospital assessment fees and health facility quality assessment fees from June 30, 2025, to June 30, 2027. Removes the annual income maximum for choice scholarship eligibility. Repeals the chapter establishing the curricular materials fund and certain provisions related to procedures for reimbursement of costs of providing curricular materials. Changes the appointment and terms of members of the board of the Gary airport authority. 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. Provides that an adult charter school is entitled to state funding in an amount that is based on the foundation amount for the state fiscal year. Requires the secretary of education to provide a report and recommendation to the general assembly concerning aligning state funding for dual credit with the new high school diploma and expanding access to dual credit course work to all Indiana students. 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. Provides that a career and technical education center that charges a career scholarship student a tuition or fee amount to enroll in or attend a career and technical education program, course, or class may not receive a credential completion grant for the student. Requires the department of education to distribute choice scholarships at least twice each semester (instead of once). Requires the commission for higher education to annually prepare and submit to the legislative council and to the budget committee a report that examines the utilization of physical facilities for instruction at each state educational institution. Specifies the amount of covered taxes that may be captured in the Evansville professional sports development area. Provides for the determination of the: (1) base assessed value; (2) gross retail base period amount; and (3) income tax base period amount; in an innovation development district (district). Requires the executive of a city, county, or town, or, if applicable, executives, and the Indiana economic development corporation to enter into an agreement establishing the terms and conditions governing any district (instead of only certain districts). Repeals the statewide innovation development district fund. Establishes the economic development reserve account. Provides that: (1) an appropriation to the legislative council and the legislative services agency for a state fiscal year ending before July 1, 2027, reverts to the state general fund as directed by the personnel subcommittee of the legislative council; and (2) an employee in an entity in the legislative or judicial branch of state government is eligible to participate in a pilot program for converting unused excess accrued leave to a monetary contribution for the employee in the employee's 401(a) matching account with Hoosier START. Provides that unexpended and unencumbered amounts appropriated from the federal economic stimulus fund in P.L.165-2021 do not revert to the state general fund. Requires the state comptroller to transfer: (1) \$15,000,000 from the addiction services fund; and (2) \$25,000,000 from the department of insurance fund; to the tobacco master settlement agreement fund on July 1, 2025.

Current Status: 3/25/2025 - added as third sponsor Senator Niezgodski

Recent Status: 3/20/2025 - Senate Appropriations, (Bill Scheduled for Hearing)
3/3/2025 - Referred to Senate Appropriations

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 state Medicaid fraud control unit are confidential until an action is filed concerning the complaint. Provides that the attorney general may designate investigators employed within the MFCU to be law enforcement officers of the state. Requires a state employee health plan, the office of the secretary of family and social services (office), an insurer, and a health maintenance organization to provide reimbursement for a health care service that is provided in an outpatient setting at the same reimbursement rate that is provided at a physician's office. Requires the office to establish: (1) metrics to assess the quality of care and patient outcomes; and (2) transparency and accountability safeguards; for a long term care risk based managed care program. Allows the Indiana department of health (state department) to enter into partnerships and joint ventures to encourage best practices in the appropriate and effective use of prior authorization in health care. Requires the state department, in consultation with the office of technology, to: (1) develop certain standards regarding medical records and data; and (2) mandate compliance with the standards by any medical provider that contracts with the state. Requires, not later than December 31, 2025, a clinical laboratory and diagnostic imaging facility to post pricing information. Requires providers to submit a claim for health care services with the appropriate place of service code for the setting. Allows: (1) a manufacturer to provide; and (2) a patient to receive; individualized investigational treatment if certain conditions are met. Prohibits a 340B covered entity from charging an individual for a prescription drug under the program at a greater price than the prescription drug was obtained for under the program. Allows the state department to enforce the 340B drug requirements and assess a civil penalty. Provides exemptions from provisions regarding health care billing. Sets forth requirements regarding the submission of a bill for health care services. Requires an Indiana nonprofit hospital system to report a list of facilities that may submit a bill on an institutional provider form. Prohibits an out-of-network practitioner providing nonemergency health care services at an in network facility from being reimbursed more for the health care services than the 2019 median in network rate with the specified adjustment. Requires a provider to provide the patient with a written list of services that the: (1) patient received; and (2) provider intends to bill the patient; upon a patient's discharge from receiving certain services. Requires good faith estimates for health care services, issued before July 1, 2026, to be provided at least two business days (rather than five business days) before the health care services are scheduled to be provided. Requires good faith estimates, issued after June 30, 2026, to be provided immediately. 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. Specifies certain provisions that may not be included in a health provider contract. Prohibits a health plan from rescinding a prior authorization that the health plan has previously approved within one year after the prior authorization is approved. Provides that a health plan shall ensure that any adverse determination on a request for prior authorization is made by a clinical peer of the provider who requested the prior authorization. Allows the department of insurance to receive information regarding prior authorization disputes and requires the department of insurance to prepare a report with findings and recommendations related to the 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. Adds the secretary of health and human services as a nonvoting advisory member of the all payer claims data base advisory board. Provides that an insurer or a health maintenance organization may not deny a claim for reimbursement on the basis that the referring provider is an out of network direct primary care provider or independent physician. 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.

Current Status: 3/26/2025 - Senate Health and Provider Services, (Bill Scheduled for Hearing)

Recent Status: 3/3/2025 - Pursuant to Senate Rule 68(b); reassigned to Committee on Health and Provider Services

3/3/2025 - Referred to Senate Insurance and Financial Institutions

HB1385 HEALTH CARE FACILITY EMPLOYEES (BASCOM G) Provides an exception to one of the disqualifying conditions for a nurse aide or other unlicensed employee.

Current Status: 3/31/2025 - Concurrences Eligible for Action

Recent Status: 3/27/2025 - Motion to concur filed

3/25/2025 - Returned to the House with amendments

HB1391 SERVICES FOR THE AGED AND DISABLED (CLERE E) Amends the definition of "community and home care services" for purposes of community and home options to institutional care for the elderly and disabled program (CHOICE). Prohibits the division of aging from requiring a CHOICE provider to be certified under a Medicaid waiver program. Requires a local area agency on aging (area agency) to prioritize CHOICE funding to identify specified individuals and provide community and home care services to these individuals. Requires the office of the secretary of family and social services (office of the secretary), in negotiating reimbursement rates for CHOICE services, to consider the location and availability of service providers. Establishes the Medicaid diversion pilot program to evaluate the

effectiveness of home modification and telehealth enhanced chronic care services provided by specified area agencies in reducing Medicaid expenditures. Allows the office of the secretary, a managed care organization that has contracted with the office of Medicaid policy and planning, and a person who has contracted with a certain managed care organization or the office of the secretary to contract with an area agency to provide and receive reimbursement for a level of care assessment for the: (1) health and wellness Medicaid waiver; (2) traumatic brain injury Medicaid waiver; and (3) risk based managed care program for the covered population. Allows the office of the secretary to study and prepare a report containing recommendations for realigning and consolidating the area agency planning and service areas.

Current Status: 3/3/2025 - Referred to Senate Health and Provider Services

Recent Status: 3/3/2025 - First Reading

2/20/2025 - Senate sponsors: Senators Goode, Brown L, Jackson

HB1427

DEPARTMENT OF LOCAL GOVERNMENT FINANCE (SNOW C) Provides that the only permissible method of filing a personal property return is by using the personal property online submission portal. Establishes a \$5 filing fee and an exception. Adds requirements for the filing of a petition for review of land value. For purposes of public utility companies, specifies that the period of time that a taxpayer may file an objection with the department of local government finance (department) is not later than 15 days after the notice is postmarked. For purposes of property of an exempt organization used in a nonexempt trade or business, provides that the department may (as opposed to shall in current law) adopt certain rules. Provides that all or part of a building is deemed to serve a charitable purpose and thus is exempt from property taxation if it is owned by a nonprofit entity and is: (1) registered as a continuing care retirement community; (2) defined as a small house health facility; or (3) licensed as a health care or residential care facility. Adds continuing care retirement communities and small house health facilities to the list of exempt entities. Clarifies the deadline for submitting amended certified net assessed value amounts. Provides that property tax assessment board of appeals members' terms must be staggered for a two year period and begin on January 1. Provides for funding for cultural institutions. Changes the sunset date for the procedure for selling certain bonds to July 1, 2027, and makes corresponding changes. Provides that the county treasurer is not required to mail or transmit a statement for property that is exempt from taxation and does not have a reported assessed value. Requires the department of local government finance, in a manner determined by the department, to include on the coupon page of each property tax statement educational information regarding the eligibility and procedures for the over 65 property tax deduction and for various property tax deductions available to veterans. Provides temporary one time increases for the maximum permissible ad valorem property tax levies for Shelby County and the Shelby County solid waste management district. Specifies that a minimum population for application of certain provisions concerning: (1) the general government of counties; and (2) the division of powers of certain counties; is 450,000 (instead of 400,000). Provides that the northwest Indiana regional development authority must be reimbursed for amounts deposited in the blighted property demolition fund not later than July 1, 2027 (instead of July 1, 2026). Allows a person who is: (1) engaged in the business of renting or furnishing, for periods of less than 30 days, any lodgings in any hotel, motel, inn, tourist camp, tourist cabin, or any other place in which lodgings are regularly furnished for a consideration that is located within an economic development district; and (2) liable for a special benefits assessment for the property; to charge a fee of not more than \$1. Specifies the calculation of the maximum permissible property tax levy for certain units that fail to comply with certain budget and tax levy review and adoption procedures. Provides that a tract or item of real property owned by a political subdivision may not be sold at a tax sale. Provides that a political subdivision must upload a digital copy of every contract entered into after December 31, 2026, to the Indiana transparency website (website). Requires the department of local government finance to develop and implement an application programming interface that would allow a political subdivision to upload multiple contracts at once directly from the political subdivision's network to the website. Removes a provision requiring the county executive to provide an annual report to the legislative council concerning certain tax sales.

Current Status: 4/1/2025 - Senate Tax and Fiscal Policy, (Bill Scheduled for Hearing)

Recent Status: 3/13/2025 - added as cosponsor Senator Ford J.D

3/11/2025 - added as second sponsor Senator Niezgodski

HB1457

INDIANA DEPARTMENT OF HEALTH (BARRETT B) Specifies that provisions of law governing the office of administrative law proceedings apply to the Indiana department of health (state department) in matters concerning the involuntary transfer or discharge of a resident of a health facility. Specifies: (1) fee schedules for clinical and nonclinical tests; and (2) reimbursement rates for specified laboratory certifications; performed by the state health laboratory. Establishes the state health laboratory fund. Specifies conditions for the use of updated publications for design enforcement by the state department in the regulation of hospitals and ambulatory outpatient surgical centers. Amends the list of crimes or acts that preclude a home health aide, nurse aide, or other unlicensed employee from employment at a home health agency and certain health care facilities. Amends the list of crimes that preclude a person from operating a home health agency or personal services agency. Requires the state department to: (1) investigate any report that a nurse aide or home health aide has been convicted of a certain crime; and (2) remove the individual from the state nurse aide registry. Makes it a Class A infraction for a person convicted of a certain crime to knowingly or intentionally apply for a job as a home health aide or other unlicensed employee at a home health agency or certain health care facilities. For provisions concerning the women, infants, and children nutrition program

(WIC program), defines "WIC vendor agreement". Requires the state department to: (1) select WIC program vendors based on selection criteria set forth in federal regulations; (2) review the selection criteria annually; (3) include the selection criteria in the WIC state plan; and (4) publish the selection criteria on the state department's website. For purposes of submitting a death record of a stillborn, requires the physician, physician assistant, or advanced practice registered nurse (APRN) last in attendance to initiate the document process unless the physician, physician assistant, or APRN was not present upon the deceased. Includes reporting to local child fatality review teams, the statewide child fatality review committee, local fetal-infant mortality review teams, and suicide and overdose fatality review teams for the release of mental health records without the consent of the patient. Requires the state department to: (1) approve courses concerning auto-injectable epinephrine that meet criteria established by the state department (rather than courses offered by an approved organization as defined in current law); and (2) publish the criteria on its website. Removes a provision allowing the state department to contract with a third party to create a certificate of completion for a course. Removes the expiration of the statewide maternal mortality review committee. Amends the membership of the statewide child fatality review committee. Repeals language concerning certain fees for testing water. Repeals a penalty concerning the crime of transferring contaminated semen in Title 16. (Current law contains a similar penalty in Title 35).

Current Status: 3/27/2025 - Committee Report amend do pass adopted; reassigned to Committee on Appropriations

Recent Status: 3/26/2025 - Senate Committee recommends passage, as amended Yeas: 12; Nays: 0

3/26/2025 - Senate Health and Provider Services, (Bill Scheduled for Hearing)

HB1466

VARIOUS AGENCY ADMINISTRATIVE PROCEDURES (MELTZER J) Provides that the department of natural resources is subject to the jurisdiction of the office of administrative law proceedings. Provides that the secretary of family and social services is the ultimate authority for Medicaid applicants and recipient eligibility appeals. Provides that in Medicaid applicant eligibility cases, except in certain circumstances, the order from the administrative law judge is final after 61 days without further affirmation from the ultimate authority. Provides that the review of certain professional disciplinary reviews are not subject to the office of administrative law proceedings. Sets forth the process to select a hearing officer for the professional disciplinary reviews. Makes changes to motor vehicle dealer services statutes to be consistent with the jurisdiction of the office of administrative law proceedings. Provides that the department of child services (DCS) is the ultimate authority of the review of decisions concerning residential child care base rates. Removes the duty of DCS to adopt rules concerning the administrative review by DCS of a proposed or approved substantiated report of child abuse or neglect, before or after an administrative hearing is available or conducted. Makes conforming changes. Makes technical corrections and conforming amendments required by HEA 1003-2024 concerning the office of administrative law proceedings.

Current Status: 3/31/2025 - Concurrences Eligible for Action

Recent Status: 3/27/2025 - Motion to concur filed

3/25/2025 - Third reading passed; Roll Call 288: yeas 47, nays 0

HB1474

FSSA MATTERS (BARRETT B) Adds additional duties to a workgroup currently organized concerning the pathways for aging risk based managed care program (program). Requires the office of the secretary of family and social services (office of the secretary) to do the following concerning the program: (1) Determine the base reimbursement rate, methodology, and reimbursement rates for provider payment by managed care organizations. (2) Conduct a claims review if claims are denied at a rate of at least 10%. (3) Post the claims reviews on the office of the secretary's website. (4) Conduct external medical reviews of prior authorization denials. Allows the office of the secretary to perform claims reviews of managed care organizations participating in the program. Requires a managed care organization participating in the program to do the following: (1) Contract with nursing facilities if certain conditions are met under the same terms. (2) Submit monthly reports for claims that had a denial rate of at least five percent in the previous month. (3) Pay minimum reimbursement rates to providers. (4) Pay interest on claims that are later determined to be clean claims. Sets forth the powers and duties of the office of the secretary concerning Medicaid home and community based services waivers. Requires a provider of services under a home and community based services waiver to follow any waiver requirements under federal law and developed by the office of the secretary. Establishes requirements for home and community based services waivers. Relocates provisions requiring reimbursement for assisted living services for individuals who are aged and disabled and receiving services under a Medicaid waiver. Specifies that: (1) these provisions apply to a home and community based services waiver that included assisted living services as an available services before July 1, 2025; (2) these provisions apply to an individual receiving services under a home and community based services waiver; and (3) reimbursement is required for certain services that are part of the individual's home and community based service plan. Relocates provisions establishing limitations concerning assisted living services provided in a home and community based services program. Relocates a provision requiring the office of the secretary to annually determine any state savings generated by home and community based services. Removes a provision allowing the division of aging to adopt rules concerning an appeals process for a housing with services establishment provider's determination that the provider is unable to meet the health needs of a resident and allows the office of the secretary to adopt rules concerning the appeals process. Requires an individual who provides attendant care services for compensation from Medicaid to register with

the office of the secretary. Removes the requirement that the division of aging administer programs established under Medicaid waivers for in-home services for treatment of medical conditions. Provides that provisions of law concerning the statewide waiver ombudsman apply to an individual who has a disability and receives services administered by the bureau of disabilities services. (Current law specifies that these provisions apply to an individual who has a developmental disability and receives services under the federal home and community based services program.) Specifies that these provisions do not apply to an individual served by the long term care ombudsman program. Changes references from "statewide waiver ombudsman" to "statewide bureau of disabilities services ombudsman". Requires the unit of services for the deaf and hard of hearing and the division (rather than the unit and the board of interpreters) to adopt rules creating standings for interpreters. Removes provisions concerning the board of interpreters. Repeals a provision providing that licensed home health agencies and licensed personal services agencies are approved to provide certain services under a Medicaid waiver granted to the state under federal law that provides services for treatment of medical conditions. Repeals language concerning a long term care services eligibility screen for purposes of the Community and Home Options to Institutional Care for the Elderly and Disabled program (CHOICE). Authorizes the division of disability and rehabilitative services to charge an authorized service provider that employs a direct service professional an annual fee. Establishes the direct support professional training program fund and appropriates money in the fund.

Current Status: 3/27/2025 - Committee Report amend do pass adopted; reassigned to Committee on Appropriations

Recent Status: 3/26/2025 - Senate Committee recommends passage, as amended Yeas: 8; Nays: 3
3/26/2025 - Senate Health and Provider Services, (Bill Scheduled for Hearing)

HB1666

OWNERSHIP OF HEALTH CARE PROVIDERS (MCGUIRE J) Requires reporting of certain ownership information by: (1) a hospital to the Indiana department of health (state department); (2) certain health care entities to the secretary of state; and (3) an insurer, a third party administrator, and a pharmacy benefit manager to the department of insurance. Requires the secretary of state and the department of insurance to provide the ownership information to the state department. Specifies that the ownership information is confidential and may not be disclosed under the law governing public records and public meetings. Amends the definition of "health care entity" for provisions governing health care entity mergers and acquisitions. Allows the office of the attorney general to investigate the market concentration of a health care entity.

Current Status: 3/25/2025 - Third reading passed; Roll Call 294: yeas 46, nays 1

Recent Status: 3/25/2025 - House Bills on Third Reading
3/24/2025 - Second reading amended, ordered engrossed

HB1689

HUMAN SERVICES MATTERS (CLERE E) Provides that provisions of law concerning the statewide waiver ombudsman apply to an individual who has a developmental disability and receives services administered by the bureau of disabilities services. (Current law specifies that these provisions apply to an individual who has a developmental disability and receives services under the federal home and community based services program.) Specifies that these provisions do not apply to an individual served by the long term care ombudsman program. Changes references from "statewide waiver ombudsman" to "statewide bureau of disabilities services ombudsman". Requires the office of the secretary of family and social services (office of the secretary) to prepare an annual report on the provision of Medicaid home and community based waiver services. Specifies the information that must be included in the report. Requires the office of the secretary to provide to the division of disability and rehabilitative services advisory council a report on the office of the secretary's plans to provide services to individuals who require extraordinary care.

Current Status: 3/3/2025 - Referred to Senate Health and Provider Services

Recent Status: 3/3/2025 - First Reading
2/11/2025 - Referred to Senate

SB1

PROPERTY TAX RELIEF (HOLDMAN T) Adds provisions to authorize a county fiscal body to adopt an ordinance to establish a property tax payment deferral program (program). Provides that a qualified individual participating in the program may defer the payment of part of the property taxes that would otherwise be due on a homestead. Defines "qualified individual". Provides that property taxes deferred under the program are due after the occurrence of a deferral termination event. Provides that the maximum amount of taxes that may be deferred cumulatively year over year may not exceed \$10,000. Amends a capitalization rate percentage under the statewide agricultural land base rate determination. Amends the percentage cap used to determine the maximum levy growth quotient (MLGQ) to equal: (1) 0% in 2026; (2) 1% in 2027; and (3) 2% in 2028. Beginning with property taxes first due and payable in 2029, amends the calculation of the MLGQ to provide a new methodology. Specifies that the MLGQ calculation is determined for the county and each civil taxing unit within the county based on specified criteria. Provides the calculation of the MLGQ for civil taxing units with territory in more than one county. Makes certain changes to the qualification requirements and credit amount for the over 65 circuit breaker credit and the property tax deduction for persons 65 years of age or older. Makes certain changes to the qualification requirements and deduction amount for the property tax deduction for disabled veterans who are either totally disabled or at least 62 years of age with a

partial disability. Establishes a property tax credit for an individual who is a first time home buyer for the first five consecutive calendar years in which the individual has property tax liability for the individual's homestead. Specifies the amount of the credit. Provides qualification requirements for the credit based on the individual's annual income and the homestead's assessed value. Provides that specified referendums may be placed on the ballot only at a general election. Amends the ballot language for controlled project, school operating, and school public safety referendums. Provides that a school corporation may not adopt a resolution to place a controlled project referendum on the ballot during the second calendar year after the final calendar year in which a previously approved controlled project referendum levy is imposed. Places restrictions on the issuance of certain general obligation bonds. Provides that, notwithstanding any growth in a political subdivision's assessed value in the previous year, a political subdivision's ad valorem property tax levy shall not exceed the ad valorem property tax levy for its last preceding annual budget, unless the fiscal body of the political subdivision adopts an affirmative tax rate and tax levy increase by ordinance following a separate public hearing. Requires a resulting decrease in tax rates for each political subdivision in which there was an increase in the political subdivision's assessed value in the previous year, subject to any affirmative tax rate and tax levy increase adopted by the fiscal body of the political subdivision. Phases out the authority for the department of local government finance to permit an excess tax levy that is based on assessed value growth, related to a revenue shortfall, school transportation costs, and other circumstances. Retains the provisions that permit an excess tax levy if the civil taxing unit cannot carry out its governmental functions and in the case of annexation. Creates a new referendum for all political subdivisions (but places additional restrictions on a school corporation's ability to use the referendum) to use to place a referendum on the ballot to impose a referendum tax levy for one year. Sets forth the procedures for holding the referendum. Specifies that a referendum using the procedure may be placed only on the ballot for a general election. Specifies the permissible uses of money collected from the referendum levy. Requires the department of local government finance to develop and maintain a property tax transparency portal through which taxpayers may: (1) compare the property tax liability in their current tax statement compared to their potential property tax liability based on changes under a proposed tax rate; and (2) provide taxpayer feedback to the department.

Current Status: 3/12/2025 - House Ways and Means, (Bill Scheduled for Hearing)

Recent Status: 3/5/2025 - House Ways and Means, (Bill Scheduled for Hearing)
3/3/2025 - Referred to House Ways and Means

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. 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: 3/20/2025 - added as cosponsor Representative Carbaugh

Recent Status: 3/20/2025 - Committee Report amend do pass, adopted
3/20/2025 - Recommitted to Committee on Ways and Means pursuant to House Rule 126.3

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 networks with the 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. Prohibits a health carrier and a pharmacy benefit manager from contracting to provide services under a policy of health insurance coverage if the health carrier has an ownership interest in the pharmacy benefit manager. Prohibits a pharmacy benefit manager from providing services under a policy of health insurance coverage for a health carrier that has an ownership interest in the pharmacy benefit manager. 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. Repeals a superseded provision relating to equal access and incentives to pharmacies within a pharmacy benefit manager's network.

Current Status: 3/25/2025 - House Insurance, (Bill Scheduled for Hearing)

Recent Status: 3/13/2025 - added as cosponsor Representative Campbell

- 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: 3/27/2025 - Senate concurred with House amendments; Roll Call 303: yeas 49, nays 0
Recent Status: 3/27/2025 - Senate concurred with House amendments;
 3/27/2025 - Senate Concurred in House Amendments (49-0)
- SB181 NURSE TRAINING IN TRAUMA INFORMED CARE (CRIDER M) Requires the state board of nursing to adopt or amend rules to require trauma informed care training as part of the required curriculum for nursing education programs.
Current Status: 3/11/2025 - House Public Health, (Bill Scheduled for Hearing)
Recent Status: 3/3/2025 - Referred to House Public Health
 3/3/2025 - First Reading
- SB371 WORKFORCE MATTERS (ROGERS L) Amends the definitions of "discharge for just cause", "employment", and "gross misconduct" for purposes of unemployment insurance. Provides that an unemployment claimant: (1) is required to verify their identity before a claim can be filed, and as a condition for continued eligibility; and (2) has the right to request a wage investigation and to appeal the results of the investigation to a liability administrative law judge. Allows an unemployment claimant or employing unit to appeal regarding the claimant's status as an insured worker. Requires that all hearings before an administrative law judge or the unemployment insurance review board concerning disputed unemployment claims be set as telephone hearings, unless an objection is made. Allows a disputed unemployment claim to be directly filed with a liability administrative law judge. Provides that administrative records of the department of workforce development (department) are self-authenticating and admissible in an administrative hearing. Provides that the department may release certain confidential records to the extent permitted by federal law. Makes certain changes regarding the reemployment service and eligibility assessment program. Makes various changes regarding extended unemployment benefits. Provides that repayment of a benefits overpayment may be waived if certain conditions are met. Alters certain fee and payment provisions. Removes or alters notice and delivery requirements and extends certain deadlines. Requires the department to issue a written notice of violation to a person who fails to comply with certain authorization requirements. Provides that the department may assess a civil penalty against a person under certain circumstances. Requires civil penalties collected by the department to be deposited in the proprietary educational institution authorization fund. Establishes the unemployment insurance modernization fund (fund). Requires the department to annually submit a report to the budget committee detailing the expenditures made from the fund during the previous state fiscal year. Makes conforming changes.
Current Status: 3/31/2025 - Senate Bills on Second Reading
Recent Status: 3/27/2025 - Committee Report amend do pass, adopted
 3/26/2025 - House Committee recommends passage, as amended Yeas: 23; Nays: 0
- SB409 EMPLOYEE ABSENCE FOR CERTAIN MEETINGS (POL R) Prohibits an employer from taking an adverse employment action against an employee as a result of the employee's absence from work to attend an attendance conference or a case conference committee meeting with respect to the employee's child, except under certain circumstances. Provides that an employer is not required to pay an employee for travel or attendance time with respect to a conference or meeting. Requires certain persons to provide documentation related to a conference or meeting under certain circumstances.
Current Status: 3/3/2025 - Referred to House Employment, Labor and Pensions
Recent Status: 3/3/2025 - First Reading
 2/20/2025 - added as coauthor Senator Jackson
- SB419 CRIMES AGAINST HEALTH CARE PROVIDERS (CARRASCO C) Defines "health care provider". Provides that the offense of battery is a Level 6 felony if it is committed against a health care provider, and a Level 5 felony if it is committed against a health care provider by placing bodily fluids or waste on the health care provider.
Current Status: 3/13/2025 - added as cosponsor Representative Olthoff
Recent Status: 3/3/2025 - Referred to House Courts and Criminal Code
 3/3/2025 - First Reading
- SB463 CHILD CARE MATTERS (CHARBONNEAU E) Extends the availability of the employer child care expenditure tax credit through July 1, 2027. Provides that under specified circumstances, an individual who: (1) is at least 15 years of age;

and (2) is a student at a school corporation that operates a child care program; may volunteer as a caregiver for the child care program before completing the statutory requirements for individuals to act as a volunteer caregiver at a child care program. Adds two representatives of out-of-school-time programs to the membership of the early learning advisory committee (ELAC). Provides that a licensed child care center may maintain for each of a specified range of ages: (1) a staff to child ratio that is greater than or equal to the lowest staff to child ratio allowed for that age range under the laws of Illinois, Kentucky, Michigan, and Ohio (bordering states); and (2) a group size that is less than or equal to the highest group size allowed for that age range under the laws of the bordering states. Provides exceptions to the bill's group size provisions for: (1) an indoor or outdoor area of a child care center that provides at least 75 square feet of space per child; and (2) a child care center's cafeteria. Requires the office of the secretary of family and social services (office) to post on the office's website not later than December 1 of each year the staff to child ratio and group size that a licensed child care center may maintain for the next calendar year. Provides that if the office has received at least five applications from child care providers wishing to participate in the micro center pilot program (pilot program) but has selected less than five applicants for participation in the pilot program, the office shall select additional applicants for participation in the pilot program such that at least five child care providers are participating in the pilot program. Establishes the local child care assistance program (grant program) for the purpose of providing a county with assistance in expanding the availability of child care in the county and provides the following with regard to the grant program: (1) That the office shall administer the grant program and may provide matching grants to a county participating in the grant program. (2) That a county that wishes to receive a matching grant must enter into a memorandum of understanding with office regarding the purposes for which the county may use the matching grant. (3) That a county that receives a matching grant under the grant program must report specified information to the office. (4) That the office must submit an annual report to the legislative council regarding the grant program. Allows the office to adopt interim rules to implement recommendations issued by ELAC.

Current Status: 3/27/2025 - Recommitted to Committee on Ways and Means pursuant to House Rule 126.3

Recent Status: 3/27/2025 - Committee Report amend do pass, adopted
3/26/2025 - House Committee recommends passage, as amended Yeas: 9; Nays: 3

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 requiring a program's medical director to have admitting privileges at a hospital. 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.) Requires the Indiana department of health (state department) to establish a home health aide registry. (Current law includes home health aides on the nurse aide registry.) Transfers the authority to administer the nurse aide registry from the state department to the nursing commission. Sets forth requirements on facilities in employing nurse aides. Specifies the definition of "nurse aide" for purposes of an administrative rule. Modifies the criminal penalties that prohibit an individual from providing nurse aide services or otherwise being employed by a health care facility. Makes changes to the release of medical information statute with references to federal regulations. Modifies the duties of the center for deaf and hard of hearing education. Adds provisions regarding "parent navigators" and specifies the role of parent 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 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. Requires a nursing program to offer a clinical experience for clinical hours in a hospital and a health facility setting. Establishes the nursing commission and sets forth the commission's duties, including the certification of nurse aides and qualified medication aides and the administration of the certified nurse aide registry. Repeals the state department's administration of the certified nurse aide registry.

Current Status: 3/25/2025 - House Public Health, (Bill Scheduled for Hearing)

Recent Status: 3/3/2025 - Referred to House Public Health
3/3/2025 - First Reading

SB475

PHYSICIAN NONCOMPETE AGREEMENTS (BUSCH J) Provides that beginning July 1, 2025, a physician and an employer may not enter into a noncompete agreement.

Current Status: 3/17/2025 - added as cosponsor Representative Cash

Recent Status: 3/3/2025 - Reassigned to Committee on Employment, Labor and Pensions
3/3/2025 - Referred to House Public Health

- SB480 PRIOR AUTHORIZATION (JOHNSON T) Sets forth requirements for a utilization review entity that requires prior authorization of a health care service. Provides that a claim for reimbursement for a covered service or item provided to a certain individual 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: 3/25/2025 - House Insurance, (Bill Scheduled for Hearing)
Recent Status: 3/3/2025 - Referred to House Insurance
3/3/2025 - First Reading
- SB486 FAMILY AND SOCIAL SERVICES MATTERS (CHARBONNEAU E) Requires a sheriff to assist an individual who: (1) has been incarcerated for at least 30 days in a: (A) county jail; (B) community based correctional facility for children; (C) juvenile detention facility; or (D) secure facility other than a child caring institution; and (2) is eligible for Medicaid; in applying for Medicaid before the individual's release from the facility. Provides that if a child loses Medicaid coverage while confined in a juvenile detention facility or secure facility, the division of family resources shall, upon receiving notice that the child will be released, take action necessary ensure that the child is eligible to receive specified federally mandated services for 30 days before and after the child's release. Requires an insurer to respond within 60 days to an inquiry from the office of Medicaid policy and planning regarding a Medicaid claim that is made within three years from the date on which the service that is the subject of the claim was provided. Provides that an insurer other than Medicare, Medicare Advantage, or Medicare Part D may not deny a Medicaid claim solely due to lack of prior authorization in accordance with federal Medicaid law. Provides that the requirement that an individual who receives payment for medical expenses from Medicaid must cede to the state the individual's rights to third party payment for the medical expenses extends to settlement amounts for both past medical expenses and rights to payment of future medical expenses. Amends the duties, membership, and terms of office of the Medicaid advisory commission. Creates the Medicaid beneficiary advisory commission. Repeals a provision requiring that employees of a child care provider be tested for tuberculosis in order for the child care provider to be eligible to receive voucher payments under the federal Child Care and Development Fund program. Provides the following with regard to a licensed child care center, licensed child care home, or registered child care ministry (child care provider): (1) Requires all employees of a child care provider to be trained in pediatric first aid and pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care provider. (2) Requires at least one adult who is certified in pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care provider to be present at all times when a child is in the care of the child care provider. Amends the membership of the division of mental health and addiction planning and advisory council.
Current Status: 3/24/2025 - Signed by the President Pro Tempore
Recent Status: 3/20/2025 - Third reading passed; Roll Call 295: yeas 91, nays 0
3/20/2025 - added as cosponsor Representative Lauer
- SB488 SKILLS TRAINING PILOT PROGRAM (BROWN L) Provides that the department of workforce development may establish a reemployment skills training pilot program (pilot program) to supplement an individual's receipt of weekly unemployment benefits. If a pilot program is established, would establish a reemployment skills training pilot program fund for the purpose of funding the program. Specifies program requirements for participants and eligible providers.
Current Status: 3/20/2025 - added as cosponsor Representative Cash
Recent Status: 3/20/2025 - Recommitted to Committee on Ways and Means pursuant to House Rule 126.3
3/20/2025 - Committee Report do pass, adopted