

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. Repeals a provision allowing the department of administration to enter into a lease with the Indiana historical society (society) for use of a building. Requires the director of the budget agency to make a written determination that funds are not appropriated or otherwise available to support continuation of the performance of any contract or lease with the society. Establishes the primary care access revolving fund for the purpose of making loans to primary care medical practices in Indiana. 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 a sales and use tax exemption period for three days in January and in August of each year for the following items: (1) School supplies. (2) Clothing, including shoes. (3) Computers and computer accessories. (4) Learning aids. (5) Sports and recreational equipment to be used by an individual who is not more than 18 years of age. Provides a sales and use tax exemption period for seven days in May of each year for the following items: (1) Bicycles and accessories. (2) Fishing supplies. (3) Hiking supplies. (4) Hunting supplies. Requires the department of state revenue to calculate an annual adjusted gross income tax exemption index factor to be used in determining certain exemption amounts for purposes of calculating an individual's adjusted gross income each taxable year. Provides an adjusted gross income tax deduction for retirement benefits, phased in over four years. Exempts tips received by an individual employed in a service-providing industry occupation from the adjusted gross income tax. 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. Provides an adjusted gross income tax credit for retired farmers who sell or lease farmland or sell livestock to a qualified beginning farmer. Requires the treasurer of state to establish a long term care savings account program that allows an individual to save for long term care expenses. Provides an adjusted gross income tax deduction for contributions made to an individual's long term care savings account during a taxable year. Provides an adjusted gross income tax deduction for long term care insurance premiums paid during the taxable year. Requires the treasurer of state to establish a farm savings account program that allows an individual to save for farming related expenses. Provides an adjusted gross income tax deduction for contributions made to an individual's farm savings account during a taxable year. Establishes the local child care assistance program for the purpose of providing a county with assistance in expanding the availability of child care in the county, including by providing matching grants. 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 and eligibility for the education scholarship account. Provides that an individual may continue to participate in the career scholarship program after graduating, receiving an Indiana high school equivalency diploma, or obtaining a certificate of completion if the individual: (1) participated in the career scholarship program or the education savings account program while enrolled in grade 10, 11, or 12 in Indiana; (2) was a student with a disability at the time the account was established who required special education and for whom an individualized education program, a service plan, or a choice special education plan was developed; and (3) is less than 22 years of age. Establishes the Hoosier workforce upskill program to provide grants to eligible employers for reimbursement of training expenses. Establishes the public prosecution fund to provide county reimbursement of compensation paid to deputy prosecuting attorneys and other administrative expenses. 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: 1/21/2025 - Referred to House Ways and Means

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Coauthored by Representatives Porter and Snow

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, and duplicate billing. 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 the attorney general may designate investigators employed within the MFCU to be law enforcement officers of the state. 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 long term care risk based managed care program. Requires the Indiana department of health (state department) to: (1) develop standards for medical record interoperability and medical data security; and (2) mandate compliance with the standards by any when billing for a prescription drug obtained under the program. Allows the

state department to: (1) enforce; and (2) assess a civil penalty for violations of; these provisions. Allows: (1) a manufacturer to provide; and (2) a patient to receive; individualized investigational treatment if certain conditions are met. Sets forth disclosures. 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. Requires good faith estimates for health care services, issued before July 1, 2027, 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, 2027, to be provided immediately. 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. (Current law allows the practitioner to obtain additional reimbursement if certain conditions are met.) 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. Specifies billing and payment requirements. Removes language concerning the disclosure of a trade secret from provisions that allow for a health plan sponsor to access and audit claims data. Specifies certain provisions that may not be included in a health provider contract after June 30, 2025. Prohibits a health plan from rescinding a prior authorization that the health plan has previously approved. Requires a health plan to ensure that any denial of a request for prior authorization is made by a health care provider that meets the same credentialing requirements as the health care provider who requested the prior authorization. Provides that an insurer or a health maintenance organization may not deny a claim for reimbursement for a covered service or item on the basis that the referring provider is a direct primary care provider or an independent physician and out of network. 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 90 days or until the physician is fully credentialed, whichever is earlier. Requires the state department to study ways in which to expand and improve access to and the interoperability of electronic health information and provide a report with recommendations to the general assembly.

Current Status: 2/4/2025 - House Insurance, (Bill Scheduled for Hearing)

Recent Status: 1/28/2025 - House Insurance, (Bill Scheduled for Hearing)
1/21/2025 - Referred to House Insurance

HB1011 END OF LIFE OPTIONS (PIERCE M) Allows individuals with a terminal illness who meet certain requirements to make a request to an attending provider for medication that the individual may self-administer to bring about death. Specifies requirements a provider must meet in order to prescribe the medication to a patient. Prohibits an insurer from denying payment of benefits under a life insurance policy based upon a suicide clause in the life insurance policy if the death of the insured individual is the result of medical aid in dying. Establishes a Level 1 felony if a person: (1) without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication with the intent or effect of causing the individual's death; or (2) knowingly or intentionally coerces or exerts undue influence on an individual to request medication to bring about death or to destroy a rescission of a request for medication to bring about death. Establishes a Class A misdemeanor if a person, without authorization of the patient, willfully alters, forges, conceals, or destroys a request for medication or a rescission of a request for medication in order to affect a health care decision by the individual. Establishes certain criminal and civil immunity for health care providers.

Current Status: 1/8/2025 - Referred to House Public Health

Recent Status: 1/8/2025 - First Reading
1/8/2025 - Authored By Matt Pierce

HB1023 MEDICAID WORK REQUIREMENTS (SLAGER H) Sets forth work requirements for certain individuals in order to be eligible for Medicaid. Provides exceptions. Requires the office of the secretary of family and social services to apply for any state plan amendment or Medicaid waiver necessary and to continue to apply for the plan amendment or waiver if the plan amendment or waiver is denied by the United States Department of Health and Human Services.

Current Status: 1/9/2025 - added as coauthor Representative McGuire

Recent Status: 1/8/2025 - Referred to House Public Health
1/8/2025 - First Reading

HB1048 PERSONAL ALLOWANCE FOR FACILITY RESIDENTS (SHACKLEFORD R) Increases the personal allowance for residential care recipients and Medicaid recipients from \$52 to \$100.

Current Status: 1/8/2025 - Referred to House Public Health

Recent Status: 1/8/2025 - First Reading
1/8/2025 - Authored By Robin Shackelford

HB1116 ADVANCED PRACTICE REGISTERED NURSES (LEDBETTER C) Removes the requirement that an advanced practice registered nurse (APRN) have a practice agreement with a collaborating physician. Removes a provision requiring an APRN to operate under a collaborative practice agreement or the privileges granted by a hospital governing board. Removes certain provisions concerning the audit of practice agreements. Allows an APRN with prescriptive authority to

prescribe a schedule II controlled substance for weight reduction or to control obesity. Makes conforming changes.

Current Status: 1/21/2025 - added as coauthor Representative Sweet

Recent Status: 1/8/2025 - Referred to House Public Health
1/8/2025 - First Reading

- HB1151 ADVANCED PRACTICE REGISTERED NURSES (LEDBETTER C) Adds two additional members to the Indiana state board of nursing (board) and changes the required qualifications for certain members. Amends the definition of "certified registered nurse anesthetist". Adds the following definitions: (1) "Certified nurse midwife". (2) "Clinical nurse specialist". (3) "Nurse practitioner". Specifies that a license to practice as an advanced practice registered nurse expires on October 31 in each odd-numbered year. Makes conforming changes.
- Current Status:* 1/13/2025 - added as coauthors Representatives Hostettler and Bauer
Recent Status: 1/8/2025 - Coauthored by Representative Barrett
1/8/2025 - Referred to House Public Health
- HB1160 STUDENT IMMUNIZATIONS (CASH B) Provides that a student enrolled in a health profession education program may not be required to receive an immunization as a condition of: (1) participating in; or (2) obtaining; clinical training or clinical experience required by the program when the student has a medical or religious exemption. Allows a student to bring a civil action against an entity for a violation of these provisions. Amends the definition of "documentation of exemption" for purposes of provisions governing immunization requirements at state educational institutions. Provides that a student may not be required to provide specific information regarding the student's religious objection.
- Current Status:* 1/27/2025 - added as coauthor Representative Sweet
Recent Status: 1/8/2025 - Coauthored by Representatives Carbaugh and McGuire
1/8/2025 - Referred to House Education
- HB1161 LICENSURE OF HOME HEALTH AIDES (SHACKLEFORD R) Provides for the licensure of home health aides by the Indiana department of health (state department). Establishes certain training and competency evaluation requirements for licensed home health aides. Requires the state department to include licensed home health aides in the registry of nurse aides. Makes a technical correction.
- Current Status:* 1/8/2025 - Referred to House Public Health
Recent Status: 1/8/2025 - First Reading
1/8/2025 - Authored By Robin Shackelford
- HB1168 EXEMPTION FROM CERTAIN HEALTH CARE MANDATES (LUCAS J) Prohibits an individual from being required to: (1) inject; (2) receive an injection of; (3) ingest; (4) inhale; or (5) otherwise incorporate; a qualified substance into the individual's body. Defines "qualified substance".
- Current Status:* 1/8/2025 - Referred to House Public Health
Recent Status: 1/8/2025 - First Reading
1/8/2025 - Authored By Jim Lucas
- HB1170 ELIMINATION OF GUN-FREE ZONES (LUCAS J) Provides, with some exceptions, that beginning July 1, 2025, the state of Indiana may not regulate: (1) firearms, ammunition, and firearm accessories; and (2) the ownership, possession, carrying, transportation, registration, transfer, and storage of firearms, ammunition, and firearm accessories. Specifies that a certain provision of an ordinance, measure, enactment, rule, policy, or exercise of proprietary authority is void. Provides that a person not otherwise prohibited from carrying or possessing a firearm under federal or state law may carry or possess a firearm, without restriction, on certain property affiliated with the following state agencies beginning July 1, 2025: (1) The department of natural resources. (2) The state fair commission. (3) The department of administration. (4) The department of workforce development. Prohibits, with some exceptions, a state educational institution (institution) from regulating the possession or transportation of firearms, ammunition, or firearm accessories in particular places. Allows a person to bring an action against an institution if the person is adversely affected by certain rules concerning firearms.
- Current Status:* 1/8/2025 - Referred to House Public Policy
Recent Status: 1/8/2025 - First Reading
1/8/2025 - Authored By Jim Lucas
- HB1202 MEDICAID COVERAGE FOR TREATMENT OF OBESITY (SHACKLEFORD R) Requires Medicaid coverage for the treatment of obesity, including specified services and medication approved by the federal Food and Drug Administration. Requires written notice regarding the coverage to be provided annually to Medicaid recipients, providers, and prescribers.
- Current Status:* 1/8/2025 - Referred to House Public Health
Recent Status: 1/8/2025 - First Reading

- HB1205 FERTILITY INSURANCE COVERAGE (BAUER M) Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide coverage for fertility preservation services. Requires a state employee health plan, a policy of accident and sickness insurance, and a health maintenance organization contract to provide coverage for fertility treatment if certain conditions are satisfied.
Current Status: 1/8/2025 - Referred to House Insurance
Recent Status: 1/8/2025 - First Reading
1/8/2025 - Authored By Maureen Bauer
- HB1229 LOCAL GOVERNMENT FINANCE (PRESCOTT J) Abolishes the assessment of tangible property after December 31, 2025, and the imposition of property taxes after December 31, 2026. Provides that a political subdivision may not issue any new bonds, notes, or warrants, or enter into any leases or obligations to be paid from property tax revenue, or that include a pledge to levy property taxes if other funds are insufficient. Provides that: (1) no property tax increment financing district or allocation area may be established, amended, or renewed; and (2) no bonds, leases, or other obligations may be issued, entered into, or extended for a property tax increment financing district or allocation area. Provides that a school corporation may impose an annual fee to replace the loss of revenue previously collected by the school corporation from the imposition of an operating referendum tax levy or school safety referendum tax levy. Prescribes procedures for the fixing and reviewing of a political subdivision's budget. Prohibits the imposition of new levies for controlled projects, operating referenda, and school safety referenda. Abolishes the offices of county assessor and township assessor. Extends the sales and use tax application to transactions involving services, except for health or mental health services (including insurance premiums for policies covering these services) and services provided for charitable tax exempt purposes. Establishes the local revenue sharing fund (fund) into which revenue from the portion of revenue from the extended sales and use tax is to be deposited. Requires the state comptroller to distribute to taxing units the portion of all the state sales and use tax revenue attributable to services from the fund. Continually appropriates money from the fund. Requires the legislative services agency to prepare legislation for introduction in the 2026 regular session of the general assembly to make appropriate required changes in statutes. Makes corresponding changes.
Current Status: 1/27/2025 - added as coauthor Representative Payne
Recent Status: 1/9/2025 - Referred to House Ways and Means
1/9/2025 - First Reading
- HB1262 HOME AND COMMUNITY BASED SERVICES WAIVERS (GREENE R) Requires the office of the secretary of family and social services to apply to the United States Department of Health and Human Services for an amendment to each home and community based services Medicaid waiver to exclude the income and resources of a spouse when determining an individual's eligibility for the waiver.
Current Status: 1/9/2025 - Referred to House Public Health
Recent Status: 1/9/2025 - First Reading
1/9/2025 - Authored By Robb Greene
- HB1300 WAGE HISTORY AND WAGE RANGE (ERRINGTON S) Prohibits, with certain exceptions, an employer from relying on the wage history of an applicant in the hiring process and in determining wages. Prohibits an employer from failing or refusing to: (1) disclose the wage or wage range and a general description of benefits in a posting for a job, promotion, transfer, or other employment opportunity; and (2) provide an employee with the current wage or wage range and a general description of the benefits upon hire, promotion, transfer, and the employee's request. Prohibits an employer from retaliating against an applicant under the wage history provisions and an applicant or employee under the wage range provisions. Provides that an applicant or employee may file a complaint alleging a violation with the department of labor (department), or the department on its own may initiate an investigation and file a complaint alleging a violation. Sets forth civil penalties for a violation. Requires the department to provide a list of employers that have four or more violations to the office of the chief equity, inclusion, and opportunity officer (office). Requires the office to post the list on the equity data portal.
Current Status: 1/13/2025 - Referred to House Employment, Labor and Pensions
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Authored By Sue Errington
- HB1308 NUTRITION SUPPORTS MEDICAID WAIVER (ANDRADE M) Requires the office of the secretary of family and social services to apply, not later than October 1, 2025, for approval of a Section 1115 Medicaid demonstration waiver or any other Medicaid waiver to provide coverage for nutrition supports for specified individuals.
Current Status: 1/13/2025 - Coauthored by Representatives Ledbetter, Pfaff, Shackelford
Recent Status: 1/13/2025 - Referred to House Public Health
1/13/2025 - First Reading

- HB1334 UNBORN CHILDREN (SWEET L) Modifies the definition of "human being" in the criminal code to include an unborn child. Removes applicability language concerning certain abortions in the wrongful death or injury of a child statutes. Clarifies the duress defense relating to culpability. Repeals the section that provides that the homicide chapter does not apply to certain abortions. Removes language from the murder, manslaughter, and involuntary manslaughter statutes regarding intentionally killing a fetus. Repeals the crime of feticide. Repeals the section that concerns the applicability of certain crimes related to abortion, the termination of a pregnancy, or the killing of a fetus. Provides that the homicide and battery chapters apply to a victim who is an unborn child.
Current Status: 1/27/2025 - added as coauthor Representative Payne
Recent Status: 1/13/2025 - Referred to House Courts and Criminal Code
1/13/2025 - First Reading
- HB1338 EMPLOYMENT AND VACCINATIONS (BORDERS B) Provides that an employer may require an immunization only if the employer respects the employee's right to refuse an immunization. Provides that an employee shall be free from coercion or an adverse action based on the employee's refusal of an immunization. Requires an employer that offers an immunization at no cost to an employee to provide certain notice to the employee. Provides that a violation may be reported to the department of labor (department). Requires the department to impose a civil penalty of \$5,000 per incident. Allows an employee to bring a civil action against an employer to enforce the provisions. Repeals provisions concerning exemptions from COVID-19 immunization requirements. Makes a corresponding change.
Current Status: 1/13/2025 - Referred to House Employment, Labor and Pensions
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Authored By Bruce Borders
- HB1364 MINIMUM WAGE (DVORAK R) Provides that, for any work week beginning on or after July 1, 2025, the minimum wage paid to certain employees is 0.008% of the governor's annual salary. (Under current law, the minimum wage is \$7.25 per hour.)
Current Status: 1/13/2025 - Referred to House Employment, Labor and Pensions
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Authored By Ryan Dvorak
- HB1372 PROHIBITED DISCRIMINATORY PRACTICES (BOY P) Prohibits discrimination based upon an individual's status as an active member of the armed forces, gender identity, or sexual orientation. Expands nondiscriminatory public policies of the state to include sex, gender identity, sexual orientation, and national origin as protected classes.
Current Status: 1/13/2025 - Referred to House Judiciary
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Coauthored by Representative Errington
- 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: 2/3/2025 - House Bills on Third Reading
Recent Status: 1/30/2025 - House Bills on Third Reading
1/29/2025 - Second reading ordered engrossed
- 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). Allows a local area agency on aging (area agency) to conduct certain: (1) outreach and education activities; and (2) evidence based activities and programs. Requires the division of aging (division) to develop and implement a process to reimburse an area agency from CHOICE funding for conducting these activities. Requires the division to reimburse an area agency in accordance with this process. Prohibits the division from requiring a CHOICE provider to be certified under a Medicaid waiver program. 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. 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.
Current Status: 1/13/2025 - Referred to House Public Health
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Coauthored by Representatives Ledbetter, Goss-Reaves, Shackelford
- HB1400 TAX CREDIT FOR PRECEPTORS IN MEDICAL EDUCATION (MANNING E) Provides a credit against the state tax

liability of a qualified clinician (preceptor) in medical education who provides to a student in a particular taxable year, in return for no compensation as a preceptor, at least 140 hours of personalized instruction or training related to the student's clinical rotations required to obtain a professional degree. Provides that the amount of the credit allowable is equal to the lesser of: (1) \$1,000 for each clinical rotation for which the qualified taxpayer provided the required instruction or training during the taxable year; or (2) \$12,000 per taxable year.

Current Status: 1/13/2025 - Referred to House Ways and Means

Recent Status: 1/13/2025 - First Reading

1/13/2025 - Authored By Ethan Manning

HB1418 EMPLOYING AN UNAUTHORIZED ALIEN (LUCAS J) Requires certain employers to use the E-Verify program to verify the work eligibility status of all employees of the employer hired after June 30, 2025. Prohibits an employer from intentionally doing the following: (1) Employing an unauthorized alien. (2) Entering a contract, subcontract, or an independent contractor agreement with a person: (A) to obtain the labor of an unauthorized alien in Indiana; or (B) that employs or contracts with an unauthorized alien. Specifies a process by which an individual may submit a complaint alleging a violation of these prohibitions. Requires the attorney general or the prosecuting attorney to: (1) investigate the complaint; (2) make a determination on the complaint; and (3) if the determination is made that the complaint is not false and frivolous, provide notice of the unauthorized alien to certain entities. Requires the prosecuting attorney to bring an action against the employer if the determination is made that the complaint is not false and frivolous. Specifies what the court must order if the court finds that an employer committed a violation. Specifies defenses and a rebuttable presumption.

Current Status: 1/13/2025 - Coauthored by Representative Prescott

Recent Status: 1/13/2025 - Referred to House Employment, Labor and Pensions

1/13/2025 - First Reading

HB1430 EMPLOYEE CHILD CARE ASSISTANCE PARTNERSHIP PROGRAM (DANT CHESSER W) Establishes the employee child care assistance partnership program. Makes an appropriation.

Current Status: 1/21/2025 - Referred to House Family, Children and Human Affairs

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Authored By Wendy Dant Chesser

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. Provides that in regulating the licensure of hospitals, the state department shall use the most recent version of specified publications for purposes of enforcement. Requires the state department to list the current version of each publication on its website for at least 180 days before the state department may take action using a new version. 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. Amends the membership of the statewide child fatality review committee.

Current Status: 1/21/2025 - Referred to House Public Health

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Authored By Brad Barrett

HB1464 LANGUAGE INTERPRETATION IN HEALTH CARE SETTINGS (SUMMERS V) Requires the office of the secretary of family and social services to, subject to federal approval, provide Medicaid reimbursement for certified medical interpretation services for Medicaid recipients who have limited English proficiency when receiving Medicaid covered

services from a Medicaid provider. Requires the establishment of a community advisory committee.

Current Status: 1/21/2025 - Referred to House Public Health

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Authored By Vanessa Summers

HB1474

FSSA MATTERS (BARRETT B) Sets forth the powers and duties of the office of the secretary of family and social services (office of the secretary) concerning Medicaid home and community based services waivers. Defines "home and community based services waiver". 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". Allows the division of disability and rehabilitative services (division) to charge each authorized service provider that employs a direct service professional an annual fee. Establishes the direct support professional training program fund (fund). Provides that the annual service provider fees collected by the division shall be deposited into the fund and may only be used for specified purposes. 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 provisions requiring the division of aging to submit a plan, before October 1, 2017, to the general assembly to expand the scope and availability of home and community based services for individuals who are aged and disabled. Makes conforming amendments. Makes a continuing appropriation.

Current Status: 1/21/2025 - Referred to House Public Health

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Authored By Brad Barrett

HB1475

HOSPICE PROGRAM FOR VETERANS (PACK R) Requires the Indiana Veterans' Home, not later than July 1, 2026, to establish a hospice program for veterans.

Current Status: 1/21/2025 - Referred to House Veterans Affairs and Public Safety

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Authored By Renee Pack

HB1519

WORKFORCE HOUSING ASSISTANCE PROGRAM (MILLER D) Establishes the workforce housing assistance program (program). Establishes the workforce housing assistance revolving fund (fund) and continuously appropriates money in the fund to provide loans to eligible borrowers in connection with the purchase of residential property to be used for any combination of the following expenses: (1) Down payment assistance. (2) Payment of closing costs. (3) Payment for renovations. (4) Funding a permanent interest rate buydown. Provides that the Indiana housing and community development authority (IHCD) shall administer the program and the fund. Defines an "eligible borrower" as a first time home buyer whose household income does not exceed 160% of the county's area median income in which the eligible borrower intends to purchase residential property. Defines a "first time home buyer" as an individual who has not, at any time during the three years preceding the date of the mortgage loan closing, had a present ownership interest in residential property. Defines "residential property" as the real property, including a single family dwelling together with any other improvements on the real property, sought to be purchased, in part, with the proceeds of a loan made from the fund by an eligible borrower for use as the eligible borrower's principal residence. Allows the IHCD to determine the amount of the loan that may be made from the fund to an eligible borrower. Specifies the

criteria that the IHCD must use in making loans from the fund to eligible borrowers, including the term of the loan, the loan's status as a second mortgage secured by a lien in favor of the IHCD, and the maximum rate of interest for the loan. Requires the executive director of the IHCD to prepare an annual report on the fund's activities for the legislative council and the budget committee. Defines "community development financial institution". Provides that at least 5% of the money in the workforce housing assistance revolving fund must be set aside to be used for down payment assistance by a person accessing a first mortgage from an Indiana based community development financial institution.

Current Status: 1/30/2025 - added as coauthor Representative Hatcher

Recent Status: 1/28/2025 - added as coauthor Representative Moed

1/28/2025 - added as coauthor Representative Abbott

HB1586 MEDICAID FUNDING (BARRETT B) Makes changes in Medicaid payment formulas and assessment of the hospital assessment fee. Extends the law governing the hospital assessment fee to June 30, 2027. Authorizes a managed care organization assessment fee.

Current Status: 1/30/2025 - added as coauthor Representative Goss-Reaves

Recent Status: 1/27/2025 - added as coauthor Representative Manning

1/27/2025 - Recommitted to the Committee on Ways and Means pursuant to House Rule 126.3

HB1588 LONG TERM CARE SAVINGS ACCOUNTS (BARRETT B) Establishes the primary care access revolving fund (fund) for the purpose of making loans to primary care medical practices in Indiana. Specifies the purposes for which money in the fund may be loaned. Provides that the Indiana finance authority shall administer the fund. Requires the Indiana economic development corporation (IEDC) to transfer \$15,000,000 to the fund from the amount appropriated to the IEDC by the general assembly in the 2025-2026 state fiscal year. Increases the employee threshold for purposes of eligibility for the health reimbursement arrangement income tax credit. Increases the maximum amount of tax credits that may be granted in a year. Specifies the procedure for claiming the credit. Allows an employer to establish a long term care savings account program that allows an employee to save with favorable tax treatment for services required when the employee's or the employee's dependents' functional capacities become chronically impaired due to advanced age or other circumstances. Expands the physician practice ownership tax credit (tax credit) against state tax liability to practicing physicians (instead of only primary care physicians) who have an ownership interest in a physician practice and meet other eligibility criteria. Requires a taxpayer claiming the tax credit to certify that each physician with an ownership interest provides health care services to patients. Provides that the total amount of tax credits awarded in a state fiscal year may not exceed \$20,000,000.

Current Status: 1/21/2025 - Referred to House Ways and Means

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Authored By Brad Barrett

HB1592 SERVICES FOR THE AGED AND DISABLED (BARRETT B) Allows the office of the secretary of family and social services (office) to reimburse a Medicaid provider for providing functional assessments if the provider completed training approved by the office. Prohibits the office from restricting access to certain assisted living services by establishing a Medicaid waiver wait list or any other method if there are available waiver slots. Requires the office to apply for additional waiver slots when the slots are all filled in a manner that is sufficient to complete the state fiscal year without implementing a wait list. Requires the office to reimburse for home and community based services from the date of the individual's application. Requires the office to apply to the federal government for: (1) an amendment to the aged and disabled Medicaid waiver concerning functional eligibility determinations and reimbursement within a specified time; and (2) a new Medicaid waiver to provide assisted living services. Repeals language concerning reporting of the development of a long term care risk based managed care program (program). Requires the office to include certain provisions in a contract for the program. Specifies requirements of an entity contracting with the office to participate in the program. Requires the office to develop and implement clinical and quality of life measures and allow provider owned entities to participate in the program. Allows the office to audit claims or data concerning the program and post the audit findings on the office's website. Allows the office to take administrative action against a contracted entity for violations. Sets forth claim submission and processing requirements for the program. Repeals the temporary emergency financial assistance program.

Current Status: 1/21/2025 - Referred to House Public Health

Recent Status: 1/21/2025 - First Reading

1/21/2025 - Coauthored by Representative Karickhoff

HB1625 PROHIBITION ON NONCOMPETE AGREEMENTS (JUDY C) Prohibits an individual, person, or other entity from entering into a noncompete agreement after June 30, 2025.

Current Status: 1/21/2025 - Referred to House Employment, Labor and Pensions

Recent Status: 1/21/2025 - First Reading

- HB1632 HEALTH CARE ENTITY MERGERS (SMALTZ B) Requires a health care entity that is involved in a merger or acquisition to disclose additional information. Allows the office of the attorney general to assess a health care entity with a civil penalty for noncompliance with the merger and acquisition notice.
Current Status: 1/21/2025 - Referred to House Public Health
Recent Status: 1/21/2025 - First Reading
1/21/2025 - Coauthored by Representatives Barrett and Gore
- 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 apply for an amendment to a home and community based services Medicaid waiver to: (1) establish a new and proportional reimbursement level for a structured family caregiving service arrangement; and (2) subject to specified conditions, allow a legally responsible individual to provide home and community based waiver services to a Medicaid recipient.
Current Status: 1/21/2025 - Coauthored by Representatives Porter, Behning, Pryor
Recent Status: 1/21/2025 - Referred to House Public Health
1/21/2025 - First Reading
- SB1 PROPERTY TAX RELIEF (HOLDMAN T) Amends the homestead standard deduction amount to equal either: (1) 60% of the homestead's assessed value (AV), in the case of a homestead with an AV that exceeds \$125,000; or (2) \$48,000 plus 60% of the remaining AV, in the case of a homestead with an AV of \$125,000 or less. Repeals the supplemental homestead deduction. Provides a maximum property tax liability credit for all taxable real property. Specifies the credit amount for homesteads and specifies the credit amount for all other taxable property. Provides that a referendum on a controlled project may be held only at a general election occurring in an even-numbered year, if the preliminary determination to issue bonds or enter into a lease for the controlled project is made after June 30, 2025. Provides that a referendum for a school operating referendum tax levy and school safety referendum tax levy may be held only at a general election occurring in an even-numbered year, if the resolution to hold the referendum is adopted after June 30, 2025. Makes a change to the language for a school operating levy referendum to include the estimated increase to the school corporation's property tax 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. Makes corresponding changes. Makes technical corrections.
Current Status: 2/4/2025 - Senate Tax and Fiscal Policy, (Bill Scheduled for Hearing)
Recent Status: 1/30/2025 - added as coauthors Senators Gaskill, Rogers, Buchanan, Johnson T
1/30/2025 - added as third author Senator Baldwin
- 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 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. Requires the office to apply for an amendment to the state Medicaid plan to remove certain individuals from the state plan.
Current Status: 1/30/2025 - added as coauthor Senator Raatz
Recent Status: 1/16/2025 - Senate Appropriations, (Bill Scheduled for Hearing)
1/14/2025 - Referred to Senate Appropriations
- SB29 VOLUNTARY FAMILY LEAVE INSURANCE PROGRAM (RANDOLPH L) Requires the department of insurance (department) to establish, not later than January 1, 2026, a voluntary family leave insurance program (program) for the purpose of providing benefits to employees who elect to participate in the program. Sets forth requirements for

the program. Allows the department to contract with an outside vendor to administer the program. Requires the department, not later than November 1, 2025, to submit a report to the legislative council and the budget committee concerning the proposed program. Establishes the voluntary family leave insurance program trust fund (trust fund) for the purpose of paying program benefits. Provides that the trust fund consists of employer or employee contributions, appropriations from the general assembly, and money received from any other source. Provides that certain employers are entitled to an adjusted gross income tax deduction equal to the total amount of contributions made by the employer to the trust fund during the taxable year multiplied by 200%.

Current Status: 1/8/2025 - Referred to Senate Insurance and Financial Institutions

Recent Status: 1/8/2025 - First Reading

1/8/2025 - Authored By Lonnie Randolph

- SB31 SESSIONS OF THE GENERAL ASSEMBLY (BUCK J) Changes the legislative session cycle beginning in 2026 to: (1) eliminate the second regular session of the general assembly; and (2) require a regular session of the general assembly to adjourn sine die not later than May 15 of any odd-numbered year thereafter. Makes technical and conforming changes.
- Current Status:* 1/30/2025 - added as second author Senator Bassler
- Recent Status:* 1/8/2025 - Referred to Senate Rules and Legislative Procedure
1/8/2025 - First Reading
- SB68 PROPERTY TAX DEDUCTION FOR PERSONS AGE 65 AND OLDER (JACKSON L) Provides an assessed value deduction for individuals who are at least 65 years of age, who reside in their home and have owned their home for at least 5 years, and meet certain other specified criteria. Provides that the deduction amount is equal to \$120,000.
- Current Status:* 1/8/2025 - Referred to Senate Tax and Fiscal Policy
- Recent Status:* 1/8/2025 - First Reading
1/8/2025 - Authored By La Keisha Jackson
- SB100 LOCAL REGULATION OF WAGES AND BENEFITS (JACKSON L) Repeals certain provisions prohibiting a unit from establishing minimum wage or employee benefit standards.
- Current Status:* 1/8/2025 - Referred to Senate Pensions and Labor
- Recent Status:* 1/8/2025 - First Reading
1/8/2025 - Authored By La Keisha Jackson
- SB115 PAID FAMILY AND MEDICAL LEAVE PROGRAM (POL R) Requires the department of workforce development (department) to establish a paid family and medical leave program (program) to provide payments for employees who take family and medical leave. Establishes the family and medical leave fund to be funded with appropriations from the general assembly and payroll contributions. Specifies requirements for the administration of the program. Provides for the department to approve an employer's use of a private plan to meet the program obligations.
- Current Status:* 1/21/2025 - added as second author Senator Walker G
- Recent Status:* 1/8/2025 - Referred to Senate Pensions and Labor
1/8/2025 - First Reading
- SB116 UNEMPLOYMENT BENEFITS (POL R) Amends the definition of "wage credits". Specifies the rate for unemployment insurance benefits for initial claims filed by an individual who is totally unemployed for any week beginning after June 30, 2025. Specifies, for initial claims filed for any week beginning after June 30, 2025: (1) the maximum weekly benefit amount; and (2) an additional weekly benefit for eligible and qualified individuals with dependents.
- Current Status:* 1/8/2025 - Referred to Senate Pensions and Labor
- Recent Status:* 1/8/2025 - First Reading
1/8/2025 - Authored By Rodney Pol
- SB123 UNEMPLOYMENT COMPENSATION (ALEXANDER S) Reduces the maximum amount of regular unemployment benefits to 14 times the individual's weekly benefit. (Under current law, the maximum amount of regular unemployment benefits is 26 times the individual's weekly benefit or 28% of the individual's wage credits, whichever is less.) Provides for additional benefits in an amount not to exceed two times the individual's weekly benefit if the individual meets certain conditions. Removes outdated provisions. Makes conforming changes.
- Current Status:* 1/21/2025 - added as second author Senator Rogers
- Recent Status:* 1/15/2025 - Senate Pensions and Labor, (Bill Scheduled for Hearing)
1/8/2025 - Referred to Senate Pensions and Labor
- SB131 ACCESS TO EMPLOYEE RESTROOMS (FORD J) Provides that if a retail establishment has a restroom facility on its premises for the use of the retail establishment's employees, a customer who suffers from an eligible medical

condition must, upon request, be allowed to use the restroom facility during normal business hours if certain conditions are met. Specifies that a customer who uses the retail establishment's employee restroom facility is responsible for leaving the restroom facility in the same condition as when the customer entered the restroom facility. Provides immunity from civil liability for any act or omission in allowing a customer to use an employee restroom facility if all of the specified conditions for use of the facility are met, provided that the act or omission: (1) is not willful or grossly negligent; and (2) occurs in an area of the retail establishment that is not accessible to the public. Imposes a maximum \$100 civil penalty on an owner, operator, or employee of a retail establishment for violating these provisions.

Current Status: 1/14/2025 - added as coauthor Senator Becker

Recent Status: 1/8/2025 - Referred to Senate Commerce and Technology
1/8/2025 - First Reading

- SB176 LICENSED PRACTICAL NURSES (YODER S) Removes the requirement that a state accredited program of practical nursing only accepts students who have a high school diploma or its equivalent. Requires that an individual applying for license to practice as a licensed practical nurse provide proof of having earned a high school degree or its equivalent to the state accredited program.
- Current Status:* 1/27/2025 - Referred to House
Recent Status: 1/23/2025 - added as coauthor Senator Taylor G
1/23/2025 - added as coauthors Senators Hunley, Spencer, Qaddoura, Pol, Niezgodski
- SB235 LIMITATIONS ON DIVERSITY, EQUITY, AND INCLUSION (JOHNSON T) Establishes prohibitions and requirements on state agencies, recipients of state contracts or grants, state educational institutions, and health profession licensing boards regarding diversity, equity, and inclusion. Allows the attorney general to bring an action concerning noncompliance against a state educational institution. Establishes: (1) requirements regarding a standardized admissions test; and (2) requirements regarding altering academic standards; for postsecondary educational institutions that offer certain health education programs.
- Current Status:* 1/30/2025 - Senate Bills on Second Reading
Recent Status: 1/28/2025 - added as coauthor Senator Young M
1/28/2025 - Senate Bills on Second Reading
- SB246 ADVANCED PRACTICE REGISTERED NURSES (JOHNSON T) Requires the Indiana medical licensing board to accept and review complaints concerning physician collaborative practice agreements with advanced practice registered nurses (APRNs). Provides that an APRN may only: (1) operate in collaboration with a licensed practitioner who specializes in the same practice area as the advanced practice registered nurse; and (2) practice within the scope of the APRN's specialty. Allows a physician to enter into a collaborative agreement with more than four APRNs but prohibits the physician from collaborating with more than four APRNs at the same time.
- Current Status:* 1/9/2025 - Referred to Senate Health and Provider Services
Recent Status: 1/9/2025 - First Reading
1/9/2025 - Authored By Tyler Johnson
- SB301 ELIGIBILITY FOR BENEFITS (WALKER G) Provides that, beginning January 1, 2026, in determining the Medicaid eligibility of an individual who has a community spouse, the office of the secretary of family and social services (the office of the secretary) may not consider the following as a countable resource if held by the individual's community spouse: (1) An individual retirement account. (2) A work related pension plan. Requires the office of the secretary to apply, before January 1, 2026, for any state plan amendment necessary to implement this provision.
- Current Status:* 1/13/2025 - Referred to Senate Appropriations
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Authored By Greg Walker
- SB371 WORKFORCE MATTERS (ROGERS L) Amends the definitions of "deductible income", "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. Repeals the requirement that all individuals receiving unemployment benefits visit a

one stop center within a specific period of time. Eliminates professional employer organization level reporting in regard to unemployment insurance taxation. Allows the special employment and training fund to be used for modernizing and maintaining the unemployment insurance system. Alters certain fees 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. Makes conforming changes.

Current Status: 1/13/2025 - Referred to Senate Pensions and Labor

Recent Status: 1/13/2025 - First Reading

1/13/2025 - Authored By Linda Rogers

- SB383 **ADVANCED PRACTICE REGISTERED NURSES (GOODE G)** Removes the requirement that an advanced practice registered nurse (APRN) have a practice agreement with a collaborating physician. Removes a provision requiring an APRN to operate under a collaborative practice agreement or the privileges granted by a hospital governing board. Removes certain provisions concerning the audit of practice agreements. Allows an APRN with prescriptive authority to prescribe a schedule II controlled substance for weight reduction or to control obesity. Makes conforming changes.
- Current Status:* 1/23/2025 - added as coauthor Senator Niezgodski
Recent Status: 1/13/2025 - Referred to Senate Health and Provider Services
1/13/2025 - First Reading
- 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 while the health care provider is acting within the scope of the health care provider's duties. Provides that the offense of battery is a Level 5 felony if it is committed against a health care provider while the health care provider is acting within the scope of the health care provider's duties and: (1) it results in bodily injury to the health care provider; or (2) the person places bodily fluids or waste on the health care provider. Provides that the offense of intimidation is a Level 5 felony if the subject of the threat or the person to whom the threat is communicated is a health care provider and the threat relates to the person's status as a health care provider. Makes conforming changes.
- Current Status:* 2/11/2025 - Senate Corrections and Criminal Law, (Bill Scheduled for Hearing)
Recent Status: 1/29/2025 - added as third author Senator Walker K
1/13/2025 - added as second author Senator Johnson T
- SB447 **ADVANCED PRACTICE REGISTERED NURSES (CRIDER M)** Adds two additional members to the Indiana state board of nursing (board) and changes the required qualifications for certain members. Amends the definition of "certified registered nurse anesthetist". Adds the following definitions: (1) "Certified nurse midwife". (2) "Clinical nurse specialist". (3) "Nurse practitioner". Specifies that a license to practice as an advanced practice registered nurse expires on October 31 in each odd-numbered year. Makes conforming changes.
- Current Status:* 1/13/2025 - Referred to Senate Health and Provider Services
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Authored By Michael Crider
- SB449 **HEALTH CARE SERVICE PROVIDER EMPLOYEES (GOODE G)** Requires a home health agency or personal services agency to run a criminal background check on certain employees on an annual basis. Increases the judgment against a home health agency or personal services agency when an employee who has been convicted of a crime prohibiting the individual's employment by the home health agency or personal services agency provides care that results in the death of a patient or client.
- Current Status:* 1/13/2025 - Referred to Senate Health and Provider Services
Recent Status: 1/13/2025 - First Reading
1/13/2025 - Authored By Greg Goode
- SB463 **CHILD CARE MATTERS (CHARBONNEAU E)** Adds additional qualified child care expenditures for purposes of the employer child care expenditure tax credit and extends the availability of the credit through July 1, 2027. Adds a representative of an out-of-school-time program to the membership of the early learning advisory committee (ELAC). Sets forth age ranges for which a licensed child care center shall maintain: (1) staff to child ratios; and (2) maximum group sizes. Provides that: (1) the required staff to child ratio for each age range is equal to the lowest staff to child ratio for that age range under the laws of Illinois, Kentucky, Michigan, and Ohio (bordering states), unless the lowest staff to child ratio for the age range in the bordering states is higher than the staff to child ratio for the age range in Indiana; and (2) the required maximum group size for each age range is equal to the highest maximum group size for that age range under the laws of the bordering states, unless the highest maximum group size for the age range in the bordering states is less than the maximum group size for the age range in Indiana. Requires: (1) the office of the

secretary of family and social services (office) to post the required staff to child ratios and maximum group sizes on the office's website not later than December 1 of each year; and (2) a licensed child care center to maintain the posted staff to child ratios and maximum group sizes for the duration of 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 (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 program: (1) That the office shall administer the program and may provide matching grants to a county participating in the 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) The requirements for: (A) a county that receives a matching grant under the program to report specified information to the office; and (B) the office to submit an annual report to the legislative council regarding the program. Requires the office to adopt emergency rules not later than July 1, 2025, to implement the recommendations issued by ELAC.

Current Status: 1/30/2025 - added as coauthors Senators Spencer and Pol

Recent Status: 1/30/2025 - added as third author Senator Yoder

1/30/2025 - added as second author Senator Alting

SB471 MEDICAID STUDY (QADDOURA F) Requires the office of the secretary of family and social services and the legislative services agency to conduct a feasibility study of transitioning Indiana's Medicaid program administration to a nonprofit health insurance entity. Sets forth parameters of the study.

Current Status: 1/13/2025 - Referred to Senate Health and Provider Services

Recent Status: 1/13/2025 - First Reading

1/13/2025 - Authored By Fady Qaddoura

SB473 VARIOUS HEALTH CARE MATTERS (BROWN L) Requires the office of the secretary of family and social services to establish an appeals process for a provider that disputes a determination by a managed care organization that a claim was not a clean claim after exhausting internal appeals with the managed care organization. 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. 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: 1/30/2025 - added as coauthor Senator Bohacek

Recent Status: 1/29/2025 - Committee Report amend do pass adopted; reassigned to Committee on Appropriations

1/29/2025 - Senate Committee recommends passage, as amended Yeas: 12; Nays: 0

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: 1/29/2025 - Referred to House

Recent Status: 1/29/2025 - added as coauthor Senator Qaddoura
1/28/2025 - House sponsor: Representative Manning

- SB480 PRIOR AUTHORIZATION (JOHNSON T) Provides that a utilization review entity may only impose prior authorization requirements on less than 1% of unique health care services covered under the health plan overall and 1% of participating health care providers overall in a calendar year. Prohibits a utilization review entity from requiring prior authorization for certain health care services. Sets forth requirements for a utilization review entity that requires prior authorization of a health care service. Prohibits a health plan from imposing or enforcing a step therapy protocol requirement for a prescription drug that is approved by the federal Food and Drug Administration, prescribed for the approved purpose, and has an annualized net price of \$100 or less. 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:* 1/30/2025 - added as coauthors Senators Raatz, Spencer, Taylor G, Walker G
Recent Status: 1/30/2025 - added as coauthors Senators Deery, Glick, Holdman, Jackson L, Niemeyer, Niezgodski
1/30/2025 - added as coauthor Senator Altling
- SB485 MANAGED CARE ASSESSMENT FEE (DORIOT B) Provides for the assessment of a fee on managed care organizations to pay the state's share of the cost of Medicaid services provided under the Medicaid program. Changes the use of hospital assessment fees in state fiscal years in which a managed care assessment fee is imposed. Extends the law governing the hospital assessment fee to June 30, 2027.
- Current Status:* 1/21/2025 - added as third author Senator Charbonneau
Recent Status: 1/13/2025 - Referred to Senate Health and Provider Services
1/13/2025 - First Reading
- SB488 SKILLS TRAINING PILOT PROGRAM (BROWN L) Requires the department of workforce development to establish a reemployment skills training pilot program (program) to supplement an individual's receipt of weekly unemployment benefits. Specifies program requirements for participants and eligible providers. Establishes the reemployment skills training pilot program fund for the purpose of funding the program.
- Current Status:* 1/29/2025 - Committee Report do pass adopted; reassigned to Committee on Appropriations
Recent Status: 1/29/2025 - Senate Committee recommends passage Yeas: 11; Nays: 0
1/29/2025 - Senate Pensions and Labor, (Bill Scheduled for Hearing)
- SB493 MEDICAID VALUE BASED CONTRACTING (CRIDER M) Allows a managed care organization to enter into a value based contract with a Medicaid provider to provide services under a risk based managed care program.
- Current Status:* 1/14/2025 - Referred to Senate Health and Provider Services
Recent Status: 1/14/2025 - First Reading
1/14/2025 - Authored By Michael Crider
- SB495 EMPLOYMENT UPON RELEASE FROM PRISON (SPENCER M) Provides that when an offender preparing for reentry intends to reside within Indiana, the department of correction (department) shall do the following: (1) Take certain actions in coordination with the bureau of motor vehicles to provide a state identification card if the offender does not have a current identification card or driver's license. (2) Provide the offender with particular documents to assist the offender in obtaining employment following the offender's release. Requires the department to: (1) assist certain offenders in preparing a resume and completing a practice job interview; and (2) administer a job skills assessment test for each offender for whom a jail has not completed a job skills assessment test. Requires the department to issue a certificate of employability to an offender preparing for reentry if the offender meets specified conditions. Makes it a Class B misdemeanor for a person who, knowing the statement or representation to be false, intentionally states or otherwise represents that the person has a valid certificate of employability issued by the department. Provides immunity in some instances to the department. Requires the department to submit an annual report to the governor and the general assembly.
- Current Status:* 1/14/2025 - Referred to Senate Corrections and Criminal Law
Recent Status: 1/14/2025 - First Reading
1/14/2025 - Authored By Mark Spencer
- SB503 PHARMACY BENEFIT ADMINISTRATION (ZAY A) Requires the attorney general to designate or appoint a pharmacy benefit compliance officer. Establishes the pharmacy benefit compliance fund. Requires: (1) the state personnel

department to issue a request for proposal to enter into a public-private partnership to administer prescription drug benefits on behalf of a state employee health plan; and (2) the office of the secretary of family and social services (office) to issue a request for proposal to enter into a public-private partnership to administer prescription drug benefits on behalf of the Medicaid program. Sets forth certain requirements for the requests for proposal and establishes the competitive proposal procedure. Requires the budget committee to review a contract before the state personnel department or the office awards a final contract for the public-private partnership. Requires, at least three years after state personnel department and the office enter into a contract for the public-private partnership, the attorney general to conduct a state employee health plan audit and a Medicaid audit. Sets forth certain requirements and restrictions for pharmacy benefit managers. Makes an appropriation. Makes corresponding changes.

Current Status: 2/5/2025 - Senate Health and Provider Services, (Bill Scheduled for Hearing)

Recent Status: 1/22/2025 - Senate Health and Provider Services, (Bill Scheduled for Hearing)
1/16/2025 - added as coauthor Senator Johnson T

SB534

MEDICAID WAIVER FOR REIMBURSEMENT FOR FOOD (YODER S) Requires the office of the secretary of family and social services to apply for a Medicaid waiver to allow for Medicaid reimbursement for food and meals.

Current Status: 1/16/2025 - Referred to Senate Appropriations

Recent Status: 1/16/2025 - First Reading
1/16/2025 - Authored By Shelli Yoder