**2025 Indiana General Assembly - Legislative Summary**

* **All Bills are effective July 1, 2025 unless otherwise indicated in the legislation.**

**Senate Bills**

[SB 2: Medicaid matters.](https://iga.in.gov/legislative/2025/bills/senate/2/details)Passed.

Severely limits Medicaid expansion though HIP 2.0, imposes work requirements on all in HIP, limits advertising or marketing of Medicaid programs (p. 7 ...).

Requires more structure by FSSA of the 5-year look back period (p. 7).

Requires FSSA to collect and review data regarding Medicaid eligibility matters (and changes thereto)

[SB 176: Licensed practical nurses](https://iga.in.gov/legislative/2025/bills/senate/176). Passed.

Lowers enrollment hurdles for prospective LPN students.

Adds members to the State Nursing Board.

[SB 371: Workforce matters.](https://iga.in.gov/legislative/2025/bills/senate/371) Passed.

Amends the definition (lessons it) of “discharge for cause”.

Makes other changes to the unemployment insurance collection process; employer-friendly law.

[SB 409: Employee absence for certain meetings.](https://iga.in.gov/legislative/2025/bills/senate/409) Passed.

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.

[SB 473: Various health care matters](https://iga.in.gov/legislative/2025/bills/senate/473). Passed.

Aligns CNAs and QMAs within the nursing path and streamlines licensure requirements.

Creates a “certified heath care professions commission” that will work within the IDOH to expedite licensure reviews and approvals for CNAs, QMAs, and home health aides.

Specifies (alters) the duties of the Commission and IDOH in regulating these professions.

**House Bills**

[HB 1001: State Budget.](https://iga.in.gov/legislative/2025/bills/house/1001/details) Passed.

Funds Indiana’s Medicaid programs.

Higher penalties / interest payments for late or inaccurate claim payments (up to $500 per day per claim) (p. 116/232). Need to reconcile with HB 1474.

Early version allowing an increase to the provider tax / quality assessment fee (QAF) did not pass the final budget. Current rate will be locked in as the status quo for an additional two years.

\*Does not include a Personal Needs Allowance increase from $52 to $70 month.

[HB 1003: Health matters.](https://iga.in.gov/legislative/2025/bills/house/1003) Passed.

Makes changes (expands) the scope of the State’s Medicaid Fraud Control Unit – now applies to all providers.

[HB 1385: Health care facility employees.](https://iga.in.gov/legislative/2025/bills/house/1385) Passed.

Provides an exception to one of the disqualifying conditions for a nurse aide or other unlicensed employee; allows that if a person is a peer recovery coach, the disqualifying condition might be overlooked.

[HB 1391: Services for the Aged and Disabled](https://iga.in.gov/legislative/2025/bills/house/1391/details). Passed.

Focus is on, via the AAAs, attempting to expand the CHOICE program to keep seniors out the PathWays HCBS track.

Permits third parties to conduct and get paid for completing LOC assessments for Pathways and HCBS waiver recipients.

[HB 1427: Department of local government finance](https://iga.in.gov/legislative/2025/bills/house/1427). Passed.

Property tax Bill that we have been working on since 2022

Attempted to secure permanent exempt status for all NFP senior living provider types. Final language fell short of that goal, but we were able to secure exempt status for nearly all (and nearly all parts of) our senior living providers. (p. 27/202)

* We are getting a formal summary prepared but the new language is intended to convey an exemption for all SNFs and CCRCs for the taxable years 2024 and 2025 (payable 2025 and 2026) for all pats of those entities that do not charge an entry fee above $500K. In other words, the intent is to provide and additional two-year 100% exemption for all parts of LTC providers – except for those units that have an entry fee of $500K or above ... and then only those units would be taxable. We will need to be on the lookout for application by assessors that does not comport with this intention.

Requires FSSA to submit a state plan amendment (SPA) application to HHS / CMS for HCBS waiver programs, when determining eligibility for an individual and the individual's spouse who have both applied for a home and community based services Medicaid waiver, to use an asset limit threshold that equals the asset limit for a single individual multiplied by two. (p. 181/202).

[HB 1457: Indiana department of health.](https://iga.in.gov/legislative/2025/bills/house/1457) Passed.

Specifies that provisions of law governing the office of administrative law proceedings (IC 4-15-10.5-1) apply to the IDOH in matters concerning the involuntary transfer or discharge of a resident of a health facility.

[HB 1466: Various agency administrative procedures.](https://iga.in.gov/legislative/2025/bills/house/1466) Passed.

Provides that the secretary of FSSA 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.

[HB 1474: FSSA matters](https://iga.in.gov/legislative/2025/bills/house/1474). Passed.

Codifies the HCBS waiver programs and requires the State to determine and publish savings estimates.

Higher penalties / interest payments for late or inaccurate claim payments to NFs (p. 28/37). Will need to reconcile this language with similar language in HB 1001.

Requirement that the state (FSSA) control the setting of Medicaid reimbursement rates (p. 28/37).

\*States that an MCE may not pay a NF provider less than the FFS rate for the same service (p. 28/37).

Provision extending the any willing provider requirement for two additional years (out to June 30, 2029 ((p. 28/37)).

[HB 1666: Ownership of health care providers.](https://iga.in.gov/legislative/2025/bills/house/1666) Passed.

Requires health care entities to provide certain ownership information to the Sec. of State.

Allows the AG to investigate the market concentration of a health care entity, and requires the AG to provide approval prior to any mergers and acquisitions between health care entities.

[HB 1689: Human services matters.](https://iga.in.gov/legislative/2025/bills/house/1689) Passed.

Requires FSSA to prepare an annual report on the provision of Medicaid HCBS waiver services, and specifies the information that must be included in the report.

Requires FSSA to provide to the division of disability and rehabilitative services advisory council a report on FSSA’s plans to provide services to individuals who require extraordinary care.

**Did not advance:**

[HB 1592: Services for the aged and disabled](https://iga.in.gov/legislative/2025/bills/house/1592)

More detailed oversight of the PathWays program ... targeting FSSA and the MCEs.

Created a stand-alone AL Waiver program (ending the waitlist) and decoupling the linkage between PathWays and the AL Waiver programs.

[HB 1048: Personal (needs) allowance for facility residents](https://iga.in.gov/legislative/2025/bills/house/1048). Increased the PNA from $52 to $100 per month.

[HB 1168: Exemption from certain health care mandates](https://iga.in.gov/legislative/2025/bills/house/1168). Prohibited anyone from requiring another individual to receive an immunization; [HB 1338: Employment and vaccinations](https://iga.in.gov/legislative/2025/bills/house/1338). Limited the ability of an employer to require immunizations.

[SB 419: Crimes against health care providers](https://iga.in.gov/legislative/2025/bills/senate/419/details)[.](https://iga.in.gov/legislative/2025/bills/senate/473) Enhanced protections for HC staff.