



Adopted	Rejected
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COMMITTEE REPORT

YES:	11
NO:	0

MR. SPEAKER:

Your Committee on Public Health, to which was referred Senate Bill 132, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:

- 1 Page 5, line 13, delete "one" and insert "**two hundred ten (210)**
- 2 **days**".
- 3 Page 5, line 14, delete "hundred eighty (180) days".
- 4 Page 7, between lines 34 and 35, begin a new paragraph and insert:
- 5 "SECTION 4. IC 16-21-6-3, AS AMENDED BY THE
- 6 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
- 7 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 8 JULY 1, 2024]: Sec. 3. (a) Each hospital shall file with the state
- 9 department a report for the preceding fiscal year within one hundred
- 10 twenty (120) days after the end of the hospital's fiscal year. For the
- 11 filing of a report, ~~for 2022~~, the state department shall grant an
- 12 extension of the time to file the report if the hospital shows good cause
- 13 for the extension. The report must contain the following:
- 14 (1) A copy of the hospital's balance sheet, including a statement

- 1 describing the hospital's total assets and total liabilities.
- 2 (2) A copy of the hospital's income statement.
- 3 (3) A statement of changes in financial position.
- 4 (4) A statement of changes in fund balance.
- 5 (5) Accountant notes pertaining to the report.
- 6 (6) A copy of the hospital's report required to be filed annually
- 7 under 42 U.S.C. 1395g, and other appropriate utilization and
- 8 financial reports required to be filed under federal statutory law.
- 9 (7) Net patient revenue and total number of paid claims, including
- 10 providing the information as follows:
 - 11 (A) The net patient revenue and total number of paid claims
 - 12 for inpatient services for:
 - 13 (i) Medicare;
 - 14 (ii) Medicaid;
 - 15 (iii) commercial insurance, including inpatient services
 - 16 provided to patients participating in a fully-funded health
 - 17 insurance plan or a self-funded health insurance plan;
 - 18 (iv) self-pay; and
 - 19 (v) any other category of payer.
 - 20 (B) The net patient revenue and total number of paid claims
 - 21 for outpatient services for:
 - 22 (i) Medicare;
 - 23 (ii) Medicaid;
 - 24 (iii) commercial insurance, including outpatient services
 - 25 provided to patients participating in a fully-funded health
 - 26 insurance plan or a self-funded health insurance plan;
 - 27 (iv) self-pay; and
 - 28 (v) any other category of payer.
 - 29 (C) The total net patient revenue and total number of paid
 - 30 claims for:
 - 31 (i) Medicare;
 - 32 (ii) Medicaid;
 - 33 (iii) commercial insurance, including the total net patient
 - 34 revenue for services provided to patients participating in a
 - 35 fully-funded health insurance plan or a self-funded health
 - 36 insurance plan;
 - 37 (iv) self-pay; and
 - 38 (v) any other category of payer.

- 1 (8) Net patient revenue and total number of paid claims from
- 2 facility fees, including providing the information as follows:
- 3 (A) The net patient revenue and total number of paid claims
- 4 for inpatient services from facility fees for:
- 5 (i) Medicare;
- 6 (ii) Medicaid;
- 7 (iii) commercial insurance, including inpatient services from
- 8 facility fees provided to patients participating in a
- 9 fully-funded health insurance plan or a self-funded health
- 10 insurance plan;
- 11 (iv) self-pay; and
- 12 (v) any other category of payer.
- 13 (B) The net patient revenue and total number of paid claims
- 14 for outpatient services from facility fees for:
- 15 (i) Medicare;
- 16 (ii) Medicaid;
- 17 (iii) commercial insurance, including outpatient services
- 18 from facility fees provided to patients participating in a
- 19 fully-funded health insurance plan or a self-funded health
- 20 insurance plan;
- 21 (iv) self-pay; and
- 22 (v) any other category of payer.
- 23 (C) The total net patient revenue and total number of paid
- 24 claims from facility fees for:
- 25 (i) Medicare;
- 26 (ii) Medicaid;
- 27 (iii) commercial insurance, including the total net patient
- 28 revenue from facility fees provided ~~from facility fees~~ to
- 29 patients participating in a fully-funded health insurance plan
- 30 or a self-funded health insurance plan;
- 31 (iv) self-pay; and
- 32 (v) any other category of payer.
- 33 (9) Net patient revenue and total number of paid claims from
- 34 professional fees, including providing the information as follows:
- 35 (A) The net patient revenue and total number of paid claims
- 36 for inpatient services from professional fees for:
- 37 (i) Medicare;
- 38 (ii) Medicaid;

- 1 (iii) commercial insurance, including inpatient services from
- 2 professional fees provided to patients participating in a
- 3 fully-funded health insurance plan or a self-funded health
- 4 insurance plan;
- 5 (iv) self-pay; and
- 6 (v) any other category of payer.
- 7 (B) The net patient revenue and total number of paid claims
- 8 for outpatient services from professional fees for:
- 9 (i) Medicare;
- 10 (ii) Medicaid;
- 11 (iii) commercial insurance, including outpatient services
- 12 from professional fees provided to patients participating in
- 13 a fully-funded health insurance plan or a self-funded health
- 14 insurance plan;
- 15 (iv) self-pay; and
- 16 (v) any other category of payer.
- 17 (C) The total net patient revenue and total number of paid
- 18 claims from professional fees for:
- 19 (i) Medicare;
- 20 (ii) Medicaid;
- 21 (iii) commercial insurance, including the total net patient
- 22 revenue from professional fees provided to patients
- 23 participating in a fully-funded health insurance plan or a
- 24 self-funded health insurance plan;
- 25 (iv) self-pay; and
- 26 (v) any other category of payer.
- 27 (10) A statement including:
- 28 (A) Medicare gross revenue;
- 29 (B) Medicaid gross revenue;
- 30 (C) other revenue from state programs;
- 31 (D) revenue from local government programs;
- 32 (E) local tax support;
- 33 (F) charitable contributions;
- 34 (G) other third party payments;
- 35 (H) gross inpatient revenue;
- 36 (I) gross outpatient revenue;
- 37 (J) contractual allowance;
- 38 (K) any other deductions from revenue;

- 1 (L) charity care provided;
- 2 (M) itemization of bad debt expense; and
- 3 (N) an estimation of the unreimbursed cost of subsidized
- 4 health services.
- 5 (11) A statement itemizing donations.
- 6 (12) A statement describing the total cost of reimbursed and
- 7 unreimbursed research.
- 8 (13) A statement describing the total cost of reimbursed and
- 9 unreimbursed education separated into the following categories:
- 10 (A) Education of physicians, nurses, technicians, and other
- 11 medical professionals and health care providers.
- 12 (B) Scholarships and funding to medical schools, and other
- 13 postsecondary educational institutions for health professions
- 14 education.
- 15 (C) Education of patients concerning diseases and home care
- 16 in response to community needs.
- 17 (D) Community health education through informational
- 18 programs, publications, and outreach activities in response to
- 19 community needs.
- 20 (E) Other educational services resulting in education related
- 21 costs.
- 22 (b) The information in the report filed under subsection (a) must be
- 23 provided from reports or audits certified by an independent certified
- 24 public accountant or by the state board of accounts.
- 25 (c) A hospital that fails to file the report required under subsection
- 26 (a) by the date required shall pay to the state department a fine of one
- 27 thousand dollars (\$1,000) per day for which the report is past due. A
- 28 fine under this subsection shall be deposited into the payer affordability
- 29 penalty fund established by IC 12-15-1-18.5.
- 30 ~~(d) If a hospital submitted the hospital's report for 2022 before July~~
- 31 ~~1, 2023; the hospital must submit a revised report with the data set~~

1 ~~forth in subsection (a)(7) through (a)(9) before December 1, 2023. This~~
2 ~~subsection expires December 31, 2023."~~

3 Renumber all SECTIONS consecutively.
 (Reference is to SB 132 as reprinted February 6, 2024.)

and when so amended that said bill do pass.

Representative Barrett