

SENATE BILL No. 178

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-21-10-4.

Synopsis: Hospital assessment fee. Provides that a physician owned hospital that is ineligible to receive certain Medicaid or Medicare reimbursement is not considered to be a hospital for purposes of the hospital assessment fee.

Effective: July 1, 2024.

Doriot

January 9, 2024, read first time and referred to Committee on Health and Provider Services.



Second Regular Session of the 123rd General Assembly (2024)

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 2023 Regular Session of the General Assembly.

SENATE BILL No. 178



A BILL FOR AN ACT to amend the Indiana Code concerning health.

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

1 SECTION 1. IC 16-21-10-4, AS ADDED BY P.L.205-2013,
2 SECTION 214, IS AMENDED TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2024]: Sec. 4. (a) As used in this chapter,
4 "hospital" means either of the following:
5 (1) A hospital (as defined in IC 16-18-2-179(b)) licensed under
6 this article.
7 (2) A private psychiatric hospital licensed under IC 12-25.
8 (b) The term does not include the following:
9 (1) A state mental health institution operated under IC 12-24-1-3.
10 (2) A hospital:
11 (A) designated by the Medicaid program as a long term care
12 hospital;
13 (B) that has an average inpatient length of stay that is greater
14 than twenty-five (25) days, as determined by the office of
15 Medicaid policy and planning under the Medicaid program;
16 (C) that is a Medicare certified, freestanding rehabilitation
17 hospital; or



1 (D) that is a hospital operated by the federal government.
2 **(3) A physician owned hospital (as defined in**
3 **IC 16-18-2-179(b)) licensed under this article that is ineligible**
4 **to receive Medicaid or Medicare reimbursement under**
5 **Section 6001 of the federal Patient Protection and Affordable**
6 **Care Act (as defined in IC 12-7-2-136.5).**

