HOUSE BILL No. 1274

DIGEST OF INTRODUCED BILL

Citations Affected: IC 6-3.6; IC 16-18-2; IC 16-46; IC 21-13; IC 21-44; IC 25-14-5.

Synopsis: Health finance matters. Adds capital projects, technology upgrades, and operational expenses for certain county hospitals to the definition of "public safety" for purposes of local income tax revenue use. Increases the maximum local income tax that may be imposed in certain counties if a tax rate is adopted for purposes related to certain hospitals located in the county. Establishes the rural hospital clinically integrated network grant program to provide grants to rural hospital clinically integrated networks. Establishes the Indiana rural hospital and critical health care services fund (rural health care services fund) for the purpose of awarding grants to certain rural hospitals. Provides that the Indiana department of health (state department) administers the rural health care services fund. Establishes the following: (1) The health workforce student loan repayment program (program). (2) The health workforce advisory board (advisory board). (3) The health workforce student loan repayment program fund (repayment program fund) for the purpose of providing funds to repay outstanding student loans of certain health providers who meet the program requirements. Provides that the state department shall administer the program and repayment program fund. Establishes: (1) the imposition of fees at the time a license is issued or renewed for certain health profession licenses; and (2) qualifications to receive a student loan repayment. award under the program. Provides that, beginning July 1, 2025, the state department and each board included in the program may award a student loan repayment to an eligible applicant who is a provider licensed by the board. Provides that money in the repayment program fund is continuously appropriated. Repeals provisions concerning the (Continued next page)

Effective: Upon passage; July 1, 2025.

Manning

January 13, 2025, read first time and referred to Committee on Ways and Means.



Digest Continued

following: (1) The primary care physician loan forgiveness program. (2) The mental health services development programs. (3) The dental underserved area and minority recruitment program. Urges the legislative council to assign to an appropriate interim study committee the task of studying topics related to the rural health care services fund. Urges the legislative council to assign to an appropriate study committee the task of studying certain topics related to health care services.



First Regular Session of the 124th General Assembly (2025)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2024 Regular Session of the General Assembly.

HOUSE BILL No. 1274

A BILL FOR AN ACT to amend the Indiana Code concerning health and to make an appropriation.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 6-3.6-2-14, AS AMENDED BY P.L.148-2024,
2	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2025]: Sec. 14. "Public safety" refers to the following:
4	(1) A police and law enforcement system to preserve public peace
5	and order.
6	(2) A firefighting and fire prevention system.
7	(3) Emergency ambulance services (as defined in
8	IC 16-18-2-107).
9	(4) Emergency medical services (as defined in IC 16-18-2-110).
0	(5) Emergency action (as defined in IC 13-11-2-65).
1	(6) A probation department of a court.
2	(7) Confinement, supervision, services under a community
3	corrections program (as defined in IC 35-38-2.6-2), or other
4	correctional services for a person who has been:
5	(A) diverted before a final hearing or trial under an agreement



1	that is between the prosecuting attorney of the appropriate
2	judicial circuit and the person or the person's custodian,
3	guardian, or parent and that provides for confinement,
4	supervision, community corrections services, or other
5	correctional services instead of a final action described in
6	clause (B) or (C);
7	(B) convicted of a crime; or
8	(C) adjudicated as a delinquent child or a child in need of
9	services.
10	(8) A juvenile detention facility under IC 31-31-8.
11	(9) A juvenile detention center under IC 31-31-9.
12	(10) A county jail.
13	(11) A communications system (as defined in IC 36-8-15-3), an
14	enhanced emergency telephone system (as defined in
15	IC 36-8-16-2, before its repeal on July 1, 2012), a PSAP (as
16	defined in IC 36-8-16.7-20) that is part of the statewide 911
17	system (as defined in IC 36-8-16.7-22) and located within the
18	county, or the statewide 911 system (as defined in
19	IC 36-8-16.7-22).
20	(12) Medical and health expenses for jailed inmates and other
21	confined persons.
22	(13) Pension payments for any of the following:
23	(A) A member of a fire department (as defined in IC 36-8-1-8)
24	or any other employee of the fire department.
25	(B) A member of a police department (as defined in
26	IC 36-8-1-9), a police chief hired under a waiver under
27	IC 36-8-4-6.5, or any other employee hired by the police
28	department.
29	(C) A county sheriff or any other member of the office of the
30	county sheriff.
31	(D) Other personnel employed to provide a service described
32	in this section.
33	(14) Law enforcement training.
34	(15) In the case of a county that:
35	(A) has a population of less than fifty thousand (50,000);
36	and
37	(B) owns and operates a hospital under IC 16-22;
38	capital projects, technology upgrades, and operational
39	expenses for the county hospital.
40	SECTION 2. IC 6-3.6-6-2, AS ADDED BY P.L.243-2015,
41	SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42	JULY 1, 2025]: Sec. 2. (a) This section applies to all counties.



1	(b) Except as provided in subsection (c), the adopting body may
2	impose a tax rate under this chapter that does not exceed:
3	(1) two and five-tenths percent (2.5%) in all counties other than
4	Marion County; and
5	(2) two and seventy-five hundredths percent (2.75%) in Marion
6	County;
7	on the adjusted gross income of local taxpayers in the county served by
8	the adopting body.
9	(c) This subsection applies only to a county having a population
10	of less than fifty thousand (50,000) in which a hospital that is a:
11	(1) hospital owned and operated by the county under
12	IC 16-22; or
13	(2) critical access hospital that meets the criteria under 42
14	CFR 485.601 et seq. and that provides:
15	(A) an emergency department that operates twenty-four
16	(24) hours a day, seven (7) days a week, three hundred
17	sixty-five (365) days a year;
18	(B) full-time obstetric and maternal services;
19	(C) primary care services, including access to primary care
20	providers for:
21	(i) initial diagnosis and treatment of various health
22	conditions; and
23	(ii) managing chronic conditions; and
24	(D) emergency medical services, unless the county
25	government otherwise operates, maintains, or contracts for
26	emergency medical services;
27	is located. The adopting body may impose a tax rate under this
28	chapter that exceeds two and five-tenths percent (2.5%) on the
29	adjusted gross income of local taxpayers in the county served by
30	the adopting body if the adopting body adopts an ordinance under
31	section 3.1 of this chapter. However, the tax rate imposed under
32	this chapter may not exceed two and seventy-five hundredths
33	percent (2.75%).
34	SECTION 3. IC 6-3.6-6-3, AS AMENDED BY P.L.137-2024,
35	SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36	JULY 1, 2025]: Sec. 3. (a) Revenue raised from a tax imposed under
37	this chapter shall be treated as follows:
38	(1) To make the following distributions:
39 40	(A) If an ordinance described in section 2.5 of this chapter is
40 41	in effect in a county, to make a distribution to the county equal
41	to the amount of revenue generated by the rate imposed under
42	section 2.5 of this chapter.



1	(B) If an ordinance described in section 2.6 of this chapter is
2	in effect in a county, to make a distribution to the county equal
3	to the amount of revenue generated by the rate imposed under
4	section 2.6 of this chapter.
5	(C) If an ordinance described in section 2.7 of this chapter is
6	in effect in a county, to make a distribution to the county equal
7	to the amount of revenue generated by the rate imposed under
8	section 2.7 of this chapter.
9	(D) If an ordinance described in section 2.8 of this chapter is
10	in effect in a county, to make a distribution to the county equal
11	to the amount of revenue generated by the rate imposed under
12	section 2.8 of this chapter.
13	(E) If an ordinance described in section 3.1 of this chapter
14	is in effect in a county, to make a distribution to the county
15	equal to the amount of revenue generated by the rate
16	imposed under section 3.1 of this chapter.
17	(2) After making the distributions described in subdivision (1), if
18	any, to make distributions to school corporations and civil taxing
19	units in counties that formerly imposed a tax under IC 6-3.5-1.1
20	(repealed). The revenue categorized from the next twenty-five
21	hundredths percent (0.25%) of the rate for a former tax adopted
22	under IC 6-3.5-1.1 (repealed) shall be allocated to school
23	corporations and civil taxing units. The amount of the allocation
24	to a school corporation or civil taxing unit shall be determined
25	using the allocation amounts for civil taxing units and school
26	corporations in the county.
27	(3) After making the distributions described in subdivisions (1)
28	and (2), the remaining revenue shall be treated as additional
29	revenue (referred to as "additional revenue" in this chapter).
30	Additional revenue may not be considered by the department of
31	local government finance in determining:
32	(A) any taxing unit's maximum permissible property tax levy
33	limit under IC 6-1.1-18.5; or
34	(B) the approved property tax rate for any fund.
35	(b) In the case of a civil taxing unit that has pledged the tax from
36	additional revenue for the payment of bonds, leases, or other
37	obligations as reported by the civil taxing unit under IC 5-1-18, the
38	adopting body may not, under section 4 of this chapter, reduce the
39	proportional allocation of the additional revenue that was allocated in
40	the preceding year if the reduction for that year would result in an
41	amount less than the amount necessary for the payment of bonds,
42	leases, or other obligations payable or required to be deposited in a



1	sinking fund or other reserve in that year for the bonds, leases, or other
2	obligations for which the tax from additional revenue has been pledged.
3	To inform an adopting body with regard to allocations that affect the
4	payment of bonds, leases, or other obligations, a taxing unit may
5	provide the adopting body with information regarding any outstanding
6	bonds, leases, or other obligations that are secured by additional
7	revenue. The information must be provided before the date of the
8	public hearing at which the adopting body may change the allocation
9	of additional revenue under section 4 of this chapter.
10	SECTION 4. IC 6-3.6-6-3.1 IS ADDED TO THE INDIANA CODE
11	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
12	1, 2025]: Sec. 3.1. (a) This section applies to a county having a
13	population of less than fifty thousand (50,000) in which a hospital
14	that is a:
15	(1) county hospital; or
16	(2) critical access hospital;
17	is located.
18	(b) As used in this section, "county hospital" means a hospital
19	that is owned and operated by the county under IC 16-22.
20	(c) As used in this section, "critical access hospital" means a
21	critical access hospital that meets the criteria under 42 CFR
22	485.601 et seq. and that provides:
23	(1) an emergency department that operates twenty-four (24)
24	hours a day, seven (7) days a week, three hundred sixty-five
25	(365) days a year;
26	(2) full-time obstetric and maternal services;
27	(3) primary care services, including access to primary care
28	providers for:
29	(A) initial diagnosis and treatment of various health
30	conditions; and
31	(B) managing chronic conditions; and
32	(4) emergency medical services, unless the county government
33	otherwise operates, maintains, or contracts for emergency
34	medical services.
35	(d) A county fiscal body may adopt an ordinance to impose a tax
36	rate for:
37	(1) critical access hospitals; and
38	(2) county hospitals;
39	that are located in the county. The tax rate must be in increments
40	of one-hundredth of one percent (0.01%) and may not exceed
41	twenty-five hundredths of one percent (0.25%).

(e) The revenue generated by a tax rate imposed under this



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section mu	ust be distributed	directly to the	county before the
remainder	of the expenditure	e rate revenue i	s distributed. The
revenue sh	all be maintained ir	ı a separate dedi	cated county fund.
The county	y may distribute the	revenue directly	to a critical access
hospital or	a county hospital,	or use the reven	ue to pay costs on
	he critical access hos	•	
revenue n	nay be used only	for paying for	capital projects,
technology	upgrades, and oper	ational expenses	of a critical access
hospital or	a county hospital.		

SECTION 5. IC 6-3.6-9-10, AS AMENDED BY P.L.137-2024, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 10. The budget agency shall also certify information concerning the part of the certified distribution that is attributable to each of the following:

- (1) The tax rate imposed under IC 6-3.6-5.
- (2) The tax rate imposed under IC 6-3.6-6, separately stating:
 - (A) the part of the distribution attributable to a tax rate imposed under IC 6-3.6-6-2.5;
 - (B) the part of the distribution attributable to a tax rate imposed under IC 6-3.6-6-2.6; and
 - (C) the part of the distribution attributable to a tax rate imposed under IC 6-3.6-6-2.7; and
 - (D) the part of the distribution attributable to a tax rate imposed under IC 6-3.6-6-3.1.
- (3) Each tax rate imposed under IC 6-3.6-7.
- (4) In the case of Marion County, the local income taxes paid by local taxpayers described in IC 6-3.6-2-13(3).

The amount certified shall be adjusted to reflect any adjustment in the certified distribution under this chapter.

SECTION 6. IC 16-18-2-106.8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 106.8. "Eligible hospital", for purposes of IC 16-46-18, has the meaning set forth in IC 16-46-18-1.

SECTION 7. IC 16-18-2-143, AS AMENDED BY P.L.1-2010, SECTION 69, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 143. (a) "Fund", for purposes of IC 16-26-2, has the meaning set forth in IC 16-26-2-2.

- (b) "Fund", for purposes of IC 16-31-8.5, has the meaning set forth in IC 16-31-8.5-2.
- (c) "Fund", for purposes of IC 16-41-39.4, refers to the childhood lead poisoning prevention fund established by IC 16-41-39.4-3.1.



1	(d) "Fund", for purposes of IC 16-41-39.8, refers to the lead trust
2	fund established by IC 16-41-39.8-7.
2	(a) "Fund" for nurposes of IC 16.46.5 has the magning set forth in

- (e) "Fund", for purposes of IC 16-46-5, has the meaning set forth in IC 16-46-5-3.
- (f) "Fund", for purposes of IC 16-46-12, has the meaning set forth in IC 16-46-12-1.
- (g) "Fund", for purposes of IC 16-41-42.2, has the meaning set forth in IC 16-41-42.2-2.
- (h) "Fund", for purposes of IC 16-35-8, has the meaning set forth in IC 16-35-8-2.
- (i) "Fund", for purposes of IC 16-46-18, has the meaning set forth in IC 16-46-18-2.
- (j) "Fund", for purposes of IC 16-46-19, has the meaning set forth in IC 16-46-19-1.

SECTION 8. IC 16-18-2-320.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 320.6.** "Rural hospital", for purposes of IC 16-46-19, has the meaning set forth in IC 16-46-19-2.

SECTION 9. IC 16-18-2-320.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 320.7.** "Rural hospital clinically integrated network", for purposes of IC 16-46-19, has the meaning set forth in IC 16-46-19-3.

SECTION 10. IC 16-46-18 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]:

Chapter 18. Indiana Rural Hospital and Critical Health Care Services Fund

- Sec. 1. As used in this chapter, "eligible hospital" means a hospital located in a county having a population of less than fifty thousand (50,000) that is a:
 - (1) critical access hospital that meets the criteria under 42 CFR 485.601 et seq.; or
 - (2) hospital owned and operated by the county under IC 16-22.
- Sec. 2. As used in this chapter, "fund" refers to the Indiana rural hospital and critical health care services fund established by section 3 of this chapter.
- Sec. 3. (a) The Indiana rural hospital and critical health care services fund is established for the purpose of awarding grants under this chapter.



1	(b) The fund shan be administered by the state department.
2	(c) The fund consists of:
3	(1) appropriations from the general assembly; and
4	(2) grants, gifts, and donations to the fund.
5	(d) The expenses of administering the fund shall be paid from
6	money in the fund.
7	Sec. 4. An eligible hospital may apply for a grant from the fund
8	in the form and manner prescribed by the state department.
9	Sec. 5. Subject to section 6 of this chapter, of the amount
10	available to make grants in a state fiscal year, the state department
11	shall award grants in equal amounts to each eligible hospital that
12	submits an application.
13	Sec. 6. The state department shall allocate at least seventy-five
14	percent (75%) of the amount available to the state department to
15	make grants in a state fiscal year to eligible hospitals that provide
16	the following:
17	(1) An emergency department that operates twenty-four (24)
18	hours a day, seven (7) days a week, three hundred sixty-five
19	(365) days a year.
20	(2) Full-time obstetric and maternal services.
21	(3) Primary care services, including access to primary care
22	providers for:
23	(A) initial diagnosis and treatment of various health
24 25	conditions; and
25	(B) managing chronic conditions.
26	(4) Emergency medical services, unless the county
27	government otherwise operates, maintains, or contracts for
28	emergency medical services.
29	Sec. 7. A grant awarded to an eligible hospital from the fund
30	may be used for:
31	(1) facility, technology, or equipment upgrades; and
32	(2) any other operational expense or purpose as determined
33	necessary by the eligible hospital.
34	Sec. 8. Except as otherwise provided in this chapter, the state
35	department may not impose terms or conditions on a grant
36	awarded from the fund.
37	SECTION 11. IC 16-46-19 IS ADDED TO THE INDIANA CODE
38	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
39	JULY 1, 2025]:
40	Chapter 19. Rural Hospital Clinically Integrated Network
41	Grant Program
42	Sec. 1. As used in this chapter, "fund" refers to the rural



1	hospital clinically integrated network fund established by section
2	6 of this chapter.
3	Sec. 2. As used in this chapter, "rural hospital" means a hospital
4	located in a county having a population of less than fifty thousand
5	(50,000).
6	Sec. 3. As used in this chapter, "rural hospital clinically
7	integrated network" means a collaboration between rural hospitals
8	and health care providers that:
9	(1) is established to:
10	(A) facilitate collaboration among health care providers in
11	rural areas;
12	(B) improve patient outcomes;
13	(C) improve operational sustainability among participating
14	hospitals and health care providers;
15	(D) reduce health care costs; and
16	(E) negotiate the terms and conditions of health provider
17	contracts (as defined in IC 27-1-37-3);
18	(2) complies with applicable state and federal laws;
19	(3) has a governance structure that includes representation of
20	each participating rural hospital and health care provider;
21	and
22	(4) may include collaboration with other rural health care
23	entities, such as independent rural health clinics, independent
24	physician practices, or community based organizations
25	focused on addressing social determinants of health.
26	Sec. 4. The rural hospital clinically integrated network grant
27	program is established to provide grants to rural hospital clinically
28	integrated networks to do the following:
29	(1) Implement data sharing platforms.
30	(2) Enter into value based health care reimbursement
31	agreements.
32	(3) Use data analysis software to:
33	(A) provide risk stratification; and
34	(B) manage patient referrals.
35	(4) Develop an integrated system for patient care
36	coordination.
37	(5) Staff the rural hospital clinically integrated network.
38	Sec. 5. (a) The state department shall administer the rural
39	hospital clinically integrated network grant program.
10	(b) The state department may contract with the Indiana Rural
11	Health Association to administer the rural hospital clinically

integrated network grant program.



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1	Sec. 6. (a) The rural hospital clinically integrated network fund
2	is established for the purpose of providing grants under this
3	chapter. The state department shall administer the fund.
4	(b) The fund consists of:
5	(1) appropriations from the general assembly; and
6	(2) grants, gifts, and donations to the fund.
7	(c) The expenses of administering the fund shall be paid from
8	money in the fund.
9	Sec. 7. To be eligible for a grant, a rural hospital clinically
10	integrated network must do the following:
11	(1) Apply to the state department in the manner and on a
12	form prescribed by the state department.
13	(2) Provide the state department with a strategic plan to meet
14	the goals described in section 4 of this chapter.
15	(3) Agree to provide an amount equal to at least twenty
16	percent (20%) of the amount of the awarded grant for the
17	purpose of meeting the goals described in section 4 of this
18	chapter.
19	Sec. 8. A grant awarded under this chapter may not exceed
20	three million five hundred thousand dollars (\$3,500,000).
21	Sec. 9. A rural hospital clinically integrated network that
22	receives a grant under this chapter shall, not later than July 1,
23 24	2026, and each July 1 thereafter, submit a report to the state
24	department summarizing the network's use of the grant funds and
25	the status of the network's strategic plan described in section 7(2)
26	of this chapter.
27	SECTION 12. IC 21-13-1-5, AS AMENDED BY P.L.148-2016,
28	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
29	JULY 1, 2025]: Sec. 5. "Fund":
30	(1) for purposes of IC 21-13-2, refers to the William A. Crawford
31	minority teacher scholarship fund established by IC 21-13-2-1;
32	(2) for purposes of IC 21-13-4, refers to the National Guard
33	tuition supplement program fund established by IC 21-13-4-1;
34	(3) for purposes of IC 21-13-5, refers to the National Guard
35	scholarship extension fund established by IC 21-13-5-1; and
36	(4) for purposes of IC 21-13-6, refers to the primary care
37	physician loan forgiveness fund established by IC 21-13-6-3; and
38	(5) (4) for purposes of IC 21-13-6.5, refers to the medical
39	residency education fund established by IC 21-13-6.5-1.
40	SECTION 13. IC 21-13-6 IS REPEALED [EFFECTIVE JULY 1,
41	2025]. (Primary Care Physician Loan Forgiveness Program).
42	SECTION 14. IC 21-13-13 IS ADDED TO THE INDIANA CODE



1	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
2	JULY 1, 2025]:
3	Chapter 13. Health Workforce Student Loan Repayment
4	Program
5	Sec. 1. As used in this chapter, "advisory board" refers to the
6	health workforce advisory board established by section 10 of this
7	chapter.
8	Sec. 2. As used in this chapter, "board" refers to any of the
9	following:
10	(1) The state board of dentistry (IC 25-14-1-2).
11	(2) The medical licensing board of Indiana (IC 25-22.5-2-1).
12	(3) The Indiana state board of nursing (IC 25-23-1-2).
13	(4) The occupational therapy committee (IC 25-23.5-2-1).
14	(5) The behavioral health and human services licensing board
15	(IC 25-23.6-2-1).
16	(6) The Indiana optometry board (IC 25-24-1-1).
17	(7) The Indiana board of pharmacy (IC 25-26-13-3).
18	(8) The Indiana board of physical therapy (IC 25-27-1-4).
19	(9) The physician assistant committee (IC 25-27.5-3-1).
20	(10) The board of podiatric medicine (IC 25-29-2-1).
21	(11) The state psychology board (IC 25-33-1-3).
22	(12) The speech-language pathology and audiology board (IC
23	25-35.6-2-1).
24	Sec. 3. As used in this chapter, "eligible provider" means a
25	provider who meets the requirements described in section 15(b) of
26	this chapter.
27	Sec. 4. As used in this chapter, "fund" refers to the health
28	workforce student loan repayment program fund established by
29	section 11 of this chapter.
30	Sec. 5. As used in this chapter, "license" means:
31	(1) an unlimited license, permit, certificate, or certificate of
32	registration;
33	(2) a temporary, limited, or probationary license, permit,
34	certificate, or certificate of registration;
35	(3) an intern permit; or
36	(4) a provisional license;
37	issued by a board to a provider.
38	Sec. 6. As used in this chapter, "program" refers to the health
39	workforce student loan repayment program established by section
40	9 of this chapter.
41	Sec. 7. As used in this chapter, "provider" means any of the
42	following:



1	(1) A dentist licensed under IC 25-14.
2	(2) A physician licensed under IC 25-22.5.
3	(3) A nurse licensed under IC 25-23, including nursing faculty.
4	(4) An occupational therapist licensed under IC 25-23.5.
5	(5) A clinical social worker licensed under IC 25-23.6-5.
6	(6) A marriage and family therapist licensed under
7	IC 25-23.6-8.
8	(7) A mental health counselor licensed under IC 25-23.6-8.5.
9	(8) A clinical addiction counselor licensed under
10	IC 25-23.6-10.5.
11	(9) An optometrist licensed under IC 25-24.
12	(10) A pharmacist licensed under IC 25-26.
13	(11) A physical therapist licensed under IC 25-27.
14	(12) A physician assistant licensed under IC 25-27.5-4.
15	(13) A podiatrist licensed under IC 25-29.
16	(14) A psychologist licensed under IC 25-33-1.
17	(15) A speech-language pathologist licensed under IC 25-35.6.
18	(16) An audiologist licensed under IC 25-35.6.
19	Sec. 8. As used in this chapter, "state department" refers to the
20	Indiana department of health.
21	Sec. 9. The health workforce student loan repayment program
22	is established. The state department shall administer the program.
23	Sec. 10. (a) The health workforce advisory board is established
24	under the executive branch of state government for the purpose of
25	advising the state department on the administration of the
26	program.
27	(b) The advisory board consists of the following members:
28	(1) The executive director of the professional licensing agency
29	or the director's designee.
30	(2) The commissioner of the department of workforce
31	development or the commissioner's designee.
32	(3) The secretary of family and social services or the
33	secretary's designee.
34	(4) The commissioner of the state department or the
35	commissioner's designee.
36	(5) The commissioner of the commission for higher education
37	or the commissioner's designee.
38	(6) The secretary of education or the secretary's designee.
39	(7) One (1) member of the senate, appointed by the president
40	pro tempore of the senate.
11	
41 42	(8) One (1) member of the house of representatives, appointed by the speaker of the house of representatives.



1	(9) One (1) member who is a member of the Indiana
2	commission to combat substance use disorder.
3	(10) One (1) representative from the governor's workforce
4	cabinet.
5	(11) One (1) representative from the Indiana Hospital
6	Association.
7	(12) One (1) representative from the Indiana Rural Health
8	Association.
9	(13) One (1) representative from the Indiana Primary Health
10	Care Association.
11	(14) One (1) representative from the Indiana Minority Health
12	Coalition.
13	(15) One (1) representative from the Indiana Health Care
14	Association.
15	(16) One (1) representative from the Bowen Center for Health
16	Workforce Research and Policy at Indiana University.
17	(17) One (1) member who is a nurse licensed under IC 25-23-1
18	or has held a license as a nurse in Indiana within the last five
19	(5) years.
20	(c) The members described in subsection (b)(9) through (b)(17)
21	shall be appointed by the governor.
22	(d) The members shall annually elect a chairperson of the
23	advisory board.
24	(e) A majority of the members of the advisory board constitutes
25	a quorum. The affirmative votes of a majority of the voting
26	members of the advisory board are required for the advisory
27	board to take action.
28	(f) A member of the advisory board who is a member of the
29	general assembly is a nonvoting member of the advisory board.
30	(g) An appointed member of the advisory board serves a:
31	(1) one (1) year term, beginning July 1, 2025, and ending June
32	30, 2026; and
33	(2) two (2) year term thereafter, beginning July 1 of every
34	odd-numbered year and ending June 30 of the following
35	odd-numbered year.
36	An appointed member may be reappointed at the conclusion of the
37	member's term. An appointed member of the advisory board
38	serves at the will of the member's appointing authority. If a
39	vacancy occurs on the advisory board, the appointing authority
40	that appointed the member whose position is vacant shall appoint

an individual to fill the vacancy.
(h) The advisory board:



1	(1) shall meet at the call of the chairperson at least one (1)
2	time each quarter during 2025 and each year thereafter; and
3	(2) may meet at any time at the call of:
4	(A) the chairperson; or
5	(B) a majority of the members of the advisory board.
6	(i) The state department shall staff the advisory board.
7	(j) Except as provided in subsection (m), and subject to section
8	11(d) of this chapter, the expenses of the advisory board shall be
9	paid from the fund.
10	(k) A member of the advisory board who is not a state employee
11	is not entitled to the minimum salary per diem provided by
12	IC 4-10-11-2.1(b). The member is, however, entitled to
13	reimbursement for mileage and traveling expenses as provided
14	under IC 4-13-1-4 and other expenses actually incurred in
15	connection with the member's duties as provided in the state
16	policies and procedures established by the Indiana department of
17	administration and approved by the budget agency.
18	(1) Each member of the advisory board who is a state employee,
19	but who is not a member of the general assembly, is entitled to
20	reimbursement for mileage and traveling expenses as provided
21	under IC 4-13-1-4 and other expenses actually incurred in
22	connection with the member's duties as provided in the state
23	policies and procedures established by the Indiana department of
24	administration and approved by the budget agency.
25	(m) Each member of the advisory board who is a member of the
26	general assembly is entitled to receive the same per diem, mileage,
27	and travel allowances paid to legislative members of interim study
28	committees established by the legislative council. Per diem,
29	mileage, and travel allowances paid under this subsection shall be
30	paid from appropriations made to the legislative council or the
31	legislative services agency.
32	Sec. 11. (a) The health workforce student loan repayment
33	program fund is established for the purpose of providing funds to
34	repay outstanding student loans of providers who meet the
35	requirements of this chapter.
36	(b) The fund consists of the following:
37	(1) Appropriations made by the general assembly.
38	(2) Fees collected under section 12 of this chapter.
39	(3) Gifts, grants, devises, or bequests made to the state
40	department to achieve the purposes of the fund.
41	(c) The state department shall administer the fund.
42	(d) The expenses of administering the fund shall be paid from



1	money in the fund but may not exceed a total of one hundred
2	thousand dollars (\$100,000) each biennium.
3	(e) Money in the fund is continuously appropriated to:
4	(1) carry out the purposes of the fund; and
5	(2) subject to subsection (d), cover the costs incurred by the
6	state department in administering the program.
7	(f) The state department shall establish a separate account
8	within the fund for each board. On June 30, 2027, and on June 30
9	every two (2) years thereafter, any money in a separate account
0	established under this subsection reverts to the fund.
1	(g) The treasurer of state shall invest the money in the fund not
2	currently needed to meet the obligations of the fund in the same
3	manner as other public funds may be invested. Interest that
4	accrues from investments under this subsection must be deposited
5	in the fund.
6	(h) Money in the fund at the end of a state fiscal year does not
7	revert to the state general fund but remains available to be used for
8	the purposes of this chapter.
9	Sec. 12. (a) Beginning not later than October 1, 2025, and in
0.0	addition to any other fee imposed for the issuance or renewal of a
1	license, each board shall, at the time a license is issued or renewed,
22	collect a fee in the following amounts:
23	(1) Ten dollars (\$10), if a fee for the issuance or renewal of a
24	license is not more than one hundred dollars (\$100).
25	(2) Twenty dollars (\$20), if a fee for the issuance or renewal
26	of a license is more than one hundred dollars (\$100).
27	(b) Each board shall deposit fees collected by the board under
28	this section into the fund.
9	Sec. 13. (a) Except as provided in subsection (c), the money in
0	the fund shall be allocated and used as follows:
1	(1) An amount that may not exceed one hundred thousand
2	dollars (\$100,000) each biennium shall remain in the fund for
3	use by the state department to cover the costs incurred by the
4	state department in administering the program.
5	(2) An amount equal to the amount determined in STEP
6	THREE of the following formula shall remain in the fund for
7	use by the state department to award student loan repayment
8	to an eligible provider under this chapter:
9	STEP ONE: Determine the total amount of money in the
0	fund minus any gifts, grants, devises, or bequests that have
-1	been directed to be used as described in subsection (b).
-2	STEP TWO: Subtract the amount retained by the state



1	department under subdivision (1) from the amount
2	determined under STEP ONE.
3	STEP THREE: Determine the result of:
4	(A) the amount determined under STEP TWO
5	multiplied by
6	(B) fifty percent (50%).
7	(3) An amount equal to the amount determined in STEP
8	THREE of the following formula shall be transferred to each
9	board's account for use by the respective board to award
10	student loan repayment to eligible providers licensed by that
11	board:
12	STEP ONE: Subtract the amount determined in STEP
13	THREE of subdivision (2) from the amount determined in
14	STEP TWO of subdivision (2).
15	STEP TWO: For each board, divide the total number of
16	providers licensed by that board by the total number of
17	providers licensed by all of the boards.
18	STEP THREE: Multiply the amount determined under
19	STEP ONE by the quotient determined under STEP TWO
20	for each respective board.
21	(b) A person providing a gift, grant, devise, or bequest to the
22	fund may direct that the gift, grant, devise, or bequest be used for
23	student loan repayments for eligible providers of a specific
24	profession.
25	(c) If a person has directed that a gift, grant, devise, or bequest
26	be used for student loan repayments for eligible providers of a
27	specific profession, the state department shall transfer the amount
28	of the gift, grant, devise, or bequest to the applicable board's
29	account for student loan repayments to eligible providers of that
30	profession. A board may use a gift, grant, devise, or bequest
31	described in this subsection only to award student loan repayments
32	to eligible providers of the specified profession.
33	Sec. 14. (a) The advisory board shall serve as a resource to the
34	state department as the state department administers the program.
35	(b) The advisory board shall advise the state department on the
36	following:
37	(1) The eligibility requirements for the program.
38	(2) The eligible providers the advisory board recommends be
39	awarded student loan repayments under this chapter.
40	(3) Award amounts for the award of student loan repayments
41	under this chanter

(4) Areas of need for workforce and workforce development



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1	in the respective professions that a board licenses.
2	(c) The state department shall provide to each board all
3	information:
4	(1) obtained from the advisory board under this section; and
5	(2) concerning the board's licensees.
6	Sec. 15. (a) Beginning July 1, 2026, the state department and
7	each board may award student loan repayments to any eligible
8	provider who:
9	(1) is a provider licensed by the board; and
10	(2) meets the requirements of this chapter.
11	(b) To be eligible to receive a student loan repayment award
12	under this chapter, a provider must meet the following
13	requirements:
14	(1) Apply on a form prescribed by the state department.
15	(2) Be a provider and practice a profession that is licensed by
16	a board.
17	(3) Have an outstanding student loan balance.
18	(4) Provide essential services directly to Indiana residents.
19	(5) Agree in writing to:
20	(A) practice full time the applicable profession and provide
21	essential services for a specified number of years in a
22	health workforce shortage area in Indiana, as determined
23	by the state department; and
24	(B) meet any other requirements established by the state
25	department.
26	(6) Meet any other requirements established by the state
27	department.
28	(c) The state department shall determine the amount of a
29	student loan repayment award that an eligible provider receives
30	under this chapter.
31	(d) If the state department or a board awards student loar
32	repayment to an eligible provider under this chapter, the state
33	department or board:
34	(1) shall, subject to subdivision (3), make the student loan
35	repayment award in an amount determined by the state
36	department at the end of each state fiscal year;
37	(2) shall transfer the student loan repayment award directly
38	to the holder of the eligible provider's student loans; and
39	(3) may not make the student loan repayment award to the
40	eligible provider unless the eligible provider:
41	(A) met the requirements of this chapter during that state
42	fiscal year; and



1	(B) has, for at least one (1) year, practiced full time the
2	applicable profession and provided essential services in
3	health workforce shortage area as described in subsection
4	(b)(5)(A).
5	(e) The state department or a board may make student loan
6	repayment awards to an eligible provider under this chapter unti
7	the balance of the eligible provider's student loans are paid in full
8	Sec. 16. (a) The state department shall prepare a report tha
9	includes the following:
10	(1) The receipt, disbursement, and uses of money from the
11	fund and the separate accounts within the fund.
12	(2) The number of applications submitted for student loan
13	repayment under the program.
14	(3) The number and amount of student loan repaymen
15	awards that have been provided by the state department and
16	each board.
17	(4) An evaluation of the short and long term impact of the
18	program on Indiana health workforce shortages.
19	(5) Any other information collected concerning the fund
20	program, or student loan repayments awarded under thi
21	chapter.
22	(b) Not later than July 1, 2027, and not later than July 1 every
23	two (2) years thereafter, the state department shall submit the
24	report described in subsection (a) to the following:
25	(1) The governor.
26	(2) The general assembly in an electronic format under
27	IC 5-14-6.
28	Sec. 17. The state department, in consultation with the advisory
29	board, shall adopt rules under IC 4-22-2 to:
30	(1) establish eligibility requirements to receive student loan
31	repayment awards under the program; and
32	(2) otherwise administer the program.
33	Sec. 18. This chapter expires July 1, 2036.
34	SECTION 15. IC 21-44-1-3, AS AMENDED BY P.L.190-2015
35	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVI
36	JULY 1, 2025]: Sec. 3. (a) "Board", for purposes of IC 21-44-5, refer
37	to the medical education board established by IC 21-44-5-1.
38	(b) "Board", for purposes of IC 21-44-6, refers to the mental health
39	and addiction services development programs board established by
40	IC 21-44-6-1.

(c) (b) "Board", for purposes of IC 21-44-7, refers to the graduate

medical education board established by IC 21-44-7-2.



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1	SECTION 16. IC 21-44-1-16 IS REPEALED [EFFECTIVE JULY
2	1, 2025]. Sec. 16. "Training track program", for purposes of
3	IC 21-44-6, refers to the program for individuals in the public sector
4	psychiatry development program.
5	SECTION 17. IC 21-44-6 IS REPEALED [EFFECTIVE JULY 1
6	2025]. (Mental Health Services Development Programs).
7	SECTION 18. IC 25-14-5 IS REPEALED [EFFECTIVE JULY 1,
8	2025]. (Dental Underserved Area and Minority Recruitment Program)
9	SECTION 19. [EFFECTIVE UPON PASSAGE] (a) As used in this
10	SECTION, "fund" refers to the Indiana rural hospital and critical
11	health care services fund established by IC 16-46-18-3, as added by
12	this act.
13	(b) The legislative council is urged to assign to the appropriate
14	study committee during the 2025 legislative interim the task of
15	studying the following issues related to the fund:
16	(1) The amount of funding necessary for the number and
17	amounts of grants awarded from the fund to result in
18	increased access to critical health care services in counties
19	with a population of less than fifty thousand (50,000).
20	(2) The types of hospitals that should be eligible for a grant
21	from the fund.
22	(3) The requirements, if any, that a hospital should be
23	required to meet to be eligible, or to maintain eligibility, for
24	a grant from the fund, including potential requirements
25	concerning particular health care services offered by the
26	hospital.
27	(c) This SECTION expires December 31, 2025.
28	SECTION 20. [EFFECTIVE UPON PASSAGE] (a) The legislative
29	council is urged to assign to the appropriate study committee
30	during the 2025 legislative interim the task of studying the
31	following topics:
32	(1) Whether state funded telehealth expansion grants should
33	be provided to hospitals that are located in counties with a
34	population of less than fifty thousand (50,000) and that are:
35	(A) critical access hospitals that meet the criteria under 42
36	CFR 485.601 et seq.; or
37	(B) hospitals owned and operated by the county under
38	IC 16-22;
39	for the purposes of expanding telehealth and telemedicine
40	services, improving access to specialists, and reducing travel
41	burdens for patients.

(2) Whether the state should implement state funded rural



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1	health care workforce training programs for health care
2	professionals in rural areas that focus on:
3	(A) helping health care professionals develop skills unique
4	to rural health care needs; and
5	(B) fostering partnerships between medical schools and
6	rural hospitals to bring medical students to rural areas.
7	including expanding and funding medical residencies in
8	rural areas.
9	(3) Increasing state funding for emergency medical services
10	including training and equipment grants and ongoing funding
11	for operating expenses.
12	(4) Whether the state should provide additional grants to
13	hospitals that provide the following services:
14	(A) An emergency department that operates twenty-four
15	(24) hours a day, seven (7) days a week, three hundred
16	sixty-five (365) days a year.
17	(B) Full-time obstetric and maternal services.
18	(C) Primary care services, including access to primary
19	care providers for:
20	(i) initial diagnosis and treatment of various health
21	conditions; and
22	(ii) managing chronic conditions.
23	(D) Emergency medical services, unless the county
24	government otherwise operates, maintains, or contracts for
25	emergency medical services.
26	(E) Cardiac care services, including providing
27	electrocardiograms and managing acute cardiac events.
28	(F) Stroke care services, including assessment and initial
29	treatment of stroke patients.
30	(G) Trauma care services, including basic trauma care
31	capabilities, wound management and stabilization, and
32	basic laboratory and diagnostic imaging capabilities.
33	(H) Pharmacy services, including pharmacy services
34	related to acute conditions and stabilization of chronic
35	illnesses.
36	(I) Pediatric emergency care services.
37	(b) This SECTION expires December 31, 2025.
38	SECTION 21. An emergency is declared for this act.

