

LeadingAge - IN

Prepared by: Barnes & Thornburg LLP
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HB1011	<p>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.</p> <p><i>Current Status:</i> 12/1/2025 - Referred to House Public Health</p> <p><i>Recent Status:</i> 12/1/2025 - First Reading 12/1/2025 - Authored By Matt Pierce</p>
HB1012	<p>MEDICAID MATTERS (CLERE E) Amends the duties of the office of the secretary of family and social services (office) concerning home and community based services waivers (waiver). Sets forth requirements for conducting an audit of a provider of waiver services. Requires: (1) a waiver recipient to review the recipient's monthly statement and report errors or inconsistencies; and (2) the recipient's case manager to provide assistance to the recipient in reviewing the statements and reporting any errors. Establishes the home and community based services waiver waiting list assistance fund (fund) to provide individuals on a waiver waiting list with access to certain supports. Provides that when the office determines an individual is ineligible for Medicaid, the office shall provide the specific reason for determining the individual is ineligible. Requires the office to review certain bank accounts in determining an individual's Medicaid eligibility. Requires a provider of waiver services to provide a recipient and the recipient's care coordinator with certain billing statements. Provides that appropriations in the budget bill for Medicaid assistance that are budgeted for a waiver that remain unexpended and unencumbered at the close of the state fiscal year and that would otherwise lapse and be returned to the state general fund do not revert to the state general fund, but instead shall be deposited in the fund. Provides that, for the state fiscal year beginning July 1, 2026, and ending June 30, 2027, appropriations in the budget bill for Medicaid assistance in an amount sufficient to cover costs incurred by the office in carrying out specified duties that remain unexpended and unencumbered at the close of the state fiscal year and that would otherwise lapse and be returned to the state general fund do not revert to the state general fund, but instead shall remain available to the office to cover these costs.</p> <p><i>Current Status:</i> 1/13/2026 - Recommitted to Committee on Ways and Means pursuant to House Rule 126.3</p> <p><i>Recent Status:</i> 1/13/2026 - Committee Report amend do pass, adopted 1/13/2026 - House Committee recommends passage, as amended Yeas: 12; Nays: 0</p>
HB1013	<p>EXEMPTION FROM CERTAIN HEALTH CARE MANDATES (LUCAS J) Prohibits an individual from being required to inject, receive an injection of, ingest, inhale, or otherwise incorporate a qualified substance into the individual's body.</p> <p><i>Current Status:</i> 12/1/2025 - Referred to House Public Health</p> <p><i>Recent Status:</i> 12/1/2025 - First Reading 12/1/2025 - Authored By Jim Lucas</p>
HB1029	<p>ALZHEIMER'S DISEASE AND DEMENTIA EDUCATION (PORTER G) Requires the Indiana department of health (state department) to: (1) collaborate with a national Alzheimer's disease and dementia organization in educating the public about Alzheimer's disease and dementia; and (2) identify and collaborate with additional partners in the education.</p>

Requires the state department to partner for outreach in the education and publish certain educational materials on the state department's website. Allows the state department to accept grants, services, and property from public and private entities for the education.

Current Status: 1/20/2026 - House Bills on Third Reading

Recent Status: 1/15/2026 - Second reading ordered engrossed

1/15/2026 - House Bills on Second Reading

- HB1030 ELECTROLOGY SERVICES (ERRINGTON S) Provides that an applicant for an electrologist license does not need to hold a cosmetologist license or esthetician license before applying for an electrologist license. Requires an applicant to complete a combined total of 600 hours of education and experience required under the rules adopted by the state board of cosmetology and barber examiners (board) beginning July 1, 2027. Requires the board to amend the rules for electrology training in a beauty culture school not later than June 30, 2027.
- Current Status:* 1/8/2026 - added as coauthor Representative Pryor
- Recent Status:* 12/1/2025 - Referred to House Employment, Labor and Pensions
12/1/2025 - First Reading
- HB1040 BATTERY AGAINST VULNERABLE WORKERS (MCNAMARA W) Increases the penalty for battery on certain health care employees and school employees. Specifies that the enhancement for battery committed against a department of child services (DCS) employee applies only to those DCS employees whose responsibilities include personally supervising a child or parent, personally providing services to a child or parent, or personally interviewing a child or parent as part of an investigation. Requires the employer of a health care or school employee who is the victim of battery to report the incident to the department of labor.
- Current Status:* 1/14/2026 - Referred to Senate
- Recent Status:* 1/13/2026 - Senate sponsors: Senators Freeman, Carrasco, Raatz
1/13/2026 - Third reading passed; Roll Call 44: yeas 92, nays 1
- HB1162 MEDICAID WAIVER DIRECT CARE STAFF COMPENSATION (NOVAK R) Sets forth requirements for a home and community based services attendant care service Medicaid provider to meet in the use of the state fund share of Medicaid reimbursement for compensation of direct care staff. Requires the provider to submit a cost report annually to verify compliance.
- Current Status:* 1/5/2026 - Referred to House Public Health
- Recent Status:* 1/5/2026 - First Reading
1/5/2026 - Authored By Randy Novak
- HB1180 HEALTH FACILITY MATTERS (SHACKLEFORD R) Requires the state health commissioner to establish a work group to study methods of reducing and preventing health facility resident neglect and submit a report to the general assembly. Requires a health facility to do the following: (1) Designate at least one employee to act as a family advocacy liaison. (2) Establish an independent third party review process for written resident or other individual complaints alleging neglect of a resident. (3) Offer grief support to the family of a deceased resident. Prohibits a health facility from taking retaliatory action against an employee because the employee: (1) discloses actions or practices by the health facility that the employee reasonably believes violate state or federal law; (2) provides information or testifies in investigations or hearings; or (3) assists or participates in proceedings to enforce state law. Urges the legislative council to assign to an appropriate interim committee during the 2026 interim the study of requiring health facilities to meet certain staff-to-patient ratios.
- Current Status:* 1/5/2026 - Referred to House Public Health
- Recent Status:* 1/5/2026 - First Reading
1/5/2026 - Authored By Robin Shackleford
- HB1210 DEPARTMENT OF LOCAL GOVERNMENT FINANCE (SNOW C) Requires a municipal entity that hires or retains a municipal adviser to complete a competitive process at least once every two years to select the municipal adviser. Requires the municipal entity to publish a contract in a prominent location on the municipal entity's website. Eliminates the requirement that the department of local government finance (DLGF) work with the office of technology or another organization that is part of a state educational institution for purposes of posting information on the Indiana transparency website and submitting forms regarding data for local units. Makes changes to procedures regarding the reporting by county assessors of assessment values of real and personal property and parcel level data. Changes the deadline by which a county must submit to the DLGF data regarding real property, personal property, and geographic information system information from September 1 to July 1 of each year. Requires the purchaser of a mobile home to process the paperwork with the bureau of motor vehicles to transfer the title into the purchaser's name within 90 days of the sale. Eliminates provisions allowing certain entities to petition for increases to the maximum ad valorem property tax levy for their firefighting and emergency services fund, fire protection districts, and fire protection territories. Makes procedural changes for civil taxing units not subject to levy limits. Adds the county option circuit

breaker tax credit and local property tax credits to the list of credits that result in a reduction of property tax collections in a political subdivision in which such a credit is applied. Specifies the procedures for the submission of certain forms and related allocation amounts with regard to various allocation areas. Provides that if a redevelopment commission (commission) fails to provide proper notice, the county auditor shall allocate 5% of the relevant assessed value in the allocation area to the respective taxing units. Provides that if the commission notifies the county auditor and the DLGF that it is unable to meet its debt service obligations with regard to the allocation area without all or part of the allocated tax proceeds attributed to the assessed value that has been allocated to the respective taxing units, then the county auditor may not allocate 5% of the assessed value in the allocation area that is used to calculate the allocation and distribution of allocated tax proceeds to the respective taxing units. Removes language regarding the submission and approval, by the DLGF, of a proposed notice, ordinance, or resolution of an adopting body or another governmental entity. Makes provisions for local income tax expenditures related to county staff expenses, courtroom costs of the state judicial system within a county, and funding for property tax homestead credits. Changes reporting requirements by governing bodies to the DLGF regarding guaranteed savings contracts and energy efficient programs used by school corporations. Provides that the property tax rate for the levy imposed to be used for the replacement of fire protection territory equipment is considered part of the maximum permissible ad valorem property tax levy and may not exceed \$0.0333 per \$100 of assessed value. Provides that state distributable property of utilities and railroads remains subject to the minimum valuation floor regardless of when the property is placed in service. Extends a temporary increase in the capitalization rate percentage under the statewide agricultural land base rate determination. Provides that the Jackson County innkeeper's tax rate may not exceed 8% (as opposed to 5% under current law). Provides that the DLGF shall annually publish on the Indiana Register the adjusted cost estimate threshold for a public work project that a board may perform using its own workforce, without awarding a contract. Specifies the method for determining the adjusted cost estimate threshold each year. Requires the county auditor to provide notice to the executive of a county, city, or town (as applicable) if a common area within a residential development is eligible for tax sale before the date of application for judgment and property tax exemption for certain eligible property for taxes first due order for sale is sought. Provides a real and personal property tax exemption for Indiana nonprofit senior living communities beginning with property taxes that are first due and payable in 2027. Provides a property tax exemption for certain eligible property taxes first due and payable in 2025 and 2026. Prohibits an individual or business entity from bidding or purchasing a tract or item of real property offered at tax sale if: (1) the individual; or (2) an individual with a significant ownership interest or financial interest in the business entity also held a significant ownership interest or financial interest in another business entity that; previously purchased a tract or item of real property offered at tax sale and the tract was subsequently included on the delinquency list. Increases the amount of the property tax deduction for a model residence and a residence in

Current Status: 1/7/2026 - House Ways and Means, (Bill Scheduled for Hearing)

Recent Status: 1/5/2026 - Referred to House Ways and Means
1/5/2026 - First Reading

HB1212 MEDICAID COVERAGE FOR HEALTH RELATED SOCIAL NEEDS (MOED J) Requires the office of the secretary of family and social services to apply, not later than October 1, 2026, for approval of a Section 1115 Medicaid demonstration waiver to provide coverage for health related social needs.

Current Status: 1/5/2026 - Referred to House Public Health

Recent Status: 1/5/2026 - First Reading
1/5/2026 - Authored By Justin Moed

HB1277 LONG TERM CARE (BARRETT B) Amends the requirements for a Medicaid home and community based services waiver. Requires the office of the secretary of family and social services (office) to apply to the federal government for: (1) a new Medicaid waiver to provide assisted living services; and (2) an amendment to a specific Medicaid home and community based services waiver to establish an individual cost limit of not more than the institutional cost of nursing facility services. Specifies that provisions concerning reimbursement for assisted living services for individuals who are aged and disabled and receiving services under a Medicaid waiver apply to the new assisted living Medicaid waiver. Requires certain Medicaid recipients to choose the recipient's provider of integrated health care coordination. Provides that integrated health care coordination provided by a provider of assisted living services is not duplicative of certain other services. Specifies that an individual is no longer a member of the covered population upon receiving nursing facility services for 100 consecutive days. Provides that on the one hundredth day, the individual is not a member of the covered population and shall receive Medicaid services under a fee for service program. Requires the office to conduct a comprehensive study of Medicaid reimbursement rates paid to providers of assisted living services.

Current Status: 1/14/2026 - added as coauthor Representative Slager

Recent Status: 1/13/2026 - added as coauthor Representative Goss-Reaves
1/13/2026 - added as coauthor Representative Porter

HB1296 MENTAL HEALTH SERVICES (BASCOC G) Requires the secretary of family and social services to certify integrated reentry and correctional support programs. Requires the owner of a recovery residence to register with the division of mental health and addiction (division). Sets forth the requirements for registration. Requires the division to post a list

of registered recovery residences on the division's public website and include certain information concerning each recovery residence. Requires the division to adopt rules concerning: (1) the investigation of certain complaints; (2) the issuance, revocation, and denial of a registration; and (3) any rules necessary to implement these provisions. Allows the division to contract with certain entities to administer the registration of recovery residences.

Current Status: 1/20/2026 - House Public Health, (Bill Scheduled for Hearing)

Recent Status: 1/12/2026 - added as coauthor Representative Porter

1/6/2026 - Coauthored by Representatives Barrett, Goss-Reaves

- HB1358 INDIANA DEPARTMENT OF HEALTH (BARRETT B) Removes various reporting requirements for the Indiana department of health (state department) and requires the state department to make certain information available on the state department's website. Changes the statewide standing order for the dispensing of a smoking cessation product to a tobacco, vaping, or nicotine cessation product. Amends the date by which a hospital must submit the hospital's fiscal report and patient information report to the state department. Requires: (1) the state department to maintain a trauma registry; and (2) certain health care facilities to submit data to the registry. Establishes requirements for the handling and transporting of infectious waste. Sets forth factors the state department must consider in determining the nature of and civil penalty for a violation of infectious waste requirements. Expands provisions concerning epinephrine, including provisions allowing a pharmacist to dispense and an entity to prescribe epinephrine, to epinephrine. Removes the expiration of provisions concerning lead screening for children. Requires a registered manufacturer, processor, repackager, or wholesale distributor of food, drugs, or cosmetics to comply with federal regulations concerning good manufacturing practices. Allows the state health commissioner to enter and inspect the premises of the manufacturer, processor, repackager, or wholesale distributor. Permits a local health department to conduct inspections of certain manufacturers, processors, repackagers, or wholesale distributors. Amends the information a local child fatality review team and the statewide child fatality review committee may review in conducting a child fatality review. Allows a suicide and overdose fatality review team and a fetal-infant mortality review team to provide records to the state department. Requires the state department to maintain the confidentiality of these records. Requires a medical school to: (1) include nutrition education in the school's curriculum; and (2) require students to complete a rural health rotation. Voids administrative rules concerning infectious waste and the state trauma registry.
- Current Status:* 1/20/2026 - House Public Health, (Bill Scheduled for Hearing)
- Recent Status:* 1/8/2026 - Referred to House Public Health
1/8/2026 - First Reading
- HB1365 FSSA REPORT ON MANAGED CARE ORGANIZATION CONTRACTS (PORTER G) Requires the office of the secretary of family and social services to, not later than March 1, 2026, provide a written report to the budget committee with specified information concerning any termination of a managed care organization's Medicaid contract in 2025.
- Current Status:* 1/8/2026 - Referred to House Public Health
- Recent Status:* 1/8/2026 - First Reading
1/8/2026 - Authored By Gregory Porter
- HB1395 HOSPICE CARE (MILLER K) Prohibits a health facility from including in a contract entered into, renewed, or amended after June 30, 2026, a provision prohibiting a person from transferring a resident to a different facility for hospice care.
- Current Status:* 1/8/2026 - Referred to House Public Health
- Recent Status:* 1/8/2026 - First Reading
1/8/2026 - Coauthored by Representative Garcia Wilburn
- HB1405 PRESCRIPTION DRUG ASSISTANCE PROGRAM FOR THE ELDERLY (CARBAUGH M) Establishes the prescription drug assistance program for the elderly (program) to be administered by the division of aging. Sets forth requirements of the program. Establishes the prescription drug assistance program for the elderly fund. Creates a Class A misdemeanor for fraud under the program.
- Current Status:* 1/8/2026 - Referred to House Public Health
- Recent Status:* 1/8/2026 - First Reading
1/8/2026 - Authored By Martin Carbaugh
- HB1413 REPORT ON INFANT AND MATERNAL CARE (ERRINGTON S) Requires the Indiana department of health to prepare an annual report with specified statistics that compare data from 2021 before abortion restrictions were enacted with data from each subsequent calendar year.
- Current Status:* 1/8/2026 - Referred to House Public Health
- Recent Status:* 1/8/2026 - First Reading
1/8/2026 - Coauthored by Representatives Clere, Shackelford, Bauer

TRAINING CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA (SMITH H) Requires firefighters and persons who are certified or licensed providers of emergency medical services to complete training on Alzheimer's disease and dementia.

Current Status: 1/14/2026 - added as coauthor Representative Cash

Recent Status: 1/8/2026 - Coauthored by Representative Bartels

1/8/2026 - Referred to House Veterans Affairs and Public Safety

SB1

HUMAN SERVICES MATTERS (GARTEN C) Establishes the Indiana rural health transformation fund and makes allotments and expenditures from the fund subject to budget committee review before the allotment and expenditure may occur. Requires the office of the secretary of family and social services to report biennially to the budget committee concerning the use of the money in the fund. Prohibits recipients of Supplemental Nutrition Assistance Program (SNAP) benefits from using SNAP benefits to purchase candy and soft drinks. Requires the office of the secretary of family and social services to apply for a waiver or authorization to implement the prohibition if a waiver or authorization from a federal agency is required. Terminates the state's participation in the use of expanded categorical eligibility within the federal SNAP. Specifies gross income standards and countable resources for SNAP eligibility. Establishes immigration eligibility requirements for SNAP and requires the division of family resources to verify compliance with the requirements and submit information to the federal government about individuals for whom the division could not verify the immigration status. Specifies the time frame for Medicaid eligibility redeterminations. Requires the office of the secretary of family and social services (office) to transmit certain information to the federal government to prevent multiple state Medicaid enrollment. Specifies the time frame concerning the initial date of Medicaid assistance based on the application date. Sets forth additional countable income requirements for Medicaid. Modifies immigration status requirements for Medicaid, including presumptive eligibility and the healthy Indiana plan (HIP), and requires the office to verify compliance of the requirements and report information to the federal government. Modifies work and exemption requirements for HIP and requires the conditions to be met in the three preceding months before an individual applies to HIP. Requires the office to verify compliance with the work requirements on an ongoing basis and at least quarterly. Prohibits the office from expanding the medically frail exemption beyond the federal definition of the term. Removes the 12 month eligibility period for HIP and requires semiannual renewal. Sets forth additional copayments for the use of an emergency room setting for nonemergency services and other services under HIP.

Current Status: 1/15/2026 - Committee Report amend do pass, adopted

Recent Status: 1/15/2026 - Senate Committee recommends passage, as amended Yeas: 9; Nays: 3

1/15/2026 - Senate Appropriations, (Bill Scheduled for Hearing)

SB60

ADVANCED PRACTICE REGISTERED NURSES (HUNLEY A) 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: 1/8/2026 - added as coauthor Senator Garten

Recent Status: 1/6/2026 - added as coauthor Senator Niezgodski

1/6/2026 - removed as third author Senator Niezgodski

SB85

HEALTH CARE DEBT AND COSTS (CHARBONNEAU E) Authorizes the attorney general to enforce provisions concerning wage garnishment and principal residence lien restrictions and establish a complaint process. Requires hospitals to do the following: (1) Offer a person who meets certain income guidelines and has received health services the opportunity to pay the charges through a payment plan that satisfies certain requirements. (2) Develop a written notice about a charity care program operated by the hospital, provide the notice to patients, and post the notice. (3) Include certain information concerning financial assistance on a billing statement. (4) Requires a hospital that reports an annual gross patient revenue of at least \$20,000,000 to provide written notice and information to a person who has requested an eligibility determination concerning a payment plan or charity care. Provides that the unpaid earnings of a consumer who meets specified income eligibility requirements may not be attached by garnishment if an individual makes 200% of the federal income poverty level or less, and limits the amount to be garnished over a certain amount of the individual's disposable earnings in satisfaction of: (1) health care debt owed or alleged to be owed by the consumer; or (2) any amount of the judgment that represents health care debt determined to be owed by the consumer. Provides that: (1) health care debt owed or alleged to be owed by a consumer; or (2) in an action against a consumer in which a judgment has been entered, the amount of the judgment that represents health care debt determined to be owed by the consumer; does not constitute a lien against the consumer's principal residence for a consumer. Provides that in any action filed in Indiana for the recovery of health care debt owed or alleged to be owed by a consumer, the principal residence of the consumer is not liable to judgment or attachment or to be sold on execution against the consumer.

Current Status: 1/8/2026 - added as coauthor Senator Yoder

Recent Status: 1/8/2026 - added as coauthor Senator Becker
12/10/2025 - Senate Health and Provider Services, (Bill Scheduled for Hearing)

- SB116 MEDICAID MATTERS (YODER S) Requires the office of the secretary of family and social services (office) to post information concerning the criteria for being determined to be medically frail and examples of notices on the office's website. Specifies requirements for a notice of Medicaid termination. Requires the office and managed care organizations to review all timely submitted information in a Medicaid redetermination before terminating coverage of a recipient. Requires a managed care organization to report information concerning: (1) claim denials under the Medicaid program on a quarterly basis; and (2) certain information on a monthly basis. Requires the office to post the reports on the office's website. Provides that the healthy Indiana plan includes at least 30 days of retroactive coverage.
- Current Status:* 12/9/2025 - Referred to Senate Health and Provider Services
Recent Status: 12/9/2025 - First Reading
12/9/2025 - Authored By Shelli Yoder
- SB173 HEALTH CARE MATTERS (JOHNSON T) Prohibits: (1) the state employee health plan; (2) the Medicaid program; (3) an accident and sickness insurance policy; and (4) a health maintenance organization individual or group contract; from imposing a time limit on the amount of anesthesia time for a medical procedure or otherwise restricting or excluding coverage or payment of anesthesia time. Modifies the definitions of "charity care" and "community benefits" for purposes of certain hospital reporting requirements. Requires additional reporting of information by nonprofit hospitals to the Indiana department of health (state department). Requires the report to be posted on the nonprofit hospital's website and the state department's website. Increases the penalty for failure to file the report and changes the time frame in which the penalty may be assessed. Specifies that any penalty be deposited in the local public health fund. Allows for certain practitioners to provide neuroplastogen treatment concerning qualified patients with life threatening conditions if certain requirements are met. Allows for research to be conducted on neuroplastogen access. Requires reporting of adverse events and annual reporting of patient statistical information concerning the neuroplastogen treatment. Provides for immunity when treating using neuroplastogens. Requires a clinical peer to disclose certain information for a peer to peer review of an adverse determination. Prohibits a utilization review entity from using artificial intelligence as the primary means for making adverse determinations. Prohibits a health insurer from engaging in certain downcoding practices and sets forth conditions for downcoding a claim. Authorizes the department of insurance to enforce the downcoding requirements and impose certain penalties for a violation. Prohibits an insurer, pharmacy benefit manager, or other administrator of pharmacy benefits from designating a prescription drug as a specialty drug unless certain conditions are met.
- Current Status:* 1/15/2026 - Committee Report amend do pass adopted; reassigned to Committee on Appropriations
Recent Status: 1/14/2026 - Senate Committee recommends passage, as amended Yeas: 10; Nays: 0
1/14/2026 - Senate Health and Provider Services, (Bill Scheduled for Hearing)
- SB180 VARIOUS HEALTH CARE MATTERS (BROWN L) Eliminates a requirement that home health aide competency evaluation program training include at least 75 hours of training and 16 hours of classroom training before supervised practical training. Amends the educational requirements for dental hygienists. Amends the requirements for administration of nitrous oxide by a dental hygienist. Allows the state board of dentistry to establish additional requirements for an applicant who has failed the licensure examination at least three times. Amends the licensure and temporary permit requirements for respiratory care practitioners. Provides that a current or former police officer or firefighter (first responder) may recover medical benefits from the first responder's employer for an employment related injury or illness without first proceeding with a worker's compensation claim. Provides that if a first responder pursues a worker's compensation claim for medical benefits and the claim is withdrawn or denied, the first responder is not precluded from recovering medical benefits from the employer. Repeals the penalty in Title 16 concerning the crime of transferring contaminated semen. (Current statute contains a transferring of contaminated body fluids crime in Title 35 remains in law.)
- Current Status:* 1/15/2026 - Committee Report amend do pass adopted; reassigned to Committee on Appropriations
Recent Status: 1/14/2026 - Senate Committee recommends passage, as amended Yeas: 11; Nays: 0
1/14/2026 - Senate Health and Provider Services, (Bill Scheduled for Hearing)
- SB222 FAMILY AND SOCIAL SERVICES ADMINISTRATION MATTERS (CHARBONNEAU E) Adds the 9-8-8 crisis response center and a mobile crisis team as first responders. Requires certified peers to be trained and certified by the division of mental health and addiction or an approved nationally accredited certification body. Amends the definition of "qualified provider" concerning the Medicaid program. Requires the office of the secretary of family and social services to limit presumptive eligibility determinations to qualified providers and sets forth requirements. Requires rules to be

adopted concerning the implementation and administration of certification requirements for specified entities and amends standards. Changes the name of the division of disability and rehabilitative services to the division of disability, aging, and rehabilitative services. Repeals the division of aging and moves existing statutes and administrative rules to other locations. Renames the bureau of aging and in-home services to the bureau of better aging (bureau) and designates the bureau to perform certain duties once performed by the division of aging. Eliminates the requirement of a preferred drug list report. Extends the expiration of the micro facility pilot program. Authorizes the legislative services agency to prepare any legislation necessary to conform with the changes made.

Current Status: 1/15/2026 - Committee Report amend do pass, adopted

Recent Status: 1/14/2026 - Senate Committee recommends passage, as amended Yeas: 12; Nays: 0

1/14/2026 - Senate Health and Provider Services, (Bill Scheduled for Hearing)

SB275

FSSA FISCAL MATTERS (MISHLER R) Establishes a time frame in which the bureau of disabilities services must review and approve or deny requests for an increase in service units provided to certain individuals with a disability. Reduces the income levels as a percentage of the federal poverty level for purposes of the Medicaid eligibility of certain Medicare beneficiaries. Repeals a provision prohibiting the office of the secretary of family and social services from reducing reimbursement for home health services. Specifies that public notice of at least six months (rather than one year) must be provided before a health facility service reimbursement that results in a reduction in reimbursement may be changed. Removes language providing that a claim by the estate recovery unit of the office of Medicaid policy and planning (estate recovery unit) is forever barred unless the estate recovery unit takes certain action against the decedent's estate not later than 120 days after the date of death of the decedent.

Current Status: 1/15/2026 - Senate Committee recommends passage, as amended Yeas: 9; Nays: 3

Recent Status: 1/15/2026 - Senate Appropriations, (Bill Scheduled for Hearing)

1/8/2026 - Referred to Senate Appropriations

SB287

TAX MATTERS (HOLDMAN T) Provides a real and personal property tax exemption for Indiana nonprofit senior living communities beginning with property taxes that are first due and payable in 2027.

Current Status: 1/20/2026 - Senate Tax and Fiscal Policy, (Bill Scheduled for Hearing)

Recent Status: 1/12/2026 - Referred to Senate Tax and Fiscal Policy

1/12/2026 - First Reading