

LeadingAge - IN

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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. Provides that the annual salary of the members of the general assembly shall not be increased during the biennium beginning July 1, 2025. Extends the review, analysis, and evaluation of tax incentives by the legislative services agency through 2030. Requires the legislative services agency to perform a fiscal impact analysis for each executive order issued by the governor under the emergency management and disaster law. Requires state officials to report to the budget committee expenses and funding used for trips taken in their official capacity. 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 the governor's workforce cabinet. Makes conforming changes. Requires the department of natural resources (not the Indiana department of veterans' affairs under current law) to provide staff support to the Indiana semiquincentennial commission and repeals provisions requiring certain meetings and events of the commission to be held at the World War Memorial in Indianapolis. Removes a requirement to include certain services in a lease between the Indiana department of administration and the Indiana historical society for use of a building. Makes an appropriation from the Pokagon Band Tribal-state compact fund to the Midwest continental divide commission fund. Establishes the Indiana local government investment pool board for the purpose of establishing policies governing the investment of funds contributed to the local government investment pool. Removes political affiliation requirements that apply to members appointed by the governor to the board for depositories. Allows the Indiana finance authority to begin a project related to the Learning and Training Center in Boone County beginning July 1, 2027 if certain conditions are met. Provides that a price preference for certain businesses applies to any proposal, contract, project, or agreement of the Indiana department of transportation, including state highway contracts, to the extent that the bid does not exceed the estimated cost of the project. Provides that the Indiana department of administration has sole control and jurisdiction over the policies governing and the usage of the Beth Bowen Meditation Room in the state capitol building. Exempts the Indiana board of tax review from requirements concerning live transmissions of meetings. Removes the statewide innovation development district fund as a funding source for an agreement between the Indiana economic development corporation (IEDC) and a taxpayer to receive payment in lieu of claiming an economic development for a growing economy tax credit. Amends the cap on the aggregate amount of tax credits the IEDC may certify each year. Requires the department of state revenue to establish an amnesty program for taxpayers who have an unpaid tax liability for a listed tax that was due and payable before January 1, 2023. Increases the cigarette tax by \$2 per pack on cigarettes weighing not more than three pounds per 1,000 and by a proportionate amount on cigarettes weighing more than three pounds per 1,000. Increases the tax rate imposed on the sale of closed system cartridges, open system electronic cigarettes, moist snuff, alternative tobacco products, other tobacco products, and cigars. Specifies penalties for the underpayment of certain estimated taxes for pass through entities. Increases the amount of the public utility fee from 0.15% to 0.175% of the public utility's annual gross intrastate operating revenue and transfers the public utility fee revenue and certain payments to the state general fund (not the public utility fund under current law). Requires termination of the compact related to the establishment of the Chicago-Gary Regional 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. Adds purposes related to the Stop the Bleed program and the purchase of bleeding control kits to the allowable purposes for which a secured school fund matching grant may be used. Provides that a managed care organization that participates in the risk based managed care program that fails to pay a claim submitted by a nursing facility provider within a specified period shall pay a penalty of \$500 per calendar day per claim. Requires the office of the secretary of family and social services (office of the secretary) to determine rebate eligibility for outpatient prescription drugs prescribed to Medicaid recipients from certain entities. Adds a member from the mental health Medicaid quality advisory committee to the therapeutics committee. Removes the prohibition on prior authorization for mental health drugs. Allows the office of the secretary to establish a prior authorization program. Specifies provider payment

requirements that apply to any managed care organization that participates in the risk based managed care program. Establishes the health care engineering fund for the purpose of funding plan reviews for certain health facilities. Imposes a fee for each plan review, which is deposited in the fund. Repeals the provisions requiring the office of the secretary of family and social services to transfer \$38,000,000 each year to the Health and Hospital Corporation of Marion County. Makes certain eligibility changes for the On My Way Pre-k program and the CCDF program. Adds therapeutic ibogaine research to the research that is currently funded under the therapeutic psilocybin research fund. Provides that a community mental health center that provides compensation to any individual employee in an amount that is \$400,000 or more per year is not eligible to receive funding from local property taxes or state programs or grants, but excluding the Medicaid program. Requires the department of natural resources to provide free admission to state parks to a Gold Star family member. Requires the bureau of motor vehicles to update the Gold Star family member license plate form. Provides that funding to a local board of health from the local public health fund may only be used for Indiana residents who are legal citizens of the United States. Extends the sunset of the collection of health facility quality assessment fees from June 30, 2025, to June 30, 2027. Specifies that a company that seeks to construct, operate, and maintain a carbon dioxide transmission pipeline in Indiana must apply to the department of natural resources (DNR) for a carbon dioxide transmission pipeline certificate of authority (certificate). Amends provisions in existing law that provide an exemption from the requirement to obtain a certificate under certain circumstances to specify that the exemption does not apply in circumstances in which

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Recent Status: 4/28/2025 - Signed by the President Pro Tempore
4/25/2025 - Signed by the Speaker

HB1003

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

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

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: 4/16/2025 - Signed by the Governor

Recent Status: 4/3/2025 - Signed by the President Pro Tempore
4/3/2025 - Signed by the Speaker

HB1391

SERVICES FOR THE AGED AND DISABLED (CLERE E) Allows the office of the secretary of family and social services

(office of the secretary) to study and prepare a report containing recommendations for realigning and consolidating the local area agency on aging (area agency) planning and service areas. 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 the Medicaid program or a Medicaid waiver program. Creates an exception for a provider of certain services. Requires an 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, in negotiating reimbursement rates for CHOICE services, to consider the location and availability of service providers. Authorizes the office of the secretary to establish a 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.

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

4/21/2025 - House concurred with Senate amendments; Roll Call 502: yeas 80, nays 0

HB1427

DEPARTMENT OF LOCAL GOVERNMENT FINANCE (SNOW C) Increases the threshold that applies to public works projects for which the department of natural resources may use its employees to perform the labor and supervision for the project. Removes the sunset of provisions that authorize the sale of bonds at a negotiated sale. Amends provisions pertaining to the investment of public funds in certain depositories. Requires the fiscal officer (rather than the executive) of a political subdivision to upload certain contracts to the Indiana transparency website (website). Permits the political subdivision to identify an individual other than the fiscal officer to upload contracts to the website. Provides that the change to the agricultural base rate in Senate Bill 1 does not apply for the January 1, 2025, assessment date to land in inventory. Repeals the increase in the personal property tax exemption for the 2025 assessment in Senate Bill 1, but retains the increase of the personal property tax exemption to \$2,000,000 for the 2026 assessment date and thereafter. Removes an exception to provisions added in Senate Bill 1 exempting depreciable personal property placed in service after January 1, 2025, from the 30% minimum valuation floor if property tax revenue that is attributable to the depreciable personal property is pledged as payment for bonds, leases, or other obligations. Repeals the local property tax credits for veterans enacted in Senate Bill 1 and reinstates the property tax deductions in current law for veterans that were expired under Senate Bill 1. Provides that the personal property online submission portal (portal) may be used to file a personal property return until 2026. Repeals (effective January 1, 2026) the provision requiring the establishment of the portal and makes corresponding changes. Adds requirements for the filing of a petition for review of land values. Amends a provision pertaining to the assessment of solar land. Provides for the assessment of community land trust property and a property tax credit for community land trust property. 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 (DLGF) is not later than 15 days after the notice is postmarked. Provides, for particular calendar years, that all or part of a building is deemed to serve a charitable purpose and is exempt from property taxation if it is owned by certain nonprofit entities. Establishes a maximum entry fee per unit that may be charged by a continuing care retirement community to qualify for the property tax exemption. Adds, for particular calendar years, continuing care retirement communities, small house health facilities, and qualified residential treatment providers to the list of exempt entities for purposes of another property tax exemption. Provides that the DLGF may (as opposed to shall) adopt certain rules with respect to property of an exempt organization used in a nonexempt trade or business. Amends the requirements that must be satisfied to receive a property tax exemption for property used by a for-profit provider of early childhood education. Establishes a partial property tax exemption for an employer that provides child care on the employer's property for the employer's employees and certain other employees. Amends certain notice and procedural provisions applicable to proceedings before the Indiana board of tax review. Clarifies the deadline for submitting amended certified net assessed value amounts. 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. Adds provisions that: (1) require the DLGF to increase the maximum permissible property tax levy for certain qualifying municipalities for property taxes first due and payable in 2025 to include all debt service levies of the qualifying municipality for property taxes first due and payable in 2025; (2) specify that the adjustment is a one time and permanent increase; (3) modify the: (A) local income tax trust account threshold percentage of a county that contains a qualifying municipality (for purposes of determining whether the county shall receive a supplemental distribution); and (B) certified share allocation determination for a qualifying municipality; and (4) prohibit the use funds from the state general fund to make up certain local income tax related shortfalls. 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. 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 DLGF, in a manner determined by the DLGF, to include on the coupon page of each property tax statement educational information regarding the eligibility and procedures for

various property tax benefits available to certain taxpayers. Provides that a tract or item of real property owned by a political subdivision may not be sold at a tax sale. Removes a provision requiring the county executive to provide an annual report to the legislative council concerning certain tax sales. Provides that property tax assessment board of appeals members' terms must be staggered for a two year period and begin on January 1. Provides that a property tax payment made by a check processing company received after the due date for the property taxes is considered to be made on or before the due date if the taxpayer provides reasonable evidence that the payments were made on or before the due date. Reestablishes the deduction for aircraft entitling a taxpayer to a deduction from the assessed value of abatement property in each year in which the abatement property is subject to taxation for ad valorem property taxes. Provides a sales tax exemption for sales by agricultural commodity trade associations made at the state fair. Provides certain sourcing rules for the adjusted gross income of an investment partnership. Defines "investment partnership" and other related terms. Specifies that an electing entity or pass through entity shall be permitted to claim a credit for taxes withheld or paid on the entity's behalf. Allows an electing entity to make elections to claim certain state tax liability credits and sets forth requirements that apply to those elections. Expands the physician practice ownership 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. Limits the total amount of physician practice ownership tax credits that may be awarded in a state fiscal year. Specifies that a volunteer fire department that applies to the county adopting body for a distribution of local income tax revenue that is allocated to public safety purposes must do so through the fiscal officer of the unit served by the department. Allows the Fountain County council to adopt a resolution to make a one time transfer from the county jail revenue fund to the county general fund to be used for specified purposes. Allows revenue generated from a special purpose local income tax rate in Starke County to be used to operate and maintain the county jail and related facilities. Increases the amount of the local collection assistance fee

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Recent Status: 4/28/2025 - Signed by the President Pro Tempore
4/25/2025 - Signed by the Speaker

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 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.

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Recent Status: 4/21/2025 - Signed by the Speaker
4/17/2025 - House concurred with Senate amendments; Roll Call 495: yeas 84,
nays 0

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: 4/16/2025 - Signed by the Governor

Recent Status: 4/3/2025 - Signed by the President Pro Tempore

4/3/2025 - Signed by the Speaker

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 determine the base reimbursement rate structure, methodology, and reimbursement rates for provider payment by managed care organizations under the program. Allows the office of the secretary to perform claims reviews of claims under 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 for a specified time frame. (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 unpaid 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.

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Recent Status: 4/21/2025 - Signed by the Speaker

4/17/2025 - House concurred with Senate amendments; Roll Call 497: yeas 85, nays 0

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. Requires the state department to annually publish a report concerning the ownership information. 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.

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

4/23/2025 - Signed by the Speaker

HUMAN SERVICES MATTERS (CLERE E) 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 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 division of disability and rehabilitative services advisory council to provide recommendations to the division of disability and rehabilitative services to ensure the delivery of appropriate high quality services to recipients. Requires the office of the secretary to provide to the division of disability and rehabilitative services advisory council reports on the office of the secretary's plans to provide services to individuals who require extraordinary care and specifies the timing of the reports.

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4/24/2025 - Signed by the Speaker

LOCAL GOVERNMENT FINANCE (HOLDMAN T) Places restrictions on the issuance of certain general obligation bonds. Amends a capitalization rate percentage under the statewide agricultural land base rate determination. Provides that the percentage cap used to determine the maximum levy growth quotient is 4% in 2026. Provides that, notwithstanding any growth in a political subdivision's assessed value (AV) 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 AV 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 (department) to permit an excess tax levy that is based on AV growth, 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 in the case of annexation, a natural disaster, an accident, or an emergency. Phases in an increase in the acquisition cost threshold for the business personal property tax exemption from \$80,000 to \$2,000,000. Provides that the 30% minimum valuation limitation does not apply to business personal property placed in service after January 1, 2025. Phases down the homestead standard deduction over five years to zero beginning for taxes due and payable in 2031. Phases in an increase in the supplemental homestead deduction to 2/3 of the AV of the homestead. Phases in an AV deduction for all property that is subject to the 2% circuit breaker credit for excessive property taxes for assessment dates beginning in 2025 up to a 1/3 AV deduction for taxes due and payable in 2031, and each taxable year thereafter. Expires certain property tax deductions allowed in current law, and instead allows a credit against local property taxes in certain instances. Makes certain changes to the qualification requirements and credit amount for the over 65 circuit breaker credit. Provides a supplemental homestead tax credit for property taxes for a person's homestead if the person qualifies for a standard homestead deduction for the same homestead property. 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. Modifies the threshold amounts used for determining whether a political subdivision's project is a controlled project and whether the petition and remonstrance process or the referendum process applies based on the political subdivision's total debt service tax rate. 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. 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. Increases, beginning in 2028, the maximum local income tax (LIT) expenditure rate for all counties to 2.9%. Authorizes a city or town to impose a municipal LIT rate beginning in 2028 not to exceed 1.2%. Provides that within a county's total expenditure rate, the county may adopt: (1) up to a 1.2% rate for county general purpose revenue; (2) up to a 0.4% rate for fire protection and emergency medical services; (3) up to a 0.2% rate for nonmunicipal civil taxing unit general purpose revenue; and (4) up to 1.2% for certain cities and towns that are not eligible to adopt a municipal LIT rate. Eliminates provisions that provide for a distribution of LIT expenditure rate revenue to schools and civil taxing units in counties that imposed a rate under the prior county adjusted gross income tax. Authorizes a county fiscal body to impose a local income tax expenditure rate to provide property tax relief for property tax liability attributable to homesteads in the county before January 1, 2028. Expires the authority to impose a property tax relief rate under the LIT and repeals the levy freeze rate. Provides that, in order to continue to impose an expenditure tax rate after 2027, each county must adopt a new ordinance on or before October 1, 2027, to impose the rate. Provides that, for counties that fail to adopt an ordinance to renew an existing expenditure tax rate in 2027, the expenditure tax rate for the county in 2028 shall be the minimum tax rate necessary for existing debt service.

Specifies that this does not prevent the county from renewing, imposing, or modifying an expenditure tax rate in subsequent years. Eliminates local income tax councils beginning July 1, 2027, and instead provides that the county fiscal body is the adopting body in all counties for purposes of the county LIT, and the city or town fiscal body is the adopting body in the case of a municipal LIT. Establishes the state and local income tax holding account within the state general fund for purposes of LIT distributions. Requires the budget agency to maintain an accounting for each county imposing a county LIT based on annual returns filed by or for county taxpayers (same as current law). Requires undistributed amounts so accounted to be held for purposes of the state and local income tax holding account beginning after December 31, 2026. (Under current law, undistributed amounts are required to be held in reserve separate from the state general fund.) Requires the budget agency to present each December to the budget committee a report of the following: (1) An estimate of the monthly certified distribution amounts for the immediately succeeding calendar year. (2) A description of the method used to determine the monthly estimates. Beginning in 2028, requires the budget agency to make monthly transfers to the state and local income tax holding account of the amount determined for the month in the budget agency's report to the budget committee. Repeals a provision that requires the budget agency to adjust the certified distribution of a county for the succeeding year following a tax rate change. Requires the department 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. Prohibits the northern Indiana commuter transportation district from issuing new bonds after May 9, 2025, that are payable in whole or in part from amounts distributed from the commuter rail service fund or the electric rail service fund. Requires all school corporat

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4/15/2025 - Signed by the Speaker

SB2

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

Current Status: 4/23/2025 - Signed by the President of the Senate

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

4/22/2025 - Signed by the President Pro Tempore

SB140

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

Current Status: 4/29/2025 - Signed by the President of the Senate

Recent Status: 4/25/2025 - Signed by the Speaker

4/24/2025 - Signed by the President Pro Tempore

- SB176 NURSING MATTERS (YODER S) Adds members to the Indiana state board of nursing and changes the required qualifications for certain members. Amends the requirements that an individual applying for a license to practice as a licensed practical nurse must meet. Provides that an applicant for a state accredited program of practical nursing (program) is not required to have a high school diploma or its equivalent. Requires a student of the program to obtain a high school diploma or its equivalent before completing the program.
- Current Status:* 4/10/2025 - Public Law 45
Recent Status: 4/10/2025 - Signed by the Governor
4/3/2025 - Signed by the President of the Senate
- 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 the claimant's 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. Requires the department to annually submit a report to the budget committee concerning the status of the department's unemployment insurance program. Provides that the department may establish a reemployment pilot program. Makes conforming changes.
- Current Status:* 4/29/2025 - Signed by the President of the Senate
Recent Status: 4/24/2025 - Signed by the Speaker
4/24/2025 - Signed by the President Pro Tempore
- 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:* 4/24/2025 - SIGNED BY GOVERNOR
Recent Status: 4/16/2025 - Signed by the President of the Senate
4/14/2025 - Signed by the Speaker
- 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. Provides for purposes of regulation of licensed child care centers that the office of the secretary of family and social services (office) shall: (1) ensure that: (A) Indiana's staff to child ratio for a specified age range is not more stringent than the average of the staff to child ratios permitted for that age range under the laws of Illinois, Kentucky, Michigan, and Ohio; and (B) Indiana's maximum group size for a specified age range is not more stringent than the average of the maximum group sizes permitted for that age range under the laws of Illinois, Kentucky, Michigan, and Ohio; and (2) annually publish on the office's website the: (A) staff to child ratio; and (B) maximum group size; that a licensed child care center is required to maintain for the specified age ranges. 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. 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.
- Current Status:* 4/23/2025 - Signed by the President of the Senate

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

- SB473 VARIOUS HEALTH CARE MATTERS (BROWN L) Specifies the process for a managed care organization to follow concerning home modification services. Requires a patient of an opioid treatment program (program) who has tested positive on a drug test to be given a random drug test monthly until the patient passes the test. (Current law requires the patient to be tested weekly.) Allows a program to close on Sundays and federal holidays. Prohibits the division of mental health and addiction from: (1) requiring a program's medical director to have admitting privileges at a hospital; and (2) establishing rules or guidelines concerning program admission and medication that are more stringent than federal regulations. Allows specified health care providers to perform the initial assessment, examination, and evaluation of a patient being admitted to a program. Allows the medical staff of an ambulatory outpatient surgical center to make recommendations on the granting of clinical privileges or the appointment or reappointment of an applicant to the governing board of the ambulatory outpatient surgical center for a period not to exceed 36 months. (Current law allows medical staff of hospitals to make recommendations.) Establishes the certified health care professions commission (commission). Sets forth the requirements for the: (1) certification of nurse aides and qualified medication aides; and (2) registration of home health aides. Specifies the duties of the Indiana department of health and the commission in regulating these professions. Relocates provisions concerning training for home health aides and requires the commission to approve the training. Sets forth requirements on facilities in employing nurse aides. Specifies the definition of "nurse aide" for purposes of an administrative rule. Makes changes to the release of medical information statute. Modifies the duties of the center for deaf and hard of hearing education. Adds provisions regarding "family navigators" and specifies the role of family navigators in the provisions of the bill regarding the center for deaf and hard of hearing education. Allows a prescriber to prescribe certain agonist opioids through telehealth services for the treatment or management of opioid dependence. (Current law allows only a partial agonist to be prescribed through telehealth.) Allows certain residential care administrators an exemption from taking continuing education during the initial licensing period. Allows for the provision of certain anesthesia in a physician's office or a podiatrist's office without the office being accredited. (Current law allows for this in dental offices.) Requires adverse events concerning anesthesia in an office based setting to be reported to the medical licensing board of Indiana (board). Requires the board to: (1) determine the types of adverse events to be reported; (2) establish a procedure for reporting; and (3) post the adverse events on the board's website. Creates a process for certain individuals who do not have a Social Security number and who are seeking licensure by examination as a registered nurse or practical nurse to obtain a provisional license. Requires a nursing program to offer a clinical experience for clinical hours in a hospital and a health facility setting.
- Current Status:* 4/22/2025 - Signed by the Speaker
Recent Status: 4/17/2025 - Signed by the President Pro Tempore
4/16/2025 - Senate concurred with House amendments; Roll Call 465: yeas 41, nays 0
- SB475 PHYSICIAN NONCOMPETE AGREEMENTS (BUSCH J) Provides that a physician and a hospital, a parent company of a hospital, an affiliated manager of a hospital, or a hospital system may not enter into a noncompete agreement on or after July 1, 2025.
- Current Status:* 4/29/2025 - Signed by the President of the Senate
Recent Status: 4/25/2025 - Signed by the Speaker
4/24/2025 - Signed by the President Pro Tempore
- SB480 PRIOR AUTHORIZATION (JOHNSON T) Sets forth requirements for a utilization review entity that requires prior authorization of a health care service. Prohibits a utilization review entity from requiring prior authorization for the first 12 physical therapy or chiropractic visits of each new episode of care. Provides that a claim for reimbursement for a covered service or item provided to an insured or enrollee may not be denied on the sole basis that the referring provider is an out of network provider. Repeals superseded provisions regarding prior authorization. Makes corresponding changes.
- Current Status:* 4/22/2025 - Signed by the Speaker
Recent Status: 4/17/2025 - Signed by the President Pro Tempore
4/16/2025 - Senate concurred with House amendments; Roll Call 466: yeas 39, nays 2
- 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: 4/3/2025 - Public Law 26

Recent Status: 4/3/2025 - Signed by the Governor

3/27/2025 - Signed by the President of the Senate